

Religious circumcision: a Muslim view

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Male circumcision

The origin of circumcision is shrouded in antiquity; mummies 6000 years old have been reported to show evidence of circumcision [1]. The tradition was prevalent among the Egyptians, Kalahari bushmen, Australian aborigines and other African communities. The first definite account appears in Genesis (chap. 17), in which the covenant is made between God and Abraham, stating;

‘And he who is eight days old shall be circumcised among you, every male throughout your generations.’

Abraham himself was circumcised at the age of 99 years while his son Ishmael was circumcised when he was 13 years old. The Jews have continued to uphold the covenant by circumcising boys 8 days after birth, provided they are healthy.

Circumcision was a common practice in pre-Islamic Arabia and there are references in pre-Islamic and early Islamic poetry, such as the compilations of Hudhayl, Farazdak and other poets. The Arabic words used for circumcision are ‘*Khitān*’ for males and ‘*Khafd*’ for females. The syllables ‘*Kh-t-n*’ belong to the primitive Semitic language, as they occur in the same or cognate forms in North-Semitic languages. It is therefore certain that circumcision is a primitive custom and an old Arabian tradition, but was not introduced initially by Islam. This is evident from the fact that circumcision is not mentioned in any form in the Holy Quran, and in Muslim societies the practice is attributed to the Prophet of Islam. For this reason, circumcision acquired the status of ‘*Sunnah*’ (Prophet’s tradition) although the tradition is attributed to the Prophet Abraham [2]. It is further recognized in *hadith* (the sayings of the Prophet Mohammed) that circumcision belongs to pre-Islamic institutions [3]. In the traditions that enumerate the features of natural religion (*al-Din al-fitra*), circumcision is mentioned under the heading *Tahara* (cleanliness) [4], together with the clipping of nails, the use of toothpicks, the cutting of moustaches, etc.

The *Sharia* is the divine law in Islam and encompasses every aspect of Muslim private life, social transactions, piety and rituals. The *Sharia* is rooted in the Quran, *hadith* and *sunnah*, argument from the consensus of the

Muslim community (*ijma*) and argument from analogy (*qiyas*). All Muslims agree that these constitute the sources of Islamic law but differ on their application. Muslims are divided into different schools of thought, some of which are distinctive enough to be called sects. The most fundamental division is between the Sunnites and the Shiites. These differences have led to the emergence of six schools of law; the Hanafite, the Jafarite, the Malikite, the Hanbalite, the Shafiite and the Zaidite (of Yemen), named after legal scholars. There are differences of opinion among these schools of law in Islam about the rules for circumcision. However, among the six existing schools, only the Shafiite school considers it obligatory (*wajib*) while the others regard it only as a *sunnah* and therefore recommended. Even those who consider it obligatory or rigidly practise it do not, legally speaking, consider it a condition for becoming a Muslim. It is at most considered as an external symbol of being a Muslim. Again, if a person converts to Islam, it is not obligatory for him to be circumcised. Similarly, a person born of Muslim parents, if not circumcised, may remain a Muslim and will not be considered non-Muslim only because he is uncircumcised. About a third of the Christian population in Pakistan is circumcised, while Hindus and Buddhists are not, except for medical indications, e.g. phimosis, and prevailing bladder stone disease, where some patients erroneously believe that if they are not circumcised the prepuce will hinder the passage of stone. Some believe that circumcision will increase their sexual power and virility.

Female circumcision

Female circumcision dates to the time of the Pharaohs, long before the advent of Islam. It is commonly practised in Egypt and other African countries, where the prevalence ranges from 5 to 99% [5]; it is not performed in Islamic countries like Saudi Arabia, Iran and Turkey. It is also practised in the Egyptian Coptic Christian minority. According to a WHO report in 1994, 85–114 million women undergo this procedure worldwide.

Whereas male circumcision has a precise anatomical definition, where the prepuce around the glans is excised, female circumcision lacks such precision. It may involve removal of a minute portion of the skin around the clitoris, part of the clitoris and even its total removal. In

certain African countries, e.g. Chad and Gambia, it goes further and results in mutilation of the female genitalia, involving excision of labia and suturing of the orifice, leaving only a small opening for micturition and menstruation.

Female circumcision has no place in Islam; as it is restricted to some Muslim countries (Egypt, Indonesia, Sudan, Djibouti, Ethiopia, Eritruria, Sierra Leone, Somalia, Burkina Faso, Chad, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Nigeria and Togo), many religious leaders consider it a social custom rather than a religious practice. This was further certified by the verdict of the Egyptian Supreme Court ruling in 1997, who upheld the Government ban on female genital mutilation. In its decision, the court pronounced that 'circumcision of girls is not an individual right under *sharia*' (the Muslim canon law), adding 'there is nothing in the Quran that authorizes it'. Community groups in Kenya perform circumcision through words as an alternative to female genital mutilation. In countries such as Malaysia and Indonesia (Albar, personal communication) female circumcision has been reduced to puncturing the clitoris with a needle and allowing some bleeding. In Pakistan, female circumcision is very rare, practised only by a few in the African Pakistani community. The authors are aware of only one case of female circumcision referred by a gynaecologist for urinary problems.

Age at circumcision

Islamic scholars and jurists are not unanimous about the age at which circumcision should be carried out. The prophet Muhammad recommended performing circumcision at an early age. Al-Mawardi stated that the chosen time is the seventh day after birth, but it can be carried out up to 40 days after birth, or thereafter until the age of 7 years, depending upon the health of the child at the time [6]. The prevalent practice in Pakistan is that children born in hospitals are circumcised within a few days before discharge, and the rest when aged 3–7 years. In rural areas most are circumcised when aged 5–7 years and occasionally after adolescence.

Who performs circumcision?

In Pakistan, 90–95% of circumcisions are performed by traditional circumcisers, village barbers, paramedical theatre staff and technicians, and only 5–10% have access to a proper medical facility where a doctor performs the circumcision under strict aseptic technique.

During the procedure the child is held in a seated position with both legs apart. A probe, a cutter made of wood and a razor are used for excising the prepuce (Fig. 1). The operation is performed with no anaesthesia,



Fig. 1. Primitive instruments used for circumcision; (a) the probe; (b) the cutter and; (c) the razor.

no sutures and with unsterilized instruments. Ashes of burnt wood are used to establish haemostasis. To alleviate the trauma of pain, the occasion is converted into a celebration where relatives and guests are invited, and the child wears festive garments soaked in perfume. Female members sing cultural songs and at the end of the ceremony the guests are served with meals and sweets. These festivals vary according to region and culture in different Muslim countries [7].

In rural Turkey, mass circumcision is performed in 85% of cases by unqualified circumcisers and traditional drummers, with only 10% by health technicians and 5% by trained doctors [8]. In the Gulf States, because they are affluent, 85% of circumcisions in Saudi Arabia, the United Arab Emirates and Iran, are performed by doctors or health technicians, and only 15% by traditional circumcisers.

Complications of circumcision

Unfortunately, most circumcisions are performed by local traditional barbers, drummers and health technicians, and consequently complications often go unreported. The data that are available are from developed countries, where complication rates are low [9]. In Turkey the overall complication rates were higher when circumcision was performed by barbers (85%) and low when performed by doctors (15%) [8].

In the study reported from National Institute of Child Health (NICH), Karachi, Pakistan, about 3096 children were circumcised within a period of 5 years (1984–85, 1989–91); complications occurred in 49 cases (1.6%). In the same study, 281 cases with complications were seen as emergencies at the NICH who had been circumcised outside the NICH by traditional barbers and family physicians. The analysis of 330 cases with complications showed that primary haemorrhage was the commonest (Table 1). In the series, five deaths were reported, caused

by haemophilia in two (one hospitalized), septicaemia in one and gangrene in two. All these five cases were circumcised by a 'Jarrah' (barber surgeon) [10].

Primary infection and haemorrhage remained the commonest complications encountered during and after circumcision [11]. The present authors also recorded ≈ 100 cases of bleeding referred to the Sindh Institute of Urology and Transplantation (SIUT), Karachi, in the last 10 years. All these children were treated by opening the dressing and suturing bleeding points with absorbable sutures. Most infections after circumcision are of little clinical importance, and respond to local and systemic antibiotics; however, the authors are aware of a few cases of necrotizing fasciitis, gangrene (Fig. 2), systemic sepsis and meningitis, with one or two deaths from sepsis.

About five cases of partial and complete glans amputation were seen at the SIUT in the last 10 years and 11 cases were reported from the NICH in another study [10]. All the children were circumcised with a bone cutter, carried out by junior house staff, a family physician in his office or by traditional circumcisers. Partial injuries were treated by simple repair with absorbable plain catgut sutures and one case of complete amputation was treated by reconstruction, performed within one hour using the technique described by Ozkan and Gurpinar [12], with reasonably fair results. Amputation of the distal glans penis, although a rare complication, was also reported from Israel [13], Turkey [12] and the USA [14].

Incomplete excision of the prepuce is the most frequent complication seen in our region, which leads to re-operation at hospitals. This may lead to phimosis and concealed penis when the shaft skin is excessively excised and the prepuce inadequately removed [11]. Another frequent complication seen is a skin bridge between the penile shaft and the glans. In the series cited, repeated



Fig. 2. An example of penile gangrene after circumcision.

circumcision were carried out in 10% of children simply at the request of the parents, because they believed that one cannot be a true Muslim without complete circumcision. The authors are aware of ≈ 50 cases in the last 5 years who presented with retention of urine after circumcision. These were treated at the SIUT by removal of the dressing or temporary catheterization.

Of five patients with squamous cell carcinoma of the penis reviewed at the SIUT, none had been circumcised; although this is a very small sample, it lends support to other studies where the circumcised state was thought to be protective against the development of this malignancy [15]. However, as squamous cell carcinoma has been reported in the circumcised penis [16] and there is a much lower incidence in Japan [17], where circumcision is rarely performed, the original contention seems doubtful [18].

Hypospadias remains a contraindication to circumcision, as surgical reconstruction may require the use of preputial skin. However, we are aware of cases where circumcision was performed in such children at the request of their parents. In a review of 10 000 circumcisions, 10 children with hypospadias were inadvertently circumcised; similar experience has been reported in other series from Pakistan [10].

Conclusion

Circumcision is a widespread practice which is greatly influenced by cultural and religious traditions; it is decided by the parents, based on the existing cultural and religious aspects. They should be fully informed by qualified medical personnel about the merits and demerits of the procedure. The performance of circumcision in the Muslim community is considered one of the rules of cleanliness in Islam and is allowed by the Prophet Mohammed as a continuity of the covenant of

Table 1 Complications of circumcision in 330 cases in Pakistan

Complication	n (%)
Primary haemorrhage	170 (52)
Infection	27 (8.2)
Meatal stenosis	24 (7.2)
Incomplete circumcision	21 (6.3)
Penile oedema	16 (4.8)
Circumcision in hypospadias	11 (3.3)
Glanular injury	9 (2.7)
Slipped Plastibell [®]	4 (1.3)
Urinary retention	4 (1.3)
Gangrene of penis	2 (0.6)
Buried penis	2 (0.6)
Fournier's gangrene	2 (0.6)
Sloughing of glans	1 (0.3)
Maggots in wound	2 (0.6)
Other minor injuries	5 (1.5)

Abraham; it is not mentioned in the Quran. Female circumcision, often associated with the religion of Islam, is unacceptable and remains primarily a social practice in some African countries.

Although circumcision is regarded as a minor procedure, the rate of complications in our region is high largely because it is performed by traditional circumcisers. Ideally, the operation should be performed by qualified surgeons in hospitals, but in a developing country like Pakistan the proper training of health technicians would help to reduce the preventable complications of circumcision. Although the benefits of surgery are unproven, because there are no prospective randomized studies in Islamic countries, circumcision continues to be practised for religious and social reasons.

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