

ISSN 2597- 6052DOI: <https://doi.org/10.56338/mppki.v7i11.6165>**MPPKI****Media Publikasi Promosi Kesehatan Indonesia**
*The Indonesian Journal of Health Promotion***Review Articles****Open Access****Female Genital Mutilation (FGM) in Indonesia: Systematic Review****Rafidha Nur Alifah^{1*}, Alfiana Ainun Nisa², Efa Nugroho³, Dwi Yunanto Hermawan⁴**¹Faculty of Medicine, Universitas Negeri Semarang | rafidhanuralifah@students.unnes.ac.id²Faculty of Medicine, Universitas Negeri Semarang | alfiana_ainun@mail.unnes.ac.id³Faculty of Medicine, Universitas Negeri Semarang | efa.nugroho@mail.unnes.ac.id⁴Indonesian Planned Parenthood Association | dwi.yunanto@pkbi.or.id*Corresponding Author: rafidhanuralifah@students.unnes.ac.id**ABSTRACT**

Introduction: Indonesia is the third largest country that carries out female circumcision. As many as 51.2% of girls aged 0-11 years have undergone female circumcision. Female Genital Mutilation (FGM) or female circumcision is a dangerous traditional practice that still occurs in Indonesia, which has caused pros and cons among the community even though, based on scientific studies, female circumcision has been proven to have no health benefits. Female circumcision has even been banned by law and opposed by international health organizations.

Objective: The study aims to identify factors influencing female circumcision in Indonesia, focusing on the Social Determinant and Health theory.

Method: This study is a systematic review that collects several studies according to the PRISMA guidelines. Using relevant keywords, studies were obtained from various databases, such as Garuda, Google Scholar, and Semantic Scholar. Studies were collected from June to July 2024.

Result: From 2.254 articles found, ten articles were selected for further analysis. Factors such as maternal age, maternal education, knowledge, culture/tradition, beliefs, family support, and sources of information also influence the practice of circumcision in female children.

Conclusion: Female circumcision is a dangerous traditional practice that is still carried out today due to the culture and beliefs of the local community, which are still strong and believe that female circumcision must be carried out on their daughters.

Keywords: Beliefs; Culture; Female Circumcision; Health; Systematic Review

INTRODUCTION

Globally, approximately 100-130 million adolescent girls undergo female genital mutilation (FGM) annually, with an estimated nearly 3 million girls undergoing this procedure before the age of 15 (1,2). With a population of 200 million women, Indonesia is the third largest country practicing FGM after Egypt and Ethiopia (3). In Indonesia, 51.2% of girls aged 0-11 years have undergone FGM. Moreover, 72.4% of these procedures were performed at 1-5 months, 13.9% at 1-4 years, and 3.3% at 5-11 years (4). These numbers serve as a stark reminder of the urgent need to address the widespread violations of women's rights and reproductive health in Indonesia.

Female genital mutilation is a phenomenon that has sparked both support and opposition in society (5). FGM involves the partial or total removal of the clitoris and other genital tissues and is often performed for non-medical reasons (6). Cultural beliefs, social pressures, gender discrimination, and a lack of female empowerment contribute to the perpetuation of this practice (7). Family environment and maternal education are also significant factors, with mothers having lower levels of education being more likely to perceive FGM as necessary and supported by their families (8).

FGM is classified into four types: clitoridectomy, excision, infibulation, and other harmful procedures (2). Although FGM has no health benefits, it is considered a form of violence against women and has negative impacts on women's reproductive health and psychological well-being (1,3,6,9). Some believe that FGM controls female sexuality and fertility and stabilizes excessive female sexual desire (10). No expert has yet found any positive impacts of female genital mutilation (5).

The World Health Organization has unequivocally condemned female genital mutilation as a harmful practice and has called for its immediate cessation. Despite global health efforts and international legal frameworks prohibiting FGM, the practice continues to persist in many communities due to deeply rooted cultural, social, and religious beliefs (1,2,11). Tradition, in this context, refers to something that is beyond an individual's control, beyond an individual's capabilities and imposes its will on every individual. Social pressures often hinder individuals from doing what they desire (12). Female genital mutilation (FGM) inflicts a deep-rooted trauma that can persist throughout a woman's life, often manifesting as intrusive flashbacks. The psychological effects of FGM can be deeply embedded in a child's subconscious mind, potentially leading to maladaptive behaviors, diminished self-esteem, and behavioral disturbances (13).

This study focuses on the Social Determinants of Health theory, which comprises five key aspects: access and quality of education, economic stability, social and cultural context, environmental factors, and quality of healthcare services. By comprehending the root cause of this traditional practice, we can design targeted program to modify behaviors and social norms that perpetuate Female Genital Mutilation. While previous research has explored FGM in specific regions, this study aims to comprehensively analyze the factors influencing FGM in Indonesia through the Social Determinants of Health lens.

METHOD

This systematic review collects several studies based on the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines provided by the Cochrane Collaboration Handbook for Systematic Review.

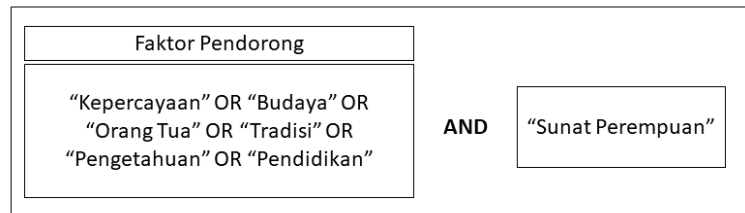
Research Question

Table 1. The research question is formulated using the PICO format (Population, Intervention, Comparison, Outcome)

| | |
|-----------------|---|
| P: Population | The population in this study is adolescent girls. |
| I: Intervention | Adolescent girls who undergo female genital mutilation. |
| C: Comparison | Adolescent girls who do not undergo female genital mutilation. |
| O: Outcome | Factors influencing the occurrence of female genital mutilation practices in Indonesia. |

Search strategy

Studies were obtained from various databases, such as Google Scholar, Semantic Scholar, and Garuda, using advanced search and Boolean operators AND/OR. Keywords were adapted from the Medical Subject Headings (MeSH) to identify all relevant terms, as shown in Figure 1. Studies were collected from June to July 2024.



Study Selection

The process of selecting and screening studies was conducted using Mendeley Desktop software. Irrelevant studies and duplicated articles were excluded. Articles that passed the screening were then identified based on the inclusion and exclusion criteria.

Inclusion and Exclusion Criteria

Inclusion criteria for this study include (1) studies conducted in areas where female genital mutilation is practiced; (2) articles published in the last five years (2019-2024), the time restriction aims to acquire the most recent and contextually relevant literature; (3) articles in Indonesian and English with complete text; (4) qualitative or mixed-methods studies; and (5) publications in the form of original research. Exclusion criteria include (1) studies where female genital mutilation is not practiced; (2) articles published before 2019; (3) articles not in Indonesian or English and only providing abstracts; (4) publications in the form of reviews, book chapters, or encyclopedias.

Data Extraction

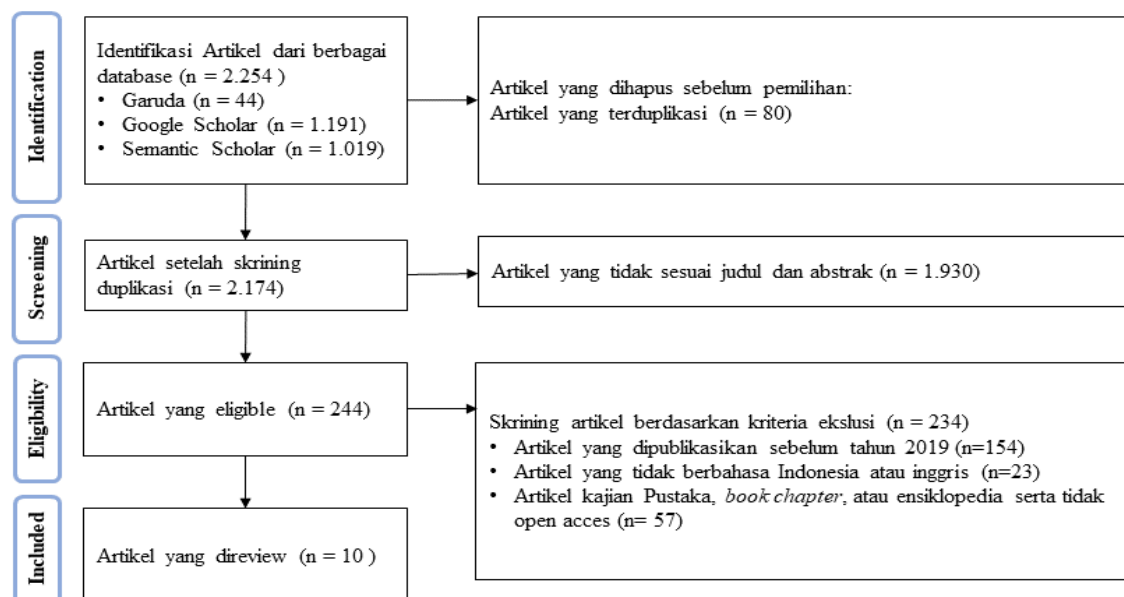
After screening, several relevant articles were obtained, and data extraction was conducted. The data extraction process was carried out systematically and involved more than one researcher to minimize bias. The data extracted in this study included information on authors, research location, research design, and findings from each study.

Quality Assessment

The quality of the articles was assessed using several tools, namely the Joanna Briggs Institute (JBI) and Mixed-Methods Appraisal Tools (MMAT). The quality of the risk of bias for each assessed article was categorized into high bias (Yes answers <30%), moderate bias (Yes answers between 31% and 70%), and low bias (Yes answers >70%).

RESULTS

The study selection process followed the PRISMA guidelines, as shown in Figure 2. The search for articles through databases using relevant keywords and publication years yielded 2,254 articles. In the final stage, ten articles.



Overall, the obtained studies were conducted in various regions where the tradition of female genital mutilation is still strong. Of the ten studies, three were cross-sectional, 1 was a mixed-method, and the remaining six were qualitative. The characteristics of the studies are classified in Table 1.

Based on the quality assessment of the articles using various tools, such as the JBI Critical Appraisal Tools for cross-sectional and qualitative studies and MMAT for mixed-methods studies, it was found that all ten articles had a low bias. This is evidenced by the "yes" answers obtained above 70% for all articles

Table 1. Study Characteristic

| Authors, Year | Objective | Methods, research design | Contributing factors | Findings |
|-------------------------------|--|------------------------------------|--|--|
| (Prastiwi et al, 2021) | Analyzing the factors associated with female genital mutilation (FGM) procedure at RB Beta Medika in 2018 | Analytical, quantitative research | Parental age, parental education level, beliefs, motivation | Parental age and education level significantly influence the prevalence of female genital mutilation (FGM). Lower levels of maternal education are associated with higher rates of FGM. |
| (Sari et al, 2022) | To identify the factors associated with parental decisions to perform female genital mutilation (FGM) on infants in Sindang Jaya Village, Tangerang, in 2022. | Analytical, quantitative research | Parental behavior, attitudes, cultural beliefs, education level, family support, and information sources | Education and family support also have a significant impact. Higher levels of education are associated with greater openness to new information. |
| (Hidayati et al, 2024) | I am understanding mothers' perception of female genital mutilation (FGM) in Cranggang Village, Dawe District, Kudus. | Phenomenology qualitative research | Culture, Beliefs, and Family Support | Female genital mutilation is often perceived as a cultural tradition with no health benefits. Parents usually view it as a religious obligation. |
| (Sulahyuni ngsih et al, 2021) | Analyzing a harmful traditional practice: Female Genital Mutilation as a gender equality indicator from a religious, transcultural, and reproductive health perspective in Sumbawa Regency | Ethnography qualitative research | Culture, Beliefs, gender equality | Female genital mutilation is often performed based on local culture and religious beliefs, but it is not aligned with gender equality principles. |
| (Handayani et al, 2022) | Identifying the factors influencing female genital mutilation in Landasan Village, Uling Tengah District, Banjarbaru City | Analytical, quantitative research | Mother's knowledge, education level, information sources | The high prevalence of female genital mutilation can be attributed to the persistence of local cultural values and low levels of education, which contribute to increased support for this harmful practice. |
| (Mukhlisoh et al, 2022) | Understanding mother's perception of female genital mutilation (FGM) in Tanggungprigel Village, Glagah District, Lamongan Regency | Descriptive qualitative research | Mother's education, family, and information sources | Deeply rooted family and cultural influences are the primary factors contributing to the high prevalence of female genital mutilation in Tanggungprigel Village, Glagah District, Lamongan Regency. |
| (Safitri, 2021) | To understand the reasons behind the practice of female genital mutilation in Ukui Village and to observe the process of performing FGM in this community. | Qualitative research | Culture, Beliefs | Female genital mutilation is still practiced today and is considered an integral part of community life and a demonstration of adherence to local customs. |
| (Heryani et al, 2020) | To explore the traditions and perceptions regarding female genital mutilation in Suka Maju Village, Mestong District, Muaro Jambi Regency | Mix Methods Research | Beliefs, Culture | Female genital mutilation is based on long-standing cultural traditions. Furthermore, all parents in this area believe that FGM is a religious obligation. |

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|---------------------|--|----------------------------------|--------------------|--|
| (Muda, 2020) | To understand the activities performed during the mopolihi lo limu and mongubingo traditions | Descriptive qualitative research | Beliefs, culture | Female genital mutilation is believed to be obligatory due to its perceived religious significance. There is a cultural belief that the offspring of an uncircumcised girl will be considered illegitimate, even if born from a lawful marriage. |
| (Anisa et al, 2022) | To explore the cultural practices of female genital mutilation in Kalimantan | Descriptive qualitative research | Tradition, Beliefs | Female genital mutilation is a long-standing cultural practice, believed to purify the body from impurities. It is also considered a religious obligation within their belief system. |

DISCUSSION

This study employs a Social Determinants of Health (SDOH) theoretical framework. The SDOH encompasses five variables: Access and Quality of Education, Economic Stability, Social and Community Context, Physical Environment, and Quality of Health Services, which are then contextualized within the practice of female genital mutilation in Indonesia.

Access and Quality of Education

Education plays a significant role in the occurrence of female genital mutilation. In Indonesia, access to and quality of schooling vary across regions, leading to diverse perceptions of female genital mutilation.

Parental Education

Undeniably, the ability to acquire knowledge is correlated with one's level of education (6,14) found that parents with lower levels of education are more likely to subject their daughters to female genital mutilation. As educational attainment increases, individuals, including parents and families, become more resistant to interventions. Making informed decisions requires a sound evidence base. This implies that parental education significantly influences the decision to circumcise female children. Furthermore, (9) observed a relationship between education and female genital mutilation practices. However, education does not always equate to knowledge. In this case, the research focused more on cultural factors that mandate female circumcision.

Factors Influencing Maternal Knowledge

A low level of knowledge about the dangers of female genital mutilation significantly influences the demand for this practice, as respondents feel compelled to respect their elders by following family instructions (10). According to research (15), beliefs and traditions motivate mothers to subject their daughters to female genital mutilation. Thus, maternal knowledge is not a primary factor in the decision to perform female genital mutilation.

Factors Related to Parental Age

Conducted a study that found a correlation between parental age and the practice of female genital mutilation (14). The study suggested that parents under 30 years old are more likely to circumcise their daughters due to patriarchal decision-making processes. Parental and societal opinions still have a significant influence on the decisions made.

Social and Community Context

Social and cultural norms significantly impact the practice of female genital mutilation in Indonesia. Social and community pressure to maintain this tradition often outweighs health considerations. Many communities believe that female genital mutilation is part of their cultural identity and traditions. Consequently, this practice continues.

Belief Factors

Religion or belief plays a significant role in the persistence of female genital mutilation (8,16,17). According to research, parents, especially mothers and families, believe that female genital mutilation is encouraged by religion and is even considered an obligation in their beliefs (3,18,19). As a result, failure to perform this practice is seen as a failure to obey God's commands or as a flaw in one's religious practice (1,13,16). A study conducted by Sulahyuningsih suggests that female genital mutilation is believed to cleanse the female genitalia, enhance beauty, and control sexual desire. It is also believed to increase female sexual pleasure (3).

Traditional/Cultural Factors

A study by Anisa shows that culture has a significant influence on how females undergo circumcision (19). Research by Sari indicates that all respondents agreed to circumcise their baby girls due to cultural influences or because it has become a custom (6). Strong beliefs and the conviction that infant circumcision has positive values influence the practice of female genital mutilation on their infants. According to Sander, tradition is a sociocultural component that is deeply ingrained and difficult to change (20). It is usually considered the most essential and natural standard, even a norm, in human life. Studies by (13,18,20,21) also show that parents believe female genital mutilation is a cultural tradition that must be carried out and preserved as a way to show respect for their ancestors.

Surrounding Environment

The environment plays a significant role in the practice of female genital mutilation. Remote areas with limited access to information can lead to a lack of information about female genital mutilation. Family environments that support the practice of female genital mutilation tend to perpetuate this tradition.

Family Support Factors

A study by Sari found a correlation between family support and the practice of female circumcision (6). People's behavior is influenced by those considered essential or influential, so what they say and do tends to be followed or listened to by Maulana (21). Parents have a significant influence on the practice of female genital mutilation in society (22). This is in line with the findings of the 2013 Basic Health Research, which showed that 81.3% of parents recommended circumcision for their daughters (23). Families who believe that female genital mutilation should be performed will strongly influence the demand for this practice. Therefore, family support for female genital mutilation plays a crucial role. Even if mothers know and understand the practice of female genital mutilation, it will still be done if the family does not support the mother's request (8,24).

Information Source Factors

According to research conducted by (6), there is a correlation between the provision of information and the practice of female genital mutilation. Information impacts a person's behavior. Researchers argue that mothers will behave positively if they receive positive information, and vice versa. Therefore, maternal behavior may vary depending on the information obtained. Mothers who know and understand the information from good sources, such as health workers, will be aware of the dangers of female genital mutilation (8). Research by Handayani shows that information about female genital mutilation is minimal. Therefore, the practice of female genital mutilation continues due to cultural factors that have been passed down from generation to generation and beliefs that require female children to be circumcised to fulfill religious or belief requirements (25).

CONCLUSION

This study provides a comprehensive overview of the factors influencing female genital mutilation (FGM) practices in Indonesia. FGM offers no health benefits and can lead to various adverse health consequences. The persistence of FGM in Indonesia can be attributed to several factors, including mothers' age, parental education, knowledge, family support, and information sources. Furthermore, cultural beliefs and traditions represent the primary driving force behind FGM in Indonesia.

FGM is a complex and multidimensional issue influenced by numerous factors. Beyond the three variables mentioned above, two additional factors should be considered as potential influences on FGM practices: economic stability and the quality of healthcare services. To date, limited research has examined the relationship between these factors and FGM. Therefore, further research using primary data must delve deeper into these connections.

SUGGESTION

Based on the findings of this study, several recommendations can be proposed for the prevention and eradication of female genital mutilation (FGM) in Indonesia. First, a comprehensive prevention effort involving various sectors such as health, education, religion, and community is needed. Second, strengthening the role of families through comprehensive reproductive health education for parents is crucial. Third, increasing access to quality healthcare services, including counseling and psychological support for women who have undergone FGM, needs to be improved. Finally, strict law enforcement is required to deter perpetrators and protect victims of FGM.

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