



Circumcision Guidelines for South Africa

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The Children's Act 38, 2005, includes updated legislation prohibiting unnecessary circumcision of infants and children without medical justification. Regulations for medical circumcisions need to be created. This letter serves to assist government with the creation of such a regulatory framework for genital surgery performed on children.

The South African Medical Association's (SAMA) position statement on non-medical circumcision of minors reflects that, *"from a medical point of view, there is no medical justification for routine circumcision in neonates and children."* SAMA has yet to implement clear medical guidelines or a circumcision policy. Separate documentation is being sent to SAMA to urge for a written policy for medical circumcision.

Some medical practitioners continue to unnecessarily circumcise children without valid medical justification, despite circumcision not being recommended by a single medical association worldwide. Infant circumcision entails the complete and non-therapeutic ablation of normal and healthy human tissue. This practice is entrenched as a social norm and government needs comprehensive regulations in place to protect children. Circumcisions carried out within medical facilities require stricter guidelines. These proposed recommendations focus on neonatal and childhood circumcisions within medical facilities, and include recommendations on circumcision of minors within religious environments.

RELIGIOUS CIRCUMCISIONS

According to clause 12 point 8(a):

- 8) Circumcision of male children under the age of 16 is prohibited, except when—
(a) circumcision is performed for religious purposes in accordance with the practices of the religion concerned;

NOCIRC-SA reiterates that we do not support forced circumcision of *any* minor for any reason other than a valid medical condition following failed conservative medical management involving the use of steroidal creams and stretching techniques. We also note the discrimination inherent in the current wording of the Act where the genitalia of boys born to parents of certain religions are not protected. We also note the gender discrimination where female genitalia of minor girls are afforded full protection while male genitalia only partial protection. All children should be fully protected and equal under the law regardless of race, gender, creed or religion. However, since government has passed the Act in its current form, it is essential that policy be created detailing regulations on all forms of circumcision – medical, religious and traditional. Regulations for 'traditional circumcision' practices are already in place and in the process of being updated. Religious and medical circumcisions have no formal regulations in place. The distinction between 'religious' and 'traditional' practice is also not clear.

Recommendations for clause 12, point 8(a):

- Groups practising circumcision on non-consenting minors for religious reasons must provide government with specific details outlining their circumcision procedure so that deviations from protocol can be noted.
- If a circumcision is undertaken for **religious** reasons, the written and *informed* consent of *both* parents must be obtained, with informed consent based on the circumcisor explaining the risks of surgery, as well as the effects of the loss of the foreskin of the child anatomically, physiologically, sexually and psychologically.
- If the child has sufficient maturity (relevant in some Muslim circumcisions), informed assent of the child must be obtained with informed assent based on the circumcisor explaining the risks of surgery, as well as the effects of the loss of the foreskin of the child anatomically, physiologically, sexually and psychologically.
- The consent forms must be accurately recorded in a National Circumcision Register and kept well beyond the age of majority
- The person attending to the circumcision (circumcisor) must register with government providing details of their qualifications.
- The operation must only be performed under the supervision of a doctor sufficiently trained in paediatric surgery.
- The person responsible for the operation must be available and capable of dealing with any complications that may arise, as well as check on the child the following day.
- The child must receive adequate anaesthesia as well as standardized pain control during and after the operation.
- This operation must be undertaken in an operating theatre or an environment capable of fulfilling guidelines²¹ for any other surgical procedure.
- Due to the surgical nature of the procedure there must be close links with the patient's GP and community services for continuing care after the circumcision. Accurate records of all procedures and audit of results are essential.
- Mezizah will only be allowed using a sterile tube and not directly with the mouth to prevent viral and other infections being transmitted to the baby. Mezizah is the Hebrew term for the third part in the Jewish circumcision ritual where the Mohel (Ritual circumcisor) applies his mouth to the circumcised infant's penis and sucks blood from it.
- All children that are circumcised must have their names recorded next to the circumcisor that performed the procedure in order to protect the child's right for legal recourse in the future, and to allow for accurate and detailed records of this surgical procedure.
- Minors do not relinquish their rights to legal recourse against their circumcisor upon their reaching majority.
- If the regulations are transgressed in any way, the legal implications must be made explicit with the offenders liable to criminal prosecution as with female genital mutilation.

MEDICAL CIRCUMCISIONS

According to clause 12, point 8(b):

- 8) Circumcision of male children under the age of 16 is prohibited, except when—
(b) circumcision is performed for medical reasons on the recommendation of a medical practitioner.

Recommendations for clause 12, point 8(b):

- Foreskin surgery must only be attempted after failed conservative treatment. Medical circumcisions must preserve as much foreskin function as possible, sacrificing only as much tissue as needed to resolve the pathology. Preputioplasty must be considered in the first instance. The current commonly performed radical ablation of the foreskin is only necessary in the rarest of circumstances.
- If a circumcision must be undertaken for **medical** reasons, the written and *informed* consent of *both* parents must be obtained, with informed consent based on the doctors explaining the risks of surgery, as well as the effects of the loss of the foreskin of the child anatomically, physiologically, sexually and psychologically.
- Written confirmations of the presenting pathology and diagnosis by the attending doctor and paediatric surgeon must accompany the decision prior to surgery. Consent forms must be logged at a National Circumcision Register, to be created.
- If the child has sufficient maturity, informed assent of the child must be obtained with informed assent based on the circumcisor explaining the risks of surgery, as well as the effects of the loss of the foreskin of the child anatomically, physiologically, sexually and psychologically.
- Foreskin specimens must be sent to pathology to confirm the diagnosis and results forwarded to a National Circumcision Register monitoring the circumcision of minors.
- The operation must only be performed by a paediatric surgeon, paediatric urologist or under the supervision of a doctor sufficiently trained in paediatric surgery.
- The consent forms and pathology reports must be accurately recorded in a National Circumcision Register and kept well beyond the age of majority.
- Circumcisors must be made aware that minors on whom they perform circumcisions do not relinquish their rights to legal recourse against their circumcisor upon reaching majority.
- If the regulations are transgressed in any way, the legal implications must be made explicit with the offenders liable to criminal prosecution as with female genital mutilation.

Further clarifications with medical references behind the proposed recommendations are set out below, detailing current **medical guidelines for foreskin management**. These have been included for completeness.

Physiology of the Prepuce (foreskin)

The prepuce has important protective, erogenous, and sexual functions.¹ The removal of the foreskin by circumcision places a life-long irreversible burden on the patient. Circumcision has a wide variety of complications which include death.²

Ethical and Legal Considerations

Various developments in law and ethics raise new questions about the appropriateness of the non-therapeutic circumcision of children.^{3,4} Most circumcisions of children in South Africa are without medical indication. The therapeutic circumcision of male children should be undertaken only for clear and immediate medical indications, and then only after failure of conservative therapeutic measures.⁶ If a circumcision is undertaken for medical reasons, the written *informed* consent of *both* parents should be obtained.^{6,7} Written confirmations of the presenting pathology and diagnosis by the attending doctor and verification by local paediatric surgeon must accompany the decision and the foreskin specimen sent to pathology for confirmation of diagnosis. If the child has sufficient maturity, the assent of the child should be obtained.^{6,8} The child, not the parent, is the patient.⁶ The doctor's duties are to the child-patient, whose *best interests* should be kept paramount.⁶

Natural History of the Foreskin

Previous guidelines on development of retractile foreskin have been shown to be inaccurate.⁹⁻¹¹

The foreskin continues to develop through puberty.^{1,12-14} The process of separation is spontaneous and does not require manipulation.

By 10.4 years of age, 50% of boys will have a retractable foreskin;¹⁴ by 16-17 years 95 percent of boys will have a retractable foreskin.¹²

Some boys do not develop a retractable foreskin until after puberty.^{1,12-14}

Non-retractile foreskin is not a disease and does not require treatment.^{1,12-14}

Alternatives to Circumcision

Topical steroid ointment plus manual stretching usually is successful in accelerating the natural development of retractile foreskin.¹⁵ Lateral preputioplasty now is well proven and is to be preferred to circumcision if surgery is deemed necessary.^{16, 17}

Balanoposthitis, an inflammation of the glans penis and/or foreskin, may be caused by mechanical trauma, an environmental irritant (including soap), or by a pathogen. When a pathogen is present, it may be a fungus, a virus, or bacteria. Each requires a separate treatment modality. Careful diagnosis with a patient history, biopsy, and a swab and culture is necessary to determine appropriate treatment and assure successful outcome.¹⁸

Indications for circumcision

Absolute medical indications for circumcision are malignancy of the foreskin, gangrene, frostbite, and/or irreparable physical trauma.

Balanitis xerotica obliterans (BXO) is a conditional indication for circumcision. Many cases may successfully be treated by a combination of topical steroid ointment and preputioplasty.¹⁸

Yeast balanoposthitis secondary to diabetes mellitus is a conditional indication for circumcision.

Recurrent, troublesome episodes of inflammation beneath the foreskin (balanoposthitis) are an occasional indication for circumcision.²⁰

Occasionally specialist paediatric surgeons or paediatric urologists may need to perform a circumcision for some rare conditions. Under these guidelines, it is anticipated that the circumcision of a male child will become extremely rare.

Criteria to be fulfilled in performing surgery

The operation should only be performed by paediatric surgeon, paediatric urologists or under the supervision of doctors sufficiently trained in paediatric surgery.

The child must receive adequate pain control during and after the operation.

The parents and, when competent, the child, must be made fully aware of the implications of circumcision as it is a non-reversible procedure.

This operation must be undertaken in an operating theatre or an environment capable of fulfilling guidelines²¹ for any other surgical operation.

The person responsible for the operation must be available and capable of dealing with any complications that may arise.

There should be close links with the patient's GP and community services for continuing care after the operation. Accurate records of all procedures and audit of results are essential.

NOCIRC-SA and our partner organisations;

- ICGI (International Coalition for Genital Integrity),
 - DOC (Doctors Opposing Circumcision) and
 - NORM-SA (National Organisation of Restoring Men –South Africa),
- would like to offer our full assistance with the creation of these policies.

This letter will be posted on our national websites in the interest of public knowledge.

Yours sincerely,

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