Have you ever wondered why childhood circumcision is such a big deal? What is the basis for the long-standing debate over childhood circumcision? Is it a medical necessity or strong medical recommendation? Or is it an infringement on a child’s right wherein parents and guardians decide to “cut off” an important body part of their children without consent? Would it be best for parents and guardians to wait until their children become of age to decide whether they would like to be circumcised? Further, is it an issue of cultural relativism, wherein individuals and cultural groups exert their rights to continue an important tradition, regardless of the opinions of others who may be approaching the issue from an ethnocentric bias? George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, along with several other chapter authors, explore this old and continuing debate in their edited volume *Genital Cutting: Protecting Children From Medical, Cultural, and Religious Infringements*.

The volume consists of 22 chapters and is a compilation of papers from the proceedings of the 11th International Symposium on Circumcision, Genital Integrity, and Human Rights at the University of California–Berkeley in 2010. The book is quite comprehensive and contains chapters from varying perspectives that peruse circumcision from viewpoints of professionals in the legal, medical, sociological, and anthropological fields as well as of human rights activists in general. The editors and authors present an exhaustive review of crucial topics, using a “multi-disciplinary approach [to] illuminate the cross fertilization that permeates and characterizes circumcision” (p. vi). Chapter authors represent a diverse array of nationalities (e.g., Northern Ireland, Somalia, South Africa), ethnicities (e.g., Jewish, Armenian, Venda), and religions (e.g., Christianity, Islam, Judaism). With a goal of
Practical and Realistic Aspects of the Circumcision Debate

The debate over male and female circumcision has been ongoing for decades, with proponents of each side remaining as passionate as ever. Overall, it seems that most health professionals argue against female circumcision; however, the story is different for male circumcision. There are those who have made the argument for circumcision, citing medical benefits that include decreased lifetime risk (a) of urinary tract infection (Morris & Wiswell, 2013); (b) of some sexually transmitted diseases, such as human papillomavirus (HPV), herpes simplex virus-2, and HIV; as well as (c) of penile and prostate cancer (Morris et al., 2012).

On the other hand, opponents of male circumcision (such as the authors of the current book) have argued that it is a violation of basic medical ethics and the child’s rights, causes unnecessary pain, exposes the child to complications associated with surgery, and negatively affects sexual function and sensitivity (Bronselaer et al., 2013). However, a recent review and a meta-analysis of existing research continue to emphasize the notion that the benefits of male circumcision significantly outweigh the risks (Morris & Wiswell,
2013) and also that medical circumcision has no notable negative impact on sexual function and satisfaction (Morris & Krieger, 2013).

With reputable organizations such as the American Academy of Pediatrics (2012) and the Centers for Disease Control supporting male circumcision, it is an admirable but uphill task for the voices of individuals and less powerful groups to be heard. This is exactly what the authors of this book have set out to do! The reality is, given the notion of cultural relativism, some groups will continue to promote male circumcision, regardless of the research that is presented. Probably, the best and most practical approach is to (a) educate parents and guardians about the surgical procedure and the claimed benefits and risks involved; (b) highlight the human rights issue and arguments for the child’s rights—with the recognition that in many countries, including the United States, parents have been legally empowered to make health decisions for minors; and (c) allow parents/guardians time to make their decision after providing them with a balanced picture of the pertinent issues associated with male circumcision. These considerations will be most effective if presented to the relevant adults earlier in pregnancy so that they have ample time to come to a decision.

**Limitations and Weaknesses**

Although the authors make a strong case and argue from a basic human rights premise, they do not necessarily present the reader with a much-needed balanced view of the issue. For readers who gain insight into the strong ethical premise being made, the book is a great educational and persuasive tool. However, for readers who are still embedded in cultural and religious groups for whom male circumcision is a norm, it may take more to convince them. The issue of cultural relativism and stigmatization associated with noncircumcision could have been further explored.

**Summary and Conclusions**

Ultimately, Denniston, Hodges, and Fayre Milos, along with the chapter authors, should be commended for choosing the uphill task of presenting the male circumcision debate from a basic human rights and rational standpoint. Their book is informative; provides the reader with a diverse, multidisciplinary perspective; and offers some basic insight into cultural relativism. This book is a useful primer or first step to a much-needed push for health education about male circumcision. As summarized by the Task Force on Circumcision (American Academy of Pediatrics, 2012),

> Parents are entitled to factually correct, nonbiased information about circumcision and should receive this information from clinicians before conception or early in pregnancy. . . . [Professionals] . . . who counsel families about this decision should provide assistance by explaining the potential benefits and risks and ensuring that parents understand that circumcision is an elective procedure. (p. e756)
References


