
■ NOCIRC OF MICHIGAN ■

INFORMANT

PREVENTING INFANT CIRCUMCISION — FOR THE WELL-BEING OF ALL

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“Just the Facts, Ma’am”

Circumcision and the Role of Childbirth Educators

by Pat Miller

The most common comment I hear from parents of all ages while I staff **NOCIRC** information tables at area events is, “No one ever talked to me about circumcision when I had my babies.” Doctors are required by law to provide information that will enable informed consent before every procedure, but studies show that almost half of health care providers who perform circumcisions do not discuss the medical issues with parents. Many parents have told me that they learned nothing about circumcision in their childbirth classes, either.

It is not surprising then, that the Midwest has the highest rate of non-religious circumcision in the world. Circumcision was heavily promoted in Michigan in the late 1800’s by Dr. John Harvey Kellogg and others as a way to cure and prevent masturbation, which was thought then to cause epilepsy, insanity and a host of other illnesses. Although the original doctors and their claims are long forgotten, circumcision

rates have not dropped as dramatically here as they have in the rest of the country.

Childbirth teachers have an ethical obligation to provide information about circumcision. According to Lamaze International’s Code of Ethics, “The childbirth educator is a consumer advocate who promotes informed decision-making, the independence and competence of clients, and the collaboration of clients with the health care team.” All organizations that accredit and license childbirth teachers have a similar code. Lamaze International includes pamphlets from **NOCIRC** in its teacher training materials, as do some other programs.

The most ethical curriculum is based on the tenets of informed consent. According to the American College of Obstetrics and Gynecology (ACOG), “Most courts consider that the patient is ‘informed’ if the following information is given: The processes contemplated by the physician as treatment, including whether the treatment is new or unusual; the risks and hazards of

the treatment; the chances for recovery after treatment; the necessity of the treatment; and the feasibility of alternative methods of treatment.”

At a basic minimum, parents need to know the inherent benefits and potential risks of leaving their son’s penis intact versus the potential benefits and inherent risks of circumcision. Parents must know what they are consenting to have removed before they can give informed consent for circumcision. They must be offered information about the anatomy and the protective and sexual functions of the foreskin.

I asked a sample of hospital-based and independent childbirth educators in Southeast Michigan about their circumcision curriculum. Most teachers spend about 5 to 10 minutes on this subject, but some spend more time when parents have questions. None of the teachers I interviewed use a circumcision video, but some use other graphics and handouts.

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DIRECTOR’S MESSAGE

South Korean civic leaders recently urged foreigners to stop criticizing their dog-eating culture, calling the culinary tradition “a matter of national pride.” It is clear from South Korea’s “doggie diners” that cultural practices are highly subjective.

NOCIRC of Michigan receives similar complaints for our criticism of the American cultural practice of circumcision. However, culture cannot be used as a defense in the violation of human rights. There is an absolute standard for human behavior and, in the case of circumcision, it is our moral duty to point that out. The right that another human being has to the wholeness of their body is as absolute and non-negotiable for boys in the United States as it is for girls in Somalia.

On behalf of all the children, thanks!

Norm Cohen, Director

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All of the teachers I interviewed expressed a desire to give parents the facts they need, but there was little consensus among them on what these facts are. The majority of teachers, both hospital-based and independent, mention medical organization policy statements, pain and anesthesia, complications, and the ease of caring for a child who is not circumcised.

Unfortunately, some teachers limit circumcision education to letting parents know that the surgery is available and that they will need to talk to their doctor when their baby is born. Any questions beyond the basics, including questions about medical necessity and anesthesia, are referred to the client's health care provider. Pamphlets and handouts are not provided. These teachers are employed by large hospitals or agencies, and reach far more students than the teachers who offer more information.

In a 1983 study published in the *Canadian Medical Association Journal*, researchers found that this behavior effectively thwarted efforts to lower circumcision rates through education. "The absence of an association between attendance at prenatal classes and circumcision (rates) may reflect, in part, the fact that circumcision was deliberately excluded from the prenatal curriculum in an effort to avoid confrontation between prenatal educators and physicians holding different opinions about circumcision." The only way to maintain high circumcision rates is to maintain this conspiracy of silence.

Many of the educators and their employers defend their circumcision curriculum as "balanced and unbiased." The problem with presenting the pros and cons of circumcision in a way that both choices appear equally valid is that one must severely limit the information given. Imagine being required to "balance" the presentation of every issue a childbirth teacher discusses. The pros of maternal alcohol use? The cons of excellent nutrition?

Any discussion at all, no matter how it is "balanced," will provide some parents with enough information to keep their son's penis intact. Other parents and their care providers will resent any anti-circumcision information, no matter how it is presented.

According to ACOG, "It should be emphasized that the following reasons are not sufficient to justify failure to inform: That the patient may prefer not to be told the unpleasant possibilities regarding the treatment; that full disclosure might suggest infinite dangers to a patient with an active imagination, thereby causing her to refuse treatment; and that the patient, on learning the risks involved, might rationally decline treatment. The right to decline is the specific fundamental right protected by the informed consent doctrine."

It is ironic that teachers who said they were concerned about offering parents objective and consistent information were *least* likely to hand out pamphlets. Research shows that pamphlets are especially helpful when time prevents a thorough discussion of the facts. One teacher I interviewed noted that providing parents with pamphlets a class ahead of the circumcision talk markedly improves the quality of the discussion.

Research on use of pamphlets for patient education found that informational handouts are equally effective to videotapes in improving parent knowledge and are less expensive and more readily available. In another study on the effectiveness of parent education techniques, pamphlets significantly decreased anxiety, facilitated patient-staff interactions, and increased satisfaction with patient care better than verbal instruction alone. Handouts are especially effective in educating fathers, who are often the circumcision decision-makers, but who may not have the opportunity to discuss this issue with the health care provider.

It is my hope that more childbirth teachers will recognize their role as advocates for parents and their children. Just as with the changes that led to family-centered care, changes in institutional curriculums will require activism from within the system as well as from consumers and health care providers.

Pat Miller is the Director of NOCIRC of Toledo and has worked as an independent childbirth educator. She can be reached at patm.tapsac.nocirc@juno.com or (419) 475-3305. We wish to thank Pat for upgrading our newsletter layout!

MISSION STATEMENT

NOCIRC of MICHIGAN

NOCIRC of Michigan is a nonprofit, consumer rights advocacy group that educates people about circumcision and about the benefits of intact genitals.

We teach parents and health care providers in Michigan about the impact of circumcision and about the proper care of intact genitals. We protect consumers from fraudulent medical claims. We actively promote the benefits of intact genitals and foreskin restoration.

We know the removal of normal, healthy tissue from a child's genitals—in the name of medicine, religion or social custom—results in a loss of sexual function and is a violation of human rights.

We are a group of dedicated consumer activists and health care professionals. We are committed to effective education, advocacy and activism on behalf of children to protect them from harm. We are part of a worldwide movement to end all forms of male and female genital mutilation.

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Eradicating Female Genital Cutting: The Horror and The Hope

by Brandy Sinco

The campaign to eradicate female genital cutting is a saga of horror and hope. The horror comes from the nature of what we are trying to end – surgeries that remove part or the entire clitoris, along with other external genitalia.

The clitoris is formed from the same fetal tissue as the penis and is essential to female sexuality, just as the penis is essential to male sexuality. Without an intact clitoris, female sexuality is either crippled or non-existent. However, there is hope for the struggle, because of new successes in eradication campaigns in several parts of the world.

Last spring, I heard a fascinating presentation by Asma Abdel Halim at the University of Michigan's School of Public Health. She has worked on female genital cutting eradication campaigns through the U.S. Agency for International Development. The work of her office was made possible by former President Clinton, who started an office on International Women's Issues.

Asma's first point was that language is an important part of eradication campaigns. People who are adamantly against female genital cutting call it "female genital mutilation." Supporters of female genital cutting call it "circumcision." Using the phrase, "female genital cutting" (FGC) is a way to bring the two sides together for dialogue.

According to the World Health Organization (WHO), 110 to 140 million females have been subjected to one of 4 forms of genital mutilation:

I.) Sunna Circumcision. Removal of the tip of the clitoris. Sometimes the operation removes only the clitoral foreskin. In many cases, part of the clitoral glans and/or shaft are also cut away.

II.) Excision. Amputation of the clitoris. Sometimes, part of the labia minora are also removed.

III.) Pharonic Circumcision. Removal of all external genitalia, along with stitching or narrowing of the vaginal opening. The

stitching or narrowing of the vagina is known as infibulation.

IV) Miscellaneous: Piercing or pricking of the clitoris, scraping of tissue surrounding the vagina (angurya cuts), cutting the vagina (gishiri cuts), or introduction of herbs or corrosive substance into the vagina for the purpose of tightening or narrowing it.

Most women and girls who have been subjected to these operations live in 28 African countries. WHO estimates that 2,000,000 African girls are at risk each year from some type of FGC. In addition, immigrants to western countries are also at risk. Of the four types of FGC mentioned above, excision and sunna circumcision are the most common and estimated at 80%. Pharonic circumcision is estimated at 15% and 5% is classified as miscellaneous.

When I called the FGC researcher, Hanny Lightfoot-Klein, for the percentages of sunna circumcision and excision, she said that specific percentages are difficult to determine because the operations are not done with precision. Sometimes an excision will leave some clitoral tissue present or leave some scar tissue with sensitivity. Although the theoretical dividing line between sunna and excision is whether any clitoral tissue remains after the cut, precise estimates are not available.

The main issue is that every human being has the right to intact genitals. The goal of all FGC is to reduce or eliminate sexual sensitivity. Regardless of how much or how

little genital tissue is removed, a fundamental right to freedom from bodily assault is being violated.

These dreadful operations are part of cultures that treat women as second-class people, whose only worth is to serve as baby factories. Cleanliness and making females less aggressive are also cited as reasons. A high value is placed on chastity and virginity before marriage. In *Female Sexual Mutilations: The Facts And Proposals for Action*, Fran Hosken writes:

"The reason given by men and the elders is morality, to preserve the family, to keep women faithful, to reduce waywardness in girls. In fact, a man usually has several wives; a correlation between genital mutilation and polygamy can be made. It is believed that women who are not operated on are not fertile . . . Many people believe excision is a custom decreed by the ancestors . . . Terrible harm will befall anyone who opposes the wishes of the ancestors."

It is ironic that these surgeries are practiced to promote fertility because one of the medical complications is difficulty with childbirth. Other complications include uncontrolled bleeding after the operation, shock due to blood loss, sepsis, tetanus, urinary and rectal infections, AIDS, and psychological trauma.

The successful eradication campaigns have focused on the medical side effects, rather

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Protestors march peacefully outside the United States Supreme Court in Washington, DC last April in support of protecting the civil rights of children. Photo by James Loewen.

Write to Cut Circumcision Out of Michigan Medicaid

Michigan is facing a 1.3 billion dollar budget deficit this year and further cuts in Medicaid are coming. This budget crisis is our best opportunity yet to eliminate taxpayer-funded Medicaid payments for medically unnecessary circumcisions.

Please write letters to:

1.) Representative Mickey Mortimer, of Horton, Chair of the Michigan House Appropriations Sub-Committee for Community Health. His address is:
**The Honorable Mickey Mortimer,
 Michigan House of Representatives,
 P.O. Box 30014, Lansing, MI 48909**
 mmortimer@house.state.mi.us or fax (517) 373-5756 or call (517) 373-1775.

2.) Senator Joel D. Gougeon, of Bay City, Chair of the Michigan Senate Appropriations Sub-Committee for Community Health. His address is:
**The Honorable Joel D. Gougeon,
 Michigan Senate, P.O. Box 30036
 Lansing, MI 48909**
 SenJGougeon@senate.state.mi.us or fax (517) 373-5871 or call (800) 451-9140.

Respectfully ask them to eliminate the waste of non-therapeutic circumcisions from the Medicaid budget and to shift Medicaid funding from circumcisions to real medical care. The Medicaid money spent on non-therapeutic circumcisions could be far better utilized for more compelling, medically justified, and cost-effective Medicaid coverage for Michigan's children.

FGC, continued from page 3

than the effects on sexual sensitivity. Eradication campaigns must be tailored to the cultures of the societies that practice female genital cutting.

Outlawing FGC without a culturally sensitive education campaign does little good. Innovative social policies are needed. Finding alternative jobs for circumcisers is part of the eradication strategy. For example, in Gambia, former circumcisers were given assistance in forming businesses. However, if they continued to practice female genital cutting, their businesses would lose financial assistance.

In Ghana, free day care was offered to parents who signed certificates stating that their daughters would not be circumcised. In Egypt, support groups were formed for genitally intact women, so that they would not feel like social outcasts.

In Senegal, a support program was formed with an emphasis on successful business and reproductive health. Further, a Senegalese imam walked from village to village and spoke out against female circumcision. Former President Clinton and Hilary Clinton also spoke out against FGC during their visit to Senegal. In another African country, anti-FGC campaigners wrote songs about ending FGC, which helped raise consciousness and boosted support for eradication.

Although there has been some success in reducing FGC, the campaign is far from over. Thanks to former congresswoman Pat Schroeder's 1996 legislation, female genital mutilation is illegal in the United States.

This law makes cutting the female genitalia of minors a 5-year felony. In addition, the Schroeder legislation calls for education campaigns in U.S. immigrant communities and support by international development agencies in the U.S. Government.

However, no one has ever been prosecuted under this law. In contrast, there have been prosecutions in France and the United Kingdom under the anti-FGC laws in those countries. According to Hanny Lightfoot-Klein, this is a sign that the U.S. law against FGC might not be adequately enforced and not backed up by education campaigns in immigrant communities.

An important tool to help prevent FGC would be passing a Michigan law that would provide additional penalties for cutting the clitoris or labia of a girl. Several states have laws that carry additional penalties beyond the Federal law. Unfortunately, Michigan is not one of them. Considering the large immigrant community in metropolitan Detroit, a state law could be a valuable tool in preventing FGC in Michigan. Hanny Lightfoot-Klein pointed out that prosecution under state laws is often easier than Federal laws.

As we continue the struggle, Margaret Mead's famous words are an inspiration: "Never doubt that a small, committed group of people can change the world. It's the only thing that ever has."

Brandy Sinco works at the University of Michigan School of Public Health. She is interested in campaigns against all forms of genital mutilation. She can be reached at AltoTenor@Aol.Com or (734) 930-0646.

BAD IDEAS FROM THE HISTORY OF MEDICINE Real Quotes From Real Doctors

"Sometimes the timely operation of circumcision does much to save a patient and his friends from remorse, misery and perhaps, shame. Much might be done for the comfort of the individual, and the happiness of mankind in general, if circumcision of the elderly were more frequently undertaken."

Dr. E.M. Corner
 Male Diseases in General Practice
 Oxford University Press, London, 1910

TELL THE TRUTH ABOUT CIRCUMCISION

How to Become An Informant

- ◆ Help us to educate parents and health care providers! A *tax-deductible* membership fee of \$25 or more makes you a **NOCIRC of Michigan Informant**.
- ◆ Free pamphlets and newsletters are available in bulk to anyone wishing to distribute them to parents and care providers.
- ◆ We exhibit at ten or more conferences and fairs each year. Please call to volunteer to help staff our information tables.
- ◆ Please let us know about any relevant conferences or fairs that **NOCIRC of Michigan** may exhibit at anywhere in the state.

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