



**Additional Submission to the United Nations
Committee on the Rights of the Child
66th Session**



Medicalization of FGM in Indonesia

Introduction

This report addresses the implementation of article 24 of the convention, particularly the practice of Female Genital Mutilation (FGM), in Indonesia and the current policy of the Indonesian Government which has led to so called medicalization of FGM. This submission refers to Part 1 No. 7 of the List of Issues.

The Actual State of FGM Practice in Indonesia

Female Genital Mutilation remains a very common practice in Indonesia. Every year approximately 2 million girls in the country have to undergo FGM.¹ In the state report to the Commission (Page 28, Paragraph 128), regarding the medicalization of FGM, the government of Indonesia claimed that in 2006 the Director General of Public Health circulated a regulation, which prohibits health personnel to conduct female circumcision of any kind. However, the state report does not reveal another regulation which has brought this practice back to life again. In 2010 the Ministry of Health issued an advisory for medical professionals on the 'correct' ways to perform the 'circumcision' of females (1636/MENKES/PER/XI/2010) and this regulation is in force ever since. In January 2014, local media reported that the government claimed to have revoked the regulation in 2013. However, officials could not specify the annulment date or explain whether it has been publicly disseminated.

The implementation of the 2010 minister regulation on FGM has been a result of increased influence of the Indonesian Ulema Council (MUI)² in recent years. As a response to the 2006 circular of the Director of General Public Health the MUI released a fatwa or legal edict (No. 9A/2008) that suggests that FGM is obligatory in Islam and therefore should not be prohibited. This has led to misogyny in Indonesia's legislation, where the fatwas of MUI, as non-legal rule, have evidently become more influential than state law.

Having adopted the MUI's suggestion, the Ministry of Health differentiates between certain forms of Female Genital Mutilation – making some illegal and others common. This sanctioned double moral standards between 'female circumcision' on one side and 'female genital mutilation' on the other side. Roughly said, FGM is considered everything that is not performed by the Indonesian majority and 'female circumcision' is accepted and promoted by religious, medical and other institutions without consequences.

While the 2010 regulation mentions that medical staff should keep their surrounding sterile and

¹ Indonesia has a population of about 250 million, of which 88% are Moslems. According to the official statistics the country has around 33 million girls under 15 years old. The number of 2 Million is derived from the assumption that 88% of the 33 million undergone FGM and divided by 14 (number of age groups under 15 years old) to get an average number of girls cut per year. One can argue this figure is overestimated. However, it should also be considered that the medicalization of FGM could have contributed to increase this estimation. The findings in the recent study (Uddin, 2010) shows that 34% of the questioned hospitals offer FGM and 56% of these even perform it without the parents' consent right after birth. A study of USAID and the Population Council of Jakarta (2003) reported 92,4% (of 1.694 mothers) support the continuation of FGM.

² *Majelis Ulama Indonesia* (MUI) or Indonesian Ulema Council is a non-governmental organization established in 1975 with the mandate, historically given by Suharto's regime under the New Order (1966-1998), to assist and to give direction to Indonesian Moslems for better understanding of Islamic teaching. The organization consists of representative of various Islamic organizations in Indonesia. One of its roles is to issue *fatwa* (legal edict/opinion equal to advice, therefore non-obligatory) in many aspects of life of Indonesian Moslems according to Islamic teaching.

perform a small cut only without removing any tissue, many girls have to experience FGM Type I³. This is frequently performed in hospitals as well as in mass ‘circumcisions’ organized by schools or religious foundations where in certain cases mothers even get paid for bringing their daughters.⁴ The commonality of such practice in Indonesia shows that the government still does very little in addressing this problem.

The spill over effect of this regulation can be suddenly observed right after its enactment. Because doctors and other medical personnel perform FGM the public now believes this practice to be safe and healthy. The regulation has, to some extent, opened a new market for doctors and hospitals. Many hospitals offer FGM as part of “birth packages” including health checks, ear piercing and vaccinations. Ironically, this practice would not be considered as a human rights violation since it has a legal basis. The promotion of ‘healthy’ FGM in Indonesia has become so popular that even girls from the greater Pacific region are at risk of being cut in Indonesia.⁵

FGM as it is practiced in Indonesia violates diverse articles of international covenants such as the International Covenant on Civil and Political Rights (ICCPR), the International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention against Torture and Cruel, Inhuman or Degrading Treatment or Punishment, the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC), of which Indonesia is one of the signatories. It also violates Indonesia’s national laws on Human Rights (39/1999), Child Protection (23/2002), Health (23/2009) and Elimination of Domestic Violence (23/2004). Furthermore, Indonesia is a member of the World Health Assembly of the WHO, which passed a resolution in 2008 urging all member states to enact and enforce legislation against FGM and prohibit the performance of FGM by any person.

In 2013 as Indonesia was under the scrutiny of the Committee to the ICCPR, there was clearly disagreement and no mutual understanding between the committee members and the Indonesian government about the practice of FGM and how this practice of any kind is to be considered as a human rights violation. The Indonesian delegation insisted on their opinion that the practice of ‘circumcision’ in Indonesia is different from FGM practiced in other continents, as it is conducted properly by medical personnel. Experts of the committee have had at least two concerns. Firstly, the practice of FGM is not a matter of health, otherwise WHO would suggest it to be conducted by medical personnel. Secondly, it relates to women’s sexuality. FGM is a common practice to control women’s sexuality and to this point, it is not justified to allow this practice.

Civil society organizations in Indonesia and worldwide fear that the fatwa of MUI from 2008 and the minister regulation from 2010 might further increase the number of families who allow FGM. This practice mystifies female sexuality, legitimizes heavy injuries on newborn girls and leaves women in the impression that a cut clitoris was mandatory for a prosperous life. These consequences, concerning the reproductive health risks, need to be taken into consideration, as another important issue on the way to self determination of girls and women in Indonesia.

Therefore, TERRE DES FEMMES and Watch Indonesia! call on the Indonesian government to:

1. Enact and implement comprehensive legislation that will criminalize all form of female genital mutilation including „female circumcision“, and to provide appropriate penalties/sanctions against offenders
2. Forbid all agencies/institutions and persons to promote and provide FGM services
3. Conduct nationwide awareness raising events, education, and campaigns among religious groups, cultural representatives, political leaders, and the general population to change cultural perception and beliefs on FGM.

³ <http://www.who.int/reproductivehealth/topics/fgm/overview/en/>: Type I — Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). When it is important to distinguish between the major variations of Type I mutilation, the following subdivisions are proposed: Type Ia, removal of the clitoral hood or prepuce only; Type Ib, removal of the clitoris with the prepuce.

⁴ <http://www.theguardian.com/society/2012/nov/18/female-genital-mutilation-circumcision-indonesia>

⁵ <http://www.thejakartaglobe.com/news/australian-charged-over-genital-mutilation-of-baby-girl/>

About the submitting organizations

TERRE DES FEMMES (TDF) (www.frauenrechte.de) is a German non-profit women's rights organisation. We are committed to ensuring that girls and women can live a free, safe, and self-determined life while holding equal and inalienable rights regarding all aspects of life. Our aim is to raise public awareness by means of education and advocacy, campaigning and lobbying, international networking, and individual personal assistance. We also promote a number of independent and local self-help projects abroad.

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Watch Indonesia! (www.watchindonesia.org) is a German non-profit organization which focuses its works on three specific issues: human rights, democratization and environment in Indonesia and East Timor. We monitor the development in Indonesia and East Timor since 1991 and works closely with civil society organizations in both countries.

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