

AMERICAN CIRCUMCISION PRACTICES AND SOCIAL REALITY

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"The time of change has not yet come, and we did not want our son to be different." - A respondent.

Circumcision is an ancient religious procedure that emerged among Jews, Moslems and certain preliterate groups. It was not until the 19th century, however, that circumcision became popular in the United States; the procedure was considered a panacea for sexual problems including venereal disease and masturbation (Wallerstein, 1980). Medical justifications became important in the 20th century; physicians began to link circumcision with hygiene, cancer prevention, and to a lesser extent with increased sexual functioning (Schlossberg, 1971). These medical explanations helped transform circumcision into one of the most common surgical procedures in the United States. Until recently it was standard medical practice in American hospitals and was routinely performed unless parents made a specific request that it not be done.

By the early 1970's, however, the medical justifications for routine circumcision of newborn males began to erode and were challenged both by medical and lay personnel. In 1971 the American Academy of Pediatrics (AAP) Committee on Fetus and Newborn reported that there were no valid medical indications for circumcision during the prenatal period. In 1975 the AAP created a special task force that came to a similar conclusion: "There is no absolute indication for circumcision of the newborn....[and it] cannot be considered an essential component of adequate total health care" (Committee on Fetus and Newborn, 1975). Several years later, the American College of Obstetricians and Gynecologists issued a similar statement (American College of Obstetricians and Gynecologists, 1978).

It appears that despite the official medical proclamations disputing the necessity of circumcision, the vast majority of American parents - approximately 80 percent - still opt for circumcising their newborn sons.¹ Even when aggressive attempts are made to reduce circumcision rates, they have had little impact. In one study of middle and lower class patients, doctors in-

formed one group of parents of the AAP recommendation that circumcision was medically unnecessary, while making no such mention to a comparative group. The group that received counselling had a 98% circumcision rate compared to 96% among those without counselling (Herrera et al., 1982). In another study of patients on public assistance, the investigators also attempted to reduce circumcision rates by providing current medical information. This study reported that 72% of the study group still circumcised compared to 94% of the controls (Rand et al., 1983). These studies suggest that there is resistance to persuasive medical information about circumcision and that there appear to be strong social motives for circumcision, beyond medical necessity.

While the overall rates of circumcision seem to have remained constant in the United States and information programs appear to have a minimal effect, we still know very little about how changes in the medical definitions and recommendations affect specific groups. Perhaps some groups or categories of people have been more affected than others by the medical repudiation of routine circumcision. Are there particular subgroups where we might find a more dramatic drop in the circumcision rate?

We reasoned that one place to look for changes in circumcision rates would be among those families who chose "natural" childbirth since they presumably would be negatively inclined toward unnecessary medical interventions, including circumcision (Wertz and Wertz, 1977). For our population, we chose persons who have participated in childbirth preparation classes given under the auspices of the Boston Association of Childbirth Education (BACE).² Questionnaires, which contained both open and closed response categories, were mailed in the summer of 1984 and yielded a response rate of 77%. Since we were especially interested in the attitudes and experiences of parents who actually made a decision about whether to circumcise or not, only the responses of BACE parents who gave birth to a boy were analyzed. There

were 133 families who qualified. Based on the information provided by BACE, it is likely that the majority involved first children.

Findings. Of those families who had boys, 62% reported that they have circumcised them. Background variables did not differ substantially between those who circumcised and those who did not. The families are overwhelmingly (93%) composed of married couples. The median age for fathers is 33.2 and mothers 31.9. The respondents are a relatively well-educated group, with the father typically being a college graduate and the mother having had at least some college. The majority of the fathers are employed in professional or upper white collar occupations and the same is true of the mothers who are not homemakers. Religion, however, is the one variable for which a difference is noted between the two groups. Jewish respondents are much more likely to circumcise (100% of fathers, 89% of mothers) whereas those who identify as Unitarians were much less likely to circumcise (11% of fathers, 22% of mothers).

Most parents report that some discussion took place about the decision. Only 13% reported having had no discussion, 14% report that it was mentioned briefly. There was a slight tendency for those who have more discussion not to circumsize (Table 1). Of those who had a great deal of discussion, only about half circumcized, while two-thirds of those couples who mentioned the topic briefly or did not discuss it had their son circumcized.

Only 20% of the parents in this study report any disagreement over circumcision. This proportion is similar in cases where the parents did and did not choose circumcision. Where the parents did disagree, the vast majority of times (89%) it was the husband who was more in favor of the procedure. Although the number of cases is small, there is a consistent relationship between the position of the father and the ultimate decision. Among the 26 couples who disagreed and the father was pro-circumcision, the family was most likely to circumcise (in similar proportion to the total sample). On the other hand, in the three families where the mother argued in favor of circumcision, none of the sons were circumcised.

Among families that circumcised their sons, when asked why they chose to circumcise, the most popular response was "wanting our son to resemble other males" (46%). Resembling other males seemed so important that even in the face of doctors' apparent attempts to convince parents not to circumcise, many parents still chose the procedure. As noted earlier, studies show that when parents were informed of the medical

profession's opinion that circumcision is not necessary, the vast majority still circumcised their sons. One BACE patient articulated how peer resemblance is more compelling than medical opinion:

My OB, pediatrician, and literature we read all were very against circumcision, but after doing our own survey and finding out problems that men have had we decided to do it. All of our friends had had their sons circumcised and [we did not] find anyone who would not have had their sons circumcised or know of anyone who did not have their son circumcised. We did not want our son to be different. We felt he will have enough problems in Jr. High and being different in that way would just add one more problem. Even though our pediatrician said fifty percent of his clients are not circumcised, in our survey we did not even find one. So it is clear to us that the time of change has not yet come and we did not want our son to be different from his classmates which we are convinced would all be pretty much circumcised.

Many respondents elaborated by specifying that they wanted their sons to resemble other male members of the immediate families.

Roughly one-fourth indicated a medical reason for circumcising and another fifth indicated ethnic and religious reasons. Nearly all Jewish respondents, both endogamous and exogamous, chose to circumcise their sons. One Jewish respondent reports: "We circumcised Sam because it is a tradition and because it would have been a 'slap in the face' to our backgrounds if we didn't. We could have had a more difficult decision were we not Jewish." Only 6% of all circumcisers indicate "we never gave it a second thought."

Among families who did not circumcise their sons, the overwhelming majority explain that the procedure is medically unnecessary and therefore see no reason to subject their newborns to any amount of pain or possible complications. Parents use strong language in describing circumcision as a "mutilation of a body part," "barbaric disfigurement perpetuated by doctors to make money," and as "painful, traumatizing and primitive." Noncircumcisers often present circumcision as an inhumane practice:

I believe circumcising is inhumane and barbaric, and should only be performed when medically indicated...if God had wanted males to be without foreskins, he wouldn't have given us them in the first place.

Some of the parents who decided against circumcision also voiced concern about peer resemblance but they had a different interpretation of the social reality than the circumcisers. They report that their decision was based on the conviction that their sons would not stand out as different because many boys are no longer circumcised. As one parent noted, "An uncircumcised boy is no longer an 'oddy.'" Another parent who considered circumcision medically un-

necessary and traumatic for the infant wrote:

After consulting several pediatricians we found that a good percentage of new parents do not opt for the operation - so our son won't be unusual (father's main fear).

In addition, several noncircumcisers indicated that the fathers are not circumcised, providing further evidence that their decisions are also influenced by social concerns.

A strong majority of parents (63% definitely, 28% probably) felt that they would make the same decision with another son. Only 4% thought they would make a different decision. Those who decided not to circumcise were more confident about their future decision (Table 2). Fully 80% of the noncircumcising parents would definitely not circumcise a future son whereas only about half of the circumcisers (53%) were equally sure about their decision. One parent who circumcised explains her doubts in detail:

Although we were not thrilled about having a non-necessary procedure performed on our sons, we did feel strongly about a father-son resemblance or a peer similarity. My husband distinctly remembered the two or three fellows of his boyhood days who were "different." And I have never seen a non-circumcised adult at all. I think it makes it difficult to know what to choose. We were present at both boys' circumcisions. Our first son cried for about one minute and didn't seem to mind his sore penis too much in the following days. Our second son screamed and screamed and couldn't be comforted and spent the following six hours in a fetal position. If we were to start over again we might easily choose not to do it. I was feeling more in doubt even before Number Two was circumcised, but we felt very strongly that the two brothers should look the same. It's a cultural ritual, but too difficult to buck just the same. If all American males had their noses pierced it would be similarly difficult to decide that your kid would be one of the only kids on the block that didn't.

In reading the responses of some circumcising parents, especially those who circumcised their first son several years before, one senses a perception that the social reality is self-perpetuating. They report a sense of frustration, almost a helplessness in the face of this perpetuation. Some express a feeling that decisions about circumcising previous children limited their options with respect to current decisions. For example:

I have two boys, both circumcised. If I had another boy, I would probably have him circumcised also because his brothers are. However, if I were having my first child, and it is a boy, I would find out a lot more about it and probably not circumcise. I wish I had given it more thought the first time around.

Among noncircumcising parents, there is a sense that not circumcising is a definite decision, a decision to "stop this tradition" as one respondent put it. Thus there was a recognition that they were undertaking a conscious effort to undo a social and psychological dynamic. One mother, whose eventual delivery of a girl had been preceded by a lot of discussion leaning towards non-circumcision in the face of a circumcised father and older brother stated the

dilemma well:

If we had not [circumcised] our reason would have been that there is no medical need for a circumcision and that we are aware that parents need to be courageous and take a stand and stop circumcising this new generation so that the pendulum can swing the other way.

It is clear from our data that a higher percentage of circumcising parents in this population expressed doubts about their decision; the noncircumcisers on the whole seemed more confident they would make the same choice again.

Discussion. In our survey of parents apparently committed to low medical intervention births, over three-fifths elected "medically unnecessary" surgery. The vast majority of circumcisers opted for the operation because of social reasons - the desire to have their sons resemble other males and, among Jews, conformity to religious and ethnic standards. Although circumcision is a medical procedure, medical reasons played little role in the circumcision decision process.

One useful conceptualization of circumcision is in terms of multiple realities (Berger and Luckmann, 1966), which in turn reflect different social norms. In the context of the circumcision decision there are at least three realities, which we call medical, religious and social. The current medical reality is that circumcision is not medically necessary; the religious reality, which applies only to Jews, Moslems and a few other groups, prescribes circumcision as a religious necessity; and the social reality, which essentially is that most American men are circumcised and thus a circumcised penis is a cultural norm. Leaving aside the religious reality, since it is relevant only to specific groups, for most of this century the medical and social reality aligned: circumcision was medically routine and socially expected. In the past decade the medical reality has changed and now conflicts with social expectations. In terms of our small sample and other relevant data on the decision of whether or not to circumcise sons, it appears that the social reality is dominant over the medical reality. Indeed, for parents, the potential social risk of not circumcising may outweigh the medical risks of circumcising.

While the social norm of circumcision remains strong, it is also apparent that there is a certain amount of cultural ambivalence around the circumcision decision. This should not be surprising given the social tradition of circumcising sons, the current official medical position, and the feminist and middle class concerns with non-interventive childbirth. Only 6% of the parents who circumcised report having done so without "giving it a second thought." An over-

whelming majority of the parents (73%) reported some or a great deal of discussion about circumcision. Although there is no data available on this, it seems unlikely that circumcision would have aroused so much discussion a decade earlier. It is also interesting to note that circumcising parents expressed more doubts and second thoughts about their decision than did noncircumcising parents.

The extant cultural ambivalence about circumcision, especially as manifested among circumcising parents, may well reflect the changing social norms. It is very likely that this cultural ambivalence will continue for some time since the social and medical norms remain contradictory. The contradictions may increase as some insurance companies are not opting to pay for circumcision on the grounds it is unnecessary surgery.³ Assuming the current medical position and the commitment of certain groups to noninterventive childbirth stay the same, it seems likely that there will be a gradual erosion of the social norm of circumcision. However, given the strength of the social justifications for circumcising, this is also not likely to occur very rapidly.

NOTES

This paper is a collaborative effort; the ordering of authorship is alphabetical. We want to thank the members of the Boston Association of Childbirth Education for their cooperation and assistance in this study. Address correspondence to: Peter Conrad, Department of Sociology, Brandeis University, Waltham, MA 02254.

1. Using different methods and samples, the following community rates are reported: Illinois, 80% (Slotkowski and King, 1982); New Britain, CT Hospital, 80.7% (Herrera and Travern-Trend, 1979); George Washington University Hospital in Washington, DC, 77-81% in 1978-80 (Bennett and Weissman, 1981); largest hospital in Salt Lake City County, 92-93% in 1975-1979 (Osborn et al., 1981); and an East Meadow, New York hospital, 88% during 1976-80 (Grossman and Posner, 1981). These last two higher rates are likely a function of specific populations: high numbers of Mormons in Salt Lake City and of Jews in East Meadow. A national survey of adolescents conducted in the late 1960's reports a 76% rate: 80% among whites, 45% among Blacks (Slaby and Drizd, 1985). In contrast, circumcision does not appear to be as popular elsewhere; in the United Kingdom, for example, less than 20 percent of infant boys undergo the procedure and in Australia and Canada the rate is roughly 40% and declining (Wallerstein, 1985).

2. We selected BACE for several reasons. First, it is a group that is independent of any one hospital, practitioner or perspec-

tive. Second, it is a group that has the reputation of questioning medical procedures traditionally considered "routine" in high medical intervention births (e.g. episiotomies, use of I.V.s, fetal monitors, anaesthesia, etc.). BACE had published a book on childbirth which summarizes research and presents different perspectives to help guide parents through the birth process and encourage them to ask informed questions of the practitioner and to make informed decisions (Maganacca and Murphy, 1983). Thus, we felt that BACE would tend to attract those parents who were especially interested in or committed to low intervention births. Finally, BACE's own record keeping made practical the carrying out of a substantial survey within a fairly circumscribed population.

3. If the 80 percent rate is projected nationally, over a million circumcisions are performed annually in the United States, at a cost of between \$50 and \$200 million (Grimes, 1978).

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Tables start on the following pages.

Table 1. Circumcision Decision by Amount of Parental Discussion.

Variable	% Circum- sized Son	Base
Amount of Discussion		
Great deal	52.6%	38
Some discussion	63.3	60
Mentioned briefly or No discussion	74.3	35

Source: Boston sample, 1984 (see text).

Table 2. Circumcision Plans for Next Son by Decision This Son.

	Circumcized this Son?	
	YES	NO
Same Decision Re Next Son		
Definitely	53	80
Probably	35	16
Not sure	6	4
Probably not	4	0
Definitely not	2	0
Totals	100	100
Base N	82	51

Index of Dissimilarity: 26%

Source: Boston sample, 1984 (see text).