



## Khitan Perempuan: Who Speaks for the Indonesian Female Circumcision?

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### ABSTRACT

Throughout the paper the author focuses on the ritual of female circumcision in Indonesian Java, more specifically in the city of Yogyakarta. By the help of fieldwork and academic literature she examines this not merely taboo but also legally forbidden practice in the biggest Muslim country in the world. Female circumcision (FC) in Java and Indonesia in general is considered as a daily practice going hand in hand with tradition. The author puts to the foreground the form of circumcision performed in Yogyakarta and its classification as a symbolic and less invasive one. She explains the history of this ritual in the archipelago, national and international regulations and guidelines, analyzes the role of different authorities (state, religious leaders and NGO's) on the persistence/abundance of FC and as a consequence its 'globalized' form (medicalization of FC). The author learns and emphasizes that this is a practice taken for granted, whose origin is little known to the interlocutors (the executors and participants of the ritual) and that the existing literature on the subject is insufficient. For such research a careful approach is of key importance and the author frequently utilizes the help of cultural relativism, reductionism and the use of narrative.

**KEY WORDS:** female circumcision, globalization of female circumcision, religious identity, Yogyakarta, Indonesia, NGO's

One of the greatest challenges of a researcher, especially on a taboo topic like circumcision, is the means of how he or she obtains the trust of the informants and where is the border to which we, as anthropologists, can go.

Many taboo and 'hidden' topics evoke judgment, disapproval and ethical dilemmas. And I have come across many of these while investigating my own topic – female circumcision. Female circumcisions (from now on FC) or female genital mutilation (FGM) has a special place in anthropological debates and researches. A well-known form of mutilating a female's 'private parts' in Africa, and the controversy that grew out of it, became known and recognized through the debates and discussions regarding research ethics –where does an anthropologist act upon his moral senses. FC has become the object of sharp criticism, not merely in anthropology, but also in other disciplines<sup>1</sup> and the NGO's would seem to have a firm right to interfere in the state legislation regarding it... but do they really?

Despite the widely discussed and criticized topic of FC in Africa, the discourse of FC in South-East Asia (and especially Indonesia) has been neglected and swept under the rug. Besides a handful of researches and articles (that are merely a scratch on the surface of a deeper understanding and evaluation) and polemics or discussions about its place within the FGM categories, there is not much we know about it.

In my article I wish to present the type of FC that I observed and investigated during my fieldwork in Yogyakarta. The 'symbolic' circumcision<sup>2</sup> that is performed by *dukuns*<sup>3</sup> and is still commonly practiced by the Javanese Muslim community<sup>4</sup> is of some difference from the 'so analyzed and discussed' type that is present in African countries. The main focus of this paper is to bestow on FC as it is present in everyday life of Yogyakartaian society its (religious) significance and historic and political background. Another important aim of the paper is to present the 'globalization of female circumcision', a term I invented when addressing the fast spreading medicalization of it and is, as I will argue, imposed by

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<sup>1</sup> OBERMEYER, C.M., "Female Genital Surgeries: The Known, the Unknown, and the Unknowable", in *Medical Anthropology Quarterly*, Vol. 13, issue 1 (March 1999), pp. 79-106.

<sup>2</sup> All previous researches and studies have categorized this common type of FC into the IV. group of WHO's division, e.g. the »uncategorized group«, that includes also the 'symbolic' and non-invasive one (see Budiharsana, M., titled *Female Circumcision in Indonesia: Extent, Implications and Possible Interventions to Uphold Women's Health Rights*, 2003, Jakarta: Population Council).

<sup>3</sup> Usually being traditional healers, midwives, special masseurs for newborn babies, etc.

<sup>4</sup> Especially in the lower social and economic group.

the international NGO's and is potentially more harmful than the ritual performed by the *dukuns* in the city and outskirts of Yogyakarta.

To show and, with the help of a narrative approach, try to explain how FC is embedded in Yogyakartaian cultural traditions (e.g. religious, prosocial and moral values) and that Islam in Java<sup>5</sup> is unique and indeed this form of FC is 'harmless' in comparison with the more-and-more spreading medicalized and invasive form, I will try to show both persistence (the role of religious leaders, social identity) and acceptance of change (the globalization of FC is taking place as a result of social – economic developments through its medicalization) and by that find out the changes of the function (if any) and the meanings of the ritual.

NGO's play a critical role in the discussion and create both internal and external criticism of FC. Since this is a delicate field to address, the ground points of cultural relativism will be used for a better understanding of cultural norms that would otherwise be considered against the Western 'rationale'. Given the global scope of these rites, no essay could possibly include all instances, themes, and sources, anthropological or otherwise.

Several perspectives are taken into consideration and are being examined throughout the paper, most notable among them are the 'authorities' - the Ulema, WHO and different NGO's who shape the perception of the ritual and engage in its persistence and/or abundance, and the anthropological approach. A byproduct of examining these perspectives is the dilemma on who can engage the discussion and the critique of FC.

The paper is divided in two sections. In the first part I will focus on terminological disputes and the sole definition of the type of FC practised in central Java and a short history of FC in Indonesia as well as the influence of Indonesian politics on FC.

The second part will focus more on the ritual of FC itself (the one observed in the district of Yogyakarta) and discuss its globalization and impacts.

### **Terminological disputes**

The more deeply I investigated the topic of FC in Yogyakarta, the more I questioned what kind of circumcision is performed, if it is possible to include this type in the terminological

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<sup>5</sup> Especially in Yogyakarta area, which is a Sultanate city and the tradition and religion play such an important role.

model of FC and what significance it has on the lives of the people involved. While conducting research one has to take into account the definition suitable for this type of ritual we find in Central Java, as well as the historical and political background, which had in great deal influenced the growth and the spread of the ritual of FC.

Some anthropologists have criticized the collective category of FC or "FGM" (female genital mutilation), because it conflates unrelated practices into a single universal collective<sup>6</sup>, but most writers on the topic, anthropological and otherwise, are quite comfortable addressing a generic FGM.

Terminological shifts and arguments are nothing new in anthropology. Some disputes regarding the topic are influenced by morals and politics, same as the quarrel over the terms FC (which usually dilutes horror), female genital mutilation (or FGM, which evokes only horror), and female genital cutting (which is neutral)<sup>7</sup>. The so called symbolic circumcision, which is the most widely spread in Yogyakarta and Java, entails a slight prick of the clitoris or, in some communities, the application of red color or some other, nonintrusive gesture that responds to concerns over actual cutting<sup>8</sup>. Considering the fact that I will argue that the ritual of female circumcision in the lower socioeconomic spheres in Yogyakarta is in fact a non – invasive form and as such ought not to be considered as mutilation or cutting, I use the term female circumcision (FC).

The ethical dimensions of FC in anthropology are bitterly disputed. Most anthropologists who study FC do not condemn the rite. But they temper their criticism in order to advocate on behalf of subjected women while not reproducing stereotypes that continue to silence African and Muslim women. Moreover, to condemn the rite often seems like a vacuous gesture, a mere classroom exercise. And what right do we have to criticize them? Morsy<sup>9</sup> excoriated the "Western civilizational project" that underlies opposition to FC. Scheper-Hughes<sup>10</sup> commented on the (unjustified, in her view) practice of MC in the

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<sup>6</sup> See SHELL-DUNCAN, B. and HERNLUND, Y., eds., *Female Circumcision in Africa: Culture, Controversy, and Change*, 2000, Colorado: Lynne Rienner Publisher.

<sup>7</sup> See WALLEY, C.J., Search for 'voices': Feminism, Anthropology and the Global Debate over Female Genital Operations, in *Cultural Anthropology*, 12 (1997): 405-438.

<sup>8</sup> See SILVERMAN, E.K., Anthropology and Circumcision, in *Annual Review of Anthropology*, 33 (2004): 425-430.

<sup>9</sup> MORSY, S.A., Safeguarding Women's bodies: The White Man's Burden Medicalized, in *Medical Anthropology Quarterly*, Vol. 5 (1991): 19-23.

<sup>10</sup> SCHEPER-HUGHES, N., Virgin Territory: The Male Discovery of the Clitoris, in *Medical Anthropology Quarterly*, Vol. 5 (1991): 25-28.

United States. For these anthropologists, criticism against FC is misguided at best and racist at worst. Yet some anthropologists strongly object to FC. Van der Kwaak<sup>11</sup> dismissed appeals to cultural relativism and, although acknowledging the validity of local beliefs, endorsed eradication. Oboler<sup>12</sup> objected to FC primarily because of lack of consent, as do most opponents of routine neonatal MC<sup>13</sup>.

The disputes over terminology are set aside in my paper, as I focus on the methods through which I obtain the information and the reasons and effects of its globalization. No matter what kind of a debate arises with the terminological disputes, we have to keep in mind that these concepts are entirely academic and ethical and respondents are totally unfamiliar with these concepts.

FC refers to the unclassified type or Type IV of the WHO's classification on Female Genital Mutilation (FGM). Both FC and FGM practices involve similar rituals that serve to perpetuate customs that seek to regulate and take control over the body and sexuality of the individual. However, FGM is much more drastic and damaging to women<sup>14</sup>. The last version of FGM definitions was reaffirmed in the WHO, UNICEF, and UNFPA joint – statement issued in April 1997. Based on its severity, there are four major types<sup>15</sup>:

Type I. Excision of the prepuce, with or without incision of part or the entire Clitoris,

Type II. Excision of the clitoris with partial or total excision of the labia minora,

Type III. Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening (infibulation).

Type IV. Unclassified, which includes: pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the

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<sup>11</sup> Van der KWAACK, A., Female Circumcision and Gender Identity: A Questionable alliance? In *Soc.Sci.Med.*, Vol. 35 (1992): 777-787.

<sup>12</sup> OBOLER, R.S. Law and Persuasion in the Elimination of Female Genital Mutilation, in *Hum. Org.*, Vol. 60 (2001): 311-318.

<sup>13</sup> See SILVERMAN, E.K., Anthropology And Circumcision, in *Annual Review of Anthropology*, Vol 33 (2004): 420-430.

<sup>14</sup> See BUDIHARSANA, M. titled *Female Circumcision in Indonesia: Extent, Implications and Possible Interventions to Uphold Women's Health Rights*, 2003, Jakarta: Population Council, p. 2.

<sup>15</sup> World Health Organization, 'Female genital mutilation, Fact sheet N°241' Updated February 2013, available at <http://www.who.int/mediacentre/factsheets/fs241/en/>, retrieved on 10.6.2016.

clitoris and the surrounding tissue; scraping of tissue surrounding the vaginal orifice ('*angurya cuts*') or cutting of the vagina ('*gishiri cuts*'); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it; and any other procedure that falls under the definition of FGM given above.

### **Female circumcision in Yogyakarta (a review of history and modern practice)**

Some say that *khitan perempuan* is merely a symbolic gesture and as such does not deserve the same attention as the mutilated version that persists in the African continent<sup>16</sup>. But as I will argue, its medicalized form or the globalization of FC in Yogyakarta deserves just as much attention. From history to modern day practice I will show how and why the ritual changes.

The historical data on FC in Indonesia and in the Yogyakarta district are quite rare and most field notes were made after the second half of the 19<sup>th</sup> century. The oldest record on the topic comes from the 17<sup>th</sup> century in the *Description historique du royaume de Macassar* [Historic description of the Macassar royals] by the French author Nicolas Gervaise, who wrote that the Makassar's Muslims circumcised girls "differently from the Turks" and that salvation is possible only for women who save their souls through circumcision<sup>17</sup>. Male and female circumcision were more widespread than Gervaise had imagined, both in the Islamic world in general and in the archipelago, where Islamization spread beginning in the 13<sup>th</sup> century<sup>18</sup>. Numerous in number but less in details were the reports in the ethnological work after the second part of the 19<sup>th</sup> century, where scholars and ethnographers were describing the ritual of FC as less invasive and with less ostentatious festivities as the male form of the ritual<sup>19</sup>. The first person to make a thorough research on the ritual of FC in the archipelago was a Dutch ethnographer G.A. Wilken, who

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<sup>16</sup> See FEILLARD, A. and MARCOES, L., Female Circumcision in Indonesia: To "Islamize" in Ceremony or Secrecy. In: *Archipel*, volume 56 (1998), L'horizon nousantarien. [The Nusantara Horizon], pp. 337.

<sup>17</sup> Ibid., pp. 338.

<sup>18</sup> Ibid., pp. 339.

<sup>19</sup> For details see Ibid, pp. 339-340, also G.F. WINTER, " Instellingen, gewoonten en gebruiken der Javanen te Soerakarta" [Institutions, and habits of the Javanese in Surakarta], in Tijdschr. v. Ned. Indie, Vol. 5 (1843), dl. I, p. 708.

draw the conclusion that FC was found exclusively among the Muslim population and was as such not an indigenous practice but “borrowed from the Arabs”<sup>20</sup>. As for the circumcision performed in Java, he wrote that a part of the clitoris was indeed removed, as stated in the terminology used in Javanese, *putung – itil*, meaning a piece of the clitoris, but for the lack of field data Wilken suggested that more elaborate and in-depth research is needed. He did however jump into the analyses of the meaning of the ritual and the acknowledged motives of Indonesians. Wilken saw it had “more or less the character of a ceremony of entry into the religion” and that “people do not seem to attach any other significance to the practice”<sup>21</sup>. In comparison to the practice in Africa Wilken stated that women in Java do not suffer from anomalies from the circumcision and that FC there is not an aesthetic operation, but rather a religious rite<sup>22</sup>.

Hurgronje Snouck, a Dutch Islamologist focusing on the rite in Java said that: “most Javanese and Sundanese” attached more importance to the practice than is actually prescribed in the religious texts. It was considered as a religious duty which, however, “like other duties, is neglected by the majority of indigenous people”<sup>23</sup>. Similar to Wilken, Snouck wrote that the circumcision was a mode of entry into the Islamic community by confirming it with a linguistic fact, that the Javanese *krama* term for circumcision is *njelamaké* which comes from *selam*, meaning “to make a Muslim”<sup>24</sup>. He gave little detail on the operation (*soenat* in Java, *goesaran* in Sunda) except that it consisted in “the removal or the reduction of the praeputium, and of the corresponding part for the woman”, usually between ages 2 and 7 and in great secrecy behind closed doors<sup>25</sup>. Researchers all agree that female circumcision seems also to have been perceived in Java as a mark of entry into Islam, and as such it may still have been more widely practiced than the pillars of prayers, fasting, alms (zakat) and the hajj. This is suggested by an interesting quote in the Muntilan report about the meaning of *ngislamaké* – to Islamize. One Javanese respondent

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<sup>20</sup> See Wiken in Feillard, A. And Marcoes, L., Female Circumcision in Indonesia: To “Islamize” in Ceremony or Secrecy, In: *Archipel*, volume 56, 1998. L’horizon nousantarien. p. 340.

<sup>21</sup> Ossenbruggen (1912:239) in FEILLARD, A. and MARCOES, L. Female Circumcision in Indonesia : To “ Islamize ” in Ceremony or Secrecy. In: *Archipel*, volume 56 (1998) L’horizon nousantarien. [The Nusantaraian Horizon], p. 340.

<sup>22</sup> Ibid.

<sup>23</sup> Snouck (1924: 205) in FEILLARD, A. and MARCOES, L. Female Circumcision in Indonesia: To “Islamize” in Ceremony or ... p. 341.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid., pp. 341-342.

commented: "Yes, it is (to make someone a Muslim) but this does not mean that the person circumcised has to follow the prescriptions of Islam."<sup>26</sup>

After the independence of Indonesia in 1945 the most elaborate explanation of the ritual of FC was described in a doctoral dissertation by Ahmad Ramali, who explained female circumcision was "a custom (*kebiasaan*) that entered Indonesia together with Islam, perpetuating an Arabic custom which had already been accepted in pre-Islamic times"<sup>27</sup>. By explaining the rite he used Freud's psycho-analytic methods, that FC represents a girl's sexual switch: she is withdrawn from the public sphere through a change of her sexuality, from outside (clitoris) to inside (vagina) sexuality<sup>28</sup>, thus the ritual brings girls into full womanhood. Ramali goes into details over the meaning of circumcision in Islam, and comments on its three main functions: to Islamize, to prevent disease, and to restrain sexual libido. About the first meaning, "to differentiate between Muslims and Christians", Ramali suggests that the terminology - to circumcise is to Islamize (*mengislamkari*) - confirms this Islamizing function: in Javanese *krama*, the term was *dipun selamaken*, in *ngoko*, *ngislamaké*. In the whole of Indonesia, he says, *sunat* is considered a "condition of entering Islam" (*suatu sjarat untuk masuk agama Islam*). Ramali notes that "according to the belief of Indonesians, circumcision is no less important than the other five pillars"<sup>29</sup>. He states that hygiene is the second reason cited: "bad odors can be repulsive for the husband". As the last reason he wrote that circumcision serves to lessen sexual libido, not for female but male, enabling a husband to ejaculate later, thus bringing a feeling of greater satisfaction to his wife<sup>30</sup>.

Nowdays FC seems to be more widely practiced today than in the 1920s<sup>31</sup>. Urbanization seems to have had the reverse effect on the lower classes: the least Islamized population groups in Javanese towns seem to have adopted female circumcision<sup>32</sup>. Thus, in cities, it seems no longer limited to the strictly devout (*taat*) *santri* groups, as reported by

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<sup>26</sup> Wiken in FEILLARD, A. and MARCOES, L. Female Circumcision in Indonesia: To "Islamize" in Ceremony ... Pp. 349.

<sup>27</sup> AHMAD, R., *Peraturan-peraturan untuk memelihara kesehatan dalam hukum sjarat' Islam* [The regulations for health care in the laws of Islam], 1951, Jakarta: Balai Pustaka, pp. 67.

<sup>28</sup> *Ibid.*, p.69.

<sup>29</sup> *Ibid.*, p.89.

<sup>30</sup> *Ibid.*, p. 91.

<sup>31</sup> As seen in reports of the Douch ethnographers.

<sup>32</sup> See Wiken in FEILLARD, A. and MARCOES, L. Female Circumcision in Indonesia: To "Islamize" in Ceremony or.... See also BUDIHARSANA, A., Utomo 2003....



Snouck Hurgronje and Schrieke. Simultaneously medicalization is another factor for the recent spread of FC. "*Clinics now offer the service of ear piercing (tindik), vaccination, and child delivery in one package. It is no longer being performed by the dukun-bayi but by simple midwives (bidan) at hospitals or clinics.*"<sup>33</sup> With the growing Islamization of Indonesia in the 1990s, social pressure in favor of female circumcision has increased. One Jakarta woman lawyer reported: "*I had seen my sister being circumcised. I had seen the blood. For my daughter, I decided not to have her circumcised, but my mother insisted, my sister also. Finally, I gave up and, at 6 months, I brought my daughter to the hospital. She was circumcised and I cried.*"<sup>34</sup> The high fashion of Islamic symbols in the 1990s has contributed to further spread the practice. The nurse of a Nahdlatul Ulama clinic in South Jakarta told of one Christian mother who accepted that her daughter be circumcised out of doubt of what was best for the child. Families with an Islamic modernist background who had started to abandon the practice are going back to it.

For the ritual of FC in Indonesia today the expression *tetasan* is usually used and in literal translation means 'a drop'. Other usual names used to address the ritual are *sunat* and *khifadh*. Depending on the technique of how the circumcision is performed (abrasion, puncture, actual cuts and sewing), different expressions are used. The most common is *khitan perempuan*, which is analogue to the male circumcision and implies the removal of a part of the skin from the large labia or clitoris<sup>35</sup>.

In Yogyakarta, the tetesan ceremony is still carried out with pomp among the well-to-do *priyayi*. Among the Javanese *santri*, discretion continues to be the rule as in the early 20<sup>th</sup> century. It is either not celebrated at all or celebrated very low key, at most with a *selamatan kecil*, over a reading of *Bismillah* and *doa*.

If we consider the literature and conducted fieldwork, the FC in Yogyakarta can be placed into only one category – the undefined one (type 4 that was suggested by WHO), because the women, that perform the practice, usually with a knife, razor or other sharp object just fastly scrape the clitoris. "*Unlike findings of FGM practices in Africa that tends to ruin almost all female genital parts, from the cutting of all the clitoris, labia minora, to*

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<sup>33</sup> Wiken in FEILLARD, A. and MARCOES, L. Female Circumcision in Indonesia: To "Islamize" in Ceremony or Secrecy. In: *Archipel*, volume 56, 1998. L'horizon nousantarien [The Nusantara Horizon]. Pp. 356.

<sup>34</sup> Ibid.

<sup>35</sup> BUDIHARSANA, M. *Female Circumcision in Indonesia: Extent, Implications and Possible Interventions to Uphold Women's Health Rights*, 2003, Jakarta: Population Council, p. 6.

*even stitching the vagina and only leaving a hole for sexual intercourse, the literature review on FC practices in Indonesia could not present sufficient evidence of a harmful traditional practice with sexual, reproductive and psychological health impacts. This implies that any efforts to eliminate FC cannot be carried out by health and development advocates simply using legal and international human rights mechanisms related to the concept of women's equity, health rights and bodily integrating. The most effective strategies must include women's empowerment so that the struggle to stop FC (as a harmful form of FGM) could be led by women from the communities where it occurs.*"<sup>36</sup>

Wilken and Feillard describe the Yogyakartaian circumcision as: "*piercing with a needle (menusuk jarum) or the edge of a knife to extract a single drop of blood, with a knife, a tiny wound is made so that a drop of blood comes out, but nothing is cut off; a needle is pointed at the clitoris like a thorn into the skin, and it produces one drop of blood, that is enough*"<sup>37</sup>.

The symbolic *khitan perempuan*, like cutting a turmeric root placed over the clitoris, cleaning it with antiseptic and then blowing over the area are very significant and are estimated to make up over half of all incidents in Yogyakarta in 2002<sup>38</sup>.

### **Theoretical foregrounds in understanding FC and its motives**

»For some, circumcision is all about culture, a symbolic message concerning personhood, gender, cosmology, status, and community inscribed in the body. For others, circumcision is an incontrovertible reality of biology and human rights that requires anthropology to transcend and often condemn culture.«<sup>39</sup>

Not many moral topics within contemporary anthropology have incorporated ethical claims, emotional connotations, activism and critique, as FC has. "*The study of circumcision, one of the most disputed issues in contemporary anthropology, challenges*

<sup>36</sup> BUDIHARSANA, M. *Female Circumcision in Indonesia: Extent, Implications and Possible Interventions to Uphold Women's Health Rights*, 2003, Jakarta: Population Council, p. 5-6.

<sup>37</sup> Wiken in FEILLARD, A. and MARCOES, L. *Female Circumcision in Indonesia: To "Islamize" in Ceremony...* Pp. 359-360.

<sup>38</sup> BASILICA, D. P., 'To Islamize, Becoming a Real Woman or Commercialized Practices? Questioning Female Genital Cutting in Indonesia', in *Finnish Journal of Ethnicity and Migration*, Vol. 3(2008.):23-31.

<sup>39</sup> SILVERMAN, E.K.: *Anthropology And Circumcision*, in *Annual Review of Anthropology*, Vol. 33 (2004):419.

*cultural relativism, universalism, modernization, and advocacy*”<sup>40</sup>. Numerous researches had been conducted about the ritual of female mutilation and circumcision. Different authors have focused on the ritual itself and its significance<sup>41</sup> as also its origins<sup>42</sup>, worldwide spread<sup>43</sup> and the relationship which anthropology and other disciplines have with it<sup>44</sup>. To the foreground rose also the activist publications that strive toward the eradication of the practice<sup>45</sup>.

At the same time, anthropologists often are criticized for allowing their moral commitment to pluralism to eclipse what should be a more fundamental duty to defend basic human rights. The very existence of these debates, as well as the rhetorical strategies employed in them, demand anthropological analysis.<sup>46</sup> For anthropology FC is not so interesting for the ritual itself, but more for the fact that it brings anthropology to the end of the debate on the dilemma of whether to merely observe or judge the phenomena of ‘other’ cultures.

Many women who experience or suffer FC did not grant informed consent and were culturally unable to do so. Shweder<sup>47</sup> argued that the extraordinary moral outrage evoked by the very idea of FC stymies true pluralism, because "seeing the cultural point and getting the scientific facts straight is where tolerance begins." For him, one fact is clear: That FC

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<sup>40</sup> Ibid. p. 420.

<sup>41</sup> GORDON, D.: Female Circumcision and Genital Operations in Egypt and Sudan, in *Medical Anthropology Quarterly*, Vol. 5 (1991), No.1: 3-14; GRUENBAUM, E.: The Cultural Debate over Female Circumcision: The Sundanese are Arguing this one for Themselves, in *Medical Anthropology Quarterly*, Vol. 10 (1996), No. 4, pp. 455-475.; OBERMEYER, C.M.: "Female Genital Surgeries: The Known, the Unknown, and the Unknowable", in *Medical Anthropology Quarterly*, Vol. 13, issue 1 (March 1999), pp. 79-106.

<sup>42</sup> GRUENBAUM, E.: The Cultural Debate over Female Circumcision: The Sundanese are Arguing this one for Themselves, in *Medical Anthropology Quarterly*, Vol. 10 (1996), No. 4, pp. 455-475.

<sup>43</sup> Ibid.

<sup>44</sup> TOUBIA, N.: Female Circumcision as a Public Health Issue, in *The New England Journal of Medicine*, Vol. 11 (1994):712-716; SILVERMAN, E.K., Anthropology And Circumcision, in *Annual Review of Anthropology*, Vol. 33 (2004); GRUENBAUM, E., The Cultural Debate over Female Circumcision: The Sundanese are ...

<sup>45</sup> GINSBURG, F.: What do Women Want? Feminist Anthropology Confronts Clitoridectomy, in *Medical Anthropology Quarterly*, Vol. 5 (1991), No. 1: 17-19. See also pamphlets that are yearly issued by WHO and UNICEF).

<sup>46</sup> SILVERMAN, E.K., Anthropology and Circumcision, in *Annual Review of Anthropology*, Vol. 33 (2004):420.

<sup>47</sup> SHWEDER, R.A.: What about Female Genital Mutilation? And why understanding Culture matters in the first place, in *Daedalus*, Vol. 129 (2000):209-232.

seems beyond discussion is precisely the reason why the issue warrants anthropological skepticism. How should we respond? With ambivalence, perhaps.

Rather, the introduction of "correct information about negative consequences ...in general education programs" should suffice<sup>48</sup>. And, although some anthropologists have defended legal bans as providing moral support to public education campaigns<sup>49</sup>, others have suggested that the illegality of FC might drive the procedure underground, thus increasing potential harm. Instead, FC would be best ameliorated through medicalization<sup>50</sup>. However, this argument may prove as unsavory to opponents of FC as recent developments in penile nerve blocks are to foes of routine male circumcision: It simply makes a bad practice acceptable<sup>51</sup>.

Providing a theoretical foreground for FC's religious justifications and social pressure in conducting the ritual will reveal the symbolism behind this practice. From the theoretical perspective, the topic of female circumcision offers a great deal of views and points that can be brought into discussion. From the terminological disputes and categorization of the type of circumcision performed in Central Java, to new approaches in methodology and the questions of ethics that offer us different views on the symbolic meanings that are hidden within the ritual of female circumcision, we can observe and analyze this phenomenon from several interdisciplinary points of view. By taking into consideration that no discipline can fully explain such a convoluted phenomenon as FC, I turn to theories from medical anthropology, psychology and sociology to try to explain why FC is performed, why the traditional form of FC prevails in the lower socio-economic community and what is the change in the perception (if any) of it in its various forms (traditional vs. medicalized). There is no discipline that could explain a complex phenomenon such as Javanese society and their rituals and therefore a multidisciplinary approach (with applying reductionist methodology to study the ritual of FC) is necessary.

Javanese society is, as I learned first-hand in my time spent in and around Yogyakarta, very collective and overall group-oriented, so there is no wonder that the group's religious and traditional beliefs and rituals influence and are influenced by the

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<sup>48</sup> MYERS, R.A. et al.: Circumcision: It's Nature and Practice among some ethnic groups in Southern Nigeria, in *Soc. Sci. Med.*, Vol. 21 (1985):581-588.

<sup>49</sup> OBOLER, R.S.: Law and Persuasion in the Elimination of Female Genital Mutilation, in *Hum. Org.*, Vol. 60 (2001):311-318.

<sup>50</sup> See SHELL-DUNCAN 2001.

<sup>51</sup> Mandara, M.U. in SHELL-DUNCAN ..., pp. 95-107.

group identity and therefore these types of rituals heighten the sense of group identity instead of self-identity by lessening the self's boundaries<sup>52</sup>.

The prosociality that I observed in Yogyakartaian society thus creates an interesting field to engage in while researching FC. There are several theoretical accounts that predict the relationship between religion and prosociality. Most of them “*emphasize religion's ability to promote living in cooperative groups, but differ in the mechanisms they propose and in the scope of the prosocial behavior they predict (...) moral communities*”<sup>53</sup>.

Body studies enable us to understand the interaction of human beings and how social influences control, restrict and ritually modify the physical body. Within the discussion of the body and its classical division into three parts – individual, social and body politics – I will examine the relation between them and with the help of bodily practices and theories try to explain the role of FC on each level. In my research the body within body politics is reviewed and examined the most, for it provides a deeper understanding of not only the interpretation of the body but also the symbolism of FC and provides answers to the most important aspects of my research.

The “illness” dimension of human distress (i.e. the social relations of sickness and pain) are being medicalized and individualized, rather than politicized and collectivized. Medicalization inevitably entrains a missed identification between the individual and the social bodies, and a tendency to transform the social into the biological. Mind/body dualism is related to other conceptual oppositions in Western epistemology, such as those between nature and culture (...) and the individual and society: dichotomies that social thinkers as different as Durkheim, Mauss, Marx and Freud understood as inevitable and often unresolvable contradictions and as natural and universal categories<sup>54</sup>.

Human rights groups have played an important role in raising awareness on the issue of women's and children's rights and in constructing a 'uniform' set of values/ norms, disregarding individual societies and their cultural and religious traditions. What I will try to present in this paper is to unveil and discuss this kind of 'uniform' international human rights laws with a case study of FC in Indonesian Yogyakarta. I will argue that, for what we

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<sup>52</sup> See SAROGLU, V., 2014: *Religion, prosociality and social behavior*. New York: Psychology Press, p. 139

<sup>53</sup> Ibid, p.158.

<sup>54</sup> LOCK, M. and SCHEPER-HUGHES, N.: The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology, in *Medical Anthropology Quarterly*, Vol. 1 (1987):10.

have learned from this tradition in African countries and African immigrants in the 'West', the negative connotations about this ritual have spread faster than a virus and illustrated and condemned it as one of the principal human rights violations. Because of this more and more states are passing laws forbidding this religious and cultural practice or at least, as in the complex case of Indonesia, changing the legislation toward the medicalization of it. Medicalization received worldwide acceptance and little dispute. But what might have been a successful solution for FC in African countries, I presume is not in Bantul. Taking into consideration the preferences of Islamic leaders in Indonesia, as well as the personal statements of interlocutors, I will argue that the globalization of FC might not be so widely accepted in the lower socio-economic group I have researched, especially within the lower socio-economic groups of Bantul, as we suppose them to be.

I consider ritual as a performative medium for social change that emphasizes human creativity and physicality, but ritual does not mold the people<sup>55</sup>. It is the people that form rituals that mold their world. For Sahlins, the application of cultural structures to new situations, most easily observed in ritual performance, is the very process of history itself. He rejects those notions of history that see it as descriptive account or consciousness of events unfolding through a neutral duration of time. Instead, he argues that history is the way in which cultural and religious traditions appropriate new situations<sup>56</sup>.

The body politic (and rituals that accompany it) that focuses its attention on the regulation, surveillance and control of bodies, both individual and collective, in reproduction and sexuality as in other forms of human distinction, perhaps offers the biggest contribution in understanding the ritual of FC and the role it takes within Yogyakartaian society.

In the politics that use the body for the above mentioned reasons the stability of the body politic rests on its ability to „*regulate populations (the social body) and to discipline individual bodies*”<sup>57</sup>. Lock said the relationships between individual and social bodies concern more “*than metaphors and collective representations of the natural and the*

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<sup>55</sup> BELL, C.: *Ritual: Perspectives and Dimensions*, 1997, New York and Oxford: Oxford University Press, p. 73.

<sup>56</sup> SAHLINS, M.: "Culture as Protein and Profit." *New York Review of Books*. November 23, 1978, pp. 45-53.

<sup>57</sup> LOCK, M. and SCHEPER-HUGHES, N.: *The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology*, in *Medical Anthropology Quarterly*, Vol. 1 (1987):8.

*cultural*”<sup>58</sup> and that the relationships are also about power and control<sup>59</sup>. When a community experiences itself as threatened, it will respond by expanding the number of social controls regulating the group’s boundaries<sup>60</sup>. When the sense of social order is threatened the symbols of self-control become intensified along with those of social control. The border between the individual and political bodies becomes blurred, and there is a strong concern with matters of ritual and sexual purity, often expressed in vigilance over social and bodily boundaries<sup>61</sup>. Lock argued that “*cultures are disciplines that provide codes and social scripts for the domestication of the individual body in conformity to the needs of the social and political order*”<sup>62</sup>.

Pro-sociality and the theory of moral communities play a big role in understanding the prevalence of FC. Graham and Haidt propose that religion's contribution to group cohesion comes from its emphasis on what they call “binding” moral foundations: ingroup/loyalty, authority/respect and purity/sanctity<sup>63</sup>. These foundations bind the society together by inspiring a symbolic value to the rituals<sup>64</sup>. The authority strengthens the society's moral intuition and binds a group or society together through shared beliefs and practices. Graham and Haidt believe that prosociality is derived from the sense of social support and bonding that happens when a community collectively values the in-group loyalty and the respect of the authority comes before individual's desires<sup>65</sup>, i.e. when religiosity is accompanied by social support.

Inflicting pain provides the most graphic illustration of the subordination of the individual body to the body politic. Many theories were presented recapitulating the regulations and the control over the individual and the social body. As many before me used Foucault's work and theories<sup>66</sup>, I will be no exception. Foucault stated that the

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<sup>58</sup> Ibid, p. 23.

<sup>59</sup> Ibid.

<sup>60</sup> See DOUGLAS, M.: *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*, 1966, London and New York: Routledge.

<sup>61</sup> LOCK, M. and SCHEPER-HUGHES, N.: *The Mindful Body: A Prolegomenon to Future ...* p. 24.

<sup>62</sup> Ibid, p. 26.

<sup>63</sup> GRAHAM, J. and HAIDT, J., *Beyond Beliefs: Religion Bind Individuals into Moral Communities*, in: *Pers.Soc.Psychol. Rev.*, Vol. 14 (2010):140-150.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid, p.136.

<sup>66</sup> See Foucault's works from 1973, 1975, 1979 and 1980.

spectacle of state-mandated torture of criminals and dissidents – brutal, primitive and public – was compatible with the political absolutism of the French monarchy. Torture addressed the soul through the vehicle of the body; contemporary psychiatry, medicine and „corrections“ address the body through the soul and mind of the patient or inmate and both serve the goal of producing „normal“, „docile“ and „obedient“ (in the terms of Foucault) bodies of the state. The body politic can exert its control over individual bodies in less dramatic and mundane ways. Foucault’s analyses of the role of medicine, criminal justice, psychiatry and various social sciences in producing new forms of power/knowledge over bodies are illustrative in this regard. Radical changes in the organization of social and public life in advanced industrial societies have allowed medicine and psychiatry to assume a hegemonic role in shaping and responding to human distress. Foucault was certain that at every level power relations become infused with techniques of training designed to render mechanically conceived bodies both productive and obedient to authority. He wrote that *“in every society, the body was in the grip of very strict powers”* and that *“discipline produces subjected and practiced bodies, ‘docile’ bodies”*<sup>67</sup>.

Medicalization and its political and social control functions were widely addressed by many scholars<sup>68</sup>, yet little research was conducted on the effects of medicalization in areas where its process is „new“. The benefits and consequences of medicalization will be ascertained and the influence of the shift (from traditionally conducted FC by *dukuns* and its medicalized version) explained.

An anthropology of relations between *„the body and the body politic inevitably leads to a consideration of the regulation and control not only the individuals but of populations, and therefore of sexuality, gender and reproduction“*<sup>69</sup>. The power of the state now depends on the ability to control physical potency and fertility<sup>70</sup>.

With the help of the thoughts and theories presented, I wish to explore the less transparent meanings and significations of FC that we find in Yogyakarta, how FC strengthens group identity, and how it is used as a means of control and surveillance.

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<sup>67</sup> FOUCAULT, M., *Discipline and Punish: The Birth of the Prison*, 1975, New York: Random House Publishing, pp. 136-138.

<sup>68</sup> See FREIDSON, E., Professionalization and the Organization of Middle-class Labour in Postindustrial Society, in *The Sociological Review*, Vol. 20 (1972), issue S1, pp. 47-59.

<sup>69</sup> LOCK, M. and SCHEPER-HUGHES, N.: The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology, in *Medical Anthropology Quarterly*, Vol. 1 (1987):27.

<sup>70</sup> Ibid, p.28.



### The role of Authorities in the globalization process of FC and its impact on the case in Yogyakarta

It is no surprise that NGO's worldwide urge the countries where FC is practiced to ban the practice. The United Nations General Assembly adopted a resolution urging countries to ban FC, calling it an *"irreparable, irreversible abuse"* that threatens about three million girls annually<sup>71</sup>. This resolution, that is not legally binding, asks the UN members to *"take all necessary measures, including enacting and enforcing legislation to prohibit female genital mutilations and to protect women and girls from this form of violence"*<sup>72</sup>.

The Ministry of Health prohibited health workers from performing FC in a decree in 2006<sup>73</sup>, but in 2010 Endang Rahayu Sedyaningsih, Health Minister at the time, issued guidelines that instructed health workers to *"scrape the skin covering the clitoris, without injuring the clitoris"* in an effort to provide a measure of safety in the widely unregulated industry<sup>74</sup>. The Health Minister urged: *"If [women] would like to get circumcised please make an inquiry to a health agency so a medical officer can handle [the procedure], do not go to a dukun because [circumcisions done by dukuns] are prone to infection"* and that FC does not cause any negative side effects if the clitoris isn't cut<sup>75</sup>. The government argued that the regulation was needed because the all-out ban had led to large numbers of parents getting their daughters circumcised by unqualified *dukuns* and traditional healers, thereby putting their children at high risk of medical complications. The commissioner at *Komnas Perempuan* (National Commission on Violence against Women), Ninik Rahayu condemned the decision of allowing FC in the first place and pointed out that Indonesian medical staff have never been trained to perform FC<sup>76</sup>. In 2013 the *Komnas Perempuan* spoke against the

<sup>71</sup> »UN Urges Indonesia, Nations to Ban Female Genital Mutilation«  
<http://jakartaglobe.beritasatu.com/archive/un-urges-indonesia-nations-to-ban-female-genital-mutilation/> viewed on 12.09.2016.

<sup>72</sup> Ibid.

<sup>73</sup> Surat Edaran Dirjen Bina Kesehatan Masyarakat Depkes RI [Circular Letter of the Directorate general of Public Health by the Ministry of Health of the Republic of Indonesia] No. 00.07.1.31047 a, released on 20. April 2006 on the Prohibition of Female Circumcision for Health Personnel.

<sup>74</sup> »Rights Groups Push for Female Circumcision Ban«  
<http://jakartaglobe.beritasatu.com/health/rights-groups-push-for-female-circumcision-ban/>, viewed on 08.09.2016.

<sup>75</sup> Ibid.

<sup>76</sup> Ibid.

Ministry of Health's refusal to ban FC, calling it a form of gender discrimination<sup>77</sup>. Over two decades ago the World Health Organization (WHO) for the first time put the medicalization of FC into the spotlight, advising that »*under no circumstances should FC be performed by health professionals or in health establishments*«<sup>78</sup>, since they were never trained to perform the procedure in the first place. The original ban from 2006 that was made from the pressure of NGOs has its consequences today. Even if the NGOs did not and do not promote the medicalized form *per se*, since they condemn medicalization, the pressure they put on the Indonesian government in banning it or at least in 'milling it down', can be interpreted as more beneficial than the traditional form, since it is done in a sterile environment (but further investigation is needed to support this statement).

The Ulama (Indonesian Ulama of Council) played an important role in the legalization process of FC. They rejected any efforts to ban the practice and urged all hospitals and health centers in Indonesia to »*serve those who want their daughters circumcised*«. <sup>79</sup> Even more so, the Ulama rejected the ban itself, justifying it as an act of religious devotion. The prohibition or the minimizing of FC is influenced most by the built-in attitude of Javanese culture that respects the elders in a hierarchic manner<sup>80</sup> so the presence of a member of the Ulama makes him automatically the central religious figure that is thus considered as the elder of the village or the city. As mentioned before, the Yogyakartaian society gives more priority to the common interests above the private ones. The two cultural expressions contribute to the image of a culture that leaves women with fewer rights. The combining of Islamic law and teachings into Javanese society has made the role of religious leaders very important, especially when it comes to maintaining social harmony, which is so highly valued in Javanese society<sup>81</sup>.

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<sup>77</sup> <http://jakartaglobe.beritasatu.com/health/rights-groups-push-for-female-circumcision-ban/>, viewed on 08.09.2016.

<sup>78</sup> WHO. *Female Genital Mutilation, An Overview*. 1998. Geneva: WHO.

<sup>79</sup> Ibid., see also »Indonesia Ignores UN Ban on Female Circumcision, Denies Mutilation« <http://jakartaglobe.beritasatu.com/news/indonesia-ignores-un-ban-on-female-circumcision-denies-mutilation/>, viewed on 19.09.2016.

<sup>80</sup> See SUKRI, Sri Suhandjati and RIDIN SOFIAN, *Perempuan dan Seksualitas dalam Tradisi Jawa* [Women and their sexuality within Javanese Tradition], 2001. Yogyakarta: Gama Media, pp. vi-vii.

<sup>81</sup> See AMIN, Darori (ed.): *Islam dan Budaya Jawa* [Islam and Javanese Culture], 2000. Yogyakarta: Gama Media, p. 216.

There is an estimated 65 percent of FC performed in hospitals today in Indonesia, leaving 35 percent performed by *dukuns*<sup>82</sup>. Hospitals all around Indonesia offer a special package to the parents of their new-born baby girls – when they pierce their ears, they also circumcise them. The price for the package varies at each hospital; in Yogyakarta the price, as I observed, varies from 65000Rp to 120000Rp (4.5€ - 8.3€), where the more expensive ones often include vaccinations.

The popularization of the medicalized form should be considered alarming (in the case of Yogyakarta) because even though it may reduce pain and prevent infections, it is more invasive and the excision is deeper than the one made by *dukuns*. A major report from 2003 by the Population Council stated, that »many maternity clinic midwives have begun to market female cutting (FC) as part of a birth delivery package with the service being offered to the parents right after the delivery of a baby girl« and that »the danger of medicalization of FC lies in the fact that midwives tend to use scissors instead of penknives, and thus the tools used are for real cutting of the clitoris (incision and excision) where traditional providers more often use penknives for more symbolic acts of scraping or rubbing«<sup>83</sup>

### Final words

Circumcision offers anthropology an opportunity to examine our sense of who we are as a discipline that remains tethered to a Western tradition that aspires to pluralism, yet refuses to cede certain long-standing tenets of the body and self. We can reflect on what is going on in our own cultural systems, and we can rethink how we want to engage morally such vital issues as human rights and cultural relativism.

With the help of fieldwork conducted in the Javanese Yogyakarta, I have examined what type of female circumcision is performed here. Since this form of the ritual is much less invasive than the one performed in many African countries, one has to ask himself whether the *khitan* or *tetasan*, as it is called in the Indonesian language, can be included in the definition of circumcision, because only WHO with its definition enables it to be

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<sup>82</sup> MAZNAH, D.: 'The Practice of Female Circumcision in Malaysia'. Talk given at Women's Development Research Centre (KANITA), Universiti Sains Malaysia (USM).

<sup>83</sup> BUDIHARSANA, M., AMALIAH, L., UTOMO, B: *Female Circumcision in Indonesia: Extent, Implications and Possible Interventions to Uphold Women's Rights* (Research Report), 2003. Jakarta: Population Council, p. 39.

categorized and defined. We cannot discard the fact that the *khitan perempuan* is a procedure into the female reproductive organs and is as such, invasive or not, part of FGM.

Regardless of the 'symbolic' circumcision, performed by the *dukun*, we have to consider the dangers of the procedure, because of the non-sterile blades that are used, which represent a risk for infection and different contagious diseases. On the other hand the consequences of the medicalized form should be examined and discussed more thoroughly.

Education regarding the consequences and legal rights of FC is one thing, motivating large, long – term social changes is another. At the moment there are no active campaigns promoting eradication of FC in Indonesia. One reason for this could be the high acceptance of the practice in the area for socio-religious reasons. The individual key community leaders and their communities are starting to integrate awareness about reproductive health, human rights and allowing individual decision making. But FC's elimination could be successful only if the woman's social body wouldn't be negatively perceived in the eyes of religious leaders, the tradition and the culture of Java.

Through what eyes can we look at this problem? As I have stated before, it is of the utmost importance to make a change in anthropological observation and research. As Catherine Bell has noted: *"That we construct 'religion' and 'science' is not the main problem; that we forget that we have constructed them in our own image—that is a problem."*<sup>84</sup> Can we judge the circumcision (either from academic or medical point of view) or should we respect 'others' culture, norms and rituals as they are?

*»People should not judge this. It should be clarified by Indonesians, not by us. I am absolutely against any female circumcision but it's the women here who have to do something. If it's just a ritual, it's not necessarily a horrible thing just because the genitals are touched.«*<sup>85</sup> The time has come to consider the perspective, from which we observe and research a topic, especially a controversial one like circumcision.

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<sup>84</sup> BELL, C.: *Ritual: Perspectives and Dimensions*, 1997, New York and Oxford: Oxford University Press, p.188.

<sup>85</sup> MOORE, M. and ROMPIES, K. (ed.), In the cut. In: *Sydney Morning Herald*, issued on, 13. January 2004.

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