

## Habitus and Cultural Reproduction of Female Circumcision in the Muslim Community of Sumenep

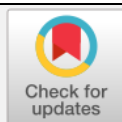
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### ABSTRACT

*Female circumcision has been widely studied in terms of the causal factors, the motivation of parents to choose female circumcision for medical or non-medical personnel, community knowledge about female circumcision, the relationship between female circumcision and human rights, and the impact of female circumcision on health. But this research focuses on how female circumcision is reproduced and transmitted to society. This study aims to examine how habitus influences agents in Sumenep Regency, Madura so that local agents carry out the reproduction and transmission of female circumcision. A qualitative approach method with the type of case study research is used to extract the data. The theory used in this research is habitus, field (arena), and reproduction of Bourdieu's social practice. This study found that the social practice of female circumcision is a habit that has been going on for hundreds of years. So it has been internalized in society. Reproduction and transmission of the practice of female circumcision are carried out by various actors from different arenas/fields, both in education, health, and religious institutions. In addition, non-medical personnel such as traditional healers and nyai (calls for women older than the person calling) are also local agents who perform female circumcision reproduction.*

**Keywords:** Agent; Arena; Female Circumcision; Habitus; Reproduction; Structure; Transformation

## 1. Introduction

Much research has been done on female circumcision, but generally focuses on the level of public knowledge about female circumcision factors and motivations for female circumcision (Al-Hussaini, 2003; Allam et al., 2001; Kementerian Kesehatan Republik Indonesia, 2013), the reasons for using medical and non-medical personnel as perpetrators of female circumcision (Sumarni & Julia, 2005; Suparmi et al., 2016), and the impact of female circumcision on health dysfunction both physical and psychological health (Elnashar & Abdelhady, 2007; El-Defrawi et al., 2001). On the other hand, there has not been much research about how habitus works in the reproductive process of female circumcision by borrowing Bourdieu's theory as a framework for analysis. This research aims to fill in the information gap.

Female circumcision is still widely practiced in various parts of the world. Currently, around 140 million women in the world experience female circumcision (Saracoglu et al., 2014). Muslims perform most female circumcision in developing and developed countries, especially Muslim immigrants from Europe, America, and Australia (Saracoglu & Ozturk, 2014). The theological basis of female circumcision is still debatable. The Syafi'i school believes it is obligatory, while Imam Ahmad calls it *Makrumah* (honor) for women (Mohammad, 2015). This second view has been adhered to by most Muslim communities in urban areas of Indonesia. However, many Muslim communities in rural areas still think that female circumcision is obligatory, so they still practice it, such as in Madura, Goa, Kudus, and others. However, there are still negative impacts of female circumcision on health.

Negative impacts of female circumcision include psychological effects such as anxiety, depression, neurosis, psychosis, suicide attempts, avoidance of social activities, divorce, and unstable marriages. Other effects are also seen in sexual dysfunction, such as problems with sexual orgasm, *dyspareunia* (pain during intercourse), and *anorgasmia* (failure to reach climax in sexual intercourse). In addition, female circumcision also has an impact on sexual arousal disorder which is characterized by a lack or absence of sexual fantasies and the desire to engage in sexual activity (lubrication problems and anal and urethral intercourse) (Elnashar & Abdelhady, 2007; El-Defrawi et al., 2001; Saracoglu & Ozturk, 2014). This reality prompted the United Nations to ban the practice of female circumcision worldwide (WHO, 1997) and call it "zero tolerance."

The negative impact of female circumcision is extraordinary, but female circumcision is still often practiced, especially in Muslim countries, including Indonesia. UNICEF (2013) shows that there are still very many girls aged 0-14 years who have experienced female circumcision. In this age group, the highest prevalence of female circumcision occurred in Gambia (56%), Mauritania (54%), Sudan (37%), and Egypt (14%). Meanwhile, Kementerian Kesehatan Republik Indonesia (2013) noted that 51.2% of girls in Indonesia aged 0-11 years were also circumcised. Moreover, Saracoglu & Ozturk (2014) stated the countries with the highest prevalence where girls and women aged 15-49 years have been circumcised, namely Somalia (97.9%), Guinea (95.6%), Djibouti (93.1%), Sierra Leone (91.3%), Egypt (91.1%), Sudan (89.3%), Eritrea (88.7%), Mali (85.2%), Gambia (78.3%), Ethiopia (74.3%), Burkina Faso (72.5%), Mauritania (72.2%), Liberia (58.3%), Chad (44.9%) and others.

The magnitude of the influence of female circumcision on the psychological and physical health of perpetrators has also encouraged the Indonesian government to make policies that tighten the practice of female circumcision as outlined in the Regulation of the Minister of Health of the Republic of Indonesia Number 1636/MENKES/PER/XI/2010 concerning Female Circumcision. One of the points in the Minister of Health is that only certain health workers can provide female circumcision services, namely doctors, midwives, and nurses who already have

a license to practice or a work permit. This policy drew protests and rejection, especially from the Indonesian Ulema Council and several Islamic community organizations, because female circumcision is part of Islamic law. Finally, the Ministry of Health issued Regulation of the Minister of Health of the Republic of Indonesia Number 6 of 2014 concerning the Revocation of Regulation Number 1636 of 2010. The Minister of Health contains a mandate for the Health and Sharia Advisory Council to develop female circumcision guidelines that guarantee the safety and health of circumcised women. Thus, the government has tried to minimize the practice of female circumcision, but many people still preserve it.

This study wants to describe how habitus works in the reproductive process of female circumcision by borrowing Bourdieu's theory as a framework for its analysis. This study aims to explain how the habitus of female circumcision is formed and influences agents in Sumenep Regency so that the social practice is still carried out despite the many negative impacts. In addition, this research also wants to describe the work of local agents in carrying out the reproduction and transmission of female circumcision. One of the questions this research intends to answer is how habitus works in the reproductive process of female circumcision. How is the habitus of female circumcision formed and affects the agent? And how do local agents work in the reproduction and transmission of female circumcision in the Sumenep Regency?

## **2. Literature Review**

### **2.1. Female Circumcision: Previous Studies**

Research on female circumcision has been carried out by various parties with different focuses, including those related to the various actors of female circumcision, motivation, and the implementation process. On the motivational side, [Babatunde \(2017\)](#) concluded that female circumcision in Nigeria is carried out because it protects women and girls from promiscuity, reduces women's sex drive, increases fertility, provides sexual pleasure for husbands, and encourages girls to become real women.

Meanwhile, the factors that cause the practice of female circumcision to be institutionalized in Indonesia include tradition, religious orders, social pressure, weak awareness about health, family encouragement, and myths ([Sumarni & Julia, 2005](#); [Fatmawati & Demartoto, 2017](#)). In addition, women cannot refuse to be circumcised because of the view of family, customs, and religious leaders that circumcision is necessary to purify a woman's body and sexuality ([Ida & Saud, 2020](#)). It was further found that low education, poverty, reduced understanding of women's reproductive health, sexuality, gender rights, and women's vulnerability were factors causing female circumcision. Moreover, the observational analysis shows that Madurese still believes that women who claim to be Muslim must be circumcised. Women who are not circumcised are considered to have betrayed their religious, ethnic, and cultural identity ([Ida & Saud, 2020](#)).

[Kementerian Kesehatan Republik Indonesia \(2013\)](#) found that the factors that most influenced the practice of female circumcision in Indonesia included the age of the head of the family, the education of the head of the family, place of residence and socioeconomic status, and a lack of understanding of the dangers of circumcision for women's health. Meanwhile, religious factors only influence the practice of female circumcision in a few areas. A study in Nigeria also noted that at the multivariate level, women's age, education, place of residence, marital status, wealth, and religion were found to be predictors of female circumcision in Nigeria ([Babatunde, 2017](#)).

This is different from Handayani (2022) in Banjarbaru City, which concluded that there is no relationship between education level and female circumcision. There is a correlation between knowledge and information and female circumcision. These findings are supported by Suparmi et al. (2016), who concluded that the education level of the head of the household was not correlated with the practice of female circumcision (AOR = 0.83; 95% CI = 0.81-0.87), but on the contrary, there was a positive relationship between socio-economic status and circumcision Woman.

On the other hand, Ariesta (2018), who researched Sampang Regency and Situbundo using the Foucault approach, found an unequal power relationship between actors who practice female circumcisions, such as parents, *kiai* (address to Muslim religious scholars), and midwives with girls who are circumcised. This study also found that some women carried out various strategies as a form of resistance to female circumcision.

Female circumcision has also been studied from the level of public knowledge of the Indonesian Ulema Council's *fatwa* (a decision and or opinion given by the mufti on a matter) implementation policy and the Minister of Health's Regulation regarding technical guidelines for female genital mutilation (FGM) from the perspective of providers, clients, communities, and contemporary Islamic fiqh scholars. The findings show that most respondents are unaware of the Indonesian Ulema Council *fatwa*, which prohibits female circumcision. Likewise, most respondents were unaware of the Minister of Health Regulations regarding female circumcision technical guidelines.

When viewed from the side of female circumcision practitioners, most parents choose midwives over *paraji* (midwives) because they are considered cleaner and more efficient. In addition, midwives usually provide female circumcision packages with pierced ears (Suparmi et al., 2016). Zamroni (2011) conducted a somewhat different study, emphasizing that female circumcision is a tradition in Madura, and the role of the *kiai* only legitimizes the implementation of female genital mutilation. The practice of female circumcision, which violates the human rights of girls, is also analyzed in this study because this practice is generally carried out unilaterally by parents without the child's consent.

Previous studies on female circumcision, as described above, generally focused on the causes of female circumcision, the actors involved in its preservation, and the relationship between demographic factors and the implementation of female circumcision. Unlike previous research, this study will examine more deeply how the habitus works in reproducing female circumcision values and norms, as well as the strategies employed by individual agents in producing female circumcision. The research method used in previous research was generally quantitative or mixed, namely a combination of quantitative and qualitative. In contrast, this study used a qualitative method with data collection techniques like in-depth interviews and FGDs. The choice of both data collection was deliberately made to explore in depth how habitus works among religious leaders, community leaders, and shamans who become agents in disseminating it.

## **2.2. Bourdieu: Habitus, Arena and Social Capital**

The relevant theory to be used in the study of female circumcision reproduction is the relation of agent and structure through the habitus put forward by Pierre Bourdieu. Bourdieu's theory is based on a desire to overcome conceptual problems in sociology that debate the domination of objectivism or subjectivism. It is an "absurd opposition between the individual and society" (Bourdieu, 1993; Ritzer & Goodman, 2010). Bourdieu tries to overcome the subjectivist-objectivist dilemma by understanding the dialectical relationship between structure



and agency. Practice is not objectively determined or the product of free will. Bourdieu labels his orientation structural constructivism, structuralist constructivism, or genetic structuralism. Genetic structuralism is defined as follows:

*...the analysis of objective structure... is inseparable from the analysis of the genesis, within biological individuals, of the mental structures which are to some extent the product of the incorporation of social structures; inseparable, too, from the analysis of these social structures themselves... (Bourdieu, 1993)*

Bourdieu uses a concept known as habitus to bridge the gap between structure and agent. Bourdieu defines habitus as “generative schemes objectively adjusted to the particular conditions, certain space and time, in which it is constituted, engenders all the thoughts, all the perceptions, and all the actions consistent with those conditions” (Bourdieu, 1977).

Bourdieu further explains that habitus is a mental or cognitive structure by which people relate to the social world. Through structure, the agent has been equipped with a series of schemes internalized in his thinking. Individuals use these schemes to perceive, understand, appreciate, and evaluate the social world around them and then encourage individuals to take social action (Adib, 2012). Ritzer & Goodman (2010) stated that habitus is a product of the internalization of the structure of the social world.

Habitus and realm have a close relationship. If the habitus is in the actor’s mind, then the realm/arena is outside the actor’s mind, which constructs and influences the actor’s mind. Bourdieu learned the theory of fields from Max Weber about the importance of domination and symbolic systems in social life and the idea of social order. Meanwhile, Bourdieu also uses Karl Marx’s theory to gain an understanding of society as the sum of social relations that exist in the social world, namely in the form of relations that not only consist of interactions between agents or intersubjective bonds between individuals but also objective relations that exist independently of individual consciousness and will (Johnson & Johnson, 1994).

Ignas Kleden, as cited in Adib (2012), explains seven important elements related to habitus: (1) Habitus is a product of history; habitus is the result of accumulated learning and socialization of individuals and groups, not a natural product. The cultural unconscious inherent in habitus is always preserved from one generation to the next and continuously reproduced for the formation of daily life practices (Fashri, 2014). (2) Habitus is born from certain social conditions and has become a structure assisted by the social conditions in which it is produced to become a structured structure. On the one hand, habitus acts as a structure that forms social life. On the other hand, habitus is seen as a structure formed by social life (Fashri, 2014). (3) Habitus is a structured disposition. It also functions as a framework that gives birth to and gives shape to one’s perceptions, representations, and actions and therefore becomes structuring structures. (4) Habitus is born in certain social conditions but can be transferred to other social conditions and therefore is transposable. (5) Habitus is pre-conscious because it is not the result of rational reflection or consideration but unconscious and unwanted spontaneity. (6) Habitus is regular and patterned, not only being a state of mind but also a state of body and even being the site of incorporated history. (7) Habitus can be directed towards certain goals and results of actions, but without any conscious intention to achieve these results and also without the mastery of special intelligence to achieve them.

Bourdieu explains various forms of capital in people’s lives: economic, symbolic, cultural, and social. Economic capital is the most relative, independent, and flexible type of capital because this capital can easily be transformed into other domains and can be passed on to other

people. Social capital is manifested through relationships and networks of relationships, which are useful resources in determining and reproducing social positions. This social capital or social network is owned by actors (individuals or groups) concerning other parties who have power (Bourdieu, 1993; Haryatmoko, 2003). Meanwhile, practice is understood by Bourdieu as the result of dialectical dynamics between the internalization of externalities and the externalization of internalities. External is an objective structure outside social behavior, while internal is everything attached to social actors (Krisdinanto, 2014).

### 3. Research Methodology

This type of research is qualitative, which produces data in written or oral words from the people observed (Bogdan & Taylor, 1990) through the case study method. The case study method was chosen because it is considered more capable of answering how, why, and what questions in each study (Bungin, 2005) and can carefully investigate a program, event, activity, process, or group of individuals (Creswell, 2010).

This research was conducted in Sumenep Regency, which includes rural and urban areas, namely in Bluto Sub-district and Lenteng Sub-district, Sumenep City, and Kalianget Sub-district, for five months from June to October 2016. Sumenep Regency was chosen as the research locus for several reasons, including (a) the female circumcision rate in the Sumenep Regency is still high and (b) the strong role of religious leaders in efforts to reproduce the practice of female circumcision.

This data collection technique used in-depth interviews with 25 religious leaders, teachers and supervisors, community leaders, NGO activists, and key informants. In addition, focus group discussions (FGD) were also conducted with three different groups, namely parents whose children were circumcised by a dukun, parents whose children were circumcised by a midwife, as well as professionals in the supervisory community and academics. The unit of analysis for this study is individual or collective agents from midwives, traditional healers, religious leaders, community leaders, NGO activists, and so on. Data analysis in qualitative research is carried out when data collection takes place. After completing data collection within a certain period and for the validity of the data, data triangulation techniques are used. The results of field data collection were analyzed using qualitative data analysis through three activities: reduction of data into categories, presentation of data, and conclusion.

## 4. Results and Discussion

### 4.1. Female Circumcision Procession

The practice of female circumcision from one village to another in the Sumenep Regency is almost the same. Generally, girls are circumcised when they are babies, specifically when they are one day, seven days, 35 days, or 40 days old. However, some people circumcise baby girls right when the umbilical cord is released, as did Elly and Suhaemi. In the village of West Lembong, determining when a baby girl is circumcised depends on the request of the midwife who accompanies her. However, many also deliberately chose to have their baby girls circumcised when they were 35 days old so that it could coincide with the *akikah* (tradition of slaughtering livestock during a baby's hair-cutting ceremony when it is seven days old as an expression of gratitude) celebration event which is commonly called *Molang Areh*.

*"There is no age limit for women for circumcision. Usually, it's always when they're new. Classical books do not discuss age limits, but rather the benefits of circumcision, namely getting rid of uncleanness" (personal interview with Mursyid, 2016).*

The determination of female circumcision for boys is different from for girls. Usually, it is done for girls when they are 35 days old, while boys are done when the baby is 40. But unfortunately, there is no clear information regarding the meaning behind this time difference.

The female circumcision procession is simple and does not take a long time. The tools used vary depending on the practitioner doing it. The midwives usually use a knife, razor, or nails, while the midwife uses a small, flat tool made of stainless or blunt aluminum, which is reversed when placed on the clitoris of a baby girl. Midwives also have different ways of performing female circumcision, such as scraping, cutting, gouging with nails until they bleed, or just cleaning with cotton and alcohol. While circumcision performed by midwives is generally symbolic, namely by cleaning the clitoris with cotton and alcohol. After that, the parents celebrated by giving necessities to the shaman, such as rice, cooking oil, coconut, spices, and others. The quantity varies depending on the social class of the baby girl's parents. The reason is so that their daughter is safe from danger.

Families with middle and upper-class backgrounds hold a female circumcision event at the same time as *Molang Areh* (*akikah* celebration), which is usually done when the child is 35 days old. *Akikah* and female circumcision parties are held by inviting the fathers, around 200 people, and inviting the *ustadz*, who will lead the recitation. In addition, the family also presented a *hadrah* group consisting of 7-9 people to enliven the event. In lower-class families, this celebration is rarely done due to limited funds. Sundusiyah, an informant living in East Banaresep, said the funds she spent on the *Molang Areh* event about three years ago were around IDR 3,500,000. The funds are relatively large for the surrounding community, who rely on their livelihoods as tobacco farm laborers.

## **4.2. Habitus, Arena, and Reproduction of Female Circumcision**

In the context of female circumcision, *habitus* plays an important role because it becomes the basis for individuals to carry out these social practices so that they are following the expectations of their society. The actualization of the practice of female circumcision illustrates the social reproduction of how the *habitus* leads the community unconsciously, both at the individual and collective levels, to carry out this practice. One of the important effects of *habitus* is that it can produce common sense in the world about the existence of female circumcision through social norms (Rochmaniyah, 2015).

*Habitus* is a historical product whose creation process goes through a long process in the life of the local community. For Bourdieu, “*habitus* is a product of history, which produces individual and collective practices, and history, following the schemes that history describes” (Bourdieu, 1977; Ritzer & Goodman, 2010). Therefore *habitus* is durable and can be transferred or moved from one arena to another. Female circumcision in Madura, especially in Sumenep, has long been practiced, so it has become integral to every individual's life. This tradition has been carried out from generation to generation since the time of our ancestors.

There is no exact record of when female circumcision began in the Sumenep area, but the results of FGDs with academics found that female circumcision has existed since the 16th century. In the 1600s, a Queen named Raden Ayu Tirtonegoro proposed to a married scholar with two children. After divorcing his wife, the Ulama accepted the Queen's proposal because he wanted to protect the Queen's honor. When she married, Raden Ayu Tirtonegoro was circumcised according to Islamic tradition in Sumenep (interview with Saidi, 2016).

Saidi further stated that female circumcision could have existed since the arrival of Islam to Sumenep in 1319 or the early 14th century, namely during the Panembahan Joharsari period. Unfortunately, information about this history is so limited that it is difficult to find actual data.

The community is slowly following the practice of circumcision carried out by the Queen because the Queen's behavior becomes a role model and a tradition. Moreover, the Queen's husband is an Ulama, further legitimizing female circumcision.

Habitus, for Bourdieu, is also a structure that is formed. Habitus generates and is generated by the social world. On the one hand, habitus "structures structure"; that is, habitus is the structure that structures the social world. On the other hand, he is a "structured structure," meaning that habitus is structured by the social world (Ritzer, 1996). In the case of Sumenep, female circumcision is a habitus that forms and is shaped. The practice of female circumcision as a habitus has formed individuals from various arenas, be it family, relatives, neighbours, religious assemblies, and schools. Some informants knew about female circumcision from their parents or in-laws. Nurliha, Imas, and Dewi are examples of how habitus structures them. Nurliha is from Cirebon, Imas from Tulung Agung, and Dewi from Lumajang, who have never known of female circumcision in their respective areas. Still, when they married Sumenep youths and lived in the area, they practiced the same. In this context, women who come from outside Sumenep have been structured by this habitus.

Their in-laws and relatives introduced them to the importance of circumcision in converting a person to Islam. No wonder Dewi's parents, when they saw their granddaughter circumcised by a midwife, said, "It's a different tradition than in Java; your second daughter is not circumcised." Because Dewi's second child, a girl born in her hometown, Lumajang, was not circumcised. In some cases, parents even circumcised their daughters twice, first circumcised by a midwife and then circumcised again because they lack trust in midwives, as stated by several informants in the FGD. The reason often cited was "fear of being illegal", they said. This is understandable because village midwives are generally still very young and less experienced than the traditional healers they already know.

Many informants confessed that their understanding of female circumcision as a necessity was obtained more from the experience of seeing the *Molang Areh* ceremony carried out by their family and neighbours. But family and relatives are not the only arenas where individuals learn about female circumcision. In various cases, schools and religious assemblies also become arenas where individuals learn about this habitus. Mursyid as a fiqh teacher, admits that he teaches female circumcision at school, and a midwife, Rani, heard about the law that female circumcision is mandatory from an ustadz at one of the Islamic boarding schools when he attended a recitation. Thus, individuals learn much about female circumcision structuring from various arenas. This is what Bourdieu meant by habitus that structures society.

But at the same time, the structure is also formed by the actors where the community is located. In the case of female circumcision, midwives and traditional healers continuously shape this social practice in certain ways to preserve it. The female circumcision procession continues to be modified by actors so that this tradition survives both in terms of the tools used and the procedure. Regarding the tools for female circumcision, while in the past most shamans performed female circumcision using bamboo skin with a pointed tip, now they have switched to using razor blades, penknives, scissors, or small knives. Midwives are also in the process of adopting local culture so that the community accepts it. For example, some midwives use turmeric to attach to the clitoris of girls after being circumcised, just as traditional healers did in the past, as did Endang and Syarifah. The reason is "I purposely use turmeric to follow the shamans where I work, so that I, as a midwife, can be accepted by the local community" (interview with Endang, 2016). This is a strategy to reduce community resistance and rejection of midwives, who are seen as ignoring female circumcision methods that have become a habit that has been believed and practiced for generations.



At the same time, midwives “manipulated” the female circumcision procession by simply “cleaning the clitoris” due to the ban on female circumcision issued by the Ministry of Health in 2006 and then revised again in 2014. This method was also adopted by some traditional healers, such as Sumiati, a midwife partner, in providing services and assistance in pregnancy and childbirth since the 1990s.

In addition, Bourdieu also stated that the structure serves to structure (as cited in Adib, 2012). Because it has become a habit, performing female circumcision from the first day to 40 days after the birth of a daughter for actors (parents) becomes a structured disposition. Habitus has become an awareness and attitude that is “embedded” within. The attitude that has been institutionalized within the individual causes a person to no longer question and think rationally about the benefits and harms of female circumcision.

*Maybe it's like that because it's already misunderstood, just like boys being circumcised... it's common for elders, huh... The others were circumcised, but circumcised also didn't ask why he had to be circumcised (interview with Sundusiyah, 2016).*

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In addition, structure plays an important role in individual life because individuals do not want to be isolated from society or get social sanctions. Because of that, he will make every effort to remain in a structure that gives him identity, recognition, and a sense of togetherness. The implication is that society generally does not dare to oppose the habitus related to female circumcision, which is already structured. The following are informants' statements that support this reality.

*“... Yes, nothing, ma'am.. just follow it. Because of the custom there. Yes, followed, ma'am. If you don't follow this tradition, you're afraid people will talk about it” (personal interview with Sundusiyah, 2016).*

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According to Bourdieu, Habitus “functions as a framework that creates and gives shape to one's perceptions, presentations and actions.” In the case of Sumenep Regency, female circumcision has shaped the perceptions and actions of the community. This happened because, in the habitus formation process, religious leaders used religious doctrine as the basis for the practice of female circumcision. According to Mursyid, an informant who works as a fiqh teacher at a Tsanawiyah madrasah, said that female circumcision is mandatory in the Shafi'i school, just like men. However, in the Shafi'i school itself, there are two views, namely those that are truly obligatory and those that are close to being obligatory but still at the level of Sunnah law, in contrast to the Maliki, Hanafi, and Hambali schools of thought, which imposed sunnah laws on female circumcision. The view of the Syafi'i School is the guideline for the Sumenep Muslim community.

Here religion becomes a tool used to structure. It is well known that religious doctrine can be the most powerful tool for structuring individual social action in society. Because of this, the people of Sumenep have used the religious language since their ancestors to structure the practice of female circumcision. This can be seen from the explanations of the majority of informants who stated that female circumcision was carried out to “get rid of uncleanness” (*wuang najis*) or to differentiate Muslims from Chinese or infidels. Religious language is the most powerful tool to perpetuate the practice of female circumcision. Moreover, this concerns the media for affirming one's Islamic identity. Rani stated emphatically:

*"women must be circumcised. If they are not circumcised, they are classified as infidels and must be held accountable before Allah" (interview with Rani, 2016).*

Identity shows how individuals and collectivities are differentiated from other individuals and collectivities (Jenkins, 2008). As a key element of subjective reality, identity relates dialectically to society, so identity is formed by social processes (Berger & Lukman, 1990) and contains social and cultural dimensions (Berger & Lukman, 1990). Identity is divided into cultural identity, social identity, and self or personal identity (Liliweri, 2007). Cultural identity is a characteristic that arises because a person is a member of a particular ethnic group, which includes learning about and accepting traditions, innate traits, language, religion, and descent from a culture. So what did the people of Sumenep do about female circumcision as a feature of the socio-cultural identity of the religious Madurese community?

In a recitation, several informants once heard a kyai state, "*mon gi' tak esonnat, tak maso' Islam* (if you don't get circumcised, you haven't converted to Islam). Because they fear their daughters will become infidels, some parents ask the midwives to remind them to circumcise their daughters. In addition, shamans, midwives, *kiai*, fiqh teachers, and *muslimat* (Muslim women) activists play an important role in structuring this habitus. The fiqh teacher at one Madrasah Tsanawiyah (basic level in formal education in Indonesia, equivalent to junior high school, which the Ministry of Religion manages) in East Lembung admitted that he taught classes about male and female circumcision. *Muslimat* activists, according to Wardah Masyhudi, one of the Muslimat administrators in Sumenep Regency, for example, held female circumcision training activities for their members.

On the other hand, habitus is born in certain social conditions, and it can be transferred to other social conditions because it is transposable (Bourdieu, as cited in Fashri, 2014). Habitus for female circumcision was born in a certain social context in Sumenep or, more broadly, in Madura, presumably since the arrival of Islam in the 14th century AD. In practice, in the past, female circumcision used the outer part of the bamboo, which was used to cut the female clitoral organ. The shamans usually practice female circumcision in various ways. Some shamans do this by damaging the clitoris by cutting off the tip of the clitoris, scraping some of the clitorides, or gouging the clitoris with their fingernails and then adding egg white. But some do it symbolically; they only clean the clitoris. After that, they are splashed with egg white or given turmeric. Shamans widely practiced this method until the 1980s. Later, they changed it using a knife or razor, while egg whites were replaced with wet wipes containing alcohol. The method used recently is because medical personnel, such as nurses or midwives, have influenced shamans.

After the emergence of the idea of human rights and the protection of women and children, the practice of female circumcision was categorized as violence against girls. Based on the practice of female circumcision in various Muslim countries, the United Nations then concluded that female circumcision was part of violence and prohibited its implementation in society. Responding to the United Nations (UN) policy, the Ministry of Health banned the medicalization of female circumcision. Midwives who had heard of the prohibition of female circumcision then looked for strategies to transform the practice of female circumcision without injuring the clitoris. For example, the experience of the practice of female circumcision as told by a shaman to an Integrated Service Center for Empowerment of Women and Children activist:

*This is it, Nurul; since you interviewed me, I finally tricked them. Sometimes the patient asked for a circumcision. I said circumcision. I wipe it and clean the clitoris (interview with Nurul Sugianti, 2016).*

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The same thing was done by Endang, a midwife who lives in the Bluto Sub-district, who only attached a certain tool in an upside-down position to scrape dirt stuck to the tip of the clitoris. This is what Bourdieu means by saying that the habitus of female circumcision changes (transportable) because the social context changes. On this side, it can be understood that the operation of the habitus is also highly dependent on the actor's understanding, interpretation, and creativity. The efforts of actors to modify and create the practice of female circumcision so that this habitus continues must be appreciated as a debate between actors and a structuring habitus.

Habitus is pre-conscious because it does not result from reflection or rational consideration. Here habitus "is spontaneous unconsciousness and not intended intentionally. But neither is it a mechanical movement without historical background." Habitus works under the bed of consciousness. Habitus operates "below the level of consciousness and language, beyond the reach of introspective supervision and control of the will" (Ritzer & Goodman, 2010).

Female circumcision in the Sumenep community can be understood as a tradition passed down from generation to generation without knowing its benefits. Parents circumcise their daughters because this social behavior is already accepted. Their pre-conscious level is so deep that they often do it spontaneously. In addition, actions that arise from the subconscious are often not considered rationally, so actors ignore the fact that there is a negative impact from female circumcision. Cases of bleeding experienced by several baby girls in the Bluto sub-district after being circumcised have never been used as a lesson to stop this social practice.

*There were several cases of bleeding during circumcision due to cleaning it too deep so that the genitals were injured and then treated using egg white by pouring it on the bleeding part... Some [girls] had to bleed for up to three days, and they [Circumcision] did not use scissors but used a knife. They worried there would also be an infection (interview with Nurul Sugianti, 2016).*

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Malpractice by midwives or shamans also occurred in several other areas in Sumenep Regency, namely in Bluto Sub-district and Sumnenep Regency, to be precise in the Pangarangan, Pajagalan, and Pamoloan areas. Enju, in Kalimo'o Village, in an interview, also shared her experience. Her first child, Aisyah, experienced heavy bleeding shortly after being circumcised by the midwife. The blood was flowing fast enough that Enju had to change her diaper many times. Enju finally took her daughter to the hospital to stop the bleeding and was treated for three days. But Enju still performed female circumcision on her second daughter, only this time she entrusted her child to be circumcised by a midwife.

The practice of female circumcision in Sumenep is regular and patterned. Even though it is regular and patterned, Bourdieu's habitus is not a manifestation of submission to certain rules (Adib, 2012). The practice of female circumcision in Sumenep Regency is carried out by people in 29 sub-districts, including one sub-district, which consists of 23 small islands. He made the same pattern on baby girls aged less than 40 days by injuring the clitoris until it bled, either by incising, scraping, and so on. Substantively, the goals are the same: the affirmation of Islamic identity, control over women's bodies, and the manifestation of obedience to religion.

The diversity occurs only in matters of a technical nature, such as the use of flowers in the female circumcision procession. The seven-way flower is used in one village, while in another, it is not. This could be caused by differences in the experience and creativity of each shaman as an actor. In a society where the level of religiosity is still mixed with mystical traditions, mystical nuances enter the practice of female circumcision. Meanwhile, in a society whose religious level emphasizes the purification of Islam, mystical values are avoided.

Finally, habitus, according to Bourdieu, can lead to certain goals and results of action, but without the conscious intention to achieve these results and the mastery of specific intelligence to achieve them consciously and deliberately unwanted, but also not a mechanistic movement without a historical background at all (Bourdieu, 1977). Cognitive mentality or individual habitus regarding female circumcision is based on the desire to gain identity and recognition as a Muslim. The expressions in the FGDs were related to the reason for practicing circumcision, namely to be recognized as part of the Muslim community and not as part of the Chinese or infidels. Community acknowledgment of a person's identity is important so that he is not isolated and cast out from his social group.

Parents of baby girls do not need to have a good mastery of knowledge about how the law for female circumcision is in the view of various schools of jurisprudence. Parents of baby girls also do not need special skills to carry out the female circumcision procession because there are already shamans, midwives, or *nyai* (calls for women older than the person calling) who can help them. On the other hand, actors such as shamans and midwives who carry out the social practice of circumcision have also done it as routine and with very simple skills without scientific mastery or expertise that must be continuously developed.

### **4.3. Habitus: A structure that ignores the role of agency**

The findings of this study are generally relevant to Bourdieu's theory which emphasizes that the actions of actors are not only influenced by structure but also by actors. This is possible because each actor has a different habitus, experience, social capital, and resources. The habitus related to female circumcision has indeed structured the parents. Still, the choice of who the girl will be circumcised with and whether to use medical or non-medical personnel depends on their experience, knowledge, and resources. Here Bourdieu differs from other structuralist thinkers who ignore agency, while Bourdieu emphasizes the existence of a dialectical relationship between structure and agent.

Unfortunately, Bourdieu put too much emphasis on habitus, so the agency issue was not elaborated. How do agents or actors interpret and modify habitus to follow the times, or how do actors resist or fight against less elevated habitus? From Bourdieu's point of view, actors are trapped in a habitus, and it is difficult to break away from it.

In fact, in this study, it was also found that several parents who live in the capital city of Sumenep do not circumcise their daughters anymore because they have been informed about the adverse effects of female circumcision on reproductive health. They have also heard of the regulation prohibiting female circumcision by medical personnel. However, one thing that should be appreciated is their readiness to be terrorized by their immediate family, relatives, and neighbors in their surroundings for "going against tradition."

## **5. Conclusion**

Female circumcision is a social practice still widely practiced by the Sumenep Muslim community today. The research findings on female circumcision are very relevant to Bourdieu's study of habitus, arena, and social reproduction, which contains the following principles:



female circumcision is a historical product that has been socialized from generation to generation since the arrival of Islam in the 14th century. Female circumcision is also a structure that has a structuring function. Female circumcision as a habitus has structured the community, including immigrants, to continue the practice, even though it is realized that there is no benefit. The religious languages used by *kiai* and *nyai* are the most effective media in perpetuating this tradition.

Female circumcision was born from certain social conditions. In its history, it has been transformed due to changes in different situations, such as changes in the use of tools and reduced use of tools and materials with mystical nuances. Female circumcision is a tradition that is regularly and patterned by Muslim communities throughout Sumenep, both in terms of the time of implementation, the actors, and the purpose. Finally, female circumcision leads to certain goals and results of actions carried out unconsciously and without special intelligence. In this context, female circumcision is intended to affirm Islamic identity and control over women's bodies. Because it has been internalized, the actors in female circumcision do it without thinking rationally.

Reproduction Female circumcision is mostly carried out by various family actors, religious teachers, *ustazah* (female religious teacher), religious activists, shamans, and midwives from various arenas such as homes, schools, religious assemblies, mass organizations, and midwives' practice places. It is these actors who use various strategies to defend female circumcision, while there are not many actors who carry out resistance or fight against this female circumcision tradition.

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