

## Male circumcision: care practices and attitudes in a Muslim community of western Nepal

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### Abstract

**Background:** Male circumcision is a removal of the foreskin of the glans penis. There are medical, ritual and religious reasons for male circumcision. The purpose of this study is to explore the current practices, perceptions, future recommendations and health seeking behavior during and after performing male circumcision in a Muslim community of western Nepal.

**Method:** A total of 64 households were sampled by a simple random sampling method. Information was collected using semi-structured questionnaires and focus group discussions.

**Result:** Circumcision was practiced among all Muslim households and the main reason was religious rite and ritual. It was the traditional circumciser, locally known as *hazam*, who circumcised all male children in the community. Interestingly, in only 5 % of the household children had been circumcised using modern medicines. The rest of the households, i.e. 95%, relied on traditional healing systems, the use of local herbs and homemade ointments (mainly the suspension of ghee and ash). A Non-sterilized knife was the main surgical instrument used during circumcision. The wound healing after circumcision was much longer, even up to 90 days or more.

**Conclusions:** Circumcision is a practice that is still largely carried out outside the domain of the formal health care system in this community. It demands a design of service delivery models from health policy makers in the Ministry of Health, thus bringing circumcision within formal health care systems in those communities. It deserves an urgent attention to provide safe, culturally acceptable and sustainable services from health institutions.

*Key words: male circumcision, care practice and attitude, Nepal*

### Introduction

Circumcision is the surgical removal of the sleeve of the skin and mucosal tissue that normally covers the glans (head) of the penis. This double layer, sometimes called the prepuce, is more commonly known as the foreskin [1]. Circumcision in men is the surgical removal of all or part of the foreskin and the sleeve of tissue covering the glans of the penis [2].

The American physician, P. C. Remondino, in his once highly regarded and often-quoted book 'History of Circumcision from the Earliest Times to the Present (1891)', claimed that circumcision prevented or cured about 100 ailments, including among them alcoholism, epilepsy, hernia, and lunacy [2]. One third of men are circumcised in the world. The traditional way of circumcision which is practiced as a rite of passage is associated with substantially greater risks, more severe

complications than medical circumcision. The risks are especially evident when circumcision is done by inexperienced providers or in non-sterile conditions [3]. Therefore, Risk-reduction strategies including improved training of providers and provision of appropriate sterile equipments are important priorities where male circumcision is still done by traditional providers.

In Western societies, circumcision is performed for medical reasons, the commonest of which is phimosis. In majority of the Islamic societies, boys are circumcised not as infants but instead between the ages of 2-14 years. On a social level, circumcision is considered as the religious introduction of a child into his society as well as an important step for his transition to manhood [4]. The practice of male circumcision as a medical procedure started in the late 19th century. Previously, the practice



of circumcision was exclusively a religious one without any claim of medical benefit [5]. Male circumcision is practiced by all Muslims and Jews, and also by some Christians, as is the case of Christians in Egypt. Animist tribes in Africa also practise it. Often, male or female circumcision is performed without anesthesia in a barbaric manner, by persons without any medical training, such as barbers or midwives, using rudimentary instruments often causing complications and sometimes leading to death [6].

Circumcision has some clear medical advantages: Improved hygiene, much lower risk of urinary tract infections, much lower chance of acquiring HIV/AIDS heterosexually, virtually complete elimination of the risk of invasive penile cancer, more favorable hygiene for the man and his sexual partner and better sexual function on average [7].

Clinical trials in Uganda, Kenya and South Africa have shown that male circumcision is an effective biomedical method of reducing female-to-male transmission of HIV. In each of the trials, the procedure reduced HIV acquisition among men during vaginal intercourse by nearly 60% [8].

This paper is primarily concerned with communicating to health policy makers to set up hospitals and health facilities that provide male circumcision in a clinical setting. It also aims to simultaneously communicate the need for health educational programs about circumcision so that this might cease to be done in a barbaric manner within interested communities, thus shifting it towards a kind of medical circumcision.

In Nepal, the Muslim population represents about 4% of the total population according to 1991 population census [9]. It is also a neglected and marginalized section of population in the country. Seeking health care at any time during circumcision, before or after, saves and ensures the better quality of the lives of Muslim children. It can prevent post circumcision complications. To ensure healthy practices during and post circumcision is a duty of the health care system, and also the right of those children to enjoy modern health care. The investigator chose Pali Village Development Committee (VDC) of Arghakhanchi district of western Nepal because Muslim population in this VDC is almost 50% [10]. The study population of the VDC largely represents socio-cultural and religious practices of other Muslim communities in Nepal. According to Nepalese public administrative system, a VDC is an administrative unit at lower level of hierarchy of administration. A VDC has further 9 smallest administrative units called Wards.

## Methods

### *Study area*

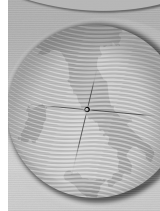
Nepal is situated in the lap of the Himalayas bordered by India and China. The total land area is 147,181 km<sup>2</sup>. According to the national population census of 1991, 4 % of the population in Nepal is Muslim.

The study district Arghakhanchi is situated at about 365 km west of the capital city, Kathmandu. The area of the district is 1193 km<sup>2</sup> with a population of about 208,391. There is only one 15-bed first referral level hospital in the Arghakhanchi District for inpatient care, but there are several private practitioners and traditional health providers for outpatient services. The study was conducted in Pali Village Development Committee (VDC) of the Arghakhanchi district. Pali VDC is situated about 22 kilometers east of the district headquarters. It covers about 125 hectares of land and is divided into 9 Wards. It has a population of 5500 [10]. There is one sub health post in the VDC and it is staffed by community level assistant health workers. The Muslim population resides mainly in ward no-1, 2, 3 & 4 of the VDCs comprising about 50% of the total VDC population [10].

### *Study population and sampling technique*

The study was conducted between April and September 2005. The district and the VDC were selected purposively. All the Muslim households of the VDC were documented from the local Sub-Health Post records. Out of the total number of households, 64 households were sampled, which is roughly a 32% sampling fraction. Each household was assigned a unique identification number. Simple random procedures were applied to select sample households. For natural group discussions, purposive sampling was used. As circumcision is 100 % prevalent in the Muslim community, the decided sampling fraction was sufficient to draw the significant conclusions.

Sampled households with at least one child being circumcised, regardless of respondent's age, sex and educational backgrounds were included in study. In a household with more than one circumcised child in the family, the youngest circumcised child was chosen. Data were collected using semi-structured types of questionnaire. Guidelines for natural group discussion were used to assess and validate the findings regarding current practices, knowledge and attitudes on male circumcision. Qualitative data, collected through 2 natural groups discussions, were first transcribed and then translated into English. Data were then analyzed using content analysis.



Analysis of qualitative data began firstly with field activities and led to refinements as the study proceeded. The data analysis processes followed a sequence of interrelated steps recommended by Ulin and others [11]. These processes included reading, coding, displaying, reducing, and interpreting. At first, transcripts were carefully read, and then coding of data began. Reading and coding were initiated while data were being collected. The data display and reduction process was conducted once all data had been collected.

The Academic Committee of the Department of Community Medicine and Family Health, Institute of Medicine at Tribhuvan University of Nepal, approved this study. Regarding ethical issues, potential risks were minimized through strict adherence to confidentiality and informed consent procedures. The objective of the study was clearly explained to the respondents and they were clarified so as not to think of any religious threat.

## Results

Socio-demographic characteristics of respondents are summarized and presented in Table 1. The majority of respondents were females and illiterate. More than 90% of respondents were over 25 years old. Out of total respondents, 88 % were literate, and 58% worked in the agricultural sector.

### **At what age was circumcision performed?**

About 78% of the children were circumcised between the ages of 13-36 months. The remaining 8 % of the children were circumcised during first year of their life; and 14% of the children were circumcised between 37-60 months of age.

### **Where is circumcision carried out?**

Regarding the place of circumcision, 86% of the children were circumcised at home and remaining 14% were circumcised at *Masjit / Motherasa* (holy place where Muslims learn about their religion and pray for Allah). None were circumcised in health institutions/hospitals (Figure 1).

### **Who decides when to circumcise a child?**

For the majority of the children, the decision was made by the *Hazam* followed by parents. Only in case of 3 percentages of children, the decision was sought from health workers.

### **Who are the circumcisers?**

All the children (100%) were circumcised by the *Hazam* (the traditional circumciser in the Muslim community).

### **How are children circumcised?**

Three children were circumcised using new

Table 1. Socio-demographic characteristics of respondents (N=64).

<i>Socio-demographic Characteristics</i>	<i>Frequency</i>	<i>Percentage</i>
<b>Age (years)</b>		
15-25	6	9.4
26-35	15	23.4
36-45	15	23.4
46-55	10	15.6
55+	18	28.2
<b>Gender</b>		
Male	64	100
Female	0	0
<b>Occupational status</b>		
Agriculture/Farmer	37	58
Business	18	28
Service	7	11
Labor	2	3
<b>Educational Status</b>		
Illiterate	8	12.5
Primary Education	35	54.6
Lower Secondary	10	15.6
Secondary	5	8
School Leaving Certificate and above	6	9.3

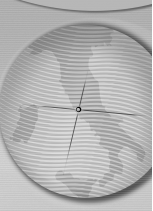


Figure 1. Place for circumcision (percentage of respondents who reported their children being circumcised in different places).

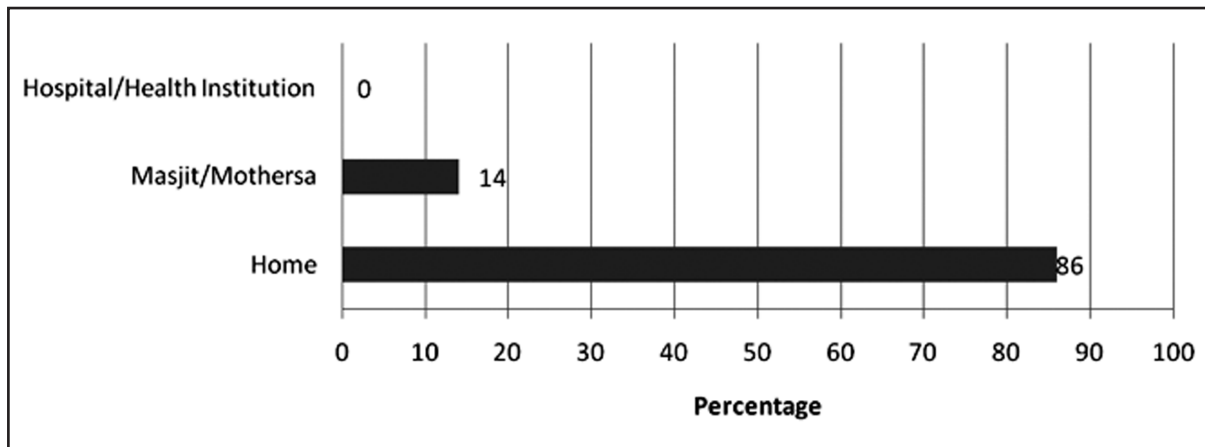


Figure 2. Type of instruments used to circumcise (as reported by the respondents, the circumciser used the given instruments to circumcise the child).

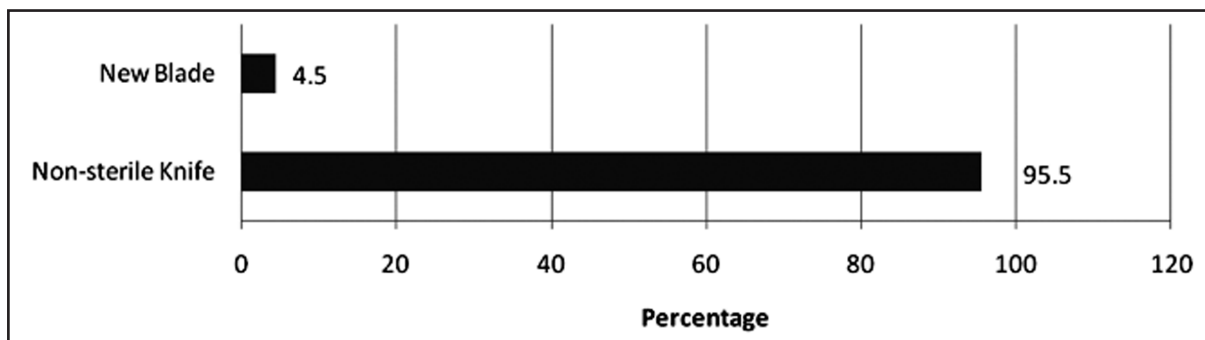
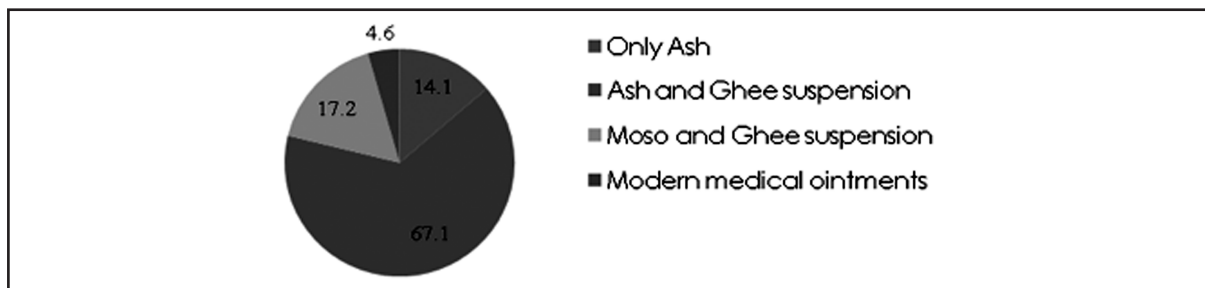


Figure 3. Treatment for circumcised wound (used for the circumcised children).



blades (4.2%) whereas the rest of the children i.e. 61 children (95.4%) were circumcised using a local knife as per the respondents' opinion. (Figure 2).

#### Treatment for circumcision (local applicants)

About 67% used the mixture of ash and ghee as a peripheral ointment for the circumcised wound. A mixture *Moso* (the black deposits over the oven after burning firewood) and *ghee* was used for 17% of the children as ointment for curing the recently circumcised wound. Only for about 5% of circumcised children were medicated with modern medicinal ointments (Figure 3).

#### Medication during circumcision

When asked about medication (oral tablet/

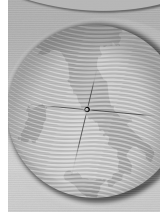
capsule/injection). About 77% of the respondents mentioned that their children were not provided any medications. Only about 23% of the respondents reported that their children were under medication. (Note: for the purpose of the study medication means oral tablets/capsules/injection).

#### Post - circumcision complications

Regarding post circumcision complications, 39% of the respondents mentioned that their children had post circumcision penile complications.

#### Management of post circumcision complication

Majority of cases of complication after circumcision were managed by home treatment methods. Health Institution was sought for



complication management in only 22 % of circumcised children. Table 2.

#### **Healing period of circumcised wound**

In 40 % of the cases as reported, healing period is over 25 days to more than 2 months. The healing period of circumcised wound is illustrated in Figure 4.

#### **Perception about decision maker, circumciser, hospitalization**

Majority of the respondents preferred health workers as decision maker (62%), and circumciser (87%). Over 90% preferred to hospitalize their child for circumcision. (Table 3 summarizes people's preferred attitudes regarding decision

maker, circumciser and hospitalization for circumcising their male children.

#### **What are the perceived benefits of circumcision?**

Regarding the benefits of circumcision, about 33% of the respondents said that they could feel spiritually healthy after circumcision. About 38% reported both spiritual and hygienic health as the benefits after circumcision (Figure 5).

#### **Discussion**

The result of the study showed that 100 % of Muslim households practiced male circumcision in this community. Regarding care practices and health seeking behaviors, this study showed that the majority of children are circumcised

Table 2. Complications managed during post circumcision period.

Treatment by	No of children	Percentage
Home treatment	48	78
Health institutions	14	22

Figure 4. Time (in days) it took for the circumcised wound to heal.

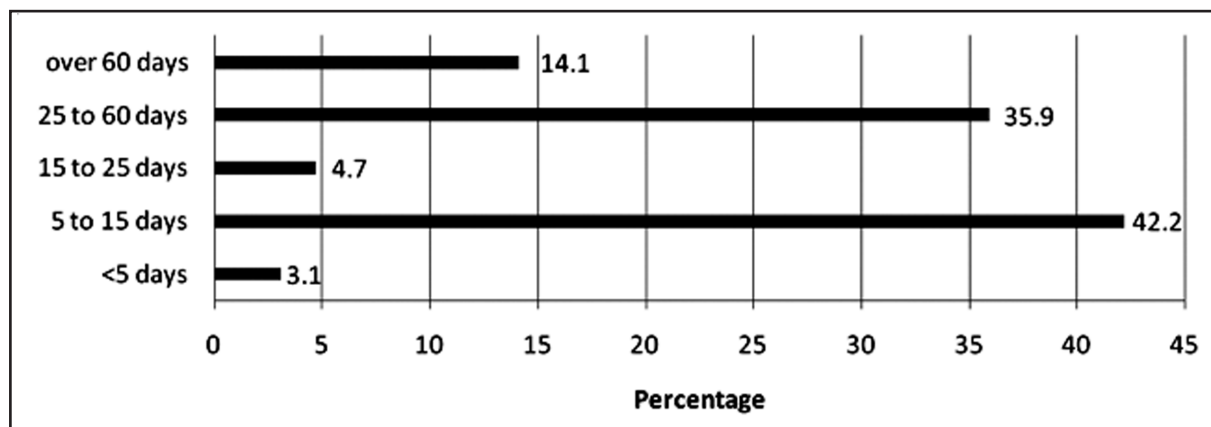


Table 3. People's preferred attitudes regarding decision maker, circumciser and hospitalization for circumcising their male children.

Attributes	Frequency (No. of respondents)	Percentage
<b>Appropriate decision maker</b>		
Health personnel	40	62.4
Hazam/Naun	14	22
Father/mother	10	15.6
<b>Appropriate circumciser</b>		
Hazam (barber in Muslim pop.)	8	12.5
Health personnel	56	87.5
<b>Hospitalization for circumcision</b>		
Yes	58	90.7
No	6	9.3
<b>Categories of health workers</b>		
Muslim health workers	30	51.8
Any health workers	28	48.2

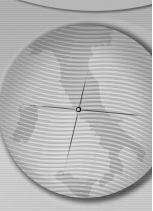
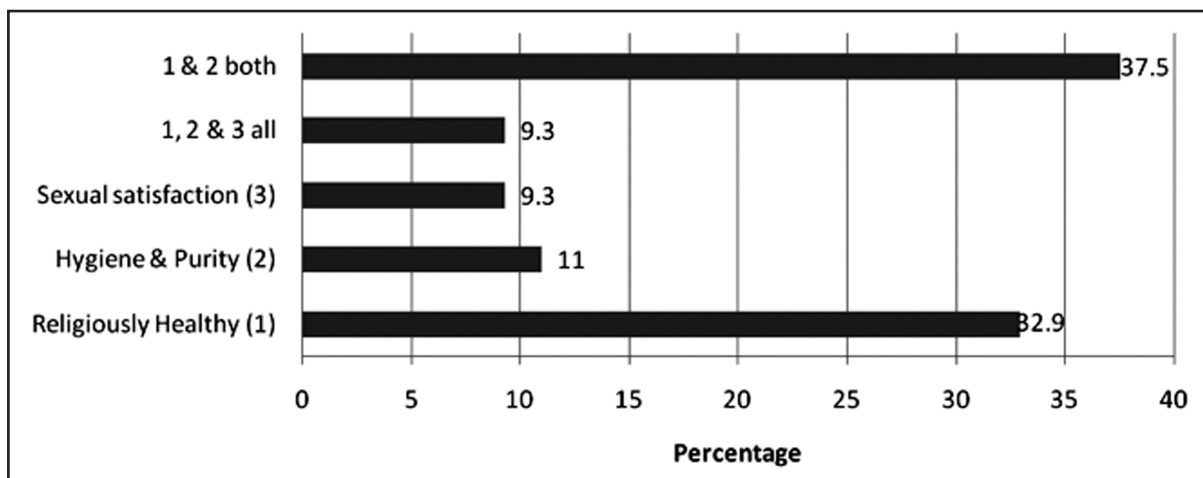


Figure 5. Benefits after circumcision (as stated by respondents).



between 2 to 3 years of age. A community based study conducted in Philippines showed that the majority were circumcised between ages 10 and 14 years [12]. A similar study, carried out in South Korea, showed that out of total 1306 circumcised men in the study sample, 15% were circumcised at age > 15 days [13]. During the natural group discussions, many of the participants said it was good to circumcise the child at the age of 2 or 3 years as, at this age, the child doesn't feel shy to expose his/her genitalia; starts walking a little distance; and thus can protect the wound from the attack of domestic birds, hens and animals. This seems contrary to the religious statement that considers the 8<sup>th</sup> day of child as the ideal day for circumcision. The practice of neonatal circumcision, as done in many western countries, could not be considered unless the circumcision is practiced traditionally.

The study showed that the decision to circumcise was often made by the local barber, *Hazam*, for 72 % of the children, where as the involvement of parents to decide whether the child was to be circumcised occurred for the remaining 28 %. A community based study conducted in South Korea showed, instead, that the decision of the child should be most important [13].

The majority of the participants in the natural group discussion said "The *Hazam* comes every alternative year to circumcise and it is the opportunity for all of us to circumcise our children. Unless the child is seriously ill, he/she is going to be circumcised at that moment"

We hope to expect future neonatal circumcision programs that could provide health education to parents, especially mothers during pregnancy, about healthy and aseptic circumcision of children in appropriate health facilities and hospitals. It seems advantageous to inform parents about the potential risks

and benefits while continuing traditional/ritual circumcision.

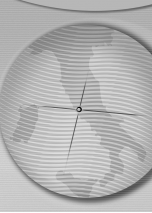
Though circumcision in the study community is predominantly a tradition and linked to religious faith. It was found that the children, even if they have mild to moderate ailments, would be circumcised when the *Hazam* came prepared to circumcise, meaning that the voice of the child is not heard. Therefore, it is dominantly the *Hazam's* arrival and decision to circumcise a child in the community.

However, further investigation is needed to understand whether those mild to moderate ailments of child, and which particular types of illnesses, could be contraindications to circumcision 'event' if the child is ill when this practice 'needs' to be done. Surprisingly, the *Hazam* is neither a trained person nor one who might understand the medical situations to consider for circumcision.

All the respondents in each household stated that the home and the *Masjit* (the place to pray for Allaha by Muslims) were the places where circumcision of their children took place. Through natural group discussion, it was found that in cities, and especially among wealthy Muslims, children are now taken to hospitals. The study found that respondents in 96% of households reported the use of the *Hazam's* knife as the main surgical instrument. Natural group discussion evidenced that the knife was often not sterilized; the same single knife was used for many children just after gentle rinsing with lukewarm water.

Contrary to the current practices that the study community is adopting, their preferred attitude is different. The majority of them (91 %) would have preferred to accept medical circumcision in health institutions/hospitals, in the hands of trained health workers using sterilized equipment.

So it seems this study has evidenced the



need for an urgent response to issues related to circumcision practices from the responsible stakeholders: District Hospitals, Local Health Facilities, Ministry of Health and supportive agencies. The community has the willingness to seek health care, provided the issue is taken up seriously by health providers and dealt with respecting traditions. They seem to accept the idea of circumcising in health institutions, if service providers are available and address this issue in the respect of Muslim faith, tradition and religion. This kind of traditional/ritual circumcision seems to remain a hidden issue in the community, and not yet observed from the outside by health workers, supporting organizations and hospitals in the light of their responsibility as healthcare providers and modern health knowledge. Not to take initiative to seek health workers for circumcision might be due to a community's rigid religious/ritual beliefs, low awareness about possible harms and dangers of the practice of untrained traditional circumcisers, or could also be due to financial burdens if the child is to be taken to the health institution.

This Study evidenced that respondents in about 39% of households reported at least one complication following circumcision (infection, swelling, bleeding). For management of complications / operated wound, mostly home treatment was applied (especially *Ash*, *Ghee/Oil*, *Moso* which is the black deposits over the oven after firewood is lit, and dew drops) in the community. Modern medicinal ointments and oral tabs/ caps/ injection have been used in very low percentages of children. In a community-based study conducted in the Philippines (semi-structured face to face interview with 114 circumcised males) six of every 10 respondents (59.6% or 68 of 114) reported having post-circumcision penile complications (inflammation and swelling), while four (40.4%) had none. Almost all (60 of 68) did not consult their circumcisers about their penile complications. The rest (n = 60) self medicated. The healing period ranged from less than 1 week to 2 months [12].

A healing period of over 25 days after penile complications was reported for more than 50 % of children, and 39 % reported post circumcision complications clearly noticing that the children were not enjoying good health. Even in the 21<sup>st</sup> century, these children have been the victim of unscientific practices and procedures by untrained personnel as surgeons. To have this done by an unskilled circumciser and not within health institutions, and to suffer over 25 days with post circumcision penile complications is more critical.

The child could be infected with numerous other infectious blood-borne diseases including HIV/AIDS during this period. This could be due to lack of sterilized equipments, an unskilled circumciser, poor quality of care and low health awareness among parents in the community.

Regarding benefits of the male circumcision, this study depicts the feeling of spiritual health as one of the main benefits, followed by hygiene purposes and sexual satisfaction. The study conducted in other countries, like the Philippines, also shows physical fitness, hygiene, sexual satisfaction and better fertility rates as benefits after circumcision. The principal reasons given for circumcision were "to improve penile hygiene" (89.1%), followed by "to reduce peer pressure" (6.2%) and "to improve future sexual potency" (2.1%) in a study conducted in South Korea [12].

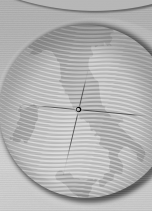
### Conclusions

There is very high proportion of penile complications and delayed wound healing associated with circumcision. There is very low rate of health seeking practice for modern health care after circumcision and its' complications. All circumcisers are non-skilled people, *Hazam*, and children are circumcised using unsterile instruments.

In rural communities, like the one studied, the setting and situation of circumcision, and its' practice, demands a shift from traditional to modern medical circumcision in hospitals and hygienic settings thus providing dual benefits: firstly, shifting the practice from traditional providers in households to trained health workers in hospitals & hygienic clinics, and secondly, it can silently protect as a preventive means against HIV transmission though, per se, it is not necessarily advocated as a preventive means of HIV transmission, thus avoiding the stigma associated with HIV/AIDS and Sexually Transmitted Infections. Implementing a circumcision service delivery model, educating people and parents in the community about the healthy procedures and practices of circumcision and drawing the attention of the policy makers and supporting agencies is the immediate need.

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#### Disclaimer

The conclusions in this article are of the author and do not necessarily represent the views of Institute of Medicine-Maharajgunj Campus, Tribhuvan University, Nepal.

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