

FGC in Sulawesi

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

The Asian Pacific Resource and Research Centre for Women (ARROW) works to advance the sexual and reproductive rights of women and young people in all their diversities. In 2019, 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

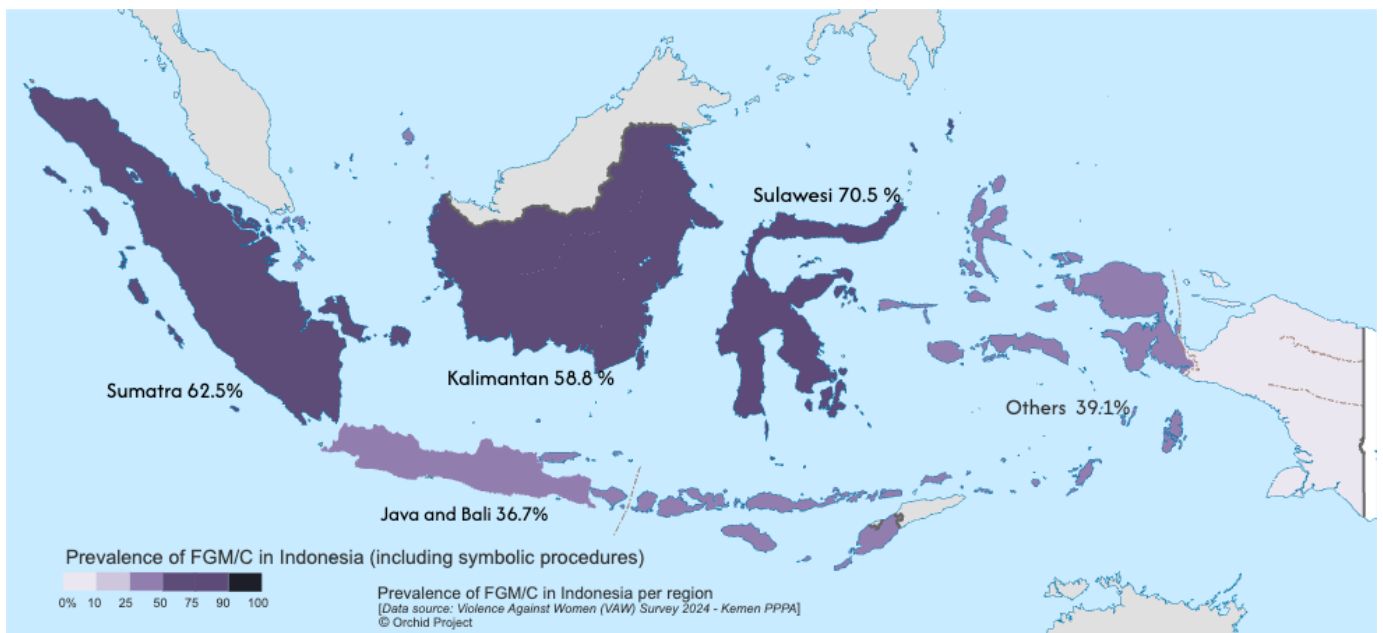


Figure 1: National prevalence of FGC in Indonesia by major region, 2024 (31).

Located at the heart of the Indonesian archipelago, Sulawesi extends its four distinct peninsulas forming a boundary among the Celebes, Java, and Banda Seas. Sulawesi is home to 7.36% of the Indonesian population, amounting to approximately 19.9 million inhabitants (2).

Sulawesi is made up of South, Southeast, Central, West, Gorontalo, and North provinces. The main ethnic groups in Sulawesi are the Bugis and Makassar in the South province, the Muna in Southeast province, the Toro in Central Sulawesi, the Mandar in West province, the Gorontalo in Gorontalo province, and the Mongondow in North province.

In Sulawesi, the FGC practice is most common among the Gorontalo in the eponymous province, the Mongondow in North Sulawesi, the Toro in Central Sulawesi, the Mandar, Makassar, and Bugis in South Sulawesi, the Bajo in Southeast Sulawesi, and the Muna in Southeast Sulawesi (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 Sulawesi

70.5% of women aged 15–64 have undergone FGC in Sulawesi (31). However, nearly 13% of that age cohort have never heard of FGC (1).

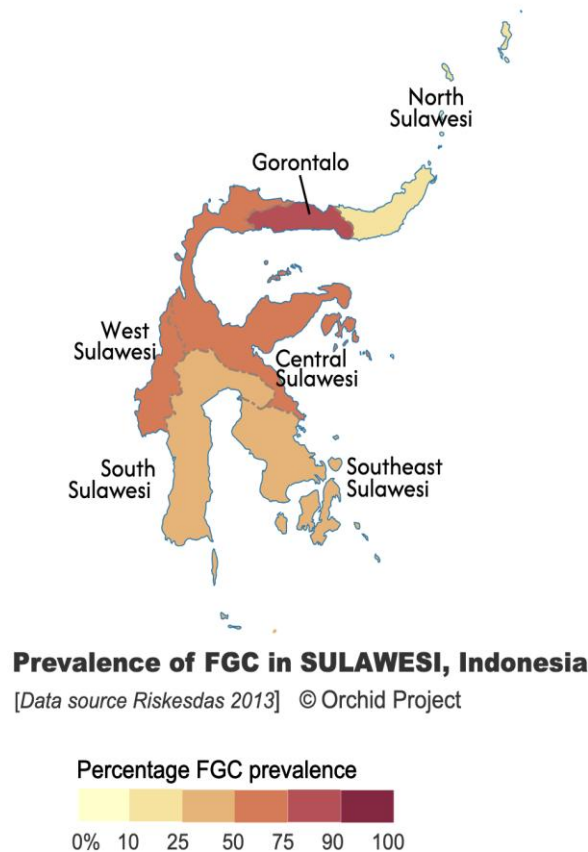
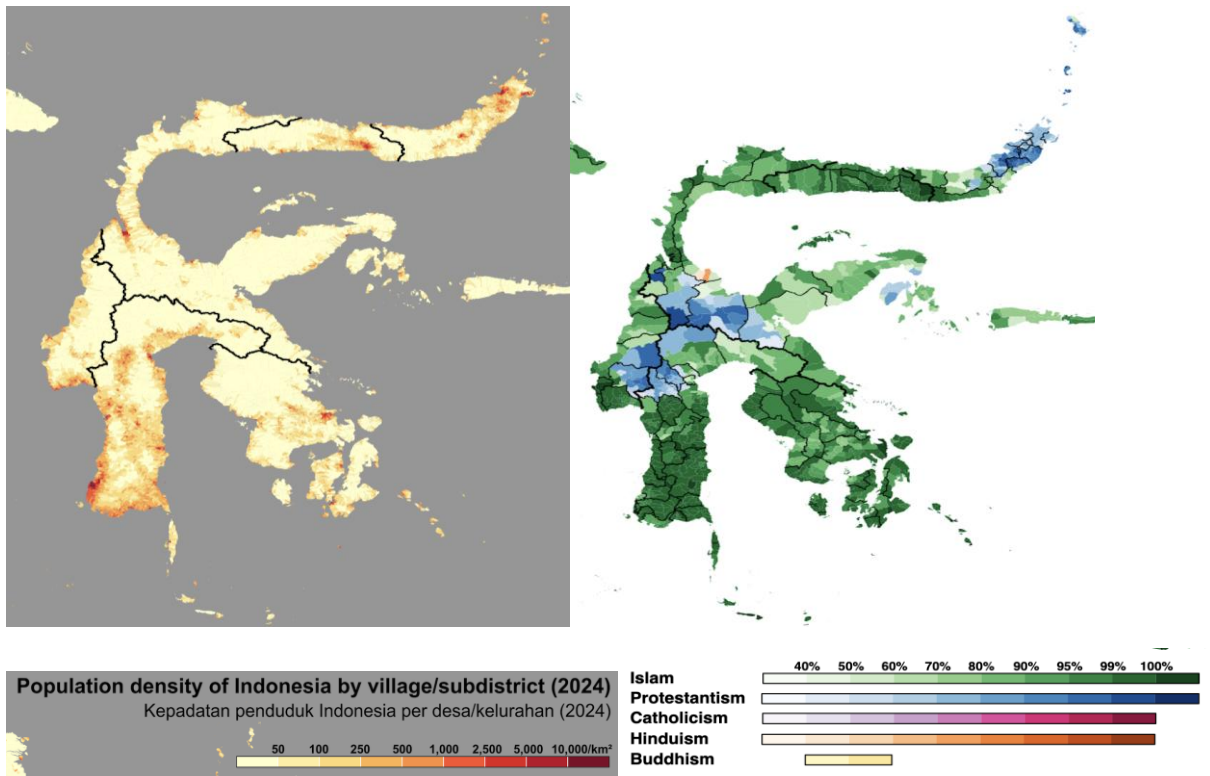


Figure 2: Provincial prevalence of FGC in Sulawesi

Sulawesi has the highest prevalence of FGC across Indonesia (70.5%), which is driven by traditional practices of Makkatte among the Bugis, which is a life-cycle event performed on girls between the ages of 4-7 years; and the Mo Polihu Lo Limu (lemon bath) tradition in Gorontalo. These traditions drive continued prevalence in this region and embed FGC within cultural practices.

Place of residence (rural vs. urban) is not found to be a determinant of the practice among the various ethnic groups in Sulawesi: FGC is practised by households regardless of where they live (6).

The juxtaposition of the 2013 provincial FGC prevalence data (4), the 2024 population density by subdistrict (5), an indicative FGC-practising ethnic group map (3)¹ and a 2022 district-level Muslim population distribution map (30) suggests some degree of correlation between FGC prevalence and Muslim religious adherence.



Practising ethnic groups in Sulawesi (indicative map)

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.

Regional and ethnic variations

South Sulawesi



Prevalence of FGC in SOUTH SULAWESI, Indonesia

[Data source Riskesdas 2013] © Orchid Project

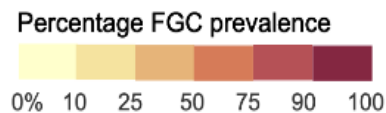


Figure 3: Prevalence of FGC in South Sulawesi (3)

South Sulawesi is known within Indonesia to be a 'powerful region of Islam' (7). Beyond merely identifying with Islam, the faith is woven into everyday activities, including work, social interactions, and ceremonies, especially those related to the life cycle: childbirth, FGC, marriage, and death. Celebration of life cycle events with rites is particularly common among farming communities (4). In South Sulawesi, parents, family, and religious leaders are the main decision-makers around FGC, and reminders are issued if a family has not conducted FGC. Uncut girls are considered to not yet be Muslims and have no decision-making power.

In South Sulawesi, the culture around the tradition of FGC is festive and conveys gratitude for being able to perform FGC. However, these celebrations can create financial strain for families. Many families have to sell off assets in order to host celebrations and this is further complicated by the concept of 'nyumbang', in which community members are expected to contribute for the

celebrations of others. Pressure to adhere to these social expectations can be particularly burdensome for poorer families (4).

The splendour of the party is a marker of social status, to which the surrounding community must also contribute financially. Some parties can cost up to 20 million Indonesian rupiah (US\$1,400)² (9).

There are four main ethnic groups that practise FGC in South Sulawesi: the Toraja, Makassar, Bugis, and the Mandar.

The Bugis

The Bugis tribe is one of the largest tribes, inhabiting the regencies of Bone, Wajo, Soppeng, Sinjai, Bulukumba, Barru, ParePare, Sidrap, Pinrang and Luwu, as well as some residents of Pangkajene and Maros (10). 'Adat' (or custom) is more than simple habits for the Bugis, it is also a requirement for human life. The saying '*ada' 'biyasana buttayya tammattikkamo balloka, tanaikatongannamo jukuka, anyalatongi aseya'*', can be translated as 'if the customs of the land are destroyed, the palm liquor will stop dripping, the fish will disappear, and the rice will stop growing' (10). The Bugis community typically practise Makkatte (FGC) as a part of cultural tradition, the practice is also seen in Makassar as part of an Islamic ritual of initiation, with spiritual undertones (4).

Not all Bugis communities fully support FGC. These different views may be due to differences in religious knowledge and interpretation, as well as differences in the level of religiosity within the community. Belonging to Islam gave birth to the term 'you are not Bugis if you are not Muslim' ('*Bukan Bugis kalau tidak beragama Islam*'). However, while some Bugis insist on FGC as mandatory, others believe that a tradition that has no clear religious basis can be considered as '*bid'ah*' (religious innovation that is not in accordance with Islamic teachings), in which case the abandonment is preferable.

² 2016 exchange rate

Bugis	
Terminology	Makkate, done in the context of mappaselleng (Islamic tradition)
Type	<p>Mostly symbolic: cleaning without cutting; clitoris scraping and/or scratching, sometimes with dried palm leaves</p> <p>Sometimes incising the tip of the clitoral skin</p> <p>Pain and urinary tract difficulties for several days are reported</p>
Decision making	Parents, in particular the mother, consults with the sanro, the traditional practitioner
Drivers	<p>Hereditary traditional custom</p> <p>A marker of cultural identity</p> <p>Expression of religiosity</p> <p>Circumcised children have 'perfected their Islam' and must fulfill their religious obligations</p> <p>FGC is cleansing, 'a symbol of Islam'</p> <p>FGC is believed to prevent disruption of female reproductive organs</p> <p>Control of sexuality - necessity to suppress libido in order to maintain honour until marriage</p> <p>Spiritual belief - FGC is believed to cut ties with the spiritual world before entering adulthood</p> <p>Gratitude to God for having a daughter</p>
Age of cutting	When the child is able to perform ablution and recite the Shahadah, usually around 4-5 to 7 years of age, to the age of puberty, before 11 years
Practitioners	<p>Sanro, a female birth attendant regarded as an expert and trusted by the Bugis.</p> <p>Professional medical practitioners affiliated with the Wahdah Islamiyah mass organisation</p>
Rituals	<p>The Makatte' procession consists of</p> <ol style="list-style-type: none"> 1. Performing ablution; 2. Reciting the shahada and several surahs of the Qur'an,

3. The process of FGC.

Before the makkatte' tradition begins, rice is placed in a wide tray with coconut brown sugar, and a live chicken. The cock's comb is cut, and the chicken blood is applied to the girl's clitoris blood. The girl is then led to perform ablutions and dressed in Bugis silk sarong. Next the child sits on a pillow that has been covered with 7 sarongs, young banana leaves and a prayer mat. Brown sugar symbolises a future sweet life. The child is carried to a higher place to make her feel happy and not traumatized.

Events are attended by the extended family, neighbors, and close friends.

Feelings of pride and worthiness, of being the center of attention, of being appreciated and important are reported.

Bugis-specific practices feature elaborate preparatory rituals centred around purification and ceremonial dress. Girls are bathed in water mixed with henna leaves (pacci leaves) before performing ablution and reciting the shahada, then dressed in traditional Bugis clothing with bridal-like decorations. The preparation requires seven specific types of food or cake, and in Barru Regency involves detailed equipment including specific quantities of rice, various spices, and particular types of coconuts and cloth.

The actual process varies from symbolic touching with palm leaves (dotta) covered by a ring in some areas, to actual incision in places like Sidrap Regency where bleeding must occur for the procedure to be considered valid. Post-FGC, girls are fed brown sugar whilst prayers are recited, then lifted on their father's shoulders to touch house pillars, symbolising hopes for future intelligence and high social rank.

The Makatte custom is carried out like traditional wedding celebrations

The Makassar

Makassar-specific practices show considerable regional variation, with some areas treating FGC as mandatory whilst others do not universally practise it. In Gowa Regency, not all girls undergo FGC and there are no social sanctions for those who don't (8). However, in Takalar and Jeneponto regencies, the practice is considered an essential custom passed down through generations and must be accompanied by elaborate celebrations, often combined with birth ceremonies (8). The distinctive Makassar ceremonial element is the *ripabbajui* ceremony, where girls wear traditional Bodo clothing (in five or seven pieces) for the first time, with the cultural rule that girls who have never worn traditional clothes cannot wear Bodo clothing (8).

FGC is highly celebrated because it further strengthens social relationships, creating a close kinship bond, showing a sense of belonging and helping to reduce conflicts between community members. Social sanctions can however be dire. Parents of uncircumcised girls receive a harsh 'assessment' from the community, underlining the lack of attention to the child's Islam. And the child has a lower status compared to her peers (9).

For the Makassar community, FGC is a complement to the life cycle, and a religious tradition. 'According to our parents, if you are not circumcised, you cannot enter Islam, but for us, because it is a tradition, we cannot argue' (10).

In the village of Bodia, Takalar, South Sulawesi, the tradition of excision is accompanied by a celebration to express the gratitude of the families who have been able to carry out FGC on their daughters. This celebration however represents a heavy burden for the families who organise it and for the surrounding community. Families often sell livestock or even land to finance the event, and the ostentation of the celebration reflects the family's social status. The tradition also puts pressure on the local community, which is expected to make a financial contribution. Families with fewer resources try to give as much as they can. In contrast to this elaborate celebration, the *Makkate* tradition in Waringtasi, Pinrang, a Bugis community, takes place simply, without any festive gatherings (11).

In Bodia Village, Takalar, the implementation of FGC is still largely determined by the decisions of parents, family, and religious leaders (11).

Some adult women in the Makassar region practise FGC in secret to increase their own sexual pleasure (12). However, there is an increasing awareness among the Makassar communities around health complications, which include infection, bleeding, sexual dysfunction, childbirth and urinary problems; legal and ethical debates around FGC are more frequent, due to growing advocacy and education efforts around procedures which are still performed by traditional practitioners (13).

Makassar

Terminology	Appassunnah or Assunna, also called 'Islamic Tradition' Makkatte is also used, like among the Bugis
Type	Removing part of the clitoris or prepuce with the aim to reduce or eliminate sensitivity to the genitals The Ministry of Religious Affairs of Gowa Regency held training on how to carry out the makatte' custom in which the clitoris is not cut, but merely cleaned
Decision making	Parents, particularly the mother, consults with the sanro, the traditional practitioner. Religious leaders and elders may influence the decision through the teachings and significances they attribute to FGC, and provide guidance
Drivers	Part of the life cycle Both FGC and marriage serve as rites of passage, marking a transition from childhood to adulthood and marriage Purification Symbol of spiritual purification: a cleansing of the heart to better navigate life Bodily purification for validity of religious worship Religious duty Islamisation, uncircumcised girls are not truly Muslims yet Binding the circumcised girls to her religious obligations Glorifying and elevating the dignity of women Respect of ancestral traditions Hereditary custom Harmonisation of ancestral traditions with Islamic teachings Social values Sense of togetherness and community unity Sense of sharing Social interaction and mutual cooperation Control of sexuality and character

Obedience and submission of girls to religion
Reduction of sexual drive and prevention of promiscuity

Age of cutting 4 to 10 years old

Practitioners Sanro pamana (birth attendant); anrong bunting (ceremonial make-up artist)

Rituals A very long and festive procession for the aristocratic stratum, accompanied by the Akkorongtigi nighttime purification celebrations. The celebrations only last one of two days for ordinary people. Family members, neighbours, friends, community members attend (Abbas and Rahmatiah, 2022)

After a bathing activity, the child prays and performs ablution with the help of her parents. Wudhu is a way to get rid of hadas (state of impurity which prevents the validity of acts of worship, namely small hadas such as urinating or excreting).

After FGC, the girl is clothes with 9 layers of traditional clothing and paraded to the ceiling of the house, for her to have dignity and a high position in society In addition to being eaten by guests present, slaughtering animals has sacred meaning and value.

Southeast Sulawesi



Prevalence of FGC in SOUTHEAST SULAWESI, Indonesia

[Data source Riskesdas 2013] © Orchid Project

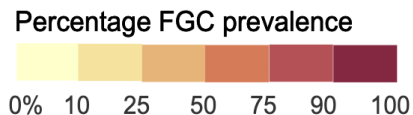


Figure 4: Prevalence of FGC in Southeast Sulawesi (3)

FGC is known locally as *kangkilo* among the Muna people of Southeast Sulawesi. *Kangkilo* forms the first part of a three-stage ritual that shapes female development from childhood through to adolescence. *Kangkilo* (female circumcision) occurs in childhood at around 7 years old, *katoba* (Islamic conversion ritual) in childhood between ages 6 and 11, and *karia* or *kaghombo* (seclusion) also in adolescence (14).

FGC (*kangkilo*) involves genital cutting and is thought to be imbued with religious, cultural, mutual collaboration, ethical, and moral values (14).

Following *kangkilo*, the *katoba* tradition is an Islamic conversion ritual for Muna children aged 6-11. Children recite prayers (*shahada*) and learn to respect family members through religious symbolism, in which fathers represent Allah, mothers represent Prophet Muhammad, older siblings represent the angel Jibril, and younger siblings represent the Muslim community. This teaches family hierarchy as religious duty and strengthens community bonds through Islamic symbolism (14).

The final stage is *karia* or *kaghombo*, a period of social isolation during which young women are confined and prohibited from interacting with the outside world whilst receiving instruction in what the community considers ethical, moral, and spiritual values. *Kaghombo* is a ceremony that aims to prepare girls to pass through four realms of life: the realm of spirits, the realm of examples, the realm of the physical world, and the realm of humanity (14).

The Karia Henauka Wowine ceremony is a traditional coming-of-age ritual for girls in Kaledupa Island, Southeast Sulawesi, where participants undergo FGC followed by a period of isolation lasting 8 to 40 days (15). During the ceremony at Barata Kaledupa festival, girls are dressed in elaborate traditional costumes and carried by male relatives to fields where they perform the symbolic land-stepping procession (*landa huta*), marking their first contact with soil since FGC (15). The ritual concludes with religious leaders applying turmeric to the girls' foreheads and feet whilst offering prayers for their future, formally recognising their transition from childhood to adulthood and providing them with traditional knowledge essential for navigating their new social status within the community (16).

FAMM (Indonesian Young Women Activist Forum) is a women's group dedicated to strengthening young activists' capacity to sustain a gender-just, strong, and independent social movement. FAMM Indonesia's research found that FGC practices in Southeast Sulawesi are typically performed on children between the ages of 4 and 11 years (17). The study, which included participants aged 18-35 who had experience with or knowledge of FGC, found that most informants in the region denied any relationship between FGC and the prevention of sexually transmitted diseases, acknowledging that the practice provides no health benefits (17). Southeast Sulawesi was selected as a research location due to its association with high conservatism and strong traditional cultural practices, with researchers engaging local religious groups and influential clerics who hold considerable authority within the Muslim community (17).

Central Sulawesi

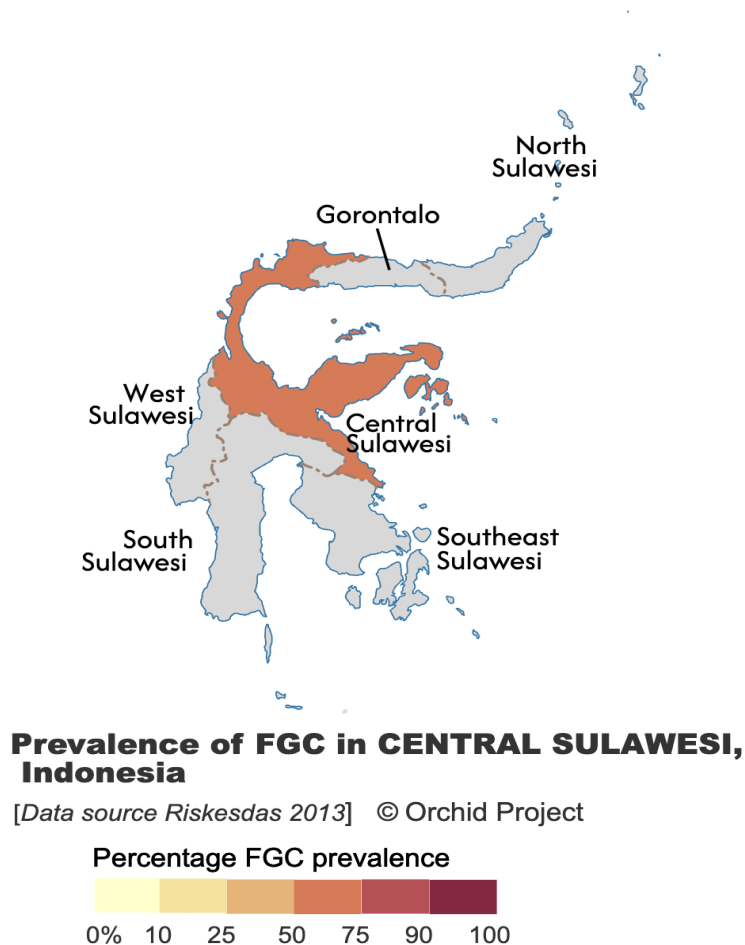


Figure 5: Prevalence of FGC in Central Sulawesi (3)

There are significant research and data gaps on FGC practices in Central Sulawesi. There are diverse ethnic groups in this province and high prevalence of FGC but very minimal available data to understand these variations.

The most significant academic documentation comes from a 2018 UNFPA study conducted during the post-earthquake emergency response in Palu, Sigi, and Donggala, which found that most female respondents had experienced FGC between birth and 5 years old, performed by traditional birth attendants or a traditional 'healer' with decisions made by both parents (18).

The UNFPA study also found that many female respondents said they would have their daughters undergo FGC if they could choose, suggesting potential for intervention programmes (18).

FGC has links with religious traditions, at least among the Toro tribe in Central Sulawesi, who require all Muslim girls to undergo FGC as proof she has been 'Islamised' (27).

West Sulawesi



Prevalence of FGC in WEST SULAWESI, Indonesia

[Data source *Riskesdas 2013*] © Orchid Project

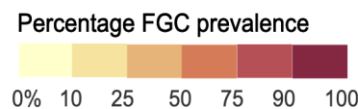


Figure 6: Prevalence of FGC in West Sulawesi (3)

In West Sulawesi, FGC is a long-standing tradition and a significant marker of Muslim identity, with the belief that early FGC grants a higher spiritual status in the afterlife (20).

FGC is deeply embedded in Mandar cultural and religious traditions, with prevalence rates reaching 92.5% in Majene and 90.7% in Polewali Mandar regencies. Known locally as ‘mansunna’, the practice is performed exclusively by traditional shamans called ‘Sando’ and is considered essential for validating Muslim identity, with the belief that circumcised girls will be ‘more foremost in the afterlife queue’ (20). Unlike other Indonesian provinces where the practice has increasingly shifted to medical practitioners, West Sulawesi maintains strict traditional protocols requiring the procedure to be conducted behind prayer cloths with specific ritual elements including prayers, floral water cleansing, and the preservation of any resulting blood as ‘Islamic blood’ that is stored under house pillars (20). The practice typically occurs on girls aged 0-3 years and is integrated with other life-cycle ceremonies such as hair-cutting (akikah) and swinging rituals, reflecting the province's commitment to preserving the cultural heritage of the former ‘Pitu Baqvana Binanga’ (Seven Kingdoms in the Estuary) and the continued influence of descendants of royal families who serve as guardians of local traditions (20).

The ceremony begins with the traditional healer chanting shalawat (prophetic prayers) whilst the infant is cleansed with ablution water. The child is positioned on a cushion covered with banana leaves, and the mother, child, and healer collectively recite prayers. After donning the mukenah (prayer garment), the healer commences the procedure with the basmalah invocation. Cotton is applied to the child's genital area, then preserved in the sokoguru (house pillar) as a protective talisman. The ritual is considered successful when blood is drawn, interpreted as fulfilling Islamic requirements. The ceremony concludes with the child being bathed in flower-infused water (21).

Mandar Tribe

In the Mandar tribe, FGC is carried out at the age before one year (22). The FGC ritual involves wrapping a white cloth around the shaman. Circumcised noble children wear maradia clothes. In this ritual, 'dirt' is scraped out. The dirt scraped out during FGC is kept in the highest part of the house or on a tall tree. After FGC, the baby's hair is shaved off to remove bad luck from the baby. Girls who have not undergone FGC are socially sanctioned by being the subject of conversation or being considered late converts to Islam. The practice of FGC is only symbolic nowadays, although in the past it involved cutting the clitoris' (22).

In Polewali Mandar in West Sulawesi, uncircumcised women are designated as 'naughty women', 'girls who like to marry' (23).

West Sulawesi

Terminology	Massuna; pasunnang
Type	Incision of the prepuce with a little bleeding ('Islamic blood') Scraping of the clitoris with knife (symbolic) Pinching the clitoris with the spine of knife Cutting a little part of the clitoris Wiping the clitoris with antiseptic (symbolic)
Decision making	Mothers, under the pressure from grandparents, respectable religious and community figures
Drivers	Hereditary custom Religious beliefs FGC is a true marker of Muslimhood It is believed that the earlier a girl undergoes FGC, the higher her standing will be in the afterlife as a Muslim. Control of sexuality
Age of cutting	Between 0 and 3 years old
Practitioners	Shaman (sando); mentions of religious leaders ('juru sunat' or 'syarifah')
Rituals	Prayers are recited before and after the baby is bathed in ablution water and sits on the mother's lap on a pillow covered with young banana leaves. Genitalia are rubbed with cotton which is kept in the house pillars as talisman. Blood is seen as Islamic. After the P2GP process, the girl is showered with a water purifier. FGC is performed after hair cutting (akikah) and before swinging (mengayun). Only the Sando can see, the procedure being performed behind a female praying cloth. Incense may be used. The genitalia are washed with floral water, and powder is applied to the parents' foreheads.

Gorontalo

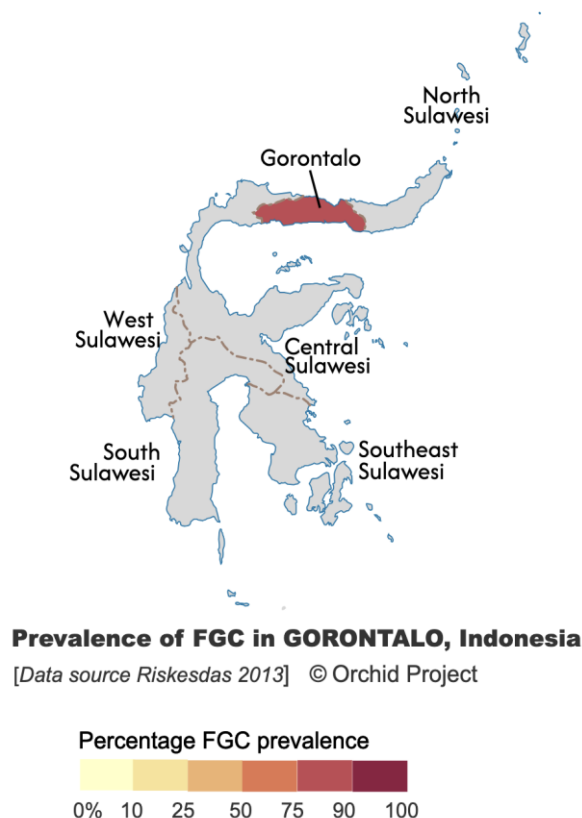


Figure 7: Prevalence of FGC in Gorontalo

Gorontalo is nicknamed 'The Foyer of Medina' and is one of the centres of the spread of Islam in the world (20). There is a strong adherence to the saying '*Adat bersendikan Syara dan Syara' bersendikan Kitabullah*', which translates to '**Custom is based on religious rule and religious rule is based on the holy book**' (20). The tribal laws in Gorontalo are based on the Malay culture, which refers to Shariah. Only traditional practitioners are allowed to practise FGC (20).

The practice of FGC in Gorontalo is called Mo Polihu Lo Limu or better known as lemon bathing (23).

The ceremony includes five stages. During preparation, prayers are recited by a priest to align the ritual with Islamic teachings, and the girl is dressed in traditional attire and marked on the forehead with *bontho*, an orange herb symbolising purity. FGC is performed by *hulango* (child shaman) using a small knife, with the child seated on her mother's lap; the girl is under a hood, so no one sees what happens, not even the mother (24). The procedure is swift, with no visible blood, and involves the symbolic removal of a 'white membrane', representing impurity (24). The child undergoes a **lemon bath** (*mopolihu lo limu*), involving splashes of water mixed with lemon and other natural elements for purification (24). Seven splashes are performed by family members, symbolising completion. Then, the child steps on plates containing items like coins, leaves, corn, rice, and grass, each representing virtues such as economic stability, beauty,

sustenance, honour, and gentleness. Finally, the girl is anointed with *yinulamoonu* (a fragrant oil mixture) and dressed in traditional clothes. The event concludes with thanksgiving prayers and a communal meal (24).

FGC embeds the gendered belief that women need to be graceful, polite and loving individuals who care for their parents and protect the young. Negative behaviours are meant to be dissolved by FGC (25):

- Nene'alo, means annoying or naughty behaviour towards religion or state
- Wet et olo , means speaking with dishonesty or making lousy speech
- Kekengolo, means busy behaviour to avoid being useful to others
- Kureketolo, means behaving and speaking carelessly
- Pa'ingolo, means disobeying to parents or not following their advice
- Bulabolo, means like to cut speaking other with gibberish
- Hutatingolo, means speaking rudely

Though described as symbolic 'pinching', FGC in Gorontalo operates through a powerful stigmatisation system that brands uncircumcised girls as 'jatilunataliti' - a derogatory term implying poor behaviour and deviance (21). Community members routinely attribute any perceived misbehaviour to a girl's uncircumcised status, reinforcing the shame with comments like 'He hasn't been circumcised, that's why he's naughty'. (21). This stigma functions as an effective social control mechanism, coercing families into compliance with the practice despite its claimed symbolic nature (21).

Societal judgements and pressure are especially thrown at parents with little financial means, who often succumb and feel they have no choice but to offer collective celebration, prayers and a feast for what is seen as a compulsory practice. Social jealousy due to FGC celebrations is unavoidable (21).

Costs range from 100,000-500,000 rupiah (US\$6-30)³ for practitioners, with total ceremony costs reaching 5-10 million rupiah (\$300-600)⁴ (21).

Gorontalo's response to FGC prevention policies reveals significant implementation gaps and mixed progress (21). The provincial Women's Empowerment and Child Protection Office only began addressing FGC in August 2023, conducting training with health officials and Aisyiyah leadership, yet many local policymakers remained unaware of national prevention policies until this monitoring study (21). Trained cadres hesitate to openly disseminate anti-FGC information, instead resorting to private WhatsApp messages due to cultural sensitivities (21). Major challenges include the absence of reported FGC complications (which officials use to justify

³ September 2025 exchange rate

⁴ September 2025 exchange rate

inaction), strong traditional entrenchment of the practice, and resistance from community members who argue that 'pinching' differs from harmful cutting (21). However, positive developments are emerging: progressive organisations like Gusdurian Gorontalo have begun studying the issue, some traditional leaders acknowledge potential harms when presented with evidence, and religious organisations like Muhammadiyah and Aisyiyah are conducting education campaigns. The Ministry of Religious Affairs has committed to integrating FGC prevention into marriage guidance programmes, and some practitioners report that informed parents now request no procedures, suggesting that targeted education can influence behaviour change (21).

Gorontalo	
Prevalence	83.7% (the highest prevalence in Indonesia, Riskesdas 2013) 93.1% in Bone Bolango District, and 86.9% in Gorontalo Utara District
Terminology	Mongubingo (or mopoliho lo limo/mandi lemon/ cubit kodo) 'Mencubit' or 'cubit kodok', meaning 'pinching' and 'pinching female genitalia'
Type	Cutting a thin membrane on the girl's vital organs (It is unsure whether it is the clitoral hood or glans. Small incision on the clitoral hood Symbolic <ul style="list-style-type: none"> • Pinching with a small knife covered with white cotton to pick the dirt out of the clitoris (cubit kodo) • Symbolically by pinching the child's genitals • Putting a small knife covered with cotton or white cloth near the clitoris • Scrape on the clitoral hood
Decision making	Parents, particularly the mother, the father's role being more symbolic. The religious and traditional leaders and religious and cultural legitimisers while the extended family and community are social enforcers. FGC is not just an individual responsibility but also a social obligation for the entire Gorontalo community.

	<p>Religious leaders oversee the correct procedures of the FGC ritual, they collaborate with village midwives (hulango) to ensure that the process follows Islamic principles and Gorontalo customs. They ensure that the practice remains symbolic rather than harmful, in line with Indonesian regulations that discourage genital mutilation.</p>
Drivers	<p>Morality and social conduct</p> <ul style="list-style-type: none"> • Self-restraint and proper conduct towards men: to become a 'sholeha' child, a well-mannered child and a future good wife who does not demand too much from her husband • Control of sexual desires to maintain chastity and fulfill husband's sexual needs <p>Marriageability</p> <ul style="list-style-type: none"> • Uncircumcised daughters are considered inappropriate for marriage and are thought to experience marital problems, including divorce within three months due to lack of sexual satisfaction <p>Respect for an hereditary traditional custom</p> <p>Cultural and religious marker</p> <p>Physical and spiritual purification</p> <p>Religious duty</p> <ul style="list-style-type: none"> • FGC is an initiation to Islam • The girl symbolically enters religious obligations through the ceremony <p>FGC ensures modesty and devotion</p>
Age of cutting	2 years old
Practitioners	Hulangos (Shamans / traditional midwives) - health professionals are not allowed to perform FGC
Rituals	<p>It begins with the preparation of a hulande, an offering that consists of five types of rice, seven coins, seven lemons, seven eggs, seven cloves, seven plates of rice, milu (corn), and grasses. The baby first undergoes ablution with ritual water before the FGC is performed inside a booth-like structure made of white garments, symbolizing purity. The shaman chants prayers while the baby, laid on a pillow</p>

covered with banana leaves, undergoes the procedure with the recitation of Basmala. Bleeding is considered auspicious, signifying the presence of "Islamic blood," and the cotton swab used in the process is placed under the pillar of the house as a protective talisman. Following the FGC, the baby is bathed in lemon water, dressed in traditional attire, and participates in a plate-stepping ritual, possibly symbolizing a transition into a new phase of life. The ceremony concludes with prayers and a communal feast, reinforcing both spiritual and social dimensions of the tradition.

North Sulawesi

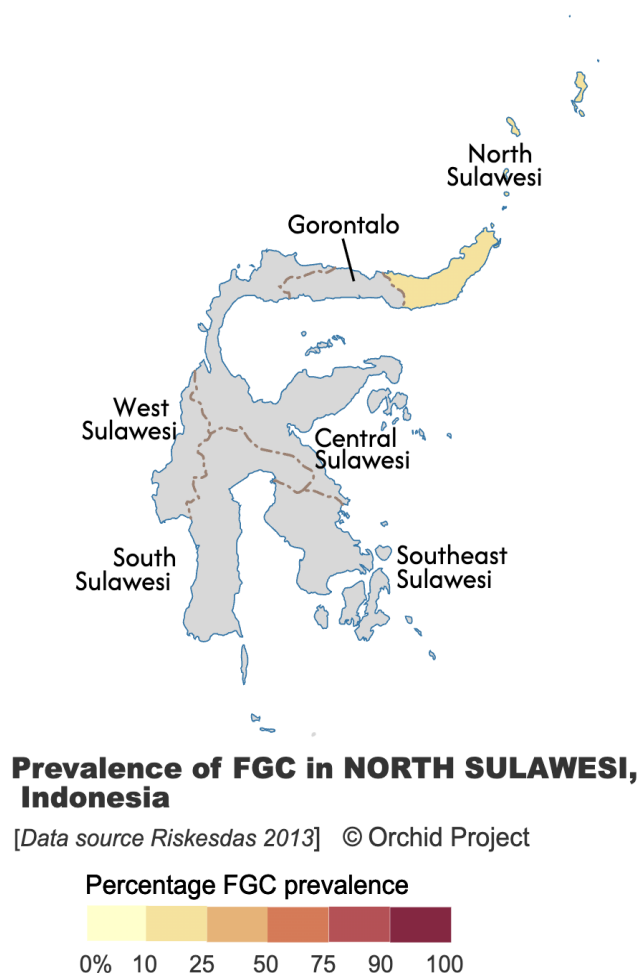


Figure 8: Prevalence of FGC in North Sulawesi (3)

FGC prevalence in North Sulawesi is low. Gender equality in North Sulawesi reflects a historical transformation from traditional egalitarian Minahasan society to contemporary patriarchal structures imposed through Dutch colonialism and Protestant Christianity (26). This shift has significantly limited women's participation in public discourse, despite women comprising a larger portion of the population. However, women activists are actively working to counter these constraints through grassroots initiatives such as establishing interfaith dialogue spaces, creating informal community meeting venues, and conducting educational advocacy against patriarchal systems, demonstrating ongoing efforts to promote peace and gender equality at the local level (26).

However, anecdotal evidence shows that the Mongondow tribe in North Sulawesi practices a form of FGC that is considered extreme (27). The genitals of female infants under the age of three must be cut until they bleed. The procedure is performed by traditional practitioners called 'peyok' (27).

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 (28).

The researcher Putranti Dyah conducted a study in 2008 and found that stricter readings of Islamic hadiths in orthodox communities was a contributing factor to the emergence of regional regulation of health services and to the integration of FGC within health services (29). He also found that this change shifted away from symbolic practices to actual cutting (29).

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 (20):

- 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 www.fgmcri.org/indonesia). The national Roadmap includes sustained dialogue between grassroots organisations and various government levels to promote more effective implementation.

Conclusion

The practice of FGC in Sulawesi is informed by religious beliefs, cultural identity, and deeply embedded social obligations that vary significantly across ethnic groups and provinces. With 81.2% of women aged 15-64 having undergone FGC in Sulawesi, the region demonstrates some of the highest prevalence rates in Indonesia, particularly in Gorontalo (83.7%), West Sulawesi, and South Sulawesi provinces. While the procedures range from symbolic procedures to more invasive cutting, the social mechanisms that perpetuate FGC—including elaborate celebrations, community pressure, financial strain, and stigmatization of uncircumcised girls—create powerful barriers to abandonment. The 2024-2025 national legislation banning FGC marks a critical turning point, yet implementation gaps, resistance from traditional practitioners, and cultural sensitivities challenge prevention efforts. The emerging positive developments—including education campaigns by progressive organizations, changing attitudes among informed parents, and commitment from religious authorities to integrate FGC prevention into community programs—suggest that targeted, culturally sensitive interventions can catalyse meaningful change in this region.

Recommendations

Strengthen implementation of national legislation and policies

- Support consistent enforcement of the 2024-2025 national ban across all provinces and districts, with clear guidelines and accountability mechanisms
- Establish regular monitoring and evaluation mechanisms for the National Roadmap to track progress and identify challenges
- 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

Develop comprehensive data collection systems

- Address critical research gaps, particularly in Central Sulawesi where high prevalence exists but minimal data is available
- Conduct regular surveys to monitor prevalence trends and changing attitudes

Support integration of FGC prevention into healthcare services

- Ensure all healthcare providers (midwives, nurses, doctors, and posyandu cadres) receive training on the harms of FGC and their legal obligation not to perform the practice
- Develop protocols for healthcare workers to counsel families against FGC while respecting cultural sensitivities

Address medicalisation

- Strengthen oversight of healthcare facilities to ensure compliance with the national ban
- Establish clear consequences for medical practitioners who violate the ban

Engage religious authorities in prevention efforts

- Support religious organizations such as Muhammadiyah, Fatayat, and Aisyiyah in expanding their education campaigns against FGC
- Facilitate dialogue among religious scholars to address varying interpretations of Islamic teachings regarding FGC
- Conduct awareness raising and capacity building with marriage officiants to include FGC prevention in their marriage courses

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.

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