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Implementation of Circumcision in Baby Girls

Jubaedah

College of Health Sciences, Pelita Ilmu Depok, Indonesia

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Abstract

Circumcision is an activity that has become a tradition in various parts of the world. The aim of this research is to know the implementation of circumcision in baby girls. Research in is using quantitative pendekataan with design research cross sectional. The sampling technique in this study used proportiomed cluster sampling with a sample size of 100 mothers who have female babies. Data analysis used univariate analysis (frequency distribution), bivariate analysis (Chi- square test) and multivariate analysis (multiple logistic regression test). The results of the analysis prove that most mothers have low knowledge of 53%, high education 51%, Islamic religion 91%, do not believe in the myth of circumcision 56 %, do not recognize the culture of circumcision 78%, availability of health personnel implementing circumcision 90% , and there is family support. 68%.

Keywords: *Circumcision; Women; Health*

Introduction

Over the centuries the tradition of circumcision prevails in many countries, especially sub-Saharan Africa. A new study, concluded that women who were circumcised when they were young have a harder time enjoying sex as an adult. About 130 million women around the world undergo a ritual circumcision. Hundreds of years of practice include lifting part or all of the clitoris and labia of girls (Nurlaila, 2012).

The World Health Organization (WHO) estimates that around 140 million girls and women are circumcised. According to women activists and liberals, the psychological impact experienced is almost the same as in rape cases. According to WHO, the practice of cutting off part of the outside of the female genitals is common in 28 African countries and parts of the Middle East and Asia including Yemen, Iraq, Kurdistan and Indonesia. The practice which is popularly called circumcision is believed to be for cultural, religious, and social reasons (WHO, 2013).

In Indonesia results show that 28% of circumcisions are performed as a "symbolic" activity. That is, there is no incision and scratches or cu ma stick a little. The rest, 72%, are done in dangerous ways, such as incisions, scratches, and cutting part or all of the tip of the clitoris. 68% of these dangerous acts

were carried out by traditional healers or midwives and only 32% were performed by medical personnel (Ministry of Health of the Republic of Indonesia, 2006).

According to the M inister of Health Setyaningsih (2010) issued regulations regarding female circumcision. The goal is to arrange for female circumcision to be performed in a way that does not endanger the health of the circumcised girl. The basis of thinking of Indonesian society groups is that female circumcision is considered a part of the religious rite that must be carried out. The rationale for this regulation is the health aspect and the child protection law (Permenkes 2010). Minister Regulation No. 1636 / Menkes / Per / XI / 2010 on Female Circumcision menur u t Ministry of Health, precisely regulates the procedures and techniques of slicing and which parts should only be sliced (Minister of Health, 2010).

The tendency to strengthen the practice of female circumcision in Indonesia occurred after the reform era in line with the strengthening of the Islamism movement in Indonesia after the fall of the New Order. During the New Order era, there was no such thing as a female circumcision movement recently. Previously, mass circumcision was known only to boys. In 2004, mass circumcision activities for women were held in a number of areas, including West Java and Madura. In West Java mass circumcision activities for approximately 120 women from ages infant to 60 years. They were circumcised using scissors and the clitoris was cut large enough to cause severe bleeding (Mulia, 2013).

Data obtained from the Bogor District Health Office shows that the implementation of circumcision among women in the region is still high. In 2012, there were 556 female babies who were circumcised. Local people still carry out these activities as a normal thing and must be done. The community views that female circumcision needs to be done because it is part of a religious rite. (Health Office, 2012).

Circumcision for women medically does not cause adverse health effects. Ind Ulema Council onesia assess circumcision part of dar i worship that is highly recommended for men and women of Islam. 5 years ago the Indonesian Ulema Council never actually issued a fatwa, which intinya mention of female circumcision is recommended worship. Ma 'ruf argued that none of the scholars argued that female circumcision was prohibited (Menkes, 2013).

Circumcision is an activity that has become a tradition in various parts of the world. In male circumcision implementation is done by way of cutting the skin that covers the glans (hasyafah). Circumcision on women was conducted by way of cutting the top dar i genitals (fara) women. Meanwhile, female circumcision is performed differently for each place. Some are only limited to washing the tip of the clitoris, some are removing part of the clitoris, and some are removing the entire clitoris, some even cutting off the labia minora (small lips of the vagina) and then sewing the labia majora (outer lips of the vagina) after first removing part of the clitoris. The last three forms are more often termed Female Genital Mutilation (FGM) (Ibn Qayyim, 2001: 125).

Researchers have conducted a survey in one of the areas of Cileungsi District where the characteristics of the community are heterogeneous and there are still many people who perform female circumcision on their babies, based on the preliminary survey results of the survey of 20 midwives in the Puskesmas Kecamatan Cileungsi who still carry out circumcision as many as 15 people and from 7 paraji all of which carry out female circumcision based on the above phenomenon, the authors are interested in doing research to find out what factors are related to the implementation of female circumcision in the Work Area of the Puskesmas, Cileu ngsi District, Bogor Regency, 2019.

Definition of Female Circumcision

The concept used to describe female circumcision. The meaning of circumcision in Islam comes from the Arabic word Al-circumcision which is a masdar term from the verb "Khatana" which means to cut. Female circumcision is done by cutting the top / clit from the genitals / faraj (Arif, 2009).

Dunia International female circumcision known as Female genital cutting (FGC) a tau genital mutilation. Genital cutting is cutting the genitals while genital mutilation is identical to genital cutting. FGC is any procedure to remove part or all of the female external genitalia or injury to female genital organs, either due to cultural reasons or other non-medical reasons (Dini, 2011).

Female circumcision (female circumcision) is the first term used when referring to female genital circumcision. However, Shell-Duncan (2001) argues that female circumcision has smoothened limbs to illustrate the sharing of procedures that change female genital organs (Udin, 2010).

According to WHO, female circumcision is the cutting of the female genital organs including all actions / procedures to remove or remove or other forms of injury, either in whole or in part to the genital organs due to cultural, religious or other factors beyond medical purposes (Abdulloh, 2008).

According to Green and Kreuter (2005) there are three main factors that can influence a person's health behavior which previously could be formed due to genetic and environmental influences. These factors include predisposing factors (predisposing factors), enabling factors, and reinforcing factors.

Predisposing factors include knowledge, attitudes, beliefs, beliefs, values. These factors will affect the motivation of individuals or groups to act. Apart from these factors, sociodemography and economics are also predisposing factors for a person's behavior, namely including one's status, age, gender, race, family size, income, education, residence, and other demographic data.

Enabling factors include the availability of health facilities or facilities, in this case facilities that support a person to be able to behave positively towards something. Another enabling factor is the use of health services and the ability of health workers to provide information and provide assistance. Enabling factors for the other is a policy or legislation to support. In addition to the factors described above, there are reinforcing factors that also affect behavior, namely support from family.

Research Methods

Jen is the study menupakan penelitian quantitative descriptive by using study approach Cross Sectional.

Place and Time of Research

This research was conducted in the Work Area of the Puskesmas, Cileungsi District, Bogor Regency in 2013 and the research implementation time began in August 2013.

Population

The population of this study is the number of all mothers who have baby girls in the work area of the Puskesmas, Cileungsi District, Bogor Regency in 2013, totaling 20190 respondents.

Sample

Sanpel retrieval techniques in this study by using a proportioned cluster sampling. Proportioned method cluster sampling is done by dividing the population into groups that cl uster, by dividing the sub-district into several des a. Given the number of women who have baby girls from each village is not the same.

Result

The study used univariate, bivariate and multivariate analysis which is described as follows.

Univariate Analysis

The characteristics studied consisted of education, occupation and religion. The frequency distribution of these characteristics is presented in the following table.

Table 1. Distribution of Respondents according to characteristics in the work area of the Puskesmas, Cileungsi District, Bogor Regency

Variable	amount	Percentage
Level of education		
Low	49	49.0
High	51	51.0
Job status		
Does not work	57	57.0
Work	43	43.0
Beliefs held today		
Non-Islamic	9	9.0
Islam	91	91.0
amount	**100**	**100.0**

Based on Table 1 illustrates that more than most mothers work in primary health status Cileungsi is not working (57, 0 %) and the highest education is higher education (more and equal to the junior high school graduate / junior equivalent) with a Muslim majority (91.0%). To measure the level of knowledge of respondents about childbirth. The researcher divided the respondents' knowledge level into two categories. The determination of the mean value used was based on the results of the normality test using skewness. The level of knowledge is said to be low if the score obtained is smaller than the median value, while the level of knowledge is high if the score is greater or equal to the median score.

This study describes the relationship between the dependent variable, namely the status of circumcision in female infants and other independent variables, namely (knowledge, education, religion, myth, culture, availability of health personnel and family support). This bivariate analysis uses the Chi Square test.

Table 2. The Relationship Between Characteristics and Circumcision Status of Baby Girls in the Public Health Center, Cileungsi District, Bogor Regency

Variable	Status of Female Circumcision				Total		OR	P Value
	Yes		Not					
	N	%	N	%	n	%		
Level of education								
Low	34	66.7	17	33.3	49	100.0	3,444	0.005
High	18	36.7	31	63.3	51	100.0		
Job status								
Does not work	31	54.4	26	45.6	57	1,249	0.728	
Work	21	48.8	22	51.2	43			
Beliefs held today								
Non Islamic	3	33.3	6	66.7	9	100.0	0.429	0.409
Islam	49	53.8	42	46.2	91	100.0		

Table 2 also explains that the proportion of the level of education of mothers with the lowest category is greater (66, 77 %) who performed circumcision for their baby girls in the Working Area of the Puskesmas Cileungsi, Bogor Regency, compared to the level of education of the mother. The results of the Chi Square test obtained p value = 0.005, so it can be concluded that there is a significant relationship between the level of mother's education and the status of female infant circumcision in the Puskesmas Cileungsi Bogor Regency. Further analysis showed a trend in the lower categories of education ith mother will do her infant circumcision amounted to 33.444 times compared with mothers with higher education levels.

Table 2 also explains that the proportion of mothers who do not work as much as 54.4% who perform circumcision on their baby girls is greater when compared to mothers who work with female toddlers who perform circumcision 48.8% at Puskesmas Cileungsi Bogor Regency. The results of the Chi Square test showed that the value of p = 0.728, it can be concluded that there is no significant relationship between the group of mother's work status and the status of female infant circumcision at Puskesmas Cileungsi Bogor Regency.

Table 2 also describes the proportion at the beliefs held largely Moslem mother who did her infant circumcision in Puske SMAs Cileungsi Bogor Regency as much as 53, 8 %, and the non-Islamic as much as 33.3%. The results of the Chi Square test obtained p value = 0.409, it can be concluded that there is no significant relationship between the mother's beliefs and the status of female infant circumcision at Puskesmas Cileungsi Bogor Regency.

Table 3. The Relationship Between Knowledge and Circumcision Status of Baby Girls at Puskesmas, Cileungsi District, Bogor Regency

Variable	Status of Female Circumcision				Total		OR	P Value
	Yes		Not					
	N	%	N	%	n	%		
Mother's Knowledge								
Low	34	64.2	19	35.8	53	100.0	2,883	0.017
High	18	38.3	29	61.7	47	100.0		
amount	**52**	**52.0**	**48**	**48.0**	**100**	**100.0**		

Table 3 shows that the proportion in the knowledge group of mothers with the low category stated that circumcising baby girls was 64, 2 % greater when compared to the group of mothers who had a high level of knowledge of 38.3%. The Chi Square test results obtained p value = 0.017, it can be concluded that there is a significant relationship between the knowledge group and female circumcision with the status of female infant circumcision at the Cileungsi Center, Bogor Regency. Further analysis shows the tendency of mothers with low knowledge level to circumcise baby girls as much as 2.883 times compared to mothers with high knowledge level.

Table 4. The Relationship Between Myths, Culture and the Status of Female Circumcision at Puskesmas, Cileungsi District, Bogor Regency

Variable	Status of Female Circumcision				Total		OR	P Value
	Yes		Not					
	N	%	N	%	n	%		
Myth								
Believe	30	68.2	14	31.8	44	100.0	3,312	0.008
Do not believe	22	39.3	34	60.7	56	100.0		
Culture								
There is	17	77.3	5	22.7	22	100.0	4,117	0.014
There is no	35	44.9	43	55.1	78	100.0		
Amount	**52**	**52.0**	**48**	**48.0**	**100**	**100.0**		

Table 4 shows that the proportion of the group of mothers who believed in the myth of female circumcision stated that female infant circumcision was 68.2% greater than that of the group of mothers who did not believe in the myth about female circumcision, 393 %%. The results of the Chi Square test obtained a P value of 0.008, so it can be concluded that there is a significant relationship between female circumcision and the status of female infant circumcision at Cieungst Health Center, Bogor Regency. Further analysis shows the tendency of mothers to believe that there is a myth of female circumcision 4,117 times compared to mothers who do not believe in the myth of female circumcision.

Table 5.10 also explains the proportion of the influence of local culture on the practice of female circumcision, as much as 77.3% of female circumcision at the Cilengsi Community Health Center, Bogor Regency, higher when compared to 1 mother stated that there was no culture or habit for female circumcision 44.9% would perform a female baby circumcision. The results of the Chi Square test obtained p value = 0.014, so it can be concluded that there is a significant relationship between culture / habits and the status of female infant circumcision at Puskesmas Cileungsi Bogor Regency. Further analysis showed kecenderunganpada mother to know their cultural habits perform female circumcision will perform her infant circumcision amounted to 4.117 times compared with mothers who expressed no culture or custom to circumcise his infant daughter.

Table 5. The relationship between the availability of officers and the status of female infant circumcision at the Puskesmas, Cileungsi District, Bogor Regency

Variable	Status of Female Circumcision				Total		OR	P Value
	Yes		Not					
	n	%	N	%	n	%		
Availability of Officers								
There is no	6	60.0	4	40.0	10	100.0	1,435	0.841
There is	46	51.1	44	48.9	90	100.0		
Amount	**52**	**52.0**	**48**	**48.0**	**100**	**100.0**		

And table 5 shows the proportion of mothers who had female circumcision because there were no officers who performed female circumcision by 60.0%, greater than that of mothers who stated that there were health workers who performed female circumcision by 51.1%. Chi test results Square obtained p value = 0.841, it can be concluded that there is no significant relationship between the availability of health workers and the status of female infant circumcision at Puskesmas Cileungsi Bogor Regency. The bee analysis further showed the tendency of mothers who stated that there were no health workers to circumcise their baby girls by 1.435 times compared to the group of mothers who stated that there were health workers at the Cileungsi Pusksemas Cileungsi, Bogor Regency.

Table 6. Relationship Between Family Support and Female Infant Circumcision Status at Puskesmas, Cileungsi District, Bogor Regency

Variable	Status of Female Circumcision				Total		OR	P Value
	Yes		Not					
	n	%	N	%	n	%		
Family support								
There is no	21	65.6	11	34.4	32	100.0	2,279	0.098
There is	31	45.6	37	54.4	68	100.0		
Amount	**52**	**52.0**	**48**	**48.0**	**100**	**100.0**		

From Table 6 shows the proportion of mothers who do not perform circumcision on baby perempuanya Lebin great on 1tbu who either do not have the support of family (husband, family, friends sebayajsebesar 65, 6 %, when compared with women who had a baby girl had the support to do the circumcision of baby perempkan ofis, 67%. The results of the Chi Square test obtained p value = 0.098, it can be concluded that there is no significant relationship between support and circumcision status of baby girls at Puskesmas Cileungsi, Bogor Regency. A more direct analysis shows the tendency of mothers who do not get support from their families to circumcised their toddler girls 2,279 times compared to the group of mothers who received support at Pusksemas Cileungsi, Bogor Regency.

Conclusion

1. The incidence of circumcision in baby girls in the work area of the Cileungsi Public Health Center, Bogor Regency was 52% carried out by health workers and 48% by non-health personnel.

2. The results of the study concluded that the variables that had a significant relationship with the implementation of circumcision in female infants were education p = 0.005, OR = 3.444 (CI 0.921-6.370), knowledge p0.017, OR = 2.883 (CI 0.889-5.371), mnitos p = 0.008, OR = 3,312 (CI 0.660-4.666), and culture p = 0.014, OR = 4.117 (CI 0.614-7.767), while the variable that did not have a significant relationship with the implementation of circumcision in female infants was religion (p = 0.409, OR = 0.429), the availability of health workers (p 0.841, OR = 1.435), and family support (p = 0.098, OR = 2.279).

3. The final result of the multivariate analysis, the educational variable was the most dominant variable related to circumcision in female infants, with a value of p = 0.010 and OR = 3.039 (1.306 7.070) after being controlled by the knowledge variable. Thus the factor of low education provides 3.039 times the opportunity to carry out circumcision in baby girls.

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