

Circumcision: A controversial topic.

Male Survivors Aotearoa (MSA) recognises that this is a challenging topic for many male survivors of sexual violence.

As an organisation representing the male survivor community in New Zealand our view on this matter is aligned with the balance of opinion in Australasia, which reflects a growing understanding that the potential trauma impacts of male circumcision far outweigh any claimed benefits except perhaps in some specific medical circumstances.

It can be argued that an increasing appreciation of the potentially harmful impacts of male circumcision, and the absence of any demonstrable benefits, is evident in a significant and growing decline in the practice globally and particularly in Aotearoa where it is now estimated to affect less than 10% of our male population.

However, MSA also recognises that there are cultural, social, and religious beliefs and differing medical opinions that need to be acknowledged.

*In response to concerns expressed within our survivor community, and to foster a more informed understanding of male circumcision as it presents in our contemporary society, MSA commissioned the attached literature review titled "**Circumcision: A controversial topic.**"*

*This paper also references another discussion on the ethical considerations of circumcision titled "**Genital Autonomy and Sexual Wellbeing**", which has been included in our web Research archive to further inform our readers.*

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Circumcision: A controversial topic.

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In 2012, the Cologne regional court ruled that circumcising young boys was a form of previous bodily harm. Although both Muslims and Jews circumcise infant boys as a religious practice, the Cologne court found that the child's "fundamental right to bodily integrity" was more important than the parents' rights However, after heated public discussions and an expedited legal process, legal authorities permitted the ritual circumcision of male children under a new law.

(Yardakul, 2016).

The quotation above gives an indication of two competing perspectives on the issue of circumcision. There are many more perspectives detailed in what is an extensive amount of literature on the topic. This article is an overview on the literature surrounding the topic. As mentioned, the literature is extensive, so the article should only be seen as a brief overview and not a detailed analysis.

Male circumcision involves the removal of the foreskin from the human penis, after separating the foreskin from the glans. Local anaesthetic is sometimes used and general anaesthesia can be used with adults and children. Research indicates that male circumcision is a complex and multi-layered phenomenon, often performed for a combination of reasons – religious, spiritual, social, medical, aesthetic and cultural (Coene, 2018). The ages range from new-born infants, children, teenagers and adults (Ibid, 2018). There is also a suggestion that circumcision may have conferred a selective advantage aiding sexual intercourse and thus reproduction.

Historically, circumcision is perhaps the oldest surgical procedure in the world (Doyle, 2005; Silverman, 2004) with images surviving from ancient Egypt. Today around one-third of males are circumcised worldwide (Morris et al, 2016). However, figures vary widely according to region. For example, 80-90% of males in the USA are said to be circumcised, 15% of males in Australia and less than 10% in New Zealand (although the Australasian figures have reduced markedly in the past 150

¹ It should be noted that this article does not represent the views of the author on this topic. For a discussion on the ethical responsibilities involved in circumcision please refer to: Earp, B. D., & Steinfeld, R. (2018). Genital autonomy and sexual well-being. *Current Sexual Health Reports*, Vol. 10, No. 1, 7-17.

years) (Kennedy, 2000; Southern Cross Medical Library, 2017). The reasons for this are not clear in the literature. Interestingly, the operation is only performed in New Zealand through the public health system for medical reasons. Otherwise, parents must pay between \$800 and \$2000 for private operations (Kennedy, 2000).

Asian countries, largely because of religious practices, do not support circumcision. This is true of Hinduism, Sikhism and Buddhism (Cox & Morris, 2010). However, the procedure is almost universal amongst Muslim and Jewish populations where it has deeply religious significance for these groups (Cox & Morris, 2010). Circumcision is also evident in many other regions of the world including the Pacific Islands and with Australian indigenous peoples.

Medically, opinions have varied internationally from circumcision being without major benefits and having significant risks to exactly the opposite position. For example, the World Health Organisation recommends considering circumcision in areas of the world where there are high rates of HIV infection as a positive correlation has been shown with reduced rates of infection. Alternatively, the British Australian and American Medical Association consider the operation unnecessary and should only be performed for valid medical reasons (Kennedy, 2002). New Zealand authorities tend to take a more conservative approach as well. It should be understood that controversy regarding circumcision is largely confined to western countries.

While controversy remains, the following is a list of the conditions where circumcision can have a positive effect (in order of most effective first).

Phimosis (a narrowing of the opening of the foreskin so that it cannot be retracted).

Penile Cancer

Urinary tract infections

Pyelonephritis (inflammation of the kidney as a result of infection).

HIV infection

In consideration of the above Morris (2012) makes the point that “given that infant circumcision confers virtually no long-term harm to the male” it should be considered as a positive initiative. This position is supported by the American Academy of Pediatrics but remains contentious in other circles.

From a gendered perspective there is an argument that male circumcision receives none of the attention that is found in the discourse surrounding female genital mutilation, and that the two are similar in many ways. However, Coene (2018) observes that the two are substantially different. Female genital mutilation is strongly linked to a reduction in female sexual enjoyment and has no inherent health benefits. Conversely, male circumcision is argued as promoting improved sexual functioning as well as having a wide range of health benefits.

Ethically, there is little doubt that religion, culture, aesthetic, familial identity, and personal experience all factor into parents' or caregivers' decision to have their child circumcised. Few parents ask for the procedure to be performed solely to lower the risk of complications later in life of leaving their child uncircumcised (Freedman, 2016). The ethical standard of what is in "the best interest of the child," was vested in the well-informed parent who was felt to be the best proxy to pass this judgment (Freedman, 2016).

Male circumcision has also been condemned as an "assault causing grievous bodily harm" where it is argued that as circumcision removes 50 per cent of penile skin, this makes achieving orgasm difficult later in life. The dangers inherent in the operation itself were also highlighted (Kennedy, 2000). As has been pointed out, many argue that the health benefits outweigh the possible risks. However, that these benefits only occur at a later stage of life does not legitimate that the practice is performed on young nonconsenting children (Coene, 2018). Conversely, if it is accepted that the benefits of circumcision in preventing future health risks, which are deemed considerable and predictable, the operation should be considered favourably (No author, 2019).

Finally the following piece describes a perspective of the contradictions inherent even in one man's personal experience of the practice of circumcision. It adds poignancy to the fact that while legal, ethical and medical divisions continue, these can exist in the personal realm as well. Personal stories such as this are not particularly evident in the literature.

Nelson Mandela in his autobiography, 'Long Walk to Freedom' (1995), describes how he was circumcised during a collective tribal ceremony. He described the fear he experienced in not being recognised as a man when he could not endure the pain as well as the pride he experienced afterwards. He also narrates that later, when in prison, discussions on this practice with fellow ANC prisoners were often tense, as some maintained that it was an unnecessary mutilation of the body and a reversion to a type of tribalism that the ANC wanted to overcome. Others, including Mandela himself, regarded the practice as a cultural ritual, in a way beneficial to health, strengthening group identification and inculcating positive values.

In conclusion, legal, ethical and medical opinions on the topic of circumcision remain divided. Divided in relation to a deliberate violation of the child's rights and as a harmful and abusive practice. Divided otherwise in that the surgery is beneficial to health and in the child's best interest (Coene, 2019).

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