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IMPLEMENTATION OF MASS CIRCUMCISION FOR ORPHANED AND UNDERPRIVILEGED CHILDREN IN THE CITY OF LHOKSEUMAWE AND NORTH ACEH

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ABSTRACT The mass circumcision activity for orphaned and underprivileged children was carried out by lecturers of the Nursing Study Program of North Aceh, Poltekkes Kemenkes Aceh, as a form of the implementation of the Tri Dharma of Higher Education. The circumcision procedure was performed using local anesthesia with lidocaine injection, pain management, and post-procedure education. This community service activity was successfully conducted on 43 orphaned and underprivileged children residing in Lhokseumawe and its surrounding areas. The implementation was carried out in two phases, on June 28, 2025, and June 5, 2025, at Mitra Clinic, located at Air Bersih Street No. 40, Gampong Tumpok Teungoh, Lhokseumawe City.

KEYWORDS: *Circumcision, Nursing, Community service*

1. INTRODUCTION

Since 2007, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have recommended voluntary medical male circumcision (VMMC) as an important strategy for preventing heterosexual HIV transmission among men in regions with high HIV prevalence. This intervention has been performed on more than 25 million men and adolescent boys in Eastern and Southern Africa (Team, 2020).

Circumcision is a minor surgical procedure that involves the removal or partial excision of the foreskin, which is the fold of skin covering the tip of the penis. Although it is commonly performed during infancy or childhood, circumcision can also be carried out in adults for religious, cultural, or medical reasons. In Indonesia, circumcision is generally performed on boys aged 6–10 years or upon entering elementary school age. According to the World Health Organization (WHO), the most common age for circumcision is between 5 and 12 years (Thalib, 2021). The older the age at

which a man is circumcised, the more complex the procedure becomes, and the longer the average healing time required (Hospital, 2024).

From a health perspective, circumcision is widely recognized for its benefits, as it removes a part of the body where dirt, viruses, and unpleasant odors may accumulate. In uncircumcised individuals, maintaining penile hygiene can be difficult because the prepuce must be retracted toward the base of the penis to expose the glans and penile collar before proper cleaning can be performed. Circumcision is a surgical procedure that leaves a wound after the intervention; therefore, it requires specific post-procedure care to prevent infection and disruptions to daily activities. After circumcision, the wound generally requires between one week and ten days to dry and heal completely.

Circumcision involves the removal of the skin covering the head of the penis, also known as the foreskin or prepuce. Medically, this procedure is highly recommended to maintain hygiene. The folds of the foreskin can become a site for the accumulation of dirt and bacteria. If not removed, these deposits may cause unpleasant odors and even infections. The main principles of circumcision include asepsis, adequate incision of both the outer and inner layers of the prepuce, hemostasis, protection of the penile shaft and urethra, and satisfactory cosmetic outcomes (dr. Moh. Adjie Pratignyo Sp.B., 2019). In uncircumcised males, the warm and moist environment beneath the foreskin supports the survival and replication of viruses and bacteria.

2. METHOD

The procedure for implementing the mass circumcision program began with a coordination meeting involving the chairperson and members of the Community Service Team. The meeting covered technical planning and implementation strategies, identification of children eligible for circumcision, registration of children and their parents/families, and the signing of informed consent forms. It also included the procurement of medical consumables for the circumcision procedure and gifts for the children, assignment of roles for operators and assistant operators/nurses, and alignment of perceptions among circumcision operators, the responsible physician, and implementing nurses. This alignment included circumcision techniques and wound dressing selection, as well as preparation of the venue and clinical rooms.

The implementation phase consisted of preparation (equipment and material preparation, re-registration and completion of registration forms, anamnesis, and vital sign assessment), procedure execution (pain management), termination (preventive education, medication administration, and distribution of gifts), and closing activities (group photo session). During the post-procedure evaluation stage, the team and the physician provided education on wound care procedures, actions

that should be taken or avoided, and explained the follow-up schedule for dressing changes. Three days after the procedure, the team returned to the location to perform dressing changes for the participants.

This program produced significant social and health impacts. Parents expressed their gratitude as their children were able to receive safe circumcision services without financial burden. The children also felt happy due to the attention and support provided by the friendly healthcare team. From an academic perspective, this activity served as a direct learning opportunity for nursing students, enhancing their clinical skills and therapeutic communication abilities within the community.

3. RESULT AND DISCUSSION

Through the implementation of the 2025 Community Service program, the primary objective of this activity was to provide education to the community to prevent various types of genital diseases, thereby improving overall public health outcomes. The output of this mass circumcision activity was the provision of circumcision services to the community, contributing to improved public health status. The participants who underwent circumcision are presented as follows:

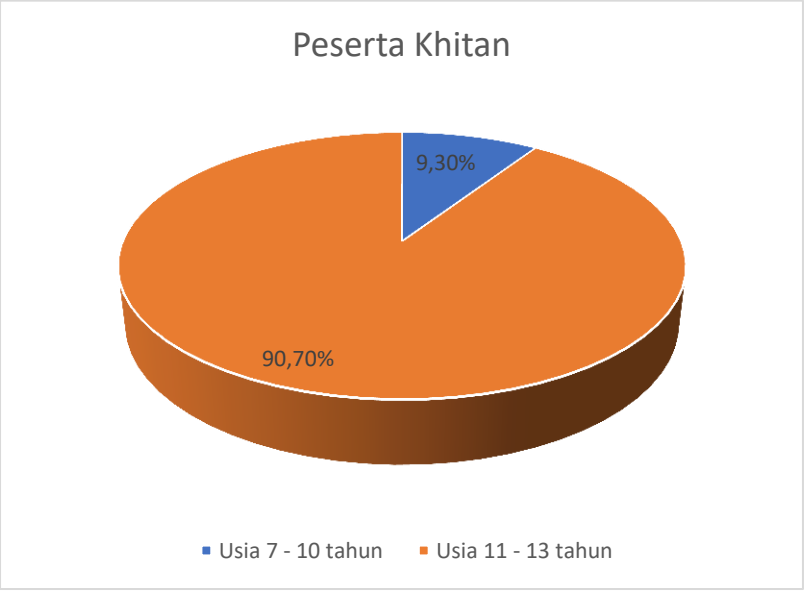

Figure 1. Diagram of Participants

The following is documentation of the circumcision activity that was carried out by the Community Service Team of lecturers from the North Aceh Nursing Study Program, Poltekkes Kemenkes Aceh.

Figure 2. Documentation of the circumcision activity

4. CONCLUSION

The implementation of the mass circumcision program for orphans and underprivileged children represents a tangible form of social concern in improving community health standards and supporting the fulfillment of children's rights in both religious and health aspects. This activity was carried out successfully through the collaboration of various parties, including the Community Service implementation team, healthcare professionals, donors, and the support of the local community. Through this circumcision program, participants received safe, high-quality healthcare services in accordance with medical standards without placing an economic burden on their families. In addition, this activity generated positive impacts in the form of increased togetherness, care, and the strengthening of social solidarity values within the community. It is hoped that similar activities can continue to be implemented sustainably as a contribution to improving children's health and preserving valuable religious traditions, especially for those in need.

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CONFLICT OF INTERESTS

The implementation team declares that in the preparation of the report and the implementation of the Mass Circumcision program for orphans and underprivileged children, there were no conflicts of interest, whether financial, personal, or professional, with any party. All activities were conducted as part of the implementation of the tridharma of higher education by lecturers of Poltekkes Kemenkes Aceh, Nursing Study Program, and were based on social, humanitarian, and public health improvement principles without any interests that could affect the objectivity of the reporting outcomes.

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