

Gorontalo State University Medical Students Perspective On Female Genital Mutilation/ Cutting (Fgm/C)

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ABSTRACT : Female Genital Mutilation/Cutting (FGM/C) from a health perspective Cutting or damaging healthy genital tissue has been proven to have no benefits, but on the contrary, FGM/C is a painful and traumatic procedure that disrupts the body's natural functions. Considering that Gorontalo is a strong region in preserving FGM/C practices, it is hoped that policies can be initiated at various Medical Faculties, Midwifery Faculties and Midwifery Schools to include a curriculum regarding FGM/C and its complications as a local content course. The quantitative method used is. The instrument is a questionnaire distributed via Google form. held in November 2023 at the medical faculty of Gorontalo State University. The population in this study was 152 samples of medical students from the third semester to the final semester. 84.9% of students stated that they had known about FGM/C, 38.8% knew about it from the community and 33.6% knew about it digitally. 85.5% of respondents did not know the procedures for implementing FGM/C, 64.5% knew about it from word of mouth. 28.3% learn from the internet. 72.4% view the implementation of FGM/C as unnecessary. 70.4% considered it not medically useful. 55.9% consider it a traditional requirement, 59.9% carried out by traditional birth attendants, 36.6% as a symbolic act, 54.6% do not know that the tools used in FGM/C acts.

KEYWORDS - Female Genital Mutilation/Cutting (FGM/C), perspective. medical student

I. Introduction

Female Genital Mutilation/Cutting (FGM/C) according to WHO 2010 is defined as "all forms of partial or total cutting of the female genitalia or any form of injury to the female genitalia, for reasons other than medical treatment" [1]. Female circumcision (Gorontalo term: *molubingo*), is one of the practices believed to glorify women in terms of religion and customs, especially in countries with Muslims.

Molubingo has become a local wisdom of the Gorontalo tribe that is practiced for generations and has become a must that must be done and has become part of the Gorontalo traditional ceremony system [2]. This is evidenced by the Riskesdas research in 2013 that the highest prevalence of female circumcision 1-5 months in the first position is occupied by Gorontalo Province with a percentage of (83.7%) [3].

In terms of health, cutting or damaging healthy genital tissue has proven to be of no benefit, but on the contrary, FGM/C is a painful and traumatic procedure that disrupts the body's natural functions. FGM/C has short, medium and long-term health consequences such as infection, bleeding, depression, labor complications and infertility [1]. In the IV International Conference on Women, Beijing, 1995: FGM/C became one of the critical areas: "Violence against Women"; Female Genital Mutilation/Cutting. SDGs target: Eliminate all harmful practices, such as child marriage, early and forced marriage, and female circumcision [4].

Considering Gorontalo is a strong area in preserving the practice of FGM/C, this requires a stage that does not immediately eliminate, but requires a special and gradual strategy in order to reduce and even stop the implementation of FGM/C in Gorontalo province in particular and Indonesia in general, by initiating policies at various Faculty of Medicine, Faculty of Midwifery and Midwifery Schools to include curriculum on FGM/C and its complications as local content courses. For this, it is hoped that the active role of the education sector can produce health workers who can carry out good education, and in the long run it is hoped that there will be a change in cultural mindset (culture set) about FGM/C towards positive. so that it can reduce and even stop the implementation of FGM/C in Gorontalo especially and Indonesia in general. As a first step, researchers conducted preliminary research to see medical students' perspectives on FGM/C, the results of which will later become input for compiling teaching materials on FGM/C.

II. Method

This research was conducted in November 2023 at the medical faculty of Gorontalo State University. The research method used was quantitative method. The instrument used was a perception / knowledge questionnaire about Female Genitalia Mutilation (FGM/C) and its problems distributed through Google form. The population in this study were medical students from the third semester to the final semester as many as 152 samples. The respondent sample was taken total sampling. Knowledge and perception instruments about FGM/C were adapted from quantitative research by the Center for Population and Policy Studies (CPPS) Gadjah Mada University in 2017 [1]. The perception instrument contains 11 open-ended statements.

III. Result And Discussion

3.1.Result

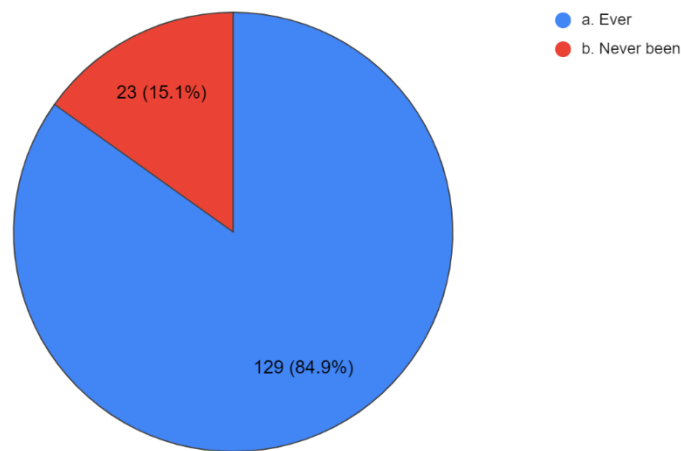


Fig 1. Knowledge about Female Genitalia Cutting and Injury (FGM/C)

A total of 129 (84.9%) students stated that they had known about FGM/C and as many as 23 (15.1%) students had never known about FGM/C.

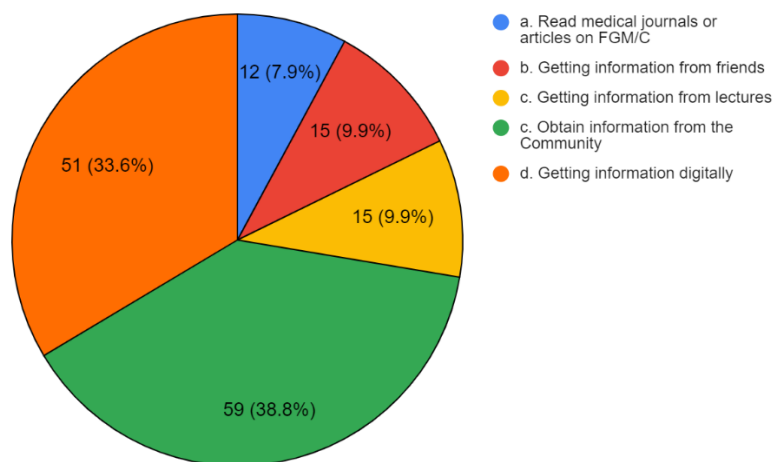


Fig 2. Source of FGM/C knowledge

Of the 152 respondents who filled out the questionnaire, most gained knowledge about FGM/C from the community, namely 59 respondents (38.8%), second place was getting information digitally 33.6% (51 respondents). Information from friends, and from lectures ranked equally at 9.9% (15 respondents each), the remaining 7.9% (12 respondents) got information from reading medical journals / articles about FGM/C.

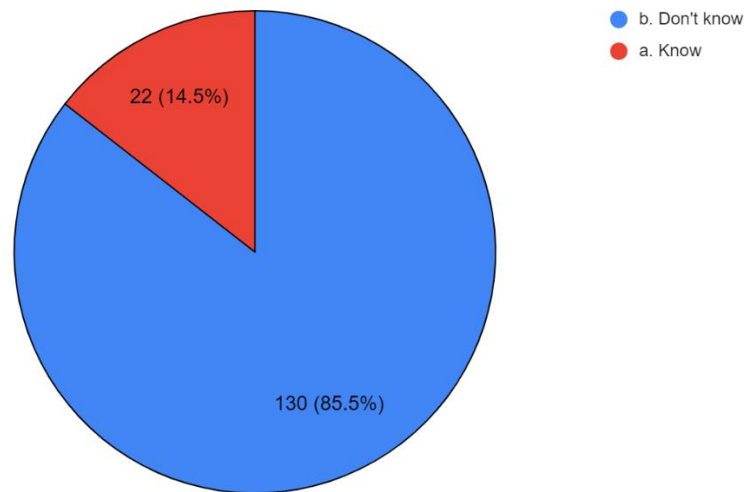


Fig 3. Knowledge of FGM/C implementation procedures

In terms of knowledge of FGM/C implementation procedures, most of 85.5% (130) respondents stated that they did not know it, the remaining 14.5% (22 respondents) knew the procedure for implementing FGM/C actions.

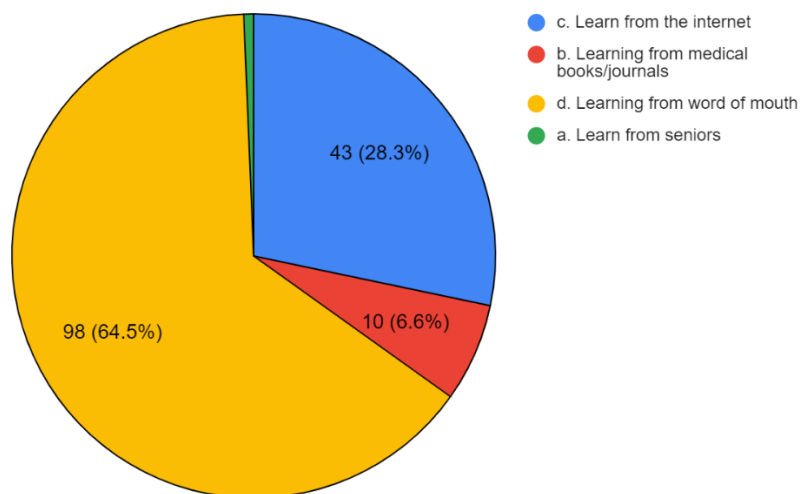


Fig 4. Source of knowledge of FGM/C implementation procedures

Of the respondents who knew the FGM/C implementation procedure, 64.5% knew from word of mouth. 28.3% learned from the internet, A small portion learned from medical books and journals. very few admitted to learning from seniors.

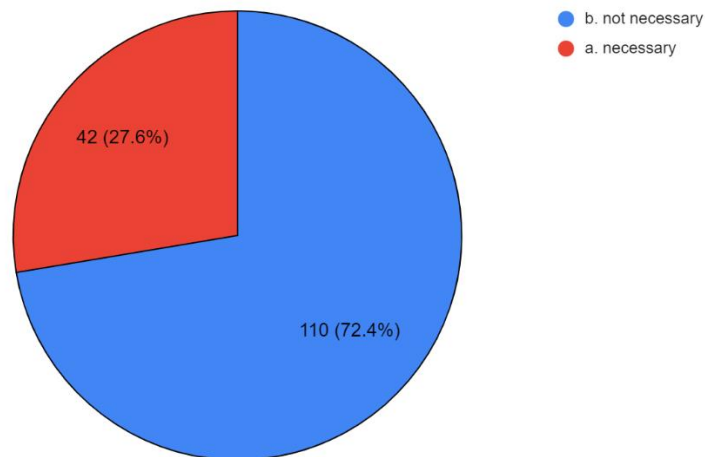


Fig 5. Thoughts on FGM/C Implementation

72.4% (110 respondents) viewed that the implementation of FGM/C did not need to be carried out, the remaining 27.6% (42 respondents)

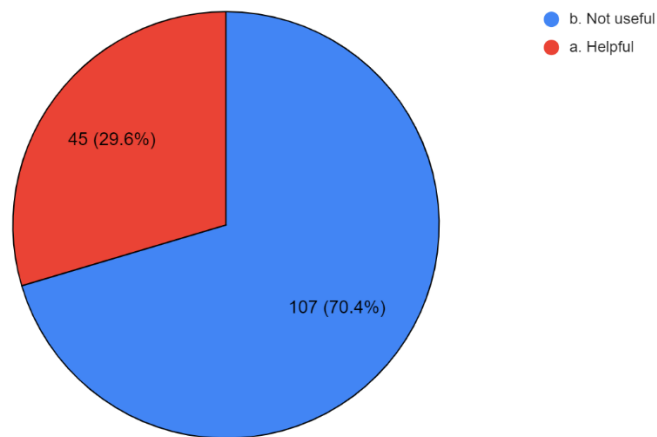


Fig 6. Benefits of FGM/C Measures Medically

In terms of the benefits of implementing FGM/C, 70.4% (107 respondents) consider it not medically useful. The remaining 29.6% (45 respondents) considered the implementation of FGM/C medically useful.

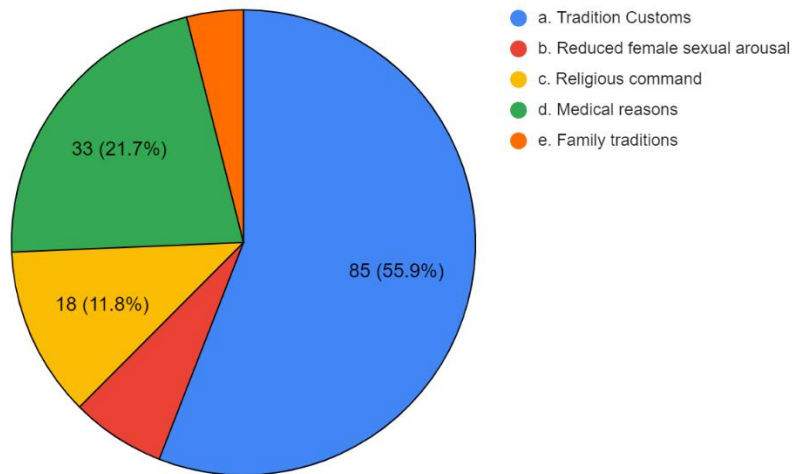


Fig 7. Reason for taking FGM/C Action

In terms of the reasons for performing FGM/C actions, 85 respondents (55.9%) considered it a traditional necessity, 33 respondents (21.7%) for medical reasons, as many as 18 respondents (11.8%) for religious orders. The remaining 16 respondents considered it a family tradition and a reason to reduce sexual arousal in women.

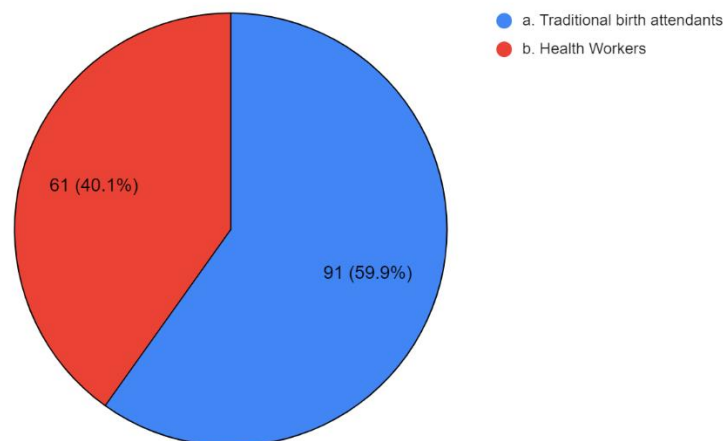


Fig 8. FGM/C action executor

Knowledge about the implementers of FGM/C actions, most of which were carried out by traditional birth attendants 59.9% (91 respondents), and 40.1% (61 respondents) the implementation of FGM/C was carried out by health workers.

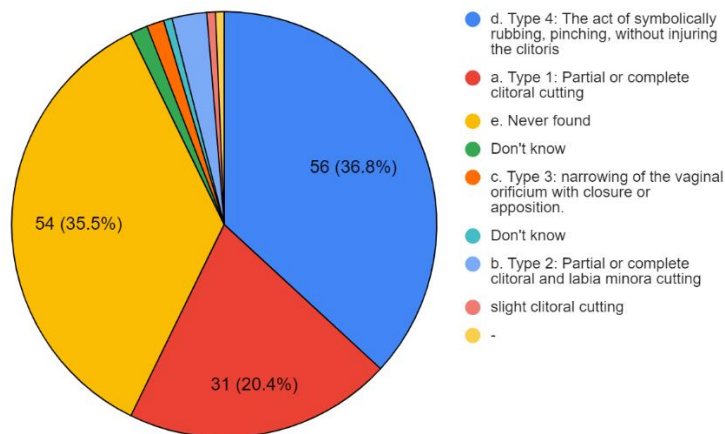


Fig 9. Knowledge about FGM/C Type

Knowledge about the type of FGM/C performed Most of the 36.6% (56 respondents) considered it a symbolic action, 35.5% (54 respondents) never found, 20.4% (37 respondents) knew that the FGM/C action was partially or completely cutting the clitoris. the rest did not know.

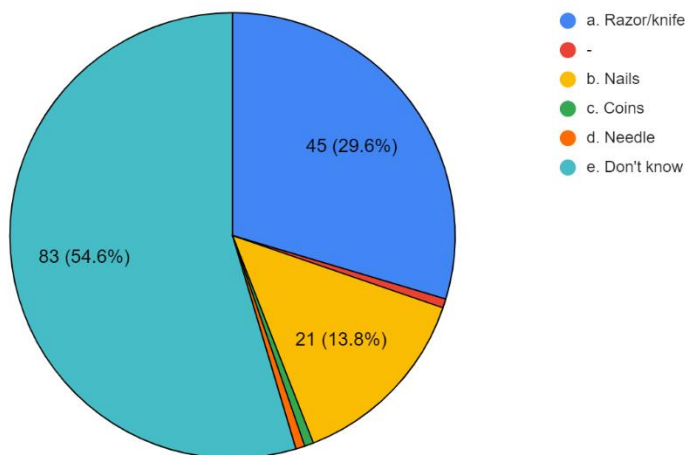


Fig 10. Tools used in FGM/C Actions

54.6% (83 respondents) did not know that the tools used in FGM/C actions. 29.6% (13 respondents) said that the tool used was a knife / razor. 13.3% (21 respondents) used nails. The rest know the implementation of FGM/C is carried out with coins and needles.

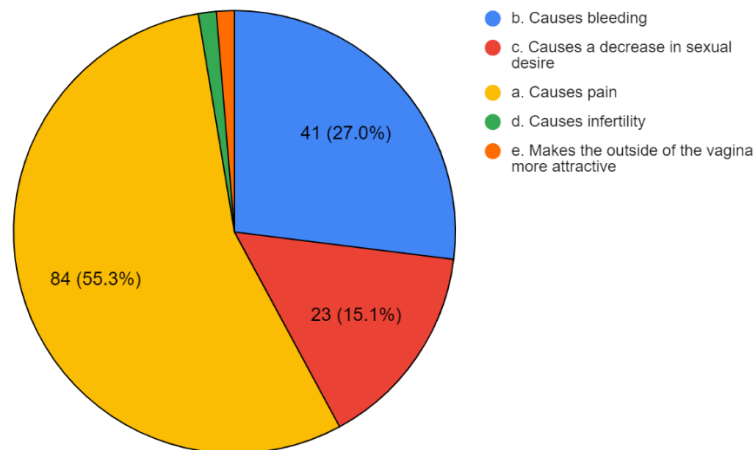


Fig 11. Health Impacts of FGM/C Actions

In terms of the health effects caused by the implementation of FGM/C actions 84 respondents (55.3%) stated that this action caused pain, 41 respondents (27%) could cause bleeding. 23 respondents (15.1%) stated that it could reduce sexual desire, the rest stated that it could cause infertility and the outside of the vagina was more attractive.

3.2. Discussion

The existence of cultural reproduction based on the interpretation of Islamic religious orders and customs, the high level of FGM/C implementation in Gorontalo province, the unsynchronized policy of prohibiting FGM/C in Indonesia. There is no training for traditional healers or health workers to prevent the practice of FGM/C in the community so that researchers are interested in studying deeper and finding a middle way for how to change people's perceptions, reduce and even prevent the implementation of FGM/C and reduce complications that occur in the implementation of FGM/C, especially in Gorontalo province. With the consideration that Gorontalo is a strong area in preserving the practice of FGM/C, this requires stages that do not immediately eliminate, but require a special and gradual strategy, so that as a preliminary study and the basis for compiling FGM/C teaching materials as local content in the medical faculty of Gorontalo State University.

From the results of the questionnaire, it was found that most students claimed to know about FGM/C (84.9%), the remaining 15.1% of students had never known about FGM/C. If examined more deeply from the questionnaires circulated, students who know about FGM/C come from Muslim-majority areas and those who do not know about FGM/C come from areas with non-Muslim majority populations. This is in accordance with the perceptions of students about the reasons for FGM/C Action, as many as 67.7% of respondents consider it as a necessity of tradition, and religious orders. This picture is also evident from several previous studies conducted in various regions in Indonesia that provide the same view according to Khotimah's research in 2021 that most adherents of Islam practice circumcision for women, as is done by Muslim communities in Indonesia, the majority of which are of the Syafi'I school of

thought (including Gorontalo) [5]. From this obligation also comes the assumption that female circumcision is a necessity. Ghazali from 2021 in his writing *The Phenomenon of Female Circumcision in the Perspective of Islamic Law* states that female circumcision is a tradition and obligation that has been carried out for generations in society [6]. Heriyani states that the community's perception of female circumcision carried out in Sukamaju Village, Mestong Subdistrict, Muaro Jambi Regency is based on a culture or tradition that has existed since ancient ancestors for generations [7]. According to Alhadar et al, in terms of approaching the Gorontalo community's perspective regarding female circumcision, it is based on custom and religion as the Gorontalo community's footing is "Adat bersendikan Syara' and Syara' bersendikan Kitabullah" [8]. Slightly different from Suraiyah's research which states that female circumcision is not at all included in the sharia order, but as a tradition passed down from generation to generation in the midst of Muslim community life [9]. This is because female circumcision (FGM/C) has become part of a tradition that is integrated into the social life cycle of the Indonesian Muslim community. Nwakama in her research in Nigeria stated that Sociocultural Beliefs proved to make a significant contribution to the sustainability of the practice of FGM/C [10]. FGM/C has even become a culture based on religious teachings. Circumcision becomes one of the marker phases in social life, in addition to birth, marriage, and death. FGM/C in the community is a clear example of the term originating from the Minang realm which states, "Adat basandi syara, syara basandi Kitabullah (Custom based on sharia, sharia based on Kitabullah)".

In terms of the source of origin of knowledge about FGM/C 38.8% obtained information from the community, digital information 33.6%, the rest obtained information from friends, lectures and reading medical journals / articles about FGM/C. In terms of knowledge of FGM/C implementation procedures, most of 85.5% stated that they did not know it, the remaining 14.5% knew the procedure for implementing FGM/C actions. Respondents who know get knowledge of how the procedure for implementing FGM/C actions As many as 64.5% know the procedure for implementing FGM/C from word of mouth information. 28.3% learned from the internet, only a small portion learned from medical books and journals. The same thing was stated in research conducted by Zakiah that there are no official standards for how to do FGM/C in the midwifery school curriculum and there are also no courses on learning about how to do FGM/C [11]. So far, midwives have carried out FGM/C based on experience or information from senior health workers or those who have already carried out FGM/C actions. So that midwives who do it tend to be invasive such as slicing and removing (66 - 68%) cases compared to those carried out by village midwives (43-67%) [12]. Nurses, nurse practitioners, and nurse midwives living in areas of the United States where immigrant female populations are concentrated are likely to encounter patients affected by FGC/M. Several systematic reviews of studies on FGC/M and education Health professionals express a complete absence of information in educational curricula, and a lack of evidence-based training

[13][14][15]. There has been a call for the integration of evidence-based FGC/M education in the curriculum at all levels of medical education [16]. Even from the results of research conducted by Ainur initiated policies in various Faculties of Medicine, Faculties of Midwifery and Midwifery Schools to include curricula on FGM/C and its complications [17]. From these results it can be seen that there has been no learning and training on FGM/C in the Health Education curriculum, so that in carrying out FGM/C medicalization actions, or handling complications that occur due to FGM/C actions or educating about complications and side effects do not have the correct guidelines, so that there can be errors in taking action or handling complications. so it is hoped that an active role from the Education community can produce health workers who can carry out good education in order to reduce and even stop the implementation of FGM/C in Indonesia.

Looking from the perspective of whether or not FGM/C actions need to be taken, 72.4% view that the implementation of FGM/C does not need to be done, the remaining 27.6% still view that this action needs to be taken. This is in line with the view in terms of the benefits of implementing FGM/C, 70.4% consider it not medically useful. The remaining 29.6% consider the implementation of FGM/C to be medically beneficial. In terms of the health effects caused by the implementation of FGM/C actions, more than half of the respondents (55.3%) stated that this action caused pain, 27% could cause bleeding. 15.1 stated that it could reduce sexual desire, the rest stated that it could cause infertility and the outside of the vagina was more attractive. From several previous studies, in the concept paper on the elimination and prevention of FGM/C, if viewed from a medical point of view, the implementation of FGM/C has no benefits in terms of health for women. In fact, this can cause side effects and is harmful to reproductive health. Nwakama in Nigeria despite a decline in the prevalence of FGM/C over the years, it is still growing and causing significant public health impacts [10]. And it is a challenge in Nigeria and across Africa, which violates the human rights of women and girls. Purwoto explained that the clitoris is also an erectile organ that when touched will enlarge and can cause arousal and provide sexual satisfaction to women [18]. So that if the clitoris is injured by being injured or cut, then women who have the clitoris can be hampered or prevented from fulfilling their right to enjoy sexual intercourse. According to WHO FGM/C has no health benefits, and harms girls and women in many ways [19]. The practice involves the removal and injury of normal, healthy female genital tissue, thereby disrupting the natural functioning of girls' and women's bodies. This can pose immediate health risks, as well as a range of long-term complications that affect women's physical, mental and sexual health and well-being throughout life. What is interesting from this preliminary study is that there are still perceptions of students who view FGM/C as still needing to be done and for medical indications, this perception must be changed by conducting training or including learning about FGM/C in the Health Education curriculum, so that it can change the knowledge and views of Health students (doctors, midwives, nurses). with the hope

that this change can trigger a decrease in the implementation of FGM/C in the community.

When viewed from the knowledge of the type of FGM/C performed, most of 36.6% consider it as a symbolic action, 35.5% never found, 20.4% clitoral cutting action partially or completely. the rest do not know. This is in line with Anshor's research In the Indonesian context, the practice of female circumcision carried out by the community in Indonesia can be classified into the fourth unclassified type, including those performed symbolically [1]. Research conducted by Ainur with one of the research locations in Gorontalo province found that FGM/C practices varied, ranging from symbolically cleaning or purifying the genital area to piercing, scraping, slicing or cutting part of the clitoris and/or the top of the clitoris [17]. In contrast to the general view that FGM/C practices in Indonesia are mostly symbolic practices only, the facts found regarding FGM/C practices almost all FGM/C cases that occur cause trauma and injury to the clitoris, prepuce, and other parts of the vulva. Cleaning rituals and other symbolic forms were also found, but in very small numbers, around 1.2% of cases and at least around 60% of FGM/C practices included cutting or scraping parts of the genitalia as reported by parent respondents. The remaining cases were not classified by CPPS UGM as the type in accordance with the WHO classification, 28% of parents reported the type that cut the clitoris and prepuce and 6% said that FGM/C was carried out by scraping or rubbing the urethra [1].

From the perception of who carries out FGM/C actions, it was found that knowledge of the implementers of FGM/C actions, most of them thought that it was carried out by baby shamans 59.9%, and 40.1% of FGM/C implementation was carried out by health workers. And 54.6% did not know that what tools were used in FGM/C actions. 29.6% said that the tool used was a knife / toilet. The rest know the implementation of FGM/C is done with nails, coins, needles. As written by Botutihe and Daulima, the basis of Mokubingo is the necessity of shareat, which is to clean the genitals from haram glands carried from birth and the implementer is hulango or village midwife who meets the requirements of being Muslim, mastering the sequence of ceremonies and knowing the memorization of memorization passed down by the ancestors and using a small knife, previously using a sembilu, Yinula monu (Yilonta oil) [2]. This is interesting because Gorontalo is the only area where FGM/C is carried out purely by hulango (village shamans) with the mokubingo procedure for generations without any medical intervention. Ainur and CPPS UGM stated that only a small proportion of shamans (7.7%) conducted FGM/C symbolically and harmlessly by means of ritual cleansing using turmeric [1][17]. Research conducted by the Population Council in 8 provinces in Indonesia, reported that of the 2,215 cases of FGM/C, 68% were carried out by traditional birth attendants and 32% were carried out by health workers [12]. This is also supported by Riskesdas data which illustrates respondents' choice of traditional birth attendants and midwives in the implementation of FGM/C for 13 years [3]. In a study on the overview of FGM/C in Africa mentioned that the operators ('circumcisers') are often religious leaders who do

not have adequate training or midwives, These circumcisers usually use sharp objects such as knives, scissors, scissors, or hot objects. This practice is extremely dangerous and painful for women. It can even lead to the risk of prolonged infection which is bad for women's health. Therefore, it should no longer be done or if it is still carried out, FGM/C is carried out in the right way by medical professionals such as doctors, midwives, and nurses who have a work permit and have received training and learning about FGM/C techniques, as an alternative to reducing complications, besides that the relevant health workers are expected to actively educate the user community, that FGM/C actions are not medically beneficial, can even cause serious medical complications and should not be done.

IV. Conclusion

As a conclusion medical student perceptions of FGM/C actions are still lacking so that education and learning about FGM/C are needed in the education curriculum. An active role is needed from the education sector in order to produce health workers who can carry out good education, and in the long run it is hoped that there will be a change in mindset (mindset) culture (culture set) about FGM/C towards positive. so that it can reduce and even stop the implementation of FGM/C in Gorontalo especially and Indonesia in general.

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