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The Relationship Between Education Level And Mother's Behavior In Female Circumcision

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ABSTRACT

Female circumcision is still common in Indonesian society even though it has no medical basis and endangers women's reproductive health. One factor thought to influence this practice is the mother's level of education. Determine the relationship between a mother's educational level and her behavior in performing female circumcision. This was an analytical study with a cross-sectional design. The study population consisted of all mothers with daughters aged 2-5 years in the Peusangan Health Center service area of Bireuen Regency. A total of 105 mothers were surveyed. Random sampling was used for the sample selection, and the chi-square test was used for the data analysis with a significance level of 95% (α = 0.05). Most respondents (91.4%) had a formal education, and 66.7% of respondents performed circumcision on girls. There is a significant relationship between the mother's level of education and circumcision behavior (p = 0.028). Maternal education level significantly influences female circumcision behavior. Increasing community education, especially among mothers, about the negative impacts of female circumcision is necessary to support the elimination of this practice.

Keywords: Education Level, Maternal Behavior, Female Circumcision

INTRODUCTION

The practice of female circumcision (FGM) is an ongoing global issue, despite being declared a human rights violation by the WHO. The WHO also emphasizes that this procedure is highly risky because it can cause physical damage and impairment, both short-term and long-term. Furthermore, FGM can also cause psychological trauma and disrupt women's sexual and reproductive health, such as urinary tract infections, cysts, infertility, and complications during childbirth.(World Health Organization, 2025)

In Indonesia, this practice continues under cultural or religious pretexts. Basic Health Research (Riskesdas) data shows that more than 51% of girls have been circumcised, many of which were performed by health workers. The majority of these practices occurred at a

very young age: 72.4% at 1–5 months, 13.9% at 1–4 years, and 3.3% at 5–11 years. The highest prevalence was recorded in Gorontalo Province (83.7%).(UGM PSKK, 2017)

In Aceh, female circumcision is often performed by mothers with low levels of education, citing tradition. A mother's education influences her knowledge and decision-making regarding this practice. Therefore, this study aims to determine the relationship between maternal education level and female circumcision behavior.(Alasta, 2013)

In Bireuen Regency, female circumcision is still practiced by most mothers, often for cultural reasons. Therefore, this research is crucial to determine whether there is a relationship between a mother's education level and her daughter's decision to circumcise. The findings of this study are expected to inform more targeted educational interventions and public health policies.(Irianty H, Hayati R, 2018)

METHOD

This research is an analytical study with a cross-sectional approach. The population was 142 mothers with daughters aged 2–5 years in the Peusangan Community Health Center, Bireuen Regency, in May 2025. A sample of 105 respondents was randomly selected using a random sampling technique. Data were collected using a structured questionnaire.

The independent variable was the mother's education level (primary, secondary, higher, non-formal), and the dependent variable was circumcision behavior (performed/not performed). Data analysis was performed using the Chi-square test at a significance level of 0.05.

RESULTS AND DISCUSSION

The following table presents the results of the analysis based on respondent characteristics, education level, and circumcision practices. The analysis was conducted on 105 respondents using a structured questionnaire. The results are presented in three stages.

Univariate Analysis

1. Respondent Characteristics

Table 1. Distribution of Respondent Characteristics

Characteristics	Frequency (n)	Percentage (%)
Unuts		
High risk	33	31.4

No risk	72	68.6
Total	105	100.0
Work		
Work	46	43.8
Doesn't work	59	56.2
Total	105	100.0
Number of children		
Primipara	43	41
Multipara	58	55.2
Grandemultipara	4	3.8
Total	105	100.0
Child Age		
2 years	19	18.1
3 years	48	45.7
4 years	24	22.9
5 years	14	13.3
Total	105	100.0

(Source: Primary Data, 2025)

Based on Table 1 above, it shows that the majority of respondents are in the 20–35 year age range (non-high-risk category), namely 72 people (68.6%). Based on employment status, the majority of respondents are unemployed housewives, totaling 59 people (56.2%). In terms of the number of children, the majority are multiparous mothers, amounting to 58 respondents (55.2%). Meanwhile, if seen from the age of the children, most are around 3 years old, namely 48 respondents (45.7%).

2. Mother's Education

Table 2 Distribution of Respondents' Education at Peusangan Health Center

Education	**Frequency (n)**	**Percentage (%)**
Formal		
Base	0	0
Intermediate	77	73.33
Tall	19	18.09

Non-formal	9	8.57
Total	105	100.0

(Source: Primary Data, 2025)

Table 2 above explains that the majority of respondents had formal education (from elementary school/equivalent to tertiary education), namely 96 respondents (91.4%), with the most common type of education being secondary education, namely 77 respondents (73.33%).

3. Circumcision Behavior for Girls

Table 3 Circumcision Behavior of Girls

Circumcision Behavior	Frequency (n)	Percentage (%)
Done	70	66.7
Are not done	35	33.3
Total	105	100.0

(Source: Primary Data, 2025)

The table above explains that the majority of respondents circumcised their daughters, namely 70 people (66.7%).

Bivariate Analysis

1. Circumcision Behavior for Girls

Table 4. Cross Tabulation of the Relationship between Education and Circumcision Behavior of Girls

Education	Circumcision Behavior for Girls				Amount		P Value
	Done		Are not done				
	F	%	F	%	F	%	
Formal	61	58.1	35	33.3	96	91.4	0.028
Non-formal	9	8.6	0	0	9	8.6	
Total	70	66.7	35	33.3	105	100	

(Source: Primary Data, 2025)

Based on the analysis results in Table 4, it shows that 58.1% of respondents with formal education performed circumcision on girls, while 33.3% (35 respondents) did not. Meanwhile, all respondents with non-formal education performed circumcision on girls, amounting to 9 respondents (8.6%).

Based on the results of the analysis using the Chi-square test at a significance level of 95% ($\alpha = 0.05$), a p-value of 0.028 was obtained. Because the p-value (0.028) is smaller than α (0.05), the alternative hypothesis (Ha) is accepted and the null hypothesis (H0) is rejected. Therefore, it can be concluded that there is a statistically significant relationship between education level and maternal behavior in circumcising girls at the Peusangan Community Health Center, Bireuen Regency.

DISCUSSION

1. Education

Based on the results of the univariate analysis, it shows that the majority of respondents have formal education (from elementary school/equivalent to university). tall) namely 96 respondents (91.4%).

Individuals with low levels of education tend to experience obstacles in developing attitudes toward accepting new information and values introduced. This condition is reflected in the practice of female circumcision, which is carried out solely to follow ancestral traditions. Subjects generally lack adequate knowledge regarding the importance of female circumcision, both from a health and other perspectives, resulting in limited understanding of its benefits.(Kartika, 2016).

Education level influences an individual's ability to receive and understand information. The higher the education level, the easier it is for someone to access knowledge, including that related to health, which impacts their mindset and behavior, including decision-making regarding circumcision practices.(Sari et al., 2022)

Even more interestingly, more educated groups tend to choose circumcision performed by health workers rather than traditional birth attendants, due to their greater knowledge of the risks. This suggests a shift from traditional practices to safer, more informed approaches.(Ministry of Health, 2020).

2. Circumcision Behavior

Based on the results of the univariate analysis, it shows that the majority of respondents, the majority of respondents, carried out circumcision on girls, as many as 70 respondents (66.7%).

Health behavior refers to the actions or patterns of a person or group of individuals that influence their own health or that of others. This behavior includes daily habits, use of health services, and health-related decisions for themselves or others.(Neherta & Refnandes, 2024) The practice of female circumcision on infants, children, adolescents, and adults has been practiced since ancient times and is part of the tradition across various cultures, recorded in at least 26 countries. Although found in Catholic, Jewish, Protestant, and Muslim communities, the primary motivation for this practice is often rooted in cultural values rather than religious teachings. In Indonesia, female circumcision is widely practiced by the Muslim majority, although its legal basis is still debated by Islamic jurists and criticized by gender activists due to its negative impacts.

3. The Relationship Between Education and Mother's Behavior in Circumcision of Girls

Based on the data processing results, it can be interpreted that the majority of respondents with formal education (58.1%) performed circumcision on girls, while 35 respondents (33.3%) were categorized as not performing it. Meanwhile, all respondents with non-formal education performed circumcision on girls, namely 9 respondents (8.6%).

Based on the results of the Chi-square test with a significance level of 95% ($\alpha = 0.05$) shows a p-value of 0.028. Because $p < \alpha$, then H_0 is rejected and H_a is accepted. Thus, there is a statistically significant relationship between education level and maternal behavior in performing circumcision on girls at the Peusangan Community Health Center, Bireuen Regency.

Female infant circumcision is currently a controversial practice that has sparked both pros and cons in society. The debate surrounding female infant circumcision arises from differing views between those who support and those who oppose it. Supporters typically cite religious values, traditions, or specific health concerns, while opponents are based on human rights considerations and the lack of clear medical evidence to justify the procedure.(Hamzah & Hamzah, 2021).

A study by Silawati (2022) entitled "Factors Associated with Parental Behavior in Circumcising Baby Girls" used a quantitative analytical approach with a cross-sectional design. The study was conducted in Sindang Jaya Village, Tangerang, with a sample of 73 mothers with babies aged 0–1 years, using a total sampling technique. The variables studied included circumcision behavior, attitudes, culture, education, family support, and information sources. The results of the Chi-Square test showed a significant relationship between circumcision behavior and attitudes (p = 0.032), culture (p = 0.042), education (p = 0.000), family support (p = 0.000), and information sources (p = 0.002). This study concluded that these factors contribute to parents' decisions to perform circumcision on baby girls. Therefore, health workers are expected to actively provide education so that the community has a proper understanding and does not perform circumcision without rational consideration.(Ningtias et al., 2024).

Considering all the above findings, it can be concluded that a mother's education level plays a significant role in shaping her attitudes toward female circumcision. Mothers with higher education tend to be more critical and selective in following traditional practices that lack a medical basis. This highlights the need for targeted, educational and culturally based intervention strategies, so that communities are not simply following customs but are able to objectively consider their impacts. Therefore, ongoing education through formal and informal channels is key to reducing the practice of female circumcision at the community level.

CONCLUSION AND SUGGESTIONS

The results of this study indicate that the majority of mothers who responded had a formal education, with a proportion of 91.4%. However, more than half of the respondents (66.7%) still performed circumcision on their daughters. The results of statistical analysis using the Chi-square test showed a significant relationship between education level and circumcision behavior (p = 0.028), indicating that the higher a mother's education level, the more likely she was to reject the practice of female circumcision. This finding strengthens the understanding that formal education influences mindsets, the ability to filter information, and rational decision-making regarding health measures, including the practice of female circumcision.

Based on these results, it is recommended that mothers improve their understanding and update their information regarding female circumcision, particularly through trusted sources and ongoing health education. For educational institutions, this research is expected to contribute to the development of midwifery, particularly in the area of girls' reproductive health. Meanwhile, for health workers at community health centers (Puskesmas), these findings are expected to provide important input in designing culturally sensitive community education programs while remaining grounded in the principles of health and children's rights. This research also provided valuable experience for the authors in examining the impact of education on community health behaviors in greater depth.

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