



# **MALE AND FEMALE GENITAL CUTTING**

**Among Yogyakartaans and Madurans**

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Genital cutting is an ancient practice performed in various societies for social or cultural reasons, and still continues. One important issue in relation to genital cutting is its risk to reproductive health. Unsafe procedures include its performance by unskilled or untrained persons, the use of non-sterile tools such as razor blades, knives, or bamboo blades; and inappropriate medication. In many cases, this practice causes serious complications and psychological trauma.

## Box 1 - Deciphering the terms: genital cutting, genital mutilation, circumcision

Genital cutting, genital mutilation and circumcision are three different terms frequently substituted for each other. The debate on the most appropriate term to be used is still continuing. Circumcision means 'cutting around', which specifically refers to a medical procedure in which the male genital organ is cut. Genital mutilation, on the other hand, implies a damaging activity. This term is often politically employed by women's rights activists to expose the dangers of female genital mutilation. Genital cutting describes the general procedure of such practices. It is considered the most general and fair term for such medical and non-medical practices among men and women.

Source: Population Reference Bureau 2000.

This has moved researchers to pay attention to the phenomenon as an issue of human rights.

## Reasons to investigate MGC and FGC in Indonesia

In Southeast Asia, genital cutting has not sufficiently been observed and studied, which is why it has so far attracted little attention. However, some previous studies show that male genital cutting (MGC) is a common and legal social practice. On the other hand, female genital cutting (FGC) is not yet a distinct phenomenon although it is also considered legal.

In Indonesia, FGC attracts little attention because of the social context in which, according to previous studies, it has been interpreted as a symbolic activity. There is no cutting of the genital organ (Feillard and Marcoes 1998). This indicates that the procedure in Indonesia is not as dangerous as those done in Africa, such as clitoridectomy, excision, or infibulation (see Box 2).

### Box 2 -Types of FGC

- Clitoridectomy: the removal of the whole or some part of the clitoris.
- Excision: the removal of the whole or some part of the clitoris and minor labia.
- Infibulation: the removal of the whole or some part of the external genital organ and stitching a part of the urethra and vagina.
- Unclassified: other dangerous FGC procedures.

Source: WHO, Geneva: 1996.

In their study, Feillard and Marcoes (1998) found a sense of exclusiveness in the practice of FGC in Indonesia, resulting in a lack of documentation of the practice. Another study conducted in Java indicated that FGC was disappearing (Koentjaraningrat 1985), so that publicizing the issue was irrelevant.

Similar problems occur with MGC in Indonesia. In Western society MGC has been considered a human-rights issues, but its practice in Indonesia is accepted, because of its social legitimacy.

Geertz (1960), stated that MGC was part of a ceremony named *slametan* which served to maintain harmonious relationships among the members of the society, while other studies show that MGC is always discussed in the context of Islam.

One of them is that of Ramali (1951) who describes MGC as one of the Islamic Laws concerning health. This social legitimization has meant limitation of MGC studies in Indonesia outside the socioreligious discourse (see Box 3). The practices of MGC and FGC cannot be separated from the religion, medical knowledge and tradition of local society (see Box 4). This research studies the interdependency of each of these elements as a dynamic social process impelling people to continue the practice of genital cutting. The study examines the significance for the society of the procedures of genital cutting.

### Box 3 - ISC declaration of MGC as human right issue

MGC as a human rights issue was asserted in the Declaration of the First International Symposium on Circumcision in California, 3 March 1989, sponsored by the National Organization of Circumcision Information Resource Centers (NOCIRC), an organization concerned with MGC, FGC and human rights, The declaration states:

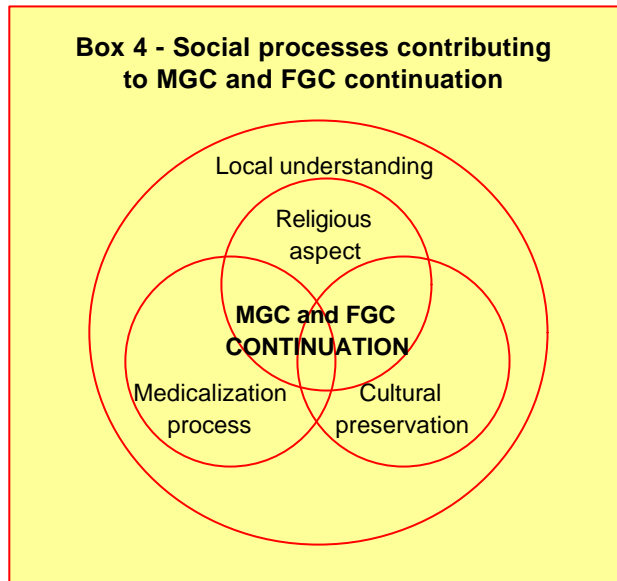
- We recognize the inherent right of all human beings to an intact body. Without religious or racial prejudice, we affirm this basic human right.
- We recognize the foreskin, clitoris, and labia are normal, functional body parts.
- Parents or guardians do not have the right to consent to the surgical removal or modification of their children's normal genitalia.
- Physicians and other health-care providers have a responsibility to refuse to remove or mutilate normal body parts.
- The only persons who may consent to medically unnecessary procedures upon themselves are the individuals who have reached the age of consent (adulthood), and then only after being fully informed about the risks and benefits of the procedure.
- We categorically state that circumcision has unrecognized.

Source: Milos, Marilyn F. and Macris, Donna, "Circumcision: A Medical or a Human Rights Issue?", Journal of Nurse -Midwifery, Volume 7, Number 2 (Suppl.), March/April 1992

Indonesians recognize both male and female genital cutting as a part of Islamic teaching. In this practice, the ritual symbolizes devotion to Islam, while, for certain levels of society, it is seen as preserving the old tradition of marking the attainment of adulthood. With the spread of modern Western medicine in Indonesia, the society has

begun to relate MGC and FGC to matters of personal genital hygiene. This seems to be an important factor for individual decisions to continue or avoid this practice.

There is no formal evidence of the beginning of this practice in Indonesia, but whether it occurred only after the coming of Islam or long before it, it can be seen that religious discourse, cultural preservation, and medicalization are important elements in the contemporary society's attitude to MGC and FGC. The religious discourse in Yogyakarta and Madura is strongly Islamic, while in other areas, especially those of West Indonesia such as Papua or Timor, genital cutting is not exclusively connected with Islam.



### **Research design**

The focus areas of this research are Yogyakarta and Madura, first, because, MGC and FGC are commonly practised in both places; secondly, both societies share the same syncretic Javanese culture, a combination of animism-dynamism, Hinduism, Buddhism, and Islam. This background is very important in examining whether or not the societies accept the practice as a part of Islamic tradition. The two areas have different socio-demographic characteristics. Yogyakarta is more open and heterogeneous in ethnic groups, religions, and social classes, while Madura is closed and homogeneous. Nearly all of its people are Moslems with a relatively low level of education. It is questionable whether these differences influence the pattern of MGC and FGC practice.



The research was conducted in three months, February to April 2002. First a survey was conducted with 383 male and female respondents in both Yogyakarta and Madura (Sampang, Pamekasan, and Sumenep). They were selected, using purposive random sampling, to find the tendency of the practice of MGC and FGC in local communities.

In-depth interviews were held to more deeply understand people's view of the practices and to discover the intensity of genital cutting practices. The informants were religious leaders, ethnic group members, MGC and FGC medical and non-medical practitioners, and persons who had directly experienced genital cutting. To obtain the appropriate informants, snowball sampling was chosen. At the report writing stage, literature and documents were reviewed to study the background of both areas and to compare the findings with those in other places, and later, to analyse the data based on the actual social context.

### **Summary of findings**

1. Indigenous worldview serves particular contexts and idioms of genital cutting
2. Genital cutting is widespread in the sites surveyed
3. The meanings of MGC and FGC are derived from Javanese cosmology and Islamic interpretations
4. Various types of procedure of MGC are found
5. Removal of part of the clitoral hood is the common procedure of FGC, but merely symbolic gestures are also common
6. Both traditional practitioners and medical professionals become community's preferences
7. Serious medical complications are not revealed, but short-term effect of MGC and FGC procedures are found
8. Socio-religious relevance of MGC along with medicalization process, and the widespread male biased sexual myths related to MGC and FGC support the continuity of practices
9. The disappearance of cultural meanings of FGC along with medicalization and commercialization process, however, bring about the discontinuity of practices

## Context and idioms

### Socio-historical context

**Indigenous worldview serves particular contexts and idioms of genital cutting**

It has previously been mentioned that the Yogyakarta and Madura societies are based on the syncretic Javanese culture, influenced by the coming of Hinduism to Java and Madura in the seventh century, of Buddhism in the eighth century, and of Islam in the fifteenth century.

However, at present, Islam is more dominant in Madura where 99 per cent of the people are Moslems, than in Yogyakarta, where the percentage is 91. This trend can be understood by tracing the history of Islam in Java and Madura, especially during the Mataram kingdom under Sultan Agung in the mid-sixteenth century.

Before the coming of Islam, Javanese and Maduran people were devoted to animism and dynamism. The Javanese culture evolved in accordance with the influences of Hinduism, Buddhism, and Islam. The rapid development of Islam in Java was very much influenced by its spreading by the *Walisongo* (nine religious leaders), who taught Islam without changing local cultural orientations. The combination of Javanese culture (which comprises animism, dynamism, Hinduism, and Buddhism) and Islam is called *kejawen* (Javanese mysticism). Among the evidence is Sultan Agung's invention of the Javanese calendar system based on the *Saka* and *Hijriah* systems. Since then, *kejawen* has become the foundation of royal culture in Java and Madura (Abdulrachman 1978).

In Yogyakarta, *kejawen* still exists and has become the people's way of life although formally Yogyakartaans practise different religions: 92.4 per cent are Moslems, 4.8 per cent Catholics, 2.71 per cent other Christians, 0.91 per cent Hindu, 0.2 per cent Buddhists, and 0.05 per cent Others (BPS 2001). This is due to the existence of the Yogyakarta Kingdom which is adaptable to all changes. On the other hand, in Madura, the 'pure' Islamic tradition, whose orientation is Arabian culture, is more dominant. This condition is an effect of the political policy under Sultan Agung's authority which aimed at uniting the kingdoms throughout the archipelago. One of the methods was conquering the kingdoms in peripheral areas, such as Madura. The strategies applied were marriage arrangements among royal family members of the Madura and Java kingdoms, and separation of Maduran royal family members from their people. As a result, at that time, *kejawen* developed only among Maduran royal family members living in the central areas. On the other hand, Maduran culture developed under the influence of the Arabian, Persian, and Gujarat cultures, which were brought by Moslem traders to the coastal areas. After the downfall of the Mataram Kingdom in Java at the beginning of the seventeenth century, 'pure' Islam flourished in Madura where the governmental vacuum was filled by *kyai* (informal Moslem leaders) from village *pesantren* (Abdulrachman 1978, 1988). Later the power and authority of the *kyai* became dominant, and they were successful in Islamizing almost all of Maduran society including the royal family. One of the historical proofs of this was the establishment of a still-existing *Masjid Jami'* (a mosque) by Sumenep the Kingdom in Madura in 1763.

### Local idioms

The combination of Javanese and Islamic elements influences Javanese and Maduran attitudes in accepting genital cutting; this can be seen from the local idioms used. *Sunat* (Javanese dialect) and *sonat* (Madura dialect) are general terms referring to genital cutting practices, while *sunatan* (Java) and *sonattan* (Madura) refer to genital cutting ceremonies. The two terms are derived from the Arabic *sunnah* which means tradition or custom (in Arabian culture before Islam). However, as Islamic Law, *sunnah* can be understood as advisable actions to be carried out. The terms mentioned above developed as a form of acculturation of Javanese and Arabian traditions. It can be assumed that the Javanese and Madurans began to use such terms after the coming of Islam.

In homogeneous Islamic communities like that in Madura, or the 'pure' Islamic community in Yogyakarta, the term *khitan* is more commonly used to refer to genital cutting practices. In Islamic tradition, *khitan* technically means a part that has been removed from male and female genital organs:

Ibnu Faris says *Kha*, *ta*, and *nun* might construct two different words. The first, *khatn*, means to cut. The second, *khatan*, means a marriage relationship. Some argue that *khatn* is an Arabic term, *khitan* for males, and *khafdh* for females. Some, however, argue that the term *khatn* is employed for males and females (Al Marshafi 1996).

As a rite, *khitanan* is an important religious practice. However, in social practices, this term is politically associated with the sense of 'to Islamize'.

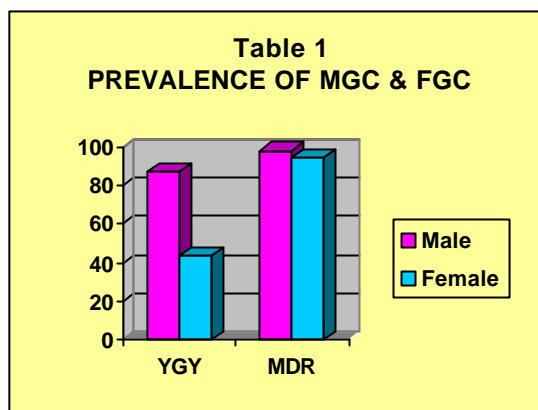
In Yogyakarta, there are two different terms for MGC and FGC. MGC is called *tetakan* or *supitan*, from the Javanese words *tetak* (hitting something with a sharp tool), referring to the procedure, and *supit* (a tool for clamping), referring to the tool commonly used for genital cutting. The term applied to FGC is *tetesan*, from the Javanese *tetes*, in Indonesian *tetas/menetas*, which means 'opening violently from inside'. Symbolically, this term refers to the female reproductive function, that is, getting pregnant and delivering a baby.

## Meanings

The survey conducted in Yogyakarta and Madura indicates a high prevalence of genital cutting. In Yogyakarta, about 87.5 per cent of men and of 43.5 per cent women say they have experienced it. The percentage is even higher in Madura: 98 per cent of men and 94.7 per cent of women.

The interesting point is the relatively low incidence of female genital cutting in Yogyakarta, only 43.5 per cent.

Since the prior prevalence of FGC is unrevealed, it is not known whether FGC was previously more common. It may be that the practice is now declining in Yogyakarta.



### **Purification – *Kejawen* (Javanese mysticism)**

In this research, there is no document indicating genital cutting practices in Java and Madura before the coming of Islam. However, a *kejawen* expert in Yogyakarta states that genital cutting was probably an animism-dynamism practice that had existed in the society long before the Yogyakarta kingdom was founded. He said:

‘What I remember is that before the Kraton Yogyakarta, the mosque, and the church were there, genital cutting had been practised by the ancestors in Java.’

**Genital cutting is widespread in the sites surveyed**

In this case, genital cutting rituals mystically mean self-purification or removing *sukerto*: bad luck living within a human since the day he was born. The *kejawen* expert explained further to the researchers:

*Tetakan* or *tetasan* is a kind of medium for removing *sukerto*, because the ancestors in Java believed that *sukerto* is the nature brought by the father and mother. Thus, *tetakan* or *tetasan* is aimed at purifying a child, so that he or she will not be controlled by *sukerto* any more.

In Javanese mythology, someone suffering from *sukerto* is often described as the prey of the god Betara Kala. In relation to that, *tetakan* means sacrifice as well as purification or release (from Betara Kala), which is done by Sang Hyang Manikmaya the god who is responsible for removing *sukerto* (Soebalidinata, nd). People believe in this myth as can be seen in *tetasan* rituals. According to the *Kejawen* expert:

In Java, the requirement for *tetasan* is only sticking [the clitoris] with turmeric [and it is the turmeric which is cut]. Why the turmeric? Because the one who has the task of removing *sukerto* from the child is *Malaikat Kuning* (the yellow angel, another name of Sang Hyang Manikmaya). The prayer [for the girl who is genitally cut] is really answered

(by the yellow angel)... The answer is ‘Sang Hyang Manikmaya, you ask me to remove *sukerto* ...’

The same mythology applies to the ritual of *tetakan* by cutting the foreskin. In *tetesan*, the idea of purification is symbolized by throwing the turmeric which has been cut, into the sea or burying it in the ground; in *tetakan*, it is the foreskin that is buried or thrown into the sea.

### Puberty rites

More up-to-date documentation of genital cutting in Java is found in Geertz (1960): in Mojokuto, *sunatan* or *khitanan* rituals are carried out for boys, while, for girls, there is a ritual named *kepanggih* or wedding. Geertz implies a mixture of Javanese and Islamic cultures in which *sunatan* or *khitanan* not only means puberty rites that mark adulthood, but also is an Islamic ritual.



In this situation, *sunatan* or *khitanan* is viewed as a cycle of *slametan* (derived from Javanese *slamet*, ‘safe’), the core ritual in Javanese society, a feast accompanied by Islamic prayers pronounced by all those attending. Owing to the Javanese concept of puberty as a critical period in life, *slametan* is believed to be able to provide safety and peace.

It seems from the field survey that genital cutting as a puberty rite accompanied by *slametan* has gradually been forgotten, especially in the cities. However, it is still practised by Yogyakarta’s royal family members and some village communities that, formerly, were very much influenced by their royal family tradition. Unlike Geertz’s description, here, genital cutting is done not only on boys (*tetakan/supitan*), but also on girls (*tetesan*).

At the Yogyakarta court, *tetakan/supitan* and *tetesan* are performed in a series of complicated ceremonies, to socialize the norms and limits among the royal family members. One of the ladies from Kraton Yogyakarta said:

**Picture 2  
TETAKAN/SUPITAN &  
TETESAN CEREMONIES AT  
THE KRATON YOGYAKARTA**



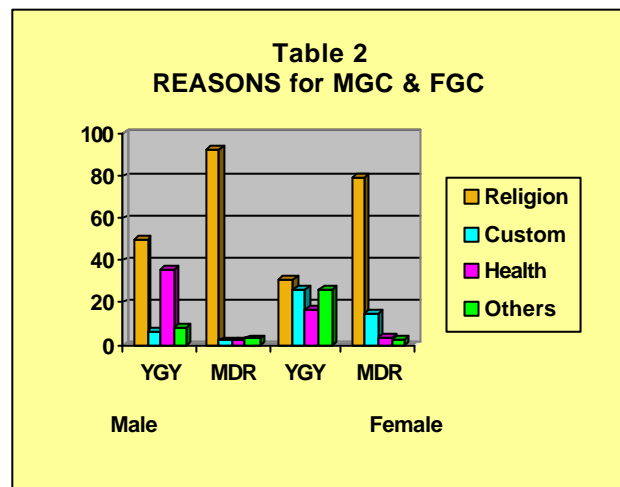
In the court, there are boundaries. A girl who has already experienced *tetesan* is already mature. She has to be careful when making a relationship with a man. She has to be conscious ...not allowed to [do something out of boundaries] any more...

The practice of *tetakan/supitan* and *tetesan* rituals in villages is adopted from the court tradition. However, the ceremony is not as complicated as the one practised at the court. Socially, this ritual functions as 'giving an identity and role' to individuals in their social life. It was illustrated by one of the informants from Maguwoharjo village:

*Ditetesi* [the purpose of experiencing genital cutting] is to make a real woman. She can have menstruation. Soon after that, there should be a man who propose to her to get married. Then, she can have a child... give birth. In *tetakan*, the boy is considered mature. He can represent his father when there is *kenduren*, a village ceremony.

### Purification – Islam

Nowadays, people of Yogyakarta and Madura tend to identify genital cutting as an Islamic religious rituals. This is indicated by the survey, in which religion is the dominant reason for someone to carry out genital cutting, in Madura, the incidence of MGC is 92.9 per cent and of FGC, 79.3 per cent. In Yogyakarta, the incidence is not more than 50 per cent, that is only 50 per cent for MGC, and 31 per cent for FGC. The lower incidence indicates the possible decline of the practices.



As an Islamic ritual, genital cutting has never explicitly been mentioned in the Koran although the religious leaders agree that genital cutting or *khitan* has been obligatory for Moslems to follow Muhammad's guidance in which he was ordered to carry out God's order to follow Ibrahim's religion, which is interpreted as *khitan* procedures: Then, I reveal to you (Muhammad), to follow the religion of Ibrahim, which is straight (QS an-Nahl 16:123 cited in Muhammad 2001).

**The meanings  
of MGC and FGC among  
Yogyakarta and Madurans  
are derived from  
Javanese cosmology  
and Islamic requirements**

The meaning of *khitan*, as of *kejawen*, is purification. Interviews with Islamic religious leaders in Yogyakarta and Madura showed purification to be related to the attempt to remove *najis* from human bodies as the prerequisite for *sholat* (five-times daily Islamic prayer). This was explained by a *kyai* from Sumenep, Madura:

Devotion, especially *sholat*, is obligatory, and the absolute requirement for this is being clean. When the time of devotion is coming, a servant of God has to be clean. There is no *najis* in his or her body. The meaning of *najis* is dirt. Because urine is part of *najis*, therefore *khitan* is purposed to remove the rest of the urine, which sticks on the human body. By contrast, not to be genitally cut causes doubt of the purity of the body.

Concerning the law to carry out *khitan*, Yogyakarta and Madura Islamic leaders differ on whether it is obligatory. Among the *kyai* of Madura, who are generally traditionalists, Nahdatul Ulama (NU), *khitan* (according to the Syafii mainstream) is obligatory for both men and women. One *kyai* in Sampang, Madura, stated:

I oblige them to be genitally cut. For males, it is clear in Qur'an what is supposed to be the rule... For females, it is *khilafiyah*. Meaning to say that there are many different opinions about it. It is also unclear in Al Qur'an. The only rule is Hadis. In the *figh*, however, Syafii oblige people to *mandi besar* [bathe after doing something ritually impure]. The term for this matter is the encounter of two *khitan*. It means that females should also be genitally cut.

The view that *khitan* is obligatory for men and women has become the most dominant among Madurans. This is obvious from the fact that more than 90 per cent of men and 80 per cent of women in Madura said they had experienced *khitan*. In this research a controversial case was also found. A *kyai* from a village in Sampang, Madura, had successfully carried out *khitan* for all the women there because he believed that God would not accept their practice of religion if they did not experience *khitan*.

Some of the Islamic leaders in Madura state that *khitan* is obligatory for men, but not for women. The following is a statement given by a *kyai* from Sumenep, Madura, explaining why *khitan* is not obligatory for women:

*Khitan* is applied to something excessive, with no function, or fruitless on female genitals because it is a worry that it will cause something *najis*. But since each person has a different skin, not each of them has to be [genitally] cut. Not only females, but also males.

In Yogyakarta, there are more various and flexible comprehensions of Islamic Law among the Islamic leaders regarding *khitan*. This is due to the existence of various religious groups in this area and the people's attitude toward *khitan*. People tend to see *khitan* in Islam as a part of Javanese traditions.

Among the traditionalist Moslems (NU), one of the dominant religious groups in Yogyakarta, *khitan* is obligatory for both men and women. However, this obligation is not faithfully practised, especially among women. From the interviews with a group of female *santri* from Krapyak, Yogyakarta, it was found that most of them had never

experienced *khitan* because *khitan* had never been recognized in the places where they come from. One of the female *santri* said:

Some say that there had been *tetesan* in the other village, not in my village. I never see how *tetesan* is performed. Also, how *khitanan* is carried out, I have not yet known. My teacher said that females should be genitally cut... but I have not yet experienced it. Here (in *pesantren*), there are also many who have not yet had it...

The absence of the pressure for each individual to experience *khitan* is something common even though it is considered a religious obligation. This may result from the weakness of social control in the local community.

Among modernist Moslems (Muhammadiyah), another dominant group in Yogyakarta, comprehension of the Islamic Law to carry out *khitan* varies. Some of the leaders state that *khitan* is obligatory for men, and some others say it is *sunnah*. Concerning *khitan* for women, some leaders consider it something honourable (*makrumah*) while others state that there is no explicit rule mentioned both in the Koran and the Hadith. It is interesting that the men in this group emphasize health reasons for experiencing *khitan*, beside the religious reason. On the other hand, it is difficult to detect the practice of *khitan* among the women in this group. If such a practice exists, it should be only a tradition. A modernist Moslem in Kotagede, Yogyakarta, said:

As far as I am concerned, there is no indication (among Muhammadiyah people) of female genital cutting. If they practise it, I think it is because of (Javanese) custom...

Among the fundamentalists in Yogyakarta, *khitan* is obligatory for men and *sunnah* for women. However, from the interviews with the fundamentalist group in Bantul, Yogyakarta, it was discovered that *khitan* is only done among the men, and few women experience it.

The obligation to carry out *khitan* is not essential among the 'Islam *kejawen*' or 'Islam *abangan*' minority in Yogyakarta. According to an expert on 'Islam *kejawen*' of an Islamic university in Yogyakarta, *khitan* is understood as a symbol of *ngeslamke* (converting into Islam). As *ngeslamke* has been viewed as a tradition, the decision to carry out *khitan* is completely personal.

## Practices

The fieldwork indicates that the profiles of MGC and FGC practices are different in every place depending on the practitioner, the family, and the local religious leaders. In general both medical and non-medical practitioners practise MGC and FGC in Yogyakarta and Madura.

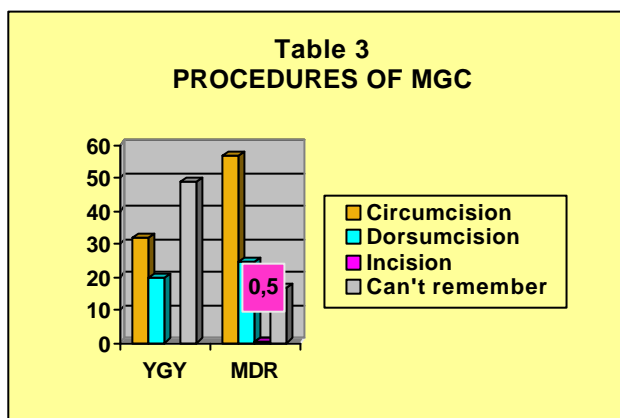
Various types of procedure of MGC are found in the research site

The procedure varies, but its basis is a form of cutting with the removal of all or some of the foreskin, in the case of MGC, and cutting or not cutting some part of the genitals in the case of FGC. The consequences of these practices for reproductive health also determine the profile of genital cutting in Yogyakarta and Madura.

### Procedures

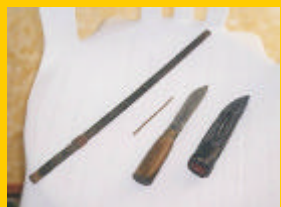
The procedures of MGC and FGC used in Yogyakarta and Madura may be indicated through several technical idioms recognized by the local community. The idiom *tetakan* in Java for example, indicates the traditional procedure of MGC by means of 'striking using a sharp material'.

Although it is difficult now to find such a procedure in Yogyakarta, this kind of procedure was probably once widespread in every remote area of Java and Madura islands. As indicated in the fieldwork, the procedure is found in several remote areas of Madura. The traditional procedure of MGC employed by a male *dukun* in Sampang, Madura is described:



This male *dukun* got the knowledge of *khitan* from his father. The procedure of genital cutting he employs is as follows. First, he inserts the wood into the foreskin. Then, he puts a knife at the point of foreskin –an area of the male genital which is going to be cut. After that, he strikes the top of knife using a hammer. This may be done more than once so that the point of the foreskin is cut in half, and the *glans penis* appears. Soon after this process is completed, he spits on the wounded foreskin while reading a magic formula, and squeezing *temulawak* [a kind of ginger] on to the wound.

**Picture 3  
NON-MEDICAL TOOLS  
FOR MFC USED IN MADURA**



The common procedure of MGC used in Yogyakarta and Madura today is cutting the point of the foreskin so that part of the foreskin is removed. The procedure has probably developed under Islamic influence. It can be understood from the local idiom *khitan*, that is well known in Yogyakarta and Madura. The idiom implies the procedure of genital cutting in accordance with the religious rules written in the Hadith, namely ‘cutting all part of the foreskin, which is covering the *hasyafah (glans penis)*’ (Al Marshafi 1996:44). Related to this rule, similar procedures are indicated in the survey of 196 males in Yogyakarta and Madura. The procedure of MGC can be classified into three categories: incision, dorsumcision, and circumcision.

Incision is the oldest procedure recorded during the fieldwork, and found only in Madura (0.5 %). The procedure is principally removing part of the foreskin by cutting straight or at an angle the point of the foreskin. Usually, this procedure is used by the male *dukun* using non-medical tools and treatment, as indicated case below.

#### *Case in Sampang*

Bamboo is inserted (into the foreskin) while *bismilahirohmannirohim* is prayed ... then it is clamped, and cut (like cutting sugar cane) ... then it is given *ultracilin* ... after that, it is wrapped using *tensoplast*.

#### *Case in Sumenep*

The foreskin is clamped using bamboo ... then it is cut using razor ... after that (the rest of foreskin) is thrown away ... then the foreskin is put in to uncooked chicken egg, so [the blood] will be congealed.

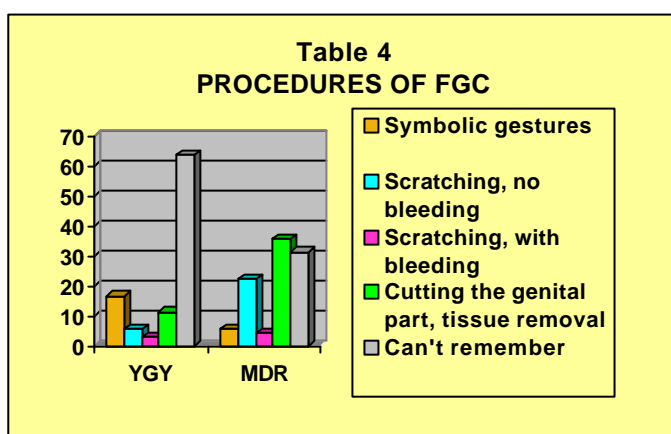
Dorsumcision or ‘cutting part of the back of the penis’ is a kind of procedure developed from the traditional procedure ‘incision’. The procedure in Yogyakarta and Madura is used either by medical or non-medical practitioners. In Yogyakarta, the procedure is well known to be employed by the *bong supit*, a non-medical practitioner, who performs MGC using some simple medical methods. In general, the procedure is as follows.

The foreskin is pulled to the front. With the clamp installed directed to 12 and 6 o’clock, the *koher* is put across so that it pinches the foreskin between the *glans penis* and the two sides of the clamp. After being sure that the *glans penis* is in free position, local anaesthetic is applied by spraying the foreskin with cloretile liquid. Using bistuori, the foreskin is cut above or below the *koher* so that it results in the removal of the foreskin on the upper or dorsal of penis, while the lower is left. The rest of the foreskin is put in order by means of rolling it back, with or without sewing it. Later, the wounded foreskin is wrapped using paper tissue.

In Madura, the procedure of dorsumcision is usually employed by a *mantri* (a senior paramedic) or a physician. Sometimes, however, a physician combines procedures between dorsumcision and circumcision. The procedure of circumcision is principally ‘cutting around the foreskin’ by physicians, nurses, or *mantri* using medical tools and treatment. The procedure of circumcision is as follows.

Before [the genital] is cut, the area between the penis and the foreskin is cleansed using *Dettol* liquid. Then, local anaesthetic is applied by means of injecting the genital. After that, the clamp is installed at the upper part of foreskin direct to 11:1:6 o’clock, and it is followed by the process of cutting. The direction of cutting is straight, splitting on to the *glans penis*, and then going around, following the line of the *glans penis*: that is, turn left, right, and down. At this point, the cutting turns to the front part so that the central part of the nerve for stimulation (phrenulum) is not cut. After the process of cutting is completed, the bleeding is stopped by sewing the rest of foreskin. Later, the wounded foreskin is smeared with Betadine, and wrapped using bandage.

For FGC, two procedures were recorded during the fieldwork: cutting or scratching some part of the female genital, and merely symbolic gestures. In Yogyakarta, the symbolic gesture of cutting turmeric placed on the point of the clitoris (without any injury) is the common procedure. The procedure is described by a female *dukun* in Kotagede, Yogyakarta:



‘It only uses turmeric, which is already peeled. Then, it is stuck on the clitoris. It is the turmeric which is cut.’

**Removal of part of the clitoral hood is the common procedure of FGC, but merely symbolic gestures are also common**

At the Yogyakarta court and in the villages, the procedure is usually undertaken by a female *dukun* on the occasion of *tetesan*, a puberty rite signifying the preparation of a girl to be a complete woman. The symbolic gestures of FGC are also found in urban areas.

The difference is that, in the urban areas, the procedures are usually undertaken by the *bidan* (midwives) at the clients’ request. According to one of the *bidan* in Kotagede, Yogyakarta, the symbolic gesture is only ‘cleansing the female genitals’:

In *sunat*, something will be cut. But it is *tetesan*... it is just a symbolic ritual... only cleansing. When a baby is born, the area surrounding the labia is very dirty, so greasy. It should be cleansed using cotton and Betadine.

The *bidan*’s procedure of cleansing the female genitals is also found in the urban areas of Madura. The procedures of cutting and scratching the genitals, however, are more often used in Madura, not only by the female *dukun*, but also by the *bidan*. This

seems to be affected by the intense Islamic beliefs among the local community. It is reflected in the religious rule, ‘female *khitan* is cutting part of the clitoral foreskin above the *farji* (vagina)’ (Muhammad 2001:40), written in the Hadith to which the local community rigidly adheres.

In practice, the Hadith’s explanation of female *khitan* is variously interpreted. Some female *dukun* asked by the researchers say that they usually cut or scratch the point of the clitoral foreskin (*jelik* in Madura) using *silet* (razor) or *pemes* (cutter), with or without bleeding. Others cut the labia, as described by a female *dukun* in Sampang, Madura:

Principally, it is cut a little. If you see a baby born, there is something excessive on the right side (labia). That should be cut, using a razor blade smeared with turmeric. If you take the upper one (clitoris), it might bleed... So, principally it only bleeds a little, this should also be witnessed, so that it is (religiously) legitimated.

### Practitioners

For centuries in Yogyakarta and Madura, genital cutting has been done by *dukun*. A *dukun* is a person who has a supernatural ability to drive out evil spirits or to cure diseases. In Javanese mysticism, genital cutting means removing *sial* (bad luck), purifying body and soul. For these reasons, the *dukun* plays an important role in the process of genital cutting.

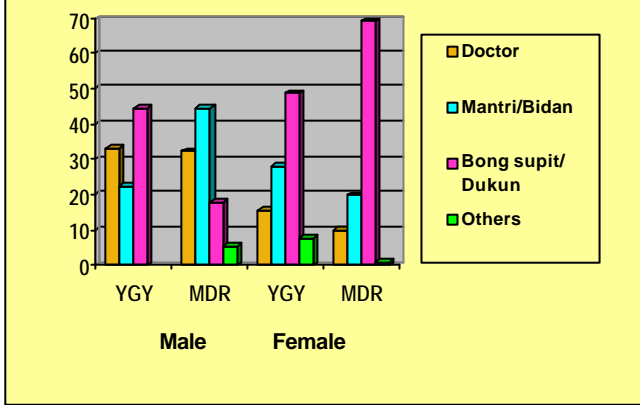
In Yogyakarta and Madura nowadays, the *dukun* is the only practitioner of MGC and FGC recognized by the local community in the rural areas.

In the urban areas, the people have various preferences: *bong supit* in Yogyakarta, *kyai* in Madura, *mantri*, nurses, or physicians as MGC practitioners, and *bidan* as FGC practitioners. In the research site the local community has recently defined the *dukun* as a person who has non-medical skills and knowledge, inheriting ability from ancestors, in contrast with the physician, *mantri*, or *bidan* who has medical skills and knowledge. This phenomenon is inseparable from the medicalization process, which continues not only in the case of genital cutting, but also in health and disease matters in general.

Regarding MGC, there are several practitioners identified in this research. The *bong supit* is one of the non-medical practitioners well recognized among Yogyakartaans.

**Both traditional practitioners and medical professionals become community’s preferences**

**Table 5  
PREFERRED MGC & FGC  
PRACTITIONERS**



The *bong supit* is believed to have inherited the ability from the ancestors, but uses a simple medical procedure to do the genital cutting.

The procedure include: dorsumcision, developed from the traditional incision, with simple medical tools such as knives, scissors, cottonwool, and paper tissues to replace bandages, and simple medical treatment in the form of anaesthetic, Betadine, antibiotics, sulfate, and vitamins. According to a *bong supit* in Bantul, Yogyakarta, the use of medical methods by *bong supit* in Yogyakarta started in the 1940s during the Japanese occupation; at that time medical education began to be accepted among the male *dukun*:



I inherited this skill from my father. In the past, my father learned from the physicians. There... at the Japanese hospital. During the period of my grandfather, the procedure was very traditional... One was asked to bathe with water. Then, to cut, they used bamboo thus it might be easily infected. And then, to cure, they chewed *leucaena glauca* leaves, and just put this [on the genitals]. It was the reason why they were given a lecture... to develop their skills and knowledge.

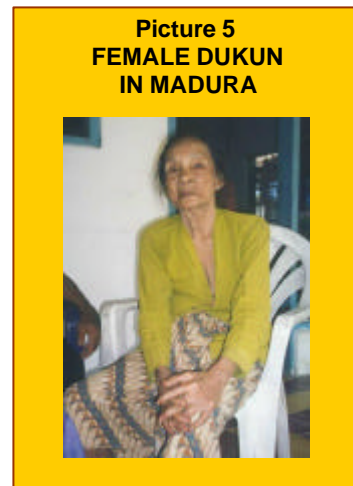
The best known non-medical practitioner of MGC in Madura is the male *dukun* or the *kyai*. Like *bong supit* in Yogyakarta, the male *dukun* in Madura is believed to possess hereditary skills and knowledge about genital cutting. In the case of *kyai*, the skills are supported by their mastery of Islamic scriptures, particularly the rule of *khitan*. The male *dukun* or *kyai* in Madura tends to use simple medical procedures, tools, and treatment, such as alcohol, Betadine, and Ultracillin.

Since MGC is recognized as a medical problem, there are guidelines given during the medical training. Medical staff and nurses or *mantri* have become important preferences in the community. Either in Yogyakarta or in Madura, the practice of MGC by the medical staff often takes place in hospitals, physicians' houses, and *Puskesmas* (*Pusat Kesehatan Masyarakat*, community health clinics provided in every village). Among the middle and upper classes, medical staff tends to be a preference, to minimize the serious risks of the procedure.

Unlike the case with MGC, there are no curricula or guidelines for FGC in the medical training. However, it was noticed during the fieldwork that the *bidan*, senior paramedics concerned with childbirth care, performed FGC. The emergence of this phenomenon can be traced to the practice of *tetesan* in the Javanese tradition, and female *khitan* in the Islamic tradition. These practices were previously part of the childbirth care assisted by *dukun beranak*, the traditional birth attendants and taken over by the *bidan* along with the medicalization process. However, FGC is an important ritual among the local community even though it is a subject strange to medical science. As a consequence, there are many cases in which the *bidan* not only assists with childbirth, but also performs *tetesan* or female *khitan* at the request of the parents. A *bidan* in Kotabaru, Yogyakarta, stated:

We were never taught anything about *tetasan*. We only know from the previous *bidan*, who practised from house to house... Usually, the *bidan* observes what is done by the *dukun*. Thus, we certainly do not know what its benefits are, because it is only a tradition. Nonetheless, we do it when there is a request. We do it along with imunization. As long as it is not harmful for the baby, it is okay.

In these cases, the *bidan* uses only the procedure of female genital cleansing. Nevertheless, the procedure of cutting is sometimes done because of pressures from the family or the *kyai*. According to a *bidan* in Pamekasan, Madura:

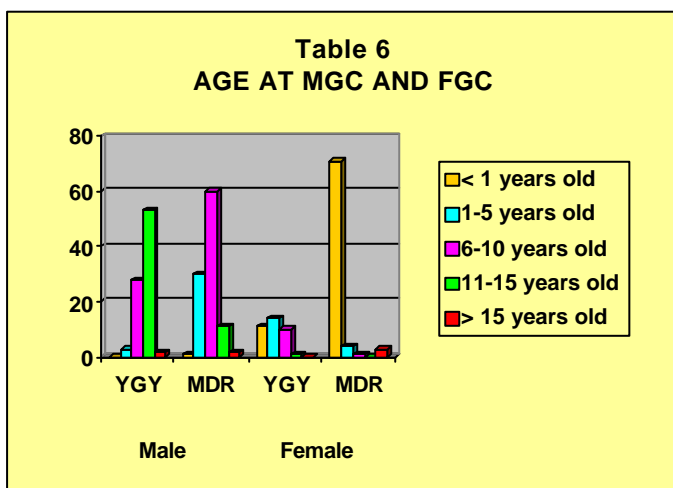


Usually a *dukun* uses scissors, razors, or wood, so that it causes bleeding. Thus, it will be better if we do it by ourselves. Sometimes, we can deceive, nothing is cut. But sometimes the family check it out. It seems that they feel guilty if (the clitoris) is not really cut... Thus, we remove the clitoris only a little. Principally, the scissors touch it. That is all.

### Age and ceremony

There is a relationship between age and ceremony in the practices of genital cutting. The meaning given to the ceremony of genital cutting determines the age when a child should experience genital cutting.

In the Javanese tradition in which genital cutting is a puberty rite, MGC and FGC are usually experienced by the children before they enter adulthood, followed by the *slametan* ritual. This is exemplified by the genital cutting ritual held in the Kraton Yogyakarta.



One of the Kraton family members informed the researchers that genital cutting is one of the stages of the puberty ceremony, which includes *Kencongan* for boys and girls under seven years old, to mark their childhood; *Supitan/tetakan* for boys around 10-12 years old, and *tetasan* for girls around 7-9 years old, to mark their boyhood or girlhood; *Tarapan* for girls of their menarche; and *Semekanan* for boys and girls at the age of 16 or above, to mark their adulthood.

For the girls, the ceremony of *tetasan* in the Kraton Yogyakarta is usually carried out along with the ceremony of *windonan* related to the Javanese *sewindu*, eight years. But recently the ceremony of *tetasan* in Yogyakarta has also commonly been carried out at ages below five along with the ceremony of *selapanan* (Javanese *selapan*, 35 days) or

*puput puser*, the ritual removal of the umbilical cord. A female *dukun* in Kotagede, explained that the younger a girl is when experiencing tetesan, the better, because she will not have feelings of shame.

On the other hand, the ceremony of *tetakan* in Yogyakarta is used to be carried out on the boys in their teens. Teenage boys, among the Javanese, are often called *cah wancine sunat* (the time a boy is genitally cut). It is considered one stage of making a complete man (*dadi uwong*), that is after he has left childhood and before entering adulthood, according to an interview with an informant in Sleman, Yogyakarta. In Yogyakarta nowadays, however, *tetakan* carried out in the teens is often connected with Islamic requirements and the medical belief that considers adolescence as the best time for genital cutting to reduce the likelihood of serious complications.

The age of genital cutting is influenced by Islamic Law, especially the rule of the Hadith which obligates *khitan* for boys and girls before reaching adulthood, the time by which one is required to do *sholat* (Al Marshafi 1996:55). In Madura, the rule is strongly observed by the local community, in which boys are usually genitally cut at 6-10 years old, and girls at 7- 40 days old. As in Yogyakarta, the age of MGC and FGC in Madura was previously connected with a puberty rite, but FGC is often performed along with the ritual of the removal of the umbilical cord (in Madura *cuplak puser*). Leading the boys on horseback in a procession is often part of the ritual of MGC. But MGC and FGC in Madura today are more symbolically practised in Islamic ways along with the *walimahan* ceremony, an Islamic ceremony to give thanks for the blessings of God and to obtain merit for alms giving (Al Marshafi 1996:73).

### Consequences for health

The survey conducted in Yogyakarta and Madura generally indicates that there are no serious complications in the practices of MGC or FGC. In the case of MGC, the complications found are only in the form of short-term effects, while long-term effects were not revealed during the fieldwork. In Yogyakarta, this was confirmed by the nurses in several hospitals, who handled infection and bleeding cases due to the erroneous procedures of MGC used by the *bong supit*. A nurse in one of the hospitals in Yogyakarta stated:

We often treat *Bogem's* patients. Usually, the cases are bleeding or infection. The infection occurs after a week, while bleeding occurs a day or two after the cutting. The bleeding basically results from the process... when they cut, it probably affects the blood vessels.

**Serious medical complications are not revealed, but short-term effect of MGC and FGC procedures are found**

In other cases, the medical staff has to repeat the process of genital cutting, usually, because the patient was previously handled by the *dukun*, whose procedure infected the genitals. A *mantri* from Pademawu, Madura, mentioned the following case:

There was a patient, 25 years old. When still a child, he was genitally cut by the *dukun*. It was just cut at the point [of the foreskin]. Thus, it covered [the *glans penis*]... became hard and sticky. Then, it developed a scab... and was swollen. Perhaps he was going to get married and would be ashamed with his wife. Therefore, he asked me to do it again.

The short-term effects like infection or bleeding also happened in the cases of female genital cutting. In Madura, this kind of case is often found among the female *dukun*. The following case indicates scratching the labia very deeply so that it causes bleeding. As revealed by the parent of the baby:

At that time, [my baby] was genitally cut by Bu X, and then bleeding. Bu X said, however, that it was just 'nerves' (*itu cuma syaraf*). But why did the blood still come out after five days? Even the physician got angry, 'Who is the *dukun*? Why does she leave it like this?' It was finally *bidan Z* who stiched it.

## Continuation

Even though FGC as a puberty rite is almost forgotten, MGC and FGC continue to be highly prevalent both in Yogyakarta and Madura. Some important motives for such practices, are the social and religious aspects, the medicalization process, and the popularity of sexual myths concerning MGC and FGC.

**Socio-religious relevance of MGC along with medicalization process, and the widespread male biased sexual myths related to MGC and FGC support the continuity of practices**

### Socioreligious relevance

In Indonesia, religion and tradition determine the form of social relationships. As a result, MGC and FGC in societies there are also determined by the religious leaders and persons in charge of preserving traditions. Genital cuttings as socialized by *kyai*, genital cutting practitioners, and parents, is significantly not only for religious life, but also for social identity. In Islam, genital cutting is considered an obligation the neglect of which may result in committing sin. As a tradition, genital cutting practices cannot be neglected as long as they are relevant to the society's life. The Javanese often call this *naluri* (instinct), something that can only be felt because no word can describe it sufficiently; so religion and tradition often empower the society to continue the practices.

The survey in Yogyakarta and Madura indicates how genital cutting has become a form of social pressure on individuals to be identified as part of the society. The social pressure is derived from people's views, attitudes, and prejudices in the multi-religion communities. Within the Islamic community, a boy who has not yet experienced genital cutting is considered *belum Islam*, not yet a Moslem or '*kafir*', an unbeliever. On the other hand, in the Catholic and other Christian communities, carrying out genital cutting means *murtad*: denying one's religion, converting to Islam. According to a Christian priest in Yogyakarta, many years ago when a Christian carried out genital cutting, he would be punished with *pamerdi*, seclusion from the church. This attitude comes from the strict concept of genital cutting in the Christian teaching:

In the Old Testament, *sunat* is obligatory among the Jews, as a sign of God's salvation. But in the New Testament, the sign of God's salvation is replaced by *sunat hati* or 'cutting the heart', meaning the purity of the heart which is obtained through baptism. It is a sign that one believes in Christ... It is also the reason why in Indonesia before the Vatican I Council of 1960 the practice of genital cutting was not allowed (among Christian communities) because it might blur the meaning of baptism... and because at that time genital cutting was identical with Islamizing. Nowadays, considering the aspect of hygiene, the church institutions allow this practice. Especially among the Javanese church, they no longer make it a problem... again, as long as the reason is not to Islamize.

Nowadays, MGC and FGC are also practised by some members of Christian communities in Yogyakarta, especially Catholics. It is just for preserving Javanese

traditions. Thus, in order to avoid being labelled *ngeslamke*, one of the Catholic families in Kotagede, diplomatically uses a neutral term, *pendewasaan* (maturation) to describe their motivation for practising MGC.

Among the Hindu and Buddhist communities, MGC and FGC are unknown both in the teaching of religion and in the practice of their daily life. According to a Hindu, from the Balinese ethnic group living in Yogyakarta, genital cutting among the Hindus is done for health reasons only, and a Buddhist from the Javanese ethnic group states that MGC is usually practised among them accompanied by a *slametan* ceremony and blessing Buddha. Among the Chinese, who are mostly non-Moslem, genital cutting is almost unknown. There is often a prejudiced view in the Islamic community that someone who does not experience genital cutting is identical with Chinese. In Yogyakarta, there is a joke about genital cutting among children: *cina liding, peli cina wedi lading* 'Chinese penises are afraid of knives'. However, according to paramedics in some hospitals in Yogyakarta and Madura, there is a rising demand for genital cutting for personal health reasons in the Chinese ethnic group.

Among the people of the Javanese society, who view genital cutting as a symbol of puberty, there is a joke about those who have not experienced it. They are considered *belum dewasa*, not yet mature, and so do not deserve to marry a girl (interview, Kotagede).

With the increase in social awareness in the societies in Indonesia recently, genital cutting functions not only as social identity, but also as a cultural bond among various socioreligious groups. In Pamekasan, Madura, the religious leaders' group Forum Komunikasi Persaudaraan dan Kemanusiaan (Fellowship and Humanity Association) conducted *sunatan massal* (mass genital cutting). In Yogyakarta, a Catholic church initiated a similar activity for the poor living along the Code river banks. Thus genital cutting continues because of its socioreligious relevance.

### **Medicalization and commercialization**

In Islam, it is said that one of the benefits of FGC is personal hygiene which could prevent diseases (Hasan nd:182). It is merely a coincidence that Islam's concept of the benefit of MGC is in accordance with the modern Western medical concepts of MGC developing in Indonesia. In this case, MGC is recognized in medical knowledge as a minor operation that is beneficial for health. This concept is also reflected in the respondents' answers in Yogyakarta and Madura concerning MGC. They generally state that MGC is good for personal hygiene, preventing penis cancer, phimosis, etc.

The people's belief in the benefits of MGC has developed not only among Moslem communities, but also among non-Moslem communities both in Yogyakarta and in Madura. This is due to the support of medical equipment and medication that can reduce the pain and the risk of serious complications. Recently there have been many new inventions in the techniques of MGC:

One day, a man came to him, by motorcycle, and asked to be genitally cut. In only three minutes, Sofin completed his work. Soon afterwards, the man left riding his motor cycle very fast. This is the value of the genital cutting procedure using a ring, said a friend of the discoverer of the new method, Dr Sofin Hadi. In fact, a man who is genitally cut using a classic method usually needs several days to recover ... According to Sofin, the method

of genital cutting is improved from time to time, so that many innovations are invented. There are such methods of genital cutting as the X-ray-style, bowl-style, bell-style, and para-clamp-style (*Kompas*, 2002).

While medicalization has a positive effect on MGC, the case is different for FGC. According to the *bidan* operating in Yogyakarta and Madura, FGC is not included in their medical training and is considered medically less beneficial. In Yogyakarta, the *bidan* forbid *dukun* to practise FGC. A *dukun* from Kotagede, stated:

‘Now, I do *tetesan* only at my house. Not going anywhere, because the *Bidan* does not allow me to do it any more.’

**The disappearance of cultural meanings of FGC along with medicalization process, however, bring about the discontinuity of practices**

The socialization of the prohibition of FGC has been successful along with the disappearance of the Kraton Yogyakarta tradition of *tetesan*. It encourages the society to discontinue the practice. In Madura, however, this is still a controversy for the medical staff, *kyai*, and the society.

In relation to medicalization, it is important to note the commercialization of genital cutting. This can be seen as supporting its continuation since it enables the practitioners to gain material benefits by promoting genital cutting services. In Madura, the cost of circumcision by a male *dukun* or *kyai* is 10.000 to 30.000 rupiahs, by a physician or *mantri* 10,000 to 15,000 rupiahs, and if performed at the physician’s house, 100,000 to 150,000 rupiahs. The cost in Yogyakarta is much higher. In hospital, circumcision by physicians and paramedics may cost 500,000 to 1,000,000 rupiahs. It is cheaper if done by *bong supit*, however: 200,000 to 300,000 rupiahs.

Commercialization also occurs in the practice of FGC. In Madura, FGC by a female *dukun* costs 5000 to 10,000 rupiahs, though some female *dukun* charge more, 30,000 to 50,000 rupiah including baby massage and bathing services. On the other hand, FGC by a *bidan* requires an administrative cost of 5000 to 10,000 rupiahs. Similarly in Yogyakarta, the *bidan* usually requires an administrative cost of only 5000 rupiahs. Some *bidan* charge a higher rate for including ear-piercing services and buying gold earplugs: 50,000 to 70,000 rupiahs. Female *dukun* in Yogyakarta, however, do not ask for any payment for doing FGC. They just accept money as a gratuity.

### **Sexual myths**

There is no evidence of a relationship between genital cutting and sexuality in either the Koran or Javanese mysticism. However, among the people of Yogyakarta and Madura, there are sexual myths about MGC and FGC. Among the Moslems, the myths have developed from different interpretations of the Hadith. One belief is that one of the benefits of genital cutting is *memperoleh kepuasan jima*, to get sexual satisfaction (Wahbah Az-Zuhaili in Muhammad 2001: 43). Other myths are that it enhances facial beauty and the husband’s sexual satisfaction (HR Abud Dawud in Muhammad, 2001:44), and that it “*meluruskan syahwat*”, adjusts the lust properly (Hasan nd:184). A female fundamentalist *santri* from Bantul, Yogyakarta stated:

In the *figh*, it is said that if a woman has a strong lust... it can be reduced. If the lust is too weak, it can be increased. Thus, it is balancing. Not too strong, but not too weak. I have a friend who had a strong lust. Then, she was genitally cut. After getting married, she became normal.

Beside the Hadith interpretations, there are other sexual myths in the society. In Madura, the most popular sexual myth among *kyai* is *makan pisang lebih enak jika dibuka kulitnya*, 'a banana will be more delicious when eaten without its skin'. This refers to fellatio, which is believed to be more satisfying without the excessive skin around the penis. This kind of myth is also found in Yogyakarta. A *Bong Supit* said 'Excessive skin around the penis will reduce the satisfaction during sexual intercourse, it feels like using a condom'. All the myths imply benefits from the practice of genital cutting for sexual relationships, especially in intensifying the stimulation. This has motivated people to continue practice.

## Recommendations

### Research

The study shows that sociocultural factors are crucial in genital cutting practices in Yogyakarta and Madura, which are perceived by local communities as a meaningful ritual in social and religious life. Various limitations encountered while carrying out the research need to be overcome by further research in relation to the following.

1. *Medical approach and study of sexuality.* This research, which still concentrates on sociocultural aspects, should be followed by further research on the medical aspects of sexual activity because of concerns about the health of the reproductive organs.
2. *Specific issues.* Some tentative issues mentioned in this research need to be explored more deeply to obtain a more comprehensive understanding of the problems of genital cutting in Indonesia.
3. *Research action.* This research should be followed by research to formulate practical solutions to the problems of genital cutting in the areas surveyed.

### Policies

This research shows that genital cutting is closely related to ideology. Thus, it cannot be neglected, but needs to be understood by those involved in decision and policy making and others concerned with the problems of genital cutting: the department of health, associations of health professionals, anthropologists, sociologists, religious leaders, and local communities. The following recommendations are offered.

1. *Awareness of the issue.* There should be awareness that genital cutting is a complex sociocultural problem, which results in dangerous practices that may jeopardize the health of the reproductive organs. This can be promoted by using strategic forums to expose the dangers of genital cutting.
2. *Sex and reproductive health education.* Information on sex and reproductive health must be given to families, practitioners, religious leaders, and the public to reveal the implications of genital cutting. The knowledge can be imparted through training held by authorized institutions.
3. *Critical and contextual studies on Islam related to reproductive health issues.* Since the influence of Islam is an essential part of the custom of genital cutting in Indonesia, efforts are needed to reinterpret Islamic Law to enable more open debate on the topic. This effort is especially urged in Madura, where the community's Islamic beliefs can be fanatical.
4. *Elimination of side effects.* The fact that genital cutting may have bad effects on reproductive health means that practical steps should be taken to eliminate these effects. One such step is to promote the Standard Operation System in the practice of MGC. Meanwhile, FGC requires a further critical medical approach. Medicalization of FGC by changing the practice from 'real cutting' by the female *dukun* to 'only cleansing' by the *bidan* (particularly in Madura) needs to be considered as a way to eliminate the practice.

## **Acknowledgements**

This research project report was prepared by the Center for Population and Policy Studies (CPPS), Gadjah Mada University, Indonesia in collaboration with the Australian National University and the Ford Foundation.

The research team gratefully acknowledges the valuable guidance and assistance of Prof. Terence H. Hull and Dr. Iwu Utomo of the Demography and Sociology Program, Australian National University, and Dr. Meiwita Budiharsana, Reproductive Health Program Officer of the Ford Foundation. Special thanks are due to all research participants for their various contributions to the completion of this research project.

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## Appendix

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Gadjah Mada University is the first university established in Indonesia, and today it has 27 centers for studies, 6 center for community services, and 5 center for inter-university. Center for Population and Policy Studies (CPPS) is one of centers for studies in Gadjah Mada University, which has established since 1973. Previously well-known as Center for Population Research., the center aims to develop and deploy knowledge related with population and development problems, either in the urban or in the rural areas in Indonesia.

The mission of CPPS is primarily to develop public awareness and comprehension about population problems in Indonesia and its consequences towards development efforts, to assist the policy makers in solving population problems, to intergrate between teaching and research in the field of population studies, and to promote interdisciplinary researches related with population issues.

Based on the mission above, CPPS have several objectives, among others: 1) to conduct researches related with population and development issues in order to contribute such inputs needed in the policy making process; 2) to improve the skills of junior researchers in Indonesia; 3) to build networking among centers for population and social studies nationally and internationally; 4) to disseminate the research outputs through publications and seminars.

#### Research

Since established, CPPS has conducted more than 200 research projects, encompasses such topics related with population and development issues, among others:

- 1973-1980: Fertility and Family Planning, Population Dynamics, Urbanization and Transmigration, Productivity and Health, Value of Children, Women in University Environment, Unemployment and Poverty in Rural Areas, Social and Economic Condition in Natural Disaster Area of Mt. Merapi, Population Pressure, Family Life Cycle and Social Structure
- 1981-1990: Employment and Job Mobility, Fertility and Family Planning, The Evaluation of ZPG Program in Indonesia, Population Policy, Population Dynamics, Informal Sector, Off-farm Employment, Female Worker, Human Resources Development, Small Scale Industries, Putting-out System, Population Education, Population Mobility, Urbanization and Metropolitanization, Marriage Patterns, Social Impact of Growth of the Young Age Group, Adolescent Personality, Family Life Education for Youth, Quality of Life, Population Projection, Demographic Transition, Social Mobility, Poverty and Social Changes, Population Quality Indicators
- 1996-1998: Population Policy, Work Opportunities, Small Scale Enterprise, Economic and Agriculture Transformation, Reproductive Health, Fertility, Family Welfare and Women's Activities, Family Care for Elderly, Social Security and Social Policy, International Migration and Local Development, Violence against Women
- 1999-2001: Public Services, Decentralization, Reproductive Health, Violence Against Women, Master Plan for the Transmigration and Population Policy, International Migration, Female Labor Migrants, Human Resources Development Studies, Indonesia Family Life Survey, Policy Analysis and Capacity Building Using the Indonesia Family, Migration and the Dynamics of PLAN-supported Children, Governance and Decentralization Survey, Women and Child Trafficking In Great Mekong Areas, The Impacts of Conflict on Children.

#### Publication

CPPS has published the research outputs in a form of report series, translation series, methodology series, working paper series, seminar report series, and such particular publications. These include more than 350

titles, which encompass topics like: population, ecology and sustainable development; population dynamics, population mobility; industrialization and urbanization; human and social qualities; population policy; and gender and reproductive health. CPPS has also published bi-annual journal named POPULASI, which includes articles related with population and policy issues.

### **Training**

Aside from research, CPPS has organized training on population research for the researchers from the field of population and social studies and for the staffs of regional development planning. The activity includes: 1) Research Methodology, Multivariate Analyses, and Secondary Data Analyses; 2) Population Dynamics and Population Projection; 3) Population, Environment and Sustainable Development; 4) Industrialization and Urbanization; 5) Reproductive Health; 5) Population Policy Analysis; 6) Population Studies CPPS-GMU Management; 7) Social Security and Social Policy; 8) Gender and Development; 9) Migration; 10) Public service; 11) Governance and Decentralization. CPPS also regularly hosts forums for deploying the research outputs coming either from the staffs or other researchers in or out of country. This dissemination is employed among others through monthly seminars opened for the public.

### **Source of funding**

As an autonomous institution within university environment, CPPS has only received basic supports in a form of human resources, administrative matters, physical building, and other supporting facilities. Such activities of CPPS are funded by donor agencies, among others: Depdagri, BAPPEDA, Depkes, BKKBN, Meneg PP, Bappenas, Mendiknas, BPS, Depdiknas, Depnaker, Arun Liquid Natural Gas Company, the United Nations Funds for Population Activities, the Ford Foundation, the Pathfinders' Fund, the Deutscher Akademischer Austan Deschidienst (DAAD), Friederict Ebert Stiftung (FES), L'Institut Francais de Recherche Scientifique pour le Développement en Cooperation (ORSTOM), the William and Flora Hewlett Foundation, the United States Aids for International Development (USAID), Tennessee State University, Family Health International (FHI), Neys-Van Hoogstraten Foundation, International Development Research Center (IDRC), United Nations Education Scientific and Cultural Organization (UNESCO), Japan Foundation, Population Council, Rockefeller Foundation, the ASEAN'S Population Program, World Bank, International Labor Organization (ILO), World Health Organization (WHO), UNFPA, and UNICEF.

### **Networking**

In order to maintain and strengthen networking among Indonesian and foreign research centers, CPPS takes their roles by:

- Representing Indonesia in the Asia Pacific Migration Research Network coordinated by Center for Multicultural Studies University of Wollonglong. CPPS take a role as a national coordinator of research centers in Indonesia concerned with the research on national migration
- Conducting a joint project with The University of Amsterdam, ISS The Hague, and The University of Nijmegen for the research on social security
- Developing network with Great Mekong countries like Thailand, Cambodia, Vietnam, Laos, Yunan, Philippines, and Malaysia for the research on cross-border trafficking. The activity is funded by The Rockefeller Foundation, Thailand
- Developing network in order to promote understanding and develop research capacity on reproductive health issues. The activity is funded by The Ford Foundation, Indonesia by involving researchers in the field of gender and population
- Being 'core center' in the efforts of developing network among the center for population studies in Indonesia, particularly among the researchers concerned with governance and decentralization issues. The role is assigned by Population Ministry, Indonesia
- Managing scholarship grants from UNFPA and World Bank for master and doctoral degree in the field of population and other fields related in order to strengthen networking among center for studies in Indonesia
- Managing Masri Singarimbun Research Award (MSRA) funded by The Ford Foundation, Indonesia in order to enhance opportunity of junior researchers, and to develop networking among advanced researchers in Indonesia concerned with reproductive health issues.

## Research Team

### **MUHADJIR DARWIN**

A senior researcher in CPPS. He obtains Ph.D. in Public Administration, University of Southern California (1990). Since last ten years, he is interested in gender and reproductive health issues. Several important positions have been held, among others: Program coordinator of Masri Singarimbun Research Award –a program research on reproductive health (1998-present); Member of Steering Committee Asia Pacific Network on Health Social Science (2000); Research coordinator of violence against women in the public sector in Indonesia (1997-2001); etc. He wrote articles in mass media and presented papers in various national and international seminars related with such important issues on reproductive health, like family planning, sexuality, sexual transmitted diseases, abortion, etc.

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### **FATUROCHMAN**

A senior researcher in CPPS. He obtains Doctor in Psychology, Gadjah Mada University, Indonesia (2001). He is interested in population studies and expert in quantitative data analysis using SPSS, Lisrel, and AMOS. His works include: The Impact of Social and Economics Support on Child Development, The Third Indonesian Family Life Survey, Social Security and Social Policy in Indonesia, The Impact of Family Planning Welfare and Women's Activities, etc. He daily involves in the process of proposal development, research instrument preparation, management of the fieldwork, data gathering and analysis, report writing, and presentation.

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### **BASILICA DYAH PUTRANTI**

A junior researcher in CPPS. She obtains M.A. in Sociology, Ateneo de Manila University, The Philippines. She is interested in gender and feminist studies and such issues related with sexuality and culture. She recently works on the issue of violence against women, produced, and presented papers related with the issue.

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### **SRI PURWATININGSIH**

A junior researcher in CPPS. She obtains M. Kes. In Community Health, Gadjah Mada University, Indonesia. She is interested in gender, sexuality, and reproductive health issues. She is assigned to be a reviewer in the Masri Singarimbun Awards (MSRA) program, and produce papers related with reproductive health issues.

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### **ISAAC TRI OCTAVIATIE**

A research assistant in CPPS. She completed bachelor degree on anthropology in Gadjah Mada University, Indonesia. She is interested in gender and reproductive health issues, and involved in such fieldworks related with the issue.