

## **Relation of Male Circumcision to Cervical Cancer, Sexuality and Female Circumcision**

Avshalom Zoosmann-Diskin, PhD

Department of Haematology and Genetic Pathology, Flinders University School of  
Medicine. Australia

E-mail: [avshalom.zoosmann-diskin@flinders.edu.au](mailto:avshalom.zoosmann-diskin@flinders.edu.au)

## **Abstract**

Case-control studies show that sex with uncircumcised males does not increase the risk of cervical cancer. However sex is the driving force behind circumcision. Its main goal is to limit sexual enjoyment. Studies have demonstrated that this is indeed true in men circumcised as adults. As written in ancient Jewish scriptures, women prefer to have intercourse with uncircumcised men. The male prepuce and the clitoral prepuce and labia minora develop from the same embryonic tissue and their removal is exactly equivalent. Yet removal of the former is condoned and that of the latter condemned in the Western world. In the societies that practice it though, female and male circumcision alike has many alleged benefits. Studies show that circumcised women are significantly less likely than their uncircumcised counterparts to be HIV infected, and contrary to accepted wisdom are not different from their uncircumcised counterparts in their ability to experience orgasm. Egypt banned female circumcision after the death of a girl during circumcision. However when boys die, even in hundreds, the authorities only try to regulate the mutilation. Unlike female circumcision, male circumcision is part of our culture and this makes its eradication a very difficult task. Religious freedom and parental rights must not be used to justify the mutilation, abuse and torture of helpless minors. People should only be allowed to practice their religion on their own bodies, not on the bodies of others, even if the others are their own children.

Key Words: Circumcision, Male; Circumcision, Female; Sexual Behavior; Uterine Cervical Neoplasms; Human Rights Abuses

Modern male circumcision is most notably known as a ritual practiced by Jews for more than three millennia, despite the fact that biblical circumcision was restricted to amputating only the part of the infantile prepuce protruding beyond the glans penis; the ritual took its more radical form only in the 1<sup>st</sup> century AD [1]. In the 19<sup>th</sup> and 20<sup>th</sup> centuries English and American physicians attributed many moral and health problems to masturbation and a non-retractile prepuce. In their eyes the best remedy for all these ills was circumcision, both male and female [2-4]. In modern American medicine of the later part of the 20<sup>th</sup> century, female circumcision lost its appeal, but male circumcision has been touted as a good preventive measure for a host of more fashionable diseases: urinary-tract infections, sexually transmitted diseases, penile cancer, prostate cancer, cervical cancer and AIDS [4-6]. As a debate article on male circumcision this article aims to present a somewhat different perspective on the topic with emphasis on themes that are less frequently discussed in relation to male circumcision.

### **Cervical Cancer**

Cervical cancer is unique among all the purported medical benefits, in that the amputative surgery is supposed to benefit another person and not the owner of the amputated prepuce. The Ashkenazi Jewish American urologist, Abraham Ravich was the most prominent proponent of the theory that circumcision prevents cervical cancer. In his 1951 article he based his theory on the lower incidence among Jewish women in New York [6]. However he failed to acknowledge that all these women were Ashkenazi and that the lower frequency may be attributed to ethnicity rather than to Jewishness or being married to a circumcised husband. In 1967 Casper compared the frequency of cervical cancer between Ashkenazi Jews and Sephardi-Oriental Jews in Israel and concluded that despite the many different factors and different rates of other cancers, the rate of cervical cancer is low and equal probably because of circumcision [7]. Modan discussed this claim and noted that the frequency of cervical cancer among Israeli Jews varies considerably, being low among Yemenite Jews, medium among Iraqi Jews and high among North African Jews, and grouping them together leads to an erroneous conclusion. He added that the many extraneous factors correlated with

circumcision make it difficult to evaluate its role [7]. Steinitz noted the many cases of erroneous classification of cervical cancer, as more cervical cancers are grouped under: Uterine not otherwise specified, than under specifically diagnosed cases [7]. Homozygosity for the arginine polymorphism at codon 72 of the p53 gene is a presumed risk factor for cervical cancer. Not only is there a highly significant difference between Israeli Jewish patients (34,8%) and controls (14.8%) in the frequency of arginine homozygots, but the frequency in North African Jewish controls (30.3%) is significantly higher than among Ashkenazi controls (7.0%) paralleling the difference in cervical cancer incidence between these populations [8].

In 1973 Rotkin [9] reviewed seven case-control studies and concluded that uncircumcision does not increase the risk of cervical cancer. Two more recent case control studies have also found no increase in risk [10,11]. Recently another case-control study published in the New England Journal of Medicine reported that circumcision was not associated with a significant decrease in the risk of cervical cancer. When men, whose female partner reported having had only one sexual partner, were classified according to their sexual behavior risk, the data showed a significantly increased risk in the low-risk circumcision group. It changed only when the crude data were adjusted for many variables; then there was a non-significant increase in the risk of cervical cancer in the low-risk circumcision group and a significant decrease in the medium and high-risk circumcision groups [12]. The same type of HPV in both members was identified in only 2% of more than 1000 couples in this study. In the 124 monogamous couples where both husband and wife reported only one sexual partner, the oncogenic HPV types were never found concurrently in both partners [13]. This of course can be due to the common spontaneous regression of HPV infection as the researchers suggest, but the lack of any positive proof for the transmission of the infection from the man to the woman makes the entire claim considerably flimsier and certainly not stronger than previous case-control studies, which mostly do not show a protective effect. It also raises another important question; how can someone get infected with an oncogenic HPV, if he had only one sexual partner, who also had only one sexual partner? The sexual history could have been inaccurate or there was an infection through non-sexual contact; either way it

undermines the correctness of the analysis. Support to the lack of protective effect of circumcision also comes from a meta-analysis that found the circumcision does not reduce the risk of genital HPV infection in males [14].

### **Sexuality**

Maimonides, a famous Jewish sage and physician, wrote in the 12th century about circumcision "that one of its objects is to limit sexual intercourse, and to weaken the organ of generation as far as possible, and thus cause man to be moderate. ... for there is no doubt that circumcision weakens the power of sexual excitement, and sometimes lessens the natural enjoyment". He also wrote "that some people believe that circumcision is to remove a defect in man's formation; but every one can easily reply: How can products of nature be deficient so as to require external completion, especially as the use of the fore-skin to that organ is evident. This commandment has not been enjoined as a complement to a deficient physical creation, but as a means for perfecting man's moral shortcomings. The bodily injury caused to that organ is exactly that which is desired" [15]. This knowledge prompted 19<sup>th</sup> century physicians to advocate circumcision to curb masturbation and sexuality [2-4].

Since the effect of neonatal circumcision on sexual pleasure cannot be studied, one has to conduct such research among adults who experienced sexual pleasure before and after circumcision. In addition these adults had to have chosen circumcision not as a result of any medical condition. Only one published study fulfilled these criteria. In Korea men are circumcised in adulthood as a social custom. In these men masturbatory pleasure decreased after circumcision in 48% ( $P<0.05$ ) of 138 men compared with 8% who reported increased pleasure. The remaining 44% reported no change. There was little change in masturbation frequency after circumcision [16].

An unpublished Israeli study tried to measure the degree of sexual satisfaction before and after circumcision in new Russian immigrants who were circumcised in Israel. A questionnaire was mailed to 108 people; 76 of them replied. 83% answered the questionnaire more than a year after surgery and only 3% less than 6 months after it. The circumcised immigrants reported a decrease in their sexual satisfaction. Whereas 54% reported great sexual

satisfaction before circumcision only 24% reported such satisfaction after circumcision. The percentage of those reporting medium satisfaction rose correspondingly from 30% to 61%. There was no change in the percentage of those reporting small satisfaction. They also reported a decrease in intercourse frequency: 77% reported it as daily to weekly before, but only 53% after the circumcision. This survey may be an underestimate of the true effect of circumcision on sexual satisfaction. Since 68% of the respondents wanted circumcision as a fulfillment of their dream to become full Jews and 10% because of Jewish tradition, some of them may have denied any adverse effect of the procedure. The rest wanted circumcision because of social pressure, and in one case a medical reason was given (Dr Avi Teper, personal communication).

Would you have it done again? 38 men circumcised as adults answered this question and 23 (61%) said no. The frequency was similar among those who gave a medical reason for circumcision (11/17, 64%) and those who did it for social reasons (12/21, 57%). As could be expected there was a very high correlation between satisfaction from intercourse after circumcision and regrets. The 22 men, who said intercourse was worse after the operation regretted it, while the 13 men who said intercourse was better, would do it again [17].

Citing ancient Jewish scriptures Maimonides also wrote: "it is hard for a woman, with whom an uncircumcised had sexual intercourse, to separate from him" [15]. Confirming this observation, women that experienced sexual contacts with both circumcised and intact (uncircumcised) men report strong preference for the latter. Women were significantly more likely not to experience vaginal orgasms, not to experience multiple orgasms and to feel vaginal discomfort with their circumcised partners [18]. Bensley and Boyle reported that women experience significantly more vaginal dryness with their circumcised partners [19,20]. They also reported that circumcised men use significantly more artificial lubrication when masturbating [20]. Overall dryness is yet another adverse effect of circumcision on the sex lives of both males and females.

## **Comparison to Female Circumcision**

The prepuce, unlike the glans but like the lips and fingertips, is sensitive to light touch, pain, heat and cold. The glans and the penile shaft gain excellent sensitivity from the prepuce. The prepuce appears to be an important component of the overall sensory mechanism of the human penis [21-23] and its immunological protection [24]. Proponents of male circumcision though consider it a useless flap of skin that no amount of knowledge would make valuable. In contrast all parts of the female genitalia are a priori considered valuable and essential; no proof needed! Most circumcised male support the continuation of the practice of male circumcision. It is less known that many circumcised women, despite the vehement campaign and outlawing of female circumcision, also support the continuation of female circumcision using similar arguments like, I want my daughter to look like me, its more aesthetic etc. [25,26].

It is also not well known that the male prepuce and the clitoral prepuce and labia minora develop from the same embryonic tissue and their removal is exactly equivalent [27]. Yet removal of the former is condoned and that of the latter condemned in the Western world and by Western medicine.

In the societies that practice it though, female circumcision exactly like male circumcision has many alleged benefits. "The failure to relate the two types of circumcision is curious because they have probably been regarded by most Africans as being related for aeons. Both Herodotus in the fifth century BC and his Egyptian informants discussed male and female circumcision as a single phenomenon carried out for the same reasons, and this appears to be the testimony also of Diodorus Siculus and Strabo for Egypt and Eritrea in the first century BC. Two millennia later, Kenyatta writing of the Kikuyu of Kenya in the present century, fails too to make any distinction". In these societies female circumcision "was thought to be aesthetic, a protection against pelvic infection and especially sexually transmitted disease, anciently practised and hence culturally appropriate, and sometimes also a protection for the baby during its birth" [28]. This is still true today, for instance in Sudan, where certain health professionals have been actively recommending the health benefits of female circumcision and some

religious leaders have been calling for the its legalization. The UN, which supports male circumcision, is of course condemning them [29].

The alleged benefits of female circumcision even manage occasionally to penetrate the medical literature. If the male prepuce contains cells, which facilitate HIV infection, then the same may be true of its female equivalent. In fact, this is exactly what two studies have shown. Circumcised women were significantly less likely than their uncircumcised counterparts, even after adjusting for confounding variables, to be HIV infected [30,31]. With an HIV epidemic raging in Africa, is anyone even thinking of conducting randomized controlled trials to examine female circumcision as a HIV preventive measure, similar to the trials conducted to test male circumcision as a preventative?

Modern proponents of male circumcision, unlike their predecessors, deny any negative effect of the surgery on the sexuality of males, and dismiss any comparison to female circumcision, claiming the latter profoundly suppresses female sexuality. Is it true? A group of Egyptian women who were circumcised by excision of the clitoral prepuce and in some cases, small parts of the labia minora (classified as type I or II in the WHO system), were not different from uncircumcised women in sexual desire, arousal and satisfaction and their ability to experience orgasm [32]. In a Nigerian study, in which 71% of the women had type I female circumcision and 24% type II, circumcised women were significantly more likely to experience orgasm than uncircumcised women [33]. Lightfoot-Klein reported that nearly 90% of the circumcised Sudanese (where type III, infibulation, is the norm) women interviewed, but not examined, by her said they experience orgasm [34]. The conductors of another Nigerian study where 32.4% of the women had only the labia minora removed, and 14.2% had either their labia majora alone or labia majora and minora trimmed (the rest had some parts of their clitoris, with or without the labia minora removed), wondered on the rational behind these types of circumcision, which would result in greater exposure of the clitoris with a likely increase in sexual pleasure [35].

The strongest argument against female circumcision is probably the complications it causes. Recently Egypt completely banned female circumcision and abolished all the exceptions to the former ban from 1997 after the death of a 12 years old girl from the anesthetic she received during

her circumcision [36]. What happens when a boy dies as a result of circumcision? In June 2006 14 boys died as a result of circumcisions in the Eastern Cape province of South Africa. "Hundreds more boys have been maimed and mutilated in the same process". Between 1995 and 2004, 243 deaths from circumcision were recorded in this province alone. And have the authorities decided to ban male circumcision, because of this death toll? Of course not! "Laws and regulations in the Eastern Cape were passed in the hope of controlling the practice and ensuring hygienic conditions. Traditional surgeons have to be officially recognised and register" [37]. The editor of the South African Medical Journal demanded following these atrocities, not a complete ban on male circumcision, but the establishment of a registry of circumcision schools, training and certification for the circumcisers and inspection of bush circumcision venues. This should be done he maintains to ensure that circumcision ceremonies become the "nurturing" events they once were [38]. A boy died in Canada after circumcision and the Paediatric death review committee recommends "prospective surveillance study by the Canadian Paediatric society of the complications of circumcision ... to provide more accurate information for the ethical requirement of informed consent" [39]. Not a single word on the ethical requirement to stop deadly genital mutilations in unconsenting minors! Another coroner report from Canada written after the death of Ryleigh Roman Bryan McWillis who bled to death after his circumcision, only recommends improving the information given to parents [40]. In New York no action was taken after a Jewish boy died from a herpes infection following ritual circumcision. The circumcision included blood sucking from the penis after the surgery. The authorities in New York did not even forbid blood sucking (metsitsa) after circumcision, which is the source of the infection in this case and in many others [41]. Even in Sweden where human rights and children rights are very important, no ban ensued in 1999 after a 3 years old boy died, exactly like the Egyptian girl, from the anesthetic he received during his circumcision. Instead a law was enacted to regulate male circumcision and make it safer [42].

## **Conclusion**

Male circumcision, which may be more accurately called male genital mutilation, is an ancient practice that is still causing a lot of suffering and health risks to infants and boys. Perhaps the most important reason for its existence is the suppression of male sexuality. Circumcised males like circumcised females can still of course enjoy sex (apart from those who lost part or all their genitals in circumcision “accidents”), but not to the same extent as people with intact genitalia.

The ever changing medical reasons given to justify male circumcision, remind us that it is a “cure” looking for a disease and not the other way round. The most outrageous of them all is the bogus prevention of cervical cancer, where one person has to suffer an amputation of part of his body to reduce the likelihood of another person becoming ill.

It is so difficult to eradicate male circumcision, because, unlike female circumcision, Judaism has made it part of the Western culture. Thus an important violation of basic rights escapes our eyes, because of cultural blindness. The experience of Sweden that began in trying to legislate a total ban on the practice and ended only with its regulation, teaches us how difficult it is to protect the basic human rights of infants against the might of a major religion. Nevertheless, religious freedom and parental rights must not be used to justify the mutilation, abuse and torture of helpless minors. People should only be allowed to practice their religion on their own bodies, not on the bodies of others, even if the others are their own children.

## References

- 1) Rubin N. Brit milah: a study of change in custom. In Wyner Mark E (ed) The covenant of circumcision: new perspectives on an ancient Jewish rite. Lebanon NH: Brandeis University Press, 2003 pp 87-97, 223-8.
- 2) Darby R. A surgical temptation: the demonization of the foreskin and the rise of circumcision in Britain. Chicago IL: The University of Chicago Press, 2005.
- 3) Hodges FM. The antimasturbation crusade in antebellum American medicine. *J Sex Med* 2005;2:722–31.
- 4) Hodges FM. A short history of the institutionalization of involuntary sexual mutilation in the United States. In Denniston G & Milos MF (eds) *Sexual mutilations: a human tragedy*. New York NY: Plenum Press, 1997 pp 17-40.
- 5) Fleiss PM, Hodges FM. *What your doctor may not tell you about circumcision*. New York NY: Warner Books, 2002.
- 6) Glick LB. *Marked in your flesh: circumcision from ancient Judea to modern America*. New York NY: Oxford University Press, 2005.
- 7) Casper J. Epidemiology of cancer of uterine cervix in Jewish women. In *Proceedings of the 9<sup>th</sup> International Congress of Life Assurance Medicine*, Tel-Aviv 1967. Basel/New York: Karger, 1968 pp 192-7, discussion pp 198-9.
- 8) Arbel-Alon S, Menczer J, Feldman N et al. Codon 72 polymorphism of p53 in Israeli Jewish cervical cancer patients and healthy women. *Int J Gynecol Cancer* 2002;12:741-4.
- 9) Rotkin ID. A comparison review of key epidemiological studies in cervical cancer related to current searches for transmissible agents. *Cancer Res* 1973;33:1353-67
- 10) Terris M, Wilson F, Nelson JH. Relation of circumcision to cancer of the cervix. *Am J Obstet Gynecol* 1973;117:1056-66.
- 11) Brinton LA, Reeves WC, Brenes MM et al. The male factor in the etiology of cervical cancer among sexually monogamous women. *Int J Cancer* 1989;44:199-203.

- 12) Castellsagué X, Bosch X, Muñoz N, et al. Male circumcision, penile human papillomavirus infection, and cervical cancer in female partners. *N Engl J Med* 2002;346:1105-12.
- 13) Franceschi S, Castellsagué X, Dal Maso L, et al. Prevalence and determinants of human papillomavirus genital infection in men. *Br J Cancer* 2002;86:705-11.
- 14) Van Howe RS. Human papilloma virus and circumcision: a meta-analysis. *J Infect* 2007;54:490-6.
- 15) Maimonides M. *The guide for the perplexed*. New York, NY: Dover Publications, 1969.
- 16) Kim D, Pang MG. The effect of male circumcision on sexuality. *BJU Int* 2006;99:619-22.
- 17) Denniston G. Circumcision and sexual pleasure. In Denniston GC, Hodges FM & Milos MF (eds) *Flesh and Blood: perspectives on the problem of circumcision in contemporary society*. New York NY: Kluwer Academic / Plenum Publishers, 2004 pp 45-53.
- 18) O'hara K, O'hara J. The effect of male circumcision on the sexual enjoyment of the female partner. *BJU Int* 1999;83,suppl 1:79-84.
- 19) Bensley GA, Boyle GJ. Physical, sexual, and psychological effects of male infant circumcision: an exploratory survey. In: Denniston GC, Hodges FM & Milos MF (eds). *Understanding circumcision: a multi-disciplinary approach to a multi-dimensional problem*. New York NY: Kluwer Academic / Plenum Publishers, 2001 pp 207-39.
- 20) Bensley GA, Boyle GJ. Effects of male circumcision on female arousal and orgasm. *N Z Med J* 2003;116:595-6.
- 21) Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77:291-5.
- 22) Cold CJ, Taylor JR. The prepuce. *BJU Int* 1999;83,suppl 1:34-44.
- 23) Cold CJ, McGrath KA. Anatomy and histology of the penile and clitoral prepuce in primates. In Denniston GC, Hodges F. & Milos MF (eds) *Male and female genital mutilations: medical, legal, and ethical considerations in pediatric practice*. New York NY: Plenum Press, 1999 pp 19-29.

- 24) Fleiss PM, Hodges FM, Van Howe RS. Immunological functions of the human prepuce. *Sex Transm Infect* 1998;74:364-7.
- 25) Burney T. OB-GYN; Giving Treatment, but Not Stirring Shame. *New York Times* 06.06.2004.  
<http://query.nytimes.com/gst/fullpage.html?sec=health&res=9F02E3DE113EF935A35755C0A9629C8B63>. Accessed on 02.07.2007
- 26) Laugesen R. Female circumcision supported by Somalis. *New Zealand: Sunday Star Times*, 29.10.2006.
- 27) Barichello L. Interview with Dr. John R. Taylor, academic pathologist and coauthor of: *The prepuce: specialized mucosa of the penis and its loss to circumcision*. <http://www.intact.ca/taylor.html>. Accessed on 30.06.2007.
- 28) Caldwell JC, Orubuloye IO, Caldwell P. Male and female circumcision in Africa from a regional to a specific Nigerian examination. *Soc Sci Med* 1997;44:1181-93.
- 29) Moszynski P. Sudan to tighten law on female genital mutilation. *BMJ* 2003;327:580.
- 30) Stallings RY, Karugendo E. Female circumcision and HIV infection in Tanzania: for better or for worse? Rio de Janeiro, Brazil: 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment, 2005 Abstract No. TuOa0401.
- 31) Brewer DD, Potterat JJ, Roberts JM Jr et al. male and female circumcision associated with prevalent HIV infection in virgins and adolescents in Kenya, Lesotho and Tanzania. *Ann Epidemiol* 2007;17:217-26.
- 32) Thabet SMA, Thabet ASMA. Defective sexuality and female circumcision: The cause and the possible management. *J Obstet Gynaecol Res* 2003;29:12-9.
- 33) Okonofua FE, Larsenc U, Oronsayea F et al. The association between female genital cutting and correlates of sexual and gynaecological morbidity in Edo State, Nigeria. *BJOG* 2002;109:1089-96.
- 34) Lightfoot-klein H. The sexual experience and marital adjustment of genitally circumcised and infibulated females in the Sudan. *J Sex Res* 1989;26:375-92.

- 35) Odujinrin OMT, Akitoye CO, Oyediran MA. A study on female circumcision in Nigeria. *West Afr J Med* 1989;8:183-92.
- 36) Black I. Egypt bans female circumcision after death of a 12-year-old girl. *The Guardian* 30.06.2007;  
<http://www.guardian.co.uk/egypt/story/0,,2115290,00.html>. Accessed on 02.07.2007.
- 37) Sidley P. Botched circumcisions kill 14 boys in a month. *BMJ* 2006;333:62.
- 38) Ncayiyana DJ. Astonishing indifference to deaths due to botched ritual circumcision. *S Afr Med J* 2003;93:545.
- 39) Paediatric death review committee: Office of the chief coroner of Ontario. Circumcision: a minor procedure? *Paediatr Child Health* 2007;12:311-2.
- 40) Chico Newel TE. Judgment of inquiry into the death of Ryleigh Roman Bryan McWillis. BD Coroners Service, Ministry of Public Safety and Solicitor General, British Columbia, Case No.: 2002:586:0056.
- 41) Haberman M. Fear rabbi gave tots herpes; probe death of baby after circumcision. *New York: Daily News*, 02.02.2005.  
<http://www.cirp.org/news/nydailynews02-02-05/> Accessed on 02.07.2007.
- 42) Young H. Circumcision in Sweden and its regulation.  
<http://www.circumstitutions.com/Sweden.html>. Accessed on 02.07.2007