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ORIGINAL PAPER

Female Circumcision and the Construction of Female Sexuality: A Study on Madurese in Indonesia

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Abstract

This study explores the existing practice of female circumcision among the ethnic Madurese in the East Java province of Indonesia. The practice has long been believed to be part of the Islamization process as well as protecting the cultural traditions of the ethnic society in Madura. This study aimed to investigate two major issues: the prevalence of female circumcision in three districts on Madura Island, using a quantitative survey; and the cultural construction of female sexuality, using a qualitative method focused on observations and in-depth interviews with women, community leaders, and religious teachers. The findings of this study show that a greater number of females have been circumcised from as early as infants (under the age of one) to those in adolescence. The traditional views on the female body and sexuality have strongly influenced the continuity of the cultural practice. Moreover, observational analysis showed that Madurese society continues to believe that women who identify as Muslims are required to be circumcised. Women who are not circumcised are considered to have betrayed their religious, ethnic, and cultural identities. Furthermore, women cannot refuse or ask not to be circumcised, as many traditional families and religious leaders believe that the practice is required to purify the woman's body and her sexuality.

Keywords Cultural construction · Female sexuality · Women's body · Female circumcision · Islamization

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Introduction

Female circumcision and the construction of female sexuality in society are among the many complex and unfinished global debates (Hidayana et al. 2018; Duivenbode and Padela 2019). This study has a connection to past studies on the prevalence of female circumcision in Madura (Ida 2005). In the early 2000s, the author conducted similar research on the practice of female circumcision and observed the practice of infant clitoris cutting (referred to as *clitoridectomy*) by a traditional female practitioner (locally known as *dukun*) in Sampang, one sub-region of the Madura Island located in East Java Province of Indonesia.

The practice of female circumcision still persists in ethnic Madurese communities. In the past few decades, social campaigns by health workers, government regulations, and international development organisations have been promoting and enforcing a stop to female genital mutilation. Indonesia has approximately 210 million Muslims, which is one of the world's largest Islamic population, and is a country where religious organizations can strongly implement these practices.[1]

From 2017 to 2018, we reinvestigated the practice of female circumcision, to look at whether or not there have been any changes in perceptions and attitudes towards the custom. Further, we also re-examined whether or not the Madurese society[2] had changed perceptions and definitions of female circumcision and women's sexuality in the context of a modernising Indonesia. The present research focuses on two major issues: first, the prevalence of female circumcision among infants and female children under the age of five using a quantitative survey, and second, a study of the cultural construction of female sexuality that currently exists in Madura. This study was conducted in remote areas on Madura Island, where we witnessed the practice, and heard stories of genital mutilation in several remote villages in Madura.

This study has been spurred by the prevalence of female circumcision (or female genital mutilation), which is considered harmful for a woman's sexual body, and undermines the existence of women's rights in conservative and traditional cultural contexts (Njambi 2000, 2004; UNFPA 2017; Anderson 2018). Various studies have found that this practice has long been campaigned against, with many attempts to abolish and eradicate it. These studies were focused in some African, South American, and Southeast Asian countries, including Indonesia, where several ethnic communities continue to perform this practice (Boulware-Miller 1985; Shell-Duncan and Hernlund 2000; Abusharaf 2013; Andro et al. 2016; Vos and Naleie 2017; Anderson 2018). However, there are other studies that have declared female circumcision as a less harmful act, in particular in Malaysia (Isa et al. 1999).

In some cultures which are dominated by patriarchy and religious conservatism, female circumcision has become a crucial cultural barrier to women's sexual rights within these traditional societies (Fourcroy 2006; Robins 2008; Spiegel 2001;

[1] The custom of female circumcision remains good business in Indonesia. Retrieved from https://www.pri.org/stories/custom-female-circumcision-remains-good-business-indonesia.

[2] Female circumcision is not only practiced in Madura, but it is also practiced in different ways by several Muslim ethnic groups in Java, Banjar, and Gorontalo in Indonesia.

Riyani and Parker 2018; Blaydes and Izama 2015). The sexual control theory states that the practice of female circumcision is upheld to weaken sexual desire and to render women vulnerable to male domination (Obiora 1996). As per the situation in this study's research area, this practice cannot be easily abolished or stopped, due to the majority of people continuing to resist external pressures that have been placed on their cultural constructions. It is the fact that religious stakeholders usually do not accept social changes in society (Wilson and Wilson 1971). The traditional norms and Islamic beliefs have strongly become cultural doctrines in some Javanese provinces, and many continue performing circumcision on female infants (Newland 2006; Ida and Saud 2020).

According to UNICEF reports in Indonesia, in 2013, there were several regions in the country where the prevalence of female circumcision was considered high. These regions were Gorontalo (83.7%), Bangka Belitung (83.2%), Banten (79.2%), South Kalimantan (78.7%), and Riau (74.4%). There were regions that continue to practice female circumcision, but prevalence was considered low, including NTT (2.7%), Papua (3.6%), Bali (6%), Yogyakarta (10.3%), and West Papua (17.0%) (Lubis and Jong 2016; Darwin et al. 2002). These numbers signify that female circumcision remains an important cultural practice for some ethnic societies in Indonesia, especially among traditional Muslim communities.

In the literature on the topic of female circumcision across the world, including Africa and Southeast Asia, previous studies have shown the negative impacts of the practice; but it has become a complicated challenge in stopping the practice (Njambi 2000, 2004; Sweileh 2016). In a report from Population Council and USAID, a significant number of Indonesians surveyed would choose to continue the practice of female genital mutilation on their children and grandchildren.[3] The prevalence of female circumcision, particularly among Muslim families, has reached 97.5% since the year 2000, and has become part of cultural practices encouraged in local communities within Indonesia (USAID 2015). According to a report released by Amnesty International in 2012, the Indonesian government has banned the practice of female genital mutilation in 2006. However, in November 2010, the Health Ministry of Indonesia issued Regulation 1636/2010, *"which legitimizes the practice of female genital mutilation and authorizes certain medical professionals such as doctors, midwives, and nurses to perform it."* In some areas, some midwives and traditional female practitioners offer to circumcise newborn females as part of their "birth delivery package." In 2014, the Ministry of Health issued the Ministerial decree No. 6/2014 that cancelled the decree of 2010, but did not clearly state whether female circumcision was banned or allowed in Indonesia.

Women have experienced gender inequality and violence in predominantly patriarchal Javanese communities, including Madurese women (Mustaqim 2013). The anti-female genital mutilation activists see affected women as subordinates and marginalized citizens, obliged to obey cultural norms and conventions, and misleading religious understandings, by sacrificing their bodies for sexual rights (Julios 2018). Studies on Islam and women in Indonesia conducted by feminist scholars have

[3] Population Council & USAID (2003); see also Clarence-Smith (2012).

shown unchallenged and problematic positions and roles of women in areas such as marriage, reproductive health, sexuality, and education, placing local or ethnic women in vulnerable positions (Bennett 2005).

In particular, rural women have surrendered and become confined to 'cultural norms' and religious conventions within the predominantly patriarchal culture present in many local regions in Indonesia (Srimulyani 2012; Agence 2013). It remains difficult to deconstruct and challenge such socio-cultural concepts, especially with regards to women's body and sexuality. As a result, there is still much work required to abolish the cultural practice of female circumcision in Indonesia, including in Madura (Srimulyani 2012). In addition to that, local community leaders, religious leaders, and the government, appear to be less involved in reducing the number of practices that harm women's bodies and reproduction health.

This study explores questions including: (1) why does the practice of female circumcision continue to exist in Madura, even in the context of a modernising Indonesia? (2) What are the existing values and perceptions of women towards the practice? (3) How have community leaders, midwives, traditional practitioners, and Islamic teachers constructed meanings towards the practice of female circumcision, in conjunction with the discourse of female body and sexuality in ethnic Madura, in current times?

The objectives of this study are to map the prevalence of female circumcision practices in Madura, examine how the practices have occurred in three districts areas of Madura, and explore the socio-cultural constructs that have been held by ethnic Madurese communities regarding female circumcision and the female sexual body. Furthermore, the research tries to identify the views (and any controversies) within community leaders and other key persons in the community towards the cultural practice of controlling women's sexuality and the perception of women as sexual subjects.

Materials and Methods

The first approach applied to this study was a descriptive approach, in which the research tried to examine and explain the cultural thoughts and values held by women from various ages in Madura about female circumcision and sexuality. The ethical consideration of the study was approved by the research board of the faculty of social and political sciences, Universitas Airlangga Surabaya, Indonesia. After the approval of the proposal and research protocols, it was started in 2019, however, the questionnaire was prepared from literature and extensive fieldwork.

The study deploys the descriptive approach, which was followed by quantitative identification of the prevalence and map of the practices on the Island. The use of questionnaires and semi-structured interviews were applied to collect the data from a hundred (100) respondents in three different districts, namely Bangkalan, Sampang, and Pamekasan in Madura. The research tool (questionnaire) was self-administered for the survey and interviews, and it was prepared in the Indonesian language, as most of the informants and respondents are not able to speak English.

The quantitative data have been used to see trends related to the practice, map the pattern of female circumcision, and collecting perceptions and opinions from the respondents.

The second approach was qualitative where observation and interviews were conducted with female community leaders, local religious teachers, traditional female practitioners, families, and some key informants. This stage has been used to explore more perceptions and critically question the "religious values and cultural norms" held by the Madurese so far. The observation was performed to analyse the factual practice of female circumcision in the universe of the study. Furthermore, all the data were gathered from the fieldwork, classified and categorized under particular themes, and all interviews were transcribed for analysis.

The data further show the gender and age of the respondents. The majority of the respondents are females both single and married. Among a hundred, the greater number of the population was under the age of 36 years old and comprised 49% of the total. Then 20% of respondents aged 26–30 years, 19% of respondents aged 31–35 years, while 10% aged between 21 and 25 years. However, the rest, respondents aged 16–20 years consisted only one person or equal to 1%, and aged under 15 years also consisted as same.

In the meanwhile, the data also shows the marital status of the respondents, and 90% of respondents were married women and physically living with their husbands. The remaining seven respondents had been married but the current status is widow, and rests were three single respondents, with a percentage equal to 3%.

The Practice of Female Circumcision: Ethnocentrism and Cultural Constructs

According to several studies, female circumcision has become an enduring struggle among Muslim women living in conservative societies (Hines and George 2019). The World Health Organization (WHO) has annual reports regarding the issue in countries across Africa, South Asia, and Southeast Asia (Boseley 2014). The organization itself defines female genital mutilation as "*all procedures that involve partial or total removal of the external female genitalia, or other injuries to genital organs for non-medical reasons*." In Indonesia, the term female genital mutilation does not exist; instead, the local translated term '*sunat Perempuan*' does not refer to 'cutting' (Zamzami 2017; Muawanah et al. 2018; Corbett 2008; Ida 2005, 2019). According to Patel and Roy (2013) from Islamic Relief Canada on their report on female circumcision in Indonesia, *"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*." (Patel and Roy 2013). In fact, for Muslim families at large in Indonesia, the practice of male circumcision is different from female circumcision. For many Muslim families in Indonesia, male circumcision is an obligation, as they believe it is stated in the Quran (Kaptein 1995). However, in some parts of Indonesia, the practice of female circumcision in Javanese families is performed as a cultural practice, to mark a girl's transition into womanhood (Hermanto 2016; Bocko 2016).

Scholars around the world have shown that culture and tradition, including religion, have become the main factors in the complex discourse of women, gender roles, and sexualities, as observed in Indonesia (Robinson 2008; Brenner 2011; Bennett and Davies 2014, 2015; Samuels 2017; Platt et al. 2018; Smith-Hefner 2019). Thus, social and cultural constructs have become the main hurdle for feminists and gender activists in intervening and changing female circumcision practices in traditional communities (Schubert 2016). As Boyle further explains:

> I raise these contrasting examples to forestall a problem common to research on female genital cutting: ethnocentrism. Improving the lot of women means not only eradicating the practice of female genital cutting but also critically assessing the social construction of sex and the family in multiple contexts. The key to overcoming ethnocentrism is recognizing that cultural learning should not be a one-sided phenomenon. All cultures of the world can learn from all other cultures. This is true even in the study of practice as condemned as female genital cutting (Boyle 2002).

The complexity of this issue in some particular cultural contexts is also related to the situation of women in society, where women continue to hesitate or become reluctant in discussing sexual and reproductive health (Kingsberg et al. 2019; Najmabadi et al. 2019). In addition to that, discussing female sexual matters is considered cultural taboo within some ethnic communities, particularly among traditional Muslim communities (Ihwani et al. 2017; Traumer et al. 2019; Zgueb et al. 2019). Consequently, women do not believe that there is something wrong or strange with regards to their sexuality. Women also tend to hide sexual problems, as they believe the sexual matter is a private issue, and it is culturally prohibited to discuss the topic with others, including with their husbands (Naz and Batool 2017; Keats Citron 2018). Sexuality is also not a conversation topic among women, including discussion on female circumcision, "*Where female circumcision is practiced, it has not been some hidden ritual of which people are guiltily ashamed*." (Gruenbaum 2001, 2005, 2016).

The majority (97%) of the respondents of this study confirmed that they had experienced female circumcision when they were infants or adolescents. Only three have shared that they had not been circumcised, because *Sunat Perempuan* was not practiced in their families. Some females (3%) experienced their clitoris being cut before they were to be married, while some females (3%) admitted that their genitals were cut when they converted to Islam. It was also observed that circumcision for a female was usually completed on a newborn baby, infants, or children under the age of five. This raised confusion as to why women must be circumcised for their sexual health and desire, when circumcision was completed at a very early stage of a woman's life. When researchers asked these questions to respondents and informants, no one could provide a reasonable answer as to the link between the cutting of the clitoris, and a woman's sexual desire and health.

According to many respondents, their newborn female babies and infants up to the age of one had been circumcised. Commonly in Madura, between seven to

40 days after a baby is born, the nurse, midwife, or traditional female midwives (locally known as '*dukun bayi*'[4]), perform circumcision by scratching the baby's clitoris. A majority of the respondents (67%) admitted that *dukun bayi* was still chosen as the person to perform circumcision on a newborn, not only because the *dukun bayi*'s service is cheaper than a nurse or midwife, but also because their family were familiar or had close relationships with the *dukun bayi*. Although some certified midwives and nurses have refused to circumcise newborn babies and avoid providing the service, some village midwives (21%) were declared fit to provide post-natal service, including circumcision of the baby. Additionally, local female religious leaders were also commonly trusted by parents to circumcise their newborn babies and young daughters.

In 2010, the officials of the Indonesian Ministry of Health disagreed with critics of the Ministerial regulation that allowed female health practitioners to help and/or perform female circumcision (Amnesty International 2012). According to the officials, as stated in Amnesty International's report, the regulation was issued to ensure that the procedure was performed by trained health professionals rather than traditional practitioners who could not guarantee safe and hygienic practice. In some interviews, several midwives and nurses also confirmed that they had asked *dukun bayi* to refer to a nurse or midwife if they were about to circumcise a baby, in order to reduce the number of medical complications, and to protect the baby's reproductive system. The regulation was abolished by the Indonesian Ministry of Health in 2012.

During the fieldwork for this study, respondents discussed the procedures of the practice. The most common procedure (66%) was often performed by scratching or making a small wound of the skin covering the front of the clitoris, using the head of a single-use small surgery knife (certified nurse and midwife), or a small, unsterilized razor (*dukun bayi*). Some respondents also admitted that their female babies and daughters had received genital cutting performed by female religious leaders and the *dukun bayi*. In one village named Jrengik, a middle-aged woman talked about the genital cutting catastrophe in the mid-1990s, when the male religious leader (*ulama*) in the village strongly urged all the women in the village to be circumcised if they did not want to be considered unholy. The *ulama* announced through the local mosque that all Muslim women had to have their clitoris cut for '*sunat'* (circumcision). Women in the village went to traditional medical practitioners to undergo genital cutting; some women even did it on their own, including the informant. The woman used a small scissor to cut her own clitoris, and treated the wound with gasoline to stop the blood and to numb the pain.

This incident did not become a public concern, and was considered common by the Madurese on the island. Some other respondents even suggested visiting indigenous (Madurese) communities that live in several small islands around the main

[4] *Dukun bayi* is a traditional practitioner or traditional midwife. The Javanese call them as '*dukun beranak*.' In Sundanese they are known as *paraji*, and in Madurese, people also call them as *dukun rembig* and *dukun bayi*. In modern days, *dukun bayi* is called a Traditional Birth Attendant (TBA) (see Hesselink 2011).

island of Madura to observe how the communities perform female circumcision as part of their cultural practice (Hidayana et al. 2018). Inline to the silence of the incident, according to one female informant cited in a survey by the Canada Islamic Relief organization (2016), no one in Indonesia was seemingly eager to discuss female circumcision, which had been practiced by the majority of (Muslim) women and their daughters (Patel and Roy 2013). It appears that nothing is problematic or peculiar for the majority of people in Madura with regards to female circumcision, because the majority of people (57%) believe that there is no harmful effect for the women, and that a small wound or scratched skin on the clitoris can be cured with traditional herbal medicines made by the *dukun*. Some respondents (49%) mentioned the most common medicine was turmeric mixed with some local herbs, which was then applied to cure the wound. Other times, nurses or midwives used antiseptics like *Betadine*. A greater number of the respondents (89%) stated that there had been no serious or relevant effect on the body after the circumcision. However, some (4%) admitted that they experienced cold-like symptoms, while others (4%) experienced pain when urinating. Sadly, most women do not see these effects as something serious about their health condition. The ethnic norm that has been socially constructed and circulated by the patriarchal view has influenced the way the women respond to the practice of female circumcision. As some respondents (37%) perceived, female circumcision was a positive benefit for their reproduction and sexual health, and made them feel good about their femininity. In fact, some of these women did not understand the notion of sexual health, and the issue of femininity in their traditional beliefs. Since some of these women have a low education level, and some of them remain illiterate due to their socio-economic background, many Madurese women who live in remote villages are not aware of femininity and sexual or reproductive health issues. In this study, two women who were interviewed confidently admitted that they felt like "a true woman" after being circumcised, even though they could not define what "a true woman" was when they were asked further.

In fact, the Madurese women that were interviewed were unable to convincingly differentiate between circumcised and uncircumcised women, in terms of sexual health and femininity. Therefore, female circumcision appears to be a cultural construction, where its knowledge and truth remain to be disproven. Some respondents, including those who have been circumcised or uncircumcised, seem to doubt the view that uncircumcised women would be facing problems with sexual pleasure, desire, and their femininity. A group of village women even looked unsure when further questions were asked, including "How is sex after circumcision?" The women answered, "We never heard our peers complain about it." The women then admitted that their opinions about female circumcision and sexuality issues were highly influenced by the views of the surrounding society, and the word of mouth circulating within their cultural backgrounds.

The Myth of Female Body and Sexuality

The study on the female body and sexuality, in particular Madurese perceptions of women's sexuality and female body, has been explored by Indonesian and

international scholars. For instance, Niehof's (1992) study explained that within the Madurese culture, women only have two roles: wife and mother. Just like many other studies on the status and roles of women in Indonesia, the literature on women's body and sexuality confirm that the construction of cultural biology has influenced the perception of the people and the society at large. Noer (2012) found that a Madurese woman's body seems to be confined by ethnic, cultural, and religious (Islamic) norms. Taking particular attention on married women and widows, Noer's (2012) study examines that the existence of fertile married women is very important for the extended family and community for land ownership, meanwhile for an infertile married woman, the socio-cultural forces could be stressful.

In another interview, a midwife in one health clinic in Sampang had said that some husbands had asked to be allowed to stay close and watch their wives in the examination room when a health practitioner (doctor, midwife, or nurse) examined the woman's body, especially their reproductive organs. According to the midwife, many husbands in the villages do not allow their wives to be examined by a male doctor. The men were hesitant with regards to welcoming modern health clinics and medical examinations for their wives. If a wife complains about her health, especially regarding her reproductive health, including any pregnancy problems, the husband will suggest she visit the *dukun*, or consume traditional herbal medicine, instead of going to a local health clinic center provided by the government (known as *Puskesmas*).

This study observed that women seem to believe that it has been the destiny of women to become sexually passive in the relationship between husband and wife. Further, women were encouraged to consume traditional herbal medicines, with 77% of respondents in this study saying they consume them regularly. Various herbal products (locally known as '*jamu*') available in the markets are made specifically for women, and are consumed with the belief of keeping sexual organs functioning well to please their husbands. By cultural constructs, women are not allowed to become active participants in a sexual relationship, or ask for their own sexual satisfaction from their husbands. If a husband is not satisfied with his wife during sexual intercourse, the wife is punished or blamed (Cordano et al. 2002; Sprecher et al. 2004; Heiman et al. 2011).

The data showed that only 11% of respondents did not consume any herbal or traditional medicines to increase performance in sexual relations. They claimed that traditional medicines do not have sufficient effects on their sexual life. Although it has been acknowledged that the concerns of the society on matters of sexuality, including underage marriage, polygamy, and the high rate of divorce and remarriages are prevalent, the view of women as sexual objects remain unchallenged and problematic. This phenomenon has also been acknowledged by Boyle (2002), as mentioned:

> […] enjoying sex (at least until recently) was viewed as superfluous, childish, or even dangerous for women. There was an assumption that, without intervention, women could enjoy sex too much and be unable to control their desires. This could lead women to have premarital sex, engage in affairs, and perhaps even neglect their children. In these communities, female gen-

ital cutting might be viewed as useful or necessary to help women avoid these problems (Boyle 2002).

A woman is expected by cultural customs to keep her sexual organs and body only for her husband's satisfaction, and not for herself (Meltzer and McNulty 2010). That is why many believe women should be circumcised, because female circumcision will protect a woman from becoming wild and aroused when she is in bed with a man. In fact, all these misunderstood views are gender-biased, and circulated as myths to threaten women. As one informant explained:

> I have heard a belief among the (Madurese) people that if a woman has not been circumcised she will be wild (locally termed 'binal'), betray her husband (locally termed 'meleng') […] All females have been circumcised (in Madura) […] that has been a tradition for a long time and cannot be changed […] It is mandatory, mandatory for a woman. It has been patented in Madura" (Interview with a female ulama in Sampang).

This respondent's views were completely reflected in the views of male *ulama* in Madura about the practice. One of the male *ulama* interviewed stated that circumcision for both males and females is an obligation for the individual. These *ulama* believed that circumcision has been categorized as-*Sunnah Muakkadah* (reaching perfection in religion), coming from the Prophet Abraham, as stated in the Quran (Quran, 2: 124). For this *ulama*, there have been no harmful effects at all for an individual who undergoes circumcision, particularly for a woman. According to a male *ulama*, women have an excessive (sexual) desire; and female circumcision could reduce the excessive desires of a woman. One informant in the interview admitted that *sunat* for women is a '*fitrah'* (human nature). In addition, a 25-year-old female informant and activist of a local Muslim women's organization, explains: "As a woman, we have to shave our underarm hair, shave our genital hair, cut our nails, and perform *sunat*. They are compulsory in '*thaharah'* (Islamic cleanliness). Those who do not circumcise themselves are denying *fitrah*. *Sunat* is the Prophet's *Sunnah*..*Sunnah Muakkadah*."

This view has been circulated among the local communities, making many families believe it to be true. However, this is what Judith (1993) states as the female body becoming culturally constructed, assumed, appropriated, and "taken on as not, strictly speaking, undergone by a subject." Moreover, the interpretation of the conservative Muslim cleric (i.e. the *ulama*) toward the Quranic verses about women, their bodies, desires, and sex, has complicated the persistence of female circumcision in local or traditional societies.

As male *ulama* were quoted saying circumcision will decrease (sexual) pleasure, female respondents that were interviewed in this study also agreed to this comment. It is a gender-biased view of sexual pleasure and satisfaction for either men or women. It still begs the question, who actually reaches satisfaction? Is it the circumcised woman, or the man as the woman's sexual counterpart? Both women and men interviewed indicated a tendency for men to reach sexual satisfaction. As Gruenbaum (2001) writes:

> Indeed, in societies where it is practiced, women are subordinated, and males wield greater social power. Male sexual pleasure and family honor seem to be more universally acknowledged as important, and women's sexuality, autonomy, reproductive abilities, and economic rights are usually subordinated to the control of fathers, brothers, husbands, and other men in their societies (Gruenbaum 2001).

So far, social campaigns and gender awareness towards the risks of female circumcision, as well as overall sex education, have not been well conducted by local government personnel, health professionals, and religious leaders within the communities. When respondents were interviewed about the possibility of abolishing the practice of female circumcision, their faces looked dubious, and they were unwilling to discuss the possibility.

Practicing "The True" Islam and Religiosity

In traditional societies, female circumcision continues to be practiced because of the belief that circumcision is mandatory (or *Syaria*) in Islam, which was confirmed by a majority of respondents (77%), as well as continuing a local cultural tradition. Moreover, the persistence of female circumcision in such societies is emphasized strongly by the cultural myths, customs, and values, and as well as traditions surrounding female sexuality. In one female Quran recitation and congregation forum, researchers asked groups of ten females as to whether or not circumcision for a baby and young girls could be removed from the cultural ceremony of becoming a woman in their family and society. The women were consistent with saying that circumcision is identic to Islam, purity, and being Madurese. Therefore, it would be impossible to remove such practices.

A nurse or midwife in urban regions of Madura continues to be invited by the families to perform a symbolic circumcision, by cleaning the clitoris of a female newborn baby between seven to 40 days after birth, or for a girl under the age of five. However, this symbolic performance is rejected by rural and remote communities, as these people are not convinced by the practice, and they worry about the issue of purity, as they strongly believe cutting is mandatory in their Islamic belief. Many of them continue to believe that both males and females can only be considered and declared a Muslim if he or she has been circumcised, no matter at what age; otherwise, he or she is considered *Kuffar* (disbeliever) and is declared sinful.

The discriminatory view was even uttered by the women, with one saying "Uncircumcised woman is not considered as Muslim. She is [considered as] Chinese,[5] not Muslim!" Other informants also stated that if women are not circumcised, their prayers will not be accepted, and they are not allowed to perform prayers in the mosque. This misinterpretation of beliefs has caused discrimination for those who

[5] For some traditional Madurese people, Chinese people are culturally identic to Christianity or non-Muslim. So the people use Chinese when they refer to people of Christianity, instead of saying "*Kristen*" (Christian).

arrogantly define themselves as Muslim, and consider other (uncircumcised) people as "non-Muslim". Consequently, uncircumcised women choose to remain silent and not speak up in front of others or the public, as they are afraid of being discriminated by the community.

The practice of female circumcision in Madura continues to exist due to patriarchal power. As mentioned above, in 2006, the Indonesian government banned the practice of female circumcision in the country. However, some local ethnic communities continued to perform the practice.[6] The central government of Indonesia cannot easily remove the practice, and in order to protect women and reduce harm, in 2010, the Ministry of Health issued regulations outlining accepted procedures of female circumcision.[7]

Alongside the government's regulations, in 2013, the Indonesian Ulama Board forum (*Majelis Ulama Indonesia*, hereafter MUI), released advice to continue practicing female circumcision for Muslims. Although the practice is not mandatory, it is morally recommended by the MUI (Hariyadi 2013). The MUI viewed that female circumcision cannot be banned, because the practice is part of Islamic *dakwah* (teaching), and an interpretation of Islam (MUI 2013; Tabahi 2020). The forum also claimed that the scratching or cutting of the clitoris tips (prepuce) does not fall in the category of female genital mutilation as acknowledged by the WHO. Many Muslim families in particular regions in Indonesia firmly believe in the MUI, and are more likely to follow their *fatwa*, especially those adhering to Imam Syafi'i's preachings (Clarence-Smith 2012; MUI 2013; Budiharsana 2017; Raghavan and Levine 2012; Feillard and Marcoes 1998).

Conclusion

The present study aimed to highlight the cultural dimension of female circumcision and sexuality in the region of Madura Island. The data found that it remains a practice that is maintained through the preservation of socio-cultural traditions and religious norms. This practice is performed predominantly upon female newborn babies, and infants under the age of one. This cultural practice indicates that female circumcision has been viewed as part of the process of Islamization for Muslims, and forms procedures of 'feminine purification' for Muslim women. The findings of the study show that the practice has also been treated as a traditional practice, and is patented as one of the foundations of the Madurese society within the modernising context of Indonesia.

The current study also revealed that the other factors, such as a lack of education, poverty, and a reduced understanding of the issues related to female reproductive health, sexuality, and gender rights, as well as the vulnerability of women falling into cultural norms, have allowed the practice of female circumcision to continue to

[6] IRIN Global (2010).

[7] Sagita (2011).

be perceived as "natural". This practice has also been maintained by local religious leaders, health professionals, as well as the local government.

Women admitted that they do not feel pain, with some even strongly believing that they have become good enough to be a "true woman" after being circumcised. However, women are unable to control their own bodies and sexual pleasure. They remain living within cultural and religious conservatism. Women are continually perceived as sexual objects, and still receive pressure from their own community norms and ethnic beliefs to become the perfect performer of sexual pleasure for their husbands, even if it means sacrificing their own sexual organs.

Recommendations and Practical Implication

The present research indicates that there is a wide range of female circumcision practices in other parts of Indonesia. However, there should be follow-up policies and strict regulations and legal procedures for women's sexual health in such areas. Education can be the best tool to reduce the cultural barriers around female circumcision, and increase an understanding of women's sexual and reproductive health.

Funding There is no external funding for this research.

Compliance with Ethical Standards

Conflict of interest There is no conflict of interest related to this study.

Ethical Approval All procedures performed in this study involving human participants were in accordance with the ethical standards of the Faculty of Social and Political Sciences, Universitas Airlangga, Surabaya, Indonesia. This article does not contain any studies involving animals.

Informed Consent Informed consent was obtained from all individual participants that were included in the study.

Appendix: Questionnaire

Prevalence of Female Circumcision Practices and Cultural Construction of Female Sexuality in Madura

I. Identity of Respondent

Number:
Address:
1. What is the age of the respondent?

a. < 15 years
b. 16–20 years
c. 21–25 years

d. 26–30 years
e. 31–35 years
f. > 36 years

2. What is the respondent's current marital status?

a. Married
b. Widowed
c. Single

3. At what age did the respondent marry for the first time?

a. < 15 years
b. 16–20 years
c. 21–25 years
d. 26–30 years
e. > 31 years

4. How many times has the respondent been married?

a. Unmarried
b. Once (first marriage)
c. Twice (second marriage)
d. Three (third marriage)
e. Four or more

5. If the respondent is no longer with their partner, what is the reason for separation?

a. Their partner passed away
b. They married someone else
c. Their partner married someone else
d. Other, please mention:……

6. What is the highest level of education of the respondent?

a. No schooling or never been schooled
b. Elementary School, but not completed
c. Elementary School, completed
d. Middle School, but not completed
e. Middle School, completed
f. High School, but not completed
g. High School, completed
h. Undergraduate degree and further

7. What is the respondent's current occupation?

a. Unemployed
b. Factory labourer
c. Field hand [Tenants]
d. Tradesperson
e. Construction labourer
f. Office staff
g. Merchant
h. Farmer
i. Government personnel
j. Others, please mention: ……..……

8. What is the occupation of the respondent's partner/spouse?

a. Unemployed
b. Factory labourer
c. Field hand [Tenants]
d. Tradesperson
e. Construction labourer
f. Office staff
g. Merchant
h. Farmer
i. Government personnel
j. Others, please mention: ……

II. Socio-Cultural Opinions Toward Female Circumcision

9. Do you think women must be circumcised?

a. Yes (go to no. 10)
b. No (go to no. 11)

10. Why do you think women must be circumcised?

a. To improve/maintain women's personal well-being
b. To improve/maintain women's reproduction health
c. To perform/complete a sexual service to husband
d. To achieve a happy sexual life between husband and wife
e. To comply/follow the Madura ethnic customs
f. It is required by religion under Syariah/law
g. Other, please mention: ……..

11. Why do you think women must not be circumcised?

a. It hurts or is painful for women
b. It serves no function for women
c. There is no physical and/or emotional advantage for women
d. There is no religious (Islamic) requirement
e. Other, please mention: …….

12. If a woman has not been circumcised, a woman is:

a. Not considered as a true woman
b. Not allowed to perform prayer
c. Not allowed to be married
d. Not considered to be a wife
e. It is not a problem if she is not circumcised
f. Other, please mention: …….

III. Socio-Cultural Opinions Toward Female Sexuality

13. Do you think women should take care of their body, including their private parts?

a. Yes, because ……..
b. No, because ……
c. 14. Do you think men should take care of their body, including their private parts?
d. Yes, because ……..
e. No, because ……

15. Do you consume, or have you consumed, any medication or undergone treatment to take care of you body, including your private parts?

a. Yes, please mention:
    1. Homemade traditional herbs
    2. Medication: …….
    3. Treatment: …….
    4. Other, please mention: …….
b. No

16. What is the reason for consuming that medication or undergoing that treatment?

a. For personal well-being
b. To increase harmony in the household
c. It is a compulsory requirement for cultural norms
d. It is a compulsory requirement for religious practices
e. Other, please mention: ……

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