

Conference Paper

The Practice of Female Circumcision in the Working Area of Muara Tebo Health Center, Tebo Tengah, Jambi Province in 2011

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Abstract

The practice of female circumcision is still in progress today. The purpose of this study was to know the description of the method of female circumcision and factors related to the behavior of female circumcision in the working area of Muara Tebo Health Center, Tebo Tengah, Jambi Province in 2011. This study used primary data. The type of quantitative research with cross-sectional design and the results were corroborated by qualitative analysis. The population of the study was that all mothers of the girls between 0-6 months of age who reside in the Health Center (*Puskesmas*) in Muara Tebo. The size of the total sample of respondents was 85. The results showed that 76.5 % of respondents had implemented female genital circumcision on the girl of them and use of midwives only 33.8%. Therefore, the socialization needed new regulations concerning the implementation of circumcision of women as stipulated in Permenkes NO.1636/Menkes/Per/XI/2010 to health workers. Religious leaders/community leaders should give an insight that female circumcision was not harmful both to physical and psychological health in the future.

Keywords: Female circumcision; practice; regulation

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1. Introduction

Genital cutting or genital mutilation is an ancient practice that is carried out by various communities around the world for reasons of socio-cultural, and to this day remains. Female Genital mutilation (FGM) - is defined by the WHO and the United Nations (UN) as "Removal of part or all the external female genitalia or another injury to the female genital organs for non-medical reasons." FGM is a tradition that is rooted in many communities in 28 countries in Africa and some countries in Asia and the Middle East. Today, in the world, there are approximately 130 -140,000,000 girls and women who have undergone surgery / FGM and 3 million girls are at risk of the practice each year (WHO 2011).

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In Indonesia, the practice of female circumcision is divided into two main groups: "symbolic" that is the type where there is no incision or excision, accounting for about 28% of cases and the rest is the second type is "dangerous", which involves an incision and excision of as much as 72% of cases. The prevalence of female circumcision in Indonesia is 86 -100%. Female circumcision in Padang Pariaman and Serang is done when a new child is born but in the area of Gorontalo, Makassar and Bone, it is generally done by the age of 5-9 years (Budiharsana et al. 2004).

The tendency of female circumcision shift implementer power of the midwife and excisor for health workers called medicalization. Medicalization of female circumcision is one aspect that maintains the continuity of the practice of female circumcision in Indonesia, in addition to issues of religious and cultural preservation.

Although it is opposed in many countries, considering as a violation in the reproductive rights of women, the practice of female genital mutilation is still widely practiced. By the Indonesian government, female circumcision is not prohibited but should be only done in certain parts. Rules regarding female circumcision is can be found in Permenkes No.1636 / Menkes / Per / XI / 2010. This rule is designed to protect women from genital mutilation illegal and life-threatening reproductive system.

The absence of data on the practice of female circumcision in Muara Tebo Health Center made researchers want to know the description of female circumcision practices as well as factors related to the behavior of female circumcision.

2. Methods

This study was quantitative research using cross-sectional study design and to reinforce the results of this study also used qualitative research. The population of this research was 85 mothers who had given birth to a daughter from August 2010 through January 2011 in Muara Tebo Heath Center. Sample of this research was a total sampling of 85 peoples. Informants in this study were six midwives working in the area of Muara Tebo Health Center. The primary data were obtained from interviews with respondents using a questionnaire adapted from research Budiharsana (2002). For primary qualitative primary data used in-depth interviews conducted with the needs of researchers in the group of informants about the behavior of female circumcision. The data were processed using SPSS version 13.0 through the stages of data processing, namely editing, coding, entry, tabulating. Processing of qualitative data collected from recordings using a voice recorder and moved in written form (transcript).

3. Results

The variables examined in this study were age, education level, religion, level of knowledge about female circumcision, attitude, family support, the support of religious leaders, implementers and behavior of female circumcision in Muara Tebo Health Center 2011. The results were shown as follows.

4. Discussions

The results of this study indicated that the implementation of female circumcision had no relationship with the mother's age, number of children, but the mother's education influenced the decision to behave and act. It was also influenced by other factors such as trust, in this case the majority of respondents Islamic religion, because element this religion contributed to the implementation of female circumcision and also they were encouraged by the support of family and religious leaders, causing the continuation of this practice of female circumcision still remained. (Green 1980).

All respondents (85 people) in the study showed that 76.5% of them had known to carry out female circumcision on her young daughter at the age of 40 days after birth (60%) and 60% of them did the circumcision because of the their believes. The practice of female circumcision was mostly often done by excisors (66.2%), reinforced by the testimony of a midwife.

"Most of mothers brought her daughter to me for circumcision and sometimes people from the village next door was also asked for circumcision in my place because her midwife did not want to do it" (midwife A). The point is that she is Muslim, must be circumcised, either by the shaman or me."

Therefore, Permenkes No. 1636 / Menkes / Per / XI / 2010 could be expected to be as a reference in the implementation of the practice female circumcision by trained medical personnel, to protect girls from genital mutilation actions that were harmful to the female organs.

5. Conclusions

Based on the results of research on the practice of female circumcision in Puskesmas Muara Tebo, District Tebo Tengah, Tebo regency, Jambi province in 2011, the practice of female circumcision was still widely practiced on the grounds of religious persecution, carried out by a excisors by using non-sterile tools. Therefore, Permenkes No.1636 /

TABLE 1: Distribution of Respondents Based on the Characteristics of The Practice of Female Circumcision.

Characteristics / categories	n	%
Age		
15 – 20 years	11	12.9
21 – 25 years	18	21.2
25 – 30 years	36	42.4
31 – 35 years	18	21.2
36 – 40 years	2	2.4
Education		
Pass Elementary School	35	41.2
Pass Junior High School	25	29.4
Pass Senior High School	17	20
Pass Collage	8	9.4
The number of girls held		
One people	61	71.8
Two peoples	21	24.8
> 2 peoples	3	3.5
Religion		
Islam	76	89.4
Chirstian	9	10.6
Knowledge		
Good	16	18,8
Not Good	69	81,2
Attitude		
Positive to female circumcision	55	64.7
Negative to female circumcision	30	35.3
The Attitude of female circumcision		
Circumcision	65	76.5
Not Circumcision	20	23.5
Implementer Power		
Excisors	43	66.2
Midwife	22	33.8
Support of Family		
Supporting Families Circumcision	55	64.7
Not Supporting Families Circumcision	30	35.3
Support of Religion Figure		
Support	61	71.8
Not Support	24	28.2

Menkes / PPER / 2010 cited that circumcision should be performed by trained medical personnel to ensure the practice of female circumcision was safe for the genitals of girls and children’s mental health in the future.

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