

WHERE ARE WE NOW?

EXPLORING THE ETHNIC MINORITY COMMUNITY'S CURRENT PERCEPTIONS ON THE AVAILABILITY OF MALE INFANT CIRCUMCISION FACILITIES IN SCOTLAND

*A QUALITATIVE REVIEW OF THE PUBLIC HEALTH NEEDS, PREPARED BY COMMUNITY CONNECTIONS 3 IN COLLABORATION
WITH THE MUSLIM COUNCIL OF SCOTLAND*

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Community Connections 3



ACKNOWLEDGEMENTS

CC3 would like to thank all the parents, imams and health professionals who agreed to participate in this project. Without their contribution, this project would not have been possible as a community-led programme.

We would also like to thank all our volunteer focus groups who participated in the discussion - without whom the project would not have been possible.

We would like to thank the Muslim Council of Scotland who gave us the opportunity of helping to facilitate this important part of community research that has led to this informative report that outlines the trials and tribulations of the Muslim community seeking circumcision based on their religious injunction.

CC3 would like to thank the project steering group within the Muslim Council of Scotland for their ongoing support and advice. In particular, we would like to thank: Dr. Salah Beltagui, Sister Farkhanda Chaudry, Brother Shaukat Sultan, Dr. Ali Salamatti (Financial Audit) for their constructive input during the course of this community based assessment.

We acknowledge: Coalition for Racial Equality and Rights' financial grant to the Muslim Council of Scotland that enabled us to complete the action orientated community research.

We would like to specially thank Ms Alison Stroak for proofreading and general editing

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EXPLORING THE ETHNIC MINORITY COMMUNITY'S PERCEPTIONS ON AVAILABILITY OF MALE INFANT CIRCUMCISION FACILITIES IN SCOTLAND: A QUALITATIVE REVIEW OF THE PUBLIC HEALTH NEEDS.

BACKGROUND

Should male infants be circumcised? Much of the available medical literature is conflicting^{1,20}; circumcision is a choice that parents will make on behalf of their male children on religious, cultural or ethnic grounds.

The protective effects of circumcision have been documented in leading medical journals. Circumcision offers protection against many medical conditions – sexually transmitted infections such as Human Immunodeficient Virus (HIV), hepatitis, chlamydia and syphilis, and genital cancer especially those linked to Human Papillomavirus(HPV)^{7,13,20,21,24,25,27}.

Paediatricians perceive the foreskin as a predisposing factor for male infants with severe urinary tract infections during their first year of life, which can lead to high fever, generalised symptoms, and in some cases to disseminated infections such as sepsis and meningitis. However, three separate, randomised controlled studies conducted in Kenya, Uganda and South Africa, have found that circumcision offers some protection against sexually transmitted diseases(STDs), particularly HIV.

Compelling evidence from the World Health Organisation suggests that male circumcision can reduce the risk of heterosexual acquisition of HIV by approximately 60%^{4,5,12}.

Currently, none of the national pediatric associations advocate routine male infant circumcision, although most agree that it is safe and acceptable if carried out by a competent operator, using adequate anaesthesia. Although any surgical operation involves risks, circumcision, if performed under local anaesthesia, is comparable to that from an injection for immunisation.

Estimates of the likelihood of complications vary widely – a study conducted in the United States found that the death rate from circumcisions was estimated at 1 in 500,000 cases, while another study estimated complications at 1 in every 476 circumcisions (this will differ in the developing world)²⁸.

Evidence suggests that the ideal time for circumcision is when the child is first born. Newborns are resistant to pain, particularly after having experienced the trauma of childbirth. Furthermore, newborns have high levels of corticosteroids, epinephrine, androgens, thyroxine and endorphins making them more resilient. They heal quickly and in some cases the need for sutures is precluded²². At older ages, circumcision is riskier, more complicated, and about 10 times more expensive²³. No robust research currently exists examining the long-term psychological effects of male infant circumcision.

Male infant circumcision is an ancient religious requirement for certain communities, particularly Muslims and Jews¹⁰. Because of the high proportion of Muslim people among the black and ethnic minority (BME) population in Scotland (>30%), we are going to study the Muslim population.

There is an increasing Muslim population, as well as other migrating communities in Glasgow and Scotland. The 2001 Census figures indicated a 62.3% increase for Scottish BME populations, compared to 1.3% for the general Scottish population over a 10-year period.

Access to NHS infant circumcision facilities during the neonatal period has been very poor in Scotland. The Scottish Government responded to increased requests for the early safe undertaking of circumcision for religious and other purposes, by implementing a policy stating that:

'From 1st January 2008 no one should wait for more than 18 weeks for a first outpatient appointment at a Consultant-led clinic following referral and no one should wait for more than 18 weeks from the date they are placed on the surgical waiting list for the hospital in-patient or day case treatment. NHS boards also have a target to reduce these waiting times to 15 weeks by March 2009'.

The aim of the Scottish Government is that circumcision is performed when the child is between 6 and 9 months of age, under general anaesthesia, by trained Paediatric Surgeons. The procedure will normally be carried out as day surgery (unless there are complications) in one of 4 designated specialist centres in Scotland.

Does this help parents waiting for their children being circumcised, or are they still seeking alternative routes? It is recognised that it is far better to help parents find a competent operator than to force them to navigate unregulated circumcision services alone.

Consequently, it is time for the policy makers and the medical establishment to consider an option appraisal of the various methodologies available for circumcision and how they are being used. In this project we aim to study the Muslim community in Scotland to evaluate the impact this policy has had on the Muslim Community in Scotland.

We seek to explore the views and experiences of religious and community leaders and the general Scottish Muslim communities on:

- The importance (or otherwise) of performing male infant circumcision.
- Advice currently provided to that parents on performing this procedure.
- Current availability and access to circumcision services (NHS and otherwise).
- Problems encountered by using/accessing the services.
- Implications of complications, if any.
- The impact the new NHS arrangements have had on the community.
- Trade-offs parents are willing to consider ensuring health and safety of children.
- Optimal service design.

METHODS

Patton (2002) advocates a paradigm of choices recognising different methods are appropriate for different situations. Thus using a pragmatic approach, we plan to undertake an in-depth qualitative study exploring the beliefs, perspectives and experiences of the Muslim communities in Scotland. This will include members from the general community, religious / community leaders and general practitioners.

In this case, qualitative enquiry was used to capture personal perspectives and experiences. Inductive analysis will be used to identify the key themes emerging from the collected data.

RECRUITMENT

General Muslim Community:

Leaflets were prepared and distributed to all main community centres, toddlers' groups, mosques and Islamic teaching centres in Glasgow. Members of the Muslim communities who had had children or grandchildren recently circumcised in the UK and/or overseas (less than 3 years) were invited to attend one of 7 planned focus groups to discuss the use of the services in the UK. Between 60-80 members of the general public were recruited to conduct focus groups.

Religious and Community Leaders:

Details of religious and community leaders were obtained through the Muslim Council for Scotland. Religious and community leaders from all mosques across Scotland were invited to attend focus/discussion groups, which were organized at the Central Mosque in Glasgow, and at an Islamic teaching Centre in Glasgow.

4 female religious leaders/teachers, 12 male religious leaders, and 3 male community leaders volunteered to take part in the study. Two focus groups were held, one with the 4 female leaders, and one with the 15 male participants. Male researchers facilitated the male focus group, and female researchers facilitated the female group. The female focus group lasted 50 minutes, and the male discussion lasted approximately 90 minutes.

MIXED FOCUS GROUPS

In total, 6 focus groups were conducted with parents from the Muslim community who had, in the past 5 years, had their male infant circumcised. There were 6 to 8 people in each group.

Three of the groups were female groups, 1 group was a mixed group and 2 groups were male groups. 29% of the participants were aged between 26 and 35, while 26% were between 36 and 45, and 24% were over 45. In total 30 women and 8 men were interviewed.

In addition to community focus groups with parents and family members, focus groups were carried out with religious leaders, namely **Imams**, of some of the main mosques in Glasgow. In total 12 males participated in this focus group. An additional focus group investigated the views of female Islamic teachers, **Appas**. This included four female Islamic teachers from a local Glasgow-based Islamic school

The focus groups lasted from 45 minutes to 1 hour each.

A researcher prepared the focus group guides.

One researcher moderated the sessions, and another took notes. A digital tape recorder was used to record the focus groups, and all materials were transcribed for qualitative analysis.

DATA ANALYSIS:

Qualitative data generated was transcribed and analysed primarily using inductive analysis to identify patterns, themes and categories. Using principles of grounded theory, primary patterns in the data was identified, coded and categorized to examine meaningful and symbolic content in the data and build up categories and themes within the description. A general coding scheme was developed to identify domains of observation rather than referring to specific content within those domains. Coding schemes were then inductively developed within those domains as observations are made in the field context.^{8,14,15,18,26}

Each focus group was analysed individually and then merged and re-analysed. The responses from the different subgroups were then compared.

ETHICAL ISSUES:

This study did not involve any clinical data or interview of clinical staff; therefore no ethical approval was sought.

Participants were properly informed, and were free to volunteer without inappropriate inducement. They were free to opt out at any time without redress, and were fully protected in regard to safety to the limits of best practice.

Informed consent was gathered by giving participants detailed information on the project prior to recruiting them on the project. Consent to participate in the study was confirmed when participants were interviewed.

This study involved gathering information on personal views, and therefore confidentiality issues were raised and clarified. All personal data was anonymised and kept confidential. None other than the researcher has had access to this data. It was ensured that all information gathered would not impinge on the confidentiality, privacy, convenience, comfort or safety of participants and others.

FINDINGS

PARTICIPANT BACKGROUND

Of the 38 participants interviewed for this study, 26 had their son circumcised and the remainder had their grandchild or nephew circumcised.

Of the 38 participants interviewed, 23 had an immediate family member circumcised in the past 4 years.

Others had been involved in the circumcision of their children and other family members residing in the UK, for up to 20 years prior to the study. The majority (81%) of the participants had had their children/grandchildren circumcised privately.

Age/gender	18-25	26-35	36-45	46+	Not available
Male	4	4			
Female	1	11	11	5	2

Table 1 Community members participating in focus groups

48% (19) of the participants interviewed had accessed a private clinic or clinician for circumcision.

7 (17%) used the NHS.

4 accessed both NHS and private services and the remainder did not specify.

Most of the participants who had used NHS circumcision facilities indicated that they had to do so because their children had other underlying medical issues and therefore were; not able to travel to seek religious circumcision, risk any further complications, or felt they had no other choice.

Of the majority of the participants who undertook private interventions:

53% had interventions in Scotland by a doctor from England who offered private services in Scotland.

10% participants travelled to England.

18% indicated that they took their child overseas (predominantly to Pakistan).

59% (23) of the participants indicated that they had had their child circumcised within 6 months of birth with the majority (75%) being circumcised within a month of childbirth.

20 of the 38 participants reported that infants had a local, or no anaesthesia during the procedure.

WHY SHOULD MALE CIRCUMCISION TAKE PLACE?

CIRCUMCISION AS A RELIGIOUS OBLIGATION:

Over 95% of participants reported that circumcision is a compulsory religious obligation, which needs to be fulfilled by all Muslims in accordance with the Koran and teachings of Prophet Mohammed. However the religious reason for why it is compulsory was not always fully understood. Most participants believed that this is due to the '**sunnat of the Mohammad**' (how Prophet Mohammed lived his life):

"The Koran says that the male baby has to be circumcised. We have to follow the teaching of the Koran."
(Female, mixed group)

"I don't think so, its cultural, it's religious more. It's like the prophet Mohamed ... the son of the prophet to do that, that's why Muslims follow that, the most important thing partly is that." **(Female, female group)**

The religious and community leaders indicated that:

"There was a clear indication that circumcision was performed by Prophet Mohamed (PBOH) on his grandsons on the 7th day, followed by an 'aqiqa' (thanks giving meal) – it takes precedent within the Islamic religious obligation – to follow the 'sunnah' that leads to hygiene involving cleanliness." **(Male Imam)**

Appas' views were similar to Imams' as they said that circumcision was the Sunnah of the Prophet Mohammed (PBUH) and something every Muslim male should adhere to:

"I know that circumcision is the sunnah of the Prophet Mohammed (PBUH) and it something that is encouraged in our religion to do. If I'm trying to bring my child up within Islam then following this (circumcision) aspect of it is also important."

OTHER REASONS FOR CIRCUMCISION:

Most participants recognised that circumcision helped with hygiene and cleanliness issues, although some of the women said that there is an inherent belief in the community that circumcision was necessary to suppress sexual drives in men.

Participants also indicated that there were many medical benefits of circumcision, including safeguarding against diseases.

In some cases participants believed that circumcision was effective in reducing transmission of sexually transmitted diseases. However, some of the women were also inclined to believe that women were less likely to contract STDs, including cervical cancer, if the men had been circumcised.

Many of the participants gained this information through newspapers, reports and books:

“From what I have seen in reports or reading the newspapers, it actually has very big medical benefits, maybe it is something they should be doing.” (Male, male group)

“It’s unhygienic to leave this for a long period of time because it’s unhygienic and it can accumulateSo it’s better to do it as soon as possible.” (Female, female group)

“I was confused about information I was getting from my family. It was mixed. I accepted what I was told. I thought the later it went on the more painful it would be for my son. I didn’t want him to be scarred with the memory of having had it done. We wanted it done as quickly as possible. There was a communication breakdown with my family. I had to be patient with that.” (Male, mixed group)

WHEN SHOULD CIRCUMCISION TAKE PLACE?

Participants were not definitive about how soon circumcision should be performed, and opinions about time frames varied. However all participants were certain that it had to be performed as quickly as possible after birth (ideally within the 3 months of the child’s birth).

They recognised that there were a number of limiting factors, primarily linked with the health of the baby, and secondly with that of the mother, prior to focusing on the circumcision. The reason, related to them by the community, in the main referred to the fact that the earlier the procedure is performed the less traumatic it is for the baby, and chances of infection are minimised.

Some of the participants also believed that they had to wait for at least two weeks post-partum before their children were circumcised. The reason given for this was that if the mothers have Lochia (postnatal bleeding) they are not allowed to partake in religious activities. This was associated with a cleanliness issue:

“It was the only thing that I had to follow as a Muslim, I had to follow Islam and what Islam says about my children I have to do that, and I was actually, I was nagging my husband when will it be done, and my son was only 2 weeks old and in Pakistan, it was done in Pakistan at 2 weeks old.” (Female, female group)

“My mother in law told me that I had to wait until I stopped bleeding before my baby was circumcised.... I thought thank God I don’t have to cope with child birth and looking after a sick baby at the same time.” (Female, female group)

“I was really unwell after I had my Caesarean, but my family still took the baby down to England to have him circumcised... I was so sad...My husband had to take care of the baby.” (Female, female group)

The religious leaders consulted for this study were supportive of the view that circumcision should be performed as soon as possible after the birth of a child, preferably no longer than six weeks. One participant

in the focus group, a GP not an Imam, but a member of Committee of one of the mosques, informed the group that he had been involved in the Scottish Government meeting that discussed the final policy document circulated to the various Health Boards. He felt that the policy was correct to perform circumcision at 6 months due to “possible complications and occasional bleeding.

“Preference is as early as possible after the first week but not longer than six weeks – if there was a medical reason for prolongation of circumcision one has to accept the advice of the doctors.” (Male Imam)

Appas consulted were of the similar view to Muslim parents and Imams; they thought that male infant circumcision should take place as soon after the birth of the child as possible. They described their personal experiences of circumcision for their sons and grandsons; everyone in the focus group has accessed private circumcision services:

“Religiously obviously circumcision very important for me but aside from that it has health benefits too, also the younger they have it done the better for them because its less painful.” (Female Appa)

“According to the Sunnah it (circumcision) should be done within seven days with shaving the hair etc. But in this country that’s not possible you know going through the NHS is a long waiting list so that why people tend to go privately and even then it gets don’t after seven days.” (Female Appa)

“I far as I know there is not a certain time that you must do it by but its recommended or suggested to do it as soon after the birth as possible.” (Female Appa)

WHAT DO PARTICIPANTS KNOW ABOUT THE PROCEDURES FOR CIRCUMCISION?

All participants had experiences of circumcision, and of every male around them undergoing the procedure, at some stage of their lives. However, they did not fully understand the technical aspects of the procedure.

In most cases, the procedure was performed within a matter of minutes and the child took a week or less to recover. Participants indicated that, in previous times, and still in some places e.g. Pakistan, the procedure was performed by a trained barber under the auspices of the Mosque. However, most participants indicated that this practise is increasingly being replaced by a service performed by trained health care professionals.

When asked about their satisfaction with the traditional procedure, all participants indicated that they preferred the traditional method. If an experienced practitioner performs the procedure, it is considered to be quick and safe with rarely any complications, making it less traumatic for the child.

Participants also indicated that the recovery time was much less with the traditional methods. However, participants were aware that parts of the foreskin might be not be removed if the procedure was not performed by an experienced practitioner, meaning that the procedure is not complete as dictated by Islam:

“It depends on the technique they use. People in Pakistan are much more experienced. They don’t make any blunders and the baby heals very quickly, within a matter of days. The younger the baby the quicker it heals. The ring used in Pakistan is usually a small wooden ring. They place it over the foreskin of the penis then quickly and gently cut around that area.” (Male, male group)

The Muslim religious leaders’ perception regarding the procedure was that traditional methods in their country of origin worked without complications, and the surgical procedures advised by the professionals were not their preferred method.

WHERE DID THE PARTICIPANTS GET INFORMATION ABOUT CIRCUMCISION?

In the majority of reported cases the NHS was not a first port of call for any of the participants interviewed; often it was viewed as a last resort.

Over 87% of the participants indicated that the information they received about circumcision was mainly through word of mouth.

Most participants indicated that family and friends informed them on when, and how, circumcision should be performed.

Many participants said they preferred to source information from family and friends who had recently used private circumcision services.

Very few female participants indicated that they had spoken to their religious leaders. However, their male relatives had consulted the religious peers in most cases.

The main advice received from religious leaders was to contact their GP. Imams were poorly informed about NHS procedures, but knew that waiting lists were long. Imams also informed the participants about travelling to Pakistan, and in some cases participants were advised to travel to England for circumcision.

Participants indicated that there was insufficient information about religious circumcision reaching the Muslim communities, especially regarding what options were available to them. They also reported that the information they received was sometimes confusing. Those who had recently arrived to the UK wished they had clearer leaflets about what they should do:

“Most Imams give you two options: go abroad or wait on the NHS.” (Male, male group)

“I mean I did contact my Imam ... but he said to me that there was nothing available. You would have to go down south and he did not say where you had to go down south, but he said the only place you will get it to go

down is Bradford. The Imams should have the information, they should have it, but really how can the Imam tell you information on it if you yourself in the community don't have information on it." (Male, male group)

"Em two were done in Pakistan, no such thing as leaflets, or information, you are just told and that's it." (Male, male group)

All Imams consulted had similar views about the information they received, or had come across in relation to circumcision, they indicated that this was mainly through leaflets advertising a private service. They had very little information from the NHS and had only heard of NHS services through family and friends:

"Recently we get the odd leaflet advertising that someone is doing circumcision but on the whole the information given to parents appears to be poor from the NHS. Mostly it is through families who have had their babies circumcised." (Male Imam)

Appas said that they had not actively sought out information service through the NHS, nor had they consulted or asked their GP about such services. All had their children circumcised using private clinics recommended by family and close friends:

"We just went straight to the private clinic because my nephew had been done from him two years before." (Female Appa)

"The pain aspect of it the main thing being in school whatever and putting your child through that, that's why I wouldn't choose the NHS." (Female Appa)

WHAT DO PARTICIPANTS KNOW ABOUT NHS CIRCUMCISION SERVICES IN SCOTLAND?

The majority (90%) of the participants were unaware of the existence of an NHS policy on religious circumcision, and the majority (over 80%) reported that their health care providers did not provide them with information.

Participants also indicated they felt that many of their health care providers did not appear to have sufficient knowledge of NHS policies on religious circumcision. The information they received was confusing and conflicting, and often not suited to their needs.

Most of the participants who had children in the UK indicated that they had informed their GP about the need for circumcision if they had a boy. However, participant's views were that the NHS would not be able to help meet their religious needs, and they were only left with private options.

Participants indicated that the information they had received was not always clear, and that health care professionals were not very understanding of their needs:

“Our family encourage us to perform as soon as. I didn’t receive any information here from midwives or even doctors.” (Male, male group)

“It was just a doctor that was recommended through family and friends and when we actually had the surgery with my little boy, it was em, nothing was explained, we just went in and she said, well we are going to take the baby. I had to ask her all the questions, there was no information readily available at all and it wasn’t a good experience.” (Female, female group)

“Nothing from the midwife, nothing from any kind of staff in the hospital, em after that just making general enquiries between friends and family if they knew of anybody. Well the third boy he was done by Doctor M, by the time I had the fourth boy Doctor M was then retired so he wasn’t doing it.” (Male, male group)

“My sister-in-law went to Pakistan. There they have their babies in hospital and when they find out they are boys they are given the option of getting the circumcision there and then in hospital. That is what happened with her, they were literally circumcised there and then.” (Male, male group)

Generally all Imams had very little knowledge of circumcision services available through the NHS, and thought that they had not been provided with adequate information. Furthermore, the Imams were unhappy about the fact that the Scottish Government and Health Boards had not carried out any consultations with them, or anyone they knew of, in relation to circumcision and religious obligations for Muslims:

“ We have neither adequate information, nor there has been any consultation with us as a group on our views, either by the Scottish Government or the Health Boards.” (Male Imam)

Appas were not aware of services offered through the NHS; they had no knowledge of the circumcision policy in Scotland. In their opinion accessing NHS services for circumcision was not an option, primarily because of waiting lists and the use of general anaesthetic:

“Apart from the waiting list the other thing that would put me of is that the NHS use general anesthetic and that not something I would want to put my child through.” (Female Appa)

NHS WAITING LISTS:

The most common response from all the participants for not accessing services through the NHS for circumcision was long waiting lists. There was significant confusion about how long they may have to wait to have the circumcision performed.

On average, participants had been informed they had to wait 8-12 months for the procedure, although some thought they might have to wait for 2 years. Participants viewed this as too long to wait for a service they believe is a simple medical procedure. They also thought this conflicted with their religious obligations:

“I went to a GP and he basically said he would refer you and all that but we were the same but basically people were telling us it was going to be two years and that, so my wife managed to find a private clinic in — so we took the wee boy there and that was six weeks after he was born we got an appointment and got him done.”

(Male, male group)

“This from eh, friends that have had kids and they are on the waiting list and they have said that they still eh I think one of my mates, his wee one was done after a year I think and I think a year for me is just too long.”

(Male, male group)

“I think the NHS takes too long, already it does cause a lot of pain to the child as it is, to get it done as soon as possible I think would be the best, em. Here on the NHS I don’t know how long the waiting list is but I have heard some stories about three four years n’t that. I got my kids done within three weeks, all four of them.”

(Male, male group)

Imams indicated that in their experiences the need for circumcision services is great in the Muslim community, and they were also aware that NHS waiting lists are extensive, however they had no definite information about exact timescales:

“We know that there are lot of parents waiting for circumcision for their babies, but we have no idea about how many are on the waiting list – no one tells us anything that has to do with health on a formal basis.”

(Male Imam)

The only awareness Appas had of NHS services was that the waiting lists are extensive, and as a result are not suited to their needs. This was primarily because they wouldn’t want to put their child through pain when they were older, the younger they had the procedure completed the better they thought it was for the child:

“All I have heard from people about the NHS is the waiting lists people always say the waiting lists are so long.”

(Female Appa)

PARTICIPANTS' EXPERIENCE OF NHS CIRCUMCISION SERVICES

Around 40% of the participants interviewed had accessed the NHS for circumcision. In some cases this was to rectify a previous circumcision which had either not been carried out properly i.e. the skin had grown back, or as the result of a further medical complication. However, in 2 cases, younger well-informed parents opted for circumcision through the NHS.

The majority of parents who used medical circumcision through the NHS reported that they were very concerned about the procedure, as this was more invasive than the usual religious non-medical circumcision that they were used to.

Most of these parents reported that they had received very little or no information about the circumcision procedure itself. They were particularly apprehensive of the consequences of general anaesthesia on such a small infant. The procedure they had been used to was a quick intervention under local anaesthesia, or no anaesthesia at all.

Parents reported that they were not sufficiently reassured about the risks involved or how the procedure would be carried out.

Parents who had accessed medical circumcision through the NHS reported that although they had to wait, and were apprehensive about the procedure, they were satisfied with the service and aftercare they had received. They said that they felt less stressed about seeking their GP's help after the procedure, as the GP had been informed by the hospital and everything was 'official':

"I had to get my son's done twice because I went privately and it wasn't done properly. I was told when ... your son's not been circumcised." **(Female, female group)**

"It was a private clinic and I got it done from them, but it actually has caused a lot of problems ... it wasn't properly done ... it was quite a scary thing do you know and we thought that our son is going to go through more problem. Then I contacted a doctor down South regarding that matter and his reply was, oh you should have contacted me instead of going down to the hospital, but I replied to him that if I had to contact you I had to come all the way back to Scotland when I took it up with my local hospital which is a children's hospital." **(Male, Male group)**

"I had both. I had my youngest child at Yorkhill when he was six months, and my older boys were all done privately in Glasgow and at 12 weeks and 15 weeks and the youngest was done at Yorkhill at 6 months so what made me actually put his name down was that I knew that they had considerably reduced the waiting time at that point and that we would get an appointment within 6 months. Really having the circumcision at 6 weeks and having the child done at 6 months and there is really very little difference and they were

absolutely fantastic at Yorkhill and they explained everything step by step and they kept him for 4 hours after the circumcision, and they said we need to see a wet nappy before he goes home, and I think they kept him 5 hours after. They gave me a ton of medicines to take home with me, they gave me a gel to apply to, the you know, in case of the risk of infection.” (Female, female group)

The majority of the Imams were of the opinion that Muslim community members they dealt with had experienced complications and long waiting times to have their child circumcised through the NHS. However two Imams thought that the NHS played an important role, and people should rely on NHS services more:

“We not only know some families had problems with complications but we hear lot of complaints that parents have to wait a long time before they can get an appointment at the hospital or any news from their family doctors.” (Male Imam)

All Appas consulted for this study had no personal experience of NHS circumcision service, they were aware of various stories related to them by the Muslim community, which were mainly negative in relation to NHS services:

“I know of someone who was circumcised at the age of five because he waited to go through the NHS, even the thought of that makes me cringe, imagine the pain that child would go through.” (Female Appa)

CULTURAL SENSITIVITY AND COMMUNICATION BARRIERS

The communication barriers described by the participants often related to the older generation and recent migrants from India, Pakistan or Bangladesh who tend to have language and literacy barriers.

Some participants reported a lack of sensitivity in the NHS regarding their religious and cultural needs, which increased the communication barriers. Parents reported that they were surprised that professionals in the NHS did not know much about their religious obligation.

Participants reported that service providers, in particular midwives and health visitors, should have been more conscious of their background, and need for support regarding an issue fundamental to their religion. This support should have been offered to them routinely.

Many participants reported they felt they were being judged or stigmatised for having to ask about religious circumcision. When service providers seemed unsure about the procedure, participants felt uneasy about asking more questions.

Some reported feeling angry that they had to explain their religious needs to each service provider. Stigma, in addition to the fact that many of the women could not speak English, exacerbated their problems in regard to asking about NHS circumcision services:

“Well, Muslim doctors know straight away that you have a son and the circumcision element would be there straight away. I think it is because of a lack of confidence and the language barrier, is the reason people don’t communicate and tell authorities that it is important for us and it is part of our religion. Language barrier is the one major reason why people don’t come forward.” (Male, mixed focus group)

“I remember when I gave birth I was new here, but I kept thinking that surely I am not the first Muslim woman who has given birth to a boy in this hospital? And again with my niece, same thing, they kept saying I need to find out. ” (Female, female group)

“When it comes to your health he is your GP and he usually knows everything else about you and your body, so he should know everything to do with circumcision as well eh should be like off the head.” (Male, male group)

The Imams consulted were of the opinion that their expert advice in relation to circumcision was invaluable, and that medical professionals, health boards and hospitals should consult them. They thought that a better relationship with hospital chaplaincy services is required; this was described as a mutually beneficial arrangement:

“They need to involve us as religious leaders in the hospitals so that we can give them proper advice – local people have poor knowledge of our needs agreement with a plea for better coordination with the chaplaincy services.” (Male Imam)

PARTICIPANTS’ USE OF PRIVATE CIRCUMCISION SERVICES:

Despite associated costs, the majority of the participants opted for private services. The decision to use private services was time-sensitive.

Participants reported that they had faced pressures, mostly from family and friends, to have their child circumcised as soon as possible after birth. As previously described, there was no certainty as to how soon this should take place, but parents were concerned and felt judged if the procedure was not undertaken within weeks of their child’s birth.

Some of the patients reported that a lack of empathy from the NHS service providers when they tried to get support and pushed them towards private services.

Participants indicated that they had little information about the private practices. Some of the participants were more concerned about certain issues than others. The lack of standardization in both the practice and service received was a common concern to many of the participants. However, they had to rely on word of mouth and experiences of friends and family members, and source private circumcision services.

There was a significant variation in the private choice made by participants. The majority of the participants had their child circumcised in a private practice in Scotland, while others travelled to various locations across England including: Bradford, London, Manchester, Birmingham, Dewsbury, Preston etc. Those who could afford to travel overseas took their infant to countries like Pakistan for circumcision:

“If you went to Yorkhill there could be a 1 year waiting list. It had to be done within 6 months. There was an Asian doctor who said he would do the circumcision. We had to pay because it was a private doctor. I was a lot happier. When we spoke to my cousin, (we found out that) if we waited a year and got it done at Yorkhill it might have been more painful.” (Male, mixed group)

“Yeah the advantage is because you’re paying for it and then you can get... you see you can get it done after a couple of days. It’s not a, because its more convenient you know that’s why everybody wants to get it done sooner, even for the baby because there is less pain and it heals quicker you know. They get more pain, that’s the only reason, and I mean for me I would still go private because it is more sooner and you know the baby is in less pain obviously. When you see the baby in pain so its you mentally you’re not thinking as if you’re suffering with the baby.” (Female, female group)

“I was probably living on the outskirts of Glasgow so circumcision wasn’t even sort of, there was no information available on the NHS, doctors etc. I had it done under quite a lot of pressure from family to get it done. I actually didn’t want to get it done in Scotland because I didn’t know any reputable doctors or anything. Even the NHS, I didn’t know about the NHS, that it was available on the NHS so I just wanted to get it done from down south because I’m originally from down south but anyway we had it done (privately) here.” (Female, female group)

Some Imams had personal experience of their own children being circumcised outside of Scotland; they thought this was inappropriate and unfair due to additional stress on parents (especially post-natal mothers) and the newborn child. They said they would have preferred to have a service locally available in Glasgow, which suited their needs. They were unhappy about the distance people had to travel, the costs associated with circumcision, stress caused, and the financial implications, which can be difficult for parents on low income:

“ We know about parents going to private doctors who perform circumcision in England “unfair” to put parents and their babies in such situations.” (Male Imam)

“We are not happy with young parents having to travel, get their babies circumcised and travel back with a sick babies who need proper nursing.” (Male Imam)

Appas described their experiences of private circumcision services as positive. They thought that the doctors who carried out the procedures were very competent and had offered excellent aftercare services, in some cases visiting the child at home:

"I can't praise the doctor enough, he offered an excellent service. He visited me at home for aftercare and was really good and professional." **(Female Appa)**

CONCERNS WITH PRIVATE PRACTICES:

Many of the participants indicated becoming increasingly concerned about unregulated private practices, which they sometimes termed 'backstreet practices'. Other concerns about private practices included varying unregulated costs and having to travel long distances, especially when the mother of the child is not fit to travel.

UNPROFESSIONAL/ BACKSTREET PRACTICES:

Participants were concerned about the lack of standardization and regulation of the circumcision procedures in the private sector in the UK.

The methods used for circumcision varied from one clinic to another, and there were no guarantees on the expertise of the health care professional carrying out the procedure. Participants had to rely on word of mouth.

The situation was different in Pakistan, as the government have regulated the practise because circumcision is considered to be a right, and in the '*public health interest*', to ensure the safety of the child. Parents indicated that doctors in Pakistan were provided with extensive training on the procedure, and they used the latest techniques for the intervention.

Parents also reported having visited "backstreet" practices in the UK in the pursuit of having their child circumcised. They mentioned that in some cases the intervention took place in someone's living room. Some of the parents interviewed had used such services in the past, and had been concerned about hygiene and infections.

Participants said some of the practices they had used in the past have now been shut down, other "backstreet" practices still existed and people were still willing to use them, as there were minimal waiting times and they were relatively cheap. Furthermore, it avoided the need to travel with a young infant and unwell mother.

The participants described these practices as unprofessional. However, in some cases they explained they had no alternative, because they didn't know where else to get information or how to access medical professionals, and they perceived regularised private practices as being too expensive:

"Back street, it was a surgery that was getting done, it was getting done after surgery hours and they were charging an extortionate amount of money, and that is probably why the information wasn't readily available, em, and obviously the procedures were being followed. I will be quite honest with you it was my first time and I didn't have the experience. I didn't have sort of, I had no sort of friends to advise me or my own family and em, what I did find was that the doctors, it was a husband and wife performing the procedure and I did notice that the wife was quite tired. She was physically exhausted and I was actually concerned you know what the implications of that would be. So I had to ask her questions I don't even know if she was quite fluent in English as well, even as a doctor I didn't find her forthcoming with information."

(Female, female group)

Imams were aware of community members accessing and using “unprofessional services” for circumcision, and in some cases they described complications which had arisen after the procedure. However they described parents’ experiences when seeking help after such complication from their GPs, as very negative and judgmental. Imams said that it was a difficult position for parents to be in, because they were only trying to get the best for their child based on the knowledge and information they had:

“We know some parents had problems with their babies when they returned home and had ‘big lectures’ from their doctors and the hospital where they had to take the child to.” (Male Imam)

“Some parents who experienced problems were the younger ones, and, those who do not have their families around, it’s difficult for them.” (Male Imam)

Appas’ main concern about private services was the cost. They had experience of members of the Muslim community not always being able to pay the cost of circumcision, and having to ask family and friends for financial help:

“It’s a costly thing, I know of people who found it hard to finance circumcision costs, don’t have family in this country, and don’t know where to go or what to do. Not everyone can afford it you know.” (Female Appa)

TRAVELLING FOR CIRCUMCISION:

A common theme which emerged in all of the focus groups was ‘having to travel outwith Scotland’ for male circumcision.

Parents reported that there was little or no information about private and public services in Scotland, but there was significant information about practices in England. The most common places mentioned were Bradford, Birmingham, and London.

Most parents thought that they might have to travel to England for the procedure. The cost involved added to medical issues associated with childbirth for both the infant and the mother, and caused significant stress to a number of the parents interviewed.

Through word of mouth, some participants identified private practices in Scotland serviced by English doctors. These practices were created to respond to the needs of parents. Although these practices were unregulated, many parents indicated that they opted for this choice to avoid travelling with a young child and an unwell mother.

Participants who had travelled to Pakistan reported positive experiences. They said that the procedure is performed on a daily basis, and therefore practitioners were very experienced and had very little margin for

error. The major concern about travelling was the worry about aftercare, particularly in cases of post-interventional infections:

"I asked my NHS doctor and he says you will have to wait for NHS. They will just send you an appointment and it could be a year a year and a half or two years and I wasn't ready to wait so I tried to get the information about the doctors but I was told that the doctor who used to do the circumcisions here in Edinburgh was banned from doing this and so there was no doctor available in Scotland for private circumcision. So I had to go to Dewsbury and I found a doctor there, and I took my child and he was about 10 days old when I got it done privately." **(Female, female group)**

"I have two boys and I got them done and they were both done from down south and as a father as I am aware there is only one person I know that's doing it in Scotland and that is in Aberdeen somewhere, but I wasn't even aware as in Darnley as he says but if we get more information even by local media or whatever to, so people are more aware of these facilities available to them." **(Male, male group)**

"As a said myself my brother in law is preparing to travel down South because he doesn't know any of these information." **(Male, Male group)**

"I was tempted to go to Bradford or Birmingham cause I have got family there, sisters, and they said you know bring him down you know the quicker, the sooner you do it the better it is. But I just thought if I take him down and God forbid what if something goes wrong, then you know if it gets infected, I'll have to go back down the motorway and I have got other children." **(Female, female group)**

Appas described experiences of people they know and work with who had travelled to England to have their children circumcised, and said that it was a traumatic experience for both the child and parents.

"Before the clinic I know of opened up here I know people who travelled down south to have their child circumcised but now that there are Doctors here (Glasgow) that do it there is no need to travel." **(Female Appa)**

COSTS ASSOCIATED:

Participants who were interviewed reported varied costs associated with private circumcision. Use of private services was only possible for those who were financially able to pay for the procedure. In many cases, friends and family members supported people in need of circumcision either financially or in kind.

Some participants reported that the estimated cost of travelling to England for the circumcision was tripled as the family had to spend more time with the child in England.

In many cases friends and families provided accommodation and subsistence. However, costs for a private circumcision was reported to vary from: £50 for a procedure in Scotland, to £1000 (including travel costs) in England, to over £3000 for procedures overseas.

Although parents said that they were willing to pay to ensure speed and professionalism, they said that private charges were largely unregulated and they were becoming increasingly concerned about this:

“Yes and running about and walking about and you catch more infections, you know like when it’s a wee baby it canny move anywhere. There is like, when it’s a wee toddler it starts to run around and even touch it, the babies start touching and scratching and things like that, so that’s why I think doing it private but it is a bit expensive but.” (Female, female group)

“I mean for me to go down there for two kids, it ends up costing me near enough three four hundred pounds because it’s a young baby you canny travel one day up and down so you have got you get your accommodation sorted out. I was about one hundred and ten pounds per child then you’re travelling costs and your food, it ends up costing you a lot and taking time off for your work as well and a lot is involved in it and if it’s basically something available for us in Scotland we are more than happy to go, it’s not like you go for a wee short break or anything, it’s a lot of headache that you have got to take on.” (Male, male group)

“Well there isn’t anything particular in hospitals saying anything about circumcising plus em, friends and family can only advise you to go to a private clinic and there wasn’t anything available in Scotland so we would have to travel down to England to make an appointment and wait between one month to three months for your appointment and there was plenty of cost involved in it.” (Male, male group)

Imams consulted were of the opinion that circumcision should be provided through the NHS for peoples religious needs as standard practice. Also in their opinion Muslim parents would be happy to pay a standardized amount for the circumcision procedure to be carried out through the NHS:

“ We have rights as citizens to get this service as part of our religious need”, and, “ we do not think there will be a problem for parents to contribute a small amount to the costs if it is done locally”. (Male Imam)

“I am comfortable paying the money because it’s a one off and it’s an important thing, I can’t remember what I paid but it was way more than £100.” (Male, male group)

POST CIRCUMCISION SUPPORT: MEDICAL COMPLICATIONS/LACK OF POST INTERVENTION CARE:

Many participants complained about lack of support from their GPs after their child had been privately circumcised.

Although the majority of the participants indicated that they had little problem with the traditional procedure itself, almost 40% of the participants reported that they, or a member of their family, had difficulty obtaining after care support from their GP or the NHS if they chose to use private circumcision facilities.

Parents were critical of the fact that there was no clear information about what they should do if anything went wrong. They had received mixed messages from each private practitioner, including those who practised in Scotland. Although most of them received help through their GP eventually, many said that their GPs were unsupportive or even critical, and they were made to feel as if they had done something wrong:

"I had a bad experience: my son had an infection after circumcision and I went to the doctor who performed the circumcision and he said no you go to your G.P. When I went to the G.P he said, no you go to the doctor who did this, and I was running around and there was no support and he was very badly infected so my son and I suffered for more than 3 months." **(Female, female group)**

"I was quite disappointed. My husband had a big argument with the doctor regarding this. He couldn't tolerate all of this because we were being made to run back and forth and were going here and there with a naked child because of heavy bleeding. When we would go to the doctor who did the circumcision he would say he cannot do anything. He just gave us antibiotics and that's it, if you have any problems just goes to your G.P. The G.P said go to the doctor who did the circumcision, I cannot do anything. I could not speak English at all, so it was my husband who was dealing with the issue and he had a big argument with the G.P. I'll never forget that time in my life." **(Female, female group)**

"I had to get my son's done twice because I went privately and it wasn't done properly. I was told when your son's not been circumcised .I told them but I paid one hundred and thirty pounds to get him done so I had to get him re-done from the hospital. We had to wait nine months on a waiting list to get him re-done and I was very lucky that they didn't take away too much skin and I could get him re-done." **(Female, female group)**

The Imams consulted thought that post-procedure support was needed for parents, and that a home visit from a medical professional would be beneficial for parents of children newly circumcised. This would provide parents with support and advice about post procedure circumcision care:

"We would like a nurse to visit the families where there was a circumcision so that there is proper help and advice" **(Male Imam)**

Appas were of the opinion that an NHS service catering to the needs of people/parents who want their male infant child circumcised should be available:

“Not everyone can afford the cost of circumcision and people often don’t know where to go. To avoid bad practice the NHS should have a service that suits our needs.” (Female Appa)

PAYMENT FOR RELIGIOUS MALE CIRCUMSION PERFORMED WITHIN THE NHS

Many of the participants reported that they would prefer to access the NHS for their circumcision needs, and cost would not be an issue because they have had to pay large amounts of money in the past for an “unprofessional service”:

“See basically if the NHS were to do it, I wouldn’t really mind if they were to charge us because we are already going all the way down to Bradford, accommodation and paying for the circumcision is costing about three hundred pounds, and it’s my child and I don’t really care what the cost is. Religiously the Koran tells me to do it then the cost doesn’t really matter, and like I said it was daylight robbery, so we got robbed of three hundred pound and if we had put that three hundred pound, even all of it to the NHS even just for the operation, even just the money for the accommodation we would have came out better off, I’d say because you trust the NHS, they are for. At least they are more qualified than these private clinics you don’t even know, maybe it’s just someone who has came over from Pakistan and is saying oh yes I have done it over a thousand times. I would be willing to pay them money because you are getting a service provided by a company well known and you would be more than willing to pay it that if it was a heavy amount.” (Female, female group)

No, No cause you have to ask first, cause the thing is about that, is that when if you want to get through the hospital then its free, right, that is what everybody wants to look for something that’s free, but that takes too much time. You know there is people trying to go private to get it done. (Female, female group)

As previously mentioned the Imam thought that parents would be happy to pay a reasonable amount of money for their child to be circumcised safely through the NHS, an unacceptable amount in their opinion would be in the range of £50-£150.

“...between £50 and £150 may be acceptable amount to pay for your child’s circumcision.”(Male Imam)

GENERATIONAL DIFFERENCE

The younger (second and third generation) Muslims parents were aware of risks associated with the circumcision, and therefore preferred to access and seek medical advice. However the issue of time is still relevant to them although not to the extent it is with the older generation:

“There is a difference between younger and older women: the older women just want it done, it is not a big deal. I have heard of barbers and people doing it amongst older people. They are saying they are skilled people and that it has been passed through generations – with no anaesthetic. The younger generation are more conscious of the risks” (Female, mixed group)

“I think through the generations that have come down and through our experience we have come to know that foreskin at time of birth is very soft and it is very easy to perform circumcision.” (Male, male group)

INFERENCE

The findings of this study indicate that male circumcision is culturally, and primarily religiously, a very important issue for the Muslim community and a constant service requirement for them.

Significantly, both the male and female focus group participants had similar views about the religious obligation of circumcision. This is viewed as compulsory and a fundamental part of being a Muslim.

In Islam, circumcision is viewed as an integral part of a Muslim's religion. The prescription of circumcision for Muslims is reported in several **Hadiths** (documented life of the Prophet Mohammed) for example:

"The (characteristics of) the Ftrah (defined as the natural state of man) are five: circumcision, shaving the pubic hair, trimming the moustache, cutting the fingernails and plucking the armpit hairs."

"Get rid of the hair of disbelief and perform circumcision."

"Whoever accepts Islam should have his circumcision performed."

LACK OF ADVICE AND INFORMATION PROVIDED TO THE MUSLIM COMMUNITY ABOUT THEIR OPTIONS:

This study found a high prevalence of lack of information among participants about the services available to them, especially through the NHS. The majority of people who had used any circumcision service (which was mainly private) used a word of mouth referral.

The lack of advice and information provided to parents, pre and post natal, was reported as very high in this study. The avenues of receiving or seeking information in relation to circumcision were GPs, midwives and health professionals dealing with pre and post pregnancy issues. The study found that participants were apprehensive in approaching their GP about circumcision, and in cases where they had sought advice from GPs it did not suit their needs, especially in relation to 'time'.

WAITING LISTS ARE VIEWED AS TOO LONG, ON AVERAGE PEOPLE MAY HAVE TO WAIT 8 TO 12 MONTHS FOR THE PROCEDURE:

This study found that religious beliefs about the circumcision procedure, especially in relation to time, were a pressing issue for everyone interviewed. This issue also influenced themes identified such as seeking private practitioners for the circumcision procedure, and travel to that practitioner. The time in which a religious circumcision should be performed in the opinion of the participants ranged from immediately, seven days, and to within 3 months.

As the 'time of circumcision' is one of the most important factors for parents, NHS services are discounted almost completely. The NHS does not meet the need; therefore parents and family members resort to private practices or untrained practitioners.

The use of general anaesthetic by the NHS puts many parents off; local anaesthetic is seen as an appropriate method to circumcise children regardless of age. For young babies local anaesthetic is preferred to general anaesthetic, which is viewed as risky.

The use of general anaesthetic was a major concern for parents interviewed in this study. They felt it was an unnecessary risk and trauma caused to their child, especially when they were aware that the circumcision procedure could be carried out safely without it.

However, a study investigating anaesthesia for ritual circumcision in neonates, found that all the medical authorities consulted agreed that anaesthesia should be used for the circumcision procedure¹⁹.

COMPLICATIONS ARE COMMON AND OFTEN THE NHS IS SEEN AS A LAST RESORT:

When private and unregulated service providers perform circumcision, complications are not uncommon. In addition to other recent reports, this study found that infection was the most common complication faced by parents. Foreskin growing back was another common complication.

Tower Hamlets Primary Care Trust in east London began offering the operation to families who sought it for religious and cultural reasons in 2005, after some children were harmed in non-NHS procedures. Unregulated private practitioners, usually circumcised boys living in the area, between the ages of five and eleven.

An NHS male circumcision service has now been established for Muslim families. The new service is offered to boys aged less than five months old. A charge is made.

An evaluation (20 semi-structured interviews with parents and five with staff) found that it was the expectation of a safe and high-quality service that had mostly influenced parents to use the service. Nearly all thought that circumcision was best carried out at any early stage, because of reduced pain and greater safety. Almost all service users commented that staff was helpful, reassuring and informative. Most said that they would use the service again, and over half had already recommended the service to others. This small study highlights how a public sector organisation can be responsive to its community².

This occurred as a result of children presenting at local accident and emergency services with infections and other complications because of unregulated operators. Parents registered with a GP in the borough can have the procedure carried out when children are aged between six weeks and five months. Parents are charged £120-£150. More than 900 boys have been circumcised by the Trust since the service began five years ago⁹.

It is reported that one in three men are circumcised globally, however there is not much data on the safety of the different procedures. Complications as a result of circumcision do occur, and recently a report summarized the literature on frequency of adverse events following paediatric circumcision. *“Studies report few severe complications following circumcision. However, mild or moderate complications are seen, especially when circumcision is undertaken at older ages, by inexperienced providers or in non-sterile conditions. Paediatric circumcision will continue to be practiced for cultural, medical and as a long-term HIV/STDs prevention strategy. Risk-reduction strategies including improved training of providers, and provision of appropriate sterile equipment, are urgently needed.”*

LACK OF INFRASTRUCTURE AND APPROPRIATE SERVICES:

This study found that the lack of advice and information provided to the Muslim community about their options was significantly high. There is a lack of infrastructure for the circumcision procedure, and of culturally/religiously appropriate services to this important service requirement.

A study carried out in 2010 found that the use of unregulated operators by parents these operators lacked compliance with best surgical and infection control guidance. It also highlighted the urgent need for commissioning circumcision services for religious reasons in the NHS¹⁷.

An example of a service born due to the need for fast and effective circumcision services is based in Bradford, which has a high Muslim population. Due to the fact that the NHS does not provide religious circumcision, in 1996 a nurse-delivered circumcision service led by consultant urologists was set up at a no-profit and cost-only basis.

The technique used was Plastibell surgery on infants between 6 and 14 weeks old and was performed under local anaesthesia.

As part of the service information leaflets and videotapes were available to parents prior to the procedure. A three monthly audit of the service was undertaken:

Between July 1996 and June 2005 (9 years) 1,129 circumcisions were performed.

Common complications were problems with the ring (3.6%) and bleeding (3%).

Overall, there was 96% satisfaction rate among the service users.

COSTS OF CIRCUMCISION VARY: THIS NEEDS TO BE STANDARDISED:

The immediate costs to the NHS for altering circumcision services might be the primary setback, however the longer-term costs for medical needs and conditions caused by lack of circumcision, or harm caused by unregulated services, will be significantly more.

Liverpool City Council/Liverpool PCT carried out an equality impact assessment and found that the circumcision procedure costs Liverpool PCT approximately £30,000 per annum¹¹.

Other cities across England have collaborated with the NHS and set up services in accordance with guidelines. For example a free NHS service is provided for babies up to 3 months of age who are registered with GPs under the Heart of Birmingham Teaching PCT³. Circumcision is carried out using Plastibell and local anaesthetic in a GP surgery. The cost to the PCT is £85. A private service using the same methods is offered to children up to 1 year old by the same providers, and costs £85 for children aged 3-6 months old, and £90 for children aged 6-12 months old²¹.

An alternative nurse-delivered initiative in Bradford led by a consultant urologist, was set up in 1996 when Imams approached the Equality & Diversity Director at the hospital. The service is for infants between 6 and 14 weeks old and is performed under local anaesthesia using the Plastibell technique. The service is private and costs the parents £100, which covers costs. The fee is paid to the hospital and there is no involvement by the local PCT. Between July 1996 and June 2005, 1,129 circumcisions were performed. The common complications were problems with the ring (3.6%) and bleeding (3%). Overall, there was 96% satisfaction rate among the service users¹⁶.

This study found that complications were not uncommon when parents sought private circumcision services, and in the majority of cases this was caused by infections. This indicated the potential for avoidable harm inflicted on young children by unregulated circumcision services. The lack of provision in the NHS for circumcision for religious reasons, exposes children to potential complications through circumcision by unregulated, private services.

Complication rate for male circumcisions in best practice settings ranges between 0.2 and 3%, and the most common complications are infections, bleeding and haematomas. However, complication rates following circumcisions performed in unregulated services in the UK for non-therapeutic reasons are rarely reported. Participants thought that payment was an option, but ensuring access to health care is a right:

SEXUAL HEALTH:

It is a common belief in the Muslim community, that both men and women are less likely contract STDs including cervical cancer if the man has been circumcised. This common belief was reflected in the results of this study.

Modelling studies indicate that in the next 10 years, male circumcision could save up to 2 million lives in those African countries with high HIV prevalence. Several African countries are now scaling up public health male circumcision programmes.

The most effective immediate public health male circumcision programmes in Africa will need to target 18–20 year old men.

In the longer term there is a need for infant circumcision programmes. In order to implement more widespread male circumcision, there is a need to make the surgical procedures as simple as possible, in order for safe operations to be performed by paramedic staff.

The WHO, Manual of Male Circumcision under local anaesthetic, was written with these objectives in mind. Included in the manual are three adult techniques and four paediatric procedures.

OTHER RELEVANT INFORMATION:

Parents and religious leaders interviewed for this study felt that the NHS has a duty to ensure the health and well being of their community, especially those of the minority groups.

Research shows that the cost of circumcision can be significantly less if the procedure is carried out in infancy and using local anaesthetic. *“Post-neonatal circumcision was 10 times more expensive as neonatal circumcision. Cost benefits of circumcision resulted from prevention of infant urinary tract infection, balanoposthitis, phimosis, HIV infection and penile cancer.”*²³

*“Provision of free and safe circumcision services for religious reasons in the NHS would avoid the excess morbidity as seen in this incident and help safeguard the physical and psychological health of young children.”*¹⁷

RECOMMENDATIONS

- While it is true that circumcision is offered primarily to provide for religious requirements, the additional need for cultural requirements cannot be ignored; there should be access for all.
- The service is already in place at Yorkhill hospital in Glasgow: should Yorkhill be the working model for a '*centre of excellence*', where general practitioners can observe the circumcision procedure, and subsequently train?
- There is a clear requirement for information to be fed into the community, and it is recommended that information comes from one designated place.
- A feedback mechanism could be put in place (twice a year is suggested) by integrating the service with the relevant community liaison groups. The appropriate professional groups can monitor the feedback.
- By integrating the service a better relationship between the day care health providers, NHS Scotland and the Scottish Government could be enabled.
- Could this model be exported to Europe, an NHS export?

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APPENDIX

EXAMPLES OF REGULATED SERVICES PROVIDED BY OR IN COLLABORATION WITH THE NHS:

MODELS FOR OFFERING A CIRCUMCISION SERVICE IN ENGLAND:

Birmingham:

A free NHS service is provided for babies up to 3 months of age who are registered with GPs under the Heart of Birmingham Teaching PCT.

Circumcision is carried out using Plastibell and local anaesthetic in a GP surgery. The cost to the PCT is £85. A private service using the same methods is offered to children up to 1 year old by the same providers and costs £85 for children aged 3-6 months old, and £90 for children aged 6-12 months old.

Bolton:

The Bolton Council of Mosques (BCoM) in partnership with the Bolton Primary

Care Trust (PCT) has run a circumcision clinic for over 10 years which operates on a fortnightly basis at the Pikes Lane Health Centre. The cost to the parents is £55.24

Bradford:

A nurse-delivered circumcision service led by consultant urologists was set up in 1996 when Imams in Bradford approached the Equality & Diversity Director at the hospital. The service is for infants between 6 and 14 weeks old and is performed under local anaesthesia using the Plastibell technique. The service is private and costs the parents £100, which covers costs. The fee is paid to the hospital and there is no involvement by the local PCT. Between July 1996 and June 2005, 1,129 circumcisions were performed. The common complications were problems with the ring (3.6%) and bleeding (3%). Overall, there was 96% satisfaction rate among the service users.

Bristol:

Bristol Primary Care Trust Public Health Department, is working with other organisations and members of the community, to establish a non-NHS funded, quality assured, not for profit safe circumcision service as a two-year pilot.

The service is for baby boys aged 1 – 6 months and is provided at Eastville Health Centre. The circumcision is performed under local anaesthetic. The cost to the parent is £180 and includes full clinical support and aftercare. In researching some existing circumcision services, it became evident that there were 'hidden' costs being absorbed by the NHS. The cost of £180 was arrived at following a comprehensive cost analysis and includes all staffing, equipment, administration, advertising, stationery, postage, audit and overheads. The PCT funded the original set-up costs, including training of relevant staff and provided contingency funding to support the service before it was able to run at full capacity. While the service is running at just below full capacity at the moment (7 procedures per session) it has been difficult to achieve this because many patients regard the service as too expensive.

Ashton, Leigh Wigan:

In Greater Manchester, the NHS does not provide circumcision for baby boys unless there is a medical reason. However, many families want to have their baby boys circumcised for religious or cultural reasons. Until now, parents haven't had any formal support across Greater Manchester in finding and choosing private services to perform the circumcision.

The Greater Manchester Safeguarding Partnership has produced a leaflet to help parents choose a circumcision service they feel confident in. It is important that circumcisions performed in a clean and sterile environment, and that parents know beforehand whether they will be present during the circumcision, and that babies are given pain relief before and after.

The person who performs the circumcision should be available in the days and weeks afterwards to see the baby, if the parents are worried about his recovery. Local services that provide circumcision for baby boys have been invited to have the quality of their care assessed. A list of services that provide good practice will be available for parents from February 2012, and will be updated every year.