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Framing gendered power in Kompas coverage of female circumcision from 2000 to 2022

Yudhy Widya Kusumo[1], Rosalia Prismarini Nurdiarti[2], Mariana[3*],Eka Anisa Sari[4], Siti Fatonah[1], Sintar Nababan[5], Ida Wiendijarti[1]

[1]Public Relation Study Program, Fculty of Communication, UPN "Veteran" Yogyakarta, Jl. Babarsari No. 2, Sleman, Yogyakarta, Indonesia

[2]Communication Study Program, Faculty of Communication, University Mercu Buana Yogyakarta, Jl. Raya Wates-Jogjakarta, Sedayu, Bantul, Yogyakarta, Indonesia

[3]Public Sector Accounting Study Program, Departemnt of Business, Politeknik Negeri Lhokseumawe, Jl. Medan, Blang Mangat, Kota Lhokseumawe, Aceh, Indonesia

[4]Communication Study Program, Faculty of Literature, Culture, and Communication, University Ahmad Dahlan, Jl. Kapas 9, Semaki, Umbulharjo, Yogyakarta, Indonesia

[5]Information and Communication Study Program, Department of Public Information Communication, Sekolah Tinggi Multi Media Yogyakarta, Jl. Magelang No.6, Mlati, Sleman, Yogyakarta, Indonesia

[*]Email:mariana@pnl.ac.id

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ABSTRACT

This qualitative study examines how Kompas framed female circumcision, also described as female genital mutilation (FGM), in Indonesia from 2000 to 2022 and how changes in framing redistributed discursive authority among religious figures, state institutions, health professionals, women's organizations, and women themselves. Using the framing-analysis model of William A. Gamson and Andre Modigliani, the study analyzed news reports, opinion articles, and feature stories retrieved from Kompas's print and online archives with the search terms "female circumcision" and "female genital mutilation." Each item was examined for framing devices—metaphors, catchphrases, exemplars, depictions, and visual images—and reasoning devices concerning causes, moral judgments, and consequences. The material was interpreted across four periods to trace continuity and change in gendered power relations. From 2000 to 2005, coverage largely normalized the practice through cultural and religious narratives dominated by male and customary authorities, while women's experiences remained peripheral. Between 2006 and 2010, health risks, medicalization, and legal controversy became more visible, although patriarchal assumptions persisted. During 2011–2015, women's voices, bodily autonomy, and human-rights arguments gained prominence. From 2016 to 2022, coverage increasingly connected female circumcision with gender-based violence, policy accountability, and national and global advocacy. Overall, Kompas shifted from a culturally legitimizing frame toward a more critical, rights-oriented frame. Competing frames nevertheless remained, indicating that media narratives function as a field of negotiation rather than as a linear replacement of one viewpoint by another. The study concludes that sustained inclusion of affected women and clearer contextualization of health, legal, and religious claims can strengthen media contributions to gender equality and women's rights in Indonesia.

Keywords: *Female Genital Mutilation (FGM); Media Representation; Gender Equality; Framing Analysis; Discursive Authority*

INTRODUCTION

Female genital mutilation (FGM), also referred to as female circumcision in Indonesia, continues in several parts of the world, including Indonesia. FGM comprises

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procedures that intentionally alter or injure female genitalia for non-medical reasons and is recognized as a human-rights violation that reflects gender inequality and discrimination against women (Mehriban et al., 2023; Sumardiono, 2022). More than 200 million women and girls worldwide have undergone FGM, and the practice remains documented in Indonesia, particularly in communities where customary traditions remain influential (Saputro & Rijal, 2022).

Cultural and religious justifications can sustain FGM despite efforts by health and human-rights organizations to eliminate it. Religious authority and local belief may shape resistance to abolition when communities perceive it as an imposition of values that conflict with local culture (Saputro & Rijal, 2022). Medicalization, in which health professionals perform the procedure, further complicates elimination efforts because it may alter immediate clinical risks without addressing the gender inequality that underlies the practice (Mehriban et al., 2023). The selection and contextualization of religious voices can therefore shape whether audiences understand FGM as a moral obligation or as a contested social claim (Kusumo & Mariana, 2025).

Media coverage can shape how the public understands FGM by selecting sources, defining problems, and emphasizing particular consequences. This study examines how the Indonesian national newspaper Kompas framed the issue from 2000 to 2022. Earlier coverage often situated female circumcision within cultural and religious narratives, whereas later coverage gave greater attention to health, bodily autonomy, and women's rights (Gustina & Nareswari, 2023; Saputro & Rijal, 2022). These changes provide the basis for examining how authority was distributed among the actors represented in the news.

Gendered power is visible in justifications that present FGM as a means of regulating women's sexuality and compliance with norms of modesty (Rawlings-Anderson & Cameron, 2000). The practice may also be framed as a condition of entry into adulthood and as part of women's expected roles as wives and mothers (Rawlings-Anderson & Cameron, 2000; Schultz & Lien, 2013). Such narratives do more than describe custom: they establish who may decide, whose interpretation is authoritative, and whether women's consent is treated as relevant.

The study combines gender analysis with media-framing analysis. Power is operationalized as discursive authority: the capacity of actors represented in the coverage to define female circumcision, explain its causes, make moral evaluations, and propose responses. This approach makes it possible to examine how source selection and framing devices positioned religious and customary authorities, health professionals, state institutions, women's organizations, and affected women.

The study aims to identify the dominant frames used by Kompas, determine which actors were authorized to define the issue in each period, and analyze how changes in source hierarchy and interpretive packages reconfigured gendered power. Because the study examines media texts rather than audience responses, it interprets the discursive conditions that may shape public understanding but does not claim to measure media effects on audiences.

METHOD

This study used a qualitative approach and the framing-analysis model of William A. Gamson and Andre Modigliani to examine Kompas coverage of female circumcision from 2000 to 2022 (Rahim et al., 2022). Framing was understood as the organization of selected facts, sources, images, and moral evaluations into an interpretive package. The

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analysis addressed both what Kompas reported and how particular definitions became credible, whose voices were positioned as authoritative, and which consequences were emphasized or marginalized. Within this framework, power referred to the distribution of discursive authority through source selection, problem definition, causal interpretation, moral evaluation, and proposed remedies.

The corpus comprised news reports, opinion articles, and feature stories retrieved from Kompas's print and online archives with the search terms "female circumcision" and "female genital mutilation." Each item that substantively addressed the practice served as a unit of analysis. The analysis examined headlines, leads, quoted sources, explanatory passages, evaluative language, and described visual elements. These components were considered together because frames can be communicated through the selection and placement of sources as well as through explicit editorial statements. Content analysis was used to organize recurring themes and identify changes in media representation over time (Sitasari, 2022).

The analytical procedure had two connected levels. First, the study identified framing devices—metaphors, catchphrases, exemplars, depictions, and visual images—that condensed a particular understanding of female circumcision. Second, it examined reasoning devices concerning the origin of the practice, causal explanations, moral principles, and anticipated consequences. The analysis also recorded the social position of quoted actors, including government officials, religious and customary authorities, health professionals, women's-rights organizations, and women affected by or opposing the practice. A frame was treated as dominant when its problem definition, reasoning devices, and authorized speakers structured the coverage even when alternative positions were mentioned.

For longitudinal comparison, the material was organized into four analytical periods: 2000–2005, 2006–2010, 2011–2015, and 2016–2022. The periodization reflected changes in the prominence of interpretive packages, moving from cultural and religious legitimation through health and regulatory contestation toward bodily autonomy and human-rights advocacy. The comparison did not assume that a new frame automatically replaced an older one; it traced the coexistence, tension, and changing prominence of competing frames. Applying the same framing devices, reasoning devices, and actor categories across all four periods provided a consistent basis for interpreting continuity and change.

This interpretive study did not quantify all Indonesian media coverage. Its findings describe patterns within Kompas and should not be generalized to every news organization, community, or audience. Archive availability, editorial selection, and changes in terminology may have affected which items were located. The study therefore explains how one national newspaper negotiated competing claims about culture, health, religion, law, and women's rights over more than two decades; it does not estimate the prevalence of particular frames across the Indonesian media system.

RESULTS AND DISCUSSION

The analysis of Kompas coverage from 2000 to 2022 identified an interaction among cultural, religious, medical, legal, and gendered meanings. Across the four periods, the central question was not only whether female circumcision was described positively or negatively, but also who could define the practice: customary and religious authorities who presented it as an obligation, health professionals who evaluated risk, state actors who regulated its performance, or women and rights advocates who

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foregrounded bodily autonomy. Changes in the visibility and authority of these actors altered the boundaries of legitimate debate.

Longitudinally, the coverage moved from a frame centered on communal continuity toward one centered on individual rights and institutional accountability. The movement was uneven. Cultural and religious explanations continued after health and human-rights arguments gained prominence, and some critical coverage reproduced patriarchal assumptions through source selection or by depicting women primarily as victims. The periodization therefore describes changes in the dominance of frames rather than a complete or irreversible transition.

2000–2005: Patriarchal Dominance in Female Circumcision Narratives

During 2000–2005, Kompas coverage was organized mainly by a patriarchal frame that presented female circumcision as a culturally and religiously sanctioned practice. The Gamson and Modigliani model was used to identify the framing and reasoning devices through which this interpretation became dominant.

Kompas frequently foregrounded male authorities and customary beliefs, presenting female circumcision as part of cultural identity. Women were often positioned as passive subjects of tradition, which reinforced male authority over decisions concerning women's bodies. One item juxtaposed the phrase "rejecting oppression" with images of women fleeing conflict in Somalia, connecting the practice to a broader vocabulary of gendered violence while still locating women's experience at the margins of the narrative.

This early framing differed from the increasingly critical treatment of FGM reported in later international literature, which emphasized health risks and human-rights violations (García et al., 2022; Odukogbe et al., 2017). The contrast supplied an alternative interpretive context, but it did not immediately displace the cultural and religious frame in Kompas.

Medicalization appeared in the coverage as a contested response. Clinical performance could be presented as a way to reduce immediate harm, yet it left the cultural and gender inequalities underlying the practice unexamined (García et al., 2022). In this frame, the central issue was often how the procedure should be performed rather than whether girls and women should be subjected to it.

Framing devices such as catchphrases and exemplars also showed how normalization operated. Terms including "infibulation" and "clitoridectomy" appeared without adequate explanation of their health consequences (Odukogbe et al., 2017). Describing female circumcision as a rite of passage or cultural obligation further positioned the practice as socially expected rather than as a contested form of gender-based violence (García et al., 2022).

The power of this early interpretive package lay in presenting social convention as common sense. When cultural continuity and religious propriety supplied the main reasons for the practice, consent was displaced by belonging. Women's bodies became symbols through which families and communities demonstrated moral order. Because male authorities and institutional voices were more often positioned as interpreters, women appeared primarily as the objects of decisions rather than as credible narrators of pain, doubt, or refusal. This distribution of voice was itself a gendered exercise of power because it determined which experiences counted as evidence and which were treated as private or exceptional.

The early frame nevertheless contained counter-meanings that later coverage

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could develop. Medical terminology introduced the possibility that procedures carried different physical consequences even when the terms were inadequately explained (Odukogbe et al., 2017). Images of women resisting oppression also supplied an alternative moral vocabulary, although it was not yet central to the Indonesian discussion. A dominant frame therefore did not eliminate alternative meanings; it restricted their visibility and their capacity to organize the story.

2006–2010: Health, Medicalization, and Regulatory Contestation

Between 2006 and 2010, Kompas gave greater attention to the health consequences of female circumcision for women and girls. The coverage began to move from preserving tradition toward criticizing the practice, although older cultural and patriarchal assumptions remained. Metaphors, catchphrases, exemplars, depictions, and visual images made the conflict among religious, medical, and regulatory interpretations more visible.

Religious language remained part of the framing. References to Al-Baqarah 2:187, which describes spouses as complementary, supplied an ideal of mutual protection that contrasted with accounts of bodily harm. The corpus also used the term "therapists" for women providing sexual services, a label that connected discussion of female bodies with commodification and moral regulation.

Legal and health terminology became more prominent. Terms such as "infibulation" and "castration" appeared in descriptions of severe bodily intervention, while "qanun jinayat" referred to the intersection of local criminal law and customary practice in Aceh. The phrase "cleanse girls from evil spirits" represented the cultural beliefs used to justify continuation of the practice.

The coverage presented contrasting institutional positions. Forum Medico Syariah was represented as proposing a procedure that conformed to medical guidance, whereas the Ministry of Health was represented as opposing its performance in hospitals. Placing these positions together made disagreement about the legitimacy and safety of female circumcision visible.

Representations of women also became more varied. Women appeared increasingly as participants in discussions of health and rights, rather than only as passive recipients of cultural practice. Patriarchal stereotypes nevertheless persisted when women were depicted as temptresses or as sources of moral disorder.

Visual material described in the coverage included community events, public discussions, women's advocacy, and customary ceremonies. Juxtaposing advocacy with ceremonial images made the tension between rights-based criticism and the preservation of tradition visible.

Reasoning devices increasingly located the origin of female circumcision in patriarchal structures and discriminatory cultural practices. The consequences were framed in terms of physical and psychological harm, including long-term health complications and emotional distress.

The 2006–2010 period therefore marked a transition: health risks and women's rights received greater attention, but customary and patriarchal narratives continued to shape the terms of debate.

The growing health frame altered the status of expertise. Medical professionals and government agencies gained authority to classify procedures, describe risks, and distinguish care from harmful intervention. Medical language did not, however, automatically produce a gender-equal narrative. A narrowly clinical discussion could

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reduce the issue to technique and safety while leaving intact the assumption that families or communities could decide on behalf of girls. The medicalization debate therefore exposed two standards: reducing immediate injury and protecting bodily autonomy. The first modified how the practice was performed; the second questioned its legitimacy.

Kompas's presentation of disagreement between Forum Medico Syariah and the Ministry of Health made policy conflict visible, but balance between sources did not give the positions equal consequences for affected girls. Placing authorization and prohibition side by side could inform readers about controversy while also implying that the issue remained a matter of professional preference. The rights frame became stronger when health consequences were connected to consent, discrimination, and unequal authority over female bodies. The period thus represented a movement from technical criticism toward a broader challenge to patriarchal power.

2011–2015: Women's Voices and Bodily Autonomy

Between 2011 and 2015, Kompas gave greater prominence to women who opposed female circumcision and to arguments concerning human rights and psychological harm. The phrase "control over body and sexuality" functioned as a key framing device, presenting the practice as a restriction on women's bodily and sexual autonomy (Earp, 2015; Kagitcibasi, 2011). This frame corresponded with a broader rights-based discourse that treated FGM as a violation of bodily autonomy.

The coverage also showed how cultural and religious interpretations could place moral pressure on families. Some communities were represented as considering failure to perform the practice sinful or religiously improper (Kagitcibasi, 2011; Pemunta, 2012). Counter-voices therefore challenged both the procedure and the authority to define religious and social respectability.

Coverage of Minister of Health Regulation No. 1636 of 2010 exposed a conflict between formal consent and the performance of the procedure on girls too young to provide informed consent. The regulation was criticized for potentially legitimizing a harmful practice and for conflicting with international standards on women's rights and bodily integrity (Kagitcibasi, 2011; Pemunta, 2012). The frame therefore connected regulation with the distribution of authority among the state, health professionals, families, and girls.

Opposition to female circumcision was framed through accounts of physical and psychological harm and through claims about women's rights. The coverage also connected regulation of the practice with wider state involvement in women's sexuality and social roles. Komnas Perempuan's position that female circumcision is not a standard medical procedure strengthened criticism of professional participation and shifted attention from clinical technique to ethical responsibility (Earp, 2015; Kagitcibasi, 2011).

Women's organizations and transnational advocacy networks became more visible in calls for regulatory reconsideration. Their presence linked local criticism with wider campaigns for bodily autonomy and women's rights (Kagitcibasi, 2011; Pemunta, 2012). The significance of this change lay in the authority granted to women and advocates to interpret the practice, rather than only in the likelihood of future protest.

The increased presence of women's voices changed more than the emotional tone of coverage. It repositioned women from recipients of custom to actors capable of interpreting religion, evaluating policy, recounting harm, and claiming rights. Bodily

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autonomy became an organizing principle that linked health, consent, sexuality, and citizenship. This frame made it harder to treat physical harm as an isolated medical complication and exposed the limits of formal consent provisions when procedures were performed on children.

The category "women's voice" was not uniform. Women could sustain, negotiate, or resist the practice under different social conditions. The rights-oriented frame was most analytically useful when it examined how authority operated within families, religious institutions, health services, and the state rather than portraying communities as unchanging. Kompas increasingly linked personal testimony with regulatory and ethical questions and situated international human-rights language within Indonesian cultural and religious debates (Earp, 2015; Pemunta, 2012).

2016–2022: Patriarchy, Human Rights, and Institutional Accountability

From 2016 to 2022, Kompas coverage became more explicitly critical of patriarchal authority and more closely associated female circumcision with human rights. Reports emphasized efforts to end the practice and gave greater attention to affected women and rights advocates. The "iceberg" metaphor suggested that recorded cases represented only a visible portion of violence against women and that silence and underreporting obscured the scale of harm.

Coverage situated female circumcision within a broader concern about violence against women. Komnas Perempuan's description of a sexual-violence emergency supplied a national context for a practice often treated as private tradition. References to the Sustainable Development Goals broadened the policy frame by connecting gender equality, protection from violence, and the elimination of harmful practices.

Reasoning devices increasingly emphasized the number of women and girls affected and the difficulty of changing a practice rooted in tradition and belief. Coverage of the United Nations Universal Periodic Review connected female circumcision with recommendations on sexual violence and child marriage. These connections repositioned the issue from a private custom to a matter of public policy and institutional responsibility.

Coverage of the 2022 Universal Periodic Review linked female circumcision with other women's-rights issues, including health, conflict, the rights of rural and Indigenous women, access to food and land, online gender-based violence, and child marriage. Plans reported from the Ministry of Women's Empowerment and Child Protection and changes to the legal minimum age of marriage further situated the practice within state obligations to protect women and children.

The coverage also connected the persistence of female circumcision with wider failures to achieve gender equality, including violence against women, maternal mortality, limited political participation, discriminatory local regulation, and weak institutional coordination. Civil-society and CEDAW-related advocacy supplied a framework for evaluating government responses and for treating female circumcision as part of a broader structure of gender inequality.

Institutional accountability became an explicit element of the frame during this period. The problem was no longer located only in private tradition; it was also associated with the state's responsibility to coordinate health policy, protect children, respond to violence, and meet human-rights commitments. References to the Sustainable Development Goals and the Universal Periodic Review connected domestic debate with transnational standards and gave advocates additional grounds for

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evaluating government action.

The "iceberg" metaphor challenged the use of visible cases as a sufficient measure of harm by drawing attention to silence, underreporting, and normalization. Crisis language could nevertheless portray women only as vulnerable unless reports also included their analysis, organizing, and policy proposals. The strongest coverage combined recognition of harm with attention to women's agency and institutional responsibility, moving beyond condemnation of individual acts to question the patriarchal distribution of authority.

Cross-Period Discussion: Discursive Authority and Gendered Power

Comparison across the four periods shows that narrative control operated through source hierarchy as well as vocabulary. A report could use neutral language while privileging patriarchal power if men, officials, or experts defined the problem and women appeared only as recipients of policy. Conversely, including women did not necessarily produce an emancipatory frame if their statements served only as illustrations of suffering. Discursive authority changed when women were positioned as knowledgeable actors whose interpretations shaped causal explanations, moral judgments, and proposed solutions. This mechanism resembles bureaucratic patriarchy, in which women's identities and agency are organized in relation to male institutional authority (Kusumo et al., 2026).

The findings also clarify the relationship between cultural sensitivity and human-rights criticism. Treating culture as fixed can produce either uncritical acceptance or a simplified opposition between tradition and modernity. Kompas's changing frames instead showed a contested process in which religious, customary, medical, legal, and feminist actors offered different accounts of obligation, harm, and responsibility. Contextualization can represent that contest without stigmatizing communities or treating cultural justification as exempt from scrutiny.

Medicalization illustrates why the distinction matters. Clinical involvement could be framed as harm reduction, professional regulation, or implicit legitimation. Reporting that focused only on immediate physical safety left the underlying gender relation unexamined, whereas reporting that connected medical practice with consent, childhood, sexuality, and state responsibility showed how technical decisions distributed power. Kompas increasingly favored the latter interpretation, but competing frames kept the meaning of professional involvement unsettled.

These patterns show the media's dual role. Kompas could reproduce dominant social relations by normalizing particular speakers and assumptions, or expand public debate by making marginalized experiences and alternative moral claims visible. Framing mattered because it shaped the questions treated as legitimate. A story organized around custom asked how a practice should be preserved; one organized around health asked how harm should be prevented; and one organized around autonomy asked who had the right to decide. Each question directed attention toward different actors, evidence, and policy responses.

For journalistic practice, the findings support transparent terminology, careful explanation of procedural variation, and systematic inclusion of affected women, health professionals, religious scholars, policymakers, and rights advocates. Source diversity should be accompanied by scrutiny of unequal authority and by clear distinctions among religious belief, medical assessment, legal rules, and human-rights standards. Such reporting can represent social complexity without creating false equivalence and

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can connect individual experience with the institutional conditions that shape gender equality in Indonesia.

Across the findings, power was located in the capacity to define the practice and authorize a response. In the early period, male religious and customary authorities largely controlled that capacity. Health professionals and state agencies gained authority in the second period, while women and rights advocates became increasingly able to define harm, consent, and legitimate policy in the later periods. The redistribution was incomplete because older frames and source hierarchies persisted. Power in the coverage therefore shifted through changes in discursive authority rather than through the disappearance of patriarchal narratives.

CONCLUSION

The longitudinal analysis identified a substantial but incomplete transformation in Kompas's framing of female circumcision. From 2000 to 2005, cultural continuity and religious authority dominated while women's experiences and consent remained peripheral. Between 2006 and 2010, health risks, medicalization, and policy conflict challenged that normalization. During 2011–2015, women and rights advocates gained visibility, and bodily autonomy connected questions of health, sexuality, law, and citizenship. From 2016 to 2022, coverage more consistently linked the practice with patriarchy, gender-based violence, and institutional accountability.

The central finding is that media power operated through the allocation of discursive authority. The change was not simply from favorable to unfavorable reporting; it altered who could define the problem, explain its causes, and propose legitimate responses. Older and newer frames continued to coexist, so the trajectory was neither linear nor complete. Kompas functioned as a field in which cultural, religious, medical, legal, and human-rights claims competed for legitimacy.

These findings support reporting that treats affected women as sources of knowledge and political agency, not only as victims. Clear contextualization of religious claims, medical evidence, regulation, and human-rights standards can help readers distinguish among competing forms of authority. By connecting individual experience with institutional responsibility, media narratives can support public deliberation on gender equality and women's rights while preserving the complexity of Indonesian social contexts.

Because the study examined one national newspaper and depended on available archives, future research should compare Kompas with regional, broadcast, and other digital media and investigate how audiences interpret the competing frames identified here. Interviews with journalists, health professionals, advocates, religious authorities, and affected communities could also clarify how newsroom routines and source relationships shape coverage. Such research could test whether the rights-oriented shift found in Kompas extends across the wider Indonesian media system and influences public understanding or policy debate.

REFERENCES

Abdikeeva, A., Ezer, T., & Covaci, A. (2013). Assessing legal advocacy to advance Roma health in Macedonia, Romania, and Serbia. European Journal of Health Law, 20(5), 471–486. https://doi.org/10.1163/15718093-12341297

Awad, S. F., Sgaier, S. K., Lau, F. K., Mohamoud, Y. A., Tambatamba, B. C., Kripke, K. E., Thomas, A.

Bricolage ; Jurnal Magister Ilmu Komunikasi
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p-ISSN: 2502-0935
e-ISSN: 2615-6423

G., Bock, N., Reed, J. B., Njeuhmeli, E., & Abu-Raddad, L. J. (2017). Could circumcision of HIV-positive males benefit voluntary medical male circumcision programs in Africa? Mathematical modeling analysis. PLoS ONE, 12(1), 1–14. https://doi.org/10.1371/journal.pone.0170641

Baeten, J. M., Donnell, D., Kapiga, S. H., Ronald, A., John-Stewart, G., Inambao, M., Manongi, R., Vwalika, B., & Celum, C. (2010). Male circumcision and risk of male-to-female HIV-1 transmission: A multinational prospective study in African HIV-1-serodiscordant couples. AIDS, 24(5), 737–744. https://doi.org/10.1097/QAD.0b013e32833616e0

Earp, B. (2015). Female genital mutilation and male circumcision: Toward an autonomy-based ethical framework. Medicolegal and Bioethics, 89. https://doi.org/10.2147/MB.S63709

Fernando, J., Sarwoprasodjo, S., Hapsari, D. R., Irandiputri, M., & Hidayati, R. K. (2021). Kompas.com deconstruction of reshuffle statements as a political policy during the COVID-19 pandemic. Bricolage: Jurnal Magister Ilmu Komunikasi, 7(2), 175. https://doi.org/10.30813/bricolage.v7i2.2681

García, G. A. I., Ruiz, S. C., Perpiña Galvañ, J., Siles González, J., & Jiménez Ruiz, I. (2022). Female genital mutilation as a social norm: A study of the beliefs and attitudes of women in this diaspora. Qualitative Health Research, 32(7), 1153–1166.

Gray, R. H., Kigozi, G., Serwadda, D., Makumbi, F., Nalugoda, F., Watya, S., Moulton, L., Chen, M. Z., Sewankambo, N. K., Kiwanuka, N., Sempijja, V., Lutalo, T., Kagayii, J., Wabwire-Mangen, F., Ridzon, R., Bacon, M., & Wawer, M. J. (2009). The effects of male circumcision on female partners' genital tract symptoms and vaginal infections in a randomized trial in Rakai, Uganda. American Journal of Obstetrics and Gynecology, 200(1), 42.e1-42.e7. https://doi.org/10.1016/j.ajog.2008.07.069

Gustina, N. A., & Nareswari, L. A. (2023). Intersectionality analysis of the impact of anti-female genital mutilation/cutting policies in Indonesia and Egypt. Jurnal Politik, 9(2). https://doi.org/10.7454/jp.v9i2.1136

Kagitcibasi, C. (2011). The family in question: immigrant and ethnic minorities in multicultural Europe. Journal of Multilingual and Multicultural Development, 32(4), 415–416. https://doi.org/10.1080/01434632.2011.580087

Kalengo, N., Musinguzi, L. K., & Twikirize, J. M. (2022). "You must cut that long and stinking thing": uncovering the lived experiences of uncircumcised pokot women in North-Eastern Uganda. BMC Women's Health, 22(1), 1–13. https://doi.org/10.1186/s12905-022-02005-4

Kusumo, Y. W., & Mariana, M. (2025). Manajemen komunikasi Islam: Prinsip, konsep, dan relevansi di era modern. Journal of Islamic Management, 5(1), 29–54. https://doi.org/10.15642/jim.v5i1.1961

Kusumo, Y. W., Sari, E. A., & Chotijah, S. (2026). Patriarki birokratik: Identitas perempuan dalam praktik penyebutan nama dan jabatan suami di organisasi militer. Jurnal Mahasiswa Komunikasi Cantrik, 6(1), 1–18. https://doi.org/10.20885/cantrik.vol6.iss1.art1

Leibowitz, A. A., Desmond, K., & Belin, T. (2009). Determinants and policy implications of male circumcision in the United States. American Journal of Public Health, 99(1), 138–145. https://doi.org/10.2105/AJPH.2008.134403

Mehriban, N., Zafar Ullah, A. N., Haque, M. I., Harun, M. G. D., Isse, D. M., Muhammad, F., Chowdhury, A. A., Chowdhury, M., Hasan, M. Z., & Dessoffy, T. (2023). Knowledge, attitudes, and practices of female health care service providers on female genital mutilation in Somalia: A cross-sectional study. Women's Health, 19. https://doi.org/10.1177/17455057231199032

Mugwanya, K. K., Baeten, J. M., Nakku-Joloba, E., Katabira, E., Celum, C., Tisch, D., & Whalen, C. (2010). Knowledge and attitudes about male circumcision for HIV-1 prevention among heterosexual HIV-1 serodiscordant partnerships in Kampala, Uganda. AIDS and Behavior, 14(5), 1190–1197. https://doi.org/10.1007/s10461-010-9696-x

Odukogbe, A. T. A., Afolabi, B. B., Bello, O. O., & Adeyanju, A. S. (2017). Female genital mutilation/cutting in Africa. Translational Andrology and Urology, 6(2), 138–148.

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p-ISSN: 2502-0935
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https://doi.org/10.21037/tau.2016.12.01

Pemunta, N. V. (2012). Resistance to the eradication of female circumcision and the political economy of underdevelopment in Cameroon. Gender, Technology and Development, 16(2), 223–245. https://doi.org/10.1177/097185241201600205

Rahim, A., Siswoyo, M., & Hermawan, A. J. (2022). Citra perempuan dalam media massa: Analisis framing William A. Gamson dan Andre Modigliani pada artikel Worklife di website Wolipop. Jurnal Signal, 10(1), 106. https://doi.org/10.33603/signal.v10i01.6964

Rawlings-Anderson, K., & Cameron, J. (2000). Female genital mutilation: A global perspective. British Journal of Midwifery, 8(12), 754–760. https://doi.org/10.12968/bjom.2000.8.12.8039

Saputro, L. K. P., & Rijal, K. (2022). The urgency to re-evaluate female genital mutilation practice among Muslim communities in Indonesia. Jurnal Kajian Sosial Keagamaan, 5(2), 126–136.

Schultz, J. H., & Lien, I. L. (2013). Meaning-making of female genital cutting: Children's perception and acquired knowledge of the ritual. International Journal of Women's Health, 5(1), 165–175. https://doi.org/10.2147/IJWH.S40447

Sitasari, N. W. (2022). Mengenal analisa konten dan analisa tematik dalam penelitian kualitatif. Forum Ilmiah, 19, 77.

Sumardiono, N. (2022). Representasi identitas gender influencer laki-laki dengan ekspresi gender feminin di Instagram. Bricolage: Jurnal Magister Ilmu Komunikasi, 8(1), 109. https://doi.org/10.30813/bricolage.v8i1.3056

Wang, A. L., Duke, W., & Schmid, G. P. (2009). Print media reporting of male circumcision for preventing HIV infection in sub-Saharan Africa. Bulletin of the World Health Organization, 87(8), 595–603. https://doi.org/10.2471/BLT.09.066704

Weiss, H. A., Plummer, M. L., Changalucha, J., Mshana, G., Shigongo, Z. S., Todd, J., Wight, D., Hayes, R. J., & Ross, D. A. (2008). Circumcision among adolescent boys in rural northwestern Tanzania. Tropical Medicine and International Health, 13(8), 1054–1061. https://doi.org/10.1111/j.1365-3156.2008.02107.x