

Traditional Male Circumcision In A Rural Community In Kedah, Malaysia

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Background: Circumcision though not mentioned in the Quran is believed to be a compulsory practice among the Muslims. In Malaysia, although there are several methods of circumcision available and traditional circumcision is still popular.

Methods: A cross-sectional survey was carried out in a small fishing village of Kedah to study the methods of circumcision available to the villagers. This was followed with an in-depth interview conducted with 'Tok Mudim', a practitioner of traditional method of circumcision.

Results: Forty three of the eligible 71 subjects participated in the study giving the response rate as 60.5%. The most common age for circumcision was 9 years old. Despite private clinics being the most common place of circumcisions, there was an increasing number of boys going to the 'Tok Mudim' for circumcision. A Mass Circumcision Ceremony is traditionally practiced. The 'Tok Mudim' described the procedure in detail and was of the opinion that the reason traditional method is still popular was because of the fear of injections and impotency among the parents. Most common complication faced by the 'Tok Mudim' was bleeding and infection.

Discussion and Conclusion: Till the community shifts entirely to using modern medicine, there is a need to integrate traditional practitioners into the system. Training the 'Tok Mudim' to use modern instruments and aseptic techniques should be considered.

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Introduction

Male circumcision involves the removal of the foreskin of the penis. It is carried out by different people of different faiths, cultures and medical understanding. Most male circumcision is practiced for religious reasons although 80% of the world's population remains uncircumcised.¹⁻³ Circumcision is mostly practiced among the Muslims and Jews.⁴⁻⁶

Although circumcision is a common paediatric surgical procedure, the British National Health Service (NHS) removed non-therapeutic neonatal circumcision from the schedule of covered procedures a year after Gairdner wrote that circumcision was medically unnecessary and non-beneficial.⁷ It is estimated that 1 million circumcisions are performed each year.⁸ In the United States of America, circumcision is mostly carried out for non-religious and non-therapeutic reasons. Although circumcision is usually performed for non-therapeutic reasons, a randomized control trial performed by Auvert and colleagues showed an overwhelming reduction of HIV infection in circumcised groups.⁹

The prevalence of circumcision is 56.1% in United States¹⁰ and 78% in South Korea.^{11,12} In Iran, the prevalence of traditional circumcision recorded 43.9% compared with the allopathic method of circumcision.¹³ It is erroneously believed that circumcision has the advantages of preventing penile carcinoma¹⁴ and delaying orgasm.

In Malaysia, circumcision is mostly practiced by the Muslims for religious reasons. The traditional method of circumcision is still commonly practiced. It is performed by a traditional healer who practices in the art of circumcision and is popularly known as 'Tok Mudim'. However there is no data on prevalence or trends of circumcision available in Malaysia or the methods adopted by the 'Tok Mudim'.

The objective of this study was to determine the choice of methods preferred in a rural community of Malaysia and to understand in depth the traditional method of circumcision practiced.

Methodology

A descriptive cross-sectional epidemiological survey and an in depth interview was conducted in a fishing village located in northern Kedah in Malaysia. The village comprised of 96 houses with a population of 477 people. All the villagers were Malays. According to the village head, 1% of the population was uneducated

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while most have secondary school education. The nearest clinic is approximately 5 km away while the nearest hospital is about 40 km away.

All males under the age of 15 and who were circumcised were eligible to participate in the study. Fifteen years of age was chosen as the cut off point because most circumcisions performed due to religious reasons are usually done before the age of 15. The 'Tok Mudim' who performed circumcisions in the village was chosen for an in depth interview.

All those who agreed to participate in the survey were administered a questionnaire designed to gather the quantitative data. Questions on the age, year and place of circumcison done, were asked to the parents.

An interview guide was designed for the in depth interview with the 'Tok Mudim'. The questions asked included the procedure, trends and reasons for the methods of circumcison in the recent years and the awareness on infectious diseases. The 'Tok Mudim' was also requested to demonstrate the method of circumcison and a photographic record of the simulated procedure was made.

The study was conducted with the approval of the institute's ethics committee. Informed consent was obtained and confidentiality of the subjects was maintained.

Data analysis was done using SPSS student version 13.0. The qualitative textual data was transcribed, coded and organized. A systematic code of the written notes was made in order to classify the responses. The information was systematically analyzed by themes such as reasons for choice of procedure, the procedure adopted, complications encountered, and infection control procedures.

Results

Quantitative

There were a total of 134 boys below the age of 15. Seventy one of them were above the age of 6, which was the youngest age for circumcison in the village. A total

of 43 subjects responded to the questionnaire giving a participation rate of 60.5%. The circumcisions were done either by a medical practitioner in a private clinic or in a government hospital, or by the 'Tok Mudim' using the traditional method.

For 32 boys (74.4%), the circumcison was done in a private clinic, followed by 9 (20.9%) by the 'Tok Mudim', and 2 (4.6%) in the hospital. As shown in figure 1, the most common age for circumcison was 9 years followed by 10 years old. The youngest age for circumcison was 6 and all the boys who participated in this study had their circumcison done before the age of 11.

As shown in figure 2 there was no circumcison done by 'Tok Mudim' from year 2001 to 2003. However, from 2004 onwards there has been an increasing trend for the parents to prefer their sons to undergo circumcison by a 'Tok Mudim'.

Qualitative

In Depth Interview With The 'Tok Mudim'

The 'Tok Mudim', a 66 year old man popularly called 'Tuan Haji' has been performing circumcison since 1958 and since 2004 the villagers have been using his services. According to him, the skill has been passed on to him and his younger brother by their father.

He performs about 700 circumcisions in a year. Most of his patients are aged between six and thirteen years old. The oldest person to be circumcised by him was a 25 year-old man. Circumcison is mostly done during the school holidays, usually in the month of December. Traditionally a Mass Circumcison Ceremony is performed.

According to him, the number of traditional circumcisions has been increasing from year to year. He believes that this is because most parents believe that by giving an injection to the penis during circumcison is not only painful, but there is also a risk of impotency later in life. He believes that when sutures are applied onto the penis, it would cause the glans to be tightened, which would subsequently cause impotence.

Prior to the circumcision, a small ceremony is held. All the boys gather and walk to the river for a bath. This helps in cooling down the body in order to shrink the penis which helps during the process of circumcision. This ritual also helps reducing post circumcision bleeding.

Usually the parents and the children gather in the community hall of the village or in the mosque. A tablet of Mefenamic acid would be given five to ten minutes before the circumcision to relieve the pain during the procedure. The boy would then sit astride on a banana trunk. The 'Tok Mudim' will then use a small metal rod to measure the skin to be removed (Picture 1), then pull out the length of foreskin to be removed and clamp it using a metal clamp (Picture 2). The sharp end of the metal clamp is inserted into the banana trunk (Picture 3 & 4) to anchor the penis. The foreskin is then be pulled and cut off using a knife (Picture 5). The wound is bandaged with a thin strip of banana stem soaked in a mixture of soil taken from the river and iodine bought from the pharmacy. The 'Tok Mudim' explained that the banana stem is used because it does not adhere to the skin or the wound. The whole procedure takes about 5 minutes. The bandage is removed three days later. The boy is advised to wash the wound with a home made ointment made from a mixture of several types of herbs and cooking oil until the wound heals. The equipment used for the procedure had been passed on to him by his father.

Gloves are not used when performing the procedure and the same knife is used for every child without cleaning. He believes that because the procedure itself was pure and clean there was no need to clean the knife.

Each circumcision cost RM 61. However only RM 35 is kept by the 'Tok Mudim', the rest of the money is given to the person in the village who organizes the function.

According to the 'Tok Mudim', the most common complication he faces is post circumcision bleeding. When this occurs, he will try to find the bleeding vessel and use a small thread to tie the blood vessel. His worst

experience was a case of persistent bleeding which he was able to control by applying a small clamp at the root of the penis for 3 days. In cases of wound infections he will use water to clean the area repeatedly. He will then bandage the wound with a mixture of soil taken from the river and iodine.

He claims he has knowledge of communicable diseases like HIV and Hepatitis B. According to him he is certain that he has not come across any HIV and Hepatitis B cases and he is confident that, if there is anyone with either HIV or Hepatitis B, they will not choose to get circumcised in the traditional way. He also stressed that he will not knowingly perform circumcision on a child with HIV or Hepatitis B infection.

When asked, he said that no blades were provided by the government and no infectious awareness course was given to him by any health care worker. During the interview the researcher saw that the equipment used for circumcision were blood stained.

Discussion

In Islam, it is recommended that circumcision should be done before the child is 6 days old allegedly to minimize any pain associated with the procedure.¹⁵ In this study the most common age for circumcision was 9 years old. The reason for this could be because traditionally in a Malay culture, most boys would only be circumcised after they have finished learning to read the Quran which is usually between the ages 7 and 10. In a South Korean study, 32% of its participants were circumcised between the ages 6 and 11.¹⁶ In Kenya, circumcision is usually done at the age of 15 among the Meru Society.¹⁷ On the contrary, in the United States of America, circumcision is commonly performed during infancy.¹⁶

Private clinics were still the most popular choice among the villagers. Despite the higher charges by the private practitioner compared to other alternatives, the easily availability of the service made it a popular choice.

Traditional circumcision is gaining popularity. This could probably be because the villagers believe impotency to be a complication of circumcision when performed by a medical practitioner. Even if there are any apprehensions of harm by way of infection or other complications, the belief in the sanctity of the procedures overshadows it. We were unable to confirm this fact as we did not interview the parents for corroboration. Future studies should corroborate this fact with the parents of children undergoing traditional circumcision.

There are some similarities between the traditional method of circumcision practiced by the 'Tok Mudim' and the traditional Jewish circumcision.¹⁸ In the traditional Jewish circumcision, the skin is first pulled forward and cut off in front of the glans. This step is called 'chituch', and a guard called a 'barzel' may be slipped over the stretched skin to safeguard the glans. Similarly the 'Tok Mudim' first pulls forward the foreskin, estimates the length of foreskin to be cut using a metal rod, then inserts a clamp before cutting the foreskin. The metal clamp is similar to the "barzel" used in the Jewish circumcision in safeguarding the glans.

Conclusion

Circumcision is commonly practiced in Malaysia. Free circumcision provided by the ministry of health is not easily available to all, so people have to rely on other services. Mass circumcision that is being done in the traditional manner still exists in Kedah, Malaysia. The procedure and the ceremony are unique. However, sterilization of the instruments and aseptic method is a major problem and need to be addressed to prevent spread of infectious diseases like Hepatitis B, Hepatitis C and HIV. There is an urgent need to educate the 'Tok Mudim' and the public on these issues as well as the inappropriate and illegal use of prescription medicines.

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Picture 1: Using a small metal rod to measure skin to be removed.



Picture 4



Picture 2: Clamping of the excess foreskin



Picture 5: Cutting off the foreskin



Picture 3 & 4: Inserting of clamp onto the banana trunk



Figure 1 : Age when circumcision was done.

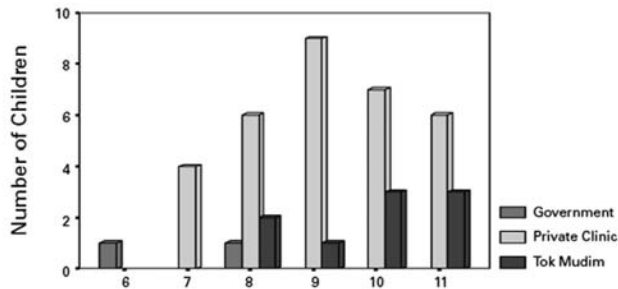


Figure 2 : Year and place of circumcision done.

