



FEMALE GENITAL CUTTING IN INDONESIA

A FIELD STUDY

ACKNOWLEDGEMENTS

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FOREWORD



DALIA MOGAHED | *Chairman and Chief Executive Officer, Mogahed Consulting; former Executive Director of Gallup Center for Muslim Studies*

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Growing up as Muslim woman, I was always drawn by the principle of justice in Islam. The Qu’ran considers justice to be a supreme virtue. In the final sermon of the Prophet Muhammed (peace be upon him), he emphasises the importance of respecting and protecting the rights of women.

Over 200 million girls and women around the world from a variety of faith and cultural backgrounds are suffering the consequences of Female Genital Mutilation. The practice – often referred to as Female Genital Cutting or female circumcision – includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.

The consequences of FGC to women are proven to be severe and can result in death, reproductive problems, and many health and social issues. I spent the first five years of my life in Egypt – where a large percentage of Muslim and Christian girls and women are subjected to this practice. I’ve seen first hand the harm it causes to women and girls.

In recent years, we’ve seen a huge global effort to shed awareness to ending FGC. While the mixture of drivers that perpetuate this practice range through generations and can include tradition, culture, religion, and social pressure, we have too long underestimated the Islamic discourse that is used to justify this when it is practiced in Muslim communities.

This is in spite of a landmark joint declaration in November 2006 against the practice from

the most prominent Muslim scholars of today who met in Al Azhar University, the seat of Sunni scholarship. This ruling comes from the most prominent Sunni and Shia jurists, namely the late Sheikh Al Azhar, Muhammad Tantawi, Sheikh Yusuf Qaradawi, the head of the World Union of Muslim Scholars and Iraqi Grand Ayatollah al-Sistani, among others.

This report by Islamic Relief Canada provides an in-depth look into how FGC is perceived and practiced in Indonesia. For the first time, we have an evidence based understanding of how religious motivators are wrongly used to justify FGC in parts of Indonesia – and possibly many other Muslim communities throughout the world.

When we hear the term FGC, FGM or female circumcision, most people associate it as a women’s issue – where the responsibility to bring an end to it is up to women.

In Muslim communities, even here in the western world, we shy away from speaking out against issues like FGC because of the fear of ‘offending’ and ‘alienating’ people.

While many Muslims condemn this practice around the world, the majority of us are not speaking out enough. The suffering caused by FGC has no religious or cultural justification –in any of its forms – and must be brought to an end. I welcome this brave initiative by Islamic Relief Canada and hope many other organisations will follow suit. It’s about time leading Muslim organisations took a stand on issues such as FGC.



INTRODUCTION

Female Genital Cutting (FGC) – sometimes referred to as Female Genital Mutilation or female circumcision – is defined by the World Health Organisation (WHO) as ‘all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.’¹

An estimated 200 million girls and women around the world are currently thought to be suffering the consequences of FGC.² Although the bulk of attention, research, and programmes has mainly centred on countries in Africa and on African diaspora communities, the occurrence of FGC in other parts of the world has for too long been ignored by the international community – which often dismisses FGC as an ‘African phenomenon.’

Further research, however, will underline that FGC is not limited to Africa. Rather, it is a global issue with girls and women in communities within Indonesia, Malaysia, Iraq, Oman and other parts of the Middle East also being subject to FGC. The mixture of drivers that perpetuate this practice through generations include tradition, culture, religion, and social pressure.

Although FGC pre-dates Islam and is not practised by the majority of Muslims worldwide, Islamic Relief Canada has learned that there is a large proportion of Muslims (men, women and girls) around the world who believe FGC to be an Islamic imperative or – at the least – not something to be condemned.

FGC: THE FOUR TYPES³

TYPE I: CLITORIDECTOMY

Partial or total removal of the clitoris.

TYPE II: EXCISION

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are ‘the lips’ that surround the vagina).*

TYPE III: INFIBULATION

Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer, labia, with or without removal of the clitoris.

TYPE IV: OTHER

All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

**Type II and Type III FGC are dubbed the ‘pharaonic’ type*

Ongoing research appears to show that there may be additional countries where FGC is practised but is often unacknowledged in the wider community – as it is considered to be solely a ‘women’s issue’ and is practised in the confines of the home. Often (as in parts of Kurdistan, for example⁴), even brothers and fathers will know little of its occurrence which also means that there is virtually no regulation in place to monitor the effects of this ‘women’s secret’.

In Indonesia, FGC remains a complex issue and one that has become a social norm. The practice is often referred to euphemistically as ‘female circumcision’ rather than ‘genital cutting’ or ‘mutilation’ in order to minimise its import.

In 2001, one of the first surveys to be published on this issue showed that up to 71 per cent of Indonesian women have undergone FGC.⁵ A further study carried out in 2003⁶ revealed that 92 per cent of Indonesian families would choose to continue performing FGC on their daughters, with the practice ranging from the symbolic – such as a small tap with a bamboo stick (Type IV) – to slicing the clitoris off with scissors (Type I). In 2016, UNICEF released a report which included data on the practice of FGC in Indonesia for the first time. The report found that 49% of Indonesian girls under the age of eleven had undergone FGC.⁷

While FGC is believed to have been occurring for years in Indonesia, the debate and discussions around the practice began after the 2010 authorisation by the Indonesian Ministry of Health⁸ to regulate the practice. This ruling overturned an existing ban on the practice under pressure from Indonesia’s largest Muslim cleric body, The Majelis Ulama. This ‘compromise’ saw the government agreeing to overturn the existing ban while also introducing legislation stipulating that FGC must only be performed under medical supervision and only in accordance with specific guidelines.⁹

Under the 2010 FGC regulation, the Indonesian government argued that issuing

guidelines on how to perform FGC ‘prevents harm to girls’ as it only allows for a slight cutting or scraping of the skin undertaken only by medical practitioners. This claim, however, has been disputed by many medical experts and human rights groups, who raised concerns that medicalisation of the procedure doesn’t address the potentially traumatic effects of FGC and that its promotion will result in an ever-increasing number of women suffering the consequences of FGC.

In early 2014, the Indonesian government revoked the 2010 law stating that because FGC does not have any medical urgency, the government will not condone it.¹⁰

Critics have argued that this 2014 regulation is a step backwards rather than forward because it still allows for the practice of FGC to be continued without any State intervention and facilitation.¹¹ When it comes to FGC in Indonesia, the mandate for action lies with the Health Consultative Assembly who is yet to set a legal framework for the practice of FGC in the country.¹²

While the international community sees FGC as harmful and a violation of women’s rights, to the average Indonesian it is seen as an Islamic duty – similar to how male circumcision is perceived in the Muslim world. And, as Indonesia is home to over 250 million Muslims, experts warn that the global prevalence of FGC could be higher than current estimates.

To understand the extent of the practice, and to discern any changes in where and how it is observed, gathering information on FGC in specific countries and communities is essential. Field research also helps improve understandings of the social dynamics that perpetuate FGC and interventions that may contribute to its decline. Only with this type of knowledge can policies and programmes be effectively designed, implemented and monitored to promote its abandonment¹³ – which forms the primary objective of this field study.



ISLAMIC RELIEF CANADA'S COMMITMENT TO ERADICATING FGC

Islamic Relief Canada is one of Canada's largest Muslim NGOs, aiming to alleviate global poverty and suffering – regardless of religion, ethnicity or gender. Much of our work over the last 10 years has focused upon eradicating the structural and systemic causes of poverty.

Now, and in addition to our anti-poverty work, Islamic Relief Canada is increasing its concentration upon addressing some of the social and cultural drivers of poverty and suffering – especially where they are related to pseudo-religious justifications.

For millions of women and girls worldwide, FGC causes massive and gratuitous suffering that encompasses both severe physical and mental trauma, that can last a lifetime. At Islamic Relief Canada, we believe that as a leading Muslim NGO, we have a responsibility to play a vital role in combating this social oppression, especially where it is carried out in the name of religion. FGC is therefore a key strand in our campaign against gender based violence.

Islamic Relief Canada believes that the suffering caused by FGC has no religious or cultural justification – in any of its forms – and must be brought to an end. We believe that FGC pre-dates Islam and that it is a practice that Islam, properly constituted, should condemn rather than condone.

METHODOLOGY

In order to examine the issue of FGC in Indonesia, Islamic Relief conducted an extensive review of literature on the prevalence of FGC globally as well as in the country itself – including the work being carried out by various United Nations (UN) and other civil society agencies working on the eradication of FGC.¹⁴

Baseline data gathering activity at the national level (Jakarta), West Sumatra Province (Padang), and Nusa Tenggara Barat Province (Lombok) was then carried out based upon information gained from existing literature, accessibility and Islamic Relief’s operational presence in the area.

FIELDWORK

Fieldwork activity was conducted over a period of fourteen days during November 2013.*

The fieldwork included a total of 31 interviewees in Padang and 38 interviewees in Lombok. These included focus group discussions with men, women and girls,¹⁵ as well as in-depth interviews with cultural and religious leaders, women’s groups, NGOs, researchers and medical and non-medical practitioners.

In Jakarta, 12 interviews were conducted with women’s organisations, NGOs, civil servants, activists and medical practitioners. This was done through in-depth interviews and a roundtable discussion with key stakeholders.

In-depth interviews were carried out to fully understand respondents’ views of FGC as well as to get a feel for the experience of having to

*It is important to note that in 2013, FGC was medicalised in Indonesia under the 2010 Ministry of Health authorisation/guidelines. As a result, some references made to Indonesian law on FGC in this report refers to the 2010 regulation — which was revoked in 2014.

KEY OBJECTIVES OF THE STUDY

- To determine the nature, scale and patterns of FGC and its social determinants in selected areas.
- To examine the drivers behind FGC in Indonesia, with particular focus upon faith as a motivating factor.
- To understand the perceived harmful and/or beneficial effects associated with the various types of FGC practiced within Indonesian communities.
- To determine possible interventions to end the practice of FGC based upon the findings of the study.

undergo genital cutting practices. Focus group discussions were held to gather first-hand accounts of FGC procedures, the physical and emotional impact, and subsequent opinions of the practice.

The terminology of Female Genital Cutting has been the subject of debate in recent years – mainly around differing approaches amongst those opposing the practice in contrast to those who may condone certain types of FGC.

While Female Genital Mutilation (FGM) appears to be the term used most frequently by international agencies, experiences from community-based interventions may indicate that the term ‘mutilation’ can, in some instances, actually add to the traumatising of an individual.

Girls and women who have undergone FGC can feel victimised, stigmatised and offended by the

INDONESIA

● Islamic Relief operational areas

● Field study areas



word 'mutilation' and its derogatory connotations. In general, it is important that any intervention strategies do not actually add to the trauma already felt by females who have had to undergo the practice, and referring to people as 'mutilated' – while correctly identifying the severity of the practice – has the potential of traumatising sufferers even more.¹⁶

In contrast, there is evidence that using the term female circumcision often dismisses the gravity of the issue by associating FGC with the practice of male circumcision – something that has an entirely different standing within the Abrahamic tradition of religions as well as being an entirely different physiological procedure.

As a result, institutions including Islamic Relief Canada have opted for Female Genital Cutting as a relatively neutral term between 'mutilation' and 'circumcision' – which serves to accurately describe the gravity of the practice in a way that does not unduly fuel stigma.

Indonesian society has generally chosen to use the term 'female circumcision' as they believe it to have parallels with male circumcision and do not see it as a 'mutilation' or anything that is harmful to girls and women. As a result, the terms FGC and female circumcision may be used interchangeably in this report dependent upon context.

FIELDWORK AND ANALYSIS

“No one discusses female circumcision in Indonesia ... Although it is practised by the majority of Indonesian women and girls; it is like it never happens.”
— Focus group respondent, Padang

All of the female focus group respondents in Padang and Lombok had been circumcised (100 per cent) – although over 50 per cent did not remember specific details of the cutting procedure. The study also found that all Padang and Lombok focus group respondents who were parents had their daughters circumcised.

FGC AND AGE

Data on the age at which FGC is performed is helpful in understanding when girls are most at risk of being cut.¹⁷ The study found that while there is some disparity with age when it comes to FGC in Indonesia, it is usually performed within the first 24 months of a girl's life.

In Padang and Lombok, respondents in the girls' focus group indicated they were all circumcised between 0–24 months – with only one respondent circumcised at six years old, meaning that she was one of the very few who could consciously remember the procedure. In the women's focus group discussions, however, the cutting age ranged from 1–16 years – indicating that cutting used to be practiced at a later age in the recent past.

One interviewee in Padang reported that in the town of Payakumbuh, West Sumatra, FGC is performed on girls between 9–16 years. There were also reports of women over the age of 40 being circumcised – which, when compared to the past, may indicate a pressure to conform to a newly-perceived religious orthodoxy.

In an interview carried out in the Pessir Sultan district of Padang, a traditional midwife told Islamic Relief: “I have performed circumcision on girls and women who are 90, 45, 10, 7 and 6 years old. The girls are brought to me by their parents while the women are coming because they want to go to heaven and become better Muslims ... The 90-year-old lady who came to me had a dream on her Hajj [Islamic pilgrimage] journey that she

had to be circumcised in order to go to heaven ... The 45-year-old wanted to be circumcised to become a confident Muslim woman.”

One male focus group respondent stated that when his wife in her thirties converted to Islam to marry him, she was circumcised as part of the conversion.

Respondents who had been cut in their teenage years stated that they would prefer to now have their daughters circumcised as newborns, to avoid the pain and held the belief that girls should be circumcised at the same time as their male counterparts – which is in infancy. One cultural leader in Lombok told us it was very rare in this present day to see a girl cut above the age of five, as FGC is performed as part of a religious ritual “to become a better Muslim ... just like how male circumcision is done.”

From the data collected, there are indications that the age at which FGC is performed has changed over a generation and this shift may be as a result of the 2010 government legislation and the medicalisation of FGC in Indonesia.

This medicalisation of FGC by the Ministry of Health contributed greatly to the perception of FGC as female circumcision – because it was marketed as part of a birth package in medical facilities across the country. Islamic Relief has learnt that mothers who are delivering babies are sometimes unaware of what FGC entails but agree to have it carried out on their daughters because it comes as part of a complete birth package – which includes regular vaccinations and medical check-ups.

MOTIVATORS FOR FGC

Of all those interviewed in Padang, 24 out of 31 interviewees (77.5 per cent) perceived FGC to be a religious obligation because they viewed it as a means to stabilise a female's sexual libido, while

guaranteeing healthy and clean genitals.

The seven interviewees who disagreed with FGC believed it to be harmful, but pointed out that they had no available evidence to support this assertion and also no evidence to confirm the benefits of abandoning the practice.

Despite disagreeing with FGC, respondents still practised it due to social pressure. One doctor in Padang related his views: "People believe female circumcision to be a religious obligation but for me it is more about social pressure ... I don't see any benefits in this [FGC] but I had it done to my daughter based on the demands of my in-laws."

A women's rights group interviewed in Padang regarded FGC as a violation of women's rights,



In addition to the use of surgical instruments, interviewees still spoke about the use of panknives, scissors and sharpened bamboos

and believed that if awareness was raised on the harmful effects of FGC, Indonesians would abandon the practice immediately.

In Lombok, 34 out of 38 (89.5 per cent) interviewed agreed with FGC and perceived it to be a religious obligation to 'purify' the girl for

her to become a 'better' Muslim. When asked how male circumcision compares with FGC, interviewees indicated it was the same process and if males had to be circumcised, so did women.

The four interviewees in Lombok who disagreed with FGC believed that it decreased a woman's sexual desire and pointed out that they were committed to abandoning FGC when it came to their daughters – but it was unclear how resistant to social pressure they would be when the time came.

In Jakarta, responses were also varied. While 98 per cent of interviewees disagreed with any 'cutting', 50 per cent of interviewees were open to advocating for the 'symbolic' form (Type IV) of FGC. The relatively high number who rejected any form of cutting may be as a result of their living in Jakarta – said to be the most cosmopolitan of all Indonesia's cities, and where religious and/or traditional social pressures may be weaker.

It is important to note that interviewees who rejected FGC in all three provinces were women's activists, some medical practitioners, or those who came to their conclusion through their own informal education and research on FGC.

THE FGC PROCESS IN INDONESIA

Interviewees in Padang reported that FGC is performed by modern and traditional midwives, doctors and religious leaders. It is typically performed in hospitals, community health centres, medical clinics, and private health clinics – indicating the increasing medicalisation of FGC in this province.

Interviewees described the FGC procedure to be a slight cutting, scraping or scratching of the upper part of the clitoris – but this is understood very imprecisely as demonstrated by one male focus group respondent who described it as "the outer skin of the genitals."

Despite the efforts towards medicalisation and the use of surgical instruments, interviewees still spoke about the use of tools such as penknives, scissors and sharpened bamboos – which may be more of a reflection of past practices rather than present. All interviewees reported some bleeding

during and after the process.

Interviewees in Lombok reported that FGC is usually performed by doctors and modern and traditional midwives. As in Padang, the procedure takes place in hospitals and community centres but there were also incidences of circumcisions taking place at home – with over 50 per cent of respondents reporting that they knew of female circumcision celebrations occurring in their neighbourhood.

Fifteen of the respondents in Lombok had witnessed an FGC procedure and specified that it involved touching, scraping, piercing and cutting the genitals with noticeable bleeding – especially where there was piercing and cutting involved. The remaining 23 respondents, however, were unclear as to what was actually 'cut' during FGC.

The tools used in Lombok included penknives, surgical knives, scissors, razor blades, coins and fingernails. One interviewee in Lombok reported that her daughter was circumcised with a razor blade while another reported that when her daughter was 'circumcised' a coin touched her genitals (indicating it must have been largely symbolic).

It was interesting to note that 60 per cent of interviewees in Lombok had limited knowledge of the anatomy of the female body and its reproductive organs – and were therefore unaware of what FGC entailed despite ostensibly agreeing with the practice.

In the girls' focus group, only two out of the nine respondents knew what a clitoris was and in the women's focus group, there was an equal degree of uncertainty. Some women believed FGC was the slight cutting of the clitoris while others believed it was just a 'cleaning' of the genital area.

Despite this, 34 out of the 38 interviewees in Lombok still believed FGC to be an Islamic duty on all females.

Interviewees reported a variety of ways on how FGC is celebrated or not, as the case may be. In Padang, it is performed secretly with sometimes only the mother's knowledge, while in Lombok, FGC is celebrated with a party to mark the girl as a 'more complete' Muslim. If FGC is performed in



Many interviewees were unaware of what FGC entailed despite ostensibly agreeing with the practice.

the home, a celebration takes place the same day and if carried out in a medical facility, there is a celebration within seven days.

Interviewees in all three provinces included in the study described FGC to be a religious ritual, where the girl/baby is given a bath in cold water prior to the cut and the Shahada (Islamic declaration of faith) is recited over the child while cutting. Interviewees reported the mother and sometimes the father being present during this procedure while relatives may also observe. In the men's focus group discussions, however, all respondents stated that they had never witnessed a circumcision.

ATTITUDES AND BELIEFS

"Sunnah circumcision [religious tradition] is a must for every Muslim woman ... Many Islamic teachers allow [FGC] because it existed since the time of Prophet [Muhammad] ... It is dangerous if she is not circumcised; her religious duties like prayers and fasting are not accepted by Allah. If she is circumcised she is clean ... If she is uncircumcised, it means that she has no religion."*

—Traditional Midwife, Padang

There was consensus amongst those interviewees who agreed with FGC that if a girl did not undergo circumcision, her Islamic duties such as prayers, fasting and charity were not accepted. Dr Salma, a Sharia lecturer from the State Institute of Islamic Studies in Padang, believed that the tradition of FGC plays a

significant role in the Islamic spiritual cultivation of children. Based on her direct observation in Payakumbuh, West Sumatra, she concludes that FGC is more about religious ritual than the 'cutting' itself: "In the ceremony, the cutting process is very brief. Most of the time, the dukun [traditional midwife] advises the girl that she is a full Muslim and must perform her religious responsibilities. After the dukun observes the girl's ablution and prayers ... she reminds the girl to respect her parents, to pray and fast, and to observe her Islamic obligations."

Dr Salma argued that people in Payakumbuh preferred to go to the traditional midwives rather than medical professionals because of the emphasis on the religious dimension of FGC rather than its medical considerations. She describes the practice as follows: "Using scissors or a knife, the dukun takes out or removes a small upper part of the clitoris, as small as the tip of rice, just like a pimple. Sometimes, the Shahada (Islamic declaration of faith) is said. She will throw it out and give her medicine, such as Betadine ... The girl will cry a little bit, indicating that she is hurt ... There is a little blood but nothing major."

One male cultural leader in Lombok emphasised that FGC is understood to be a purifying ritual and not a 'circumcision.' He argued that parents in Indonesia feel obliged to perform FGC on their daughters so that they are equal to their male counterparts when it comes to 'honour.'

Organisations and individuals who have been working extensively in Jakarta, reported that while across Indonesia, Type I and Type IV is typical, on the island of Madura, the most harmful types of FGC – Type II and Type III – were being performed on girls between the ages of five and eighteen.

Islamic Relief has also learnt that mass circumcision events occur prior to the month of Ramadan and on other religious holidays – such as the Prophet Muhammad's birthday, peace be upon him – as it is believed that there is a 'double reward' if FGC is performed on a religious holiday.

One women's organisation in Jakarta told us that the reason Islamic scholars and parents advocate for FGC is to gain religious reward by controlling a girl's sexuality: "The parents' argument for FGC



34 out of 38 interviewees in Lombok believed FGC to be an Islamic duty on all females.

is to save a young generation from hypersexuality and pornography. Children are much more sexually aggressive these days so parents see that having FGC done controls them ... That's what I have always believed but now after this discussion, I wonder if there is really a correlation between FGC and hyper-sexuality."

Despite this perception, only three participants in this study thought that a circumcised girl's behaviour and physical growth were different from that of an uncircumcised girl. In addition, the findings also disclosed that there was no stigma attached to uncircumcised girls at school, primarily because FGC is now carried out at a pre-school age and because it is a topic rarely discussed within Indonesian society.

While research studies have shown that girls and women who are uncircumcised are looked down upon in society to a certain degree, the findings of this study found that women and girls in Indonesia who do not undertake FGC are seen as 'unclean' but do not necessarily suffer from any overt negative repercussions as a result – such as difficulties in getting married or being employed.

This may be primarily an urban phenomenon as this study found that in some rural communities in Padang, it is mandatory for a woman to undergo FGC before marriage: "Before a girl is married, she has to be circumcised. This is for her to prove herself to be a Muslim and for better [sexual] relations with her husband. In the village next to mine, when a girl is about to be married, the mother and the girl are asked if she is circumcised. If the girl is not or if both parties do not know, she is taken to be circumcised [again]."

HEALTH CONSEQUENCES

The study found that individuals who agreed with FGC believed there were health benefits attached to the practice. These included: enhanced sexual relations between a man and woman as part of the intimacy of marriage; minimising sexual behaviour prior to marriage; and a clean and healthy genital area.

When describing the effects of FGC, individuals depicted incidences of pain, fever and bleeding. One woman who was circumcised at the age of six described the process as excruciating, and required seven days to recover. One male interviewee who had his daughter circumcised on her first birthday reported pain, bleeding and fever that lasted for a couple of days. There was, however, no evidence of any major physical complications due to FGC as practiced in the areas we investigated.

The majority of interviewees stated that FGC resulted in instant pain but felt it was no different to that of the pain felt in male circumcision. There were few interviewees, however, who believed that there was no pain involved. One midwife indicated that it was “like an ant bite”, while one male representative of Indonesia’s largest Muslim clerical body, MUI, told Islamic Relief: “When a girl has FGC done, there may be some pain but it is nothing. Male circumcision results in much more pain than this [FGC].”

When it came to sexual satisfaction, only one female focus group respondent felt that she may have enjoyed sexual relations more with her husband if she hadn’t been circumcised. One male focus group respondent indicated there was no difference: “I have been married three times now; two of my wives were circumcised and one of them was a non-Muslim woman who wasn’t circumcised. There was no difference in our [sexual] relationship.”

It could be argued that the difference between attaining sexual satisfaction depends upon which type of FGC is performed and how much of the clitoris is removed – which is difficult to determine in the context of Indonesia unless the procedure is directly observed. The psychological trauma of one operation as opposed to another

THE 2010 REGULATION ON FEMALE CIRCUMCISION: ARTICLE 4

1. The female circumcision is performed in the following condition:

- a. The operation room shall be clean
- b. The bed/operation bed shall be clean
- c. There shall be sufficient lighting; and
- d. There shall be flowing water

2. Female circumcision shall be performed according to the following procedures:

- a. The carer shall wash his/her hands with soap and clean flowing water for 10 minutes;
- b. The carer shall wear sterile gloves;
- c. The patient shall lie on her back, legs parted carefully;
- d. Fixation shall be done on the knees, exposing the vulva
- e. The carer shall clean vulva with povidon iodine 10%, using gauze;
- f. The carer shall remove smegma existing between frenulum clitoris and glands of clitoris until the area becomes clean;
- g. The carer shall then make a small cut on the skin covering the frontal part of clitoris (frenulum clitoris) using the tip of a sterile disposable needle of size 20G-22G from the mucous side toward the skin without harming the clitoris;
- h. The carer shall wash again the operated area with povidon iodine 10%;
- i. The carer shall finally take off the gloves; and
- j. Wash his/her hands with soap and cleaning flowing water

**See appendix (p.22-3) for the full regulation. The 2010 regulation was revoked in 2014.*

– irrespective of which type is being performed – may also, of course, have a significant bearing on sexual pleasure.

As FGC is an issue rarely discussed in Indonesian society, it could be assumed that interviewees were either unable to articulate their feelings regarding the effects of FGC; or that they hadn’t ever considered the issue; or, indeed, that they would never make the link between any sexual problems and FGC.

In terms of the practical application of the procedure, the findings revealed that FGC was being performed using unsterilized and dangerous tools such as razor blades and pen knives which results in greater risks of infection, pain and disease. One traditional midwife was performing FGC with a penknife, cleaning it only with warm water after each procedure.

When this field study was conducted in 2013, medicalisation of FGC was endorsed by the government. Indonesia's Ministry of Health argued that legalising FGC and issued guidelines on how it should be performed – this served to ensure that the procedure is hygienic and controlled 'to prevent harm on girls'.¹⁸

Despite guidelines and initiatives in place, the results of this study revealed that only eight interviewees in Padang and seven interviewees in Lombok were aware of any rulings, ban or endorsement by the Indonesian government.

Any awareness that was present in Lombok resulted from a government scheme in the area which imposes penalties on midwives who perform FGC without medical supervision. In Padang, awareness came about through the media



This tool is used by a traditional midwife in Padang to perform FGC

and medical practitioners. Furthermore, those interviewees who knew of the guidelines were mainly medical practitioners, religious leaders and organisations working on child protection and women's rights. In contrast, no respondents in the focus group discussions were aware of any regulations or guidelines by the government around FGC.

There were also concerns by medical practitioners around the inadequacies of the guidelines. One doctor in Padang told Islamic Relief: "How can there be guidelines when in medical school, female circumcision is not embedded in the curriculum ... medical students are trained and assessed on male circumcision but there is nothing on female circumcision ... so even if there are guidelines, trained medical professionals have no idea what they are doing."

PARTNERSHIP BETWEEN MIDWIFE AND DUKUN IN LOMBOK

As part of the Ministry of Health's legalisation on FGC, a government funded scheme ('Partnership between midwife and dukun') was set up by the Health Operational Aid (BOK). In this scheme, the dukun (traditional midwife) is not permitted to perform any activities relating to the delivery of a baby and aftercare – of which FGC may be a part. The task of the dukun is to be present at such activities in order to provide moral and religious support.

If a dukun is found to have violated the regulations, a penalty is applied. According to one midwife in Lombok, this scheme ensures that when girls are cut, no unintended harm is caused to the girl. Critics of this scheme, however, point out that it is highly ineffective because the penalty for performing FGC is the price of 1kg of rice – whereas the penalty for playing an unauthorised part in delivering a baby is much higher, at 100,000 IDR.

ISLAM AND FGC IN INDONESIA

“The FGC here is not the same with the one in Africa...I wonder why people make it into an issue.”
— Member, Majelis Ulama of Indonesia

With 205 million Muslims living in Indonesia, the nation makes up 13 per cent of the world's Muslims. The vast majority of Indonesian Muslims adhere to the Sunni Muslim tradition and specifically the Shafi'i school of thought.

Although there is no mention of FGC in the Qur'an, and all the traditions of the Prophet relating to it are generally considered of unreliable authenticity – none of the four schools of thought in Sunni Islam officially forbid the practice and in the Shafi'i school of thought FGC is generally endorsed as either recommended/obligatory in Islam.

In contrast, there have been many rulings issued by leading international Islamic scholars delineating all forms of FGC to be forbidden (haram), including the Sheikh of Al-Azhar University, Grand Imam Muhammad Sayyid Tantawy.¹⁹

Our research has found, however, that despite fatwas by leading scholars to condemn the practice, there are also numerous rulings that condone the so-called sunnah form of FGC – that may be roughly equated with Type I or Type IV.

The Majelis Ulama of Indonesia (MUI)²⁰ is the country's largest Muslim clerical body, which comprises of the leading Indonesian Muslim groups such as Muhammadiyah²¹ and Nahdlatul Ulama.²² The MUI acts as the formal interface between the Indonesian government and the Islamic community of Indonesia.

The study found that one of the reasons FGC is widespread in Indonesia is the religious ruling (fatwa) issued by the MUI. While the MUI does not entirely endorse FGC, it neither forbids it and advocates that it is a religious and constitutional right for Indonesians to decide for themselves.

In-depth interviews with MUI leaders revealed that there was a strong agreement within the organisation that the sunnah form of FGC was a recommended act on all Muslim women. There was however, no clear understanding within the MUI of the differences between Type I and Type IV FGC and how this related to the medicalisation by the Indonesian government.

Interviewees that took part in the field study identified the MUI fatwa to be a primary reason for performing FGC. When questioned about the health risks of performing such a practice, interviewees maintained that FGC was safe and healthy for a girl, if carried out in accordance to the 'guidance of the Prophet'. As one male member of MUI told us: "The FGC here is not the same with the one in Africa ... I wonder why people make it into an issue ... If this is about pain and human rights, the males can protest because they too are cut. For us, the resistance against FGC is unreasonable especially considering how FGC has helped those women with a very high libido who feel difficult to concentrate in their activities because they get aroused easily."



DISCUSSIONS AROUND ISLAM AND FGC

FGC pre-dates Islam and the Qur'an makes absolutely no mention of the practice. There are, however, verses which warn believers that the Devil inspires changing the form created by God:

"I will mislead them, and I will create in them false desires; I will order them to slit the ears of cattle, and to deface the (fair) nature created by Allah." 4:119

Some disregard the relevance of this verse by comparing FGC with male circumcision; but physicians generally consider male circumcision to be the removal of a simple skin appendage (*adnexa cutis*) comparable to hair, nails, etc, and with minimal physical repercussions. In religious terms, it is an established practice (*sunnah*) from the time of Prophet Abraham, peace be upon him – whereas notions of female circumcision almost certainly originate from pharaonic traditions.

Prophetic traditions (*hadiths*) attributed to Prophet Muhammad, peace be upon him, are a secondary authority in Islam and have various degrees of authenticity. Here, the most direct reference to FGC is a tradition in which the prophet is said to have in passing witnessed a female circumcision taking place – and suggested that the cutting not be 'excessive'.

As a result, some Muslims today hold the position that FGC of a 'lighter' type is a legitimate tradition (*sunnah*) and that, as such, it is a commendable – but not necessarily an obligatory – practice.

Other major Islamic scholars (both past and present) argue, however, that the historical authenticity of this tradition is unsound and so it may not be rightly introduced into Islamic law and practice.

They further argue that if a particular practice is fundamentally unlawful and forbidden in Islam – then a supposedly 'lighter' version of it is also prohibited. Just as alcohol does not become lawful if it is diluted in strength – equally, the pharaonic practice of FGC does not suddenly become lawful in any 'FGC-lite' version. Theologically, this would also include what some proponents call the 'medicalisation' of the practice, where 'FGC Type I and IV' is applied under relatively hygienic medical conditions.

The other major argument against FGC is that it damages or destroys a woman's access to marital pleasure – which the vast majority of Islamic authorities accept as a God-given right.

ISLAM AND FGC IN INDONESIA

When exploring the religious justifications around this practice, religious leaders felt that traditions of the Prophet encouraging a lesser cut were sufficient evidence of its acceptability. The head of MUI in West Sumatra said that there was no evidence to indicate that the practice of FGC was harmful, saying: "If FGC is harmful, it is impossible that the Prophet did not know about it. It is impossible for a Prophet to allow something that harms his ummah (followers) ... My mother and sister were circumcised and they are fine. However, we stand by the Department of Health guidelines that only the trained medical professionals can provide the 'sunnah' version of FGC and that they must guarantee the safety and cleanliness of the circumcision tools ...

Alhamdulillah (praise to God), so far there is no report that FGC carried out in accordance with Islamic guidance is damaging and harmful."

Nahdlatul Ulama (NU), one of the country's largest Muslim organisations has also endorsed the supposedly sunnah practice by advising their followers 'not to cut too much'. Their support for the government's legalisation of FGC is one they insist will 'reduce harm on a girl' as guidelines are in place for the procedure to be carried out safely.

Conversely, interviews with members of another large Muslim group – the Muhammadiyah – stated that there were conflicting internal arguments on whether FGC should be allowed and, as a result, no fixed ruling has been issued by the group. While FGC is not performed in any of Muhammadiyah-run medical facilities, the organisation is keen on conducting its own research to determine if the practice in Indonesia

is, in fact, harmful and widespread as critics claim. One member of Muhammadiyah described a scenario on how FGC could be forbidden: "Let's take the example of cigarettes. It was ruled as makruh (disliked) but after research and discussion on this issue, it was then changed to haraam (forbidden) because of the negative impact it can have on an individual's health." While the mainstream Indonesian religious organisations do not advocate FGC as being obligatory but only a recommended practice – interviews with local religious leaders revealed that there was overwhelming support in the community for the practice being required of girls and women.

One religious leader in Lombok who operates an Islamic school for girls told us that in the Shafi'i school of thought, female circumcision is obligatory: "As Muslims, we need to implement the Prophet's sayings. The benefits of FGC may not be proven by science but Islam will never prescribe anything that is bad...we have to implement the Prophet's tradition, even if FGC is only 'sunnah', it is better to practice it to obtain reward from Allah ... our tasks as Muslims is to preserve our faith, it does not matter whether people (outsiders) believe in it."

The field research also showed that even though religious leaders and groups condemn the more severe types of FGC (Type II and III), religious support for sunnah (Type I and/or Type IV) practice is presently very strong – and may possibly be set to increase if the same trajectory continues.





INTERVENTIONS

All interviewees that took part in the study were questioned as to what they thought intervention initiatives around FGC should resemble.

Ninety-nine per cent of interviewees reported that a government intervention would be ineffective as drivers to its continuation are mainly religious. One midwife indicated that if there was a government ban in place she would still perform FGC as it is “good and Islamic for girls”.

Women activists felt that a government ban could create more risks to a girl as procedures would take place in homes through traditional

practitioners resulting in unsterilised tools being used and more severe forms of FGC being performed.

The religious endorsement of FGC also led interviewees to fear that imposing a ban would create conflict between government and religious leaders.

The one interviewee who wanted the government to ban FGC believed that if it was banned and prosecutions carried out, people would stop the practice. The fact that interviewees who agreed with FGC believed it to have medical

and relationship benefits, points to the need to approach any interventions from a health angle – in addition to the religious arguments.

There was general agreement in the focus group discussions that if there was substantial and concrete evidence to prove that FGC is medically or psychologically harmful towards women and girls, participants would consider abandoning the practice.

One male interviewee indicated the need for more awareness and knowledge on both male and female circumcision, while one doctor in Lombok believed that religious leaders needed to play a part in condemning FGC.

There was still, however, 40 per cent of interviewees who felt that even if female circumcision was found to be medically harmful – but it was still being recommended Islamically – it should be performed but in a way that was somehow 'healthy' for the girl.

Nurani Perempuan, a Padang based women's crisis centre, suggested that since FGC is perceived by some as required for admission to Islam, to "mark the girl a Muslim", a religious approach through education and awareness is vital to changing attitudes and beliefs. The group also believed that campaigning from a women rights' angle will be ineffective as those campaigning around gender rights are often seen as "secular and pro-western."

Engagement with various local scholars and religious organisations has to be the key to any intervention, given that religious leaders and groups play a significant role in influencing decisions within Indonesian society.

In the interviews carried out with MUI members, interviewees also agreed that if evidence was presented to them outlining the harmful consequences of the sunnah form of FGC, they would as a body reconsider their position. One MUI member stated that: "Islam wishes no harm upon anyone. There is no evidence to indicate that the Prophet's guidance on FGC results in harm. If there was, of course we would have a different opinion."

A researcher specialising in FGC argued that too often the power of education and awareness is underestimated: "Religious groups and leaders are scared of issuing statements because they are ignorant on the issue [FGC]. They associate the practice with male circumcision and think it's the same ... If they were to see for themselves the impact it has on girls and women they would change their mind and issue fatwas against it. Islam does not allow for this kind of harm on women."

The one religious institution which spoke out on possible intervention programmes was Muhammadiyah, stating that it would be possible to utilise their health centres, mosques and schools to raise awareness of the negative impacts of FGC – if their own research proved that this was the case.

One woman activist in Lombok emphasised the need for the involvement of religious leaders in her area: "If advocacy is to be done, the religious leaders must be involved, particularly since Lombok is known as a very religious region with thousands of mosques and madrassas ... This will be more effective than a direct campaign involving international figures [from foreign countries]. So, start it from the small scale, discussion with two or three local leaders ... and expand from there."

While there was openness amongst some religious groups and leaders for advocating against FGC if it was proved harmful, all interviewees indicated that such research and awareness campaigning needed to come from within their own society, rather than any outside influences. This was particularly important for Muhammadiyah, which emphasised that only through its own research could it come to a conclusion on FGC.

In addition, organisations and women activists working on women's rights and child protection issues highlighted the need for any intervention work to be implemented through local institutions – as outside organisations would have little influence in Indonesian society.

CONCLUSIONS

The findings of the field study reveal that FGC in Indonesia remains a complex and sensitive issue – and one that has recently been side-lined by the international community.

While official statistics by UNICEF show that 49% of Indonesian girls under the age of 11 have undergone FGC,²³ this field study confirms that FGC is widely practised in the areas explored and originates from religious and socio-cultural beliefs.

The 2010 Ministry of Health authorisation on FGC has apparently played an instrumental part in the continuation of this practice – as FGC is now marketed as part of an overall birth package in medical facilities throughout the country. While the medicalisation of FGC is supposed to ‘prevent harm’ by only allowing medical professionals to carry out the procedure according to a fixed set of guidelines, results from this study found that FGC is still being performed by traditional midwives as well as community leaders using hazardous and unsterilised tools such as razor blades, penknives, kitchen knives and bamboo sticks.

In addition, and despite the guidelines, interviews with medical practitioners revealed that, unlike male circumcision, there is no specific training for FGC. Since then, the government has changed its position on the medicalization of FGC. There’s still research that needs to be done to observe if this has had an impact on the practices of FGC in Indonesia.

While there is widespread rejection of the most severe forms of FGC (Type II and Type III) there is reported evidence of this form of FGC still being performed in Madura and in some rural locations in Indonesia. In addition, the lack of knowledge and awareness on how to perform FGC could result in Type II and Type III FGC being performed – without the knowledge of the cutter, girl or parents. The data shows that FGC is seen in Indonesia as an Islamic act and is performed in the expectations of ‘becoming a complete Muslim’; to enhance sexual relations as

part of the intimacy of marriage; control sexual behaviour and ensure clean and healthy genitals. This position is strengthened by the ruling (fatwa) issued by the MUI and other endorsements by religious leaders and institutions.

While scholars within Indonesia advocate FGC as being ‘healthy’ and ‘beneficial’ if carried out according to supposed prophetic guidelines, some Muslim doctors specialising in this area believe that it is impossible to duplicate FGC in the way described, as details are unspecified, impractical and unattainable.²⁴

In addition, Islam puts much emphasis on preserving one’s health. Procedures that are harmful to an individual – both women and men – are categorically forbidden (haram). Also embedded in the Qur’an and hadiths (reported traditions) is the emphasis on a woman’s right to marital pleasure – which is endorsed and advocated by many religious leaders, including leading Shafi’i scholars – as a God-given right. Thus, leaders who advocate against FGC around the world argue that because of the health risks attached to the practice, it should be categorically forbidden (made haram) in all its forms.

In Indonesia, however, while the most severe forms of FGC are nominally rejected, there is a consensus that the sunnah form of FGC has health and moral benefits – which leads to the belief that circumcision for both males and females should be adopted by all Muslims.

In order to provide demonstrable evidence that FGC is having a considerable negative impact on Indonesian women and girls, further investigation is needed into the reported incidences of pain, fevers and – most importantly – long term traumas, such as the loss of sexual satisfaction within marriage. The absence of any such demonstrable evidence could simply be that the issue is presently not able to be discussed freely by Indonesian society and Indonesian women.

RECOMMENDATIONS

Based on the data gathered from the field study, Islamic Relief Canada makes the following recommendations:

- 1** Intervention programmes on FGC must be approached from both a religious and health angle. This should be carried out with the objective of engaging with local scholars and religious institutions, such as the MUI.
- 2** The condemnation of FGC should be justified by focusing on education and awareness of any harmful effects of the so-called sunnah version and the rights of women to experience marital pleasure.
- 3** In addition, leading international scholars with strong influence in Indonesian society should be approached – alongside local scholars – to issue rulings (fatwas) on why FGC should be categorically forbidden in all its forms.
- 4** Campaigns combating FGC in the Indonesian context should be based upon child protection and the condemnation of violence against women and women’s empowerment within an Islamic framework.
- 5** International agencies and the Indonesian government should support local civil society organisations – including religious bodies – to carry out independent research on the impact of FGC on infants, girls and families.
- 6** Direct observation of the FGC process should be carried out to determine the scale and magnitude of the actual procedure, because it is important to note that these ‘Type’ categories are, in reality, just approximations rather than clearly defined and distinct practices.

TO THE UNITED NATIONS

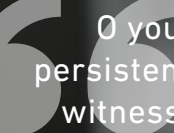
7 FGC in Indonesia has largely been ignored by the international community primarily because there is minimal research and evidence to show the extent of the practice. Islamic Relief calls on all relevant bodies to include Indonesia in all relevant FGC campaigns and reports and to commission research on the dynamics of the practice in Indonesia.

TO THE INDONESIAN GOVERNMENT

8 Though the data showed that a government ban on FGC may be ineffective, there is evidence to indicate that women were subjecting their daughters to FGC because of religious pressures and because it is presented as part of a birth package – without being fully aware of what it entails. In consequence, a ban on FGC in medical facilities alongside awareness campaigns in schools, mosques and the media would prove effective in opening up the discussion and raising awareness of alternative religious understandings of the practice.

9 The data showed there was an acute lack of awareness and knowledge around FGC and reproductive health as a whole. The department of education should incorporate a training and education programme in schools on reproductive health – which should include a blanket condemnation of FGC.





O you who have believed, be persistently standing firm in justice, witnesses for Allah, even if it be against yourselves or parents and relatives. Whether one is rich or poor, Allah is more worthy of both. So follow not [personal] inclination, lest you not be just. And if you distort [your testimony] or refuse [to give it], then indeed Allah is ever, with what you do, Acquainted.

— *The Holy Quran, Ch. 4, Ver. 135*

APPENDIX

END NOTES

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- 21 Muhammadiyah, official website [www.muhammadiyah.or.id/].
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2010 REGULATION OF THE MINISTER OF HEALTH OF INDONESIA

NUMBER 1636/MENKES/PER/XI/2010
ON FEMALE CIRCUMCISION

BY THE GRACE OF GOD ALMIGHTY, THE MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA

Having considered:

a. That in order to provide women with safety and protection, the performance of female circumcision shall comply with the religious norms, health service standards, and professional standards to guarantee the safety of the women to be circumcised;

b. That based on the considerations as referred to in letter a, it is necessary to enact the Regulation of Minister of Health on Female Circumcision;

Having observed:

1. Law Number 23 of 2002 on Child Protection (State Gazette of the Republic of Indonesia Number 109 of 2002, Supplement to State Gazette of the Republic of Indonesia Number 4235);
2. Law Number 29 of 2004 on Medical Practices (State Gazette of the Republic of Indonesia Number 116 of 2004, Supplement to State Gazette of the Republic of Indonesia Number 4431);
3. Law Number 36 of 2009 on Health (State Gazette of the Republic of Indonesia Number 144 of 2009, Supplement to State Gazette of the Republic of Indonesia Number 5063);
4. Government Regulation Number 32 of 1996 on Health Carers (State Gazette of the Republic of Indonesia Number 49 of 1996, Supplement to State Gazette of the Republic of Indonesia Number 3637);
5. Regulation of the Minister of Health Number 1575/Menkes/Per/XI/2005 on Organization and Work Procedures within the Ministry of Health which has been amended several times, the last time of which was done through the Regulation of Minister of Health of the Republic of Indonesia Number 439/Menkes/Per/VI/2009;
6. Regulation of the Minister of Health Number 269/Menkes/Per/III/2008 on Medical Records;
7. Regulation of the Minister of Health Number 290/Menkes/Per/III/2008 on Consent for Medical Action;

HAS DECIDED

To enact:

REGULATION OF THE MINISTER OF HEALTH ON FEMALE CIRCUMCISION

CHAPTER I: GENERAL PROVISIONS

Article 1

For the purpose of this Regulation of the Minister of Health, the following words shall have the following meanings:

1. Female Circumcision is the procedure performed to cut the skin covering the outer part of clitoris, without damaging it.
2. A health carer is one who dedicates oneself in the area of health and possesses knowledge and/or skills obtained through education in health, the performance of certain skills of which in a medical situation shall be subject to authority
3. A medical doctor is a general practitioner or a specialist who has graduated from medical schools both in Indonesia or overseas which are acknowledged/ accredited by the Indonesian Government according to the laws and regulations.
4. A midwife is a woman who has graduated from a midwifery training and one who has been registered according to the laws and regulations
5. A nurse is one who has graduated from a nursing school both located in Indonesia or overseas according to the laws and regulations
6. Minister if the Minister whose tasks and responsibilities are in the area of health

CHAPTER II: THE PERFORMANCE OF FEMALE CIRCUMCISION

Article 2

1. Female circumcision can only be performed by certain health carers.
2. The certain health carers who can only perform female circumcision as referred to in paragraph (1) include only medical doctors, midwives, and nurses who have obtained their practice license or work permit.
3. The certain health carers who are referred to in paragraph (2) shall be preferred to be women.

Article 3

1. Any performance of female circumcision can only be approved upon request from the woman who is to be circumcised, her parents, and/or her guardian(s).
2. Prior to any performance of female circumcision as referred to in paragraph (1) hereinabove the information on the possible bleeding, infection, and stinging pain shall be disclosed.
3. The consent from the woman who is going to be circumcised, the parents, and/or her guardian(s) as referred to in paragraph (1) shall be obtained according to the laws and regulations.

Article 4

1. The female circumcision is performed in the following condition:
 - (a) The operation room shall be clean
 - (b) The bed/operation bed shall be clean
 - (c) There shall be sufficient lighting; and
 - (d) There shall be flowing water
2. Female circumcision shall be performed according to the following procedures:
 - (a) The carer shall wash his/her hands with soap and clean flowing water for 10 (ten) minutes;
 - (b) The carer shall wear sterile gloves;
 - (c) The patient shall lie on her back, legs parted carefully;
 - (d) Fixation shall be done on the knees, exposing the vulva;
 - (e) The carer shall clean vulva with povidon iodine 10%, using gauze;
 - (f) The carer shall remove smegma existing between frenulum clitoris and glands of clitoris until the area becomes clean;
 - (g) The carer shall then make a small cut on the skin covering the frontal part of clitoris (frenulum clitoris) using the tip of a sterile disposable needle of size 20G–22G from the mucous side toward the skin without harming the clitoris;
 - (h) The carer shall wash again the operated area with providon iodine 10%;
 - (i) The carer shall finally take off the gloves; and
 - (j) Wash his/her hands with soap and clean flowing water

Article 5

1. Female circumcision must not be performed on women who are suffering from genitalia eksterna and/or general infection.
2. The following methods of female circumcision are prohibited:
 - (a) Cauterization of clitoris;
 - (b) Cutting and damaging the clitoris, either partially or totally; and
 - (c) Cutting or damaging labia minora, labia majora, hymen and vagina, either partially or totally

Article 6

1. Medical doctors, midwives, and/or nurses who perform female circumcision shall make medical records.

.....

Article 9

This Regulation of the Minister of Health shall be effective on the day it is enacted

Enacted in Jakarta on 15 November 2010

MINISTER OF HEALTH:
ENDANG RAHAYU SEDYANINGSIH
[signed]

Promulgated in Jakarta on 28 December 2010
MINISTER OF JUSTICE AND HUMAN RIGHTS:
PATRIALIS AKBAR

Official Gazette of the Republic of Indonesia of 2010; number 672



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