

Negotiating the meaning of Female Genital Mutilation and Cutting: A symbolic interactionist approach among religious university students

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Abstract

The meanings attributed to Female Genital Mutilation/Cutting (FGM/C) are shaped through complex negotiations within religious and socio-cultural frameworks, including those observed in Indonesia. Using a combined qualitative and quantitative (mixed methods)-ethnographic and survey approach, data from 109 students of religious tertiary institutions in East Kalimantan on their perspectives on FGM/C practices can be more comprehensively explored. The results of the study, which were analysed using the three principles of symbolic interactionism, showed that 72.5 per cent of religious college student families still practice FGM/C and 53.2 per cent stated that FGM/C practices are beneficial for women. However, they are also willing, if asked, to help socialise FGM/C prevention with a percentage of 54.1 percent. This research contributes to revealing the constitutive communication owned by religious tertiary students with the emergence of negotiations on the meaning of FGM/C practices originating from the family environment and from the environment where they pursue higher education. Prevention efforts will have a greater impact when the Government collaborates with the parties according to their contribution. This research contributes to bridging the gap between the traditional understanding that lives in the cultural and religious values of the family and the critical perspective in the academic environment through an inclusive dialogue space to create zero tolerance for the practice of FGM/C, not only in East Kalimantan but also in Indonesia.

Abstrak

Pemaknaan seputar praktik Pemotongan dan Pelukaan Genitalia Perempuan (P2GP) terbentuk melalui negosiasi yang kompleks dalam kerangka keagamaan dan sosio-kultural, termasuk yang terjadi di Indonesia. Dengan menggunakan pendekatan

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negotiating the meaning; Female Genital Mutilation and Cutting; symbolic interactionism; religious university students; zero tolerance.

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gabungan kualitatif dan kuantitatif (*mixed methods*), data yang berasal dari 109 mahasiswa perguruan tinggi keagamaan di Kalimantan Timur tentang perspektif mereka terhadap praktik P2GP dapat lebih komprehensif dieksplorasi. Hasil penelitian yang dianalisis menggunakan tiga prinsip interaksionisme simbolik menunjukkan sebanyak 72,5 persen keluarga mahasiswa perguruan tinggi keagamaan masih melakukan praktik P2GP dan 53,2 persen menyatakan bahwa praktik P2GP bermanfaat bagi perempuan. Namun mereka juga bersedia jika diminta untuk membantu sosialisasi pencegahan P2GP dengan prosentase sebesar 54,1 persen. Penelitian ini berkontribusi mengungkap komunikasi konstitutif yang dimiliki oleh mahasiswa perguruan tinggi keagamaan dengan munculnya negosiasi terhadap makna praktik P2GP yang berasal dari lingkungan keluarga dan dari lingkungan tempat mereka menempuh pendidikan tinggi. Upaya pencegahan akan memiliki dampak yang lebih besar ketika Pemerintah berkolaborasi dengan para pihak sesuai dengan kontribusi yang dimiliki. Penelitian ini berkontribusi untuk menjembatani adanya kesenjangan antara pemahaman tradisional yang hidup dalam nilai budaya dan agama keluarga dengan perspektif kritis di lingkungan akademis melalui ruang dialog yang inklusif untuk mewujudkan toleransi nol pada praktik P2GP tidak hanya di Kalimantan Timur tetapi juga di Indonesia.

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INTRODUCTION

The meanings that exist in society regarding Female Genital Mutilation and Cutting (FGM/C) cannot be separated from their interactions with their social environment. The practice of FGM/C in several regions has different backgrounds and contexts. In Indonesia, Islamic or religious principles are the basis for most of these practices. The majority of Muslims who practice this custom interpret it as a connection between Islamic principles, even though it does not have a strong basis (Husni & Andriani, 2024; Mustaqim, 2013), and local culture (Ghoni et al., 2023). Actually, there are several risks associated with FGM/C, such as bleeding, bacterial infections, trauma and shock, and decreased libido and sexual sensitivity (Kiaymodjo et al., 2024).

Although the issue has been discussed for over thirty years, beginning notably with the 1994 International Conference on Population and Development (ICPD) in Cairo (Kartika, 2016)—Female genital mutilation and cutting (FGM/C) continues to be practiced in many countries, particularly in Africa (Fagbamigbe et al., 2021; Grose et al., 2019), especially in East African nations such as Somalia, Djibouti, Eritrea, and Ethiopia (Ofori et al., 2025). Due to migration patterns among African populations, the practice

has also spread to other parts of the world, including Europe, North America, Spain, and Australia (Grose, R.G.; Hayford, S.; Cheong, Y.F.; Garver, S.; Kandala, N.-B.; Yount, 2021; Martínez-Linares et al., 2023). Furthermore, the practice persists in northern Ghana. (Sakeah et al., 2018), in Iraq—specifically in Erbil (Abdulrahman & Ismail, 2023)—and in the Kurdistan region (Abdulah et al., 2019). These circumstances indicate that FGM/C constitutes a global health issue, internationally recognized as a violation of human rights and a form of violence against women and girls (Rodríguez-Sánchez et al., 2023). In other words, Female genital mutilation and cutting (FGM/C) is a global phenomenon practiced locally and culturally in more than 29 countries, including Indonesia (Putranto, 2022).

In Indonesia, female genital mutilation and cutting (FGM/C) continues to be widely practiced across various regions (Ahlian & Muawanah, 2019; Farida et al., 2018; Heryani & Diniyati, 2020; N. W. Hidayati et al., 2024; S. Hidayati et al., 2017; Hikmalisa, 2016; Inadjo et al., 2021; Kusumastuti, 2018; Rokhmah & Hani, 2015; Rosyidah & Jamilah, 2022; Sander & Sunantri, 2020; Susanti et al., 2022). The continuation of this practice is primarily rooted in the inheritance of cultural traditions passed down through generations, in addition to the influence of religious leaders and certain health practitioners (N. W. Hidayati et al., 2024). Within Indonesian communities, FGM/C is commonly regarded as part of Islamic religious obligations aimed at controlling female sexuality (Nisrofah, 2024). As a result, it is not surprising that, according to UNICEF data from 2019, Indonesia ranks fourth in global prevalence after Mauritania, The Gambia, and Mali (Sulistyawati & Hakim, 2022).

The term “female genital mutilation and cutting” (FGM/C) is relatively unfamiliar in the Indonesian context. However, when referred to as *khitan* or *sunat*, the practice is more readily understood by the general public. The terminology used to describe FGM/C varies across regions, reflecting efforts to align local traditions with religious beliefs. In Aceh, for instance, the practice is more commonly referred to as *sunat rasul* (Hadisaputra, 2024; Samwil et al., 2022); in Java, the term *sunat* is used, while in the Sundanese language, it is called *sudat* (Hermanto, 2016). Among the Sasak ethnic community, the practice is known as *sunat* or *disuci*, as it is regarded as a religious prerequisite for women to perform prayer, enter mosques, and read the Qur’an (Masitoh & Muhaemin, 2021). Historically, however, the practice of circumcision predates the existence of mosques, churches, and even the Javanese kingdoms (Mulyadi, 2018).

Although the World Health Organization (WHO) has opposed the practice of female genital mutilation and cutting (FGM/C) because it constitutes a form of violence against women and a violation of human rights (Jannah & Hermawan, 2022), as well as a manifestation of gender inequality (Pohan et al., 2023). The practice remains deeply

entrenched and culturally rooted in Indonesia. Several government-issued regulations over the years evidence this. In 2006, the Directorate General of Community Health Development of the Indonesian Ministry of Health issued Circular Letter No. HK.00.07.1.31047a, which prohibited health workers from performing the medicalization of female circumcision. However, in 2010, Ministry of Health Regulation No. 1636 legalized the practice, partly in response to a 2008 fatwa issued by the Indonesian Ulema Council (Majelis Ulama Indonesia), which stated that prohibiting FGM/C contradicted Islamic law. (Nakamura et al., 2017). Four years later, in 2014, this regulation was revoked through the Ministry of Health Regulation No. 6 (Peraturan Menteri Kesehatan, 2014; Pratiwi, 2016). The documentation of these contradictory policies illustrates the government's ambivalent stance toward FGM/C.

Although the official regulation has been revoked, the practice of female genital mutilation and cutting (FGM/C) continues in several areas of Kalimantan Island. For instance, it is still carried out in Sambas, West Kalimantan (Anisa et al., 2022; Sander & Sunantri, 2020), as well as in Banjar Baru, South Kalimantan (Handayani, 2022). Moreover, a research report by the Center for Population and Policy Studies (PSKK) of Universitas Gadjah Mada and the National Commission on Violence Against Women (Komnas Perempuan) identified East Kalimantan as one of ten provinces in Indonesia with high levels of FGM/C prevalence, alongside strong attitudes and perceptions among parents and healthcare providers that support the practice (Policy Brief, 2019). The findings, based on perspectives from both mothers and fathers, indicate that FGM/C is primarily regarded as a religious obligation, followed by its perception as a cultural tradition and a familial custom. Consequently, the practice is deemed necessary. The responses from both maternal and paternal perspectives did not show significant differences, implying that both mothers and fathers are likely to maintain the practice within their nuclear families, particularly when extended family members also continue the tradition. This intergenerational transmission is carried out by passing the cultural practice on to their children. However, there remains a scarcity of studies exploring the children's perspective.

This study aims to understand how students of religious universities interpret the practice of FGM/C through the process of symbolic interaction in the context of their religious and social communication. We view that students of Islamic universities are those who should have stepped away from or left their family traditions because of the modern Islamic education they received in college. However, at the same time, they still interact with their families and the people in their environment. The majority of people in their environment are those who still practice the FGM/C habit. This study will explore

ethnographically, combined with a survey related to the meaning given by these students to the issue of FGM/C due to their interaction with their environment. Therefore, this study has novelty in providing another perspective on the issue of FGM/C.

This study seeks to further explore the practice of female genital mutilation and cutting (FGM/C) from the perspective of children in one of the provinces with a high prevalence rate—East Kalimantan. The medium-term aim is to provide a reference for stakeholders in designing programmatic interventions that align with the core principles of sustainable development. A previous study involving students from an Islamic studies program in Samarinda with *pesantren* (Islamic boarding school) backgrounds found that the number of respondents who supported female circumcision exceeded those who opposed it (Harmina et al., 2023). This support is primarily rooted in the belief that female circumcision is both a religious commandment and a cultural tradition. In contrast, the present article broadens the geographic scope and includes students from diverse academic programs within religious higher education institutions, regardless of their prior educational background.

METHODS

This research applies a mixed methods approach (qualitative and quantitative). The designs we use are ethnographic designs and survey designs. Ethnographic design is used to explain the exploratory journey of a group that shares a culture, in this case, students at religious higher education institutions in East Kalimantan, in such a way that readers of ethnography can understand it (Aziz & Zakir, 2024; Darmawan & Hakim, 2020; Fadli, 2021; Yusanto, 2020). This is as defined by Golbart & Hustler (2005) that ethnography is writing about the people (Nangoi & Daeli, 2023).

Ethnographically, we conducted private interviews with students of religious higher education institutions to obtain perspectives that were not influenced by the opinions of others. Group interviews or focused group discussions were also conducted to obtain informants' reactions and responses when interacting with others' views, especially in Samarinda. To complement and strengthen the data obtained through interviews, we observed several issues related to their views on FGM/C. This was done to understand in depth what meanings they give to FGM/C due to their interactions with their environment.

As for the descriptive quantitative approach, we collected the data through an online questionnaire using self-enumeration. The aim was to facilitate ease of response among students at religious higher education institutions in East Kalimantan regarding their knowledge and interpretation of female circumcision, while also leveraging the

convenience offered by internet technology for data collection. The study involved 109 participants, all students majoring in religious studies at public and private religious higher education institutions across all regencies and cities in East Kalimantan. As shown in Table 1, most respondents (78.8%) were from Samarinda. Sampling was conducted using the convenience sampling technique, an accessible and opportunistic method employed to stabilize estimates for a single variable of interest within the population or to construct estimators for target population quantities with measurable statistical properties, treating the convenience sample as a "pseudo-random" sample (Savitsky et al., 2023).

Table 1. Sample distribution

No	PTKIN/S	Address	Number of students
1	UINSI Samarinda	Samarinda	81
2	STIS	Samarinda	5
3	STAI Balikpapan	Balikpapan	5
4	STAI Sangatta	Kutai Timur	16
5	STIT Syamsul Ma'arif	Bontang	1
6	STIT Muhammadiyah	Berau	1

Source: Researcher, 2025

The data obtained will be analysed using thematic analysis, which is the basic knowledge for conducting analyses in qualitative research (Rozali, 2022) where the data collected can be explained in depth from the perspective of the researcher (Sitasari, 2022). This is used to find themes of meaning that emerge from students' narratives, such as "FGM/C as worship," "FGM/C as social pressure," "FGM/C and women's identity," and so on. Using a constructivist lens, the subjective meanings that emerge from informants' experiences and views, shaped by their social, cultural, and religious contexts, can be narrated more deeply.

In addition, the quantitative data were analyzed using descriptive statistics, a method that allows data to be presented and interpreted in a manner that is straightforward and easily understood (Melani & Izmuddin, 2024). This means that trends related to individual variables within the survey instrument can be illustrated to provide a general understanding (Creswell, 2023). In addition to facilitating the communication of accessible information, this technique does not require further generalization to a broader population (Subhaktiyasa et al., 2025).

RESULTS AND DISCUSSION

Context and student responses to female context and student responses to Female Genital Mutilation and Cutting (FGM/C)

Findings from the 109 student respondents—comprising 72 female and 37 male participants—indicated that while they were unfamiliar with the term *female genital mutilation and cutting* (FGM/C), they did recognize the term *female circumcision*. Interestingly, the percentage of those unfamiliar with the term FGM/C matched the percentage of those familiar with the term *female circumcision*, both at 77.1%. Accordingly, 22.9% reported being aware of the term FGM/C, while an equal proportion acknowledged familiarity with *female circumcision*.

A total of 79 students (72.5%) reported that the practice of female circumcision is still present among female children in their families, whereas 30 students (27.5%) stated that the practice no longer occurs in their families. Regarding beliefs about the purpose of the practice, 91 students (83.5%) considered the claim that female circumcision prevents promiscuity to be a myth, while 18 students (16.5%) viewed it as a fact. Furthermore, 51.4% of respondents agreed that female circumcision serves to maintain the reproductive system, although 53.2% believed the practice has benefits in general. The discrepancy of 1.8% between those who perceive its usefulness and those who attribute it to reproductive health suggests that a small proportion view its benefits as unrelated to reproductive health. Moreover, 54.1% of the students expressed willingness to participate in or support efforts to prevent FGM/C. Their suggestions for prevention included educating prospective mothers and providing community outreach programs down to the village level.

Female Genital Mutilation and Cutting (FGM/C) in the context of symbolic interactionism

Terminologically, circumcision is defined as the act of cutting a portion of a specific part of the body, specifically the skin covering the glans (head of the penis), thereby exposing it. The practice of circumcision is rooted in Islamic teachings, as indicated in the Quran (QS. An-Nahl, verse 123), which advocates following the religion of Prophet Ibrahim, a man of uprightness (Purwosusanto, 2020). This teaching has been widely embraced and practiced by both men and women. However, according to Ibn Qayyim Al-Jauziyah (Romziana, 2020) *khatan* is used for males, while *al-khifad* is used for females. This implies that Islamic law mandates circumcision for males. At the same time, for females, it remains a subject of debate (*khilafiyah*), as the hadith supporting female circumcision has an uninterrupted chain of transmission but is not universally

regarded as authentic (Rosyid, 2020). Some of its narrators are considered unreliable (Sakka, 2021).

Through the lens of symbolic interactionism proposed by Blumer (Griffin et al., 2019), several insights can be gained regarding FGM/C. First, meaning is defined as a social construct of reality that is not an individual's effort but a collective endeavor carried out through social interaction. The practice of FGM/C is more commonly known among students at religious higher education institutions as *female circumcision*. This is influenced by the stimuli they receive from their immediate social environment, which collectively labels the practice as *female circumcision*, rather than FGM/C or even FGM. Therefore, it is not incorrect to regard FGM/C as an interaction between religious values and cultural traditions that thrive within Indonesian society, which is characterized by its spiritual strength and cultural diversity (Ariesta, 2018). This is similar to the meaning attributed to the female circumcision tradition in the Bittoeng village community, where three meanings are embedded in the practice: it is seen not only as a religious commandment and local tradition but also as a means of forming a shared identity that is accepted by the religious community within a particular environment (Wahyuni & Abd Halim K, 2022).

The second principle of symbolic interactionism is that language is a source of meaning. Several terms are used concerning FGM/C, such as *female circumcision*, *sunat perempuan*, *circumcision*, *female genital cutting (FGC)*, and *female genital mutilation (FGM)*, as used by the WHO (Hikmalisa & Iballa, 2022). However, fundamentally, these terms refer to the same practice, which involves the mutilation of female genitalia for non-medical reasons. This illustrates that different terms can represent a single meaning through the language shared between individuals or communities. Observing field data on the familiarity of the term *female circumcision* among students at religious higher education institutions, it is evident that this practice is not a recent phenomenon but has been present for a long time. This is consistent with the early section of the National Commission on Violence Against Women's research report on the existence of *female circumcision* (Hodijah et al., 2019). Further, this is supported by data from students who reported that many of their female family members have undergone the practice. This suggests that the continuity of FGM/C practice among Generation Z in general, and students in religious higher education institutions in East Kalimantan in particular, aligns with findings in a systematic review (Alifah et al., 2024), which attributes its persistence to deeply entrenched beliefs in culture, society, and religious teachings. This is also consistent with a study conducted in Samarinda, where 28 out of 32 respondents, who

are part of the Samarinda community, reported continuing the practice (Susilawati et al., 2023).

The response of more than 50 percent of students stating that there are still health benefits and reproductive maintenance associated with FGM/C represents the third principle of symbolic interactionism, which is thinking. The responses they provided result from interpretations of stimuli previously received into their memory and internal dialogue through language. Although what they believe contradicts the position of the WHO, which asserts that there are no health benefits to the practice of FGM/C (Salamah et al., 2025), it becomes vital to consider the recommendations from the research in Sindang Jaya, Tangerang, to break the cycle of FGM/C (Sari et al., 2022). These recommendations emphasize the proactive role of health professionals in providing education about circumcision for female infants so that the community becomes aware and can subsequently choose not to perform circumcision on their infants voluntarily. However, it would be too burdensome to place the responsibility for education, socialization, and counseling solely on health professionals without support from religious and community leaders who advocate for the prevention of this practice. The goal is to encourage more people to reconsider the lack of benefits from FGM/C, both from a medical and religious perspective. Because it turns out that there is still a high percentage of Muslims in Indonesia—92 percent—who support it, and the belief that the prohibition of FGM/C is propaganda from feminist movements, the WHO, and the United Nations (Mustafa, 2020).

Information recorded through systematic reviews indicates that higher parental education levels protect the practice of FGM/C. At the same time, subsequent findings suggest that a history of FGM/C in the family, living in rural areas, and adherence to certain religious beliefs contribute to the perpetuation of this practice (El-Dirani et al., 2022). Based on the data obtained, the practice of FGM/C is predominantly performed by midwives, despite the fact that this procedure is not included in the standard competency curriculum of midwifery education (Anwar et al., 2022). This aligns with the situation in the United States, where standardized instruction on FGCI is no longer part of mandatory training for healthcare providers (Young et al., 2020). Nevertheless, the practice continues to persist. Therefore, the role of academics through gender-responsive curricula, which are incorporated into specialized courses rather than merely as a single topic in general classes, needs to be intensified. This will facilitate mainstreaming gender issues in higher education, both in general and religious institutions. The government, through relevant agencies, must also collaborate with non-governmental organizations and journalists to enhance advocacy through media, as has been implemented in Chad,

Africa (Ahinkorah, 2021), in addition to establishing standards and operational procedures within internal institutions concerning the prevention of FGM/C.

Female Genital Mutilation and Cutting (FGM/C) in the context of religious-based communication

The practice of FGM/C has a strong religious dimension in Indonesian society. Islamic religious values often form the basis for the implementation of female circumcision, both as part of cultural traditions and as an effort to instill moral and spiritual values in the social life of the community, as is the case in Sumbawa (Sulahyuningsih et al., 2021). However, it is important to consider the health and women's rights aspects of this practice and ensure that the implementation is by the correct teachings of Islam. Although Indonesia has legal instruments that support the protection of children and women, namely Government Regulation No. 28 of 2024 (Muhammad, 2025). But there is no explicit prohibition against FGM/C. Whereas the role of the state is important in strengthening relevant regulations and raising public awareness to provide better protection for women and girls (Meryadinata & Najib, 2025). This is why the practice continues (Dama, 2024). Although studies in Somalia and Turkey have shown that FMG/C practices can lead to differences in dysmenorrhea and menstrual symptoms in women (Altunkurek et al., 2024).

The number of female respondents at 66.1% is a homework to open up space for negotiated meanings about the presence and absence of benefits of FGM/C practices for themselves and their offspring. Because the answer is beneficial for female respondents, it still dominates at 55.6%, while the answer is not beneficial at 44.4%. Meanwhile, there are still 72.5% of girls in their extended families who practice FGM/C. This, of course, makes the 44.4% have to work harder when in the public sphere because, according to Keck (2019), in (Alford & Zaikman, 2024) there is a double standard in male and female leadership applied in society. This is especially the case if their environment still adheres to traditional patriarchal structures and conservative interpretations of Islam, where religious leadership is still dominated by men, despite their significant contributions, as is the case with Christian leadership in Nigeria (Oloba & Blankenship, 2025). Yet, research in the Maldives shows religiosity is important in effective leadership, regardless of gender (Hakeem et al., 2024).

The general view of men in religious leadership can be utilized more fully by the 51.3% of male respondents who stated that FGM/C is not beneficial by educating their families, to reduce misconceptions about FGM/C practices that are risky and not beneficial to women's health. If coupled with the authority of religious leaders whom the

community has legitimized as the main communicators to convey the negative impact of FGM/C practices, the clarification will be more accurate and better heard. Therefore, educational institutions with religious backgrounds need to play a big part in producing competent young religious leaders who become centres of reference in influencing positive decisions taken in the community. This is important because it could be that existing religious leaders lack adequate knowledge and perspective on FGM/C, as was the case among religious leaders in Erbil, Iraqi Kurdistan (Ahmed et al., 2018).

Students from religious universities can integrate the meanings they acquire through interactions in the family environment with the meanings formed from their interactions with the academic community in the higher education environment. This shows that students actively negotiate the meaning of FGM/C in the context of their social environment. On the one hand, they are bound by the values of family tradition and religious teachings, while on the other hand, they are also dealing with the discourse of modernity and the advancement of thought offered in the academic world. This needs to be a collaborative concern, not only for the government, academics, mass media, business and industry as well as community institutions that have concerns about the issue of FGM/C but also the legislature to make FGM/C education mandatory at all levels and units of education in East Kalimantan as the Finland government has done, because the constitutive communication of FGM/C practices that colour the perspectives of students of religious tertiary institutions in East Kalimantan is a combination of not losing the strong traditions and socio-cultural environment that surrounds them, from childhood to the present age, and information from the health and religious side that they receive during interaction in the higher education environment. This could be the case for migrant women living in Italy who (Ortensi et al., 2025), despite their higher education, they still support FGM/C in the form of medicalization.

CONCLUSION

This study explores the perspectives of students at religious higher education institutions regarding FGM/C. The key findings, interpreted through Blumer's three principles of symbolic interactionism—meaning, language, and thinking—reveal that the practice of FGM/C continues to be prevalent within the families of these students. It is still perceived as beneficial to women and regarded as an effort to preserve the female reproductive system. However, the students also expressed willingness to participate in FGM/C prevention initiatives. This confirms the meaning of FGM/C that they continue to successfully negotiate from two environments, namely, the family and the campus. The government should collaborate with stakeholders to implement a comprehensive

prevention strategy. FGM/C prevention efforts can be carried out more effectively and optimally with the cooperation of all parties who have the same understanding of the prohibition of FGM/C practices.

This research contributes to revealing how the students' negotiation of meaning about the practice of FGM/C has an important role in reaching a point of zero tolerance for the practice of FGM/C in their immediate environment, and when they later contribute to society by becoming one of the religious leaders or community leaders. This contribution is important for formulating more contextualized prevention strategies, involving religious leaders as partners in education and campaigns that are sensitive to local values but still in favour of protecting women and children. This study has limitations because in addition to the unequal representation of the number of research participants in each religious college, there are also differences in data collection techniques, so this study recommends that future researchers use the same research method for each religious college studied so that the meaning negotiated by each informant can be explored more deeply and be able to produce a joint action for the realization of zero FGM/C.

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