

Attitudes of Pacific parents to circumcision of boys

Abstract: **Background:** Circumcision for cultural reasons is routine in Pacific Island countries. In New Zealand routine circumcision for which there is no medical indication is uncommon and no longer publicly funded within the public hospital system. This has caused difficulties for the Pacific people of New Zealand. **Aim:** This study documents the differences in the attitudes of Pacific parents and their male children to cultural circumcision, and assesses the strength of their beliefs. **Methodology:** Pacific boys between the ages of 8-18 and their parents resident in Christchurch were given a questionnaire to complete and then were interviewed. The participants were obtained mainly through church organisations and after broadcast on Pacifica radio. **Results:** One hundred and sixteen of the 123 participants felt that they had strong ties to the Pacific community. The majority (89%) of the Pacific people felt that circumcision should be performed mainly for reasons of culture and hygiene. Only a small number were aware of the possible complications that might occur with circumcision. The average age that most Pacific people were circumcised and would want their children to be circumcised is between 6 and 10 years of age. Boys were less sure than their fathers that they would get their own sons circumcised. **Conclusion:** This study has shown that circumcision is expected and surprisingly well accepted by the boys of Pacific families despite the discomfort they know the procedure causes. There is a strong cultural demand from parents for circumcision. Guidance from church leaders or sexual health lessons at schools or elsewhere may alter the cultural importance of circumcision for Pacific Island people. However, the preference for circumcision is so well entrenched into their cultural beliefs and may take years to influence.

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Introduction

About 80% of the world's male population remains uncircumcised and most male circumcisions are performed for religious reasons¹. In New Zealand, the number of boys circumcised as recorded by the Ministry of Health public hospital admissions data has dropped from 901 in 1994 to 678 in 1998.

Nowadays, circumcision is an infrequent procedure in New Zealand except within certain groups, one of the largest of which is the Pacific people. Boys from Samoa, Tonga, Cook Islands, Fiji and Niue still routinely undergo circum-

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cision primarily for cultural reasons. Recent changes in Health Funding Authority (HFA) arrangements for purchasing procedures from public hospitals has meant that routine non-medically indicated circumcision is less accessible to this and other groups. For example, at Christchurch Hospital, no routine circumcisions without a medical indication have been purchased since 1996. This lack of public funding has created difficulties for the Pacific community as the only other affordable options have been to have the procedure performed during a visit to the Pacific Islands or to have the circumcision performed in a private hospital (Many families with young children cannot afford the procedure as the median income of Pacific males is around \$15000⁴). This study was designed to determine the attitudes of Pacific parents and boys resident in Christchurch, New Zealand to cultural circumcision, and to assess the strength of their beliefs. Opportunities for edu-

cation programs for both the parents and the boys that might influence the demand for circumcision were also considered.

Methodology

Pacific families resident in Christchurch were identified and approached primarily through their church organizations, with assistance from a Samoan nurse from the Christchurch Hospital. The purpose of the study was broadcast on Pacific Island radio and interested families were asked to call back. The study included Pacific boys between the ages of 8-18 years and their parents. Each

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Table 1. Perceived problems that may occur with circumcision

	Boys	Fathers	Mothers
Pain	14	1	2
Infection	8	7	7
Bleeding	1	2	1
Fatal slip of blade	4	1	1
Adhesion	1	0	0
Skin problems	1	1	0
Embarrassment	0	0	1
None, don't know any	25	27	27

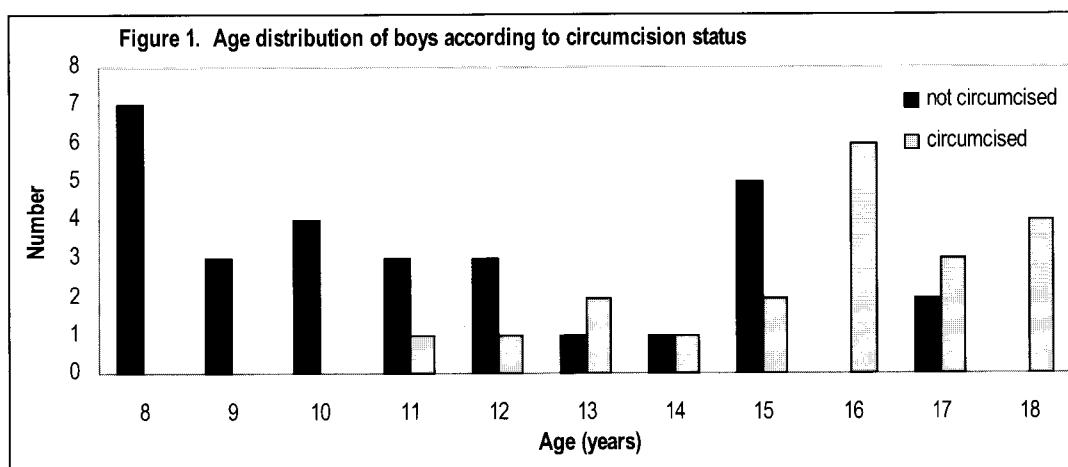
parent and son was asked to complete a self-administered questionnaire, followed by a face to face interview. The questionnaires and interview were conducted at the homes of the participants by a fifth year female medical student. Usually the whole family was present together. Recollection of severity of pain was recorded on a 10cm linear analogue scale. The basis of the interview was to confirm the accuracy of the information provided in the questionnaire and to probe particular responses. The interview as considered an important component of the study, particularly when English was not the first language of the adults. The data were analysed on Microsoft Excel. Oral and written informed consent was given by all the participants and ethics approval was obtained from the Canterbury Ethics Committee.

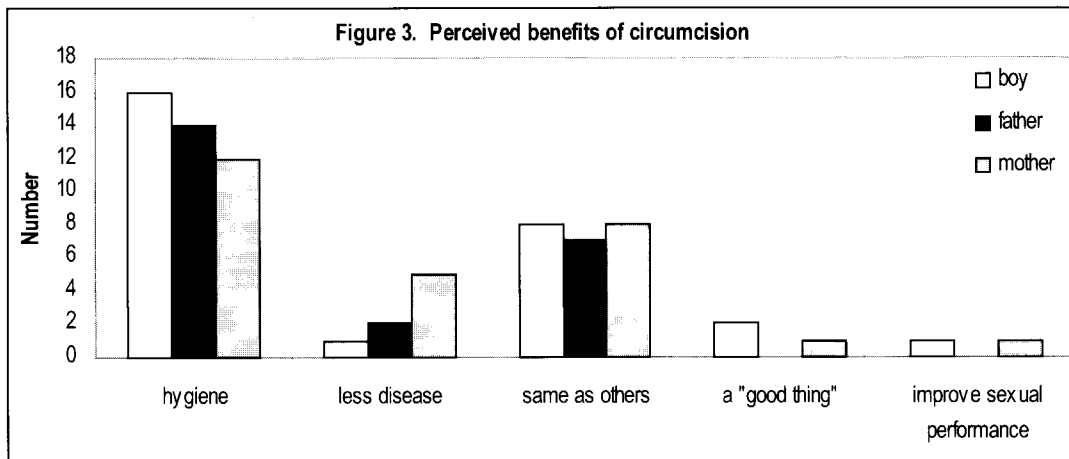
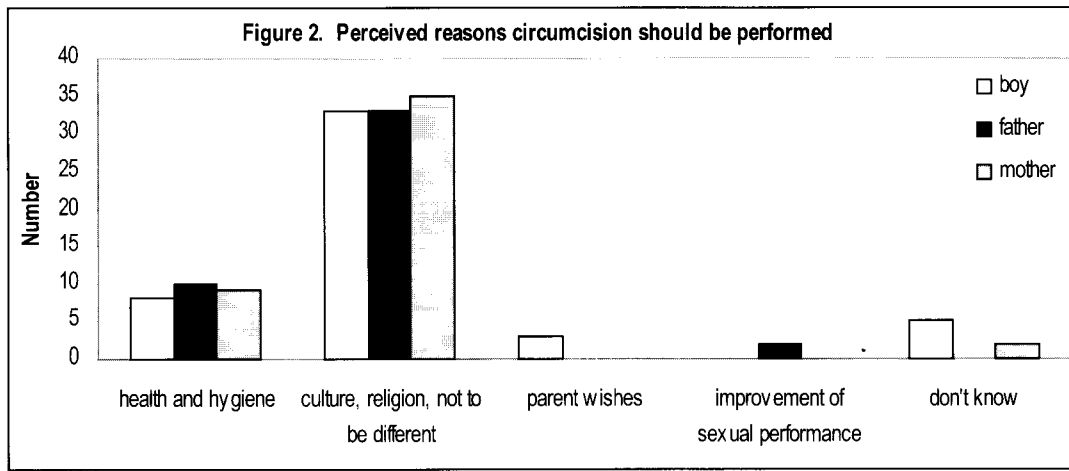
Results

A total of 123 people from 52 families participated in this study (49 boys, 37 fathers and 37 mothers). The ages of the boys in relation to their circumcision status in shown in Figure 1. The majority (74%) of the parents were between the ages of 30 and 49 years. The ethnic origin of those interviewed was 78% Samoan, 12% Tongan and the remainder were of mixed origin (Fiji, New Zealand, Paki-

stan and Samoan/Tongan background). Strong cultural ties with the Pacific community were felt by 116 of the 123 (94%) participants while 6% felt that they did not have strong cultural ties. Overall, 80% felt they had a clear and concise idea about what circumcision involved; the 20% who were unsure were mostly younger boys and mothers. The majority (89%) of Pacific people felt that circumcision should be performed: all the boys who were circumcised felt that it should be done (the two boys who thought it should not be done and the eight that were not sure were all uncircumcised). The reasons respondents felt that circumcision should be performed are summarized in Figure 2: almost all participants (94%) stated that circumcision was part of their cultural beliefs. The possible problems or complications

respondents perceived might occur with circumcision are shown in Table 1 and the perceived benefits shown in Figure 3. Figure 4 shows the ages the boys, their brothers and fathers were circumcised. All mothers and fathers said that they would still wish their boys to be circumcised. When the boys were asked the same question 71% said that they would have their sons circumcised, 22% said that they were not sure and 6% said that they would not. Figure 5 shows the ages at which they would want their children circumcised, the majority choosing the 6-10 year age range. All the fathers in this study were circumcised, while 41% of the boys were already circumcised. Only 35% of the boys and 30% of the fathers said they had been given a choice to be circumcised. All the Pacific fathers interviewed were circumcised in the Pacific Islands compared with only 50% of the circumcised boys. Almost all boys had the operation performed by a doctor. Although 40% of those done in NZ were not done in a hospital) and 11% of the fathers had the operation performed by a nurse or a non-medical practitioner in the Pacific Islands. Most were performed with a local anaesthetic, and only 19% had a general anaesthetic. No fathers recalled having had complications. The level of the pain experienced varied according to the type of anaesthetic used. On a 0-10 linear analogue scale of pain (0=no pain; 10=most severe



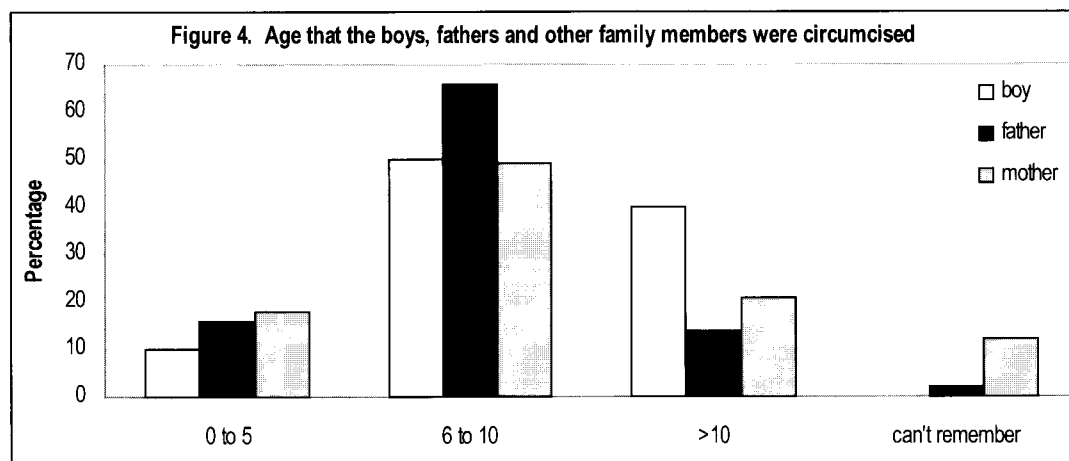


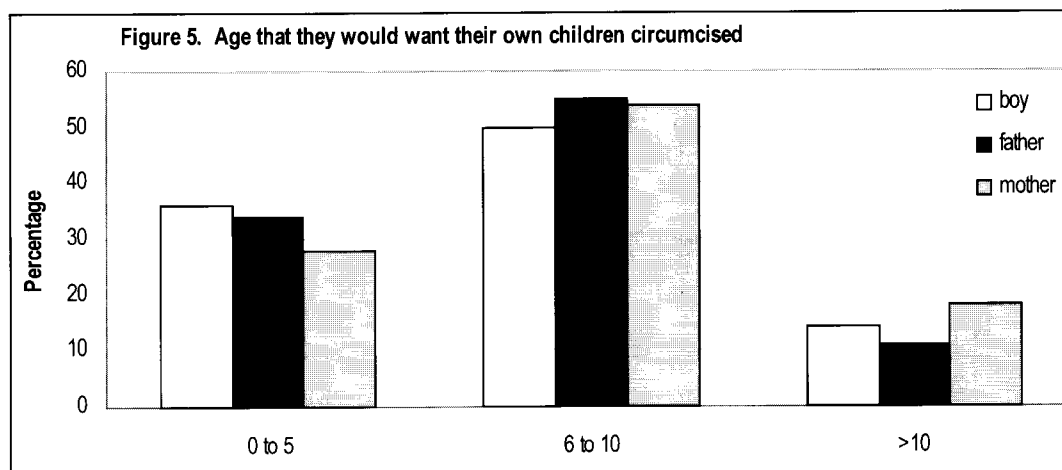
pain) the mean level of pain experienced pain under general anaesthetic was 3.3 compared with 4.3 without a general anaesthetic. The mean pain score as assessed by the boys was 3.25 compared with 4.6 by fathers. Most children recalled that the pain lasted less than 24 hours but 20% remembered it lasting longer than 5 days, whereas only 8% of the adults recalled the same duration of pain. Twenty seven of the 29 boys that were not circumcised are going to be circumcised in the future while 2 were unsure; 78% of them said that they had no choice in that their parents had determined that they would be circumcised. There was no significant difference

in the perceptions of the reasons for circumcision of those boys who were already circumcised compared to those who were yet to be circumcised.

Discussion

The sample used in this study was not random: the bias derives from the source of families being acquired mainly through church groups. As a result it tends to reflect the attitude of Pacific families who are in contact with their church or have a religious affiliation. However, almost all Pacific Island families in Christchurch belong to a local





church. In New Zealand, the practice of circumcision was common from the end of World War II until the 1970's. Since the 1970's the number of circumcisions performed as a routine procedure has decreased significantly. Although the origins of the practice of circumcision in the Pacific Islands are uncertain, the most widely held belief among the Pacific people themselves is that circumcision began with the arrival of the missionaries almost 200 years ago. This accounts for why many Pacific people attribute Christian meaning to their beliefs regarding circumcision. There is evidence, however, that the practice of circumcision in a more primitive form, involving a simple splitting of the foreskin, predates the arrival in the islands of the Christian missionaries in some Pacific Island countries².

Meanwhile, the number of Pacific people in New Zealand is increasing due to increased migration from the Pacific Islands and their relatively high birth rate (thirty percent of Pacific families have four or more dependent children compared with 3.5% of the total New Zealand population^{3,4}). In 1996, Pacific boys made up 8.4% of the total New Zealand male population between the ages of 5 and 19, compared to 5.6% in 1986⁵. Christchurch has a smaller proportion of Pacific people (2.1%) compared with Auckland (12.3%).

In recent years there has been restricted availability of routine elective circumcision in the absence of a medical indication within the public hospital system. The main medical reason for circumcision⁶ is phimosis, although it has been estimated that fewer than 2.5% of boys require circumcision for this indication. There is still much debate within the medical profession as to whether there are other medical indications for circumcision, and whether it should be performed as a routine procedure^{7,8}. The medical benefits of circumcision that have been described (in addition to relief of phimosis) include a reduction in the incidence of UTI in boys⁷, and reduction in the risk of penile

cancer⁹ (although the risk of carcinoma of the penis is only 0.7 to 0.9 per 100,000 males¹⁰). There is no convincing evidence to suggest that circumcision reduces the risk of transmission of STD's¹¹ despite earlier claims¹² although there has been a recent suggestion circumcision may have a protective role to play against HIV infection¹³. There is no certainty that it affects sexual performance adversely^{14,15}.

A decision as to whether male circumcision should be performed for medical reasons is based upon assessment of the risk of, and occurrence of, the disease which are known to be associated with the presence of an intact foreskin, versus the risk of morbidity and complications of the procedure. The reported complication rate of circumcision varies between 2-10%^{16,17,18}; complications include haemorrhage, infection,

glandular ulceration, meatal stenosis, inadvertent injury of the urethra (fistula), inadvertent amputation of the penis, too much skin removed, secondary phimosis, anaesthetic complications and psychological trauma. A review of studies of the emotional stress that circumcision causes to the male have suggested that feelings of mutilation, low self esteem/inferiority to intact men, genital dysmorphia, rage, resentment/depression, violation and parental betrayal¹⁹ may result from the procedure, although no evidence of this was found in our study. Indeed, we found that 84% of the fathers and sons would want their own children circumcised, an indirect indicator of the acceptance of the procedure.

Implications and conclusions

There are a number of implications of the study: first, health funding bodies should be aware of the strength of the conviction held by the Pacific community of the importance of circumcision. Documenting the strength of this conviction may encourage such bodies to reconsider

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whether it is appropriate for public funding to accept the cultural requirement of Pacific Islanders as a legitimate reason for circumcision.

Secondly, the likely influence on the cultural demand for circumcision provided by better education of the reasons for and the risks of circumcision should be evaluated. For example, would a programme to educate both the parent and the boys of Pacific families of current medical opinion on circumcision (eg, according to AAP or NZSPS²⁰ guidelines) alter the demand for routine circumcision? This study has shown that circumcision seems to be surprisingly well accepted by the boys despite the discomfort the procedure involves; moreover, it is evident that it is well entrenched into the cultural beliefs of the Pacific community, even in those brought up entirely in New Zealand. There is a strong demand from Pacific parents (especially the fathers) who are cognizant of the social consequences of not being circumcised in a community where circumcision is the norm. These consequences include rejection by peers, and the traditional belief and practice of circumcision as a prerequisite to manhood and preparation for marriage. These strongly held beliefs would take a long time to change. Educational programs for Pacific families proposing informed choice to alter this cultural belief would not be guaranteed of immediate success. The likely success of an intervention may be increased if specifically designed for the boys because it was this group that seemed to be the least convinced of its benefits. The results of this study show that few parents or children were aware of the complications of circumcision or of their frequency. Therefore, it would seem appropriate that the older boys be better informed of the procedure prior to surgery, including awareness of all the implications or possible consequences. Guidance from church leaders or sexual health lessons at school or elsewhere may influence traditional perceptions and ultimately, the practice of circumcision. However, it would be difficult to explain the implications of circumcision to boys between the ages of 6-10 years, the age at which most Pacific boys are currently circumcised. Further research is needed to explore and attempt to understand the origins of the strong cultural beliefs. Narrative research methods conducted in the mother tongue of Pacific Islands people may enable distinction to be made between beliefs and practices that have their origins in the Christian faith and those that are longer-standing and more traditional.

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