

FACTORS INFLUENCING MATERNAL ACTIONS TOWARDS CIRCUMCISION IN GIRLS IN PASAR PARGARUTAN VILLAGE, ANGKOLA TIMUR DISTRICT, SOUTH TAPANULI REGENCY

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Abstract

Health is a human right. One of the factors that affects women's health is maintaining the health of reproductive organs, especially genitalia. However, one of the practices that is still carried out in the name of maintaining genital health is female circumcision. Female circumcision is known as female genital cutting or female genital mutilation (FGM) is a tradition that has long existed in certain communities. The purpose of this study was to determine the factors that influence mothers' decisions to circumcise their daughters in Pasar Pargarutan Village, East Angkola District, South Tapanuli Regency.

This study is a descriptive correlational study with a cross-sectional approach. The population was 58 people, while the sampling technique used was total population sampling, namely all 58 participants. The analysis was carried out using a logistic regression test. The results showed that the variables that significantly influenced mothers' decisions to circumcise their daughters were Knowledge ($p = 0.024 < 0.05$), Medical support ($p = 0.037 < 0.05$). The variables that did not have a significant influence were Attitude ($p = 0.298$), Family support ($p = 0.837$), Support from community leaders ($p = 0.851$), and Religion ($p = 0.092$). Conclusion: The study concluded that only medical knowledge and support significantly influenced a mother's decision to circumcise her daughter. Therefore, it is recommended that health workers improve public education about female circumcision, including its risks and the fact that female circumcision is prohibited by the government, so that the public can better understand the harmful consequences of this practice

Keywords: Attitude, Family Support, Knowledge, Medical Support, Religious Figures, Support from Community

Introduction

Health is a basic right of every individual. Therefore, health must be maintained, improved, and protected from all harmful threats. . The degree of health is influenced by various factors such as the environment, behavior, health services, and genetics. Among these factors, environmental and behavioral factors have the greatest impact. Environmental factors include housing conditions, workplaces, schools and public facilities, clean air and water, as well as aspects of technology, education, social conditions, and economics while behavioral factors are reflected in daily habits, such as diet, personal hygiene, lifestyle, and attitudes towards health services.(1)

One of the main factors that affect women's health is maintaining the health of reproductive organs, especially the genitals. The health of the genitals in women is a critical issue, and one method that is often practiced to "maintain" this health is by performing female circumcision. Female circumcision is also known as female genital cutting (FGC) or female genital mutilation (FGM). Female circumcision has also been practiced in various regions and tribes around the world, although its origins are still difficult to trace. (2) Female circumcision is also believed to be a tradition from the era of Prophet Abraham and continued by Prophet Muhammad and his followers. Although the practice is primarily linked to Islam and Judaism, its implementation varies widely—from symbolic gestures, cleaning rituals, minor incisions, to actual genital

mutilation. Currently, female circumcision is practiced in 28 countries, primarily in Sub-Saharan Africa, the Middle East, Asia, and even in parts of Latin America, North America, and Europe. An estimated 100 million women worldwide have undergone the practice, with approximately 3 million girls under age 10 affected annually. In Kelurahan Pasar Pargarutan, Kecamatan Angkola Timur, Kabupaten Tapanuli Selatan, nearly all girls undergo circumcision, despite ongoing efforts by healthcare workers to educate the public against the practice. However, due to strong cultural and religious beliefs, many in the community continue to perform it. Research shows that female circumcision causes more harm than benefit and that medicalizing FGM contradicts national law. In a preliminary observation conducted by the researcher, of 10 mothers with daughters aged 0–1 years, 9 admitted to circumcising their daughters based on religious and cultural beliefs. Only 1 mother refrained, acknowledging that female circumcision is not a religious obligation. This highlights ongoing misunderstanding, lack of awareness, and deep-rooted cultural influences, which continue to hinder healthcare efforts to eliminate female circumcision in the region. In matriarchal cultures, female circumcision is seen as essential. It stems from the belief that women have stronger sexual desires and therefore must be "controlled." This myth has contributed to societal pressure on women, where circumcision is believed to reduce sexual desire and thus protect them from being perceived as temptresses.

(3)

Internationally, the practice is known as Female Genital Cutting (FGC) or Female Genital Mutilation (FGM). While FGC refers to the act of cutting, FGM implies destruction or damage to the genital organs. FGM is often falsely promoted as improving fertility and childbirth outcomes for women, although there is no medical evidence to support these claims. In Africa, circumcision often involves cutting parts of the female genitals, resulting in complications like bleeding, infection, infertility, swelling, childbirth trauma, incontinence, and loss of sexual pleasure. Some countries even practice infibulation, where the clitoris is removed and the genitals are sewn shut, leaving only a small hole for urination and menstruation. (4)

In Indonesia, circumcision is a common practice, typically performed on boys before puberty. However, in areas like Madura, Java, Sumatra, and other regions, it is also performed on girls. A study by the Population Council in Indonesia revealed that female circumcision is performed by traditional birth attendants, circumcisers, nurses, and midwives. Among 2,215 cases studied in various regions, 68% were performed by traditional practitioners and 32% by healthcare workers, especially midwives. In Padang and Padang Pariaman, 89% and 68% of procedures were carried out by midwives, whereas in South Sulawesi, 70% were done by traditional circumcisers. In Indonesia, circumcision is part of cultural identity. In Islam, circumcision is considered a religious recommendation for both men and women, but in practice, male circumcision is more emphasized. However, female circumcision remains a cultural tradition. The National Commission on Violence Against Women (Komnas Perempuan) has stated that all forms of female circumcision that involve cutting are acts of violence against women. Male circumcision has several health benefits, such as reducing the risk of urinary tract infections, sexually transmitted diseases (such as HIV, herpes, and syphilis), and several types of cancer, including penile cancer and cervical cancer in female partners. Circumcision also makes it easier to maintain penis hygiene. (5) However, female circumcision does not provide any health benefits and can actually pose serious health risks. A study by Vivin Puspasari, titled *Factors Influencing the Practice of Circumcision on Female Toddlers in Desa Punggung Lading, Kecamatan Pariaman Selatan, Kota Pariaman* (2016), found that knowledge, culture, support from healthcare providers, family support, religious leaders, and belief systems are significant factors influencing the practice. Based on this background, the researcher is interested in studying the factors that influence the practice of circumcision on female children in Kelurahan Pasar Pargarutan, Kecamatan Angkola Timur, Kabupaten Tapanuli Selatan. (6)

Methods

This research was conducted using an analytical survey research method (explanatory research), namely the measurement and collection of independent and dependent variable data related to the research subject were carried out simultaneously. This research is a descriptive correlational study with a cross-sectional approach, meaning that independent variable data (risk) and dependent variables (outcome) were collected at the same time. In other words, each research subject was only observed once and measurements were made based on the status or characteristics of the subject at the time of the examination. (7)

Research Location

The research was conducted in Kelurahan Pasar Pargarutan, Kecamatan Angkola Timur, Kabupaten Tapanuli Selatan due to the high incidence of female circumcision, which affects approximately 90% of all female infants under 30 days old in the area. This study began from June 2024 to Januari 2025.

Population

The population refers to the entire group of research subjects. (8) In this study, the population consisted of all mothers with female infants under 30 days old, totaling 58 individuals in Kelurahan Pasar Pargarutan, Kecamatan Angkola Timur, Kabupaten Tapanuli Selatan. The data were obtained based on reports from village health officers and midwives in Kelurahan Pasar Pargarutan.

Sample

A sample is a subset of the population that becomes the subject of research. Literally, a sample is also referred to as an example, and it typically represents a smaller portion of the population with the expectation that it will accurately reflect the larger group. In this study, the sample size was determined using a total population technique, meaning the entire population was used as the sample—a total of 58 mothers with female infants.

Sampling technique refers to the method used to determine the sample size that will serve as the data source. The sampling method applied in this study was total population sampling, in which all members of the population were included as the sample. Respondents who meet the requirements as participants, for example:

Women who have undergone circumcision (female circumcision), Minimum age 18 years, Domiciled at the research location, Willing to be respondents and sign informed consent, Have sufficient communication skills to understand the research questions, and must obtain permission from parents/guardians (for observational research or secondary data). Exclusion Criteria is Respondents who cannot be included in the study are women who have never undergone circumcision, Experience psychological or mental disorders that hinder communication, Are unwilling to provide written consent to participate in the study, Are seriously ill or have other medical conditions that prevent them from participating in interviews/surveys, Are part of a vulnerable group without supervision/assistance, such as children without legal guardians.

Results

Data collection was carried out using a questionnaire. each question in the questionnaire has been tested for validity and reliability where the results obtained have met the criteria or sig results <0.05 so that they can be used as questions in the questionnaire. The univariate and multivariate results can be seen below

Table 1.

Mother's Knowledge in Pasar Pargarutan Village, East Angkola District, South Tapanuli Regency

Pengetahuan	Jumlah	
	f	%
Baik	13	22,4
Kurang Baik	45	77,6
Total	58	100

Based on Table 1, it can be seen that of the 58 respondents, 13 mothers (22.4%) had knowledge in the good category, and 45 mothers (77.6%) had knowledge in the poor category

Table 2.

Mother's Attitude at Pargarutan Health Center, East Angkola District, South Tapanuli Regency

Sikap	Jumlah	
	f	%
Positif	15	25,9
Negatif	43	74,1
Total	58	100

Based on Table 2, it can be seen that of the 58 respondents, 15 mothers (25.9%) had a positive attitude, and 43 mothers (74.1%) had a negative attitude.

Table 3.

Family Support in Pasar Pargarutan Village, East Angkola District, South Tapanuli Regency

Dukungan Keluarga	Jumlah	
	f	%
Mendukung	14	24,1
Tidak Mendukung	44	75,9
Total	58	100

Based on Table 3, it can be seen that of the 58 mother respondents, 14 (24.1%) received family support, while 44 (75.9%) did not receive family support.

Table 4.

Medical Support Regarding Circumcision in Pasar Pargarutan Village, East Angkola District, South Tapanuli Regency

Dukungan Medis	Jumlah	
	f	%
Mendukung	14	24,1
Tidak Mendukung	44	75,9
Total	58	100

Based on Table 4, it can be seen that of the 58 respondents, 14 mothers (24.1%) received support from health workers, while 44 mothers (75.9%) did not receive medical support

Table 5.

Support from Community Leaders in Pasar Pargarutan Village, East Angkola District, South Tapanuli Regency

Dukungan Tokoh Masyarakat	Jumlah	
	f	%
Mendukung	19	32,8
Tidak Mendukung	39	67,2
Total	58	100

Based on Table 5, it can be seen that of the 58 respondents, 19 mothers (32.8%) received support from community leaders, while 39 mothers (67.2%) did not receive support from community leaders.

Table 6.

Religious Support in Pasar Pargarutan Village, East Angkola District, South Tapanuli Regency

Dukungan Agama	Jumlah	
	f	%
Mendukung	44	75,9
Tidak Mendukung	14	24,1
Total	58	100

Based on Table 6, it can be seen that of the 58 respondents, 44 respondents (75.9%) said that there was religious support, 14 respondents (24.1%) said that there was no religious support.

Table 7.

Circumcision in girls in Pasar Pargarutan Village, East Angkola District, South Tapanuli Regency

Sirkumsisi	Jumlah	
	f	%
Dilakukan	46	79,3
Tidak Dilakukan	12	20,7
Total	58	100

Based on Table 7, it can be seen that of the 58 respondents, 46 mothers (79.3%) performed circumcision on their daughters, and 12 mothers (20.7%) did not perform circumcision on their daughters

Table 8.

Factors Influencing Mothers' Actions Towards Circumcision in Girls in Pasar Pargarutan Village, Angkola Timur District, South Tapanuli Regency

Variables in the Equation								
	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Pengetahuan	-2.586	1.148	5.079	1	0.024	0.075	0.008	0.714
Sikap	-0.994	0.955	1.083	1	0.298	0.370	0.057	2.405
Dukungan Keluarga	0.253	1.227	0.043	1	0.837	1.288	0.116	14.261
Dukungan Tenaga Kesehatan	-2.052	0.983	4.357	1	0.037	0.128	0.019	0.882
Dukungan Tokoh Masyarakat	-0.192	1.017	0.036	1	0.851	0.826	0.112	6.064
Dukungan Agama	1.089	1.100	0.980	1	0.322	2.970	0.344	25.637
Constant	2.041	1.211	2.839	1	0.092	7.695		
a. Variable(s) entered on step 1: pkat, skat, dkkat, dtkskat, dtomskat, agamakat.								

Based on Table 8 shows that the results of the multivariate test using the logistic regression test explained that the knowledge variable obtained a p value of $0.024 < 0.05$, attitude $p 0.298 < 0.05$, family support $p 0.837 > 0.05$, medical support $p 0.037 < 0.05$, support from community leaders $p 0.851 > 0.05$, and religion $p 0.092 > 0.05$. The variables that have an influence on circumcision in girls are the variables of knowledge and medical support. While the variables of attitude, family support, support from community leaders and religion do not have an influence on circumcision in girls. Based on the results of the logistic regression analysis, the attitude

obtained Exp (B) of 0.370, so it can be concluded that the attitude has a possibility of 0.370 times to carry out circumcision on girls, family support Exp (B) of 1.288 which has a possibility of 1.288 times to carry out circumcision on girls, support from community leaders Exp (B) of 0.826 which has a possibility of 0.826 times in carrying out circumcision on girls, and religion Exp (B) of 2.970 which has a possibility of 2.970 times in carrying out circumcision on girls

Table 9.

Decrease in Factors Influencing Mothers' Actions Towards Circumcision in Girls in Pasar Pargarutan Village, Angkola Timur District, South Tapanuli Regency

		Variables in the Equation						95% C.I. for EXP(B)	
		B	S.E.	Wald	df	Sig.	Exp(B)	Lower	Upper
Step 2	Pengetahuan	-2.628	0.905	8.426	1	0.004	0.072	0.012	0.426
	Dukungan Tenaga Kesehatan	-2.461	0.899	7.501	1	0.006	0.085	0.015	0.497
	Constant	1.999	0.977	4.182	1	0.041	7.380		

a. Variable(s) entered on step 1: pkat, dtkskat.

Based on the results of the reduction, the variables that most influence circumcision are knowledge and support from health workers. Where the knowledge variable obtained a p value of 0.004 <0.05, and health worker support p 0.006 <0.05. Between the two variables, the most dominant variable influencing circumcision is the knowledge variable with a p value of 0.004 where <0.05. Based on the results of the logistic regression analysis of the knowledge variable, Exp (B) was obtained at 0.072, so it can be concluded that knowledge will have a 0.072 times possibility of performing circumcision on girls, medical support Exp (B) of 0.085, which has a 0.85 times possibility of performing circumcision on girls

Based on the results of the logistic regression analysis, the attitude obtained Exp (B) of 0.370, so it can be concluded that the attitude has a possibility of 0.370 times to carry out circumcision on girls, family support Exp (B) of 1.288 which has a possibility of 1.288 times to carry out circumcision on girls, support from community leaders Exp (B) of 0.826 which has a possibility of 0.826 times in carrying out circumcision on girls, and religion Exp (B) of 2.970 which has a possibility of 2.970 times in carrying out circumcision on girls. The knowledge variable obtained Exp (B) of 0.072, so it can be concluded that knowledge will have a possibility of 0.072 times in carrying out circumcision on girls, medical support Exp (B) of 0.085, which has a possibility of 0.85 times in carrying out circumcision on girls. Based on the model summary table, it is known that the Nagelkerke R. Square value obtained is 0.432, meaning that knowledge (X1) and medical support (X2) can influence circumcision in 2017 by 43% in Pasar Pargarutan Village, Angkola Timur District, South Tapanuli Regency and the remaining 57% is influenced by other factors.

Knowledge is the result of 'knowing', and this occurs after a person senses a particular object. Sensing occurs

through the five human senses, namely: the senses of sight, hearing, smell, taste, and touch. Most human knowledge is obtained through the eyes and ears. Knowledge or cognitive is a very important domain for the formation of a person's actions (overt behavior). (30) Because from experience and research it turns out that behavior based on knowledge will be more lasting than behavior that is not based on knowledge.(9)

According to the researcher's assumption, if someone has a good level of knowledge, then their behavior will also be good, but if a person's level of knowledge is considered less good, then their behavior will automatically be less good. Whether or not knowledge is good is also based on a person's level of education. From the results of the study, it can be seen that many mothers have less good knowledge. This is also because the majority of mothers have a maximum education level of high school. This situation is what influences mothers not to understand the impact of circumcision so that this action continues to be carried out in a community manner.(10)

Health workers are all people who dedicate themselves to health and have knowledge and skills through education in the health sector which for certain types require authority to carry out health efforts. Support from health workers (immunization officers) is social support in the form of informative support, where the subject's feeling that the environment (immunization officers) provides clear enough information about things that are known. Health workers will support the mother's behavior to carry out health efforts (immunizing her child) through communication skills and there is a tendency that the efforts of health

workers strengthen the mother by giving praise, encouragement and discussion or by being a source of reliable information.(11)

According to the assumption, health workers have a very important role in improving maternal and child health. All important things must be informed to the mother so that the mother understands and can determine her birth attendant. However, in reality, the majority of mothers do not receive support from health workers. So that in determining the birth attendant, the mother becomes hesitant. Therefore, the majority of mothers choose a midwife as their birth attendant without knowing what the impact will be if the birth is not carried out by health workers. The lack of active health workers in providing counseling to pregnant women to give birth with health workers also affects the mother's mindset in determining her birth attendant. The lack of information and support causes mothers to choose a midwife who is believed to have special skills and talents in assisting with childbirth.(12)

Conclusion

After conducting a study on the analysis of factors influencing maternal actions towards circumcision in girls in Pasar Pargarutan Village, Angkola Timur District, South Tapanuli Regency, the author can draw the following conclusions. Based on the results of the logistic regression test, the multivariate test using the logistic regression test explained that the knowledge variable obtained a p value of $0.024 < 0.05$, attitude $p\ 0.298 < 0.05$, family support $p\ 0.837 > 0.05$, medical support $p\ 0.037 < 0.05$, support from community leaders $p\ 0.851 > 0.05$, and religion $p\ 0.092 > 0.05$. Based on the results of the stage 2 logistic regression test, the variables that have an influence on carrying out circumcision on girls with a significant level at a 95% confidence level with $\alpha\ 0.05\%$ are the variables of knowledge and support from health workers where sig (2-sided) 0.004 is obtained for the knowledge variable and sig (2-sided) 0.006 for the variable of support from health workers. then H_a is rejected and H_0 is accepted which means there is no influence between the two variables.

Recommendations:

It is expected that health workers will provide more frequent counseling on circumcision in girls so that the community can understand the impact of circumcision in girls and has been prohibited. Given that this study still has many shortcomings and weaknesses, it is recommended for further researchers to examine the actions of mothers towards circumcision in girls.

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We would like to express our deepest gratitude to all parties who have contributed to this research. Our deepest gratitude goes to Pasar Pargarutan Village, East Angkola District, South Tapanuli Regency for their willingness to provide data and for their support in facilitating the implementation of this research, as well as to the respondents who generously took the time to participate. We also express our deepest appreciation to our families and friends for their continued support and encouragement throughout this process. We sincerely hope that the findings of this study will provide a meaningful contribution so that society can understand the impact of circumcision on girls.

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