



Evidence that Empowers!

By Rebecca Dekker, PhD, RN of EvidenceBasedBirth.com

Question: What is circumcision?

Answer: Male circumcision is the surgical removal of the foreskin (also called *prepuce*), which is specialized tissue that covers the head (or *glans*) of the penis.

Question: How common is circumcision?

Answer: About 30-33% of the world's males 15 years or older are circumcised. Of these circumcised males, about 69% are Muslim, 1% are Jewish, and 30% are circumcised for non-religious reasons.¹ The U.S., where 71% of men are circumcised, is unusual in its preference for non-religious circumcision. However, the rate of newborn circumcision is going down. When last reported in 2010, 58% of male newborns were circumcised before hospital discharge, and 42% were not.² The Western states have the lowest rate of circumcision, with a low of 31% in 2003.

Question: How does the penis develop?

Answer: Newborn males are normally born with their prepuce fused to their glans by a membrane, making it so that the prepuce cannot be *retracted*, or pulled back from the glans. Babies who are left intact (uncircumcised) should never have their prepuce retracted or pulled back toward their abdomen by force (e.g., during a bath or medical check-up). Forced retraction can cause pain, tearing and bleeding. In normal penis development, the prepuce usually becomes less attached and more retractable over childhood and adolescence.

Question: Is circumcision cleaner?

Answer: Both circumcised and intact males can maintain genital hygiene with regular washing. With an intact penis, there is no need to wash beneath the prepuce until it is easily retractable. The white substance called *smegma* that builds up in folds of genital tissue is normal for males and females (where it can build up between the labia and around the female prepuce, i.e. hood of the clitoris) and can be wiped away with washing. Once males discover (on their own) that the prepuce can be pulled back, they can be taught to clean the glans with water as part of a regular bathing or showering routine.

Question: What is the evidence on circumcision?

Answer: The research on newborn circumcision is extremely limited. Any research involving routine newborn

circumcision comes from observational studies, not from randomized, controlled trials. Also, much of the research on circumcision comes from studies on males who were circumcised as adults, sometimes in Sub-Saharan African locations where there is a higher risk for certain infections.

There are serious concerns about how relevant this research is to newborns in other countries. Most of the evidence on newborn circumcision is highly disputed and any recommendations for practice are mostly weak.

Circumcised newborns may experience fewer urinary tract infections (UTIs). A review found that under 1 year of age, 1.38% of intact males had a UTI versus 0.14% of circumcised males.³ About 111 circumcisions would be needed to prevent a single (treatable) UTI in infancy. Overall, UTIs occur more often in females. About 8% of girls and 2% of intact boys have had a UTI before age 7.

The rate of early complications after newborn circumcision is around 2%.⁴ The most common complications are bleeding, swelling, and cosmetic concerns following the procedure that may lead to reoperation. Circumcision is also a very painful procedure that requires pain treatment.

Question: What is the ethical debate around routine male infant circumcision?

Answer: The debate centers on whether the practice respects or violates the principle of *autonomy*, or bodily integrity, of the male infant. For more info on the ethical debate, see page 2 of this handout.

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“ There is no compelling evidence to justify routine male infant circumcision on medical grounds.”

1. WHO and Joint UN Programme on HIV/AIDS (2007). Male circumcision: global trends and determinants of prevalence, safety and acceptability.
2. Owings, M., Uddin, S. and Williams, S. (2013). Trends in circumcision for male newborns in U.S. hospitals: 1979-2010.
3. Singh-Grewal, D., Macdessi, J. and Craig, J. (2005). Circumcision for the prevention of urinary tract infection in boys: a systematic review of randomised trials and observational studies. *Arch Dis Child*, 90(8), 853-858.
4. Weiss, H.A., Larke, N., Halperin, D., et al. (2010). Complications of circumcision in male neonates, infants and children: a systematic review. *BMC Urol*, 10, 2.



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Ethical Debate:

In addition to the medical evidence on circumcision, we also examined the research on ‘Circumcision’ and ‘Ethics’ published within the last 10 years.

We found 21 articles that discussed routine male infant circumcision, and we grouped them according to whether the author’s viewpoint suggested they found the practice to be unethical or ethically justified. Of these, 13 papers portrayed routine male infant circumcision as unethical, 5 papers made the case that it is ethically justified, and 3 papers discussed both viewpoints.

We summarize the main points from these papers below to show their diverse views on circumcision and ethics:

View That Routine Male Infant Circumcision Is Not Ethical	View That Routine Male Infant Circumcision Is Ethical
<ul style="list-style-type: none"> • It is irreversible surgery on healthy minors who cannot give consent • It causes pain and trauma during the surgery and suffering as the wound heals • There are both immediate post-surgical risks, as well as unknown risks beyond the immediate post-surgical period, which together may outweigh the benefits • It deprives the male of tissue that protects the glans and urinary opening • It reduces the sensitivity of the penis by removing sensitive tissue • There are less invasive and more effective preventions and treatments for many conditions it addresses (for example, condoms for HIV prevention and oral antibiotics to treat UTIs) • New proposals to remove tissue from healthy infants would never get approval • There is a <i>double standard</i> — a rule that is unfairly applied to one group but not another <ul style="list-style-type: none"> o Society would likely consider it unethical to remove healthy tissue from female infants’ genitals even if there was evidence of health benefits o Every type of female genital cutting is recognized internationally as a violation, even when it does not remove any tissue (i.e. a ritual “prick”) o We should “protect all non-consenting persons, regardless of sex or gender, from medically unnecessary genital cutting” 	<ul style="list-style-type: none"> • This view argues that it leads to significant medical and public health benefits over a lifetime • Its (known) benefits outweigh its (known) harms • Injection of local anesthetic to the base of the penis is safe and effective at reducing pain • Autonomy is respected by allowing parents to decide in the best interests of their child • Parents should be allowed to decide in the best interests of their child • We live in a diverse society that must be tolerant of families who elect the procedure for cosmetic preference or family tradition/belonging • Delaying the option until the age of consent misses some of the benefits of circumcision in early life (e.g., reduction in UTIs) and results in a higher rate of complications than when done in infancy • The risk of immediate complications is low (about 2% for newborns in prospective studies and 2-4% for adult males in African RCTs)