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Pacific Circumcision of Boys

It was with grave concern and sadness that I heard your responses to being interviewed on Sunday Morning with Brian Crump 16 September 2007: Cut or Uncut. Some of your statements were factually inaccurate and I would like to make some points from your interview.

Finau: *"Well, the boy doesn't lose anything in fact by circumcision because the circumcision that's done – especially the Pacific traditional circumcisions – is a dorsal slit, What it means is that you just slit the top and the foreskin just stays where it is. Over the years it shrinks, but the glans penis is exposed completely, so it's unlike the amputation of the foreskin where you lose the foreskin so you don't lose anything. You keep it, but now you're rearranged".*

While it is true the ridged band is still there, apparently the foreskin atrophies so the eventual effect is the same as the Jewish-medical circumcision. The main male sexual sensory receptors (10,000 to 20,000 Meissner's corpuscles) are found within the ridged band in the foreskin. Contrary to popular and medical belief (from Victorian times), the glans only has a few Meissner's Corpuscles around the corona and is relatively insensitive – about as sensitive as the heel of the foot. That is why with keratinisation of the glans, circumcised males by the time they are 50 have very little sensation left. It is the interaction of the intact foreskin and the moist glans that gives the greatest sexual pleasure to the male.

Finau: *"They get ridiculed because they are not a complete man, they ... in fact we have found in New Zealand that some of them ... older men who gets married to Pacific women get themselves circumcised as well, because their women is demanding that they be circumcised because of the shame that goes with not being uncircumcised. In lots ... in the studies that's been done ... shame and being like the others or being like your father is some of the reasons that people give for getting circumcised. As well as hygiene and you know, several other health reasons that they give. And this study was done among people in Auckland and another surgeon, Kiki Moate, from the Cook Islands and a group in Christchurch did a similar study in Christchurch and pretty much the same reasons were given for wanting to be circumcised".*

This argument has also been used to justify female genital mutilation and still is in some cultures. It is sad comment on Polynesians society that members are not more tolerant of difference and are so ignorant about sexual anatomy. Only a violent, intolerant culture would demand parents cut off a healthy and sexually important part of their boy's body, make the boy suffer and sub-normalise his and his partners future sexual intercourse. In Pacific cultures male genital

mutilation is accepted because the females have been taught that it is necessary for them to be able to accept a man for intercourse. The term cultural blindness is used to describe a custom that can only be perceived as ridiculous so those outside the culture. To understand how this works we have to imagine what would happen if the situation were reversed? Would female Polynesians be just as happy to have parts of their genitals hacked off because the men thought it was more hygienic and it made them more of a woman?

The hygiene argument has also been used to justify female genital mutilation, because female genitals also produce smegma and get smelly and smell like fish. An intact penis requires virtually no special attention for the first few years, so should not bother the parent at bath time. In fact the penis is best left alone. From about five years of age a child can wash much of his own body, so that parents will not have to waste their valuable time doing so. With increasing age, as the foreskin naturally retracts the boy can easily wash under it. It will take him only a fraction of the time it would take him to clean his teeth.

Finau: *"Well the benefits – not only the health benefits, but the fact that the health benefits are now endorsed by the WHO, UNICEF and so on. In fact circumcision in WHO's review of the literature showed that it's protective of men and their spouses from HIV and sexually transmitted diseases if people are circumcised – to the extent that they're recommending that circumcision of men is the one methods of prevention of HIV in certain societies in epidemic areas and so on and so forth. Apart from that it has protective ... it has been found also in some of these studies that the men who get the spouses of the women have a lower risk of cervical cancer if their spouses were circumcised".*

This health benefit argument has also been used to justify female genital mutilation. Pseudo-medical reasons for circumcision have all have been found wanting. Even the HIV research in Africa has yielded equivocal results. For example, in one trial circumcised men became infected and in another the circumcised men had to refrain from sexual intercourse for 6 weeks or else use condoms and the trials were stopped early. Such poor research should not get past peer review in a scientific journal. No medical association in the world recommends male or female circumcision for disease prevention, so who do you? Are you aware that the WHO has been hijacked by a group of circumcisionists from the American Circumcision Industry i.e. Professor Robert C. Bailey, Professor Stephen Moses and Ronald H. Gray as well as Bertran Auver from France? During childhood minor infections (eg UTIs) are nowadays treated with antibiotics, rather than preventative amputation. Usually sexually transmitted diseases do not affect babies or boys. When old enough to be sexually active and if he wants to practice unsafe sex with multiple partners the boy can choose whether to be circumcised or not. Even if circumcised his chances of not becoming infected through unsafe sex would still be quite high.

Finau: *"Always. Always. This is the risk of infection, a scarring, there is the risk of bleeding, there is a risk of contractures – scars contracting after circumcision are done. Those are kinds of risks. But the risk is so minimal to the benefits."*

The risks of circumcision are not minimal. Medical advice, especially from USA, usually quotes very low figures for complications due to lack of patient follow up. Published studies reveal a less than optimistic story. An Australian study in 1970 found a complication rate of 15.5%, the most common being bleeding followed by meatal ulcers.¹ Patel in 1966 published a paper that stated that the complication rate was 55%.² Van Howe found in a study of 213 boys in Wisconsin that 'circumcised boys are more likely to develop balanitis, meatitis, coronal adhesions and meatal stenosis'.³ In 2003 a Canadian study found the complication rate to be 84% in a follow up period of 18 months after the procedure.⁴

Long-term complications from neonatal circumcision remain conspicuously unacknowledged in the medical literature. These include psychological effects and impotence. Many men live with these complications without ever referring to a doctor and consider their state normal. However, men who are aware of their condition are starting to report negative physical effects as a result of neonatal circumcision. A 1996 study by NOHARM of 546 men revealed that men were very aware of the physical consequences and mentioned: scarring, uncomfortable erections, erection curvature, discomfort and bleeding during sexual activity. Sixty one percent claimed circumcision results in problems or achieving erection and orgasm.^{5,6} Several authors have noted changes in sexual behaviours of circumcised men in order to make up for the missing sensory input. Circumcised men are less likely to use condoms⁷ and 'engage in a somewhat more elaborated set of sexual practices than do men who are not circumcised'. Circumcised men engage in oral, anal sex and masturbation at greater rates or frequencies.⁸ Some circumcised men suffer life long psychological effects. Some have expressed rage that they take out on their families. Perhaps the level of violence seen in Pacific and Muslim men is a result of the violence that was done to them. Victims of abuse tend to find victims to re-enact their own abuse. This is particularly the case for males.

Gregory: "So for you, you'd see it as the same as parents consenting to having their child vaccinated?"

Finau: "Definitely. It's a preventative measure."

This argument has also been used to justify female genital mutilation. Parents do have to make many decisions for their children. They have to decide whether to vaccinate their child or not. Of course, vaccination does not involve removing healthy body tissue that has an important sexual function. Many parents fall into the Eternal Child trap. This means that they do not consider their decisions in the light of their boy growing into a sexually active man. They only consider the effect of circumcision on the baby, not on the man he will become. If the word 'children' is replaced by the word 'men' this justification starts to lose its tempting power and in fact sounds quite ridiculous: Parents have to make a lot of decisions for their men.

Finau: "No. I don't see it as a human rights issue. And you're right there is a Society in New Zealand, a Society for the Restoration of the Foreskin, people who have been circumcised and what not. However, the consent for the process is that given by the parents and there is a whole bunch of ethical arguments about who should consent for children in procedures and, of course, the answer is the parents and guardians are the ones that consent."

By the way, there is no Society for the Restoration of the Foreskin

in New Zealand – yet. Paul Sherriff, a New Zealander, runs a website from Sydney which has 6000 members.

Those of us that were genitally mutilated without our permission do see neonatal male circumcision as a human rights issue. So does the law regarding female genital mutilation. Whether parents can give permission for healthy parts of their son's body can be cut off has yet to be tested in court. There is no specific New Zealand law protecting underage males from genital mutilation. However, it should be noted:

- According to international law male circumcision of minors is illegal because it is sexually discriminating and non-consensual.
- According to English Law male circumcision of minors without consent is assault since it cannot be excused on the basis of it being a treatment.

'The general rule in English criminal law, and reflected in other common law jurisdictions, is that any application of force, no matter how slight, is prima facie an assault. Consent serves as a defence to assaults that do not inflict actual bodily harm. Exceptions to the general prohibition on assaults causing bodily harm include medical treatment.,'⁹

Circumcision is not a medical treatment, since no disease or condition is present. Several papers have been written on the subject and all agree that defence would be difficult up against the current scientific anatomical and physiological evidence, most of which appears to be unknown to the medical profession.

Finau: "The bias comes from the medical profession because if you track the history of circumcision in the medical profession it wanes and waxes as it goes, depending on the advocacy for circumcision. Even after the WHO review, the recent organisation that's called Doctors Against Circumcision in reading their material, they're not talking about evidence, they're being emotional, they've emotionalised the whole thing because they want to cut the foreskin. And that's a different kind of approach from becoming health prevent it. There are those that believe in the foreskin and protects them. For what reason nobody really knows. Can you think of a good reason for the foreskin?"

Because I am currently co-authoring a book subtitled The New Zealand Circumcision Hoax, I have studied the history of circumcision in New Zealand in considerable detail. It has never been popular in Europe in the past or now or even in England prior to the nineteenth century. It has only waxed and waned once. It waxed because the Victorian doctors used it to prevent masturbation and to treat the imaginary disease of 'congenital phimosis'. Our peak was in the 1940s when the rate was about 90% in some population subgroups due to the idea that it would prevent infection during war. It waned as the medical profession and then the parents saw it for the hoax it really was. It didn't prevent anything.

I have checked out <http://www.doctorsopposingcircumcision.org/>. They have much scientifically valid material there. They are also trying to reach the ignorant parents who are easily fooled by the American medical establishment that wants their money. It is understandable that you would consider them to be 'emotional', just as you sound extremely emotional about maintaining circumcision in Pacific

Culture. Remember they do not have a professional status or livelihood to protect, as you do and other circumcisers do. They are trying to protect the innocent victims who cannot protect themselves from what they see as a violation of human rights. Real physicians follow the "First do no harm" dictum, which precludes cutting off prepuces. That is what Doctors Opposing Circumcision are doing.

There are lots of reasons for having a foreskin. Its functions of the foreskin are well known outside medical circles, possible because many male doctors do not have foreskins so cannot understand the benefit. Here are a few reasons:

1. The foreskin keeps the glans moist so that friction on intercourse is reduced and so the few Meissner's sensory receptors around the corona are easily able to detect fine touch and movement.
2. The foreskin gives pleasurable sensory feed back to the male's brain through the 10,000 – 20,000 Meissner's sensory receptors in the ridged band as they detect fine touch and movement.
3. During intercourse the penile shaft slides back and forth within the foreskin. This reduces friction with the vaginal walls and gives the coronal sensory nerves short rests, so stopping premature ejaculation (which is more common in circumcised men).
4. The frenulum, which is part of the ridged band structure when stretched this tells the man when to reverse the stroke. Strokes are kept short.
5. The presence of the foreskin means the man uses shorter and less violent strokes.
6. Vaginal secretions tend to stay in the vagina so that artificial lubricants do not need to be used.
7. Stops the glans getting sore and numb.
8. Masturbation and foreplay is easier and more fun.

(If you want more details read O'Hara, K., & O'Hara, J., *Sex as Nature Intended It. Turning Point Publications (MA); 2nd edition (September 2002) or O'Hara K, O'Hara J. The effect of male circumcision on the sexual enjoyment of the female partner. BJU Int 1999;83 Suppl 1:79-84*)

Just because rituals are part of a culture does not mean they are necessarily good or desirable, or worth preserving. All cultures are capable of evolving and if they do not adjust to changing world conditions they may die out. Various cultures have already abandoned or begun to abandon such traditions as child sacrifice, slavery, foot-binding, cannibalism, racial segregation and female genital mutilation. As Roger McClay, past Commissioner for Children, has said:

'I believe it's a form of abuse but cultural considerations create a grey area.... At least some of the cultural and religious adherence to the procedure could be loosened with education. After all, smacking children or eating each other may be culturally appropriate, but it's certainly not acceptable in contemporary New Zealand.'¹⁰

People are now more conscious of the damage and suffering these traditions caused and that everyone has the right to human dignity. In time it is inevitable that all genital mutilation will be outlawed. Rather than promoting this harmful ritual

in either sex, we need to lead humans towards a world where there is less violence and therefore less suffering. The leaders of minority cultures can either remain blindly bound to brutal behaviour, or spearhead progress towards a less ignorant and more compassionate world. It is unknown for genitally intact men to want parts of other men's sexual anatomy amputated. However, damaged people do keep damaging others. That is how genital mutilation has survived from Palaeolithic times. I challenge you to help break this cycle of violence.

Yours sincerely

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Sunday, October 7, 2007 Ashburton 7700

Editor's Note

I am one of the authors of the paper on *Circumcision of Pacific boys: culture at the cutting edge (Pacific Health Dialog Vol no.)*. I was interviewed as Mr. Watson have described above. I am also the editor so I will try to respond coolly to the emotional tirade on this sensitive issue.

Mr. Watson after agreeing that no removal of tissue takes place went on to argued about absence of the Meissner's Corpuscles. Please grasp the anatomical differences between dorsal slit and amputation of the neonatal foreskin! It will make the discussion more fruitful.

Body parts in humans, as a rule, atrophy from non-use and we have appendages of parts not being used any more .So if the Meissner's corpuscles atrophy, which I doubt, (I cannot find evidence of such an occurrence) it is probably from non-use whether with or without a dorsal slit circumcision. However if the corpuscles are repeatedly use it should not atrophy. Keratinisation cannot be the only factor in the claims of insensitivity problem especially with the high rates of premature ejaculation in societies.

I am not aware of any law, common or uncommon, where adults (parents or guardians) have no authority and responsibility to consent to procedures for minors. So the irrational responses to consent by children are not relevant here. Even the UNICEF Rights of Children advocate for the inalienable responsibility of adults to give children first call on resources.

In order to avoid repeating the paper and other evidences presented on circumcision of boys please refrain from emotional tirades until proper attention and analysis of the facts and the science have been given. This must be done before emotionally calling Pacific Cultures violent and intolerant especially from cultures that perpetuates wars and abuse of native peoples then meekly apologise as if this will make things all better and normal! There is a huge disconnect between the penis abuse and societal violence borne of fanaticism and the preoccupation with anti-circumcision.

Incidentally Pacific societies do not circumcise women as there is no cultural need or scientific evidence for this gross insensitivity. We all tamper with our body parts for all sorts of reasons without evidence of medical benefit. There is evidence of benefit for circumcision of men so please get circumcised and be protected.

Malo Sitaleki Finau

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