

# Ignore the Myths, *Get the Facts*

The following cultural beliefs, or myths, are often used as reasons for circumcision. After each myth, some relevant facts are provided to present a more accurate picture of this procedure. Parents should understand the full implications of circumcision before making this irreversible decision for their child.

**Myth #1:** Circumcision is recommended by doctors and medical organizations

**Fact:** Circumcision is not recommended by any national medical association in the world. Fifteen national and international medical associations have extensively studied infant circumcision and its effects and found no significant evidence to support this practice. In March 1999, the American Academy of Pediatrics (AAP) concluded that infant circumcision is *not* recommended as a routine procedure.<sup>1</sup> The circumcision policy statements of the American Medical Association (AMA) and the American Academy of Family Physicians have concurred with this position.<sup>2-3</sup> The AMA calls infant circumcision “non-therapeutic.”

**Myth #2:** It’s just a little piece of skin, he won’t miss it.

**Fact:** The prepuce (foreskin) makes up as much as half of the skin system of the penis.<sup>4</sup> It is an extension of the shaft skin that folds over onto itself, completely covering and protecting the glans (an internal organ) and provides the mobility of the shaft skin necessary for frictionless intercourse and masturbation. The foreskin has three known functions: protective, immunological, and sexual. It contains about 10,000 highly specialized nerve endings and several feet of blood vessels. An adult male foreskin, if unfolded and spread out, would be about the size of index card (3 x 5 inches), much more than a “little piece of skin.” Many sexually active men circumcised in adulthood report a significant decrease in sexual pleasure and comfort because of the loss of sensitive nerve endings, skin mobility and natural lubrication.

**Myth #3:** The care of a circumcised penis is easier than an intact penis.

**Fact:** For the care of an intact penis, the AAP recommends, “Leave it alone.”<sup>5</sup> No special care is required – an intact child should have the external surface of his penis (and the rest of his body) washed regularly to keep clean. When a male is older and can retract his foreskin (which typically occurs by puberty), a simple rinsing is all that is necessary.<sup>6</sup> Other cultural myths about special cleaning procedures are just that – myth.

**Myth #4:** Circumcision protects males from urinary tract infections.

**Fact:** Overall, urinary tract infections (UTI) occur at about the same rate in male and female infants during the first six months of life.<sup>7</sup> Regardless of circumcision status, infants who present with their first UTI at 6 months (or less) are likely to have an underlying genitourinary abnormality. In children with a normal underlying anatomy, a study found as many circumcised infants with a UTI as those who retained their foreskin.<sup>8</sup> The appropriate treatment for UTI, in males as well as females, is antibiotics, not prophylactic excision of the prepuce. According to the AAP, “Urinary tract infections are usually not life threatening and are easily treated in most cases.” Breastfeeding provides some measure of protection against UTI during the first six months of life.<sup>9</sup>

**Myth #5:** Circumcision is effective in the prevention of penile cancer.

**Fact:** “The American Cancer Society does not consider routine circumcision to be a valid or effective measure to prevent such cancers... Penile cancer is an extremely rare condition, affecting one in 200,000 men... Perpetrating the mistaken belief that circumcision prevents cancer is inappropriate.”<sup>10</sup>

The American Medical Association, in a July 2000 report, states, “... because this disease [penile cancer] is rare and occurs later in life, the use of circumcision as a preventive practice is not justified.”<sup>2</sup>

**Myth #6:** Almost everyone is circumcised...I don’t want my son to be teased in the locker room.

**Fact:** The circumcision rate for males worldwide is about 15%. Even in the US, the only country that circumcises a majority of its male newborns for non-religious reasons, the circumcision rate is decreasing. According the National Center for Health Statistics, the US circumcision rate is approximately 60% (varies widely by region) and slowly decreasing. According to many intact males, the “teasing” concern is vastly overstated. For many boys, genital status is neither an important issue nor one that is discussed. In the unlikely event of concerns later in life, at least the person can make his own decision about an irreversible body alteration that has no medical justification.

**Myth #7:** Circumcision is a simple and painless procedure... it only takes a few minutes.

**Fact:** While circumcision is a relatively quick procedure, it is extremely painful for the infant. The initial part of the process involves a forced separation of the foreskin, which is fused to the glans (head) in much the same way as a fingernail is joined to the finger. The AAP says the following about EMLA cream, one of the most common pain relief methods, “The analgesic effect is limited during the phases associated with extensive tissue trauma...”<sup>1</sup> Although they cannot remember the pain as adults, circumcised male infants have increased pain response in vaccinations 4 to 6 months later.<sup>11</sup> Circumcision appears to lower the pain threshold.

**Myth #8:** Circumcision makes the penis cleaner and more hygienic.

**Fact:** Circumcision removes the protective portion of mobile shaft skin, which is intended to cover the glans (head) of the penis. The glans is the internal portion of genitalia (for both genders). Circumcision artificially exposes and denudes this highly sensitive tissue, resulting in a buildup of keratin and a dry, desensitized part of the penis. And contrary to popular myth, more sensation does not lead to control problems. Based on reports from men circumcised as adults, just the

opposite is true. With more sensation, a man has better feedback and can better determine his proximity to the “orgasmic threshold.”

**Myth #9:** Circumcision prevents AIDS and other sexually transmitted diseases (STDs).

**Fact:** Some studies show that circumcision has a slight preventive effect for AIDS and some STDs; however, other studies show an insignificant or opposite effect, especially for chlamydia. The bottom line: sexual practices have a much greater effect on the chance of becoming infected than circumcision status. If someone acts on the misconception that circumcision alone will protect them, they are taking unwise chances.

**Myth #10:** The history of non-religious circumcision is based on disease prevention.

**Fact:** Non-ritual circumcision evolved from a misunderstanding of bodily function by physicians of the late-19<sup>th</sup> century.<sup>12</sup> Many doctors of that era believed that a normal foreskin could cause disease and lead to increased incidence of “self-abuse.” John Harvey Kellogg, of cereal fame, was a proponent of genital cutting as a cure for this “horrible practice.” He recommended performing circumcision “without administering an anesthetic, as the pain attending the operation will have a salutary [health-giving] effect upon the mind, especially if connected with the idea of punishment.”

This fact sheet is a presentation of the Pennsylvania chapter of NOCIRC (National Organization of Circumcision Information Resource Centers).

References:

1. American Academy of Pediatrics, Circumcision Policy Statement - March 1, 1999
2. American Medical Association, Report 10 of the Council on Scientific Affairs (I-99), July 6, 2000
3. American Academy of Family Physicians, Position Paper on Neonatal Circumcision, February 14, 2002
4. Cold CJ, Taylor J. The prepuce. *BJU Int* 1999; 83:34-44
5. American Academy of Pediatrics pamphlet. Newborns: Care of the Uncircumcised Penis – Guidelines for Parents. 1990
6. CIRP: Normal development of the prepuce: Birth through age 18. [www.cirp.org/library/normal/](http://www.cirp.org/library/normal/)
7. Marild S, Jodal U. Incidence rate of symptomatic urinary tract infection in children under 6 years of age. *Acta Paediatrica* 1998;87:549-52
8. Mueller E, Steinhardt G, Naseer S. The Incidence of Genitourinary Abnormalities in Circumcised and Uncircumcised Boys Presenting with an Initial Urinary Tract Infection by 6 Months of Age. *Pediatrics* 1997;100(supplement):580
9. Pisacane A, Graziano L, Mazzarella G, Scarpellino B, Zona G. Breast-feeding and urinary tract infection. *Pediatrics* 1992;120:87-89
10. Letter from the American Cancer Society (National Home Office) to the American Academy of Pediatrics, 16 Feb 1996
11. Taddio A, Katz J, Ilersich A, Koren G. Effect of Neonatal Circumcision on Pain Response During Subsequent Routine Vaccination. *Lancet* 1997;349:599-603.
12. Gollaher D. Circumcision: A History of the World’s Most Controversial Surgery, New York, Basic Books, 2000