

KY Chapter Immigrant Child Health Task Force January 2021

Male Circumcision and cross-cultural practice

Case 1: 15 -month old boy comes to your clinic for his well child care visit. The child was born in the US and his parents are from Burma. His parents asked you if their son should be circumcised as his paternal aunt suggested children should be. There is no history of recurrent UTIs or balanitis. On physical exam the child has retractable foreskin with no abnormalities. What is important to ask the parents? What would you recommend?

Case 2: 3 - day old boy from Hispanic origin is brought to your clinic by mom to his initial visit after hospital discharge. This is mom's first baby boy and she ask you how she should take care of his genital area. The child is uncircumcised. What would you recommend?

Discussion:

Male circumcision (MC) practices differ worldwide and are influenced by both religious and cultural practices. The rate of circumcision in the United States is 71.2% compared to 20.7% in the United Kingdom and Canada 30.9%. Within the U.S highest rates are observed within the non-Hispanic populations. Outside the U.S, Muslim and Jewish predominant countries show the highest prevalence rates. Lower prevalence rates are observed in Latin American countries ranging from 0.11% in Ecuador to 15.4% in Mexico. Some South and South East Asian countries show as well low MC rates; Burma, 3.5%, Thailand 23.4% and India 13.5% ¹.

Scientific associations' stand on non-therapeutic MC is controversial around the world. The current American Academy of Pediatrics (AAP) policy statement on circumcision from 2012 states²:

- Preventive health benefits of elective circumcision of male newborns outweigh the risks of the procedure. Benefits include significant reductions in the risk of urinary tract infection in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections.
- Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant third-party payment for circumcision of male newborns.
- Parents ultimately should decide whether circumcision is in the best interest of their male child. They will need to weigh medical information in the context of their own religious, ethical, and cultural beliefs and practices. The medical benefits alone may not outweigh these other considerations for individual families.

The World Health Organization (WHO) recommends voluntary medical MC as an additional important strategy for HIV prevention, particularly in settings with high HIV prevalence^{3, 4}.

The Canadian Paediatric Society (CPS) states “while there may be a benefit for some boys in high-risk populations and circumstances where the procedure could be considered for disease reduction or treatment, the CPS does not recommend the routine circumcision of every newborn male.”⁵

Some organizations have taken a stronger stance on the issue. The Danish Medical Association and the Royal Dutch Medical Association call the procedure medically unnecessary and a violation of physical integrity of the child^{6, 7}.

The potential risks on neonatal circumcision are summarized in the table below taken from the 2015 CPS Position Statement⁵:

Potential risks and benefits of neonatal circumcision	
Outcome	Effect size
Potential risks	
Minor bleeding	1.5% (combined)
Local infection (minor)	NNH = 67
Severe infection	Extremely rare
Death from unrecognized bleeding	Extremely rare
Unsatisfactory cosmetic results	
Meatal stenosis	NNH 10–50 (<1% when petroleum jelly is used)

Potential benefits	
Prevention of phimosis	NNT = 67
Decrease in early UTI	NNT = 111 – 125
Decrease in UTI in males with risk factors (anomaly or recurrent infection)	NNT = 4 – 6
Decreased acquisition of HIV	NNT = 298 (65 – 1231 depending on population)
Decreased acquisition of HSV	NNT = 16
Decreased acquisition of HPV	NNT = 5
Decreased penile cancer risk	NNT = 900 – 322,000
Decreased cervical cancer risk in female partners	NNT = 90 – 140
<i>HPV Human papillomavirus; HSV Herpes simplex virus; NNH Number needed to harm; NNT Number needed to treat; UTI Urinary tract infection</i>	

Going back to the cases:

CASE 1:

What is important to ask the parents? What would you recommend?

When encountering the questions above it is recommended to gather information from the parents about family's country of origin, religion, and individual practices and beliefs on male circumcision in their own culture. It is important to inform the parents in an *unbiased manner* about the benefits and risk factors associated to MC remembering that here in the United States, it is the parent's decision whether circumcision is in the best interest of their child.

CASE 2:

What would you recommend?

It is very important to educate parents about proper hygiene of the uncircumcised penis to prevent complications. The foreskin is usually not retractable in newborns, by the age of 6 years 50% of boys has retractile foreskin. The process of separation is not completed after puberty with 95% of males having retractile foreskin by the age of 17^{5,8}. Based on the later you need to advice the mother to never forcibly retract the foreskin of her newborn and wash his genitals with gently soapy water while giving a bath. Once the foreskin separates from the penis, advise her to gently retract the foreskin and cleanse periodically with baths⁹.

References:

1. Morris, B.J., Wamai, R.G., Henebeng, E.B. *et al.* (2016). Estimation of country-specific and global prevalence of male circumcision. *Popul Health Metrics* **14**, 4. <https://doi.org/10.1186/s12963-016-0073-5>
2. American Academy of Pediatrics Task Force on Circumcision (2012). Circumcision policy statement. *Pediatrics*, *130*(3), 585–586. <https://doi.org/10.1542/peds.2012-1989>
3. Manual for early infant male circumcision under local anaesthesia. (2012, October 17). Retrieved December 03, 2020, from https://www.who.int/hiv/pub/malecircumcision/manual_infant/en/
4. Voluntary medical male circumcision for HIV prevention. (2015, July 22). Retrieved December 03, 2020, from https://www.who.int/hiv/topics/malecircumcision/fact_sheet/en/
5. Sorokan, S. T., Finlay, J. C., Jefferies, A. L., & Canadian Paediatric Society, Fetus and Newborn Committee, Infectious Diseases and Immunization Committee (2015). Newborn male circumcision. *Paediatrics & child health*, *20*(6), 311–320. <https://doi.org/10.1093/pch/20.6.311>
6. Non-therapeutic male circumcision (NTMC) of children – Practical guidance for doctors. (2019). Retrieved December 3, 2020, from <https://www.bma.org.uk/media/1847/bma-non-therapeutic-male-circumcision-of-children-guidance-2019.pdf>
7. Shabanzadeh, D. M., Düring, S., & Frimodt-Møller, C. (2016). Male circumcision does not result in inferior perceived male sexual function - a systematic review. *Danish medical journal*, *63*(7), A5245.
8. Neonatal and child male circumcision: A global review. (2012, October 17). Retrieved December 03, 2020, from https://www.who.int/hiv/pub/malecircumcision/neonatal_mc/en/
9. Camille, C.J., Kuo, R.L. & Wiener, J.S. (2002). Caring for the uncircumcised penis: What parents (and you) need to know. *Contemporary Pediatrics*, *19*(11), 61.

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