

## Determinants of Female Genital Cutting Practices Among Girls Aged 0-6 Years in Kayamanya Village, Indonesia

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### ABSTRACT

**Background:** Female Genital Cutting (FGC) remains a deeply embedded cultural practice in several regions of Indonesia despite regulatory prohibitions. The practice poses significant risks to the health, rights, and well-being of young girls. This study aimed to describe the determinants of FGC practices among mothers of girls aged 0–6 years in Kayamanya Village, Central Sulawesi.

**Methods:** This descriptive study involved 87 mothers selected using simple random sampling. Data were collected using a validated structured questionnaire assessing knowledge, attitudes, sociocultural support, and family support. Descriptive statistics were used to present the distribution of all variables.

**Results:** The prevalence of FGC was 81.6%. Most mothers were aged 20–35 years (76%), had a high school education (47%), and were unemployed (79%). Family support (65.5%) and sociocultural influence (50.6%) were the most prominent determinants sustaining the practice. Maternal knowledge remained low, with 62% showing poor understanding of FGC-related risks.

**Conclusion:** FGC remains highly prevalent in Kayamanya Village and is strongly sustained by family and sociocultural pressures. Culturally sensitive community-based interventions are needed to improve knowledge and address misconceptions surrounding FGC.



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## INTRODUCTION

Female Genital Cutting (FGC), also referred to as female circumcision or female genital mutilation, involves the partial or total removal of the external female genitalia for non-medical reasons (Pettello-Mantovani et al., 2024). The World Health Organization (WHO) recognizes FGC as a violation of human rights with no health benefits and potential serious physical and psychological consequences (Catania et al., 2018). Globally, it is estimated that over 200 million girls and women have undergone some form of FGC, with the practice being concentrated in several regions including Africa, the Middle East, and Southeast Asia (Osborne & McQuillan, 2022).

Indonesia is among the countries with a high prevalence of FGC (Halilah, 2019). National data suggests that approximately 49% of girls under the age of 14 have undergone the procedure (Alifah et al., 2024). The practice is deeply embedded in cultural and social traditions, often perceived as a rite of passage, a religious obligation, or a means to ensure purity and social acceptance (Hayford et al., 2020; Lindskog et al., 2024). These deeply held beliefs make it challenging to eradicate the practice despite its known harms (Obinna, 2017).

In response to the health risks and human rights violations associated with FGC, the Indonesian government has taken legislative steps to curb the practice. The revocation of the Ministry of Health Regulation No. 1636/Menkes/Per/XI/2010, which previously permitted

medicalized FGC, and the issuance of Regulation No. 6/2014 (Halilah, 2019), which prohibits healthcare professionals from performing the procedure, represent significant policy shifts (Sabi Boun et al., 2023). However, the implementation and enforcement of these regulations remain inconsistent, particularly in rural and traditional communities (Sood & Ramaiya, 2022; Tesfaye et al., 2024; *The Lancet*, 2020).

Previous studies have identified several key factors that perpetuate FGC, including low levels of maternal education, entrenched cultural beliefs, and strong family and community pressure (Pettello-Mantovani et al., 2024). In many communities, FGC is considered a social norm, and families who choose not to subject their daughters to the practice may face stigma, exclusion, or doubts about their daughter's marriageability (Oghogho.P. Izekor et al., 2025). Understanding these localized determinants is crucial for designing effective and culturally sensitive interventions.

This study therefore aimed to describe the sociocultural determinants and the role of family support in sustaining the practice of FGC among girls aged 0–6 years in Kayamanya Village, Central Sulawesi. By elucidating these factors, this research provides a foundation for developing targeted strategies to protect the health and rights of young girls in this community.

## **METHODS**

### **Study Design and Setting**

This research employed a descriptive study design aimed at presenting an overview of factors associated with Female Genital Cutting (FGC) practices. The study was conducted in Kayamanya Village, Poso City, Central Sulawesi, between February and March 2021. This location was selected due to its strong adherence to long-standing cultural traditions related to FGC.

### **Population and Sample**

The study population comprised 170 mothers who had daughters aged 0–6 years. Using Slovin's formula with a 5% margin of error, a sample size of 87 participants was determined. Participants were selected using a simple random sampling technique from a list of eligible mothers provided by the village health post (*posyandu*).

### **Data Collection Instrument**

Data were collected using a structured questionnaire adapted from previous studies and validated for content. The instrument's reliability was confirmed with a Cronbach's alpha value of 0.84. The questionnaire consisted of five sections:

1. Demographic characteristics of the respondents (age, education, occupation).
2. Knowledge about FGC, measured using 12 items with a Guttman scale (good/less).
3. Attitudes toward FGC, assessed with 9 items on a Likert scale (supportive/unsupportive).
4. Sociocultural support, evaluated with 5 dichotomous items (yes/no).
5. Family support, measured using 10 yes/no items.

### **Data Analysis**

Data were analyzed descriptively using SPSS version 26 software. The analysis involved calculating frequencies and percentages for categorical variables to describe the distribution of respondent characteristics, FGC prevalence, and the associated determinants.

### **Ethical Considerations**

Ethical approval for this study was granted by the Health Research Ethics Committee of Poltekkes Kemenkes Palu. Informed consent was obtained from all participants after explaining the purpose, procedures, benefits, and risks of the study. Confidentiality of the participants' information was maintained throughout the research process.

## RESULTS

### Respondent Characteristics

The majority of the 87 respondents were aged 20-35 years (76%), had completed high school education (47%), and were unemployed (79%). The detailed characteristics are presented in Table 1.

**Table 1. Characteristics of Respondents (n=87)**

Characteristic	Category	Frequency (n)	Percentage (%)
Mother's Age	20-35 years	66	76
	>35 years	21	24
Education	Elementary	18	21
	Junior High	22	25
	Senior High	41	47
	Diploma/Bachelor	6	7
Occupation	Unemployed	69	79
	Employed	18	21

### Prevalence and Determinants of FGC

The study found a high prevalence of FGC, with 71 out of 87 girls (81.6%) having undergone the procedure. The distribution of determinants associated with FGC practice is shown in Table 2.

**Table 2. Distribution of Determinants Associated with FGC Practice**

Variabel	Category	Frequency (n)	Percentage (%)
FGC Practice	Performed	71	81.6
	Not Performed	16	18.4
Maternal Knowledge	Good	33	38
	Poor	54	62
Maternal Attitude	Supportive	50	57.5
	Unsupportive	37	42.5
Sociocultural Support	Present	44	50.6
	Absent	43	49.4
Family Support	Present	57	65.5
	Absent	30	34.5

The findings show that the prevalence of Female Genital Cutting (FGC) among girls aged 0–6 years in Kayamanya Village is notably high at 81.6%. The most influential determinant is family support, reported by 65.5% of mothers, followed by sociocultural influences at 50.6%. In addition, more than half of the mothers (57.5%) expressed supportive attitudes toward the practice. Despite this, the majority (62%) demonstrated poor knowledge about FGC and its potential health risks.

## DISCUSSION

The findings of this study reveal an alarmingly high prevalence (81.6%) of FGC among girls aged 0–6 years in Kayamanya Village. This rate is substantially higher than the national average reported in previous studies, indicating that the practice remains deeply entrenched in this specific community. The persistence of FGC highlights a critical gap between national policy and local practice, underscoring the powerful influence of tradition over legal frameworks and health information (Oukouomi Noutchie, 2024).

The study identified family support as the strongest determinant, with 65.5% of mothers reporting familial pressure or encouragement to perform FGC. This finding aligns with the social normative theory, which posits that individuals often conform to practices that are deeply valued by their family and social network to maintain harmony and acceptance (Matanda et al., 2022; Pettoello-Mantovani et al., 2024; Sood & Ramaiya, 2022; Tesfaye et al., 2024; The Lancet, 2020). Elders, particularly grandparents, often play a pivotal role in perpetuating this tradition, viewing

it as an essential part of their cultural heritage and a necessary step for a girl's social integration (Grose et al., 2019; Hayford et al., 2020; Lindskog et al., 2024).

Closely linked to family support is the influence of sociocultural norms, which was reported by 50.6% of respondents. In communities like Kayamanya, FGC is often intertwined with identity, purity, and honor. Families that deviate from this norm risk social stigma, exclusion, or doubts about their daughter's future marriage prospects. This creates a powerful community-wide enforcement mechanism that makes abandonment of the practice difficult for individual families, even if they are personally hesitant (Elnimeiri et al., 2020).

A noteworthy finding is that a majority of mothers had poor knowledge about FGC and its health consequences, yet a significant proportion (57.5%) still held a supportive attitude. This disconnect suggests that knowledge alone is insufficient to change behavior when it is overridden by deeply ingrained cultural beliefs and social pressures (Abdullah et al., 2024; Alifah et al., 2024; Blaydes & Platas, 2020). This reinforces the notion that informational campaigns, while necessary, are not adequate as a standalone strategy for eliminating FGC (Cappa et al., 2020).

Therefore, effective interventions must be multidimensional and community led (Hasanah et al., 2025). Efforts should focus on engaging entire families and communities in dialogue, rather than targeting mothers alone. Collaborating with respected community leaders, religious figures, and local health workers to reframe the discourse around FGC emphasizing child health, well-being, and national law is essential (Grose et al., 2019; Lindskog et al., 2024; Maimun Ihsan et al., 2025). Empowering community members to collectively abandon the practice through public declarations, as seen in successful abandonment programs in other regions, could be a viable path forward for Kayamanya Village.

This study has several limitations that should be acknowledged. As a descriptive design, the research only provides an overview of the distribution of FGC practices and their associated determinants without establishing causal relationships. The data relied solely on self-reported responses from mothers, which may be subject to recall bias and social desirability bias, particularly given the sensitive and culturally embedded nature of FGC. The study was also conducted in a single village, which limits the generalizability of findings to other regions with different cultural or socioeconomic contexts. Additionally, the study did not include qualitative exploration, which could have provided deeper insight into the motivations and cultural beliefs driving the continued practice of FGC. Future research should consider mixed-methods approaches and broader sampling areas to strengthen the evidence base.

## CONCLUSION

This study concludes that the practice of Female Genital Cutting is highly prevalent among young girls in Kayamanya Village and is predominantly driven by strong family support and entrenched sociocultural norms. To effectively reduce and ultimately eliminate FGC, a collaborative and culturally sensitive approach is imperative. We recommend the development and implementation of community-based intervention programs that involve local leaders, health professionals, and families. These programs should focus on holistic education, foster open dialogue about the health impacts and legal status of FGC, and promote alternative rites of passage that celebrate girlhood without harm.

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