

A descriptive analysis of female genital mutilation/cutting (FGM/C) in Gorontalo: cultural, health, and legal perspectives

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Abstract

Female Genital Mutilation/Cutting (P2GP) remains a deeply ingrained practice in many parts of Indonesia, particularly in Gorontalo, where it is strongly tied to cultural and religious beliefs. The aim of this study is to explore the prevalence, cultural significance, health risks, and legal responses to P2GP in Gorontalo. This research utilizes a qualitative descriptive approach, combining literature review, document analysis, interviews with local communities, healthcare providers, and traditional practitioners, as well as policy analysis. The study reveals that P2GP in Gorontalo continues to be practiced despite the legal ban, with significant cultural and religious justifications for its continuation. The practice is perceived as essential for maintaining purity, moral integrity, and ensuring marriageability. However, the health risks associated with P2GP, including immediate complications such as infection and long-term issues like infertility and psychological trauma, remain significant. While medicalization has been proposed as a solution, it does not eliminate the inherent risks, and resistance to abandoning the practice remains prevalent, particularly in rural areas. The findings suggest that government policies aimed at banning P2GP face challenges due to deeply rooted cultural beliefs. The study emphasizes the need for culturally sensitive educational approaches and more comprehensive training for healthcare providers to address the health implications. The research contributes to the broader discourse on the intersection of tradition, health, and law and suggests areas for future research on culturally appropriate interventions and social change.

Keywords: Female Genital Mutilation/Cutting (FGM/C); Health Risks and Medicalization; Policy and Health Education

1. Introduction

Female Genital Mutilation/Cutting (FGM/C), also referred to as Female Circumcision, is a deeply entrenched cultural practice in various parts of the world, including Southeast Asia, Africa, and the Middle East. In Indonesia, this practice is more commonly known as *Pemotongan/Pelukaan Genitalia Perempuan* (P2GP), which directly translates to the cutting or mutilation of female genitalia. The practice, despite its widespread condemnation for its health risks and violation of human rights, is still observed in some parts of Indonesia, notably in Gorontalo, a province where it holds significant cultural and religious importance. In Gorontalo, P2GP is referred to locally as "Molubingo" or "Kubingo," a practice that has been passed down through generations and is firmly rooted in local traditions and Islamic beliefs.

The cultural persistence of P2GP in Gorontalo, as well as in other parts of the world, is closely tied to both religious and social expectations. In Gorontalo, the practice is viewed not only as a religious requirement but also as a rite of passage that marks the transition from childhood to adulthood for girls. Despite the high prevalence of this practice, it has drawn

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criticism both nationally and internationally, particularly from human rights organizations and health advocates. These critics argue that P2GP, which involves the partial or complete removal of the external female genitalia, has no medical benefits and instead leads to a host of short- and long-term physical and psychological consequences, including pain, infection, infertility, and psychological trauma. The World Health Organization (WHO) and various other organizations have condemned the practice, labeling it a violation of women's rights and an act of gender-based violence (Suraiya, 2019).

P2GP is commonly performed in Indonesia based on religious and cultural beliefs, primarily within Muslim communities. The practice has become deeply embedded in local cultures, especially in regions like Gorontalo, where it is seen as an essential part of the local identity. According to research conducted by Riskesdas (2013), approximately 51.2% of girls under the age of 11 have undergone P2GP in Indonesia, with higher prevalence rates in rural areas like Gorontalo. Despite this, the practice faces increasing scrutiny, and legal measures have been enacted to address the harm it causes. In 2024, Indonesia passed Government Regulation No. 28, which bans the practice of P2GP in a bid to protect women's health and prevent human rights violations. This law, however, faces resistance from some segments of the population who continue to defend the practice on the grounds of cultural and religious tradition.

The persistence of P2GP despite widespread condemnation can be attributed to several factors, including deeply held cultural and religious beliefs. Many individuals in communities where the practice is common continue to perceive P2GP as a means of protecting girls' honor, ensuring their marriageability, and preserving their purity. These beliefs are often passed down through generations, and any challenge to the practice is frequently met with strong opposition. In Gorontalo, for example, P2GP is seen as an integral part of the local culture and religious practices. The belief that P2GP is an important religious obligation, as well as a necessary step in preparing girls for adulthood, has helped perpetuate the practice, even in the face of mounting evidence of its harm.

The challenges associated with eliminating P2GP are also linked to a lack of education and awareness about the health risks associated with the practice. While the Indonesian government has introduced legal measures to ban P2GP, there is still a significant gap in terms of public knowledge about the practice's harmful effects. Many communities continue to rely on traditional birth attendants, or "dukun," to perform the procedure, often using rudimentary instruments in unhygienic conditions. This lack of access to trained medical professionals, coupled with a lack of education on the dangers of P2GP, makes it difficult to curb the practice in rural areas where it remains prevalent. The medicalization of P2GP, which involves trained healthcare professionals performing the procedure, has been proposed as a solution, but even this approach has not eliminated the associated risks. In fact, some studies suggest that medicalized P2GP may be even more harmful than traditional methods, as healthcare workers may perform more invasive procedures, leading to a higher risk of complications (Budiharsana et al., 2003).

To address the issue of P2GP, a multifaceted approach is needed that combines legal, educational, and healthcare reforms. Education plays a key role in changing perceptions about P2GP and raising awareness about its dangers. Several studies have highlighted the importance of community-based education campaigns to inform both the general public and healthcare professionals about the health risks associated with P2GP. Such campaigns, if implemented effectively, could help to shift cultural norms and reduce the prevalence of the practice in communities like Gorontalo. For example, research suggests that integrating education about the risks of P2GP into school curricula, especially in rural areas, could help to break the cycle of cultural perpetuation by providing young people with the knowledge they need to make informed decisions (Susilastuti et al., 2017). Additionally, training healthcare workers to recognize and address the complications associated with P2GP, as well as to provide alternative, non-invasive methods of genital care, is crucial in ensuring that those affected by the practice receive appropriate care.

There is also a growing body of literature that calls for the integration of cultural sensitivity into public health interventions. Many studies suggest that approaches that respect local customs while promoting health and safety are more likely to succeed in communities where traditional practices are deeply ingrained. For example, culturally appropriate education programs that explain the health risks of P2GP and provide alternative practices, such as hygienic and non-invasive genital care, could lead to a reduction in the prevalence of the practice without alienating local communities. These culturally sensitive approaches would also help to ensure that any public health campaigns are more likely to be accepted by the communities they aim to serve. However, despite these efforts, there is still a significant gap in research regarding the most effective methods of changing public attitudes toward P2GP, particularly in areas like Gorontalo where the practice is so deeply entrenched.

This article aims to address this research gap by proposing a model for educational intervention focused on preventing P2GP in Gorontalo. The primary goal of this study is to design a culturally sensitive educational framework that can be integrated into healthcare training curricula. This framework would provide healthcare professionals with the

knowledge and tools they need to educate local communities about the dangers of P2GP and promote alternative practices. The novelty of this study lies in its emphasis on combining cultural sensitivity with modern healthcare practices to create a holistic solution that respects local traditions while safeguarding the health and rights of women and girls. By exploring the effectiveness of educational programs and policy reforms in reducing the prevalence of P2GP, this research hopes to contribute to the broader global effort to eliminate this harmful practice and protect the health and well-being of women and girls in Indonesia and beyond.

2. Methodology

This research utilizes a qualitative descriptive approach, relying heavily on an in-depth literature review that includes both primary and secondary sources. The primary data was gathered through interviews with key stakeholders in Gorontalo, including local community members, healthcare providers, and traditional practitioners involved in the practice of P2GP. The interviews aim to explore the cultural, social, and health perspectives of P2GP, providing insights into the motivations behind its persistence and the challenges in implementing governmental policies. Secondary data was collected from government reports, previous research, and international guidelines, particularly focusing on Indonesia's legal measures, such as Government Regulation No. 28 of 2024, which bans P2GP. Document analysis was conducted to evaluate these policies and their effectiveness in curbing the practice, as well as to understand the alignment of Indonesian laws with global human rights and public health standards. The study also involved policy analysis to assess the role of local governments and law enforcement in enforcing these regulations. Ethical considerations were paramount in this research, with informed consent obtained from all interview participants, ensuring confidentiality and sensitivity when dealing with personal and potentially distressing information. This combination of document analysis, interviews, and policy review provides a comprehensive understanding of P2GP and the complexities surrounding its practice in Gorontalo.

3. Results and Discussion

This section presents the results and discussion of the research findings regarding P2GP in Gorontalo. The data analyzed were derived from an in-depth literature review, document analysis, interviews with local communities, healthcare providers, and traditional practitioners, as well as policy analysis. The discussion will examine the persistence of P2GP in Gorontalo, the cultural and social drivers behind it, the role of healthcare systems in mitigating its practice, and the effectiveness of the government policies aimed at banning it. Through a multifaceted approach, this section also addresses the impact of P2GP on women's health, the legal implications, and the challenges involved in policy implementation.

3.1. Prevalence and Cultural Significance of P2GP in Gorontalo

The practice of P2GP, also known locally as "Molubingo" or "Kubingo," remains deeply entrenched in the cultural and religious traditions of Gorontalo. According to the interviews conducted with local community leaders and traditional practitioners (dukun), P2GP is seen as an essential rite of passage for young girls in the region. It is strongly associated with religious beliefs, particularly in the context of Islamic practices, where it is viewed as a means of maintaining purity, cleanliness, and moral integrity. Local religious and cultural leaders emphasized that P2GP is perceived as an obligatory practice in Gorontalo, as it is believed to protect young girls from spiritual harm and ensure their readiness for marriage.

The interviews revealed that, despite the government's legal prohibition of the practice, there is still a significant number of families that choose to have their daughters undergo P2GP due to social pressure and cultural expectations. In Gorontalo, P2GP is not only a religious obligation but also a social necessity. Many respondents reported that families who do not perform P2GP risk being ostracized or stigmatized by their communities. This cultural aspect was reiterated by local health workers, who noted that resistance to abandoning the practice is particularly strong in rural areas where traditional beliefs are more entrenched. According to Riskesdas (2013), approximately 51.2% of girls under the age of 11 have undergone P2GP in Indonesia, with Gorontalo showing one of the highest prevalence rates.

This high prevalence of P2GP is attributed to the fact that it has been practiced for generations, with cultural and religious justifications continually passed down. Historical records suggest that P2GP in Gorontalo can be traced back to the 17th century (Anshor & Hewatt, 2017), further cementing its cultural roots. The practice has been internalized as part of the community's identity, making it difficult to challenge, even in light of growing global condemnation.

3.2. Health Risks and Medical Implications of P2GP

One of the primary concerns about P2GP is its significant impact on women's health. The literature and interviews with healthcare providers revealed that the procedure often results in immediate and long-term physical complications. These include bleeding, infection, and scarring, as well as more severe complications such as infertility and childbirth difficulties. Healthcare workers reported cases where the procedure was performed under non-sterile conditions, using non-medical instruments such as razors, knives, or scissors, leading to higher risks of infection. These findings align with studies by Suraiya (2019) and Budiharsana et al. (2003), who documented the serious health consequences associated with the practice, particularly when it is not performed by trained medical professionals.

The medicalization of P2GP, in which trained healthcare professionals perform the procedure in a medical setting, was discussed as a possible solution to reduce harm. However, some healthcare providers expressed concern that medicalization may not fully eliminate the risks associated with P2GP. Research by Budiharsana et al. (2003) highlighted that even healthcare professionals performing P2GP could cause more harm due to more invasive methods compared to traditional practices. This suggests that while medicalization may reduce some of the immediate risks, it does not address the fundamental health concerns surrounding the practice.

Furthermore, the psychological impact of P2GP on women is another significant concern. Many healthcare workers noted that P2GP can result in lasting psychological trauma, particularly in women who experience complications or who were forced to undergo the procedure against their will. Some interviewees reported that women who underwent P2GP expressed feelings of shame, humiliation, and emotional distress. These findings are consistent with the research conducted by Susilastuti et al. (2017), which documented the psychological consequences of P2GP, including anxiety and depression.

3.3. Legal and Policy Responses to P2GP

In response to the growing concern over the health risks and human rights violations associated with P2GP, the Indonesian government enacted Government Regulation No. 28 of 2024, which officially bans the practice. This regulation is part of a broader effort to protect women's rights and health in Indonesia, aligning with international human rights standards. The policy prohibits all forms of female genital cutting and mandates that healthcare professionals report any instances of P2GP. However, the interviews with local healthcare providers and community members revealed that the enforcement of this law is fraught with challenges.

Despite the legal framework, many local communities in Gorontalo continue to practice P2GP, citing religious and cultural justifications. Local authorities face significant obstacles in enforcing the law, particularly in rural areas where traditional practices are deeply ingrained. Some local healthcare workers reported that they had witnessed cases of P2GP being performed covertly, even though the practice is prohibited by law. This underscores the gap between policy and practice, where legal prohibitions have not fully translated into behavior change on the ground.

The government's efforts to raise awareness about the dangers of P2GP and promote alternative practices have been somewhat successful but remain limited. Several health education campaigns have been launched, yet they face resistance from communities that view these interventions as external impositions. According to Khotimah et al. (2021), such resistance is often rooted in the belief that outsiders, including the government, cannot dictate local customs and religious practices. To overcome this challenge, the government must adopt a more culturally sensitive approach to policy enforcement, one that respects local beliefs while prioritizing the health and rights of women.

3.4. Role of Healthcare Providers in Addressing P2GP

The role of healthcare providers in addressing P2GP is crucial, as they are often the primary point of contact for women affected by the practice. Healthcare workers in Gorontalo reported that they frequently encounter women who have experienced complications due to P2GP and who seek medical care for issues such as infection, pain, and infertility. Despite the law prohibiting P2GP, healthcare providers continue to play a significant role in its medicalization, with many performing the procedure in medical settings under the guise of hygienic practices.

The study found that the majority of P2GP is still carried out by traditional birth attendants (dukun), particularly in rural areas where healthcare infrastructure is limited. Interviews with dukun revealed that they often rely on knowledge passed down through generations, using rudimentary tools to perform the procedure. These practitioners were not typically trained in medical techniques, which contributes to the higher risk of complications. In contrast, healthcare workers, especially midwives, who perform P2GP in medical facilities, often employ more invasive techniques, exacerbating the risks.

The lack of formal training in P2GP within healthcare curricula is another barrier. Despite the increasing medicalization of the practice, there is no standardized training for healthcare providers regarding P2GP. Interviews with healthcare workers revealed that many have not received formal instruction on the procedure, relying instead on personal experience or mentorship from more experienced colleagues (Zakiah, 2012). This lack of training contributes to the inconsistency and variability in how P2GP is performed across different regions, underscoring the need for standardized protocols and education for healthcare professionals.

3.5. Challenges in Changing Public Perception and Cultural Norms

Changing public perception and cultural norms surrounding P2GP in Gorontalo is a complex and challenging task. The interviews revealed that there is widespread resistance to abandoning the practice, particularly among older generations who view it as an essential part of their cultural identity. Despite the health risks and legal prohibitions, many local families continue to have their daughters undergo P2GP, driven by the belief that it is necessary for their daughters' social and religious standing.

The resistance to abandoning P2GP is deeply tied to cultural values and beliefs about femininity, purity, and religious obligation. Religious leaders, particularly in Gorontalo, emphasized that P2GP is seen as a way to ensure that girls are ready for marriage and are protected from moral corruption. These cultural beliefs make it difficult for individuals and communities to accept that P2GP could be harmful or unnecessary. Therefore, changing the cultural narrative around P2GP requires a comprehensive approach that combines legal enforcement with community-based education programs that address the underlying cultural beliefs while promoting safe alternatives.

4. Conclusion

This study reveals that the practice of Female Genital Mutilation/Cutting (FGM/C) remains widespread in Gorontalo despite legal prohibitions and evidence of its negative health impacts. The main finding indicates that P2GP in Gorontalo is deeply influenced by cultural and religious factors, with strong social pressure to maintain this practice. Medicalization of P2GP has not reduced its risks, and resistance to government policies remains high, particularly in rural areas.

The implications of these findings suggest that while laws banning the practice have been enacted, their impact is still hindered by deeply ingrained cultural norms and societal expectations. This research contributes significantly by highlighting the need for culturally sensitive approaches in policy enforcement and health education. Furthermore, it underscores the crucial role of healthcare providers in mitigating the effects of P2GP through more comprehensive training.

Further research is recommended to study the effectiveness of culturally-based educational campaigns and the role of technology in raising awareness and reducing the prevalence of P2GP in areas still heavily influenced by tradition. Future studies could explore how social change can be facilitated in culturally sensitive contexts to better address practices like P2GP.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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