

FGC in Sumatra

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

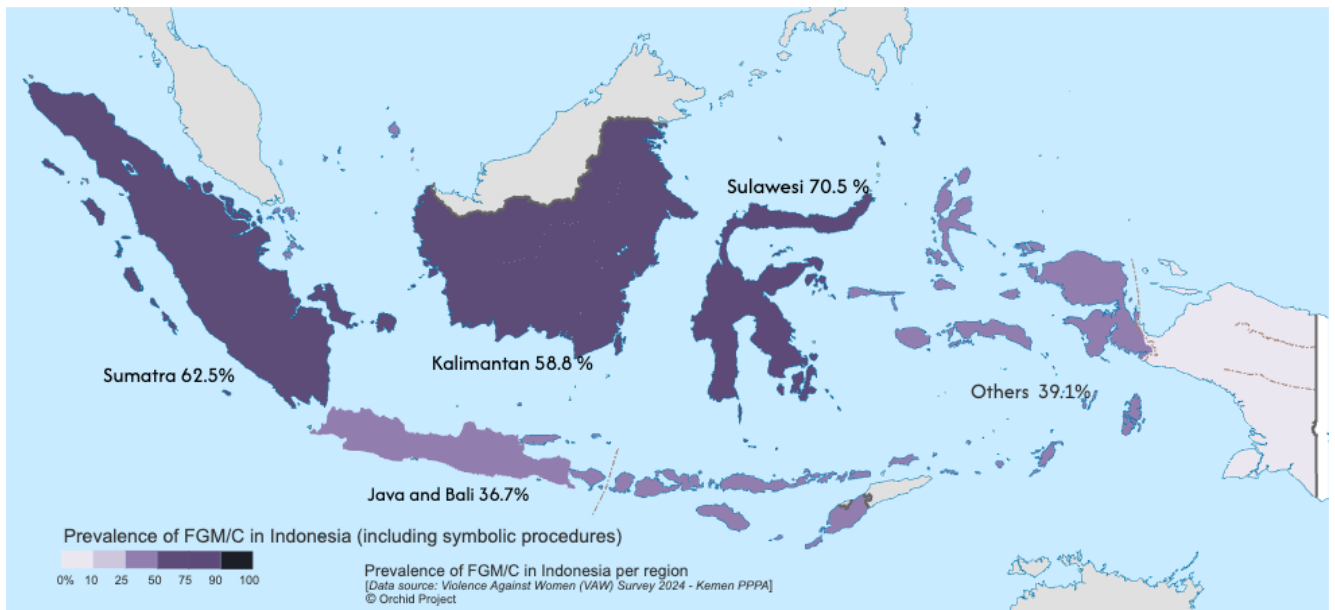


Figure 1: National prevalence of FGC in Indonesia by major region, 2024 (33).

Sumatra is the westernmost island in the Indonesian archipelago, located west of the Malay Peninsula and bordered by the Indian Ocean. It is the largest island located entirely within Indonesia.

Sumatra is home to 21.68% of the Indonesian population, amounting to 50,614,976 inhabitants (2).

A number of different ethnic groups reside in Sumatra, which include: Alas, Gayo, North Aceh, Aceh Pesisir, Serawai of Bengkulu, Bangka Belitung, Melayu, Minang, Batak Mandailing, Bengkulu, Jambi, and Riau, as well as several ethnic groups in South Sumatra such as Lampung and Palembang (3).

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 Acehnese in the north (both areas speaking their own language) (4).

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 Sumatra

The prevalence of FGC among Sumatran women aged 15–64 is 62.5% (33). Nearly 20% of that age cohort have never heard of FGC (1). FGC is prevalent across all provinces in Sumatra. The highest prevalence is in Bangka-Belitung and the lowest is in Bengkulu (5).

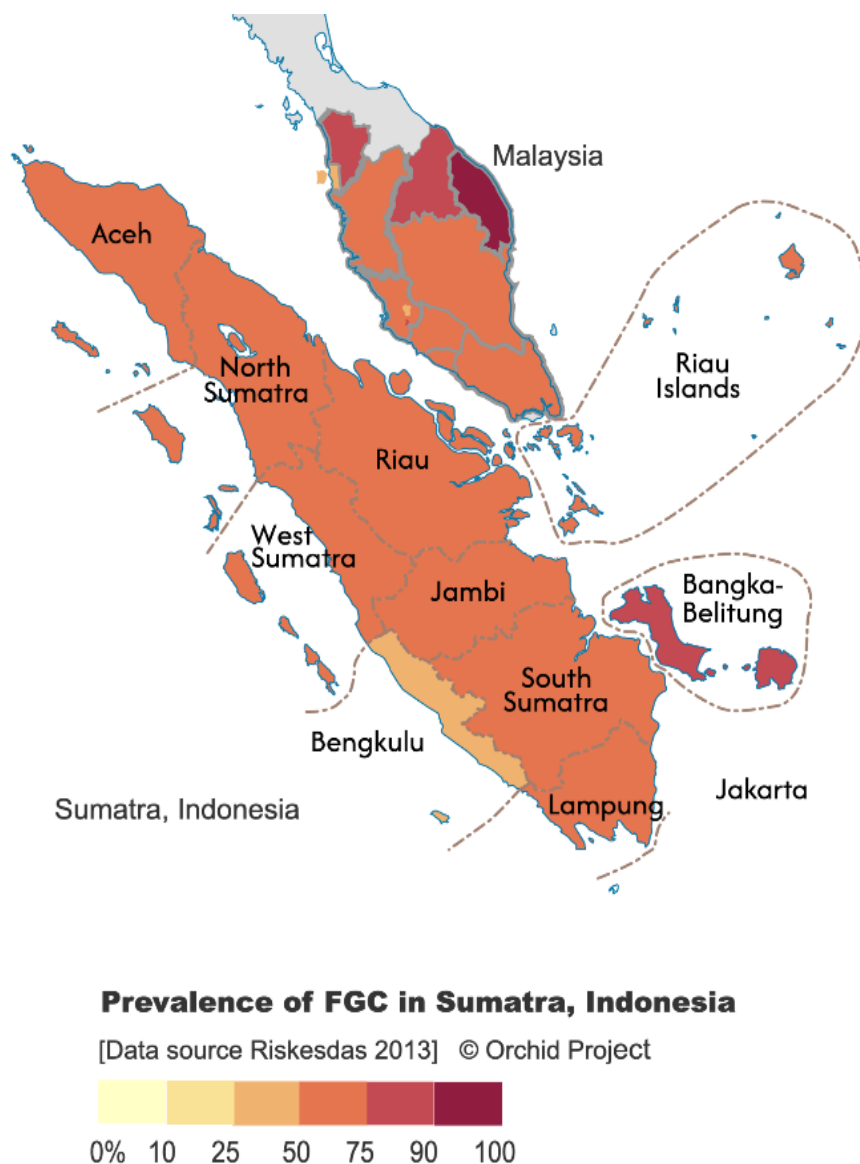


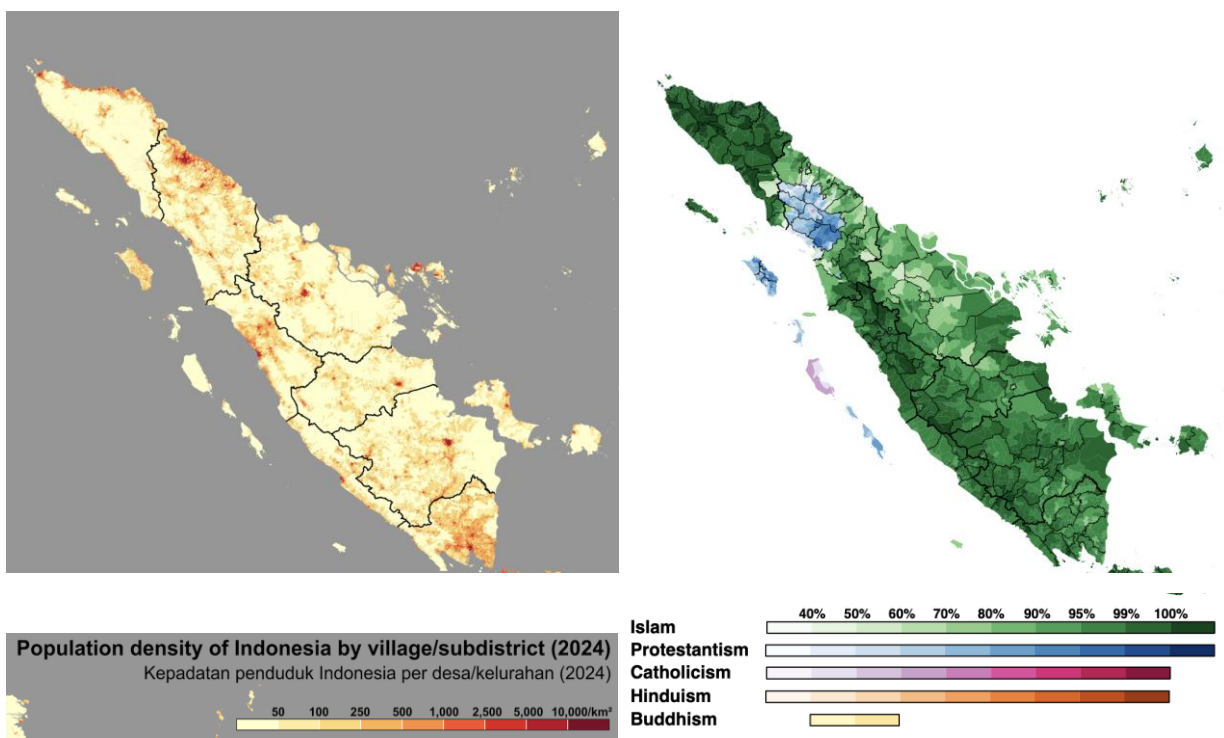
Figure 2: Prevalence of FGC in Sumatra, 2013 (5).

At the national level, place of residence is not found to be a determinant of the practice among the various ethnic groups: FGC is practised almost equally in rural and urban areas (6). The practice itself differs from one ethnic group to the other and more details on ethnic variations are provided in the next section.

The emergence of regional regulation of health services and the integration of FGC as part of health services is deemed to have been influenced by Islamic fundamentalism. Moreover, the increase in 'real cutting' was supported by a stricter reading of Hadiths, as observed in orthodox communities (7).

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 (7).

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.



Practising ethnic groups in Sumatra (indicative map)

Regional and ethnic variations

Aceh

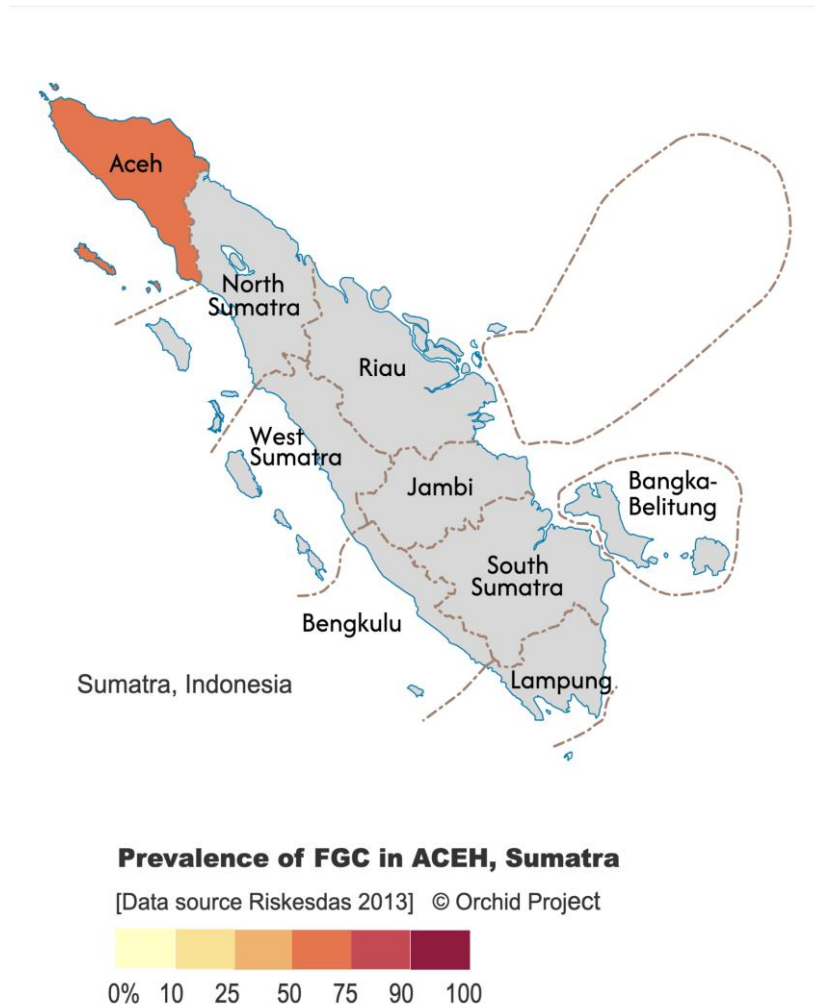


Figure 3: Prevalence of FGC in Aceh, 2013 (5).

Aceh is the western-most province in Sumatra and is the only area in Indonesia to be regulated by Shariah law, an Islamic-based community law also called Marhum law. An Ulema is appointed by the law as a religious figure-head responsible for incorporating regulations based on religious morality. The Marhum laws give the Ulema full liberty as to what religious morality means (11). In Aceh, a common expression is 'customs are held by the king, laws are held by the scholars, regulations are in the hands of the sultan, and unity is held by the warlord' (12).

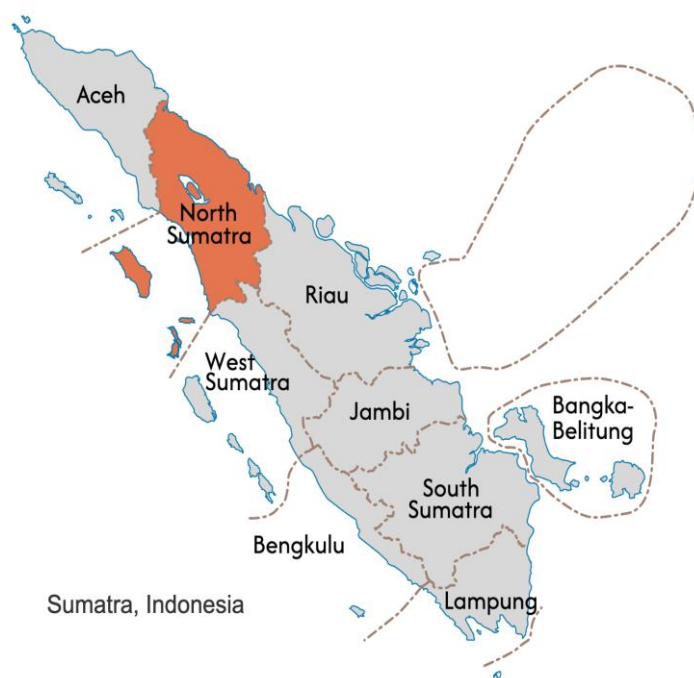
FGC has been practised for a long time in Aceh province, especially in Pidie Jaya district. It is estimated that FGC originated from Islamic teachings, which later developed into a tradition. FGC is performed by traditional birth attendants, as well as in health facilities such as community health centres and private midwife practices (10). Decision-making on FGC in Aceh usually belongs to the mother and fathers have limited involvement in the decision (11).

Acehnese society is traditionally matrilineal, where men move to the villages of their wives. Daughters usually inherit wealth and women play the central role in local customary practices and rituals. Custom (*Adat*) is valued. Women’s prominent roles in religious schools have been challenged by the introduction of Islamic reformist organisations and by the state-sponsored Islamic boarding schools (*pesantren*), which are more conservative and limit women to more trivial duties (13).

Aceh	
Ethnic groups	Alas, Gayo, Kluet
Terminology	Khitan; peusunat; cok piet ('insect'), sunat aneuk inóng (circumcision of a child)
Type	Type 1: reducing or removing a small part of the female clitoris Type 4: cutting the foreskin: 'cut a little bit for formality'; A little blood comes out Symbolic acts (scraping)
Decision making	Historically, mothers; male and female relatives from the mother’s side; strong family pressure, especially from grandmothers.
Drivers	Religious beliefs <ul style="list-style-type: none"> FGC is seen as obligatory, recommended or permissible. While some uncircumcised girls face the social judgment of being 'infidel', others do not face social sanctions. Hereditary traditional practice <ul style="list-style-type: none"> A legacy of the previous monyang ancestors; A sense of togetherness, of community life Beliefs in bodily cleanliness and the associated symbolic form of purity for women A way to beautify female appearances Control of sexuality <ul style="list-style-type: none"> 'A woman has 99 desires and one mind': beliefs in a lustful nature and in the reduction of libido and the prevention of adultery Increasing in sexual pleasure; longer restraint in between intercourse; a calmer attitude during intercourse

Age of cutting	Mostly between 1-3 year old; sometimes after 6 months; Age might differ according to the practitioner, up to 2 for healthcare providers, and between 3-5 for traditional practitioners
Practitioners	Historically, the teungku (Islamic scholar); Aging village midwives; private midwives; health center midwives
Rituals	<p>FGC can be a private practice, quickly performed at home with the mother's family. Not everyone knows about what happens in other families. Mothers ask for a one-time prayer (fatihah) carrying 'a gift of yellow glutinous rice'.</p> <p>The 'flour ceremony' entails a mixture of rice and paddy, glutinous rice, leaves and kaffir lime. Flour is sprinkled on the girl and prayers are recited.</p> <p>Traditional officials and religious leaders may also be invited to pray. Prayers then bathing for purity and ablution water takes place. Food as symbols for good fortune and good personality in the future are prepared.</p> <p>In Kluet, the practice is celebrated like a wedding for 3 days, where the girls are dressed up in traditional clothes. Discussions with family, traditional and religious leaders to determine the best schedule take place, and the community participates in decorating the house.</p> <p>In some places, sticking a pin or needle on the clitoris of the child is done when she is younger than 8 years old. When the knife's edge is right on the clitoris, the midwife picks a tiny part of the foreskin and puts some turmeric on it. Both the blade and turmeric are presented on a tray filled with a ritual set of child's clothes, long batik, and seven kinds of flowers.</p>

North Sumatra



Prevalence of FGC in NORTH SUMATRA, Indonesia

[Data source Riskesdas 2013] © Orchid Project

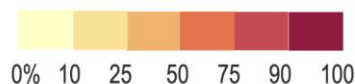


Figure 4: Prevalence of FGC in North Sumatra, 2013 (5).

There is very little research about FGC in North Sumatra.

A small-scale study was conducted in Pasar Pargarutan village in North Sumatra in 2025 where 90% of female infants under 30 days old had undergone FGC (14). Among the 58 surveyed mothers, 79.3% had made the decision for their daughters to undergo FGC. Two factors significantly influenced this decision: little knowledge about health risks (77.6% of mothers) and lack of medical support from health workers (75.9% of mothers) (14). Several factors did **not** influence the decision, including mothers' attitudes, family support, support from community leaders, and religion - even though 75.9% cited religious support for the practice (14). Together, the lack of knowledge and lack of medical support explained 43% of mothers' decisions to have their daughters undergo FGC in this village.

An important shift in practice was reported in Medan district, North Sumatra in 2022. While traditional practitioners continue to perform FGC, there has been a notable increase in involvement of healthcare professionals and formal healthcare facilities providing FGC as a health service (15). In Medan district, there is strong stigma against mothers and girls who have

not undergone FGC. They report being ridiculed and gossiped about by their family and community (16).

The 2014 Ministry of Health regulation (17) stipulated that FGC was not a medical procedure and had not proven to have any benefit. What was allowed by the Ministry of Health was a symbolic practice which caused angst in North Sumatra when it was issued. Medical facilities in North Sumatra had been performing FGC, and this regulation was seen to be against religious activities and beliefs since medical facilities were increasingly set up by the Ministry of Health, and that the practice was 'common'. The government was seen as not supporting religious activities (18).

North Sumatra	
Ethnic groups	Batak Mandailing
Terminology	Sunat
Type	Type 1, the thin membrane over the clitoris is cut
Decision making	Historically, mothers; male and female relatives from the mother's side; strong family pressure, especially from grandmothers.
Drivers	Hereditary traditional custom Religious beliefs/ a form of implementation of Islamic teaching (Shafi). A mandatory practice
Age of cutting	In the first month in Pasar Pargarutan village, South Tapanuli Regency
Practitioners	Traditional practitioners still perform the procedure alongside healthcare providers, Midwives, nurses and paramedical staff

West Sumatra



Prevalence of FGC in WEST SUMATRA, Indonesia

[Data source Riskesdas 2013] © Orchid Project

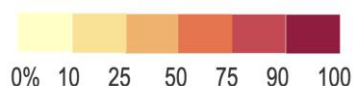


Figure 5: Prevalence of FGC in West Sumatra, 2013 (5).

The Minangkabau ethnic group are prominent in West Sumatra and there is a common saying among Minangkabau people which says that 'custom is based on religious rule and religious rule is based on the holy book' (11). Traditional customs among the Minangkabau are closely related to religious traditions, informed by Islam.

For the Minangkabau, FGC is the sign that a child has entered Islam and has been reminded of the religious obligations that she will fulfil (19).

The purpose [of FGC] is to develop the syi'ar of Islam, pledge the Islamic faith of the child, instil and strengthen the Islamic creed (19).

The Minangkabau carry the idea of matriliney and believe that violations of customs or religious traditions can lead to lifelong consequences that can then be passed down to descendants (19). The mandatory nature of FGC within the religious and cultural practices of the Minangkabau overrides any concern about risk of injury for the girl who is undergoing FGC (19).

The traditional and religious aspects of FGC must be overseen by a shaman as it is believed that a child's 'Islam is not valid' if FGC takes place in a hospital (19). The becoming of a Muslim is momentous, and so is the protection of the genitalia (*faraj*), a source of 'disaster' and 'shame to the family' if a daughter is not 'properly maintained' (20).

Younger parents in West Sumatra prefer a symbolic procedure and do not always perceive FGC as being obligatory in Islam (20). They do not believe that the practice has any medical benefit and also believe that there is no negative impact if it is not performed (20). Some even go as far as to oppose the practice as a violation of women's rights, a potential decrease in sexual satisfaction, and threats to health (20).

West Sumatra	
Ethnic groups	Minang (Minangkabau); Melayu
Terminology	-
Type	<p>Incision; partial removal of tip of clitoris (Salma, 2016)</p> <p>Pinching the prepuce until the child moans in pain for a few seconds; causes slight cuts and bleeding. Turmeric is applied to the wound. Tears mark the completion of the process.</p> <p>Removal of tip of clitoris the size of a rice seed, followed by a slight cut</p>
Decision making	Mothers and fathers, many requesting FGC before Ramadan
Drivers	<p>Religious beliefs</p> <ul style="list-style-type: none"> • Entry into faith; pledge to Islam /acknowledgement of religious obligations; instilling the Islamic faith into the child's heart • Respect of religion and woman respected as a Muslim <p>Hereditary traditional/ family custom</p> <ul style="list-style-type: none"> • Some mothers perpetuate the practice through familial tradition without knowing the religious justifications <p>Control of sexuality</p> <ul style="list-style-type: none"> • Control adolescent sexual drive and discourage tendencies to adultery • Maintain a sense of honour and avoid shame

Age of cutting	Mostly between 1-3 years old; sometimes after 6 months; Age might differ according to the practitioner, up to 2 for healthcare providers, and between 3-5 for traditional practitioners
Practitioners	<p>Shaman preferred for the extensive religious ceremonies and meanings</p> <p>Midwives: perform along the line of traditional practitioners, in a shorter time, without bath and with less prayers</p> <p>Female religious leaders in Padang</p>
Rituals	<p>Prayers, bath with plants</p> <ul style="list-style-type: none"> • Basmalah prayers • Bath so that the child gets cold to reduce the coming pain • Kaffir lime or sundai are added to produce a nice smell • After FGC, history of Islam and lineage of the Prophet are read

Riau



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

Riau province has a prevalence rate of 74.4% (5). A focus group discussion was held in July 2025 by Indonesia's National Commission on Violence Against Women in Pekanbaru, Riau Province to explore dialogue with religious institutions, expand education about FGC's harmful effects, and to develop regulatory processes for FGC prevention (21). The local government has implemented prevention efforts including socialisation campaigns for healthcare workers and pregnant mothers, yet significant challenges persist, particularly around religious interpretations that frame the practice as a religious obligation, creating high parental demand for the procedure from healthcare providers.

In Riau, cultural and religious traditions are dominant in decision-making about FGC (22). These traditions influence mothers' decisions about whether to have their daughters cut, rather than awareness about the practice (22). The practice is sometimes tied to Malay ethnic identity and

uncircumcised girls are thought to have not followed "religious orders and Malay traditions" (23).

Kenduri, also referred to as *selamatan* or *kenduren* in other parts of Indonesia, constitutes a traditional communal feast and religious ceremony aimed at expressing gratitude, seeking blessings, commemorating significant events, or offering prayers for the deceased. These gatherings involve community members who contribute food, engage in collective prayer, and share a meal, thereby strengthening social bonds and reinforcing cultural and religious values within the community. FGC may be performed with rituals during the ceremony.

In the Kampar region of Riau province, customs are similar to those in West Sumatra. Most people follow a matrilineal system where women hold high positions in terms of customs (24).

Riau	
Ethnic groups	Dominantly Malay or Chinese-Indonesian; Javanese migrants following the Javanese practice
Terminology	Sunat
Type	Type 1a and 1b: Removing a little from the tip of the clitoris or part of the clitoris Anecdotal accounts of pain during urinating for 2 weeks and difficulty during intercourse because the clitoris was mutilated Anecdotal accounts of labia minora being cut
Decision making	The support for FGC is from fathers, grandmothers, family members; religious and community leaders have a crucial influence.
Drivers	Religious beliefs <ul style="list-style-type: none"> • Sin if failing to fulfill God's command • FGC is wajib (obligatory in Islam), or sunnah (recommended) Cleanliness and purity of the mind and body Hereditary traditional custom and family support <ul style="list-style-type: none"> • The practice continues through family socialisation where values are instilled from childhood. Mandatory tradition for a newborn girl. Social obligation Beliefs on sexuality <ul style="list-style-type: none"> • Reduce female libido

Age of cutting	At the time of the first bath, 10 or 15 days; under 3 months of age
Practitioners	Traditional shamans; independent midwives who do not work for any institution; grandmothers; Paramedics at hospitals
Rituals	<p>Ceremonies may take place but not systematically</p> <p>Sometimes, families provide fresh flour made by pandan leaves and some leaves with different kinds of rice. Powder and fresh pandan leaves are spread over the baby's body. Prayers are recited before and after the process.</p> <p>Prayer in kenduri is an important ritual after FGC, serving as a spiritual tool for security, welfare, health and tranquillity. The FGC rituals include shaving hair, washing floors and installing candles on coconuts.</p>

Bengkulu

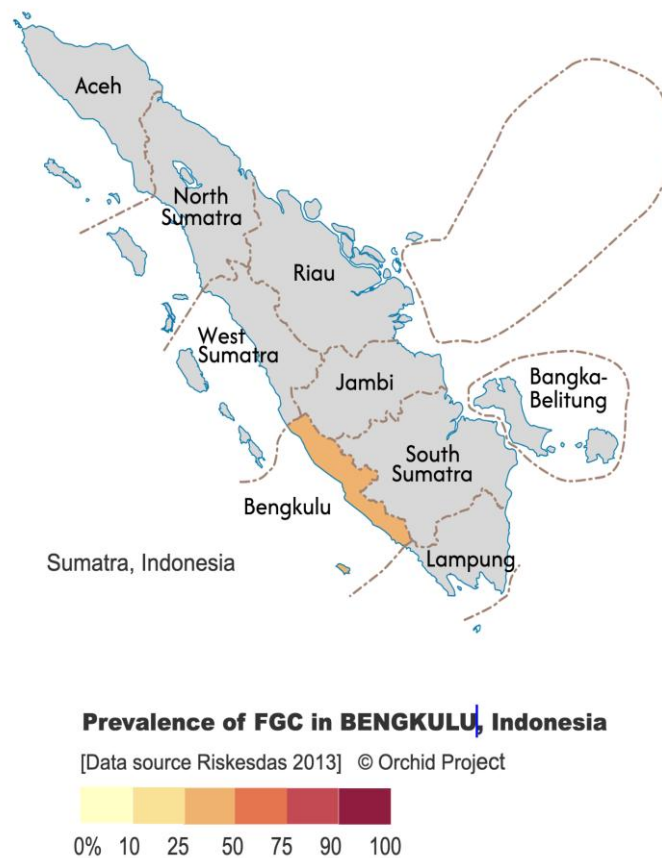


Figure 7: Prevalence of FGC in Bengkulu, 2013 (5).

The Bengkulu people live prominently in the city of Bengkulu, more than in villages. They descend from multiple ethnic groups, including the Malay, Minangkabau, Acehnese, Bugis, Banten and Javanese, which are all ethnic groups known for practising FGC: Bengkulu Bahasa is part of the Malay language cluster (25). Little is known about FGC in Bengkulu but based on the ethnic groups present there, it is likely that some forms of FGC are practised.

A study conducted in 2005 found that FGC forms part of the *beterang* ceremony, which is conducted by the Serawai people in Palak Bengkerung village, South Bengkulu (26). *Beterang* is a FGC ritual that functions as a coming-of-age ceremony with three stages: first separating the girl from childhood, then a transition period where she learns values and life goals and finally welcoming her back as a young woman (26). The whole community participates - family, relatives, and neighbours - showing strong social bonds. People have mixed views about the ceremony: some see FGC as religiously required while others view it as local tradition, but most agree the other parts are cultural customs that girls must complete to gain adult status (26). Families choose to do this ceremony for three main reasons: to give their daughters Muslim

identity, to grant them adult status in the community, and to teach feminine qualities through special objects and chants used in the ritual (26).

Bengkulu	
Ethnic groups	Bengkulu and Serawai
Terminology	-
Type	Touching the clitoris with a needle
Decision making	The support for FGC is from fathers, grandmothers, family members; religious and community leaders have a crucial influence.
Drivers	Continuity of a traditional custom/ hereditary ritual for infants
Age of cutting	Infants (Bengkulu) Above 8 years old (Serawai)
Practitioners	Doctor or midwife
Rituals	In the Serawai tribe, girls are invited to play with friends, taken to the river and circumcised under a tree while the friends play

Jambi



Prevalence of FGC in JAMBI, Indonesia

[Data source Riskesdas 2013] © Orchid Project

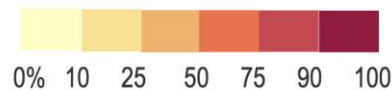


Figure 8: Prevalence of FGC in Jambi, 2013 (5).

In Jambi, the belief that 'customs are based on Islamic Law, and Islamic Law is based on the Quran' is common, leading communities to believe FGC is necessary and must involve cutting genital tissue (27). Families believe that FGC is a religious and traditional necessity and a violation of faith if it is not practised (27). Many people in Jambi believe that there are medical benefits to FGC and deny any physical or sexual consequences from the practice (27). The practice has become increasingly medicalised, shifting from traditional practitioners to strong preference for medical personnel (27).

However, despite the strong drivers of FGC in Jambi, prevalence appears to be declining in Jambi City, according to Komnas Perempuan's research in 2025 (25). Health officials reported a substantial decline through targeted counselling of healthcare workers (25). However, the decline was not as significant in rural areas such as Sungai Bahar and Muaro Jambi, where FGC is seen as a means of controlling girls' behaviour (25).

The programme worked across sectors engaging the MUI (Indonesian Ulema Council) who pledged their support of government regulations, as well as dialogues with Islamic organisations such as Nahdlatul Ulama and Muhammadiyah branches (25). UIN (State Islamic University)'s gender studies centre committed to promoting awareness through curriculum integration, and PKPI (Indonesian Planned Parenthood Association) pledged continued education and training for health workers. Bappenda (Regional Development Planning Agency) committed to cross-departmental coordination for programme budgeting.

Jambi	
Ethnic groups	In Jambi City, most people are of the Malay ethnic group. In Jambi province, Malay, Javanese, Minangnese, Chinese-Indonesians, Bataknese, and other groups live together.
Terminology	Khifadh; sunat perempuan; khitan perempuan
Type	Type 1: Incision of the clitoral hood with a needle Type 4: scraping or cutting the clitoral skin until there is a drop of blood
Decision making	Parents, primarily mothers with support of family and religious leaders
Drivers	Beliefs on sexuality <ul style="list-style-type: none"> • Reduction of female libido, to avoid flirtatiousness (genit) and 'naughtiness' (Kecentilan) • Continuity of a traditional custom (Seloko-seloko is a set of local advice) Religious beliefs <ul style="list-style-type: none"> • A circumcised woman will become pure; worship will be valid; a sense of violation of religious teachings without FGC; mandatory (wajib)
Age of cutting	40 days after birth (60%, 2011); 5 days to a year
Practitioners	Midwives (currently most common), traditional birth attendants (Dukun Beranak). Government facilities no longer perform, even if local health offices (Dinas Kesehatan) may still operate under the 2010 regulation. Independent midwives circumcise during the postpartum health check.

Rituals

Rice, chillies, and spices brought by traditional practitioners.

Before, the Malays used the term FGC, 'keak' or 'to the water/river' was used. At the age of 5–7 days old, the girl would be carried to the river by the shaman and be circumcised while her parents would hear her daughter scream from a distance. The shaman would use a knife called 'garpu'.

Pressed against the clitoris while the 'white part' is cut with a razor blade; betadine, cotton swabs are applied in case of bleeding, and orange water is dripped to avoid abnormal vaginal discharge. The razor blade will firstly be soaked into the warm water.

Prayers are recited (salawat) but no celebration or feast

South Sumatra



Prevalence of FGC in SOUTH SUMATRA, Indonesia

[Data source Riskesdas 2013] © Orchid Project

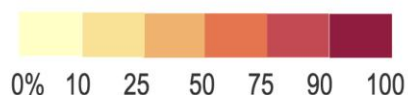


Figure 9: Prevalence of FGC in South Sumatra, 2013 (5).

In South Sumatra, the Bakayekan tradition is practised which aims to cleanse a girl before she becomes a teenager (28). Before being cut, the girl is made up like a bride and dressed in South Sumatra traditional clothes (Betaju), then paraded to the river, accompanied by tambourines (28). The philosophy of the river itself is to bathe and purify oneself. The practice of FGC is to cut a certain part of the clitoris and is performed by a shaman (28). The cut part of the clitoris is buried under a coconut tree, as the coconut is considered sacred. It is expected that girls who have undergone FGC will be like coconut shoots that can live anywhere, meaning they can live and socialise well in the community (28).

South Sumatra	
Ethnic groups	Pasemah, Palembang
Terminology	Bekayi'an (between 4 and 8); Kayek Upik (when infant)
Type	Type 1: A part of the clitoris is cut
Decision making	-
Drivers	<p>Purify female children before they grow up</p> <p>Religious beliefs</p> <ul style="list-style-type: none"> The ceremony is often held around Ramadhan <p>Economic and social values</p> <p>Initiation or declaration within the community</p> <p>Social solidarity</p> <p>Value of girls for the Pasemah</p>
Age of cutting	4 to 8 years old
Practitioners	-
Rituals	The child is dressed as for a wedding, wearing a traditional dress (betaju), and bathed in the river while tambourines play. The cut part is planted under a coconut tree. Many guests are invited.

Lampung



Prevalence of FGC in LAMPUNG, Indonesia

[Data source Riskesdas 2013] © Orchid Project

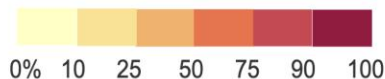


Figure 10: Prevalence of FGC in Lampung, 2013 (5).

In Sukananti, West Lampung, health practitioners recognise the 2014 Ministry of Health regulation but continue to practise symbolic cleansing (29). Midwives believe that this contributes to shaping the character of girls, and traditional practitioners link FGC with moral development and becoming a Muslim woman (29). Practitioners, both traditional and medical, report no adverse effects or physical harm, and instead report benefits in terms of cleanliness, morality, adherence to tradition, and religious beliefs (29).

The majority of the Sukananti community practises Islam, with a strong affiliation to Nadhatul Ulama. Within this Islamic community, local religious leaders, known as kyai, are held in high esteem. The teachings of a kyai are respected and followed, which also extends to the practice of FGC (29).

In the city of Bandar, Lampung, FGC is commonly practised on girls aged 40 days to 5 years, performed by midwives at clinics or traditional healers at home using scissors, needles, or sharp instruments to wound the clitoris (30). The practice is justified as religious obligation, tradition passed through generations, and necessary to control female sexuality and marital satisfaction (30). While minimal immediate physical impact beyond crying and bleeding is reported,

significant psychological burden, guilt, and fear of community stigma if daughters remained uncircumcised is commonly expressed, indicating powerful social pressures (30).

Religious leaders in Lampung are split into three groups: (1) supporters who consider FGC to be religiously obligatory based on Islamic jurisprudence; (2) moderates who present it as optional (sunnah or permissible); and (3) opponents who condemn it as inhumane and contrary to Islamic principles (30). Health professionals, including midwives and puskesmas staff, stated they no longer perform the practice due to government prohibition, though some admitted to symbolic procedures under community pressure, while private clinics and doctors continue offering it (30). Community leaders and academics emphasised the practice's cultural entrenchment and need for comprehensive education (30).

Lampung	
Ethnic groups	Lampung; Semendo (influenced by the Malay culture) and Javanese (West Lampung)
Terminology	Ngayikkah among the Semendo
Type	The white mixture in the foreskin is removed until it bleeds for the Semendo The practice is symbolic (cleaning) among the Javanese
Decision making	Parents, grandmothers
Drivers	Sexuality / character of the girl <ul style="list-style-type: none"> • Reduction of sex drive • Normalise the size of clitoris • Social demand for obedience or submissiveness Religious beliefs <ul style="list-style-type: none"> • To remove najis (impurities) • The girl becomes 'clean' and is islamised, becoming a good Muslim • Same law as male circumcision, mandatory (wajib) • Validation of prayers, and reading of Bismillah Hereditary traditional custom/ community and family obligation <ul style="list-style-type: none"> • The necessity for a girl to be a righteous child (a soleha child) Social sanctions

Age of cutting	Age 3-5 among the Semendo At birth for the Javanese
Practitioners	Traditional birth attendants (dukun bayi), mostly for the Semendo Midwives, offering it with ear-piercing mostly for the Javanese; Baby masseuse (dukun anak);
Rituals	Equipment and preparation include coconut, betel nut, turmeric, gambier, lime, cigarettes, toiletries, and a small meal to be eaten with the family. The child is bathed, and coconut shells are put on her eyes by the shaman, followed by FGC.

Bangka Belitung



Prevalence of FGC in BANGKA BELITUNG, Indonesia

[Data source Riskesdas 2013] © Orchid Project

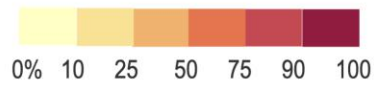


Figure 11: Prevalence of FGC in Bangka-Belitung, 2013 (5).

In Toboali (South Bangka) and Manggar (East Belitung), almost all girls are cut in infancy. FGC is considered mandatory according to Muslim religion. Some people however question the validity of the 'promised health benefits' (11).

FGC is seen in Bangka-Belitung as harmless and necessary to comply with traditional and religious beliefs. Social sanctions can be strong in this province with open disapproval and direct questioning if FGC has not been performed, affecting the social status and mental state of women and girls (11).

In East Belitung, traditional leaders dismiss FGC as a 'harmless cultural ritual' and traditional practitioners fear community expulsion if they refuse to perform FGC (31).

Healthcare workers occupy particularly complex positions, caught between professional awareness of FGC dangers and intense cultural pressure, leading some midwives to compromise and conduct symbolic procedures (cleaning with cotton and betadine) rather than traditional methods (31).

Information deficits compound these challenges, with leadership transitions causing coordination confusion, FGC issues remaining unintegrated with other programmes like marriage guidance, and district-level agencies heavily dependent on central government directives that often fail to materialise (31).

However, positive developments are emerging through civil society engagement, particularly Muhammadiyah and Aisyiyah organisations conducting public education and religious study sessions on FGC prevention, Nasyyatul Aisyiyah utilising social media for information dissemination, and the Coordination Board for Women's Organizations providing webinar-based education (31).

Healthcare institutions are also responding constructively, with Gantung Community Health Center implementing prevention policies through coordination between health workers and traditional practitioners, establishing monthly educational meetings, and conducting home visits for new mothers to provide direct reproductive health education (31).

Bangka-Belitung	
Ethnic groups	Bangka Malays; Belitung Malays
Terminology	Selam, diselam; sunat perempuan, khitan perempuan
Type	Mostly symbolic East Belitung demonstrates considerable variation in FGC implementation, with 36.8% of respondents unaware of specific procedures used, while equal proportions (21%) reported either symbolic methods or scratching with sharp objects performed by

traditional practitioners called 'pengguling' or 'roller'. Historical practices involving chicken claws for genital scratching during traditional rituals have largely been abandoned, replaced by contemporary methods including symbolic turmeric application, light scratches using sterilised needles by midwives, or simple cleaning with cotton wool and povidone iodine (31).

Type 4

- Nicking of the clitoral hood for midwives
- Cutting the white part for shamans
- Nicking or cutting the upper part of the clitoris with a drop of blood
- Symbolic cleaning with delivery package (South Bangka, by midwives who question FGC health benefits)

Decision making

-

Drivers

Hereditary traditional custom

- FGC is considered as a necessity

Religious beliefs

- Entry into Muslimhood
- Considered mandatory in some districts (Bakolimau)
- Non-negotiable condition for a woman to convert to Islam
- Uncircumcised women are 'incomplete' in their Islamic faith
- FGC fulfills the religious obligations of purification (thaharah)

Condition to marriage

- Uncircumcised women are culturally obliged to undergo FGC before marriage

Gender equality

- Based on interpretations that if male circumcision is obligatory, FGC must also be required

Social consequences

	<ul style="list-style-type: none"> • People believe that girls who are not circumcised will become 'prostitutes' or commit adultery when they grow up. This practice is seen as a way to judge a girl's future moral behaviour.
Age of cutting	<p>From 1 to 44 days. FGC may take place at 44 days just after the postpartum period.</p> <p>'Lepas patang' is the end of the maternal confinement inside the home and the end of the abstinence of certain food.</p>
Practitioners	<p>Midwives: shamans, traditional practitioners called 'pengguling' or 'roller'.</p>
Rituals	<p>In East Belitung, the baby girl is bathed, the shaman then recites a prayer (sholat), showers the baby with coconut water and circles around the girl while holding a chicken</p> <p>South Bangka: Selam is practised along with the 'ngayun' tradition.</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 (32).

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 (7). The study also found that this change shifted away from symbolic practices to actual cutting (7).

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 (17):

- 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 UNFPA found that in Aceh Tenggara, FGM/C is seen as essential for reproductive health and for ensuring the purity of a baby girl. Research informants stated that despite existing national government guidance, local authorities do not prohibit FGC because they believe the practice is religiously correct (33).

Research conducted by the National Commission on Violence Against Women (Komnas Perempuan) in 2019 stated that national legislation would help address regional disparities (11). 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 on FGC in Sumatra highlights challenges and opportunities in eliminating FGC in this region. FGC in Sumatra is deeply entangled with religious beliefs, ethnic identity, customary law, and social expectations. While prevalence remains high in most provinces, important variations emerge in age of cutting, decision-making dynamics, ritual forms, and the growing role of medicalisation. The findings emphasise the diversity of practices and how they are informed less by national norms and more by localised systems of belief, family pressure, and the influence of various community figures such as religious and community leaders, grandmothers, midwives, and informal practitioners. Encouragingly, emerging examples from Jambi, Bangka-Belitung, and parts of Riau demonstrate that coordinated, multi-sectoral engagement—linking health services, religious institutions, civil society, and local government—can contribute to declining practice and increased awareness of the harms of FGC.

Recommendations

Strengthen Local Implementation of the National Law and Roadmap

- Support provincial and district governments to translate national FGC bans and the 2030 Roadmap into clear, enforceable local regulations and standard operating procedures.
- Establish regular monitoring and reporting mechanisms at district level to track implementation gaps and good practice.

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 Community Leaders as Change Agents

- Expand structured dialogue with the Indonesian Ulema Council (MUI), Nahdlatul Ulama, Muhammadiyah, female religious leaders, marriage officiants, and local kyai (religious leaders) to promote religious narratives that reject harm and emphasise bodily integrity and child protection. Engage local authorities in religious dialogues to enhance alignment and prohibitions against the practice.
- Support community forums where traditional leaders can publicly endorse abandonment without loss of social status.

Address Medicalisation and Health Sector Practices

- Reinforce training for midwives, nurses, and posyandu cadres and doctors on the legal prohibition of FGC, ethical obligations, and rights-based care.
- Integrate FGC prevention into routine maternal, newborn, and child health services, including antenatal care, postnatal visits, and immunisation sessions.

Target High-Prevalence and High-Risk Areas

- Prioritise intensive programming in provinces and districts with the highest prevalence and strong social sanctions, such as Bangka-Belitung, Riau, and parts of Aceh and North Sumatra.
- Use disaggregated data (by district, ethnicity, and age) to tailor interventions and allocate resources effectively.

Strengthen Data, Research, and Knowledge Sharing

- Invest in regular, province-level prevalence and qualitative studies to track trends, motivations, and the impact of interventions.
- Create platforms for cross-provincial learning among civil society organisations, health providers, and policymakers.
- Document and disseminate successful community-led prevention models.

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