

The Tradition of “Basunat” (Genital Circumcision) in Female Children and Its Implication on Reproductive Health

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ABSTRACT

Background: The tradition of *basunat* or circumcised on baby girls is still carried out by the Banjaresse in South Kalimantan as part of a cultural heritage that is believed to be related to purity, family honor, and a smooth delivery process. Although it has no medical basis and is prohibited by law, this practice is still preserved on the basis of social, cultural, and religious values that develop in the community. This study aims to examine the form of *basunat* implementation on baby girls in the Banjar community and evaluate its impact on reproductive health.

Subjects and Method: This was a qualitative study with a descriptive-exploratory approach. The study was conducted in Tapin, Barito Kuala, Banjarmasin, and Banjar Districts of South Kalimantan, Indonesia. The informants were village shamans, midwives, indigenous people, and women who had been circumcised. Data were collected through documentation and in-depth interviews, then analyzed using data reduction techniques, narrative presentation, and drawing conclusions.

Results: The study showed that the practice of circumcision is still commonly carried out symbolically and physically, generally by village shamans with traditional tools that are not sterile. The community still believes that circumcision can smooth the delivery process and is a cultural or religious obligation. However, this practice has the potential to have negative impacts on women's physical and psychological health.

Conclusion: Policy interventions that prioritize local culture-based education and the involvement of religious and community leaders are needed. This approach can help change public perception and support the sustainable elimination of this tradition.

Keywords: tradition, circumcision, female genital, reproductive health

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BACKGROUND

The issue of female infant circumcision is a sensitive and controversial issue, especially in some cultures and communities (Jaya et al., 2024). This practice, often referred to as "female genital mutilation" (FGM), involves

the partial or complete removal of a woman's external genitalia for non-medical purposes. Especially in Indonesia, which is known as a tradition, the practice of female infant circumcision is still widely carried out for non-medical purposes (Young et al.,

2020). This tradition can cause severe short-term and long-term physical and psychological damage, including complications during childbirth, increased risk of neonatal death, and difficulties with urination, menstruation, and sexual intercourse (Kurniati et al., 2022). Some of the problems associated with the tradition of female infant circumcision include physical health such as serious complications such as infection, heavy bleeding, difficulty urinating, and menstrual problems (Ahlian & Muawanah, 2019).

Circumcised female infants can experience psychological trauma, including fear, stress, and anxiety disorders. These impacts can last a lifetime and affect their mental health, in addition the tradition of circumcision on baby girls is considered a violation of human rights, especially children's rights (Aminah et al., 2022). They emphasize that girls have the right to be protected from all forms of violence and discrimination (Momoh, 2017).

The tradition of circumcision on baby girls is influenced by a complex interaction between social, cultural, economic, and political factors. Especially carried out by the Dat Banjar community, circumcision of baby girls is carried out on the 0-15th day of the baby's life as part of a tradition or rite of passage (Ananda, 2024). Often also based on social norms that view women as inferior or as a way to control their sexuality, in some communities, circumcision on baby girls is mistakenly believed to be a religious obligation. Although no major religion requires circumcision on baby girls, misunderstandings persist, and religious justifications are sometimes cited (Fatimah et al., 2021; Hidayati et al., 2017).

Efforts to reduce or even end the basunat tradition in the Banjar community involve education, advocacy, legal action, and community-based initiatives to raise

awareness of its dangers and to support those affected. One major challenge is the lack of education about the dangers of female circumcision, both among the community that performs it and among the health workers involved. To protect girls, it is important to raise awareness and education about the negative impacts of female circumcision and enforce laws that prohibit this practice (Abdulcadir et al., 2017; Zurynski et al., 2015). The lack of understanding about the negative impacts of female circumcision, both in terms of health and human rights, allows this practice to continue. Many families are unaware of the health risks posed by circumcision. Therefore, the basunat tradition carried out by the Banjar community needs to be studied to prevent and anticipate the risks of impacts that may arise.

The tradition of basunat on baby girls is still practiced by some Banjar communities as part of their cultural heritage. However, this practice raises concerns regarding its impact on reproductive health, especially because it is carried out at an early age and often without medical supervision. Until now, scientific studies on this practice are still limited, especially those that link cultural aspects to its health implications. Therefore, this study is important to understand the socio-cultural dimensions of the tradition and evaluate its potential risks to reproductive health, as a basis for educational interventions and contextual health policies.

This study aims to examine the form of basunat implementation on baby girls in the Banjar community and evaluate its impact on reproductive health.

SUBJECTS AND METHOD

1. Study Design

This study investigates how the practice of Basunat on Baby Girls in the Banjar

Community and its implications for reproductive health. This study uses a qualitative method that is descriptive and exploratory, which is intended to collect narrative data and describe what the research subjects (village shamans, indigenous peoples and health workers) do. Determining the cases studied will make it easier for researchers to obtain data that can reveal the formulation of the problem in the study in depth with holistic and meaningful. The perpetrators of female circumcision or those affected in this study are the focus.

2. Study Informants

The subjects of this study were 3 shamans, 2 circumcised women and 5 health workers (midwives). Study variables is the tradition of basunat on baby girls is carried out by the Banjar community and the implications of the basunat practice

3. Operational Definition of Variables Basunat As Tradision In Banjar Community:

The basunat tradition carried out by the Banjar community is defined as the practice of circumcision on infants or girls which is carried out from generation to generation by non-medical practitioners (village shamans or family members), using physical and symbolic methods.

implication for reproductive health:

Implications for reproductive health are defined as the short-term and long-term impacts of the practice of basunat on the physical and psychological conditions of the female reproductive system. This aspect includes the risk of infection, tissue injury, menstrual disorders, pain during intercourse (dyspareunia), infertility, and complications during pregnancy and childbirth.

4. Study Instrument

Data were collected through documentation and in-depth interviews, and ana-

lyzed through data reduction, narrative presentation, and thematic conclusion

5. Data analysis

The analysis method in this study was carried out through a series of qualitative stages, starting from the transcription of interview results and focus group discussions (FGD) which were conducted verbatim. The data obtained were then reduced by filtering relevant information and eliminating data that did not match the focus of the study. This process was continued by coding parts of the data that represented certain themes, such as "social pressure", "health myths", or "the role of religion". These codes were then grouped into broader categories, which then formed the main themes of the study, such as public perception of female circumcision, cultural and religious reasons behind the practice, and its impact on women's physical and psychological health.

After grouping the themes, the authors interpreted the data by considering the social, cultural, and public health contexts. This stage not only focuses on describing the facts, but also examines the reasons and mechanisms behind the continuation of the practice of female circumcision, as well as its impact on gender inequality and control over women's bodies. To ensure the validity of the results, triangulation was carried out through comparison of various data sources, the use of different methods (such as interviews and observations), and the application of various theoretical perspectives, including gender and public health theories.

6. Research Ethics

Research ethical issues including informed consent, anonymity, and confidentiality, were addressed carefully during the study process. The research ethical clearance approval letter was obtained from the Research Ethics Committee at Universitas

Muhammadiyah Banjarmasin, Indonesia, KEPK No 012822671 and Ethical Appropval Letter No 553/UMB/KE/XII/2024.

RESULTS

1. Univariate Analysis

This table shows the frequency and percentage of respondents based on gender (male and female), religion, education and experience in Banjaresse Comunnity. This data was obtained from the results of interviewed.

Table 1 shows that the majority of the 11 informants are in the age range of 20–60 years (63.64%) with varying educational backgrounds, namely primary-secondary education (55%) and higher education (45%). Most informants have more than 20 years of experience in the Banjar community (72.72%), indicating a high level of cultural knowledge and understanding. This composition reflects the diversity of age and education as well as the dominance of long experience, which supports the quality of information in this study.

Table 1. Results of characteristic informants

Characteristics	Category	Frequency	Persentage
Age (year)	<40 year old	2	18,18
	20-60 year old	7	63,64
	>60 year old	2	18,18
Education	SD, SMP, SMA	6	55
	PT	5	45
The experience (Bidan, Shaman, live in Banjaresse Community) (year)	0-10 year	1	9,1
	10-20 year	2	18,18
	>20 year	8	72,72
Total		11	100%

Changes in Circumcision Practices

Eight out of eleven informants (n1, n2, n3, n4, n5, n9, n10, n11) stated that the practice of female circumcision has undergone significant changes. In the past, circumci-sion was carried out by cutting the genitals, but now it has shifted to symbolic actions such as cleaning. This reflects a shift from invasive practices to more symbolic forms, along with increasing awareness of children's rights and health risks. In addition, nine informants stated that circumcision was carried out at a very early age, generally before one year. There is also a difference between traditional and medical methods, conveyed by four infor-mants (n6, n7, n9, n11). Two informants (n1, n2) emphasized the existence of an official ban from the goverment, which is

also supported by health workers through socialization. The practice of female circumcision is undergoing a shift from cutting to symbolism, influenced by govern-ment policies and awareness of medical risks. Circumcision is now performed at a very early age and there is a difference between traditional and medical methods. Despite official prohibitions from the government, the practice continues in some communities.

Traditional Circumcision

Three informants (n1, n2, n3) revealed that shamans still play a major role in tradi-tional circumcision practices. Six infor-mants (n1, n2, n3, n6, n7, n11) stated that the tools used are still simple and risk causing injury or infection. Despite the prohibition and modernization, traditional

practitioners such as shamans still maintain circumcision practices with simple tools, indicating resistance to change.

The shaman or village traditional still plays an important role, using simple tools that carry the risk of infection. This practice is also believed to be a form of respect for ancestors and part of maintaining the family's good name, as explained in the theme of Socio-Cultural Reasons. In addition, there is a belief that female circumcision can make the childbirth process easier.

Supporting Rituals

Six informants (n1, n6, n7, n9, n10, n11) stated that the practice of female circumcision is always accompanied by rituals, such as prayers and eating together. Three other informants (n3, n8, n9) mentioned the existence of cultural rituals as part of the process. In essence, the practice of female circumcision is not only a physical act, but is also part of the cultural and spiritual rituals of the community. Supporting Rituals such as communal prayer help to strengthen the cultural legitimacy of the practice.

Risks and Negative Impacts

Six informants (n1, n2, n3, n5, n9, n11) mentioned the risk of infection and health problems due to traditional circumcision practices. Eight informants (n1, n2, n3, n5, n9, n10, n11) also conveyed the potential for psychological impacts such as trauma and discomfort, although they have not been medically reported. The practice of female circumcision carries physical and psychological health risks, but its impacts have not been widely documented clinically. However, the Risks and Negative Impacts theme reveals health risks such as infections and potential psychological impacts that have not been widely reported medically.

Social Change

Five informants (n1, n2, n6, n10, n11) indicated a change in public attitudes towards female circumcision. Although some are starting to reject it, there are still those who maintain this practice because of cultural values. Four informants (n1, n2, n4, n5) stated that education and media have an important role in shaping new perceptions. Public awareness of the dangers of female circumcision is starting to grow, but cultural values are still the main barrier to total change. There is a visible dynamic of acceptance and rejection of the ban on female circumcision in society. Media and education play a key role in changing perceptions, with an emphasis on cultural and religious identity.

Intervention Efforts

Three informants (n2, n3, n4) stated that policy implementation has not been effective due to the lack of strict social or legal sanctions. In addition, one informant (n8) expressed the dilemma of health workers who want to reject this practice, but are worried about social relations. Legal and educational interventions are not yet effective enough without strong structural support and strict sanctions from religious authorities and the government. policy implementation still faces major challenges, especially related to the need for support from religious and social figures. Finally, Social and Professional Pressure is experienced by health workers who are in a dilemma between rejecting this practice and maintaining social relations with the community.

DISCUSSION

Motivation of Socio-Cultural Traditions: Identity, Purity, and Social Acceptance

Most informants stated that the practice of female infant circumcision is carried out as

part of a family tradition and a symbol of purity. This is in line with the findings that the main motivation for the practice of female infant circumcision is to maintain purity, control female sexuality, and increase social acceptance in the community (Berg and Underland 2014). This practice is often associated with deep cultural and religious values, although it is not always based on certain religious teachings (Sarayloo et al., 2019).

Circumcision Practices (Basunat) in Banjar Society are carried out by Non-Health Personnel

Informants revealed that the basunat procedure is often carried out by traditional healers or shamans or family members without medical training. This practice increases the risk of health complications, including infection, bleeding, and tissue trauma. Systematic studies show that female infant circumcision carried out without medical standards can cause urinary tract infections, bacterial vaginosis, and obstetric complications such as prolonged labor and the need for a Caesarean section (Berg & Underland, 2014).

Long-Term Implications

Some informants were unaware of the potential long-term impacts of female circumcision on reproductive health, such as dyspareunia, infertility, and complications during childbirth. The literature shows that female circumcision can cause a variety of long-term health problems, including pain during intercourse, menstrual disorders, and an increased risk of reproductive tract infections (Berg & Underland, 2014).

A meta-analysis showed that women who underwent FGM had decreased scores on all domains of sexual function, including desire, arousal, lubrication, orgasm, satisfaction, and pain during intercourse. This indicates that FGM seriously impairs wo-

men's sexual function (Pérez-López et al., 2020). FGM also impacts women's mental health. Studies show that women who undergo FGM have a higher prevalence of post-traumatic stress disorder (PTSD), depression, anxiety, and somatization compared to those who do not undergo FGM. The severity of these disorders also correlates with the more invasive type of FGM. (Köbach et al., 2018; Reman et al., 2023)

Perception of Female Circumcision as a Minor Procedure Without Risk

Some informants considered female circumcision to be a minor procedure that was not harmful because it only involved a "small scratch." However, research shows that even the mildest form of female circumcision can cause health complications, including infections and impaired sexual function (Sarayloo et al., 2019). Women and girls who have undergone FGM are more likely to experience psychological problems than those who have not undergone FGM. WHO recommends cognitive behavioral therapy for women and girls who have anxiety disorders, depression, or PTSD. Preoperative counseling for deinfibulation and psychological support alongside surgical interventions can help women manage the physiological and psychological changes following surgery. (Smith & Stein, 2017)

Ignorance of Legal Status and Children's Rights

Informants were generally unaware that female circumcision practices, including female circumcision, violate children's rights and are prohibited by law in many countries. International organizations such as WHO and UNICEF have affirmed that female genital mutilation is a violation of human rights and have called for the elimination of the practice through an approach that respects culture but rejects

violence against children (Sarayloo et al., 2019).

In Indonesia, although many religious and cultural arguments support female circumcision, legal regulations are still ambiguous and not entirely consistent. Studies show that there is no absolute prohibition in positive or religious law, while government regulations have supported the practice and the Ministry of Health has revoked the operational permit for female circumcision before finally reaffirming the prohibition. As a result, law enforcement is weak, and there is still medicalization of circumcision by midwives in an effort to “reduce risk” rather than eliminate it altogether. In contrast, international law demands prohibition and enforcement of the perpetrators and comprehensive protection for victims. In the national context, countries such as the UK (Female Genital Mutilation Act 2003) and many others have criminalized FGM/C, imposing severe penalties and travel bans on the practice (Khosla et al., 2017).

Need for Culturally-Oriented Education and Interventions

Interview results indicate the need for culturally sensitive education to raise awareness about the health risks of female genital mutilation and children’s rights. Approaches that involve community and religious leaders can be effective in changing harmful cultural perceptions and practices.

The practice of female circumcision is still found in various communities in the world, including Indonesia and in South Kalimantan, in particular, this tradition is still carried out by the Banjar community. This tradition is often carried out on infants or girls under the pretext of cleanliness, family honor, or religious and cultural beliefs. However, global medical and health literature consistently states that this tra-

dition has no health benefits and actually has negative impacts both physically and psychologically. The Basunat tradition or circumcision on baby girls is defined as a procedure for cutting or changing female genitalia without medical indications. The World Health Organization classifies female circumcision as a violation of the human rights of girls, and emphasizes the importance of eliminating this practice globally (Galgano & Kikuchi, 2025).

Although this tradition is prohibited by law in many countries, the emergence of the medicalization phenomenon is a new challenge, especially since this practice in some places is also carried out by health workers on the grounds that people do not immediately carry out circumcision at the Dukun Kampung. The phenomenon of the implementation of the practice by medical personnel has become a serious concern. Medicalization gives the impression of legitimacy to this dangerous practice, thus hampering global efforts to eliminate the practice of circumcision on baby girls. Even when performed by health professionals, medicalization does not eliminate the health risks and child rights violations associated with female genital mutilation (Kimani et al., 2023).

Circumcision practices performed by medical personnel not only continue to endanger children's health, but also create a dangerous illusion of legitimacy and safety. Medicalization is considered a form of cultural compromise that slows down efforts to completely eliminate this practice (Lancet, 2024). In terms of health, female genital mutilation has the potential to cause serious complications, both short-term such as infection and severe pain, and long-term such as dysmenorrhea, sexual dysfunction, and obstetric complications such as bleeding during childbirth (Bonavina et al., 2022). Moreover, the psychological

impact of female genital mutilation is very significant. Other findings show that women who undergo female genital mutilation are at high risk of experiencing psychological trauma, anxiety, depression, and post-traumatic stress disorder (PTSD) (Leye et al., 2019; Reman et al., 2023). Socio-culturally, this tradition is still legitimized by community norms that see the tradition of circumcision on baby girls as a form of purification or control over female sexuality. The decision to circumcise baby girls is often taken not by the child concerned, but by family members, especially older women, who feel responsible for preserving the tradition. This decision-making process takes place in an environment that is heavily influenced by social pressure, religious perceptions, and patriarchal structures.

However, an overly normative and repressive approach to dealing with circumcision on baby girls can actually trigger cultural resistance. Criticism of WHO's overly simplistic policy in dealing with this practice, the strategy for eliminating circumcision on baby girls needs to consider cultural dimensions and more inclusive inter-community dialogue. For this reason, an intervention approach based on education, community empowerment, and awareness of children's rights is recommended. Reproductive health and children's rights education from an early age, as well as the involvement of community and religious leaders in the campaign against circumcision on baby girls, are effective steps to encourage changes in social norms.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest related to this study.

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