

The health professional and circumcision education

Unlike parents elsewhere in the world, American parents are usually presented with the option of circumcision for a new baby boy – whether to have a part of his sex organ removed at birth or to leave his natural genitals intact.

One of the most important things you as a birth professional can do for your clients is to educate them about their choices. Knowledge empowers parents and helps them make better informed decisions about things that will affect the health and well-being of mother and baby.

Circumcision is a topic that birth professionals often address during the course of prenatal care. Perhaps you tell your clients some potential benefits of circumcision, and explain some of the things that can go wrong. Perhaps you mention that medical organizations do not recommend routine circumcision, or show how a circumcision is done.

But what do you tell parents about the foreskin itself, or about raising a son without circumcision?

Why does giving information about NOT circumcising matter?

Quite simply, if parents don't know enough about their options, they can't make an informed decision. And consent that is not adequately informed, or is unfairly swayed by leaving out important information, is not valid consent – either ethically or legally.

When a medical decision must be made, all reasonable options must be presented and explained, so that patients can weigh how different choices might affect their bodies and their lives.

When parents make a medical decision for a newborn baby, they must be even better informed about the implications of their options, because the decision will irreversibly affect the body and life of another person – their child.

Therefore, if circumcision is to be discussed at all, parents must be informed not just about circumcision itself, but they must also be equally well informed about the natural and obvious alternative of NOT circumcising.

The fact is, most Americans know little about the natural penis and the experience of raising an intact son. Parents are often unfamiliar with what an intact penis looks like or how it works, since many American fathers were themselves circumcised as babies. They may have negative beliefs about the foreskin, or worry about hygiene, disease, or social issues, but have little factual information to go on. Magazine articles and medical handouts don't usually say much about choosing not to circumcise. Parents may assume that circumcision is just a given or socially expected, and not give any serious thought to the possibility of leaving their child's genitals intact. Pressure to circumcise from family or peers makes it even harder for parents to independently consider all their options.

Expectant parents clearly have a great need for information and support when it comes to the idea of not circumcising. And birth professionals are in the best position to teach them about these things – the earlier, the better. By filling parents' knowledge gaps, correcting false beliefs, dispelling unwarranted fears, and counter-balancing the assumption that circumcision is the default position, you empower parents to make an adequately informed and more consciously considered decision about circumcision.

Getting parents thinking about not circumcising

If parents express an interest in circumcision, it is always appropriate to ask them, “Why do you want to circumcise?” and “How did you come to your decision?” This can give you an idea of what they know and what research they may or may not have done, as a starting point for further education. It is also useful to ask parents simply, “Have you considered *not* circumcising?” The question itself normalizes not circumcising and affirms it as a valid and acceptable choice. Parents' responses may reveal specific concerns or misconceptions about not circumcising that can then be addressed. Always encourage parents to do further research, and provide them with resources to do so.

Using positive framing

Don't just talk about circumcision – you need to talk specifically about the foreskin and the alternative of not circumcising too. Use language and messages that positively support the value, normalcy, and acceptability of the foreskin and not circumcising. Avoid language that trivializes the foreskin or unjustifiably problematizes not circumcising. For example, you can use the words “normal,” “natural,” or “intact” when describing the unaltered penis and foreskin. In contrast, the word “uncircumcised” implies that circumcision is the norm, and may convey a negative message because of cultural beliefs favoring circumcision.

Four functions of educating about not circumcising

Positive teaching about not circumcising serves four functions: it demystifies, normalizes, and gives value to the foreskin, and it also supports parents in feeling confident in choosing not to circumcise. Following are some suggestions on

content you can present to fulfill these functions, and how this helps parents.

Demystifying – Give core information about the **anatomy, development, and care of the intact penis**. This helps parents become familiar with the appearance of the intact penis, and come to appreciate its specialized design. Knowledge of foreskin development and care dispels hygiene myths, and gives parents confidence in knowing how to easily care for an intact boy. Showing illustrations of the structure of the intact penis, both infant and adult, and how it retracts, is helpful.

Normalizing – Identify the foreskin as normal (biologically natural), and not circumcising as normal (geographically prevalent). Use of **normalizing terms**, and discussion of anatomy, development, and function, help parents think of the foreskin as the normal, integral, healthy body part that it is. Showing art work through the ages visually conveys the normalcy of the intact penis. Giving information on the **low international rates of circumcision** compared to the U.S., or on the **drop in U.S. rates**, gives parents cultural perspective on the normalcy of not circumcising.

Valuing – Show that the foreskin has inherent value by explaining its **protective and sexual functions**; and identify **the male as the primary stakeholder** in defining the value of the foreskin for himself. Parents come to appreciate that the foreskin is not “just a piece of skin,” that its value to the man their son will become deserves to be weighed in their decision-making, and that there is an **ethical dimension** to the circumcision decision.

Support – Provide supplemental information to address parents’ fears about not circumcising, and help them **put medical and social concerns into perspective**. This can include absolute risk rates, countervailing scientific evidence, alternative

approaches to prevention and treatment, and other normalizing and reassuring information, such as **parenting tips** for raising intact boys. **Access to resources** empowers parents, and they are reassured that choosing not to circumcise is a reasonable, responsible, and positive parenting choice.

RESOURCES

In-depth, referenced information on circumcision and the foreskin:
doctorsopposingcircumcision.org

Circumcision Information and Resource Pages: Comprehensive website covering all aspects of circumcision and not circumcising, listed as a resource site by the British Medical Journal. **cirp.org**

“Evidence and Ethics on: Circumcision” by Rebecca Dekker PhD, RN, and Anna Bertone MPH. 2019.
evidencebasedbirth.com/evidence-and-ethics-on-circumcision/

“Your Whole Baby: A Community for Learning”: A safe, gentle Facebook group for parents considering whether or not to circumcise.
facebook.com/groups/465967106922660

Longley GE. Framing the foreskin: A content analysis of circumcision information handouts for expectant parents. [Master’s Thesis.] University of Colorado Denver, December 2009. Available from ProQuest Theses and Dissertations Database. UMI# 1478360.

A pamphlet for health care
and birth professionals

EDUCATING PARENTS

about

NOT CIRCUMCISING



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