

# INDONESIA



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## STATISTICAL PROFILE ON FEMALE GENITAL MUTILATION/CUTTING

Female genital mutilation/cutting (FGM/C) refers to “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.”<sup>1</sup> FGM/C is a violation of girls’ and women’s human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. Yet, where it is practised, FGM/C is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family. UNICEF works with government, civil society partners and other UN agencies towards the elimination of FGM/C in countries where it is still practised.

1 World Health Organization, *Eliminating Female Genital Mutilation: An interagency statement*, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p.4.

### KEY STATISTICS ON WOMEN'S STATUS

**3%** of women 20-24 years were married or in union before age 15

**17%** of women 20-24 years were married or in union before age 18

**7%** of women 20-24 years have given birth by age 18

**35%** of women 15-49 years think that a husband/partner is justified in hitting/ beating his wife/partner under certain circumstances

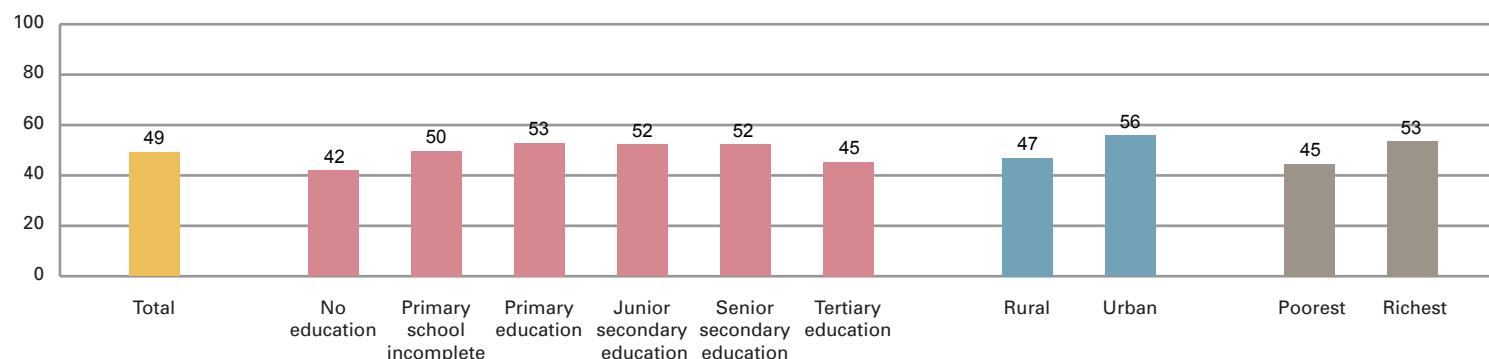
**88%** of women 15-49 years make use of at least one type of information media at least once a week (newspaper, magazine, television, radio)

Source: DHS 2012

## HOW WIDESPREAD IS THE PRACTICE?

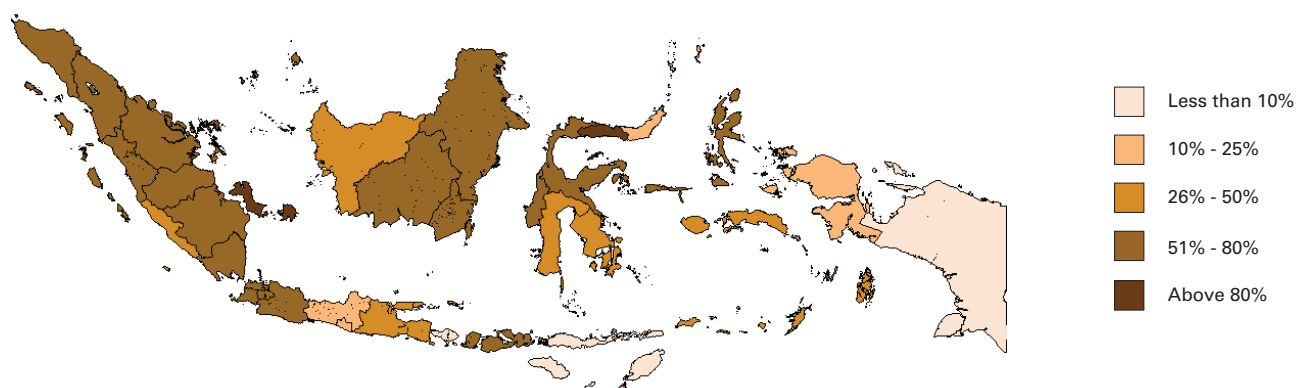
### Nearly half of girls under the age of 12 have undergone some form of FGM/C

Percentage of girls aged 0 to 11 years who have undergone any form of FGM/C, by education level of household head, place of residence and wealth quintile



### The prevalence of FGM/C among young girls is highest in Gorontalo province and lowest in East Nusa Tenggara

Percentage of girls aged 0 to 11 years who have undergone any form of FGM/C, by province



#### Data collection on FGM/C in Indonesia

Nationally representative data on FGM/C were collected for the first time in the country through the 2013 Basic Health Research Survey (RISKESDAS), a household survey carried out in 33 provinces and 497 districts/cities between May and June 2013. The survey was implemented by the National Institute of Health Research and Development (Balitbangkes) of the Ministry of Health. Data were collected from a sample of nearly 300,000 households.

Information was collected by asking the caregiver or guardian of each female household member between the ages of 0 and 11 years whether she had ever undergone 'circumcision', the age at which she had been 'circumcised', the person who had suggested she undergo the practice and the person who performed the procedure. Respondents were not asked what type of FGM/C had been performed nor were they provided with a definition of what should be considered as 'circumcision'.

#### Types of FGM/C performed in Indonesia

Various forms of FGM/C are practised in different parts of Indonesia. Type I (commonly referred to as clitoridectomy) and less invasive procedures (Type IV) are the two forms generally practised in the country. A *fatwa* issued by the Indonesian Ulema Council (*Majelis Ulama Indonesia* - MUI)<sup>1</sup> in 2008 recommends that female Muslims undergo FGM/C since it is considered a rule and symbol of Islam. According to the *fatwa*, the practice should be done by eliminating the membrane (*jaldah/colum/paeputium*) that covers the clitoris but that it should not involve cutting, injuring or damaging the clitoris by either incision or excision.

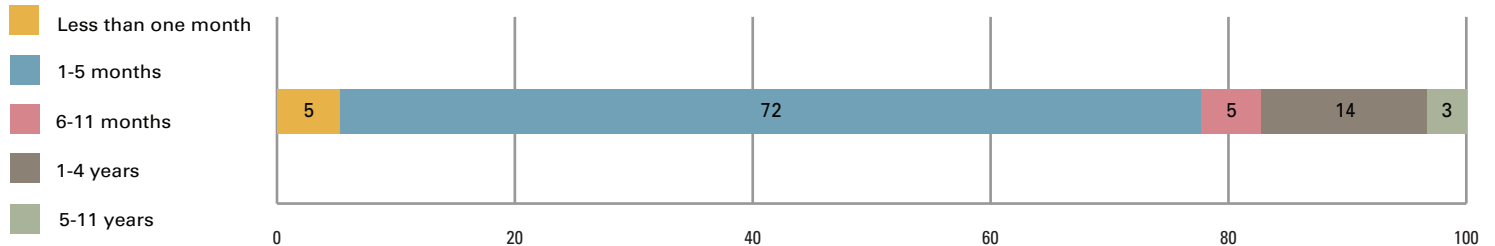
According to the Ministry of Health regulation (Article 1, paragraph 1 Permenkes 1636/2010), FGM/C is an act of scratching the skin that covers the front of the clitoris, without injuring the clitoris. It is cleaning the vulva from dirt/smegma or mucus that exists between the cover/frenulum of the clitoris and the glans of the clitoris.

<sup>1</sup> The Indonesian Ulema Council is Indonesia's top Muslim clerical body. It acts as an interface between the Indonesian government, which is secular, and the Islamic community. Among its main responsibilities are the production of fatwas and advice to the Muslim community on contemporary issues.

## WHEN IS THE PRACTICE PERFORMED AND BY WHOM?

**Around 3 in 4 girls underwent the procedure when they were less than six months old**

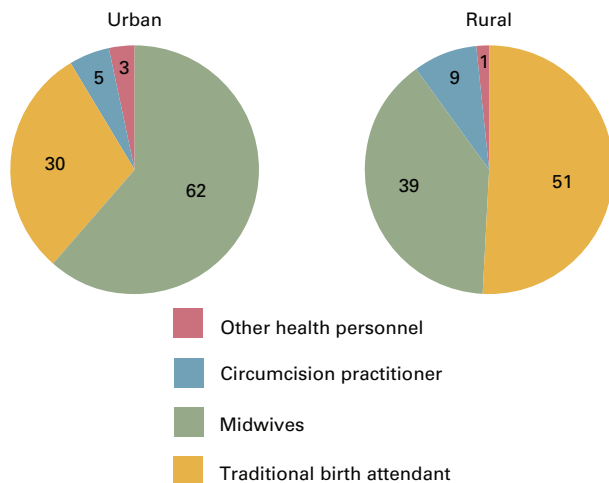
Percentage distribution of girls aged 0 to 11 years who have undergone any form of FGM/C, by age at cutting



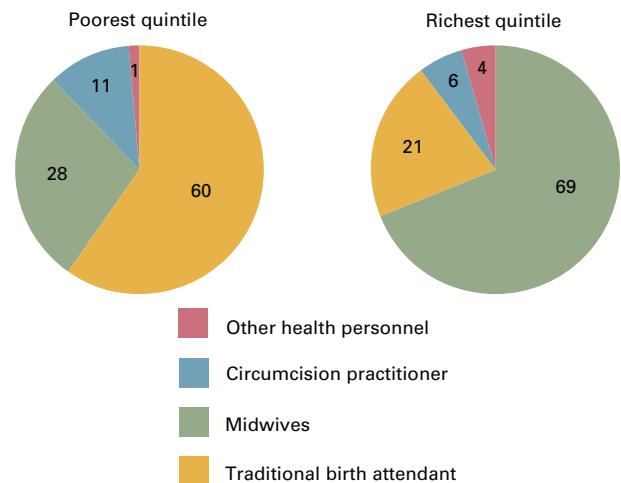
**In urban areas, the majority of cases of FGM/C were performed by a midwife while in rural areas, traditional birth attendants are the most common practitioners of FGM/C**

**Girls from the poorest quintile were most likely to have FGM/C performed by traditional birth attendants while those from the richest quintile most often experienced the practice at the hands of midwives**

Percentage distribution of girls aged 0 to 11 years who have undergone any form of FGM/C in urban and rural areas, according to the type of person/practitioner performing the procedure



Percentage distribution of girls aged 0 to 11 years who have undergone any form of FGM/C in the poorest and richest wealth quintiles, according to the type of person/practitioner performing the procedure

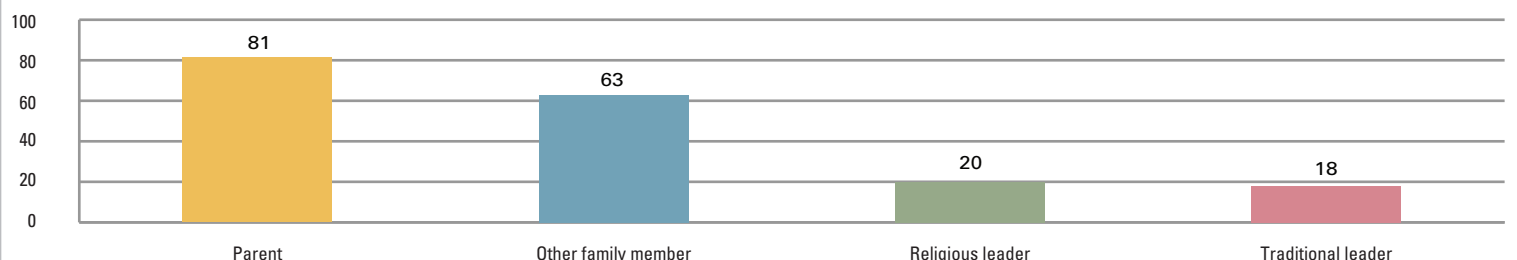


Note: Due to rounding, some of the data may not add up to 100 per cent.

## WHO HAS SUGGESTED THAT GIRLS UNDERGO CIRCUMCISION?

**In 8 out of 10 cases, it was reported that parents had suggested that their daughters undergo FGM/C, likely influenced by religious and cultural beliefs about the practice**

Percentage of girls aged 0 to 11 years who have undergone any form of FGM/C, by the person in the household or community who made the decision to perform FGM/C (as reported by the respondent)



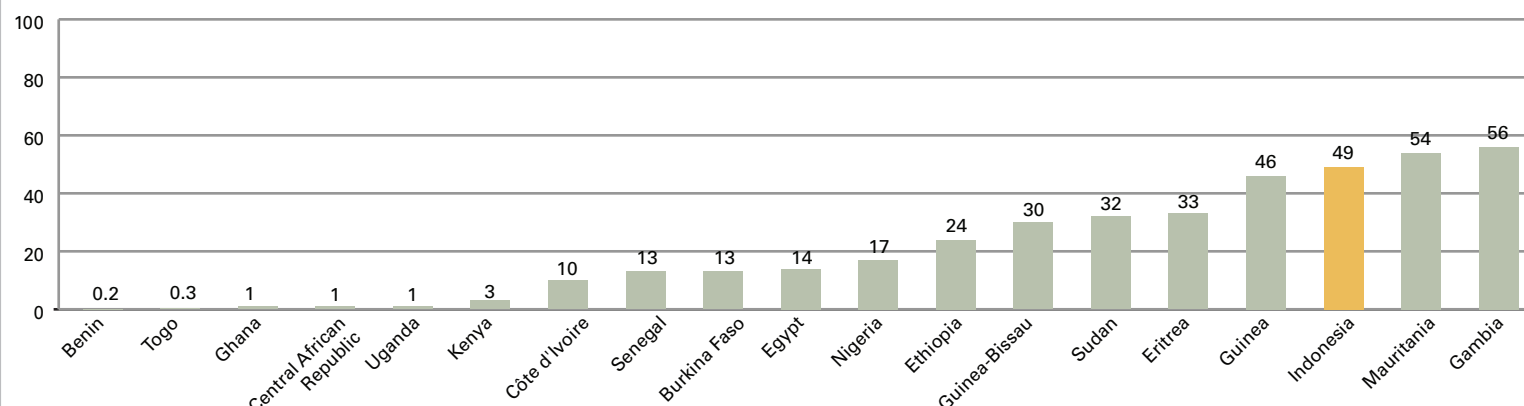
Source for all charts on pages 2 and 3: UNICEF global databases, 2016, based on National Institute of Health Research and Development, Ministry of Health, 2013 *Basic Health Research (RISKESDAS)*, 2013, translation provided by UNICEF Indonesia Country Office.

The prevalence figure of 51% reported in the RISKESDAS 2013 differs slightly from the total prevalence figure presented here due to differences in the treatment of missing data.

# INDONESIA

## INTER-COUNTRY STATISTICAL OVERVIEW

Percentage of girls aged 0 to 14 years who have undergone FGM/C



Notes: Egypt data refer to girls aged 1-14 years and Indonesia data refer to girls aged 0-11 years. An older source is used to report on FGM/C prevalence among girls aged 0-14 years for Gambia (MICS 2010) since the latest source did not collect these data.

Sources: DHS, MICS, Population and Health Survey, RISKEDAS and Welfare Monitoring Survey, 2010-2015.

### Status of legislation against FGM/C in Indonesia

In 2006, the Ministry of Health issued a circular letter prohibiting female circumcision by medical professionals. Two years later, the Indonesian Ulema Council (*Majelis Ulama Indonesia – MUI*)<sup>1</sup> issued a *fatwa* (religious edict) against the prohibition on the grounds that female circumcision is part of Sharia (Islamic law)<sup>2</sup> and should be provided by medical professionals if requested by families and communities. The *fatwa* requires that female circumcision procedures be conducted in accordance with Sharia and prohibits excessive circumcision practices that pose a danger to women and girls, both physically and psychologically. In 2010, the Council urged the Ministry of Health to issue a decree that would allow female circumcision by medical professionals. This regulation, PMK No. 1636/2010, prohibits “grave types of FGM” and stipulates that only licensed doctors, midwives and nurses (preferably female) may practice FGM/C, and that it should only be performed upon the request or approval of those undergoing the procedure or their parent/guardian. The Ministerial regulation includes a detailed standard operating procedure to be followed by skilled health personnel performing FGM/C, noting that it should be conducted hygienically in a clean environment and that practitioners should provide clear guidance to patients and caregivers on how to deal with potential complications.

As a consequence of PMK No. 1636/2010 every hospital, even private maternity clinics, continued to perform female circumcision on the grounds that it was considered safer and more hygienic if it was performed by trained medical personnel. The Women’s Commission in Indonesia and the Committee on the Rights of the Child have persistently advocated against this regulation, which was finally repealed in February 2014. Despite the fact that 1636/2010 is not valid anymore, there are no sanctions for individuals who continue to conduct FGM/C.

<sup>1</sup> The Indonesian Ulema Council is Indonesia’s top Muslim clerical body. It acts as an interface between the Indonesian government, which is secular, and the Islamic community. Among its main responsibilities are the production of *fatwas* and advice to the Muslim community on contemporary issues.

<sup>2</sup> There has been a great deal of effort by scholars and activists to demonstrate a lack of scriptural support for female circumcision. In Egypt, for example, the most authoritative condemnation of FGM/C in Islam to date is the 2007 *fatwa* issued by the Al-Azhar Supreme Council of Islamic Research, explaining that FGM/C has no basis in Sharia or any of its partial provisions, and that it is a sinful action that should be avoided. Several regional and national *fatwas* in other countries have followed in the years since, with the original statement as their basis.

Excerpted from: UNICEF Indonesia, *Update of the Situation Analysis of Children in Indonesia*, unpublished, December 2014.

### 2014 Recommendations of the Committee on the Rights of the Child

“33. The Committee notes the State party’s decision to revoke Regulation No. 1636 of 2010 on female circumcision by Ministry of Health Regulation No. 6 of 2014. However, the Committee notes that female genital mutilation (FGM), including the practice of so-called female circumcision, is not explicitly prohibited. It is gravely concerned about the large number of girls who have been victims to female genital mutilation (FGM).

34. The Committee urges the State party to adopt legislation to fully prohibit FGM in all its forms and to: (a) Provide physical and psychological recovery programmes for victims of FGM, as well as establish reporting and complaints mechanisms accessible to girls who have been victims, or fear becoming victims of the practice; (b) With the full participation of civil society and women and girls who are victims of FGM, set up awareness-raising campaigns and educational programmes on the harmful impact of FGM on the physical and psychological health of the girl child and ensure that the campaigns and programmes are systematically and consistently mainstreamed and that they target all segments of society, both women and men, government officials, families and all religious and community leaders; (c) Fully criminalize the practice and ensure that practitioners are aware of its criminalization; involve practitioners in the efforts to promote abandonment of the practice; assist them in finding alternative sources of income and livelihood; and, where necessary, provide retraining for them.”

Source: *Concluding observations on the combined third and fourth periodic reports of Indonesia*, CRC/C/IDN/CO/3-4, 10 July 2014.

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**FOR MORE INFORMATION**

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