

THE IMPACT OF CIRCUMCISION TOWARDS WOMEN

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Abstract

Background: The controversy of female circumcision gives impact on banning agitation on female circumcision by International Women Amnesty towards Indonesian government. They consider that female circumcision aggrieved women. The problem of female circumcision is difficult to lose because it is related to culture and belief. **Objective:** Determining the effects of female circumcision. **Methods:** This study is a qualitative study with a phenomenological approach. Respondents consisted of 6 people: 4 people who are never circumcised, 1 person is a Paraji and 1 person is a Midwife. From those 4 respondents, 2 of them come are from Yogyakarta and the others are from Palembang . The sampling technique used purposely technique. The data were collected through in-depth interviews to the respondents. **Research result:** The research result shows 4 themes on female circumcision which includes perception towards female circumcision, time of implementation, factors which influence or encourage the implementation of female circumcision and the impact of female circumcision towards women. Circumcision technique is implemented by scratching a small part of clitoris using an equipment which has been boiled before or by symbolically cutting turmeric above the clitoris. **Conclusion:** Significant impact is absent in women who implement circumcision in Yogyakarta and Palembang.

Keywords : women, circumcision, mutilation, reproductive health

INTRODUCTION

International Amnesty urges Indonesian government to completely remove circumcision for women. They also urge government to withdraw Indonesian Health Ministry Regulation (Permenkes RI) about female circumcision (Kompas, 2012). Some women activists also urge government to withdraw the regulation because female circumcision tradition endangers women health. Ratna Batara Munti from Law Assistance Bureau (LBH) Apik even stated that female circumcision tends to break women rights. Further she stated that women were circumcised in early age in which they were unable to make decision independently (Detik, 2012). The head of Public Communication for Health Ministry, dr. Dita Maya argues that Permenkes no. 1636/MENKES/PER/2010 on female circumcision is made to protect women from illegal circumcision practice. The regulation limits the kind of circumcision that can be performed. (voaIndonesia, 2012)

Female circumcision is a tradition which is practiced in some countries including Indonesia. Only some tribes in Indonesia which practice female circumcision but in some Moslem majority provinces, female circumcision is mostly performed. They argue that it is religion practice which although it is not a compulsory but it is sunnah (better if they do it).

Changing belief system is difficult, especially when it is forcefully performed. Related to female circumcision, many opposed parties' agitation to Health Minister to withdraw Permenkes no. 1636 tahun 2010 is an unwise decision. Prohibition should not be easily urged since it is closely related to hereditary tradition. Thus, deep study on many aspects including sociological, religious, psychological and medical should be performed.

It has been said that the short term impact of female circumcision is bleeding which causes shock or death, pelvic organ infection which leads to sepsis, tetanus which causes death, gangrene and urinary retention due to urethra abscess and obstruction. In long term, the impact of circumcision is in sexual activity, penis will be unable to achieve orgasm, menstrual blood accumulation in vagina, menstrual blood accumulation in uterus, menstrual blood accumulation in fallopian tube, chronic urinary tract infection, unable to hold a pee, abscess, dermoid cyst, and keloid. What kind of female circumcision which can give an impact like that? According to WHO, there are 4 kinds of female circumcision methods, namely 1. Cutting the entire clitoris; 2. Cutting partial clitoris; 3. Narrowing the vagina by suturing; and 4. Piercing, scraping the tissue around the vagina or insert anything into the vagina to force bleeding which is aimed at fastening or narrowing vagina (Kompas, 2010).

Looking at the circumcision techniques described by WHO is very extreme, but it is necessary to study what kind of circumcision techniques which are carried out in Indonesia. Many Indonesian societies believe that circumcision has to be performed on women because if it is not performed, there is an imperfect feeling. Most of Islamic communities in Indonesia are still hold female circumcision tradition, one of the example is Madura community.

In Madura, female circumcision is performed by cutting small part of clitoris edge (Sumarni dkk, 2005). In Sumatera, especially southern are, female circumcision is performed by scratching small part of clitoris edge and is often performed without bleeding at all. Meanwhile, in Yogyakarta, female circumcision is performed differently by cleaning baby girl's vulva including clitoris area without scratching. It is also performed by paying attention to equipment sanitary and making sure that all equipments have been sterilized.

Observing the existing phenomenon, it is unwise to generalize female circumcision applied in Indonesia with other countries. Government policy to protect women health by making Permenkes no 1636 tahun 2010, on the contrary, is an appropriate decision. Permenkes limits any practice outside medical practitioners to do female circumcision. Finally, all female circumcision will be applied by medical practitioners by using standardized techniques and sterilized equipments which guarantee the health procedures and is still able to facilitate society's needs. Meanwhile, persuasive approach can be performed to religious leaders, community leaders and common people to explain how actually Islam point of view towards female circumcision is. It is hoped that gradually, the female circumcision tradition will slowly disappeared.

Government has tried to prevent female circumcision practice by setting female circumcision restriction in a form letter of HK.00.07.1.3.1047a dated 20 April 2006, the restriction was protested by religious leaders (Metrotvnews, 2012). Government decided that female circumcision should be performed by women medical practitioners who have been certified. Female circumcision is only performed by performing small scratch on the frontal part which covers clitoris. Female circumcision is restricted from clitoris cutting and should be made safe scratching without damaging clitoris especially cutting the whole part of clitoris. Other part which is restricted from damage is labia including hymen. Female circumcision is only allowed after recognizing permission from the girl or her parents. The officers are also obliged to inform any possibility of bleeding, infection and pain.

If the activities of female circumcision in Indonesia are not regulated by the government or if it is even banned, there will be a lot of people who come to the shaman to perform circumcision. It can be ascertained that circumcision performed by shamans both in terms of the

tools used especially the hygiene cannot be accounted, thus a lot of circumcision negative impact will be happening.

Islamic view of circumcision is based on a hadith of Umm Atiyah which narrated that there was a woman circumcision practitioner perempuan in Madinah. Then, Muhammed, The Messenger of Allah said to her: "Perform circumcision (to the woman), but do not exaggerate, surely it will beautify the face of women and satisfy her husband. However, Abu Dawud regarded that this hadith is dho'if (fake). Similarly, fiqh scholar, Sayyid Sabiq (2008) said that the hadith related to female circumcision is dho'if. Imam Hanafi and Imam Malik argued that female circumcision is merely honorary. Imam Shafi'i and Imam Hanbali obliged female circumcision.

Actually, the arguments which stated clearly about prohibiting female circumcision is still cannot be proven until now. Because of this problem is very personal, related to personal or group of people's belief system, it can be measured by the mudhorat (disadvantages) and benefits. And the most important thing is their decision should be respected and appreciated.

Based on the phenomena, the researcher is interested in studying the impact of circumcision on women who have been circumcised. This study aims at knowing the impact of what is experienced by women after circumcision (physically, psychologically, and sexually) and knowing the techniques on female circumcision. Thus, the result of this research is hope to be disseminated to health practitioners, especially midwife and midwives can give understanding to maternal and society in general. In the end, the tradition of circumcision is expected to be gradually eliminated, since female circumcision is a tradition that is lack of benefit and even tends to harm.

RESEARCH METHOD

Research Design. This study used a qualitative research design. The selection of this design is aimed at exploring the data from informants to obtain a clearer picture of the impact of female circumcision towards women in Indonesia. The approach time used in this research is phenomenology.

Research Informant. Informants used in this research were of Javanese and Malay tribes represented by Palembang. Intake of informants was conducted using purposive sampling. The number of informants used is 6 people (4 people who never circumcised, 1 traditional midwife/peraji and 1 modern Midwife). The number of informants was taken because the required data has been obtained in saturated way.

Research tool. Research tools used in this study is a structured questionnaire, which is open or closed in nature. The questions were used on an informant first and all questions can be answered. Recording equipment used during the research process are stationery (pens, notebooks) and cell phones and tape recorder as the recording device which was transcribed.

Methods of data collection. The data collected is primary data which was obtained through interviews with informants by using a list of questions that have been prepared. Researchers interviewed informants individually. Before the interview, the researcher asked the informant prior approval to become informants. The interview process was recorded using a tape recorder and recorded in the notebook. The data which were less clear were clarified to the informant. Data collection was performed on 25 to 30 July 2012. Two informants were derived from the Javanese interviews conducted by visiting her house and recording the interview with a tape recorder. If there was unclear answer, it was directly clarified to the informants. Two informants were from Malay and the interview was done through phone and the interviews were recorded using a pen and a notebook. If there were unclear answer, it was directly clarified.

Interviews were also conducted on a Midwife and a paraji/traditional midwife/birth attendant as triangulation techniques to determine the effects of circumcision which had been done before.

Processing Methods and Data Analysis. The data obtained was analyzed through the following steps:

1. All data collected on a tape recorder and transcribed version are based on what has been participants said.
2. Transcribed data which has been read repeatedly were reduced. It is aimed at sharpening, grouping and organizing the data.
3. Data is presented in a systematic and orderly structure in accordance with research variable.
4. Conclusions from the results of the study were drawn by comparing between the questions and the results of the research.

RESULT AND DISCUSSION

A. Research Result

1. Informant Characteristic

Informants in this study are 4 people who are all female, married, Muslim and have never been circumcised. They are between 28 years-69 years old. 2 people are Javanese and 2 other are Malay and they are coded P1, P2, P3, P4. Both groups live in Yogyakarta and Palembang. Informants from Yogyakarta were visited directly by visiting their house while informants who were in Palembang were interviewed via mobile phones which was then recorded and transcribed but after checking the result, the process was not recorded, thus, later interviews were recorded using pen and paper. 2 other participants are a Shaman Baby (Paraji) and a midwife. Paraji code is (D) and the code of Midwives is (B). Both of these respondents were interviewed to obtain data of how female circumcision technique is performed. The midwife paraji and stay in Yogyakarta.

2. Theme Analysis

After data analysis was done, it is identified that there are 3 themes as a result of research which show how circumcision techniques are applied in 2 regions in Indonesia. The theme refers to the purpose of this research that is the perception of female circumcision, motivation factors, age of the girl when circumcision is implemented, the mother's opinion on female circumcision when it is forbidden, the impact of female circumcision and female circumcision technique. These themes are as follows:

a. First objective: To know perception about female circumcision.

The research result shows that informants' perception about circumcision is because it is Islam recommendation and it has been done hereditary for years by their ancestors. It is sclearly shown in the statement below:

"Sunat itu wajib jadi harus dilakukan." (P4)

("Circumcision is an obligation so we have to do it.")

However, public perception of circumcision is not always related to the belief system but is also associated with hereditary habit which has been done. It can be seen from the statement below:

"Baik, aja sich. Soalekan budaya turun temurun. Dari dulu sudah ada." (P2)

"It is fine because it is hereditary habit. It has always been done. "

b. Second objective: To know the influencing factors towards female circumcision implementation.

There must have been some factors which influence the implementation of circumcision on women by society in Indonesia. Any action must have been motivated by something behind. It is obtained from the participants the reason of doing circumcision that is cultural factors,

it can be seen in the statement as follows:

“Biyenkan pada disunat bu, pancen tradisine.” (P1)

(“People also did this in the past ma’am, it has been the tradition”)

Besides cultural factors, religious factors also play an important role, as it has been stated by informant below:

“Namonyo perintah agama jadi yo dak pacak idak haros dilakuke la.” (P4)

(“It is religion’s command it would be inappropriate if we do not do it.”)

In addition, factor of belief that circumcision will prevent a person from being “naughty” (women who has exaggerating sexual desire) is also important to consider. This factor is included into the category of psychosexual. This was revealed by the participants as follows:

“... Katonyo biar gek dak nakal.” (P3)

(...they said to prevent women from being naughty.”)

c. Third objective: To know the age of circumcision implementation.

Women’s age when they were circumcised is from baby until Elementary Grade. It is revealed in below statement:

“...Kalok pada bayi jenenge tetes, kalok pada anak perempuan misale wes SD jenenge sunat.” (P1)

(“...For baby it is called tetes but in teenager like elementary school student it is called sunat.”)

d. Fourth objective: To know the impact of female circumcision.

From both themes, it can be concluded that the impacts of circumcision are including physical, psychological and sexual.

1) Physical impact is like self hygiene which is revealed in below statement:

“...untuk mengilangke yang ado pote-pote tuna...” (P3)

(...it is to eliminate pote-pote tuna...”)

Previous statement is also supported by Midwife in which she said:

“Smegma di kemaluan, disela-sela labia dibersihkan sampai bersih, ...” (B)

(“Smegma in vagina and in the gap of labia is cleaned thoroughly...”)

Another important finding which is related to physical condition is the absence of pain as they said:

“Gak kerasa apa-apa. Kalok disunat yang dipotong cuma kunyit. Kunyit dipotong oleh dukune.”(P2)

(I feel nothing. Circumcision is done by cutting turmeric. The turmeric is cut by the shaman.”)

Informant stated that circumcision is done by making small gash in the vagina especially in the clitoris as she explained:

“Lah lupu tapi rasonyo dak katek raso, mongken teraso la, pecak digigit semut.”(P3)

Circumcision practice is implemented without causing infection:

“Idak, inget, tapi aku pernah nanyo mak dak ado apo-apo. Kalu nyingok anak-anak yang disunat tu sudanyo biaso be dak infeksi.”(P4)

“I don’t remember, but I have ever asked my mom and she said that there was nothing bad happened. Usually there is no infection in the girl who had implemented circumcision”)

This finding is also supports by Midwife who has ever implemented circumcision for female:

“Sampai saat ini belum pernah ada yang infeksi.”(B)

(“Until nowadays there has been no infection happened.”)

2) The impact of circumcision in psychological aspect is revealed below:

“Yo ra enak Bu soale liane disunat kok dewe ora piye rasane.” (P1)

“It feels awkward ma’am because everybody do it but she does not.”)

“Dak tenang, seperti ado yang kurang. ...” (P3)

“It feels incomplete...”)

3) The impact of female circumcision towards sexual activity especially orgasm in female which means sexual pleasure achievement is revealed below:

“Iya, biasa. Kalok berhubungan tetep ono nikmate.”(P2)

“It is normal. I still can feel pleasure when I am doing sexual intercourse.”

In order to get satisfaction in starting sexual intercourse, there has to be warming up as stated by the informant below:

“Tergantung, kadang-kadang dak ngerasokan, kecuali kalu sebelumnya kemaluan tu dimaen-maenkan dulu, na barulah ado raso nikmat tu.”(P3)

“well, it depends on the situation, sometimes I don’t feel anything except when the privates is played first then I can feel it”

e. Fifth objective: To know Mother’s opinion when female circumcision is banned.

Belief of a society which is related to cultural aspect is very important. If it is banned, people in the society will respond. It also happened to female circumcision in which if it is banned, there will be many kinds of responses. There are some responses from Mothers that can be seen in the findings of this research:

“Dak setuju lah wong itu tontonan agama dak usalah dilarang-larang gek bedoso.” (P4)

“I don’t agree because it is religious teaching so don’t ban it or we will be a sinner.”)

Another opinion also came up:

“Kalok saya ya ndak apa-apa, mesake wong ra duwe, soale untuk bancaan wes piro.” (P1)

“I think it s okay. Think of poor people who have to hold the celebration which needs a lot of money.”)

Another opinion:

“Eman-eman kalok dihilangkan soale tradisi, harus dijagalah bu.” (P2)

“It is sadl if it has to be banned because it is a tradition, we have to keep it.”)

f. Sixth objective: To know female circumcision technique.

Female circumcision practice implemented in Yogyakarta and Palembang shows similarity:

“Nenekku kan dukun beranak, aku diajarinyo cara nyunat, pakek piso ngunting kuku diberseke dulu, disiram air panas. Di kemaluan yang seperti tunggul itu, macam mulut ayam tu dicongkel dikit untuk menghilangkan ada yang pote-pote tu na. Jadi cuma merseke itu bela, sunatnya dah selese.” (P3)

“My grandmother was a shaman; she taught me how to implement circumcision using nail-nipper which has been cleaned by pouring hot water in it. In the pudendum there is a part like stump, it is scratch a bit to eliminate that is all..”)

Circumcision practice in Palembang is also similar with the circumcision practice in Daerah Istimewa Yogyakarta (DIY) as stated by Midwife in Yogyakarta:

“Smegma di kemaluan, disela-sela labia dibersihkan sampai bersih, kemudian di olesi betadine. Ono meneh yang setelah diresiki dibagian kelentite digeres/cocok dengan jarum atau opolah yang iso yang penting resik atau steril. Intine gawe luka dikit ae untuk syarat.” (B)

“Smegma in the private is cleaned; the gap of labia is also cleaned thoroughly and then is spread by using betadine. There is also another step done by others such as after cleaning the private, we have to make a scratch on the stump by using needle or anything as long as it is clean just as a requirement//”)

Another circumcision method is like what has been stated by another informant below:

“Iya, kunyite dikupas terus ditaruh di atas itu, trus dipotong ya berarti dah disunat.” (P1)

“Yes, the turmeric is peeled and put on the private and then the turmeric is cut which means

the circumcision has been done”)

This female circumcision is performed by Paraji in DIY as the statement below:

“Pakek kunyit, kunyit dicuci trus dikupas potongan kunyit gak usah terlalu besar, kemudian taruh di atas jari telunjuk yang diletakkan di atas kemaluan. Trus kunyit dipotong, wes rampung nyunate. Njok pakekke popoke. Namong ngaten.” (D)

(“We use turmeric, the turmeric is cleaned and peeled, the turmeric doesn’t have to be big and then put it on the point finger which is put on the private. Then, the turmeric is cut, and it is done. After that, put on the diaper. That’s all”)

B. Discussion

Female circumcision has been done in all over Indonesia and some parts of the world. In Indonesia, circumcision is very identical with culture and religious teaching especially Islam. It also happens in the other part of the country. However, based on some literatures, the technique implemented in every country is different. Nit is different with male circumcision which has the exactly same method and technique in any country. Thus, this research also describes the impact of female circumcision in Indonesia.

1. First objective: To know the perception of female circumcision.

Based on the research findings it is obtained that female circumcision according to participant is religious teaching which is sunnah (optional) or obligatory in nature and the others think that it is a tradition which has been performed since the ancestors era, hereditarily.

According to Fathulah (2006) circumcision is an action of cutting part of labia minor or stump (praeputium clitoridis) skin in private. WHO defines female genital circumssission as a procedure of elevation of small part or all external female genital, or other kinds of wound on female genital which is encouraged by cultural or another medical reasons (Forward, 2010).

2. Second objective: To know the factors influencing female circumcision implementation.

Somebody performs an action with certain motivation. According to participants in this research, the motivation factors to perform female circumcision are cultural and religious reason. Both factors influence somebody strongly because if she refuses to perform the tradition, she will be regarded out of norms by the society which will eventually influence her psychological condition.

Women in Somalia perform circumcision because of religious/belief system reason (Dirie & Lindmark, 2006). Nitri (1993) found out that women who does not perform circumcision will be mocked, tortured and is regarded as does not meet the demand of marriage. The big influence of culture in the society life needs a wise sociological approach.

3. Second objective: To know the age of circumcision implementation.

The time selection of performing female circumcision depends on each culture. In Yogyakarta and Palembang, female circumcision can be performed during baby ages and also during elementary ages. In Madura tribe, female circumcision is performed since the first day of baby born until her 40 day (Sumarni dkk, 2005). It can be concluded that female circumcision can be performed since the time after baby was born until elementary ages or before their akil baligh or menstrual period begins.

4. Third objective: To know the impact of female circumcision.

The impact of female circumcision is very varied. Previous research found out that the impact of female circumcision is also very varied. The impact is divided into 2 namely short term impact and long term impact. Short term impact includes unusual agony, shock, bleeding, tetanus, sepsis, urinary retention, genital area ulseration and wound in the surrounding tissue (Juliansyah, 2009). Ulker, dkk (2006) added that female circumcision is

a source of disease spreading (Ulker, et al, 2006).

Long terms impact of female circumcision are psychological problem, kista dermoid, dispaureni, pelvis infection and delivery complication (Juliansyah, 2009). Female circumcision can also cause vaginal damage which eventually impacts sexual disorder and causes delivery complication. In some women even need caesarean surgery so that they can give birth safely (Nitri, 1993). The same opinion is also stated by Arbesman, Kahler, Buck (1993) in which the surgery is caused by clitoridektomi and genital infibulations.

Based on the participant information in this research, the impact of female circumcision includes sub-theme that is agony, infection and hygiene. In this sub-theme participant stated that agony is absent during or after circumcision, if there is agony then it is only it is bitten by small ant. Infection after circumcision has never been found since there is nothing wounded or if it is wounded it is only slight wound which is not dangerous. From hygiene perspective, it is found that all smegma are cleaned from genital which increases the hygiene level of genitalia.

Another sub-theme is psychological aspect which is categorized as feeling. Psychological condition of the participant after circumcision is better in which they feel composed because they have been circumcised. Psychosexual sub-theme shows that they still feel satisfaction during sexual intercourse if the sexual intercourse is started with warming up or stimulus so that psychosexual impact which has been feared is absent. Thus, circumcision implementation which has been done in Palembang dan Yogyakarta do not give harmful and dangerous impact physically, psychologically or psychosexually.

5. Fourth objective: To know Mother's opinion if female circumcision is banned.

Female circumcision has been a tradition in most Indonesian society. Thus, it is difficult to ban female circumcision among society. Based on participants' statements, basically they agree and some of them disagree. But by doing wise and logical approach, they will feel no objection especially when it is related to religious/belief system aspect.

Islamic points of views on female circumcision are also varied. Some scholars believe that it is obligatory, they are such as Imam Syafi'i, Imam Hanbali and some Maliki scholars. Ulama yang berpandangan sunat/sunah adalah Imam Hanafi, Maliki dan Ahmad. Female circumcision is an honor (makramah/mustahab) is opinion from dari Imam Maliki, Zhahiry and Ahmad. Nevertheless, shahih/valid hadith (act and attitude of Prophet Mohammed PBUH) is absent, all existing hadith are weak/dhaif (Thanthawy, 2009 dan Safarah, 2007).

6. Fifth objective: To know female circumcision techniques.

In many places, female circumcision techniques are performed differently. In Yogyakarta, it is only formality in which the cutting is not performed towards female genital but towards a symbolic representation that is turmeric, so there is no part of female genital which is wounded. The other also adding cleaning the smegma and some others add a slight wound on the clitoris. It also performed in Palembang.

There are some techniques of female circumcision:

- Tetesan: female circumcision which is performed symbolically by giving slight stroke on vagina and sometimes also followed by cleaning smegma. It can also be performed by cutting cleaned and peeled turmeric which is put close to clitoris (Koentjaraningrat 1984 in Sumarni, 2005).

- Khitan or common circumcision: female circumcision by wounding, scratching or slightly impaling some part of preputium until it is bleeding (Lightfoot-Klien, 1989 in Sumarni dkk, 2005). This technique does not give significant physical impact towards female genital sexual function.

- Clitoridectomy: female circumcision by eliminating small part or whole part of clitoris (Rifa'i, 2001 in Sumarni dkk, 2005).

- Pharaonic circumcision: female circumcision which is performed by cutting some part of

genital tissue and eliminating all labia minora (Rifa'i, 2001 in Sumarni dkk, 2005).

- Infibulation: kind of the most brutal female circumcision by eliminating all parts of female genital from clitoris, labia mayora and minora. Then vulva is knitted is leave a small hole for taking pee and menstrual blood access. After that, dried rice stalk is put into vaginal hole (Lightfoot-Klien, 1989 dalam Sumarni dkk, 2005).

Basically, Islamic teachings forbid any kinds of ill treatment both for self or others. That is why Islam forbids circumcision practice such as Clitoridectomy, Pharaonic circumcision, Infibulation.

CONCLUSION AND SUGGESTION

Female circumcision has been controversial issue recently. Based on the findings of this research, participant perception is that circumcision is a tradition and religious practice. The time chooses to implement circumcision is between the first day of baby born until elementary grade. Factors which encourage them to implement circumcision are religious and cultural factor. Physical impact of female circumcision is personal hygiene because the smegma is cleaned. Psychological impact of female circumcision is the peaceful feelings after circumcision. Principally, they disagree if female circumcision is banned without rational and strong reason (especially from religious teachings). Female circumcision is merely tetesan or common circumcision.

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