

FGC in Kalimantan 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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WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

Introduction

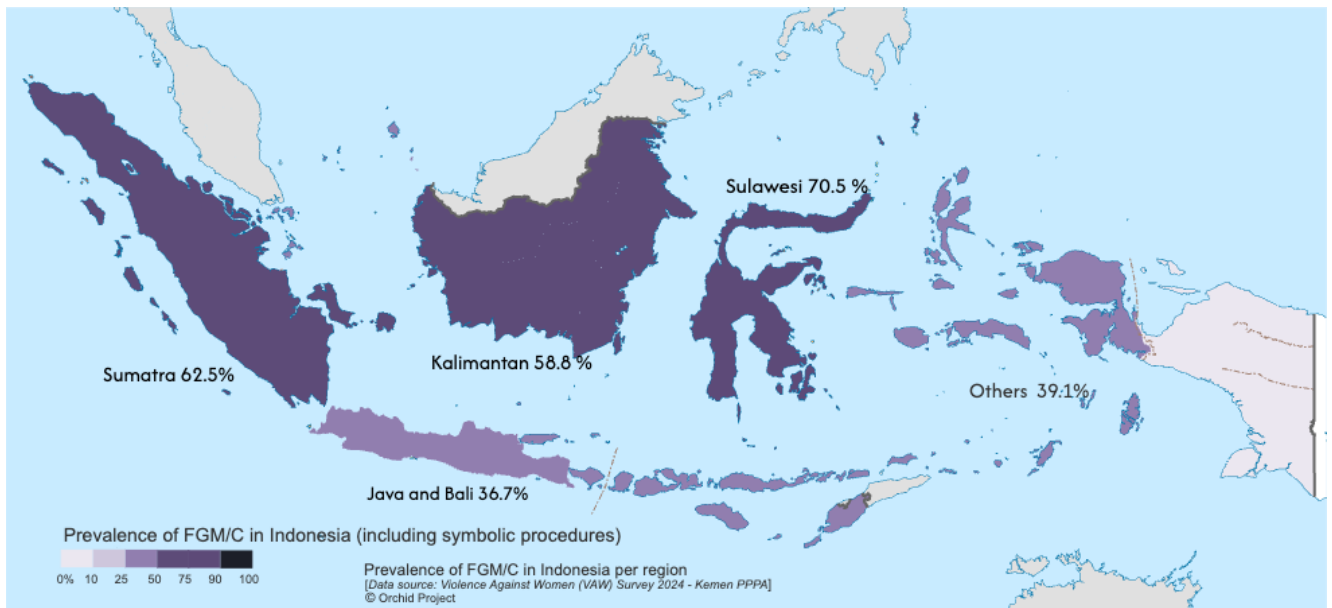


Figure 1: National prevalence of FGC in Indonesia by major region, 2024 (38).

Kalimantan is the Indonesian name for the southern part of the island of Borneo, representing approximately 73% of its total area (2). The island of Borneo is divided between Indonesia, Malaysia, and the small state of Brunei, and is the name most commonly used to refer to the entire island in an international context, while Kalimantan is specific to the Indonesian part. Kalimantan is home to 6.15% of the Indonesian population, amounting to 16.6 million inhabitants (2).

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 Kalimantan

The prevalence of FGC among women aged Kalimantan women aged 15–64 years is 58.8% (36). Nearly 15% of that age cohort have never heard of FGC in Kalimantan (2).

FGC is practised in all five provinces of Kalimantan. Data on FGC in Central and North Kalimantan are sparse, even more so than in West, South, and East Kalimantan (2).

In certain regions of Kalimantan, including Banjarmasin, Sambas, and Pontianak, FGC is documented in numerous sources as a practice introduced by Javanese migrants. Today, due to medicalisation, the practice has spread from these migrant communities to indigenous populations as well (3).

At the national level, the place of residence is not found to be a determinant of the practice among the various ethnic groups: FGC is practised by the various households regardless of where they live (4). The practice itself differs from one ethnic group to the other.

Internal migration carries cultural aspects with it. The cultural traits of FGC at a destination are influenced by those from the origin. The movement of people affects the dynamics of FGC, ranging from local to international scales (4).

FGC in Kalimantan is based on local hereditary traditions and culture and is believed to be mandatory among Muslims in order to cleanse girls from dirt or ritual impurities (najis) (8).



Prevalence of FGC in KALIMANTAN, Indonesia

[Data source Riskesdas 2013] © Orchid Project

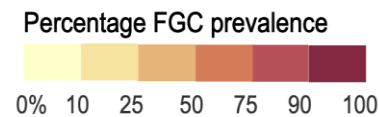
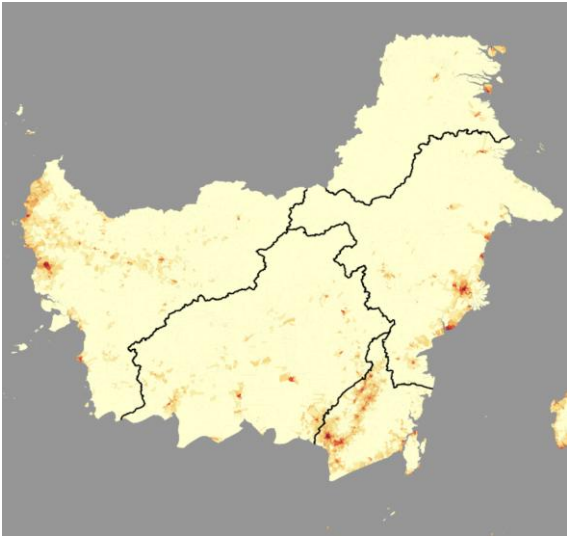


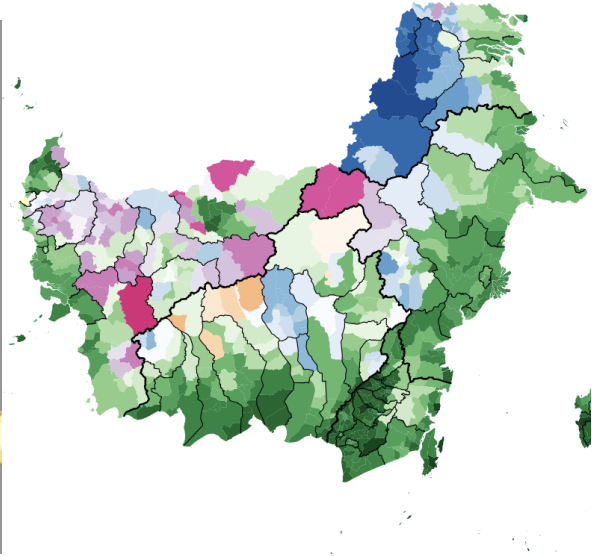
Figure 2: Prevalence of FGC in Kalimantan, 2013 (5).

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)¹ and a 2022 district-level Muslim population distribution map (9) suggests some degree of correlation between FGC prevalence and Muslim religious adherence.

¹ 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.

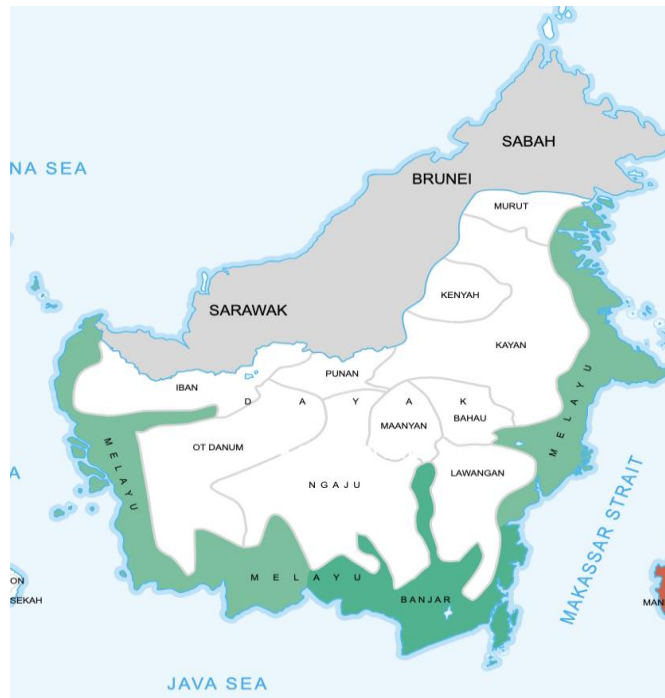


Population density of Indonesia by village/subdistrict (2024)
 Kepadatan penduduk Indonesia per desa/kelurahan (2024)



Islam
Protestantism
Catholicism
Hinduism
Buddhism

40% 50% 60% 70% 80% 90% 95% 99% 100%



Practising ethnic groups in Kalimantan (indicative map)

West Kalimantan



Prevalence of FGC in WEST KALIMANTAN, Indonesia

[Data source Riskesdas 2013] © Orchid Project

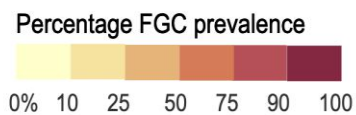


Figure 3: Prevalence of FGC in West Kalimantan, 2013 (5).

In the Malay community of Sambas in West Kalimantan, FGC practice is passed down from one generation to the next, and is performed on Chinese or Dayak converts to Islam (9). FGC is not considered a religious obligation, but a religious expectation performed to uphold traditional values. Preserving the ancestors' heritage maintains the continuity of tradition and culture (9).

A circular letter from the Ministry of Health has however discouraged the practise in urban areas, positively impacting the practice and beliefs of grandmothers and traditional healers. The ethnic Malays living in the interior of West Kalimantan still practise the traditional form of FGC, by cutting the clitoris (4).

West Kalimantan	
Ethnic groups	Malay Sambas
Terminology	Sunat betine
Type	Type 1 : cutting the clitoris 'to the end' Type 4: scraping the clitoris to result in little bleeding Symbolic procedure: Wiping the clitoris with cotton and dropping anti septic to substitute the bleeding)
Decision making	-
Drivers	Religious beliefs - mandatory religious order Purity and cleanliness Respect of the culture and hereditary custom Obedience to parental authority Belief in benefits, that the practice is for the girls' own good Belief in the elimination of bad luck Fear of social sanctions (gossip) Control of sexuality
Age of cutting	Infancy or at an age when the child can recite the Shahadah (prayer)
Practitioners	Village healers; Midwives
Rituals	Small celebrations with close friends and neighbours, tending towards a minimalist approach

Central Kalimantan

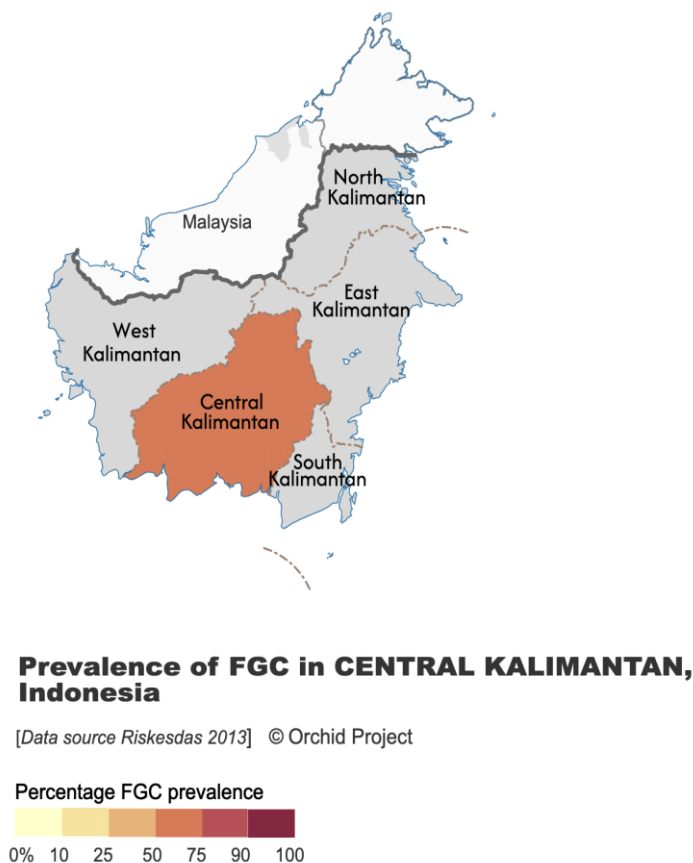


Figure 4: Prevalence of FGC in Central Kalimantan, 2013 (5).

Little data is available on FGC in Central Kalimantan. Despite being identified as a high-prevalence region in national data, Central Kalimantan appears to lack specific local research on FGC prevalence, practices, and community attitudes. This represents a significant gap between national-level recognition of the issue and local research and advocacy capacity.

This research has found no evidence of civil society organisations or NGOs specifically based in Central Kalimantan that are currently studying or working directly on FGC issues. This represents a significant gap in civil society engagement on this issue in the province.

The Central Kalimantan Provincial Office of Women's Empowerment, Child Protection, Population Control and Family Planning (Dinas Pemberdayaan Perempuan, Perlindungan Anak, Pengendalian Penduduk dan Keluarga Berencana) has educational materials on "Prevention of FGM/C or Female Circumcision and Prevention of Child Marriage" (10).

The Faculty of Social and Political Sciences at Palangka Raya University, established in Central Kalimantan in 2012, conducts research and community service across social, cultural, gender, governmental, and environmental fields. The faculty specialises in community land rights, environmental justice, customary justice, and women's rights issues (11). There may be opportunities for future health research including reproductive health topics.

South Kalimantan



Prevalence of FGC in SOUTH KALIMANTAN, Indonesia

[Data source Riskesdas 2013] © Orchid Project

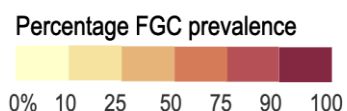


Figure 5: Prevalence of FGC in South Kalimantan, 2013 (5).

In South Kalimantan, FGC is primarily practised as a cultural tradition rather than for religious reasons (12). Provinces in Indonesia where FGC is prevalent, such as South Kalimantan, tend to have infant death rates that exceed the national average (12). Two regencies have high FGC prevalence in South Kalimantan: Barito Kuala and Banjar Bakula (12).

A 2022 cross-sectional study found that evidence-based health education is effectively reducing harmful traditional practices in Banjarbaru City, though cultural beliefs remain a persistent influence requiring continued attention (13). In Kelurahan Landasan Ulin Tengah, a sub-district of Banjarbaru City, 69 mothers found encouraging results regarding FGC practices. The majority (68.1%) reported not practising FGC on their daughters, indicating a positive shift in urban Banjarbaru (13). Most respondents had higher education (81.2%), good knowledge about the practice (79.9%), and access to relevant information (79.7%). Statistical analysis revealed that

knowledge and information access were significantly associated with reduced FGC rates, whilst education level alone showed no significant relationship (13). This suggests that targeted health information about FGC risks is more effective than formal education in changing behaviour. However, cultural and religious factors continue to influence some families, with 31.9% still continuing the practice despite high education levels (13).

A 2017 small-scale study showed that the gap between attitudes and behaviours may however be difficult to bridge (14). In Kelurahan Sekumpul Kabupaten Banjar, a sub-district of Banjarbaru City, 92.5% of mothers had positive attitudes towards the prohibition of FGC (14). However, cultural traditions, religious interpretations, and family influences were delaying changes in behaviour.

South Kalimantan	
Ethnic groups	Banjar
Terminology	Basunat, besunat
Type	Scratching or scraping the clitoris, until it bleeds (traditional practitioner) Small cut (midwives) Cases of more extensive cutting of clitoris leading to lesser sexual stimulation and sexual health issues
Decision making	Parents, influenced by families (grandparents), and religious leaders
Drivers	Cultural practice to help ease childbirth and fertility Religious belief/ FGC is a teaching of the Prophet. Belief in a symbolic purification in which the blood represents the undesirable dirt which needs cleansed to obtain purity Control of sexuality The clitoris is considered impure 'barang haram' and genitalia are believed to be the source of sins, and that a woman's libido must controlled and her sanctity preserved
Age of cutting	8 days to 3 years old; the recommended age is above 8 months old, when the clitoris is more visible
Practitioners	Traditional practitioner (dukun Kampung); Midwives
Rituals	FGC is performed in small family gatherings with the slaughtering of a lamb (akekah). Prior to the ceremony, the shaman recites al-fatihah, the first verse in the Quran. Gifts such as money, rice, plantain and sugar may be brought.

East Kalimantan



Prevalence of FGC in EAST KALIMANTAN, Indonesia

[Data source Riskesdas 2013] © Orchid Project

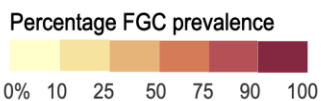


Figure 6: Prevalence of FGC in East Kalimantan, 2013 (5).

The Indonesian National Commission on Violence Against Women conducted a multi-stakeholder discussion in Samarinda, East Kalimantan in 2025 to address FGC due to high prevalence in 2013 (60.1%) (15). The forum involved governmental departments, health services, religious organisations (including MUI, Muhammadiyah, and Nahdlatul Ulama), and educational institutions. Whilst health professionals have reached consensus opposing the practice, significant community resistance persists, with families continuing to request the procedure based on perceived religious obligations. Religious leaders proposed reconsidering the 2008 MUI fatwa on FGC, with Islamic organisations acknowledging weak religious foundations for the practice. The discussion identified Family Learning Centres as education vehicles and emphasised engaging religious and community leaders to complement health-based arguments with religious perspectives (15). This comprehensive approach combines policy, religious dialogue, and community engagement to address the entrenched cultural practice.

In Samarinda City, East Kalimantan, FGC procedures vary according to the practising ethnic group (12).

Javanese: The clitoral membrane is scratched with a cutter, releasing a little amount of blood, before being swabbed with dry cotton. FGC is carried out by traditional practitioners and there are no prayer rituals or celebrations involved.

Buginese: Traditional practitioners use a small, non-sterile knife to slightly erode the clitoris. The ceremony features a procession where prayers are recited in Arabic, and *sesaji*, made of sticky rice and bananas, is prepared, culminating in a celebration. The child who has undergone FGC is then dressed in a bridal gown, resembling a bride.

Kutai: A portion of the clitoris is cut with a small knife and then cleaned with a cotton swab dipped in betadine. FGC is carried out by traditional practitioners.

Banjarese: The clitoral membrane is intentionally scratched to form a sore, which is subsequently treated with a dry cotton swab. FGC is conducted by traditional practitioners, as contemporary midwives have ceased participating in the practice. The event is marked by a customary ceremony, beginning with the recitation of the shahadah and followed by a series of celebrations.

Madurese: Using a small knife, the clitoral skin is scraped until it begins to bleed, and then it is touched with turmeric that has been peeled. The injured area is then gently swabbed with cotton soaked in betadine. This is followed by a traditional ceremony, where a midwife leads prayer readings, and the event concludes with a celebration featuring the serving of white porridge.

East Kalimantan	
Ethnic groups	Kutai; Javanese; Buginese, Banjarese, Madurese
Terminology	Sunat perempuan; khitan perempuan
Type	Type 4: Scraping and scratching of the tip of the clitoris or the clitoris itself Type 1: Cutting a small portion of the clitoris
Drivers	A hereditary tradition
Age of cutting	Between 5 months to 1 year
Practitioners	Traditional practitioner and midwives
Rituals	'Pinunduk', an offering of money, rice, a special type of banana and sugar is prepared by the family. The shahada prayer has to be recited four times before the procedure and the salawat veneration for the Prophet is recited after.

North Kalimantan

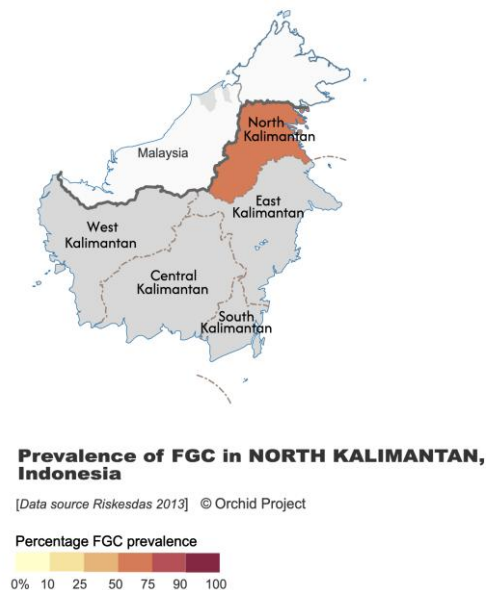


Figure 7: Prevalence of FGC in North Kalimantan, 2013 (5).

North Kalimantan is Indonesia's youngest province, formed on 25 October 2012, when it was separated from East Kalimantan province.

Despite being identified as a high-prevalence region in national data, North Kalimantan appears to lack specific local research on FGC prevalence, practices, and community attitudes. This represents a significant gap between national-level recognition of the issue and local research and advocacy capacity.

This research has found no evidence of civil society organisations or NGOs specifically based in North Kalimantan that are currently studying or working directly on FGC issues. This represents a significant gap in civil society engagement on this issue in the province.

This research also takes note of a significant gap in academic research specifically focused on North Kalimantan province regarding FGC. The province has limited higher education institutions with medical/health research capacity: Borneo Tarakan University (UBT) has partnered with UGM Faculty of Medicine for medical education, starting a Bachelor of Medicine Programme in 2024/2025; there may be opportunities for future health research including reproductive health topics (16).

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 (17).

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 (18). The study also found that this change shifted away from symbolic practices to actual cutting (18).

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 (19):

- 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 (20). 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 regional report of FGC in Kalimantan outlines the influence of cultural tradition, religious interpretation, internal migration, and uneven policy implementation on FGC. Despite national legislation banning FGC and growing consensus among health professionals that the practice has no medical benefit; prevalence remains high across all five provinces. However, there are significant variations in form, ritual, and justification among ethnic and religious communities.

The persistence of medicalisation, limited local research capacity in Central and North Kalimantan, and inconsistent enforcement of national policy continue to undermine abandonment efforts. Sustained, locally grounded, and multi-sectoral approaches are therefore critical to closing the gap between policy commitments and community-level change, and to ensuring that national efforts translate into meaningful protection for girls across Kalimantan.

Recommendations

Strengthen Local Research and Data Systems

- Support province-specific prevalence studies, particularly in Central and North Kalimantan to address critical data gaps on community attitudes, practitioner roles, and patterns of medicalisation.
- Partner with local universities (e.g. Palangka Raya University, Borneo Tarakan University) to build long-term research capacity on reproductive health and harmful practices.

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 Religious and Traditional Leaders

- Facilitate structured dialogue with Islamic organisations (MUI, Muhammadiyah, Nahdlatul Ulama) to promote religious interpretations that clearly distinguish FGC from religious obligation.

Address Medicalisation of FGC

- Strengthen monitoring and enforcement mechanisms for the national ban within health services, particularly among midwives and private practitioners.

- Integrate FGC prevention and professional ethics into pre-service and in-service training for all healthcare workers in Kalimantan.

Improve Policy Coordination and Accountability

- Align provincial and district-level implementation plans with the National Roadmap and Action Plan to 2030, ensuring clear roles, budgets, and reporting mechanisms.
- Establish regular multi-stakeholder review forums at provincial level to track progress, address barriers, and share best practices.

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