WHY THIS FACT SHEET? The sectoral and supraregional project ‘Ending Female Genital Mutilation’ often receives questions about the circumcision of men, including questions about the difference between male circumcision and female genital mutilation (FGM).

Whenever female genital mutilation and male circumcision are mentioned in one breath, one’s first impression is that there is essentially no difference between the two operations. Female genital mutilation includes all practices in which the external genitalia of a girl or woman are partially or completely removed, with severe consequences to her health. Thus FGM constitutes a far more serious violation of the individual’s physical integrity than does the circumcision of men.

Without attempting to compare the two procedures, in response to repeated requests for information this fact sheet presents essential information about male circumcision.

PREVALENCE AND PRACTICE According to United Nations and World Health Organization (WHO) estimates, some 655 million men and boys have been circumcised - about a third of the world’s men.

Male Circumcision

Male circumcision is performed all over the world. The regions in which it is most prevalent are North Africa, large areas of West Africa, the Middle East, Central Asia, parts of Southeast Asia, the USA, and Israel. Religious, cultural and ethnic factors have a bearing on the manner in which circumcision is performed.

In most cases, circumcisions are conducted by medical practitioners or by religious or traditional dignitaries. The age at which the procedure is performed varies according to the respective socio-cultural and religious context, though it tends to take place during youth: circumcision is seldom performed on grown men.

MOTIVES Male circumcision is carried out for various reasons.

Hygienic and medical reasons: The main argument for male circumcision is based on the assumption that a circumcised penis is more hygienic, because it is easier to keep clean. In addition, the risk of urinary infection, certain sexually transmitted diseases, dermatological disease and penis cancer appears to be reduced (WHO, UNAIDS, JHPIEGO, 2007).

Furthermore, a WHO/UNAIDS study indicates that circumcised men have up to a 60 per cent lower risk of HIV infection (WHO, UNAIDS, 2007). German development cooperation takes the position that it is absolutely essential to combine male circumcision with other HIV prevention methods, particularly with information and education and with condom use. Circumcision is no substitute for these other methods.

Circumcision is recommended for medical reasons in the case of about 4 per cent of boys and men (Stehr/Dietz, 2005), for instance if the foreskin is constricted (phimosis) or if there are problems with urination or infection of the foreskin.

Religious and socio-cultural reasons: When it comes to circumcision, religious and cultural grounds cannot always be distinguished from one another. In many cultures and countries, circumcision is an integral part of men’s lives. Among Jews, circumcision customarily takes place eight days after birth and is celebrated on a grand scale. In Islam, too, circumcision is an important social occasion and is carried out at any point from birth on up to puberty. Often the operation is part of a rite of passage or initiation.

MALE CIRCUMCISION: The terms ‘male circumcision’ and ‘male genital mutilation’ (MGM) describe the partial or full removal of the foreskin of the penis.

There is no international classification of the procedure.

If the foreskin is entirely removed, the glans is completely exposed, so that the frenulum, the small band of tissue under the glans that connects to the inner foreskin, must be removed or stitched.
Sexual and aesthetic reasons: Circumcisions are usually performed on adults for reasons relating to sex. It is reported that the sexual experience is more intense for circumcised males and that the man can better control his arousal when the glans is thus exposed. Some men and women also feel that the circumcised penis is more aesthetic.

Possible Complications: The positive and negative medical effects of male circumcision are disputed. Following circumcision, physical and psychological complications may arise. Reports of such complications are however inconsistent and even to some degree contradictory.

According to WHO, complications arise in 0.2 to 2.0 per cent of all circumcisions conducted by trained, experienced medical practitioners under sterile conditions. The risk to new-born babies is even lower (0.2 to 0.4 per cent). Among the physical complications most frequently mentioned are pain, bleeding, haematoma, infection and adverse reaction to the anaesthetic (WHO, UNAIDS, JHPIEGO, 2007). Less commonly, following circumcision there may be re-constriction of the foreskin, development of fistulas, injury to the glans or narrowing of the urethral opening. Infection may lead to a loss of fertility or necessitate amputation of the glans or even the entire penis. In particularly severe cases, infection may even lead to death.

In any event, hygienic conditions, the skill of the operator, the instruments used and the care of the wound following the operation determine the extent of risk associated with it. If these factors are not carefully regarded, the consequences can be serious. WHO recommends that circumcision be performed only with an anaesthetic, which is not always the case even in industrialised countries, especially with the circumcision of very young boys.

Among the most frequently mentioned psychological effects of male circumcision, which often do not occur until many years after the operation, are feelings of powerlessness, rage or helplessness, phobias, anxiety about forming ties to others, shame and avoidance of sexual relations.

Since the risks that accompany circumcision outweigh its possible benefits, many doctors and medical societies, such as the Canadian Pediatric Society, advise against routine circumcisions - especially in industrialised countries, in which the risk of urinary tract infection or HIV are relatively small. It is also argued that circumcision should not be performed without the consent of the person affected (Stehr, Puzke, Dietz 2008).

The first country in the world to place legal limitations on male circumcision was Sweden, in 2001, in response to a number of infant deaths that had followed the procedure. Since that time, circumcisions without medical cause on boys older than two months are generally forbidden in Sweden. Circumcisions on babies two months old or younger may be performed only with an anaesthetic and by medical practitioners.

Sources: