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The Gender Mainstreaming Strategy as a Solution for the Constitutional Rights Violation of Female Circumcision

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Abstract
In recent years, violence against women has continued. Culture, beliefs, and the role of community and religious leaders are the reasons for the practice of female circumcision in East Java Province. To the perpetrators, this activity is reasonable. This article is a policy study with a gender perspective approach and uses qualitative methods and quantitative data. The results of this study reveal the insights of circumcision practitioners in women who are less aware of the effects of female circumcision, low education levels, and trust and pressure from the family (internal) and the environment (external). Moreover, the main rules are legalised as the 1945 Constitution explicitly outlines government interference in community control, including social and cultural. The gender mainstreaming strategy (PUG) has been implemented to eliminate activities that violate women's rights to health and other constitutional rights.
Keywords: Female Circumcision; Gender Perspective Policy Study; Gender Mainstreaming Strategy (PUG); Women's Constitutional Rights; East Java.

Introduction

Violence against women remains a concerning issue faced by women around the world. The definition of violence has expanded beyond physical abuse to include intentional and unintentional mental abuse. Violence against women does not discriminate based on the class or societal rank of the victims and perpetrators. Such problems are affected by culture, beliefs, and the roles of community and religious figures.

Female genital mutilation (FGM) is the removal of the external female genitalia.[1] In certain communities, its practice is an example of violence against women that society is not highly aware of. It is recognised as violating a person's

[1] Wondimu Shanko Yirga and others, 'Female Genital Mutilation: Prevalence, Perceptions and Effect on Women's Health in Kersa District of Ethiopia' (2012) 4 International Journal of Women's Health.[45].

human rights and increasing risks to health.[2] Information relating to FGM is a form of access to health, which includes women's rights.

According to the WHO, there are four types of FGM: (a) clitoridectomy, removing all or part of the clitoris and surrounding tissue, (b) excision, removing all or part of the clitoris and the labia minora, (c) infibulation, meaning excision of part or all of the external genitalia and stitch the vaginal opening and (d) all other harmful procedures for non-medical purposes (eg pricking, incising, piercing, scraping and cauterisation the clitoris, practised in parts of Indonesia, India, Israel, Iraq, Malaysia, Thailand and the United Arab Emirates.[3]

This article focuses on three municipalities in East Java Province – the city of Surabaya, the regency of Bangkalan and the regency of Situbondo – where FGM practices remain prevalent. The subjects in this article are victims of FGM practices, the parents of the victims and religious figures in communities where FGM practices occur. The article uses qualitative methods and quantitative data.

This article is based on a study of policy rules with a gender perspective approach. In this study, feminist theory and symbolic violence theory were used to analyse and understand the reality of FGM practices in East Java Province. The outcome of this study is a model using a holistic perspective on gender to protect against and prevent FGM practices.

This article focuses on violations of human rights and the rules and roles of the government, based on applicable law as follows: understanding the knowledge and actors in the practice of FGM and the rights of women and children; eliminating the practice of circumcision in girls using the Gender Mainstreaming Strategy; and implementing the human rights protection policy model so the community can accept the rights of women and children.

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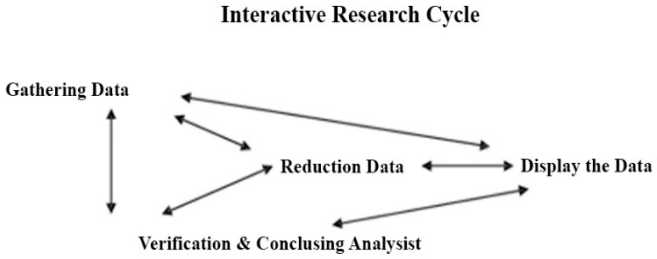
[2] Martin Donohoe, 'Female Genital Cutting: Epidemiology, Consequences, and Female Empowerment as a Means of Cultural Change' (*Medscape Ob/Gyn*, 2006) <www.medscape.com/viewarticle/546497>.

[3] Beth D Williams-Breault, 'Eradicating Female Genital Mutilation/Cutting: Human Rights-Based Approaches of Legislation, Education, and Community Empowerment' [2018] Health and Human Rights Journal.

The instruments were a 'questionnaire' containing closed questions with answer choices and an interview guide for in-depth interviews. The questionnaire and preliminary observations were pre-tested at the study site. The instruments were revised based on the pre-test results and preliminary observations. Respondents and informants in each location (ie in Surabaya City, Bangkalan Regency and Situbondo Regency) were defined.

Respondents were parents who have a daughter under the age of 18. A total of 300 respondents were chosen, with 100 in each study location. In addition, 12 informants were assigned in each location consisting of victims of FGM practices, parents of victims and religious leaders in the community for a total of 36 informants.

Secondary data were collected from relevant agencies in the city/regency studied (Surabaya, Bangkalan and Situbondo). These agencies were the government of East Java Province, Regional Development Planning Agency and the Social Service, Regional Office of Religion, Central Bureau of Statistics, and National Population and Family Planning Board. Quantitative data were analysed vis-à-vis frequency tables and cross tables by calculating percentages. Patterns, trends and theoretical analysis were examined. Qualitative data that has been transcribed was analysed by triangulation and interactive as follows:



Source: Miles and Huberman (1994)[4]

Knowledge and Understanding of Actors Involved in FGM Practices on Women and Children's Rights

Based on the results of the quantitative data, the data of all families in the Bangkalan District practising circumcision of girls were obtained. The reasons for

[4] M Miles and A M Huberman, 'Data Managment and Analysis Methods' in Norman K Denzin and Yvonna S Lincoln (eds) *Handbook of Qualitative Research* (SAGE Publications 1994).

FGM were based on tradition prevailing in families (65%), parental orders (18%) and circumcision by medical personnel (17%). Actors who ask to practice sponsored circumcision are families who still adhere to tradition, specifically grandparents (83%) and those for their own desires (8%). Most families also impose penalties on girls who do not want to practice circumcision, with sanctions such as pressure from family or parents. The majority of families (57%) had inherited knowledge about circumcision in girls and the age of circumcised children with the help of a traditional shaman.

For the city of Surabaya, the percentage of circumcision practices in girls was less than 69%, citing tradition and being dominated by grandparents. However, families do not apply sanctions if they do not carry out circumcision. Many families (77%) do not know the law of circumcision implementation. Many children are circumcised by doctors shortly after birth. Most knowledge is obtained from theory and religious leaders with the highest percentage.

Families in Bangkalan District and Situbondo District (100%) carry out circumcision practices on girls, with tradition being the top reason. Sanctions are also applied by all family members and the provision of social sanctions in the environment.

Alleviation of Constitutional Right Violation in FGM using the Gender Mainstreaming Strategy (PUG)

Concerning the role of the State and government in opening access to health, Jellinek expressed the view that the government contains two aspects: formal and material.[5] Government in the formal sense contains regulating power (*verordnungsewalt*) and breaking power (*entscheidungsgewalt*), while the government in the material sense contains elements of governing and implementing. Donner explained that the function of government is full attention to tasks related to

[5] Machmud Aziz, 'Pengujian Peraturan Perundang-Undangan Dalam Sistem Peraturan Perundang-Undangan Indonesia' (2010) 7 Jurnal Konstitusi 113.

the public interest and carried out by the public service.[6] The three related elements are the public interest, job duties and public service.

The power of control over the life of the community is related to the task of the government (ie regulating). The control of the community is carried out through regulation by holding certain restrictions on community activities in the social, economic and political fields. The term 'control' is intended so that people can be more focused on carrying out activities, so they do not deviate from the provisions of the government prohibition or order based on existing legal regulations.

Government involvement in community activities has occurred for a long time. The 'welfare state' has covered broad aspects such as economic, social, cultural, medical and taxation. The development of such public law embodies that the principle of public law has entered all the practices of public life at large. In connection with the involvement of the government in exercising control over the lives of these communities, de Haan stated that it included:

1. *Recht openbare orde en veiligheid;*
2. *Ruimtelijke bestuursrecht;*
3. *Economish bestuursrecht;*
4. *Sosial bestuursrecht.*

The 1945 Constitution explicitly states that it covers the government's interference in controlling the people's lives regarding social, political, economic and aspects. This can be seen from the articles relating to this matter, such as articles 23, 26–29, 32 and 33, where the government makes further arrangements so that the community acts according to existing provisions.

Furthermore, from the 1945 Constitution, the government exercises control over various aspects of community life through customary laws and other formal legal regulations. The power of control thus is intended to control people's lives to comply with applicable legal provisions.

All power in the state must be based on legal provisions, and the testing of such power is also based on legal provisions. This is one characteristic of the

[6] HM Laica Marzuki, 'Menyoal Diskresi Yang Terpasung (Mengkritisi Undang-Undang Administrasi Pemerintahan)' (2013) 21 Jurnal Ilmu Hukum AMANNA GAPPA 2.

rule of law. This view of the rule of law depends on legal provisions but does not necessarily mean that the limitations of power must consider legal provisions. It also states positive provisions that such things must be based on legal regulations.

Historically the principle of legality was born simultaneously from a liberal system that prioritised individual freedom. Individual interest is the highest law. Restrictions are made possible by statutory provisions. Therefore, the main demand for the rule of law is the order that government actions against citizens must pay attention to citizens' freedom. Likewise, in accessing health, there can be no 'piracy' treatment for women.

Women as citizens and men have the same right of access to health. However, several things cause women to experience difficulties in accessing healthcare, namely:

1. The arrogance of men who look down on women and consider them stupid. There is no need to explain their health; even if women ask questions, they will be answered casually.
2. The habit of positioning women as second-class citizens, so that women do not have self-existence. They are afraid to ask anything related to their and their children's health, especially their daughters.
3. The view of women is the legacy of our ancestors, so women do not prioritise education. They are not educated enough and do not dare to ask about their health.
4. The family system adheres to the principle of patriarchy, so women must obey men.
5. There is the assumption that women do not need to attend high school. Women, therefore, have the habits and behaviour to accept what is happening and prevailing in society.

However, from a human rights perspective, FGM practices violate women's rights, especially the rights of sexuality and reproductive health. Its practice is also categorised as violating children's rights. Farida and others claimed that implementing FGM on baby girls is considered unfair because they cannot express their opinion on how they want their bodies to be treated.[7] Moreover, in 1994, the UN Conference on Human Rights declared FGM a violation of human rights.[8]

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[7] Jauharotul Farida and others, 'Sunat Pada Anak Perempuan (Khifadz) Dan Perlindungan Anak Perempuan Di Indonesia: Studi Kasus Di Kabupaten Demak' (2017) 12 SAWWA.

[8] Susie Costello, 'Female Genital Mutilation/Cutting: Risk Management and Strategies for Social Workers and Health Care Professionals' (2015) 8 Risk Management and Healthcare Policy 225 <www.dovepress.com/female-genital-mutilationcutting-risk-management-and-strategies-for-so-peer-reviewed-article-RMHP>.

The constitutional rights related to FGM practices are as follows:

1. Right to live and maintain life.
2. Right to survival, growth and development.
3. Right to develop themselves through meeting basic needs, getting an education and benefiting from science and technology, arts and culture.
4. Right to communicate and obtain information to develop personal and social environment.
5. Right to get an education.
6. Right to free choice of education and teaching, employment and residence.
7. Right to express thoughts and attitudes in accordance with conscience.
8. The right to search, obtain, possess, store, process and convey information using all types of available channels.
9. Right not to be enslaved.
10. Right to live in prosperity physically and mentally.
11. Right to get a good and healthy living environment.
12. Right to health services.
13. Right to security and protection from the threat of fear to do or not do something that is a human right.
14. Right to be free from torture or treatment that degrades human dignity.
15. Right to be free from discriminatory treatment on any basis.
16. Right to get facilities and special treatment to obtain equal opportunities and benefits to achieve equality and fairness.
17. Right to protection of personal, family, honour, dignity and property under his authority.
18. Right to protection against discriminatory treatment.
19. Right to protection from violence and discrimination.

Initially, the Ministry of Health legalised FGM practices (article 1, paragraph 1 Permenkes 1636/2010).[9] The practices were given legal coverage to regulate them. The regulation permits the act of scratching the skin that covers the clitoris without injuring the clitoris. It stipulated that female circumcision must be conducted by request and not in the form of genital mutilation but only in the form of a scrape. Nevertheless, scraping could result in scarring, bleeding and infection, and parents must be informed of these risks.

FGM practices remain alive in society; however, they did it from time to time without proper knowledge of FGM. It is often performed by a traditional

[9] Angela Dawson and others, 'Addressing Female Genital Mutilation in the Asia Pacific: The Neglected Sustainable Development Target' (2020) 44 Australian and New Zealand Journal of Public Health 8 <https://doi.org/10.1111/1753-6405.12956>.

female practitioner who has little anatomy knowledge.[10] The tool used to perform the circumcision is scissors that are sterilised with alcohol.[11] Parents do not know the benefits and are unaware of how it is done. Parents never ask for the advice of midwives on the matter. The person who did the FGM was a traditional shaman. After two months of pregnancy, the traditional shaman comes to the pregnant woman's residence to arrange a massage for the baby in the womb. Traditional shamans include FGM practices in the tradition of bathing the baby. This is done in a single event.

Williams-Breault stated that FGM is usually done by older women within the community, such as a relative or traditional birth attendant.[12] The FGM practice is often done without using anaesthetics, analgesics, aseptic techniques or antibiotics. Women experience three phases of pain after FGM: the day of the circumcision, the day of the first sexual intercourse and the day of delivery.[13] Some individuals might have significant effects after circumcision.

Mothers do not know the purpose of circumcision. It is a phenomenon in the community so that the girl will not become promiscuous. At the time of delivery, a midwife or a traditional shaman helps with the birth. Two weeks after birth, the traditional shaman comes to bathe the baby, take care of the umbilical cord and perform circumcision. The baby's mother cannot bear to see the procession of circumcision. According to respondents, the traditional shaman rubbed the genital with turmeric to ease the pain from the FGM practice. Circumcision was performed by means of a scratch that can cause injury, blood and infection. Common infections are urinary tract infections, HIV, hepatitis virus, tetanus and urinary retention.[14] Moreover, the consequence of FGM practice may lead to physiological and

[10] Rigmor C Berg and others, 'Effects of Female Genital Cutting on Physical Health Outcomes: A Systematic Review and Meta-Analysis' (2014) 4 BMJ Open e006316 <http://bmjopen.bmj.com/content/4/11/e006316.abstract>.

[11] Farida and others (n 7).

[12] Williams-Breault (n 3).

[13] Olalekan Awolola and N Ilupeju, 'Female Genital Mutilation; Culture, Religion, and Medicalization, Where Do We Direct Our Searchlights for It Eradication: Nigeria as a Case Study' (2019) 31 Tzu Chi Medical Journal 1 <www.tcmjmed.com/article.asp?issn=1016-3190>.

[14] *ibid.*

psychological complications.[15] The common complication was a keloid scar over the cut area.[16] This scar could be a source of anxiety and shame for women.

Young mothers tend not to circumcise their children, and mothers with higher levels of education prefer to deliver with a recognised midwife than a traditional shaman. When asked why they did not perform circumcision for their child, they answered there is no need to circumcise their child. It was never discussed in the study by religious leaders or any meeting by community leaders.

In line with the changing times, Ministry of Health Regulation No 6/2014 concerning Revocation of Ministry of Health Regulation No 1636/2010 concerning Circumcision was published. The reasons for the issuance of Ministry of Health Regulation No 6/2014 are that: (1) every action taken in the medical field must be based on medical indications and proven to be scientifically useful; (2) female circumcision is not currently a medical act because its implementation is not based on medical indications and has not been proven to be beneficial to health; (3) based on the cultural aspects and beliefs of the Indonesian people up to now there is still a demand for female circumcision, which must pay attention to the safety and health of circumcised women, and not perform FGM.

Indeed, it is necessary to pay close attention to the provisions regarding female circumcision because it essentially contains the wrong perspective about sex for women. Moreover, the risk of circumcision is not taken into account. Although female circumcision does not cut female genitalia, circumcision treatment needs informed consent to protect those who perform circumcision and those who are circumcised and their families.

The results of this study proved that maternal education factors influence whether the baby daughter is circumcised. The higher the mothers' education, the more understanding of health access so that mothers give birth with doctors or

[15] Rachana Chibber, Eyad El-saleh and Jihad El harmi, 'Female Circumcision: Obstetrical and Psychological Sequelae Continues Unabated in the 21st Century' (2011) 24 The Journal of Maternal-Fetal & Neonatal Medicine 833 <https://doi.org/10.3109/14767058.2010.531318>.

[16] Nahid Toubia, 'Female Circumcision as a Public Health Issue' (1994) 331 New England Journal of Medicine 712 <https://doi.org/10.1056/NEJM199409153311106>.

midwives and their female children are not circumcised. Many young people who attend university have forgotten and abandoned the practice of circumcision in girls.

In addition to educational factors, customs play an important role in preserving female circumcision. When asked why his baby girl was circumcised, the average answer was that this is a habit or a tradition. There is no clear and definite reason for circumcision; it is merely a traditional hereditary practice. Interestingly, on average, three generations were covered by researchers.

Policy Model Implementation on Human Rights Protection on Women and Children's Rights Acceptable by Society

Reasons for FGM Practices

The data above shows the reason for practising circumcision on girls. Among the respondents, 65% said it was tradition, meaning that circumcision practices were carried down from generation to generation. Girls did not know or understand that they experienced or underwent circumcision because it was done as babies or at an age the children did not understand. Next, 18% said that parents instructed the practice of circumcision in girls, thus, it can be said that children must submit to parents or follow parental orders. Previous data show that almost 100% of the informants did it. Tradition and society or all parents carry out circumcision on a girl without asking for the consent of parents or families of medical personnel who assist with direct birth circumcision, as well as a shaman who takes care of the baby. Thus, information about circumcision is obtained from generation to generation because of tradition or parental orders.

Victims of FGM Practices in the Family

Circumcision for girls is done not only to their own children but also to their sisters or nieces. FGM is believed to maintain girls' chastity, improve health,

preserve fertility and reduce sexual desire.[17] Farida and others found that FGM practice is done to reduce women's desire.[18] The informants felt responsible for the implementation of female circumcision because it was done when the child could not take a fight or reject the practice. There is no explanation of why they circumcised. Parents or family do not provide information about circumcision.

Actors Who Encourage FGM Practices

In the case of ordering circumcision, the strongest is grandfather or grandmother (83%) because circumcision has become a tradition carried down from generation to generation, and they are considered the most knowledgeable. The one who also has the power to govern circumcision is the uncle or aunt, then the parents themselves. In addition, medical staff/shaman will immediately carry out circumcision or notify the parents that girls must be circumcised. What is interesting is the desire for circumcision also occurs in girls themselves. This desire is likely because the environment requires that all girls be circumcised.

Knowledge of the Religious Law on FGM Practices

Knowledge of the law of circumcision in girls 69% was mandatory. It is taken from the proposition of traditions that are considered very strong so that the circumcision of girls must be carried out. While 31% said that their argument was weak, they said it was not compulsory, but because it had become a tradition, circumcision of girls continued. As the data above shows, all informants performed female circumcision. The evidence is considered very strong and is a source of information used by the community to strengthen the practice of circumcision.

[17] Elliot Klein and others, 'Female Genital Mutilation: Health Consequences and Complications—A Short Literature Review' (2018) 2018 Obstetrics and Gynecology International 7365715 <https://doi.org/10.1155/2018/7365715>.

[18] Farida and others (n 7).

Among the respondents in Surabaya, 77% claim that FGM practice is not obligatory but due to the understanding that FGM practice is merely a tradition. However, the remaining 23% claim it is obligatory due to tradition. Grose and others stated that FGM practices and beliefs are tied to ethnic group identity.[19] People adhere to this practice because of their beliefs. They believe their ethnic group expects them to do FGM.[20] As in African countries, if one's daughter fails to be circumcised, the girl will be excluded and abandoned, even subjected to violence, and her family will feel ashamed and discriminated against.[21]

FGM is also done in a small community in India called Dawoodi Bohra. The Dawoodi Bohra practice FGM on both sons and daughters for religious reasons.[22]

Educational background also plays a role. Parents with higher education (high school diploma or bachelor's degree) better understand that FGM practice is not obligatory. Education is the main factor in supporting the discontinuity of FGM practices.[23] It will create a significant role in eliminating FGM practice when it is combined with empowerment.[24] Knowledge of the law of circumcision in girls is mandatory. Almost all informants are 100% due to a very strong tradition in the area of origin. By practising circumcision, people assume there is a strong cultural attachment to the area of origin. They say they are descendants of Madura, and this is a matter of pride for them.

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[19] Rose Grace Grose and others, 'Community Influences on Female Genital Mutilation/ Cutting in Kenya: Norms, Opportunities, and Ethnic Diversity' (2019) 60 Journal of Health and Social Behavior 84 <https://doi.org/10.1177/0022146518821870>.

[20] United Nations Children's Education Fund, 'Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change' (2013).

[21] Costello (n 8).

[22] Rosie Duivenbode and Aasim I Padela, 'Female Genital Cutting (FGC) and the Cultural Boundaries of Medical Practice' (2019) 19 The American Journal of Bioethics 3 <https://doi.org/10 .1080/15265161.2018.1554412>.

[23] Williams-Breault (n 3).

[24] Mustafa Afifi, 'Women's Empowerment and the Intention to Continue the Practice of Female Genital Cutting in Egypt.' (2009) 12 Archives of Iranian Medicine 60.393 currently-married women in Egypt, the level of empowerment, intention to continue the practice, and other socio- demographic variables were collected in the 2000 Egypt Demographic and Health Survey. Secondary in-depth analysis was conducted on data downloaded from MEASURE Demographic Health Surveys (MEASURE DHS

Age of Victims

FGM is practised on young girls before reaching the age of 5 years.[25] According to several informants related to the age information of circumcised children, no one can be sure that the most widely followed is when born (57%), but some say 7 days or 40 days. This information was obtained from the family. In contrast to other regions, the age of circumcised children after the baby is taken home from the birthplace is generally done by the midwife or hospital, which is 7 days. Information about age is obtained from family or traditional birth attendants. In Egypt, FGM was done in girls around 5 years old.[26] The United Nations Population Fund reported that FGM was practised on women and girls aged 15–49 years in Somalia (98%), Guinea (97%) and Djibouti (93%) and girls aged under 14 years old in Gambia (56%), Mauritania (54%) and Indonesia (50%).[27] However, the age might vary depending on cultural, social and religious understanding.

Actors Who Commit FGM Practices

The informants said their daughters were circumcised by a traditional shaman or midwife who helped with the birth. They are considered more knowledgeable about health matters. Informants more often hand circumcision to the traditional shaman because it has become a habit. Related information about who can circumcise daughters is obtained from the family.

Actors who commit FGM practices in Surabaya are doctors due to the high percentage of women who give birth in hospitals. Some 76% of parents are unaware that their daughters have undergone FGM. Midwives committed FGM practice at the request of the parents who wanted to do it. Health practitioners in Surabaya believe that following the religious requests of the parents is more important.

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[25] Mary McCauley and Nynke van den Broek, 'Challenges in the Eradication of Female Genital Mutilation/Cutting' (2019) 11 International Health 1 <https://doi.org/10.1093/inthealth/ihy082>.

[26] Costello (n 8).

[27] Williams-Breault (n 3).

The person who plays an important role in circumcision is a traditional shaman. The shaman will come to the prospective mother of the baby while still 3 or 4 months pregnant. The shaman will massage or uphold the stomach so the baby is well established in its place (in the womb). Then the shaman will come again 7 days after birth to care for babies, massage, bathe and circumcise. The shaman obtains information about a person's pregnancy and the birth of a baby from the community and medical personnel. The family only needs to accept the arrival of the shaman, even without being invited. The power of the shaman in the practice of circumcising girls is very high. It is done in almost all rural areas.

Family Member Who Strongly Encourages FGM Practices

The practice of circumcising girls is done more often by grandmothers because the tradition must be carried down from generation to generation. The grandmother is considered the most knowledgeable. Furthermore, the power to rule the circumcision is the mother-in-law. Sometimes the parents or the baby's mother do not understand circumcision, but the in-laws bring the baby to the shaman to be circumcised.

Strengthening Information Introduced by Actors

The reinforcement information conveyed by the actors is a very strong proposition that girls must be circumcised. Here, the informant will state that if a girl is not circumcised, then she is not yet legally a Muslim. This makes all the informants carry out circumcisions for girls. Religious lectures are the most trusted source of information and are held by actors in addition to information about health that is considered true because it has been influenced by thoughts about strong propositions and religious lectures.

The data above reinforce information about the traditional shaman. In this case, the family is subject to the wishes of the traditional shaman. Among the informants, 17% received information or held a tradition considered strong. Circumcision is compulsory for girls in law or religious lectures, where lecturers say it is important to circumcise girls.

Knowledge of the Health Impact of FGM Practices

Being clean and healthy is the desire of the informants toward circumcised girls. Among them, 56% believe a child must be circumcised after birth because the baby is considered dirty. While 44% said that girls were circumcised so as not to have an excessive appetite. Women were deemed inappropriate when they had an excessive appetite and were considered less well off as adults. Information related to this is obtained from the family or community.

Almost all informants in the Situbondo area did not know any laws regarding female circumcision practices. This lack of knowledge might be due to their educational background, specifically not completing junior or senior high school. Almost all said they also did not understand why female circumcision was carried out. They just followed traditions that have been carried down for generations.

Knowledge of the Law Concerning FGM Practices

Almost all informants said they did not know the circumcision laws. Most women's educational backgrounds are not completed beyond junior or senior high school. Only a few know the law or get information from medical personnel handling births.

Conclusion

Based on the findings of the data, Bangkalan, Situbondo and Surabaya have their respective backgrounds related to the legal practice of female circumcision. The perpetrators' lack of understanding of the world of health, supported by the notion of a culture that has been carried down through generations, has further aggravated the state of legalising these actions in the community. Based on the applicable laws and regulations, the government has a role in maintaining the welfare of its citizens by regulating the social and cultural aspects.

The PUG is a solution that can fight the violation of women's rights in East Java. Based on the regulations and their role, the government has regulated the control of people's lives in articles 23, 26, 27, 28, 29, 32, and 33 of the 1945

constitution regarding further community actions that must be in accordance with existing provisions. The government can control various aspects of community life through customary and formal legislation. Implementing the human rights protection model for women can start by providing basic knowledge about the action itself. Improvements to education based on applicable regulations can also help provide an understanding of reproductive health.

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