

Original Article

Circumcision: Is it For Sexual Health or Being Man?**Dilek Yildiz, RN, PhD**

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Correspondence: Derya Suluhan, RN, PhD, Assist. Prof. University of Health Sciences, Gulhane Faculty of Nursing, Ankara, Turkey E-mail: derya.suluhan@sbu.edu.tr**Abstract****Background:** The procedure is most prevalent in the Muslim and Jewish population. The boys have many circumcision for many reason such as religious, medical reason and tradition in may counties. We carry out this experiment to determine knowledge, attitude and behaviour of parents about circumcision.**Methods:** This cross sectional study was conducted in department of pediatric surgery at a research and training hospital in Ankara, Turkey. The parents of 107 children under 18 years of age who attended this clinic.**Results:** The mean age of the children who was being circumcised was 8.16 ± 1.1 (n=107, min=6.5, maks=13 years). The main reason why the mothers were planning to circumcise their male children was medical benefits (66.3%) but for the fathers the main reasons were tradition (43.9%) and religion (35.5%). There was a significant relationship between educational level of mothers and preference of the age for circumcision (Cramer's $V=0.431$ $p < 0.001$). As educational level increased, the ratio of mothers who wanted circumcision for medical benefits increased. The parental preference (97.4%) about their child's circumcision was performed by a pediatric surgeon or urologist and expressed the reason as to intervene more quickly to the problems that may develop due to circumcision in the hospital setting (88.8%).**Conclusion:** It is important to provide guidance to parents about the appropriate age for circumcision, the complications and preparation of the children to the procedure.**Keywords:** attitudes, circumcision, knowledge, parents**Background**

Circumcision (from Latin circumcidere, meaning "to cut around") is the surgical removal of the foreskin (prepuce) from the human penis (World Health Organization, 2008). About one-third of males worldwide are circumcised. The procedure is most prevalent in the Muslim and Jewish population (where it is near-universal), the United States and parts of Southeast Asia and Africa; it is relatively rare in Europe, Latin

America, parts of Southern Africa and most of Asia. The origin of circumcision is not known with certainty; the oldest documentary evidence for it comes from ancient Egypt (Gollaher, 2001, Zampieri, Pianezzola, & Zampieri, 2008).

The boys have many circumcision for many reason such as religious, medical reason and tradition in may counties. In Turkey, almost all males are circumcised because of religious affiliations (Sivasli E. & et al, 2003, Sahin ,

Beyazova & Akturk 2003). In addition to religious sacrifice, it is also thought that circumcision is a rite of passage marking a boy's entrance into adulthood (World Health Organization, 2008). In addition to religious sanctions, circumcision is recommended because of medical benefits.

The age of circumcision vary from countries, In Jewish it is in the first 7 days of life, in Africa, Australia and the Polynesian tribes at the beginning of adulthood, in America and Europe in the newborn period (Gollaher, 2001). It is important for health professions to talk with families the circumcision age. If the age of child is range of 3-6 years, it is not recommended the circumcision for the castrationphobia.

Circumcision has been performed on boys and young men for many years, primarily for religious and cultural reasons or as a rite of passage to mark the transition to adulthood (World Health Organization, 2008). It is important for health professions to know the reason for circumcision due to proper approach to children and families. Health care professionals have responsibility of inform the parents related the function of the foreskin, and the pain, possible complications and risks and consequences of the operation. Thus in this study, we carry out this experiment to determine knowledge, attitude and behaviour of parents about circumcision.

Methodology: This study was conducted in department of pediatric surgery. The parents of 214 children under 18 years of age who attended this clinic between June-October 2012 were recruited. An ethical approval was taken from Institutional Review Board. Also the aim of the study was explained to the parents and their consent were taken. A questionnaire was designed by the authors includes two section. The first section consisted of questions regarding socio-demographic and medical information (4 questions) and in the second section there were questions about parental knowledge about benefits and complications of circumcision (18 questions).

Statistical analysis: The Statistical Package for Social Sciences (SPSS) version 15.0. package program was used for statistical analysis. Descriptive statistics were expressed as numbers and percentages for the categorical variables, and as mean \pm standard deviation (SD) or median for the measurement variables. The relationship between the education of parents and their aims in

circumcision was investigated via Cramer's V. The relationship between education level of parents and age of circumcision in the children was analyzed via Goodman-Kruskall Gamma test measuring the monotonic relationship between two ordinal variables. $p < 0.05$ was considered to be statistically significant.

Ethics committee approval: Ethics committee approval was received for this study from the Local Ethics Committee for Clinical Studies (Decision no: 20313-22, date: 04.06.2012). All applicable international, national, and/or institutional guidelines for human ethics were followed.

Results

The mean age of the children who was being circumcised was 8.16 ± 1.1 ($n=107$, $\text{min}=6.5$, $\text{maks}=13$ years). The mean age of mothers and fathers were 33.7 ± 6.4 and 38.1 ± 5.2 , respectively. The percentages of the mothers who were primary school, secondary school, high school and university graduates were 14%, 16.9%, 26.1% and 43% respectively. These percentages in the same order were 3%, 14%, 46%, 35% for the fathers. The rate of children who circumcised before 5 year of age was 25%. The fathers expressed that they did not remember their age of circumcision (40%) and the fathers who remember stated the age of circumcision as after 5 years old (34%). The 80% of fathers were circumcised by a traditional circumciser. The fathers were asked about their memories and how they felt when they were circumcised. Most of the fathers (60%) remember their emotions confessed that they were frightened and 40% of fathers remembered the procedure as painful and had negative feelings. Mothers (64.7%) and fathers (64.4%) receive verbal consent from their children for the circumcision.

There was a significant relationship between educational level of mothers and preference of the age for circumcision (Cramer's $V=0,431$ $p < 0.001$). The main reason why the mothers were planning to circumcise their male children was medical benefits (66.3%) but for the fathers the main reasons were tradition (43.9%) and religion (35.5%). As educational level increased, the ratio of mothers who wanted circumcision for medical benefits increased (Table 1). It was not found any significant relationship between educational level of fathers and their preference for medical benefits, tradition and religion (Cramer's $V=0,181$ $p=0,321$). (Table 1).

There was a significant relationship between educational level of mothers and preference of the

age for circumcision (Goodman-Kruskall $\Gamma=0,564$, $p < 0.001$). As the educational level increased, the ratio of mothers preference the best time as above 72 months increased. It was not found any statistically significant relation between educational levels of fathers and preference of the age for circumcision (Goodman-Kruskall $\Gamma = 0,075$, $p = 0,701$) (Table 2). Parental knowledge about the complications before and after surgery was summarized in Table 3.

The parental preference (97.4%) about their child's circumcision was performed by a pediatric surgeon or urologist and expressed the reason as to intervene more quickly to the problems that may develop due to circumcision in the hospital setting (88.8%).

The mothers and fathers were asked about what the things should be aware of in the care of children after circumcision. The mothers answered that paying attention to the sheet and the area's cleanliness (48.2%), trauma protection of the area (19.3%), dressing to care for (11.2%), analgesic drug delivery (7.7%), giving antibiotics (3.4%) and providing psychological support while urine (0.9%). The fathers' answers were pay attention to the doctor's warning (20.1%), trauma protection of the area (13.4%), paying attention to the sheet and the area's cleanliness (8.6%), dressing to care for (2.8%), restriction of movement (1.9%) and 51.9% of the fathers stated that they did not know what should pay attention to.

Table 1. Distrubition of the circumcision reasons according to parents' educational levels

Educational level	Medical Benefit		Tradition		Religion	
	n	%	n	%	n	%
Mother						
Primary school (n=15)	2	13.3	3	20	10	66.7
Secondary school (n=18)	12	66.7	2	11.1	4	22.2
High school (n=28)	21	75	6	21.4	1	3.6
University (n=46)	36	78.2	8	17.5	2	4.3
Cramer's V=0,431 p< 0.001*						
Father						
Primary school (n=4)	0	0	2	50	2	50
Secondary school (n=15)	5	33.3	3	20	7	46.7
High school (n=50)	10	20	21	42	19	38
University (n=38)	7	18.4	21	55.2	10	26.4
Cramer's V=0,181 p=0,321						

Table 2. Parental preference of appropriate age for circumcision in according to educational level

Education level	Appropriate age for circumcision							
	0-12 months		13-36 months		37-72 months		73 months and above	
	n	%	n	%	n	%	n	%
Mother (n=107)								
Primary school (n=15)							1	6.7
Secondary school (n=18)	3	20	2	13.3	9	60	10	55.6
High school (n=28)	2	11.1	2	11.1	4	22.2	16	57.1
University (n=46)	6	21.4	4	14.2	2	7.1	30	65.2
	9	19.6	7	15.2	0	0.0	Goodman-Kruskall $\Gamma=0,564$ $p < 0.001^*$	
Father (n=107)								
Primary school (n=4)							0	0.0
Secondary school (n=15)	2	50	1	25	1	25	2	13.3
High school (n=50)	6	40	3	20	4	26.7	27	54
University (n=38)	4	8	10	20	9	18	30	78.9
	3	7.9	4	10.6	1	2.6	Goodman-Kruskall $\Gamma=0,075$, $p=$ 0,701	

Table 3. Complications during or after circumcision according to the parents

Complications	Mother		Father	
	n	%	n	%
Complications during circumcision				
Not know	77	71.8	59	55.2
Bleeding	17	15.8	27	25.2
Pain	9	8.4	19	17.8
Infection	4	3.7	2	1.8
<i>Total</i>	107	100	107	100
Complications after circumcision				
Not know	36	33.6	19	17.8
Infection	35	32.7	41	38.5
Pain	21	20.7	39	36.6
Excessive Bleeding	10	9.4	4	3.7
Delayed healing	2	1.7	2	1.7
Meatal stenosis	2	1.7	1	0.9
Inadequate circumcision	1	0.9	1	0.9
<i>Total</i>	107	100	107	100

Discussion

In Turkey, almost all male children are circumcised before puberty, but variations in the timing of the procedure do exist (Sivasli & et al, 2003). Sahin et al., and Yildirim et al. determined the age for circumcision as 6 years old (Sahin, Beyazova & Akturk, 2003, Yildirim & et al, 2003). In our study it is determined as 8 years old. In our country, the reason for the choice of school age period for circumcision can be explained as traditional and religious ceremonies and request of child's ceremonies recall by families (Sahin, Beyazova & Akturk, 2003). There is no guideline that indicate the optimal age at which the procedure should be performed but all children pass through a "phallic stage" according to Freud. In our study the rate of children circumcised between 3-6 years of age is low that is different from the literature. Because our pediatric surgeons and nurses do not recommend circumcision in the children when they are in phallic period unless medical condition is necessary.

In the study of Verit and colleagues, it is determined that male health professionals did not remember anything about circumcision (66%), some of them felt pain and fear (33%) and some of them felt happy (1%) (Verit, Aksoy & Yeni, 2002). Sahin and colleagues determined that 60% of fathers did not remember anything about their circumcision and 75% of fathers remember fear and pain (Sahin, Beyazova & Akturk, 2003). Contrast to the previous studies, in our study most of the fathers remembered their circumcision and they also remembered the procedure as painful and they felt fear.

Circumcision is the most common surgical procedure all across the World (Schoen, Colby & Ray, 2000). Besides the medical causes of circumcision, there are cultural and religious reasons of circumcision (Sancar & et al, 2016). Boys do not consider themselves as a man unless circumcised because of a social pressure (Kavakli & et al, 2000, Lee, 2006). In a study it has been demonstrated that most of the parents circumcised their children because of religious and traditional

aspects, only 15% of parents circumcised their children for medical benefits (Sivasli & et al, 2003). Kavakli and colleagues reported that even haemophilia patients' parents insist on circumcision although endangering their health (Kavakli & et al, 2000). In Yilmaz and colleagues' and Sancar and colleagues' studies, the first reason of circumcision was found as religious causes (Sancar & et al, 2016, Yilmaz, Ozsoy & Ardahan, 2008). Variations in the timing of circumcision do exist but it is not recommended to do the procedure between the ages of 3-6 years for the castrationphobia. Intervention to the child's penis, who feels fear of lose, in the phallic stage would create psychological problems (Kinkade, Meadows & Gracia-Trujillo, 2005). Circumcision should be performed before or after this period to avoid psychological problems. In Kobya et al. study 44% of children, in Yilmaz et al. study 36.7% of children, however in Yildirim et al. the mean age of circumcision was found as 6.1 years (Yildirim & et al, 2003, Yilmaz, Ozsoy & Ardahan, 2008, Kobya & Yazici, 1999). In the literature, it is seen that the mothers with low educational level more circumcised their children in 3-6 years of age period (Yilmaz, Ozsoy & Ardahan 2008). In our study as the educational level increased, the ratio of mothers preference for the best time as above 72 months increased and it is compatible with literature.

Although circumcison is a common surgical procedure there are some complications related with. The most common complications are bleeding, infection, recurrentphimosis, adhesion, and the glans injury (Oral, Bahadır & Guven 2011). In our study nearly half of the mothers have no idea about the complications. They sorted the complications infection as first, pain as second and delayed healing as third. The fathers had more information about complications than the mother perhaps due to previous experience on circumcision in their life. Fathers listed the complications as infection, pain and fever as similar as mothers. Circumcision practice are different in developed and developing countries as well. In the developed countries the complication rate is 5% in the procedure performed by a health professional, in the developing countries this rate is 10% performed by health technicians and 85% performed by traditional circumcisers. These rates are increasing in mass circumcision events. Circumcision is performed mainly by pediatricians, family practitioners and obstetricians. Past to present, as in Turkey in

Muslim countries circumcisonis usually performed by persons other than health professionals (World Health Organization, 2008). In the study of Verit, 81% of circumcisions were performed by traditional circumcisers, 10% by doctors and 9% by barbers (Verit, Aksoy & Yeni, 2002). In Yildirim et al. study, only 15.2% of circumcision were performed by a doctor and 83.3% of the procedure were performed at home (Yildirim & et al, 2003). Parents were asked about the appropriate place of circumcision in the study of Sivasli 75% of parents choosed hospital and 25% of parents choosed traditional circumcision place (Sivasli & et al, 2003). In our study, almost all of the parents prefer hospital for circumcision because of availability of doctor choice and early intervention chance to any complications.

Limitation: Although our study has limitation as the study population does not represent the whole Turkish population but clearly demonstrates that parental knowledge and awareness on circumcision should be increased with appropriate educational programs and materials.

Conclusion: Male circumcision is one of the oldest and most common surgical procedures worldwide, and is undertaken for many reasons: religious, cultural, social and medical. The researches and studies about benefits, indications, contrindications, appropriate age, techniques and complications of circumcision is being continued. For our study, the main reason why the mothers were planning to circumcise their male children was medical benefits whereas the fathers' the main reasons were tradition and religion.

As a health care professionals, it is important to know current practice regarding circumcision and provide guidance to parents about the appropriate age for circumcision, the complications and preparation of the children to the procedure to avoid complicated psycho-social problems in their future life.

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