

ENHANCING CHILD HEALTH THROUGH CIRCUMCISION SERVICES: A COMMUNITY SERVICE PROGRAM IN CAHAYA BARU VILLAGE, BARITO KUALA REGENCY, INDONESIA

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ABSTRAK

Latar Belakang: Kesehatan anak sangat penting untuk pengembangan sumber daya manusia, khususnya di komunitas yang memiliki akses terbatas ke layanan kesehatan. Salah satu langkah pencegahan yang dapat diambil untuk menjaga kebersihan area genital adalah sirkumsisi atau sirkumsisi. Langkah pencegahan ini digunakan untuk mengurangi risiko infeksi saluran kemih dan penyakit menular seksual. Namun, untuk melakukan sirkumsisi anak secara mandiri, ada beberapa masalah keuangan di Desa Cahaya Baru, Kecamatan Jejangkit, Kabupaten Barito Kuala. **Metode:** Kegiatan ini melibatkan anak-anak dari Desa Cahaya Baru. Skrining peserta, instruksi kesehatan, tindakan khitan yang dilakukan oleh profesional medis, pemberian obat pasca tindakan, dan instruksi penggunaan obat adalah semua metode yang digunakan dalam pelaksanaan. Bulan Sabit Merah Indonesia (BSMI) Kalimantan Selatan, Dinas Kesehatan Kabupaten Barito Kuala, Puskesmas Kecamatan Jejangkit, dan pemerintah Desa Cahaya Baru terlibat dalam proyek ini. **Hasil dan pembahasan:** Empat puluh peserta berhasil menerima prosedur sirkumsisi yang aman dan terkendali. Sebelum tindakan, semua peserta menjalani proses skrining dan mendapatkan instruksi kesehatan. Pasca-khitan, tidak ada komplikasi signifikan yang terjadi, dan semua peserta menerima obat pereda nyeri dan antibiotik untuk penyembuhan. Selain itu, pelatihan DAGUSIBU meningkatkan pemahaman masyarakat tentang penggunaan obat yang tepat. Partisipasi aktif berbagai pihak memastikan kegiatan berjalan lancar dan meningkatkan sinergi pengabdian kesehatan berbasis komunitas. **Kesimpulan:** Kegiatan sirkumsisi massal di Desa Cahaya Baru menunjukkan bahwa program berbasis kolaborasi multisektor dapat meningkatkan akses masyarakat terhadap layanan kesehatan dasar. Program ini berhasil berkat partisipasi, tenaga medis terlatih, dan edukasi kesehatan. Untuk meningkatkan efek positif terhadap kesejahteraan kesehatan masyarakat, upaya serupa diharapkan dapat dilakukan secara berkelanjutan.

Kata Kunci: Khitanan, Sunat Anak, Electrocauter Sunat, Pelayanan Kesehatan Pedesaan, Promosi Kesehatan Anak

ABSTRACT

Background: Child health is essential for human resource development, especially in communities with limited health services. One preventive measure that can be taken to maintain genital hygiene is circumcision. This preventive measure reduces the risk of urinary tract infections and sexually transmitted diseases. However, to carry out child circumcision independently, there are some financial problems in Cahaya Baru Village, Jejangkit District, Barito Kuala Regency. **Methods:** This activity involved children from Cahaya Baru Village. Participant screening, health instructions, circumcision procedures carried out by medical professionals, post-procedure medication administration, and medication use instructions were all methods used in the implementation. The Indonesian Red Crescent (BSMI) of South Kalimantan, the Barito Kuala District Health Office, the Jejangkit District Health Center, and the Cahaya Baru Village government were involved in this project. **Results and discussion:** Forty participants successfully received a safe and controlled circumcision procedure. Before the procedure, all participants underwent a screening process and received health instructions. There were no significant complications post-circumcision, and all participants received pain relievers and antibiotics for healing. In addition, DAGUSIBU training increased community understanding of proper drug use. Active participation of various parties ensured that activities ran smoothly and increased synergy in community-based health services. **Conclusion:** Mass circumcision activities in Cahaya Baru Village showed that multi-sector collaboration-based programs can improve community access to basic health services. This program was successful thanks to participation, trained medical personnel, and health education. Similar efforts are expected to be carried out sustainably to increase the positive effects on community health welfare.

Keywords: Circumcision, Child Circumcision, Electrocauter Circumcision, Rural Health Services, Child Health Promotion

INTRODUCTION

Indonesia's human resource development depends on children's health. Circumcision is a form of health care that helps prevent various diseases. Several studies have shown that circumcision can prevent urinary tract infections, sexually transmitted diseases, and penile cancer (1,2).

Although the health benefits of circumcision have been documented, health organizations such as the American Academy of Pediatrics argue that, although the benefits outweigh the risks, parents should make decisions based on complete medical information (3,4).

Circumcision is an important part of cultural and religious traditions

in Indonesia and has deep spiritual and social significance for Muslim communities. It is a way to fulfill religious obligations and gain social acceptance from the community (5,6).

Circumcision procedures must be performed by trained healthcare personnel using sterile techniques and adequate pain control to maximize benefits. Studies have shown that health education for parents before and after the procedure can improve circumcision outcomes, reduce complications, and increase family satisfaction with the care provided (7,8).

This community service program aims to provide community-based, safe, and educational circumcision services in Cahaya Baru Village, Barito Kuala Regency. Through a collaborative approach between health workers and the community, this program is expected to improve the health of children in the area.

IMPLEMENTATION METHOD

Circumcision activities in Cahaya Baru Village, Barito Kuala Regency, South Kalimantan Province,

Indonesia; this community service program uses an educational-participatory approach to improve circumcision services. The implementation location can be seen on Google Maps (<https://maps.app.goo.gl/7U3FkMUsKHdoKCm98>) and in Figure 1. The activities are carried out in several stages as follows:

1. Preparation and Coordination

In the early stages, the service team worked with the village government, community leaders, and local health service facilities. The program was socialized to the community through community meetings and local media.

2. Health Education

Before the circumcision, the child's parents or guardians are educated about the benefits, risks, and post-circumcision care through audiovisual-based counseling and educational leaflets. The material is compiled based on recommendations for safe circumcision practices and the importance of parents' roles in wound care (7,9).

3. Implementation of Circumcision

Circumcision is performed by a certified medical team using conventional sterile methods, controlling pain well, and following recommended medical standards (3,10). The procedure is carried out in village health facilities or other places that meet cleanliness and safety standards.

4. Monitoring and Evaluation

After the procedure, participants were observed to identify early complications. Parents were given written guidelines on home wound care, and a participant satisfaction

survey was conducted to evaluate the program's success. The incidence of complications after circumcision was recorded.

5. Reporting and Recommendations

Activity reports are made to report the results of program implementation to the village government and related parties. This report is used for evaluating and developing future programs.

This method ensures that circumcision services meet medical standards and consider local social and cultural factors (5,11).

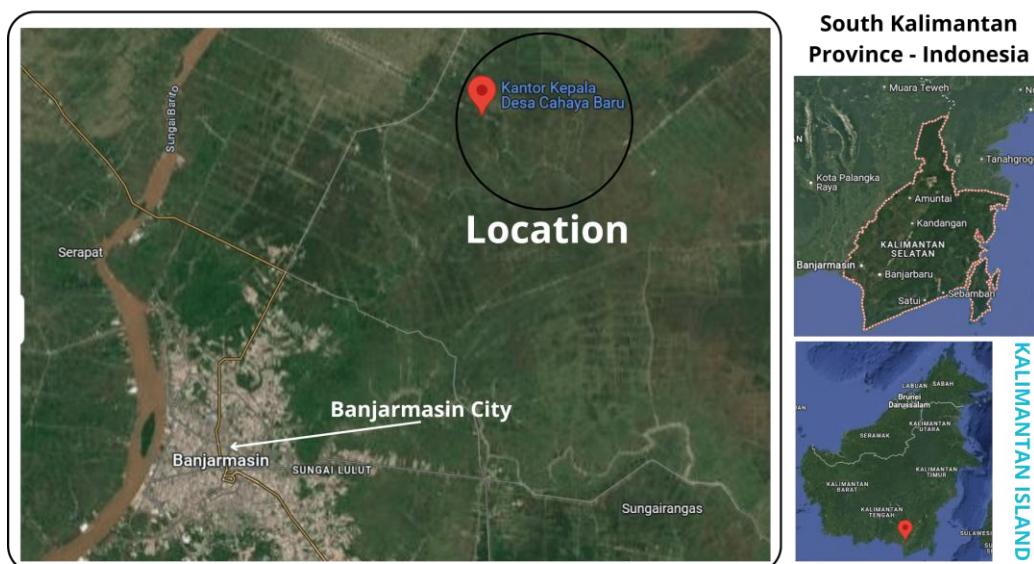


Figure 1. Location of circumcision services implementation in Cahaya Baru Village

RESULTS AND DISCUSSION

Community service activities in

the form of mass circumcision in

Cahaya Baru Village, Barito Kuala Regency, show the fundamental role of circumcision services in improving children's health in communities with limited access to medical services. The implementation of mass circumcision is in line with findings that circumcision can reduce the risk of urinary tract infections and sexually transmitted diseases and maintain children's genital hygiene (1,12).

Prior to the procedure, an administrative and medical screening process is carried out to ensure the participant's eligibility, including document checks and parental consent. This step is the recommendation that circumcision decisions should be well-informed and consider the child's rights and interests (3).

In addition to medical action services, this activity is integrated with health education through DAGUSIBU education (Get, Use, Store, and Dispose of Medicines Properly), aiming to calm participants and improve public health literacy. This educational approach has proven critical in reducing post-circumcision

complications and improving clinical outcomes (7).

The entire circumcision procedure is carried out by trained health workers, including doctors, nurses, and pharmacists, with the application of sterile techniques and adequate pain control. This is by the guidelines of the American Academy of Pediatrics, which recommends that circumcision should be performed under sterile conditions by professionals to reduce the risk of serious complications (1).

The implementation of circumcision activities was carried out on 40 children with good results, without any significant complications reported. In addition to medical treatment, participants also received gifts as a form of appreciation, which helped reduce anxiety and increase children's participation in activities.

This activity also shows the importance of collaboration between universities, social organizations, and local governments in making community-based programs successful. Collaborative models like this are effective in reaching vulnerable communities that need

health services while strengthening social networks to promote public health (3). Figure 2 documents the

implementation of circumcision services.



Figure 2. Documentation of circumcision implementation in Cahaya Baru Village

CONCLUSION

The circumcision service program, which involves mass circumcision activities in Cahaya Baru Village, Barito Kuala Regency, proves that community-based medical interventions can make a real

contribution to improving children's health. Implementation involving trained health workers, sterile procedures, and education for participants and parents can improve the quality of services and reduce the

potential for post-action complications (1,7).

This program also shows that an educational approach, multi-sector collaboration, and community empowerment are the keys to the success of community service activities in the health sector (3,5).

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We hope that the synergy established can continue and provide sustainable benefits for improving the community's health in the future.

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