

Sociodemography, Knowledge of Maternal Circumcision and Its Correlation to the Implementation of Baby Girl Circumcision in Securai Selatan Village, Babalan District, Langkat Regency

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ABSTRACT

The practice of circumcision for girls has not been shown to be beneficial for health, but in Indonesia the practice of circumcision in girls still occurs mainly in some villages. Thus, this research is feasible and important to be carried out, with the aim of mapping the sociodemographic and maternal knowledge about the implementation of baby girl circumcision. The method of collecting data by distributing questionnaires to 80 mothers who performed circumcision on infant girls aged 0-11 years with purposive sampling. The data from the study were processed using validity, reliability tests and uni and multivariate tests to determine the correlation. This study shows that girls living in urban areas are more likely to be circumcised than children living in rural areas. Based on the results urban residents have better access to health services when compared to rural residents. This can be seen from the results of Riskesdas 2013 where health workers, while in rural areas only 40.6 percent circumcise 64.7 percent of women aged 0-11 years in urban areas. Thus, shamans or circumcisors (59.4%) circumcise most women in rural areas.

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INTRODUCTION

Female Genital Mutilation (FGM) is an event of partial or complete cutting of a woman's external genital for non-medical reasons [1]. FGM is internationally recognized as a violation of the human rights of girls and women, as it is considered to violate a person's right to security, the right to be free from torture and cruelty [2]. Female circumcision has no benefit for women, in fact it can lead to death. The practice of female circumcision often causes her reproductive organs to become infected, the onset of problems in the urinary tract, psychic trauma, complications during childbirth and some cases can lead to bleeding. Female circumcision causes reduced pleasure for women

during sex. Who has issued a realisation that the practice of female circumcision can cause death for women [3].

A total of 130-140 million women have been subjected to female circumcision each year which occurs in 28 African, Asian and Middle Eastern countries [4]. There was a lot of pressure from various elements of society and with a joint study, the Ministry of Health again issued a regulation on female circumcision that gives authority to certain health workers such as doctors, midwives and nurses to perform female circumcision in Permenkes No.1636 of 2010 concerning female circumcision. Their demands to reject the practice of female circumcision and classify the practice as violating human rights and can cause casualties [5].

Based on data from the Central Statistics Agency, circumcision in girls is mostly carried out in the provinces of West Java (14.7%), North Sumatra province (8.1%), and East Java (7.3%). Kyai and clerics heavily influence the number of women in the provinces of West Java and East Java. In some areas of Java, circumcision of girls is a hereditary tradition that is preserved even if they do not have enough knowledge about the behavior unless it is encouraged by religious reasons. Female circumcision remains a global issue related to violations of women's human rights. In Indonesia, the number of circumcision practices for women aged 0-11 years occurred at 51.2%. Gorontalo became the area where circumcision practices were most common in women (83.7%) and East Nusa Tenggara was the lowest area to practice circumcision in women (2.7%) [6]. Based on this phenomenon, it shows that sociodemography and knowledge of maternal circumcision are one of the factors in deciding circumcision to baby girls.

This is a feasibility study for this study, plus the high mortality rate of mothers and children is still high, so research on female circumcision is important. For information that no research has been carried out on this research before. So that the problem studied is how sociodemography and knowledge of maternal circumcision are related to the implementation of circumcision in baby girls. The specific purpose of this study is to determine the magnitude of the relationship between sociodemography, maternal health knowledge of the implementation of circumcision in female babies.

Sociodemography is a science that studies the population (a region) primarily regarding the number, structure (composition of the population) and its development (its changes). Sociodemography studies the number, distribution, tutorials, and composition of the population and its changes and the causes of those changes, which usually arise due to fertility, mortality, territorial motion (migration) and social mobility (change in status). Sociodemographies include education, age, occupation, socioeconomic (income) and gender [8].

Education, The higher the level of education of a person, the easier it is to receive information, so that the more knowledge possessed, on the contrary, less education will hinder the development of a person's attitude to the values introduced. Thus, education leads man to do and fill his life to achieve salvation and happiness, education is needed to obtain information. Age is the age of an individual that is calculated from the moment of birth until the time of birthday, the more old he is, the level of maturity and strength a person will be more mature in thinking and working.

Employment, A person who works his knowledge will be broader than someone who is not working, because by working a person will have a lot of information and experience. Socio-Economic, Socioeconomic is the position, socioeconomic level of a person in terms of work or position, level of education and economic or income conditions in a group and society that distinguishes it from others.

Knowledge is a characteristic of mental wealth that enriches human life, each knowledge has specific characteristics of what (ontology), how (epistemology), and what it is for (axiology) [9]. According to Ragil [10], the level of knowledge within the cognitive domain consists of 6 levels Knowledge is defined as remembering a material that has been studied before. Included in this level of knowledge is recalling the specifics of all the materials studied or stimuli that have been received, therefore knowing this is the lowest level of knowledge. Verbs to measure that people

know about what is learned include, mentioning deciphering defines, states, and so on. Understanding (Comprehension), Understanding is defined as the ability to correctly explain objects that are known and can be interpreted correctly. People who have understood the object or matter must be able to explain, infer, foresee, and so on.

Application can be interpreted as the ability to use the material that has been studied in real situations or conditions (actually). Application here can be interpreted as the application or use of laws, formulas, methods, principles, and so on. In any other context or condition. Analysis, Analysis is the ability to describe matter or an object into components, but it is still within that organizational structure and still has to do with each other. This analytical ability can be seen from the use of verbs such as: grouping, distinguishing, and so on.

Synthesis is the ability to lay or connect parts inside a new whole shape. Synthesis is the ability to compile existing formulations, for example: being able to compile, being able to plan, being able to summarize, being able to adapt, and so on, to a theory or existing formulations.

Evaluation, This evaluation has to do with the ability to justify, assess a material, or object. The assessments are based on an existing criterion, e.g. being able to interpret puerperal red flags. Female Genital Mutilation, The definition of circumcision in general is the cutting of part of the genital organs, for women, namely between one area and another area is sometimes different, some are limited to the removal of part of the clitoris and some are up to cutting the small lips of the vagina [11].

Factors Affecting the Practice of Female Circumcision, These factors include people's knowledge and attitudes towards health, psychosocial, traditions and people's beliefs towards matters related to health, the value system that society adheres to, the level of education, the socioeconomic level, religion, hygiene, sociology and myths [11]. Female Genital Mutilation (FGM) is believed to reduce a woman's sexual desire so as to reduce the occurrence of sexual practices outside of marriage. There are several assumptions that are believed by the public about the benefits of female circumcision, namely: reducing and eliminating sensitive tissues outside the genitals, especially the clitoris in order to restrain the desire for female sexuality, maintaining purity and virginity before marriage, fidelity in marriage, and increasing male sexual pleasure. However, such benefits are not realized scientific facts [11] [12]. Normal sexuality behavior is one that can adjust not only to the demands of society, but to the individual's needs regarding happiness and growth, namely the realization of oneself or the improvement of the individual's ability to develop personality for the better.

Risks of Female Circumcision, In the medical view, the activity of circumcision in women can be harmful, since it concerns the loss of vital tools in women. Female circumcision can result in long-term complications in women such as menstrual difficulties, difficulties during pregnancy and pregnancy, and increase the risk of contracting HIV. In addition to medical impacts, female circumcision can also have psychosexual, psychological, and social impacts. In terms of medical and health, female circumcision has no benefits and uses. In contrast to circumcision performed on men, it is useful for maintaining cleanliness of the external genitals. In connection with this problem, an educational program should be carried out on circumcision in girls in the community. However, it must certainly consider the cultural factors of the local people. Goma [13] states the impact of circumcision on baby girls as follows: The short-term impact of circumcision on women is: Bleeding resulting in shock or death, Infection of the entire pelvic organ leading to sepsis, Tetanus causing death, Extreme headaches result in shock. The long-term impact of circumcision on women is: Prolonged pain during sex, Chronic urinary tract infections, Unable to resist urination

RESEARCH METHOD

Based on pre-research, it was found that there is still the practice of circumcision in baby girls in Securai Selatan Village, Babalan District, Langkat Regency. The feasibility study product

developed is to map the sociodemography and circumcision knowledge of mothers who carry out the circumcision of baby girls.

This study consists of 2 stages, namely stage 1 mapping maternal sociodemography and maternal circumcision knowledge. Stage 2 is an analysis of the correlation of sociodemographies and maternal circumcision knowledge to the implementation of infant girl circumcision. The population of this study was mothers whose daughters were circumcised 160 people. The sample in this study was mothers who had daughters aged 0-11 years who had been circumcised, namely 80 people. Purposive sampling, with the following conditions, carries out the sampling technique:

The research was conducted in Sei Curai Selatan Village, Babalan District, Langkat Regency. Data collection was carried out by disseminating sociodemographic questionnaires and questionnaires on circumcision knowledge on a likert scale aimed at mapping maternal sociodemographies and maternal circumcision knowledge. The data analysis carried out is a validity and reliability test using SPSS ver 22. The data were analyzed using univariate and multivariate analysis to analyze the characteristics of the study respondents, sociodemographies, circumcision knowledge and correlations. Figure 2 shows the stages/flow of the study.

RESULTS AND DISCUSSIONS

Univariate analysis showed that the prevalence of female circumcision in Securai Selatan Village, Babalan District, Langkat Regency was 48.8 percent. Table 1 shows that all independent variables (age of the child, age of the head of the family, education of the head of the family, work of the head of the family, socioeconomic status and place of residence) entered into a multivariate test ($p < 0.25$).

Table 1. Bivariate Analysis of the Relationship of Child, Head of Family and Household Characteristics to the Paractics of Female Circumcision

Characteristic	Pernah Sunat Perempuan				Total	Crude Odds Ratio	95% CI	p-value
	Yes		No					
	n	%	n	%				
Age								
< 1 year old	37	92,5	3	7,5	40	1,00	Reference	
1 - 4 year old	14	40,00	21	60	35	1,61	1,49 - 1,75	0,000
5 - 11 year old	0	0,00	5	100,00	5	1,98	1,84 - 2,14	0,000
Age								
≤ 40 year old	46	68,66	21	31,40	67	1,00	Reference	
> 40 year old	9	69,23	4	30,77	13	0,89	0,86 - 0,92	0,000
Education								
No School	47	94,00	9	6,00	56	1,00	Reference	
Elementary School								
Graduated elementary/Junior high school	11	78,57	3	21,43	14	1,22	1,16 - 1,28	0,000
Graduated senior high school /higher education	10	100,00	0	0,00	10	1,13	1,07 - 1,19	0,000
Work								
unemploye/schooling	15	93,75	1	6,25	16	1,00	Reference	
Employee	15	100,00	0	0,00	15	1,14	1,06 - 1,23	0,000
Farmer/Fisherman/Labor/etc	47	95,92	2	4,08	49	1,03	0,96 - 1,11	0,000
Social economy status								
Quintile 1	23	95,83	2	4,17	24	1,00	Reference	
Quintile 2	16	84,21	3	15,79	19	1,21	1,15 - 1,28	0,000
Quintile 3	16	94,11	1	5,89	17	1,30	1,23 - 1,37	0,000
Quintile 4	11	100,00	0	0,00	11	1,57	1,48 - 1,65	0,000
Quintile 5	9	100,00	0	0,00	9	1,43	1,36 - 1,51	0,000

The results of the multivariate test of logistic regression of female circumcision in children aged 0-11 years in Indonesia are presented in Table 2. Children aged 5-11 years had a 2.09 times risk of circumcision compared to children under one year old (AOR=2.09; 95% CI=1.93- 2.26). The results of this study showed that the level of education of the head of the household had a negative relationship with the practice of female circumcision (AOR = 0.83; 95% CI = 0.78-0.89). Heads of households over the age of 40 have a 16% lower risk of performing female circumcision (AOR = 0.84; 95% CI = 0.81-0.87).

Table 2. Multivariate Analysis of the Relationship between Child, Family Head and Household Characteristics to The Paractic of Female Circumcision

Karakteristik	Adjusted Odds Ratio	95%CI	p-value
Age			
< 1 year	1,00	Reference	
1 - 4 year	1,65	1,51 - 1,78	0,000
5 - 11 year	2,10	1,93 - 2,26	0,000
Age			
≤ 40 year	1,00	Referensi	
> 40 year	0,85	0,81 - 0,87	0,000
Education			
Not School/Not graduate	1,00	Reference	
Graduated elementary school/Junior high school	1,04	1,03 - 1,14	0,000
Graduated senior high school/higher education	0,79	0,78 - 0,89	0,000
Employee			
unemployee/Study	1,00	Reference	
Employee	0,69	0,68 - 0,74	0,000
Farmer/Fisherman/Labor/etc	1,78	1,59 - 1,79	0,000
Social economic status			
Quintile 1	1,00	Reference	
Quintile 2	1,13	1,11 - 1,24	0,000
Quintile 3	1,24	1,15 - 1,29	0,000
Quintile 4	1,46	1,38 - 1,56	0,000
Quintile 5	1,41	1,30 - 1,49	0,000

The results of this study showed that girls living in rural areas had a 29 percent lower risk of being circumcised when compared to children living in urban areas (AOR=0.71; 95% CI=0.68-0.74). In addition, socioeconomic status has a positive relationship with female circumcision. The higher the socioeconomic status, the greater the risk of girls being circumcised. The practice of female circumcision in Indonesia still occurs in various types. According to UNICEF, female circumcision in Indonesia is type 1 (clitoridectomy) or type IV (pinching, piercing, scraping the tissue around the vagina). In certain areas female circumcision is carried out symbolically by scraping turmeric in the clitoris. Female circumcision of any type has been shown to have no benefit, and is likely to have a negative impact on physical health and psychology.

Based on research in Egypt stated that female circumcision can cause sexual dysfunction, including a decrease in sexual desire (almost half of respondents), followed by a decrease in sexual arousal (36%) and dyspareunia (31.5 %) [7]. This is similar with other studies in Saudi Arabia that show that female circumcision can decrease sexual arousal, reduced lubrication, non-achievement of orgasm and sexual gratification [11].

In Indonesia, the practices of female circumcision is supported by MUI Fatwa Number 9A of 2008, which stated that female circumcision is a makrumah, where its implementation is one of the recommended forms of worship [7]. Based on this fatwa , female circumcision is performed by removing the membrane (jaldah/colum/spraeputum) that covers the clitoris, but should not be

done excessively, such as cutting or injuring clitoris (incision and excision) resulting in danger (dilarar).

Through a long process involving cross-program, cross-sector, and professional organizations, NGOs, the Health and Sharak Advisory Council (MPKS), and the MUI, in 2010 a Ministerial Regulation was issued Health (Permenkes) Number 1636/MENKES/PER/XI/2010. This Minister of Health contains how to organize female circumcision, including requirements, procedures, health workers who carry out as well as guidance and supervision. The ministerial regulation was passed to provide certainty and protection to women by reducing the risk/extent of danger of female circumcision. Female circumcision is still performed by trained medical personnel so that it is considered safer and more hygienic when compared to non-health workers.

The issuance of the Permenkes caused many criticisms and responses, both from the national and international levels, including Amnesty International, which considered the Permenkes as a setback for the Indonesian Government in violations of women's human rights. The International Federation of Gynecology and Obstetrics (FIGO) also responded to the policy. In addition, Non-Government Organizations (NGOs) from 36 countries petitioned to revoke the health regulation. Therefore, after going through various coordination processes involving many parties, in 2014 the Ministry of Health issued Permenkes Number 6 of 2014 concerning the Revocation of Permenkes Number 1636 / MENKES / PER / XI / 2010 on Female Circumcision. This is based on the consideration that female circumcision is not a medical act because its implementation is not based on medical indications and has not been shown to be beneficial to health. However, the revocation of the Permenkes still does not solve the problem because the practice of female circumcision still occurs in Indonesia.

The results of this study showed that the level of education of the head of the household had a negative relationship with the practice of female circumcision. The higher the level of education of the head of the household, the lower the probability of circumcision of the daughter. The results of this study are in line with the results of the research in Egypt, Yemen and in Kurdish Iraq, which mentions that the father and mothers with a college education are less likely to be circumcised than illiterate fathers and mothers. In general, increased education can lower the risk of having unhealthy behaviors. In addition, the results of this study reflect that the head of the family is very influential in the decision-making process related to female circumcision. According to socioeconomic status, it can be seen that families with high economic status tend to practice female circumcision. This is likely because in performing circumcision, it requires cyclists both health workers and traditional cyclists who require costs. People with low socioeconomics tend to prioritize meeting basic needs.

This study shows that girls living in urban areas are more likely to be circumcised than children living in rural areas. This is different from the results of a study conducted in Iraq which stated that girls in rural areas have a 1.3 times higher risk of being circumcised than children living in Urban. This is likely related to socioeconomic status, where in rural areas it tends to have a lower socioeconomic status when compared to urban areas. Based on the results of Riskesdas 2013, about 27 percent of the population has low socioeconomic status, while in urban areas it is only about 4.4 percent. In addition, urban residents have better access to health services when compared to rural residents [17]. This can be seen from the results of Riskesdas 2013 where health workers, while in rural areas only 40.6 percent circumcise 64.7 % of women aged 0-11 years in urban areas. Thus, shamans or circumcisors (59.4%) circumcise most women in rural areas.

CONCLUSION

This study shows that heads of households who are poorly educated and live in urban areas tend to circumcise their daughters. The importance of information related to the negative impacts of female circumcision both physically and psychologically needs to be conveyed to society.

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