Running Head: CIRCUMCISION

Circumcisi□n: Challenging a S□cial N□rm

In the United States the most common surgical procedure performed on male infants is one that is not medically necessary. This procedure removes a functional part of his body, changes his sexual perceptivity and can lead to complications both immediately and later in life (Burlin, 2003). The patient sometimes goes without any pain medication during the procedure and often does not receive medication after the procedure (Hill, 2004). One-hundred percent of the male infants that undergo this procedure do not agree to it. Instead, their parents are responsible for deciding its necessity. It is the parent's responsibility to become fully informed about the procedure of circumcision in order to provide a valid, informed consent.

A community assessment was performed to determine the current knowledge about circumcision. An anonymous survey was created via the internet, and the 53 responses from parents in the state of Michigan were analyzed. The survey included assessments of their reasons for circumcision, education from the doctor, pain relief during circumcision, and current knowledge about the procedure. Although circumcision is a tradition specific to the Jewish religion, only two people surveyed declared religion as a very important influence to their decision. Therefore, it can be implied that the majority choosing to circumcise their children are doing so for reasons other than religion.

Problem Analysis

Informed consent can only be given after an explanation of the nature and purpose of the procedure, the risks and benefits, alternatives, risks and benefits of the alternative treatments, and the risks and benefits of abstaining from the procedure (American Medical Association, 2008). The community assessment found that many were not educated about the essential knowledge of the circumcision procedure. While almost 70% of survey participants were educated about the care after circumcision, the majority were told nothing else. One-third of all participants

reported their doctor did not discuss any of the aforementioned information with them prior to the procedure. These statistics verify the absence of informed consent.

Current statements made by the American Academy of Pediatrics (AAP) do not recommend circumcision as a routine procedure (American…et al, 1999). While these recommendations concerning circumcision are accessible to anyone via the internet and books, medical professionals need to take responsibility to educate their patients and verify understanding about the procedure.

While listing the possible benefits of circumcision many fail to explain the benefits of leaving the penis intact. The foreskin is too commonly referred to as extra skin, when in fact the skin of the foreskin has components that can be found nowhere else on the body (CIRP, 2005). The foreskin, along with being the only moveable part of the penis, contains thousands of highly sensitivity receptors which are more abundant than any other part of the penis. Circumcision was introduced to this culture in hopes to eliminate masturbation. It was thought that by removing the most sensitive part of the penis, males would not masturbate (Ray, 1998). The intact penis is reported to be four times more sensitive than a circumcised penis (CIRP, 2007).

The foreskin assists in sexual function by protecting the glans from chaffing, preventing desensitization of the glans, and providing natural lubrication which prevents vaginal tearing (CIRP, 2007). The foreskin accounts for one-third of the penis's sexual perceptivity (Oliver, 1998). Removing the foreskin removes 20,000 nerve endings and three feet of veins, arteries, and capillaries (Harryman, 1999).

In addition to sensory pleasure, the foreskin acts as protection for the male. There is a soft mucosa layer that protects the urinary tract from contaminants (Harryman, 1999). Additionally, mucocutaneous tissue, found no where else in the body, has ectopic glands which

produce natural emollients and antibacterial proteins similar to those in the mother's breast milk (CIRP, 2005).

The specialization of the foreskin is illustrated through its unique use after it is removed from infants. In adults, foreskins from infant circumcisions have been used to treat skin wounds caused from conditions such as diabetes. The specialization of neo-natal foreskin has been shown to significantly decrease healing time and decrease wound surface area (Pradhan, 2008). This recognition is the scientific proof that the foreskin is more than extra skin.

Those choosing to circumcise because of medical reasons need to evaluate the pros and cons of their decision. Less than 1% of males will require a circumcision for medical reasons later in life (Ray, 2007). Many are told that circumcision is said to decrease the risk of urinary tract infections, phimosis, blananitis, and penile cancer. However, they may not know that the chances of acquiring these conditions are very slim. In developing countries, penile cancer will develop in about 1 out of every 100,000 males and is dependent on many factors such as sexual behaviors (Beal, 2005). The risk for acquiring a urinary tract infection for males is less than 1% (Appendix A) (Alwin, 2004). These infections are multi-factorial and are influenced by breastfeeding habits, birth weight, and frequency of diaper changes (CIRP, 2005 B). Females are four times more likely to develop a urinary tract infection than the intact male (NoCirc, 2002). Additionally, the treatment for these conditions is not circumcision. Urinary tract infections are treated with antibiotics. Blananitis and phimosis can be treated with a topical cream (Steadman, & Ellsworth, 2006).

It has been proven the circumcised male will experience more problems than the male left intact (Ray, 2008). Circumcision causes complications immediately and later in life. Immediate complications include the removal of too much or too little foreskin, difficulty breastfeeding,

loss of function, painful urination, bleeding, adhesions, infection in up to ten percent of infants, and death (Burlin, 2003). These complications can occur in up to 20% of circumcised males (Falk, 2006). Long term complications include painful erections, curvature of the penis, impotence, decreased sensitivity, and chaffing (Burlin, 2003).

To put things in prospective, males are eight times more likely to develop acute appendicitis in their life than any condition that would require circumcision (Wrong Diagnosis, 2007). However, the proposal to remove the appendix to prevent this diagnosis would seem ridiculous, even though there are fewer complications with an appendectomy than with circumcision. (Health A to Z, 2006).

Pain during the procedure has been recognized since the 1977 statement made by the American Academy of Pediatrics. In 1987, the AAP stated that local anesthetics are available and considered relatively safe for infants (American…1999). Studies have confirmed that infants feel and remember pain, as seen with responses to immunizations and behavioral changes at the age of six-months (Hill, 2005). An infant's response to pain is greater than an adults' response (Burlin, 2003). Studies of an infant's response to circumcision without pain medication were often terminated early due to early recognition of detrimental infant responses (Salvatore, 1997). Even with education, changes are not guaranteed. A study in Rochester, New York confirmed that while 97% of medical students were instructed to always give pain medicine prior to the procedure, only 84% were compliant (Yawman, Howard, Auinger, Garfunkel, Allan, & Weitzman, 2006). Responses from the community survey indicated that 25% of children received pain medication, 25% did not, and 50% were unsure if their child received pain medication. With the recognition of the unique function of the foreskin, pain of the procedure, and the absence of any significant medical support for circumcision, why is it that the United

States is the only medically advanced nation that performs routine infant circumcisions without any medical indication (Ray, 1997)?

Robbie Davis-Floyd and Carolyn Sargent discussed authoritative knowledge, which may provide explanation for the shifts of values and the normalization of circumcision. Authoritative knowledge is one that gains acceptance and legitimacy, while dismissing all other kinds of knowing (Floyd, & Sargent, 1997). This knowledge dominates other knowledge bases, and people excuse behaviors by using phrases such as "that's just the way it is." As more people participate in these behaviors, the community becomes desensitized and the act is normalized. With circumcision, however, the physical harm and permanent changes to an infant should not be excused by the concept of social normality. With social normality comes cultural authority - where given facts are dominated by acquired values and beliefs (Floyed, & Sargent, 1997). Cultural authority can be seen through a community's rationale for deciding to circumcise their sons. Of those surveyed, 84.4% reported the father's circumcision status influenced their decision. This influence enables circumcision to be culturally contagious through mandating the concept of "like-father, like-son".

The idea that the son should look like his father is not an uncommon one. The idea that a penis needs to look a certain way is an argument that has been debated for years, lacking any supportive evidence Many believe that if the son's penis does not look like the father's he will be confused. What we fail to recognize is that no two penises look alike. Many also fail to inform that the intact male looks almost identical to the circumcised male when erect (Columbia University, 2008). There are many differences in circumcised males due to different techniques during circumcision, different amount of skin removed, and different variations in the healing process (Van Howe, 1997). In the chance that a son sees his father naked, and notices a

difference, an explanation can be given (Ray, 1999). Ironically, no parent seems to hesitate with an explanation for the more noticeable parts which we do not alter on the son, such as the absence of pubic hair, or any alterations acquired during life. For example, it can be assumed that the 1,497 males returning with genital injuries from the civil war did not require their son to undergo a procedure to make them look the same (Herr, 2004). This suggests that the need for the son to look like the father is one adapted for the justification of infant circumcision rather than the true belief that the father and son must be identical.

With 84.4% being influenced by cultural reasons such as father's circumcision status, and 76.7% stating they are influenced because of medial reasons, it is apparent that cultural authority has dominated medical facts. This governance of cultural authority over medical facts means ultimately, we are not making a decision in the best interest of the child. The American Academy of Pediatrics stated in 1971 that circumcision is not necessary. This was reiterated in 1985, and then reaffirmed in 1995 that the benefits are not enough to recommend the procedure (American… et al., 1999). With this recommendation, there is no excuse for 76.7% of surveyed parents stating an influence for circumcision was their belief that it is medically necessary. This information supports the concepts of authoritative and cultural knowledge. Additionally, this significant number of people falsely believing that circumcision is medically necessary proves the absence of informed consent.

The change of attitude towards circumcision will lead to a gradual decrease in males circumcised. Changes need to occur on many levels in order to successfully adjust to the current knowledge regarding circumcision. Currently the number of reported circumcisions in America is decreasing (Beal, 2005). With these changes, the doctors are required to educate the parents on care for the intact penis, rather than the circumcised penis. Current recommendations state that

the foreskin should not be manipulated or retracted in anyway. The penis should be cleaned just as any other area of the body during the first few years of life. When becomes easily retractable the child should pull back the foreskin to clean beneath it (Person, 1991). Teaching simple hygiene to males is no different than teaching females how to wipe. After a four-year-old male received an explanation of why circumcision occurs he asked, "What are they going to do, cut off our butts next (Ray, 1999)?" Just as ears are not removed to prevent infections of the ear, and eyelids are not removed to prevent infections of the eye, foreskin should not be removed to prevent infection of the penis.

We must evaluate the reasons many are still choosing this procedure for their sons. This can be done using the socio-ecological model to identify the levels of support provided by the community which enable this procedure, and facilitate the absence of informed consent.

Socio-Ecological Model

The decision to circumcise is influenced on many levels. On the individual level, knowledge and attitudes influence the decision to circumcise. This includes a person's current knowledge and beliefs about the subject, as well as his or her willingness to change. On the interpersonal level, friends, family, and social networks influence the change. This may be a father's influence based on his circumcision status, peer pressure from friends, and the feeling that the child should look like others in his social group. The organization level also includes a person's social network, as well as organizations that influence this decision. This may include religious organizations, or the lack of organizations that are providing accurate information and education. The community level is the relationship among different organizations in the community. The lack of educational services provided for the community by the community

such as health departments, and public health services enables mothers to make uninformed decisions.

Finally, the policy level evaluates the current public policy on the local, state, and national level. Currently, circumcision is legal and is covered by many insurance companies. This support makes circumcision something easy to consent to without thinking twice. While the American Academy of Pediatrics is an organization which may influence the decision through their recommendations, the lack of efforts from the other contributing levels of health promotion makes their recommendations unknown.

Health insurances, specifically Medicare are reconsidering their financial support for circumcision. Circumcision is said to be a cosmetic procedure. However, cosmetic procedures are those that change only the appearance (Ray, 1998). Considering circumcision to be a cosmetic procedure fails to recognize the functional and perceptive changes that occur in addition to the changes in appearance. With the pressures to decrease state taxes and many demands on insurance companies for covering the procedure, Medicare is looking at the costs and benefits of circumcision. With every health organization declaring the procedure medically unnecessary (including the American Academy of Pediatrics, American Medical Association, American Cancer Association, and the American College of Obstetrics and Gynecology) cost effectiveness for insurances was evaluated. After determining that over 70,000,000 tax dollars are spent on circumcision and more money is required for the treatment of complications, 16 states decided to withdraw their financial support for the elective procedure (ICGI, 2007B). Each state will save an estimated $1,000,000 if they choose to support genital integrity, rather than circumcision (ICGI, 2007B). However, about 60% of circumcisions are covered by private insurances, which have no plans for changing their coverage (News-Medical.Net, 2008).

Ultimately, circumcision is a procedure that is encouraged through the absence of information. After receiving education on circumcision, the main consensual argument the public makes is to circumcise their sons because "everyone else is". During discussions, males especially will defensively support the procedure of circumcision without any desire to review any medical aspect**.** Without valid arguments supporting this desire, medical groups have given justifications for the procedure which have included all of the major health scares. Some justifications include the cure for masturbation, mental illness, venereal disease, and cancer. All of these ideas have been disproved (HILL, 2000). It is no surprise that now, in the twenty-first century, there are arguments being made that this procedure is the vaccine for AIDS. Many of these studies are being questioned for legitimacy (NOCIRC, 2006). The prevalence of AIDS is more directly correlated with the viral load and genital ulcer diseases in males (Hill, 2001). Still, abstinence and the use of the condom are the most effective ways to prevent HIV transmission. Stating HIV may be prevented from circumcision may give the false belief of HIV immunity. This may lead to a decrease use of condoms and other protection which could increase the prevalence of HIV. As stated by Edward Wallerstein, "circumcision is a solution in search a problem (ICGI, 2007 A)".

Nursing Diagnosis

A nursing diagnosis to summarize the condition of the community is: Ineffective community therapeutic regimen management related to authoritative knowledge and cultural authority as evidence by deficits in advocates for aggregates, deficits in people and programs to be accountable for prevalence of the condition, deficits in community activities for secondary and tertiary prevention, and unavailable healthcare resources.

This diagnosis was determined after a study of the community through an epidemiological assessment. With the information of the community, partnerships can be made with community resources to implement an effective intervention.

Epidemiological Assessment

An epidemiological assessment was conducted to determine the major health problems and the population group they are most affecting. For this study, the lack of education regarding circumcision was evaluated. The population it is mostly affecting is antepartum women and their partners (if involved), and infant males. Those with higher education usually report a lower rate of circumcision (Walton, Ostbye, & Campell, 1997). Therefore, a subpopulation would be uneducated antepartum women. Our target population for education is antepartum women and their partners in the state of Michigan because they are the ones required to consent to the procedure. A comparison of statistics is done at a state, national, and international level. In 2003, 15-18% of males were circumcised in the world (Beal, 2003). The United States, even with the decreasing rates currently reports 50-60% percent of males were circumcised. This rate continues to be the highest among all industrialized nations (CIRP, 2003). Michigan and Kentucky have the highest rate of circumcision, with 85% of infant males being circumcised (CIRP, 2004).

Goals/Objectives

A reasonable objective is to increase the number of mothers who are educated about circumcision. The rate of uninformed consent reported by antepartum women will be decreased 20% by the year 2015. This will be measured through a follow up survey given to women who have had children after the year 2015. Additionally, based on the reasons given for the consent to the procedure, after education there should be a decreased occurrence of circumcision in

Michigan. If the decrease does not occur, there will be a decrease in the number of people who stated that circumcision is medically necessary. This change will conclude that our educational goal has been achieved.

Intervention/Evaluation

This goal will be accomplished by explaining the importance of education with a cover letter to health departments and organizations providing services to antepartum women (Appendix B). The cover letter will be followed by informational brochures to be used by these organizations to provide education to their clients (Appendix C). After the project, the rate of uninformed consent reported by antepartum women in Michigan will be decreased 20% by the year 2015 in comparison of women who performed in the 2008 study. This will be evaluated through a follow-up survey where participants will be asked to report education received during the consent process and by looking for a decrease in circumcision trends in the state of Michigan. Since the majority of consent to the procedure is based on misinformation and false medical beliefs, we can expect to see the trends of circumcision decrease as education is attained. These objectives are supported by Healthy People 2020 objectives 1-3: "Increase the proportion of persons appropriately counseled about health behaviors", and 7-11: "Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs (United States Department of Health and Human Services, 2001)."

A behavioral and environmental assessment was performed to assess the factors that contribute to the trends of circumcision. Social and physical issues are the environmental factors that are beyond the control of the individual making the decision (Gielen, & McDonald, 2002). Social norms, cultural pressures, religious beliefs, and the lack of education given by health

professionals are environmental factors. Most environmental factors require something other than education to create change. However, education has the potential to eliminate a majority of the issues of circumcision by setting a focus on the well-being of the child which would alter social norms. Other interventions include changing the process of consent for the procedure to require more education and verification of knowledge, and working with third parties, such as insurance companies, to discontinue the façade that the procedure is medically wise.

Biological factors include personal and behavioral issues that contribute to this health problem. Personal factors include the person's willingness to change, as well as the amount of research and education a person has prior to consent. While these factors are more likely to change with education, the overall decision may not be altered. This is because behavioral factors are not independent from environmental factors (Gielen, & McDonald, 2002). While a person may be fully educated and does not desire circumcision, cultural pressure or religious beliefs may still influence his or her decision. Looking at the trends of circumcision supports the fact that environmental factors influence behavioral factors. With any surgical procedure, there is a strong influence from health professionals. Therefore, it is important that health professionals provide thorough and accurate information. The most prevalent factors in the decision of circumcision are cultural standards and lack of education regarding the issue. Willingness to change is also an important factor. However, until a need for change is presented, willingness cannot be assessed.

After rating the importance of the factors, they are rated based on changeability. Education is the most attainable goal. With education, motivation for change will occur, which will result in a shift of cultural norms.

Change Theory

A theory that supports this change is the Prochaska and DiClemente's change theory. This model uses a more general process to describe change and recognizes the stages that individuals complete during change. Additionally, this theory is a spiral theory, which allows individuals to leave the change process at anytime (Kritsonis, 2005). For the issue of change concerning circumcision, a person may decide to commit to their prior knowledge of the procedure during any point of the process.

Precontemplation is the first stage, where the individual is unaware of the need for change or does not recognize that a true problem exists (Kritsonis, 2005). Currently, the lack of information causes many people to be in the precontemplation stage. In this stage, individuals insist that their behavior is normal (Kritsonis, 2005). During the contemplation stage an individual recognizes the need for change, but they will not yet commit to the change (Kristonis, 2005). For the issue of circumcision, the contemplation stage begins when the parents decide to research the issue, realizing that they need to be educated. This leads to the preparation stage. During preparation, individual plans to commit to the change (Kritsonis, 2005). The model states that the individual will plan to change within two weeks, however with changing beliefs about circumcision, the requirement for extensive education may require a longer time period. It is during the preparation stage that the individual will require the most social support (Kritsonis, 2005). This support may include education and open discussion about circumcision.

The action stage begins when the individual engages in the change (Kritsonis, 2005). This is accomplished when the parents decide that circumcision is not a necessary medical procedure, and therefore would choose against circumcising their child. The maintenance stage

reinforces the person's changed actions, and assists this action in becoming the norm (Kritsonis, 2005). The maintenance stage helps parents become independent from social pressures and reminds them of the medical and ethical issues about the procedure.

The educational and ecological assessment reviews predisposing, reinforcing, and enabling factors of the situation (PRECED). Predisposing factors provide rationale or motivation for the behavior (Gielen, & McDonald, 2002). The predisposing factors include the lack of education or the inadequate information given to parents, personal preference, and the procedure being readily available in the hospital, and often assumed that it will be performed. Reinforcing factors provide rewards or incentives for the action (Gielen, & McDonald, 2002). These include social norms, cultural pressures, and their significant others; specifically the idea that their son will be teased unless he is circumcised, or the belief that since the father is circumcised the son must be. Additionally, the pressure of believing "everyone is circumcised" influences a person's decision for the procedure. Lastly, enabling factors are those that allow their motivation to be realized (Gielen, & McDonald, 2002). Insurance coverage and lack of education provided by doctors during the time of consent enable the predisposing and reinforcing factors to be realized. Providing education will interrupt the habitual decision of circumcision and challenge parents to consider other factors while consenting.

Policy and administrative documents were assessed to verify the change is supported, rather than objected. In addition to the American Academy of Pediatrics policy, which does not recommend circumcision for a routine procedure, medical ethics, moral principles, and the movement of genital integrity do not support the procedure. Medical ethics states "First, do no harm (Burlin, 2003)." While many procedures doctors must perform may seem harmful, they usually result in a medical benefit to their patient, who most likely was able to consent to the

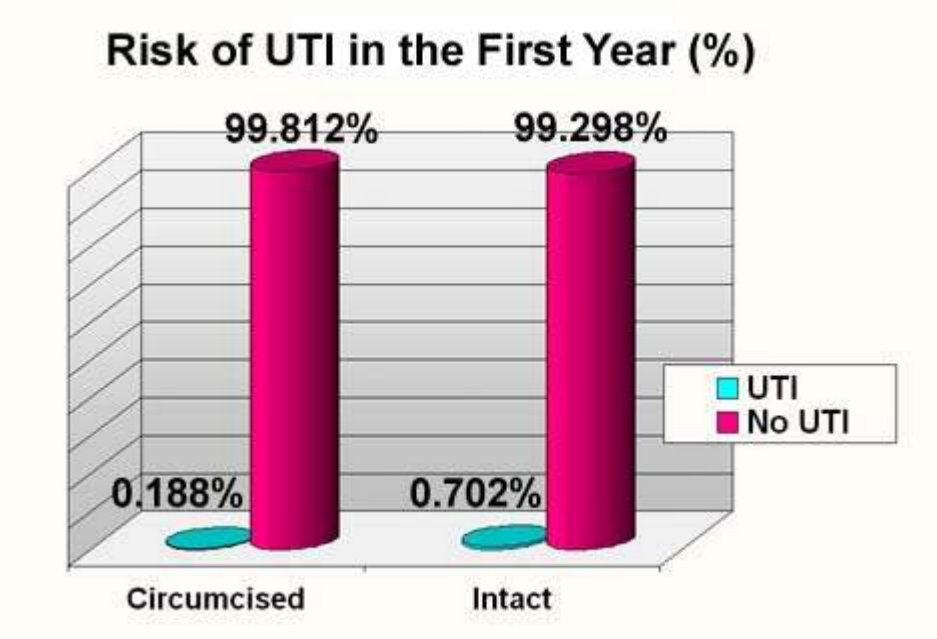
procedure. On the issue of circumcision, the American Academy of Pediatrics states there is not enough medical benefit to recommend this procedure (American…et al, 1999). This elective procedure, which removes a functioning body part, is performed on a patient who is unable to consent. A basic human right that is overlooked during the circumcision procedure is a person's right to genital integrity. This movement acknowledges a person's right to an intact body. Regarding circumcision, this movement states that the removal of functioning organ for tradition, custom, or non-disease related cause should not be accepted by health professionals (Peterson, 2004). In 2004 a bill was proposed to congress to prohibit genital modification and mutilation of minors. However, not a single member of the United States Congress signed the bill (Colb, 2005).

Making an educated decision about circumcision should be supported and encouraged. Choosing to put an infant at risk while harming a functioning body part should be not tolerated with the justification of "that is just the way it is". Medical professionals must educate their patients on the procedure to provide an opportunity for informed consent. Information about the pain, harm, risks, and long term effects of circumcision must be given to the parents. Parents must be given complete information to allow them to make a decision. After receiving information we should no longer ask, "Would you like your son to be circumcised?" We should begin asking the more important question: "Is circumcision truly in the best interest the child?"

In the time it took to read this paper, approximately 45 infants were circumcised in the United States (Burlin, 2003).

Appendix A

Risk of urinary tract infections (UTI) in the first year for circumcised males verse intact males



Appendix B

As a D□ula and a Nursing Student at the University □f Michigan, I have bec□me aware □f the lack □f educati□n pr□vided t□ antepartum w□men ab□ut many areas □f childbirth. I have □rganized an independent study t□ research the lack □f inf□rmed c□nsent regarding circumcisi□n.

Alth□ugh circumcisi□n has been a c□mm□n pr□cedure f□r hundreds □f years, the maj□rity □f the p□pulati□n is unaware □f current rec□mmendati□ns fr□m the American Academy □f Pediatrics. Many cann□t name the functi□n □f the f□reskin, the risks inv□lved with the pr□cedure, □r the reas□ns circumcisi□n is perf□rmed. With□ut this inf□rmati□n, c□nsent f□r the pr□cedure is n□t valid.

After surveys, research, and c□mmunity assessments, I have designed an educati□nal br□chure ab□ut the circumcisi□n pr□cedure. With the br□chure, parents will be able t□ make an inf□rmed decisi□n and decide what is best f□r their s□n.

I believe this educati□nal br□chure supp□rts y□ur g□als □f educati□n and beneficial services f□r the m□ther and baby.

Thank y□u f□r y□ur time and c□nsiderati□n,

APPENDIX C

(see attached brochure)

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