

**Refugee Review Tribunal
AUSTRALIA**

RRT RESEARCH RESPONSE

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– Police – State protection

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Questions

- 1. Please advise of the difficulties faced by disabled females in Indonesia, in particular dwarfs?**
- 2. Please advise if disabled females in Indonesia have access to education and employment and if they face any other discrimination?**
- 3. Please advise of the propensity of female genital mutilation in Indonesia; the type and at what age it occurs.**
- 4. Please provide information on the propensity of female genital mutilation amongst the Arab community in Indonesia.**
- 5. Please provide information on the type of circumcision that is performed in Yemen and at what age.**
- 6. Please advise if the Indonesian government or police provide effective protection to dwarfs and to those facing female genital mutilation from their family.**
- 7. Please provide any other information that is relevant regarding female genital mutilation in Arab communities in Indonesia and protection of or difficulties faced by dwarves in Indonesia.**

RESPONSE

- 1. Please advise of the difficulties faced by disabled females in Indonesia, in particular dwarfs?**
- 2. Please advise if disabled females in Indonesia have access to education and employment, and if they face any other discrimination?**

No information was found on the situation for dwarfs in Indonesia. In regard to disability generally, US Department of State human rights information indicates that, although there are existing laws prohibiting discrimination against persons with physical and mental disabilities, the government did not enforce these laws and persons with disabilities face considerable discrimination, including in the areas of education and employment (US Department of State 2009, *Country Reports on Human Rights Practices for 2008 – Indonesia*, 25 February, Section 5 – Attachment 1).

The latest US Department of State report on human rights in Indonesia gives the following information on persons with disabilities:

The government classifies persons with disabilities into four categories: blind, deaf, mentally disabled, and physically disabled. The law prohibits discrimination against persons with physical and mental disabilities in employment, education, access to health care, or the provision of other state services. The law also mandates accessibility to public facilities for persons with disabilities; however, the government did not enforce this provision. Few buildings and virtually no public transportation facilities provided such accessibility. The law requires companies that employ more than 100 workers to set aside 1 percent of positions for persons with disabilities. However, the government did not enforce the law, and persons with disabilities faced considerable discrimination.

In urban areas only a few city buses offered wheelchair access, and many of those had their hydraulic lifts vandalized, rendering them unusable. Few companies provided facilities for persons with disabilities, and fewer companies employed such persons. Surabaya's airport opened in 2006 and was not accessible for persons with disabilities. Lack of funds was generally cited as the primary reason for not improving accessibility.

In 2003 the government stated the country was home to 1.3 million children with disabilities; the actual number was believed to be much higher. The law provides children with disabilities with the right to an education and rehabilitative treatment. A government official alleged that many parents chose to keep children with disabilities at home; however, many schools refused to accommodate such children, stating they lacked the resources to do so. According to the government, there were 1,568 schools dedicated to educating children with disabilities, 1,202 of them run privately. Some young persons with disabilities resorted to begging for a living.

The Ministry of Social Affairs is responsible for protecting the rights of persons with disabilities (US Department of State 2009, *Country Reports on Human Rights Practices for 2008 – Indonesia*, 25 February, Section 5 – Attachment 1).

Research Response IDN32914, dated 26 February 2008, provides sourced information on the situation for people with disabilities in Indonesia. Although the research concentrates more on persons with intellectual/cognitive disabilities, the information and sources are also relevant in regard to persons with physical disabilities. Question 3 of the research response looks at what protection there is against disability discrimination in Indonesia (RRT Research & Information 2008, *Research Response IDN32914*, 26 February – Attachment 2).

One of the sources referred to in *Research Response IDN32914* is an undated country profile on Indonesia on the Asia-Pacific Development Center on Disability (APCD) website. This country profile includes a section looking at various priority areas for people with disabilities in Indonesia, and what organisations are active and what policies have been proposed in priority areas including women, education, and training and employment. It should be noted that the report does not give details on the actual implementation and outcomes of the

policies outlined ('Current Situation of Persons with Disabilities' (undated), *Country Profile – Indonesia*, Asia-Pacific Development Center on Disability (APCD) website <http://www.apcdproject.org/countryprofile/indonesia/situation.html#wwd> – Accessed 26 March 2009 – Attachment 3).

A 2003 article in *Inside Indonesia* notes the difficulties faced by persons with disabilities in Indonesia:

...disability is determined by the socio-cultural and physical environment. Where minimal specialist services, programs or facilities exist to meet the varied needs of a person with a disability in daily life, a simple impairment may become a significant handicap. This is the case in Indonesia. The Indonesian government is unable to provide for the inclusion and integration of people with disabilities into able-bodied society.

Indonesia's struggling economy means that services and facilities for people with disabilities are minimal. The budget is incapable of providing welfare pensions. Nor can it provide adequate funds to meet the needs of people with disabilities in health, education, employment and public access.

...Furthermore, in Indonesia, there are few legal or social pressures to promote a non-discriminatory stance on disability. This is not to say that all people with a disability experience discrimination. In some communities, particular disabilities are perceived as a form of naturally occurring diversity and not as handicaps. In one community in Bali, for example, hereditary deafness is common and both hearing and hearing-impaired members of the community regularly use an ethnic sign language to communicate. Local cosmology and legend even incorporate devotion to a deaf god. Deafness is considered a part of the diversity of nature in this region, and deaf members of the community are integral to the shared community culture and ritual.

However cases such as these remain the exception. People with disabilities are more often considered an embarrassment. A significant barrier faced by people with disabilities is the belief that their disabilities are a punishment from God for sin. In Java and Bali in particular, the person with a disability is believed to be possessed by a supernatural spirit which must be exorcised. Disability is also often seen as a matter of fate. There is little empathy for people with disabilities for whom "nothing can be done" (Byrne, J. 2003, 'Disability in Indonesia', *Inside Indonesia*, no. 75, July-September <http://www.insideindonesia.org/content/view/303/29/> – Accessed 26 March 2009 – Attachment 4).

According to the US Department of State, females generally face discrimination in employment and education:

Women faced discrimination in the workplace, both in hiring and in gaining fair compensation. According to a 2007 International Trade Union Confederation (ITUC) report, women on average earned 74 percent of what men earned, were overrepresented in unpaid and lower-paid positions in the informal sector, and held only 17 percent of managerial positions. According to the government, women constituted 43 percent of all civil servants but less than 7 percent of senior officials. Some activists said that in manufacturing, employers relegated women to lower-paying, lower-level jobs. Many female factory workers were hired as day laborers instead of as full-time permanent employees, and companies were not required to provide benefits, such as maternity leave, to day laborers.

...The government stated its commitment to children's rights, education, and welfare, but it devoted insufficient resources to fulfill that commitment.

...Although the law provides for free education, in practice most schools were not free of charge, and poverty put education out of the reach of many children. By law children are required to attend six years of elementary school and three years of junior high school; however, in practice the government did not enforce these requirements. Although girls and boys ostensibly received equal educational opportunities, boys were more likely to finish school (US Department of State 2009, *Country Reports on Human Rights Practices for 2008 – Indonesia*, 25 February, Section 5 – Attachment 1).

3. Please advise of the propensity of female genital mutilation in Indonesia; the type and at what age it occurs.

A 2003 research report publicises the results of a study on female genital mutilation (FGM) in Indonesia conducted by the Population Council, Jakarta. The executive summary states that in Indonesia, “the practice of female circumcision has long existed, but information concerning exactly where and how it is carried out has been limited. In order to gather more information about the procedures in Indonesia, a relatively large study of female circumcision covering several major ethnic groups from the western to the eastern parts of the country, has recently been conducted”. Among the groups surveyed, the study found that 86-100 percent of girls had been circumcised. According to the report, the majority of Muslims in Indonesia follow the Syafi’i *mazhab* (school of law) which perceives circumcision as an obligatory practice for boys and girls. The report states that “age at circumcision for girls varied from newborn up to 9 years of age”. The report notes the “wide variation in procedures, providers and tools involved in FC”. It states that “FC practices can be divided into two main groups: ‘symbolic only’ types where there is no incision or excision, accounting for about 28% of all the cases of FC in the study for which an eye-witness account was available, and ‘harmful’ forms, involving incision (49%) and excision (22%)” (Budiharsana M. 2003, *Female circumcision in Indonesia: extent, implications and possible interventions to uphold women’s health rights*, September <http://www.stopfgmc.org/client/sheet.aspx?lang=en-US&sheet=2347&root=144> – Accessed 26 March 2009 – Attachment 5).

Note: For the definitions of the types of FGM referred to, see pages 2-3 of the report. Reading the full report is recommended.

Under the subsection ‘Prevalence of Female Circumcision’ the report states:

Since only households with at least one girl under 19 years of age were included, the survey encompassed more girl children (2,660) than boys (1,516) from the households sampled.

The survey demonstrated that circumcision among girls and boys is a universal practice in the study sites. Across the sites, among all the children aged 15-18, 86-100% of the girls and 100% of the boys were reported already circumcised (Budiharsana M. 2003, *Female circumcision in Indonesia: extent, implications and possible interventions to uphold women’s health rights*, September, p. 24 <http://www.stopfgmc.org/client/sheet.aspx?lang=en-US&sheet=2347&root=144> – Accessed 26 March 2009 – Attachment 5).

Under the subsection ‘Age at Circumcision’ the report states:

Age at circumcision for girls varied from newborn up to 9 years of age. In Padang City, Sumenep, and Kutai, the majority of mothers mentioned newborn and infancy as the ideal time for FC, while in Makassar and Bone, the majority cited older ages, between 5 and 9 years. It was noted, however, that age at circumcision varied widely at each site. In Padang

Pariaman and Serang, the practice was sometimes done at a very early age, and sometimes between age 1 and 4 years. In Sulawesi, age at circumcision for females was generally much older. Most of the girls circumcised in Gorontalo had undergone the procedure between the ages of 1-4 years, while in South Sulawesi (Makassar and Bone) it was mostly undertaken at older ages, especially between the ages of 5 – 9 years, but sometimes even over the age of 10.

... Midwives or TBAs [Traditional Birth Assistant] performed most of the circumcisions on newborns, usually just after delivery. On the other hand, the traditional circumcision practitioners more often performed circumcisions at later ages.

Although the age of female circumcision varies, the practice serves the same function of transferring female gender identity to the child. When performed at early ages (infancy and early childhood), the practice is also commonly combined with ear piercing (*tindik*) or ceremonies of early childhood (rites of passage), such as hair cutting, *aqiqah*, etc. When performed at later ages, especially after 5 years old, the children are expected to remember the experience and integrate this into their concept of their sexual and gender identity. Circumcision at later ages in South Sulawesi is associated with development of the girl's ability to read the *syahadat* (the testimony or declaration of faith by which the one who utters it enters into the fold of Islam) (Budiharsana M. 2003, *Female circumcision in Indonesia: extent, implications and possible interventions to uphold women's health rights*, September, pp. 27-28 <http://www.stopfgmc.org/client/sheet.aspx?lang=en-US&sheet=2347&root=144> – Accessed 26 March 2009 – Attachment 5).

Under the subsection 'Types of Female Circumcision' the report states:

The survey found reports on the practice of various types of FC procedures included rubbing and scraping, stretching, pricking and piercing, incision and, finally, excision. Based on the WHO classifications, these practices can be categorized into "Type I – Excision," and "Type IV – Unclassified," this latter encompassing all the other procedures occurring at the study sites. As shown in Table 11, among all these procedures, incision (Type IV) was found to be the most common type of FC at four of the eight sites (Serang 75%, Kutai 63%, Gorontalo 55% and Bone 72%). A high incidence (more than half of cases) of Type I FC (excision) was found in Padang City and Padang Pariaman. However, a significant proportion of Type I FC was also found in Sumenep in Madura (22%) and Bone, in South Sulawesi (16%). However, the procedure of only rubbing and scraping was the most common form of FC in Sumenep (42%), as it was in Makassar (74%) (Budiharsana M. 2003, *Female circumcision in Indonesia: extent, implications and possible interventions to uphold women's health rights*, September, p. 28 <http://www.stopfgmc.org/client/sheet.aspx?lang=en-US&sheet=2347&root=144> – Accessed 26 March 2009 – Attachment 5).

Further,

Analysis of the study findings showed that traditional providers tended to perform Type IV ("Unclassified"), while modern health care providers (HCPs) tended to perform Type I FC. The majority of the FC cases performed by traditional circumcision practitioners (*dukun sunat*) used the procedures of rubbing and scraping (56%), while 38% performed incision (without removal of tissue). TBA-performed FC cases mostly involved incision (62%), while a quarter of cases were by rubbing and scraping. Approximately 5% of FC cases performed by each type of traditional provider involved excision of tissue. In comparison, most of the FC cases where midwives provided services, used excision (57%), and incision was also common (31%), while only one-tenth were rubbed and scraped (Budiharsana M. 2003, *Female circumcision in Indonesia: extent, implications and possible interventions to uphold women's health rights*, September, p. 30 <http://www.stopfgmc.org/client/sheet.aspx?lang=en-US&sheet=2347&root=144> – Accessed 26 March 2009 – Attachment 5).

The study found the increasing “medicalization” of FC, with the procedure being more often performed by modern health care providers. Female circumcision has begun to be marketed by maternity clinic midwives as part of a birth delivery package. The report rejects the argument that this development is the “lesser of two evils”, noting its findings that circumcision performed by medical professionals (doctors/nurses/midwives) tended to be more invasive forms of FC than those more often “symbolic” circumcisions performed by traditional practitioners. The report states that “medicalization is the factor that seems to contribute to the increased practices of FC in Indonesia” (Budiharsana M. 2003, *Female circumcision in Indonesia: extent, implications and possible interventions to uphold women’s health rights*, September, p. 30 <http://www.stopfgmc.org/client/sheet.aspx?lang=en-US&sheet=2347&root=144> – Accessed 26 March 2009 – Attachment 5).

The latest US Department of State human rights report has the following information on FGM:

Female genital mutilation (FGM) was practiced in some parts of the country, including West Java. Complications reportedly were minimal. Some NGO activists dismissed any claims of mutilation, saying the ritual as practiced in the country was largely symbolic. In 2007 the minister of women’s empowerment called for a complete ban of the practice. In 2006 the Ministry of Health banned FGM by doctors and nurses. However, symbolic female circumcisions that do not involve physical damaging of the child could be carried out, and violators of the ban did not face prosecution (US Department of State 2009, *Country Reports on Human Rights Practices for 2008 – Indonesia*, 25 February, Section 5 – Attachment 1).

A 2001 US Department of State report on FGM in Indonesia has the following information:

Practice:

Type I (commonly referred to as clitoridectomy) and less invasive procedures (Type IV) are the forms of female genital mutilation (FGM) or female genital cutting (FGC) practiced in Indonesia. The practice is generally referred to as female circumcision in Indonesia. It occurs in parts of East, Central and West Java, North Sumatra, Aceh, South Sulawesi and on Madura Island, as well as in many other parts of the archipelago.

Incidence:

There are no statistics on this practice in Indonesia. However, a study conducted in Jakarta and West Java, found most female children who were circumcised underwent ritualistic, largely non-invasive procedures.

The University of Indonesia’s Women’s Research Graduate Program conducted this study in October 1998. It surveyed 200 mothers, 100 living in an urban community in Jakarta and 100 living in a rural area in West Java.

According to the study, of 100 mothers in the Kemayoran community in Jakarta, 97 percent of their female children had been circumcised. Trained midwives or physicians circumcised the baby girls using a blood lancet or sewing needle to prick the clitoris until bleeding occurred. However, some midwives merely wiped the clitoris with alcohol and bethadine. This procedure took place when the girl was 40 days to five years old.

The 100 mothers surveyed from the rural West Java community of Cijeruk said 100 percent of their female children had been circumcised. Traditional birth attendants (TBAs) performed the procedure using small scissors, a razor blade or even a small piece of sharpened bamboo. The TBAs cut a small piece of the prepuce (clitoral hood) or the clitoris itself until bleeding occurred. This procedure was performed when the baby was about 40 days old.

It is a common practice among Muslim families from the Banten ethnic group in West Java, where it is largely a symbolic procedure. The practice is ceremonial, during which the clitoris of the baby or young girl is scraped or touched, often with the purpose of drawing several drops of blood. Sometimes a plant root is used symbolically and the girl is not touched at all.

These procedures usually take place within the first year, often on day 36 or 40 after birth, depending on local traditions. In some areas, however, it is performed on girls up to ten years of age. On Madura, the practice usually occurs when the baby girl is six months old.

The type of procedure performed in Indonesia, if any, is usually left to the discretion of local traditional practitioners who rely on local traditions. The procedure is often performed in a hospital in urban areas. Because procedures are largely symbolic, the incidence of complications is believed to be low.

Attitudes and Beliefs:

According to the study, Kemayoran community women in Jakarta believe that the practice is mandated or recommended by Islam. The more educated mothers believe the practice is “sunnah” (recommended or encouraged by the prophet Muhammad). The less educated mothers believe the practice is “wajib” (mandatory).

The rural mothers of the West Java community of Cijeruk said the procedure was performed according to sunnah and was meant to purify female babies. It was also regarded as a local custom and believed to promote good hygiene.

Some religious leaders believe that the removal or partial removal of the clitoris is beneficial to marriage because a woman would be more likely to remain faithful to her husband if she had no sexual drive. Some religious Islamic leaders consider this practice a mandate of Islam. Other religious leaders believe that this practice is recommended by Islamic teachings but not mandated.

Type I:

Type I is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris.

This procedure occurs on Madura Island, South Sulawesi and parts of East Java and Sumatra. Although there is disagreement over the prevalence of this practice, it appears to be on the decline.

Type IV:

Type IV includes the pricking, piercing or incision of the clitoris and/or labia. It also includes the scraping of the vaginal orifice or cutting of the vagina.

Various forms are practiced in different parts of Indonesia, especially where Muslim populations predominate. The method employed depends on ethnic, cultural and religious traditions.

Outreach Activities:

The government included this practice as a gender issue in its National Action Plan to End Violence against Women, published in November 2000. This Plan commits the Ministry of Women’s Empowerment and the Ministry of Religion to conduct research on religious teachings that impede women’s rights. FGM/FGC heads the Action Plan’s list of religious teachings requiring investigation and modification. The Government, the National Ulemas Council, religious leaders, women’s groups and health practitioners are to develop guidelines for health practitioners and midwives on non-invasive techniques for this practice. An awareness campaign is planned.

Currently public awareness of this practice is low. The subject is not discussed in schools and

rarely in the media. In 2000 an article on a ritualistic FGM/FGC ceremony in West Java did appear in an English language newspaper.

The National Ulemas Council supports eliminating female circumcision in stages. For now, it will support ritualistic, non-invasive forms of this practice. It has agreed under the Action Plan, to participate in joint efforts to develop guidelines for health practitioners and midwives on non-invasive female circumcision techniques.

Two women's rights groups are addressing FGM/FGC issues. These are the Convention Watch and the Indonesian Women's Coalition for Justice and Democracy. They believe that projects combining further study of this practice and an awareness campaign of this issue, especially directed at regions where invasive procedures are reported to occur, would help end this harmful practice. Convention Watch is currently working on a proposal for this.

The Convention Watch working group has also expressed interest in researching the prevalence and types of FGM/FGC that occur in Indonesia. They would like to extend the University of Indonesia's 1998 study to other regions in Indonesia, including Madura Island, West Sumatra and South Sulawesi.

Legal Status:

There is no national law against FGM/FGC in Indonesia. Customary law permits symbolic and small-cut incisions of the clitoris (US Department of State 2001, *Indonesia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, 1 June http://www.unhcr.org/refworld/topic_45a5fb512_46556aac2_46d57879c_0.html – Accessed 26 March 2009 – Attachment 6).

4. Please provide information on the propensity of female genital mutilation amongst the Arab community in Indonesia.

No specific information was found on the Arab community in Indonesia in regard to FGM. Information does indicate that immigrant communities originally from areas where FGM is commonly practiced do carry on this tradition. GAMS (a women's group for the abolition of female genital mutilation and other harmful practices affecting the health of women and children) states that “[o]utside the African continent, excision exists in Indonesia, Malaysia and Yemen. In the occidental countries female genital mutilation is observed in the immigrant community on girls and women of the concerned ethnic tribes”. The available information indicates that the majority of Indonesians of Yemeni descent originally come from Hadramaut in Yemen. In *Hadrami Arabs in Present-day Indonesia*, Frode Jacobsen states that most present day Arab communities in Indonesia identify themselves as “so-called *Hadrami* Arabs. Hadrami Arabs, being mostly Sunni Muslims and reckoning the Hadramawt province in southern Yemen as their original homeland, have settled in Indonesia for several centuries. The bulk of the migrants, however, arrived in the late nineteenth and early twentieth century” (p. 2). It should be noted that, according to UN Population Fund information, while an estimated 23-24 percent of women in Yemen are circumcised, in Hadramaut an estimated 96-97 percent of women are circumcised. According to Frode Jacobsen, “the Hadramis, in Indonesia as elsewhere, are mainly Sunni Muslims and mainly belong to the Shafi’ī school of law” (p. 19). According to the Population Council research report on FGM, “a majority of Muslims in Indonesia are followers of *mazhab Syafi’i* who perceives circumcision as an obligatory practice for boys and girls” (Franjou, M. (undated), ‘Female genital mutilation and harmful practices affecting the health of women and children’, GAMS website <http://pagesperso-orange.fr/~associationgams/gamsiteeng/pages/mgf.html> –

Accessed 30 March 2009 – Attachment 7; Jacobsen, F. 2009, *Hadrami Arabs in Present-day Indonesia*, Taylor & Francis Group, London/New York, p. 2, Google Books website http://books.google.com/books?id=Vqy8gf2elqUC&pg=PA38&lpg=PA38&dq=hadrami+yemenis+indonesia&source=bl&ots=QlAsobu2zC&sig=RkNbOnW8dL1LmgLPyd4T1flGz9I&hl=en&ei=rQfLSczMNZjC6gOUu5yUBw&sa=X&oi=book_result&resnum=3&ct=result#PPA2,M1 – Accessed 26 March 2009 – Attachment 8; ‘24 percent of Yemeni women experience genital mutilation’ 2008, StopFGM/C! website, source: *Yemen Times*, 25 January <http://www.stopfgmc.org/client/sheet.aspx?lang=en-US&sheet=2503&root=158> – Accessed 30 March 2009 – Attachment 9; Jacobsen, F. 2009, *Hadrami Arabs in Present-day Indonesia*, Taylor & Francis Group, London/New York, p. 19, Google Books website http://books.google.com/books?id=Vqy8gf2elqUC&pg=PA19&vq=school+of+law&source=gb_search_r&cad=1_1 – Accessed 26 March 2009 – Attachment 10; Budiharsana M. 2003, *Female circumcision in Indonesia: extent, implications and possible interventions to uphold women’s health rights*, September, p. 9 <http://www.stopfgmc.org/client/sheet.aspx?lang=en-US&sheet=2347&root=144> – Accessed 26 March 2009 – Attachment 5).

5. Please provide information on the type of circumcision that is performed in Yemen and at what age.

According to information from the World Health organization (WHO), 23 percent of women in Yemen are circumcised. WHO states that “[r]ecent surveys have found that...76% of those in the Yemen were not more than two weeks old”. A 2005 *IRIN* article states: “In Yemen, unlike many other countries where it is performed, the majority of operations are done within the first few month of a girl’s life. The most common form of the procedure in Yemen is thought to be excision, which involves removal of all or part of the clitoris and possibly the labia minora” (‘Female Genital Mutilation (FGM): Prevalence and age’ (undated), World Health Organization website <http://www.who.int/reproductive-health/fgm/prevalence.htm> – Accessed 30 March 2009 – Attachment 11; ‘Eradicating FGM will be a slow process, experts say’ 2005, *IRIN*, 14 November <http://www.irinnews.org/report.aspx?reportid=25685> – Accessed 30 March 2009 – Attachment 12).

A 2008 *Yemen Times* article found on the StopFGM/C! website gives the following information on FGM in Yemen:

According to the United Nations Population Fund office in Sana’a, 24 percent of Yemeni women have been exposed to female genital mutilation (FGM).

Yemen is a conservative society where families practice such mutilation as a religious and cultural tradition. It also has become a common belief that the practice serves to temper female sexual desire.

While illiteracy stands at 29.8 percent for Yemeni men, it’s 62.1 percent for women, which is another factor responsible for FGM practices in Yemen, according to experts.

A 2001 ministerial decree prohibited FGM in Yemen, but health officials say they couldn’t monitor the decree’s application in all medical facilities. Dr. Jamila Al-Raiby, the Ministry of Health’s general director of women’s affairs, notes that the ministry’s role is to raise public awareness.

“Our role is to address those attempting to raise awareness. In most cases, we experience difficulties when talking with people about this sensitive issue, but we request help from

religious men with influence in their communities to talk with citizens about the risks and dire medical consequences of this practice,” she said.

Al-Raihy points out that there are no sufficient studies on FGM practices in Yemen. According to her, a 2000 study conducted by the Pacific Institute for Women’s Health revealed that more than 97 percent of respondents in Hodeidah had experienced FGM, 96 percent in Al-Mahrah and Hadramout, 82 percent in Aden and 45.5 percent in Sana’a. The study involved a sample of 2,163 women in those governorates.

The study found that immediate complications include severe pain, shock, hemorrhaging, urine retention, ulcerating the genital region and injuring adjacent tissue. Bleeding and infection can cause death.

Some professionals who read the study were shocked and disputed the figures, saying that the areas where interviews were conducted had a high percentage of immigrant populations, leading to inflated numbers of women who had FGM performed on them.

However, Soheir Stolba, Ph.D., who worked in this field in Yemen, confirmed, “Most educated Yemenis denied the custom’s existence, attributing it only to limited pockets of coastal populations where African immigrants live. My continued work on this phenomenon over a six-year period revealed that FGM is deeply rooted in Yemen.”

Stolba referred to another practice, known locally as al-takmeed, performed on female genitalia in Yemeni coastal areas. On the fourth day after a baby girl’s birth, her mother or an older female household member prepares a compress to use on the genitalia. The compress is a soft cotton material inside of which heated salt and/or sand is placed, along with oil and herbs.

A mother heats the compress and places it on the infant’s genitalia, pressing repeatedly for about an hour. This continues for a period varying between 40 days and four months. The procedure’s physical effect may affect nerve endings and decrease the sexual excitement of the girl or woman on whom it’s performed.

Often referred to as “female circumcision,” FGM includes all procedures involving partial or total removal of external female genitalia or other injury to female genital organs.

Ministry of Health studies reveal that trained medical personnel perform only 10 percent of such operations. Women specialized in ear piercing, birthing attendants, rayissas (women skilled in female circumcision) and relatives perform most FGM procedures.

According to the studies, the procedure is done 95 percent of the time at home and mothers are the primary decision-makers in determining if their daughters will have it.

USAID’s 1997 Demographic and Health Survey conducted in Yemen found that nearly all reported procedures (97 percent) occurred during the first month of life (‘24 percent of Yemeni women experience genital mutilation’ 2008, StopFGM/C! website, source: *Yemen Times*, 25 January <http://www.stopfgmc.org/client/sheet.aspx?lang=en-US&sheet=2503&root=158> – Accessed 30 March 2009 – Attachment 9).

6. Please advise if the Indonesian government or police provide effective protection to dwarfs and to those facing female genital mutilation from their family.

As detailed above, the available information indicates that FGM is widespread in Indonesia, with an estimated 86-100 percent of females undergoing some form of the procedure. The US Department of State human rights report notes that the Ministry of Health banned FGM by doctors and nurses in 2006, however, “violators of the ban did not face prosecution” (US Department of State 2009, *Country Reports on Human Rights Practices for 2008 – Indonesia*, 25 February, Section 5 – Attachment 1). No further information on police protection for those facing FGM from their family was found in the available sources.

No information was found on whether the Indonesian government and/or police provide effective protection to dwarfs. Question 3 of *Research Response IDN32914* looks at what protection there is against disability discrimination in Indonesia (RRT Research & Information 2008, *Research Response IDN32914*, 26 February – Attachment 2).

Police Protection

Information has been provided discussing police protection in the context of domestic disputes. Though the information primarily discusses domestic violence between partners, it was deemed relevant due to the reference to family disputes.

According to a 2006 report published by the Asian Development Bank:

Acts of violence against women (VAW) have become a major concern in Indonesia, especially during the reform period of the last three to four years. There are many factors influencing this phenomenon. Strong cultural values and religious beliefs often condone violence, particularly domestic violence. There is still little acceptance that domestic violence is a crime and a violation of woman’s human rights. Consequently, police and others are reluctant to get involved in such cases, and many victims would rather conceal such crimes due to feelings of shame. The economic and political crises during this time have brought a number of tensions to the surface in Indonesian society, resulting in increasing numbers of violent crimes against women, including rape, sexual harassment and abuse both within and outside the home. On top of this, the general crisis in law and order observed in many parts of Indonesia has dramatically reduced the legal and police protection provided to women. In recognition of such problems, the national government recently announced a policy of ‘zero tolerance’ of violence against women. This concept is to be accompanied by educational programs, public awareness campaigns and legislative reform to combat all forms of violence against women.

While commendable, government efforts are not enough to combat ingrained assumptions around women’s subordination and the still taboo nature of publicly discussing such crime (‘Workshop on Violence Against Women for Grassroots Women Groups, Centre for Women’s Resources Development – PPSW’ 2006, Asian Development Bank <http://www.adb.org/gender/working/ino002.asp> – Accessed 14 February 2008 – Attachment 13).

Extracts from a 2007 Response to Information Requests (RIRs) by the Immigration and Refugee Board of Canada state the following in relation to the underreporting of domestic violence incidents:

On 14 September 2004, Indonesia enacted a law against domestic violence (Jakarta Post 17 Dec. 2004; see also AFP 27 Nov. 2006). The new law reportedly defines domestic violence as including physical, psychological and sexual violence, as well as economic abandonment (Jakarta Post 16 Apr. 2006). According to a 17 December 2004 article in the Jakarta Post, Indonesia’s

largest English-language newspaper (ibid. n.d.), the domestic violence law is intended to provide protection to spouses, children and relatives, as well as domestic workers or other persons working or living within the domestic environment...

A 27 November 2006 Agence France-Presse (AFP) article notes that, under the new law, perpetrators of domestic violence could face “stiff fines and long jail terms.” According to an 18 November 2006 *Jakarta Post* article, those persons found guilty of domestic violence could face a minimum of five years in jail or a fine of 15 million Indonesian Rupiah (IDR) [approximately CAD 1,950 (Canada 5 Jan. 2007a)]. An earlier article in the *Jakarta Post* reports that under Indonesia’s domestic violence law, perpetrators of sexual violence offences leading to “serious injury, mental disorder, ... the death of an unborn child, or damage to reproductive organs” could face a jail term of up to 20 years or a fine of up to IDR 500 million [approximately CAD 65,000 (Bank of Canada 5 Jan. 2007b)] (*Jakarta Post* 15 Sept. 2004).

According to Amnesty International (AI), however, women’s organizations in Indonesia are concerned that the country’s domestic violence law is not being properly implemented (23 Apr. 2006). In its 2006 annual report, AI states that

[i]n November [2005], the commission on violence against women reported that the Law had not contributed to reducing the high number of domestic violence cases, and that the lack of clarity of the definitions and regulations pertaining to the Law hampered full enforcement by local police and judges (23 Apr. 2006).

...News and human rights sources consulted indicate that domestic violence against women in Indonesia is underreported (*Jakarta Post* 9 Dec. 2006; ibid. 23 Dec. 2005; ibid. 17 Dec. 2004; US 8 Mar. 2006, Sec. 5). Many women are unwilling to make reports against abusive husbands because of the social stigma associated with domestic violence (*Jakarta Post* 16 Apr. 2006; ibid. 17 Dec. 2004), and because of economic dependence on their husbands (ibid. 16 Apr. 2006). According to a 17 December 2004 *Jakarta Post* article, another factor contributing to this underreporting of domestic abuse in Indonesia is the limitations of the services available to victims in the country (Immigration and Refugee Board of Canada 2007, *IDN102179.E – Indonesia: Protection, services and legal recourse available to women who are victims of domestic violence (2005 – 2006)*, 15 February – Attachment 14).

The sections on Women and Children in the most recent US Department of State report on human rights in Indonesia may also be relevant (US Department of State 2009, *Country Reports on Human Rights Practices for 2008 – Indonesia*, 25 February, Section 5 – Attachment 1).

7. Please provide any other information that is relevant regarding female genital mutilation in Arab communities in Indonesia and protection of or difficulties faced by dwarfs in Indonesia.

As noted above, very little information on the situation for dwarfs in Indonesia was found in the available sources. The following information may be of some relevance.

A July 2008 *Jakarta Post* article reports that a television station had been reprimanded by the Indonesian Broadcasting Commission (KPI) for a comedy show which, among other things, “exploited ‘abnormal physical characteristics of some people’, in this case a dwarf and a woman with protruding front teeth”:

The Indonesian Broadcasting Commission (KPI) has issued a second warning to Trans TV for its “vulgar” comedy hit *Extravaganza*.

“This is the last warning. If Trans TV fails to make improvements, we will order the station to stop the show,” KPI commissioner Yazirwan Uyun said here Monday.

The broadcasting commission also announced it had reprimanded Trans TV for two other comedies, *Ngelenong Nyok* and *Suami-Suami Takut Istri* (*Husbands afraid of wives*), and Global TV for its anime series *One Piece*.

The warnings come following the KPI’s 13-day review of 285 episodes of 92 comedies, variety shows and children’s programs aired on nine television stations from May 1 to 13.

KPI member Nina Armando said that besides its “vulgar and sexually suggestive” content, *Extravaganza*, in a May 10 episode, “featured a scene where a woman is sexually harassed”.

The popular comedy show airs every Monday and Saturday evening.

Nina, also a lecturer at the University of Indonesia, said the commission also found “indecent” scenes in *Ngelenong Nyok*, aired Monday to Friday morning, and *Suami-Suami Takut Istri*, aired Monday to Friday evening.

Suami-Suami Takut Istri, she said, also featured scenes of domestic violence, with wives abusing their husbands, and involved children in “an improper setting”.

Ngelenong Nyok exploited “abnormal physical characteristics of some people”, in this case a dwarf and a woman with protruding front teeth, she said.

...She said none of the programs should be aired when children might reasonably be expected to be watching TV.

Yazirwan said the KPI would intensify its monitoring of the four TV programs and “impose sanctions on the TV stations if they fail to make improvements”.

“We will perhaps report the TV stations to the police if they don’t follow up on our warning letters,” he said.

According to the 2002 law on broadcasting, those responsible for airing TV programs that have “violent or indecent content” or that “mock the dignity of Indonesians” can face five years in prison and/or Rp 10 billion (approximately US\$1 million) in fines (Maulia, E. 2008, ‘INDONESIA: Comedy hit gets warning for “vulgar” content’, *AsiaMedia*, source: *Jakarta Post*, 8 July <http://www.asiamedia.ucla.edu/article-southeastasia.asp?parentid=94477> – Accessed 30 March 2009 – Attachment 15).

There is some indication that dwarfs may be regarded with superstition in Indonesia. A *New York Times* article states that “Sukarno, the founding president of Indonesia who died in 1970, is also said to have surrounded himself with magic charms and with dwarfs, albinos and others he believed to have spiritual qualities”. The article also states that in Indonesia, “[a]nimist beliefs and superstitions color everyday life for many people, and occult explanations, including the power of curses and black magic, are sometimes given for everyday events”. An *Inside Indonesia* article also states that in Java and Bali in particular, a “person with a disability is believed to be possessed by a supernatural spirit which must be exorcised” (Mydans, S. 2008, ‘As Suharto Clings to Life, Mystics See Spirits’ Power’, *New York Times*, 27 January <http://www.nytimes.com/2008/01/27/world/asia/27indo.html> –

Accessed 30 March 2009 – Attachment 16; Also see Byrne, J. 2003, ‘Disability in Indonesia’, *Inside Indonesia*, no. 75, July-September
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Non-Government Organisations

Amnesty International <http://www.amnesty.org/>

Freedom House <http://www.freedomhouse.org/>

Human Rights Watch <http://www.hrw.org/>

International News & Politics

BBC News <http://news.bbc.co.uk/>

Region Specific Links

Indonesia Matters <http://www.indonesiamatters.com/>

Topic Specific Links

Asia-Pacific Development Center on Disability website <http://www.apcdproject.org/>

World Health Organization <http://www.who.int>

Search Engines

Google <http://www.google.com.au/>

Databases:

FACTIVA (news database)

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