ABSTRACT

Differences of Female Genital Mutilation/Cutting (FGM/C) Proportion by Provider in Indonesia: Study of Indonesia National Women's Health and Life Experience Survey 2021

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Background: The *World Health Organization* (WHO) prohibits female genital mutilation/cutting (FGM/C), yet over 200 million women and girls worldwide have experienced it, particularly in Indonesia, Egypt, and Ethiopia. In Indonesia, FGM/C is still practiced by both health and non-health providers. **Objective**: To examine differences in the proportion of FGM/C by type of provider in Indonesia. **Methods**: A cross-sectional study using data from the 2021 *Indonesia National Women's Life Experience Survey* (SPHPN) was conducted among 2.086 girls aged 0–14, were reported to have undergone *sunat perempuan*. Chi-square tests and logistic regression (bivariable and multivariable) were applied (α=5%, 95% CI). **Results**: A total of 51.2 % of *sunat perempuan* practices on girls aged 0–14 years in Indonesia are classified as FGM/C, performed by traditional birth attendants (24,4%;), midwives/nurses (22,6%), traditional circumcisers (3,7%) and doctors (0.6%). Mother disagreement with FGM significantly reduced the likelihood (OR:0.43; CI: 0.31–0.62). Religious motives increased the odds (AOR:1.26; CI: 0,98–1,62), while health reasons decreased them (AOR:0.11; CI: 0.02–0.45). Higher prevalence was found in Sumatera (AOR:2.22; CI: 1,67–2,94) and among Bugis-Makassar ethnic groups (AOR:2,27; CI: 1,36-3,79). **Conclusion**: FGM/C remains prevalent in Indonesia and is commonly performed by non-health providers and some health workers. Mothers' attitudes, motives, region, and ethnicity significantly influence its occurrence. Comprehensive and cross-sectoral interventions are needed to eliminate FGM/C in Indonesia.

Keywords: Female Genital Mutilation/Cutting (FGM/C), Indonesia, Provider, SPHPN 2021

ABSTRAK

Perbedaan Proporsi Sunat Perempuan Berisiko Berdasarkan Jenis *Provider* di Indonesia: Analisis Data SPHPN 2021

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Latar belakang: WHO melarang praktik sunat perempuan berisiko atau *Female Genital Mutilation/Cutting* (FGM/C), namun lebih dari 200 juta perempuan di dunia masih mengalaminya, terutama di Indonesia, Mesir, dan Ethiopia. Di Indonesia, praktik ini masih dilakukan, baik oleh tenaga kesehatan (nakes) maupun non-kesehatan. **Tujuan**: Mengidentifikasi perbedaan proporsi sunat perempuan berisiko berdasarkan jenis *provider* di Indonesia. **Metode:** Studi potong lintang berdasarkan data Survei Pengalaman Hidup Perempuan Nasional (SPHPN) 2021 pada 2.086 anak perempuan 0-14 tahun yang dilaporkan menjalani sunat perempuan. Analisis dilakukan dengan uji chi-square, regresi logistik sederhana dan berganda (α=5%, CI 95%). **Hasil:** Sebanyak 51,2% praktik sunat perempuan pada anak usia 0–14 tahun tergolong berisiko, yang dilakukan oleh dukun bayi (24,4%), bidan/perawat/mantri (22,6%), tukang sunat (3,7%), dan dokter (0,6%). Anak dari ibu yang tidak setuju dengan sunat memiliki proporsi lebih rendah (OR:0,43; CI: 0,31–0,62). Alasan sunat karena agama memiliki proporsi lebih tinggi (AOR:1.26; CI: 0,98–1,62), sedangkan alasan kesehatan memiliki proporsi lebih rendah (AOR:0.11; CI: 0.02–0.45). Sunat berisiko lebih tinggi ditemukan di Sumatera (AOR:2.22; CI: 1,67–2,94), dan pada anak dari suku Bugis-Makassar (AOR:2,27; CI: 1,36-3,79). **Kesimpulan:** Sunat perempuan berisiko masih umum dilakukan oleh non-nakes dan sebagian nakes. Pandangan ibu, alasan, wilayah, dan suku berkontribusi signifikan. Diperlukan intervensi lintas sektor untuk upaya penghapusan sunat perempuan berisiko.

Kata Kunci: *Female Genital Mutilation* (FGM), Indonesia, Provider, SPHPN 2021, Sunat perempuan