

Medical and Economic Discussions of Male Circumcision in Iran

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Abstract

In most societies of the world, ministries of health and medical communities, or the relevant responsible institutions in each country, are required to publish a series of comprehensive and up-to-date details about circumcision. They are obliged to dispense with one-sided propaganda and promotion of circumcision.

To ensure that the rights of children are taken into account, it is imperative to establish thematic protocols and extensive guidelines before performing any operation on them, including circumcision.

In contrast to what has occurred in Iran, over the past ten years significant efforts have been made at international and regional levels to increase public knowledge of circumcision. As a result, many people have come out against it, which has led to a decline in the practice in many nations.

The ability of these cultures to discuss circumcision publicly and their liberties to publish in print and electronic media have been important factors in this process. Therefore, this article attempts to understand the scientific approaches taken in the commercialised and economically driven field of health/medicine to inform and raise awareness about the practice of male circumcision.

The role of circumcision has been discussed in terms of its medical benefits – helping to prevent conditions like AIDS, penile cancer and urinary tract infections. Part of the debate is on the detrimental effects of and psychological impairments associated with circumcision. Then there are the commercial justifications for its continued practise and its promotion as cosmetic surgery and in popular media advertising.

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The research methodology employed in this study included interviews with several science and hygiene specialists, document and literature investigations, and a qualitative field study to assess the experiences of some circumcised Iranian people living both inside and outside of Iran.

Keywords: *male circumcision, medical approaches, Iran, child rights, health mafia*

1. Introduction

Examining justifications for the continued practice of circumcision across the globe reveals that, among some ethnic groups, there are regional customs; in some places, there are religious orders; in certain nations, there are medical recommendations; and, in many cases, there is a combination of all three factors, combined with financial profits from the practice.

The main objective of this article is to analyse how the dominant medical, traditional and religious discourses legitimise the practice of circumcision, and circumcision's correlation with power structures and mechanisms: to what extent is the continuation and prevalence of circumcision affected by social, traditional, identity, religious and class factors as well as the approval of medical/health institutions?

2. Statement of the Problem

Although it is possible to describe male circumcision as a religious practice that is frequently based on the teachings of the two Semitic religions, Judaism and Islam, several medical reasons have prompted it to cross religious boundaries and affect various cultures, as well.

According to some statistics, at least 30% of boys worldwide, many of whom are not regarded as Muslims or Jews, are circumcised (Morris *et al.*, 2016). These figures highlight the significance of this practice across various countries, but do not imply that the practice is therefore right or beneficial. Male circumcision, despite being widely practised, is fraught with several problems. Among these, we may include a disregard for children's rights, psychological repercussions and certain negative medical implications.

In most societies, it is expected of accountable institutions, such as the ministries of health and the medical communities, to disseminate accurate and up-to-date information about circumcision, to stop any biased promotion and propagation of the practice, and to make available the opposing arguments and criticisms. To ensure that the rights of children are also taken into account, it is imperative to establish basic procedures and thorough instructions for performing any operation on them, including circumcision.

Unfortunately, it appears that these organisations in Iran have no plans to perform such tasks, and the only way to (partially) address the gap is to carry out research of the present kind.

Even though, in today's societies, there are many different perspectives on and approaches toward circumcision, very few studies have critically examined the practice from the standpoint of medical science, and the majority of these studies have emphasised the positive results of this practice and therefore affirmed its legitimacy.

Male circumcision is still carried out at a high frequency in Muslim and Jewish communities, although it is not widespread elsewhere in the world. However, due to a lack of thorough information and biased propaganda in Iran, the general public has a misconception that practice is widespread. In societies like Iran, the practice of circumcision is still prevalent due to a lack of adequate and comprehensive information about it, as well as hegemonies of cultural, traditional and religious prescriptions. The influence of social pressures on the persistence of the practice should also not be disregarded. Parents may still attempt to circumcise their children, even after giving it some thought, in cultures where a decision not to have it done is seen as a departure from the faith, is shamed and is mocked. This is especially the case if parents do not have access to comprehensive information about the harmful consequences of circumcision and unilaterally face waves of medical and therapeutic advertisements that are aimed at confirming its practise.

It is obvious that, not only can the profit from circumcision cause the medical community to ignore the potential harms of the practice, but also it can provide a defence for extensively advertising and promoting it. Additionally, the legal system, as well as traditional and religious legitimacy systems, supports the commercial objectives of circumcision.

Although the Qur'an claims that God created man without any flaws, several things act as barriers to change: among others, the Qur'anic emphasis on religious and legal loopholes, the historical and religious roots of circumcision, the dominance of culture and tradition, the industry of circumcision and the medical mafia, the ceremonial responsibilities of circumcisers and the income from those ceremonies.

Despite all this, what is important and should not be breached is a child's rights – their rights to bodily integrity and health. There is no justification for touching the most private part of a child's body in an act that violates that child's rights.

In contrast to Iran, considerable efforts have been made during the last decade at the global and regional levels to inform people about circumcision. The practice of circumcision has declined in many nations as a result of the increasing number of campaigners who are strongly opposed to it. In these communities, the freedom of the press, including print and electronic media, and a willingness to discuss circumcision openly have contributed to the decline of the practice.

However, the changes within these communities have largely taken place because of government interventions and the support of non-governmental organisations, in collaboration with state agencies. Therefore, it is necessary to conduct field research on the subject in Iranian society to analyse the dominance of medical, traditional and religious discourses in relation to the phenomenon of circumcision, and its relationship with power structures and mechanisms. Additionally, it is important to identify and present any solutions for the restoration of children's rights to the integrity of their bodies.

3. Research Questions

1. What are the most important medical functions of and reasons for continuing circumcision?
2. What are the approaches of medical science and health activists to the practice of circumcision?
3. What are the dimensions and characteristics of the experiences of participants in this research?
4. What recommendations can be made to lessen the adverse effects and problematic aspects of male circumcision?

4. Medical Justifications for Continuing Male Circumcision

The practice of circumcision dates back several thousand years. More precisely, this phenomenon was widespread among Egyptians during the ages of the pharaohs and became a structural component of Jewish ideas with the emergence and establishment of Judaism. The fact that hundreds of millions of people still believe in it or attempt to practise it, despite the numerous criticisms that have been levelled at it in recent years, is particularly intriguing.

The primary medical aims of this operation, together with its economic advantages, are discussed in the paragraphs that follow.

4.1. Safety and AIDS Prevention

The Center for Disease Control and Prevention (the 'CDC') has admitted that performing circumcision on infants in the US is the most cost-effective approach to dealing with AIDS, regardless of its other therapeutic benefits. All parents of male newborns should receive circumcision services, according to the CDC. It should be mentioned, though, that, even if uncircumcised people in America are

circumcised, the rate of AIDS reduction in that nation will still be lower than that of Africa, because a sizable portion of AIDS cases in US are gay men (Task Force on Circumcision, 2012).

There is evidence that circumcised men in heterosexual relationships are less likely to contract HIV, but it seems that the protective role of circumcision in relationships between gay men is lesser, and, so far, no significant reduction has been recorded in the gay community. The majority of studies looking into the connection between male circumcision and HIV/AIDS have been undertaken on African populations with poorer health. It is crucial to remember that, when making decisions about circumcision, especially those aimed at lowering the risk of catching HIV, one should also take into account the health status of the target group and the likelihood of that cohort developing AIDS (Task Force on Circumcision, 2012)

The foreskin has protective functions in addition to its mechanical protection (Longley, 2009). The skin and some mucosal surfaces, such as the foreskin and vagina, contain Langerhans cells, a group of immune-active cells. Research on human tissue samples has shown that these cells produce a protein called Longrin, which helps to clear the environment of viruses; they transfer viruses to other parts of the cell for destruction.

Some researchers have stated that the presence of Langerhans cells in the foreskin opens the way for HIV infection. This is their justification for defending circumcision (Longley, 2009).

Despite strongly opposing 'female circumcision' (female genital mutilation/cutting), international medical authorities have not adopted a specific approach to male circumcision. Instead, they simply believe that, before deciding whether or not to carry it out, the person or appropriate authority should be aware of its effects. Although the impact of medical support for male circumcision cannot be ignored, it is possible that medical professionals taking a neutral stance in relation to this ancient practice or underlining exclusively its good aspects has also reinforced its endurance.

4.2. Prevention of Penile Cancer

The World Health Organization, based on research conducted in the United States, has acknowledged that male circumcision significantly reduces the risk of penile cancer. Some have gone beyond this and called penile cancer a form of cancer that can be prevented in humans. (World Health Organization, 2008)

Circumcision during infancy and childhood decisively prevents penile cancer. The major causal factor of this cancer is Human Papillomavirus sub-types 16 and 18,

the presence of which in uncircumcised subjects' genital warts is reported to be much more abundant than in those of circumcised subjects (Arbabi, 2000).

However, it is necessary to consider several points in relation to the occurrence of penile cancer:

- What is the probability of this particular type of cancer occurring?
- Is circumcision the only way to prevent penile cancer?

Some researchers have investigated the probability of this type of cancer occurring, the extent of circumcision required and the economic side of this narrative. According to Larke et al., (2011), there are more annual deaths due to complications from circumcision than are currently believed to be due to penile cancer.

The United States and Denmark – nations with significant and low rates of circumcision, respectively – have both seen a decline in the number of people presenting with this type of cancer. The American Association of Children's Diseases concludes that this decline in cases is not necessarily attributable to circumcision. Instead, the influence of healthy behaviours and other social- and economic-development factors have significantly decreased the incidence of this type of cancer (Emmanuel & Watkin, 2019).

4.3. *Prevention of Urinary Tract Infection ('UTIs')*

Urinary tract infection is the other disease that is closely associated with male circumcision. This type of infection is one of the most common infections in children. It may lead to kidney damage, hypertension, septicaemia, kidney scarring and chronic kidney failure due to the sensitivity of the kidneys during infancy and their vulnerability to infection. It can be said that, since the internal environment of the foreskin is hot and humid, it causes resistance and proliferation of pathogens, possibly leading to UTIs – a process that accelerates with low hygiene levels (Esmaili & Ahmadnia, 2005).

Some studies have also identified a certain type of circumcision as an affective factor in the likelihood of UTIs. According to some research, the likelihood of a UTI among Israeli men who are circumcised by the traditional *mohel* is higher than it is for men who are circumcised by medically educated surgeons.

Another point that draws our attention to the occurrence of this type of infection in circumcised men and boys – a subject that has been addressed less often – comes from a piece of research that took a different perspective on the relationship between circumcision and UTIs. Children demonstrate a stronger physiological response to pain than adults. Male circumcision can also inflict excruciatingly

painful, distressing, traumatic and exhaustive experiences on the child. In addition, circumcision can disrupt a child's sleep pattern and lead to the separation of the child from the world around him. That includes the disruption of breastfeeding.

4.4. *Effects on Sexual Performance*

Despite the numerous medical theories about possible complications from circumcision, some religious authorities deny that there are any negative consequences from the procedure, including a decrease in sexual pleasure. For example, Abdurrahman Mohammad Rasouli, a Sunni religious authority states:

It is erroneous to claim that males do not enjoy sex because they have been circumcised; in fact, the contrary is true, as circumcision enhances rather than lessens sexual pleasure. The skin that covers the glans (head of the male penis) prevents the head of the penis from coming into full contact with the inner part of the female genital organ during sexual intercourse, and this disrupts the full enjoyment of the man. This is because the glans portion of the male penis experiences and perceives sexual pleasure, not the other way around. Therefore, when the head is covered in this skin, it is obvious that full pleasure is not reached.

A 36-year-old Iranian student in Cologne, Germany who has experienced sex with both circumcised and uncircumcised men discusses the differences in their sexual performances and declares that, if she has a son, she will circumcise him because she has found that sex with circumcised men is significantly more interesting:

I don't have a son, but if I do, I will circumcise him, not because it is a tradition or a religious order or even for the medical reasons that are mentioned for it. I circumcise my son because of my own experiences. I was born in a Muslim community and now that I live in Europe, I have the experience of having sex with both circumcised men and uncircumcised men. I have seen the differences based on experience. Uncircumcised men are much more sensitive, you can't touch or blow their penis, they are satisfied quickly, their penis smells, it is smaller and has a smaller diameter, and they get tired quickly, they don't have good sex and when they reach the orgasm stage, the fluid accumulates in that shell and smells, but circumcised men are less sensitive.

One man who underwent circumcision as an adult states, 'It makes sex better and more enjoyable for your partner.'

Examining the effect of circumcision on men's sexual performances through the personal experiences of women with whom they had sex shows that a group of

women considered the sexual performance of uncircumcised men to be wonderful, and some had the opposite opinion. For example, a woman said about her uncircumcised husband:

My [husband] had a long, thick foreskin that didn't stretch normally and automatically during erections, causing me to experience less stimulation. As a result, after months of discussion, during which I never experienced an orgasm, I was able to convince him to undergo circumcision. My [husband] and I are very happy with the results. He went through a difficult operation and now he has no frenulum, but our sex is better than before.

In practice, the bilayer fold of the foreskin serves as a rolling support surface during intercourse. When the penis enters the vagina, the friction of the penis with the vaginal wall keeps the skin of the penis relatively fixed, thus allows the body of the penis to move forward and backward during intercourse within its sheath, instead of directly going back and forth in the vagina and rubbing against the vaginal wall. This rolling and non-abrasive movement makes intercourse easier and more pleasant for both sexes. Also, this type of skin movement on the uncircumcised penis plays a facilitating role during love-making games before penetration, masturbation and at the moment of penetration. This last case is explained by an expert (cited in Longley, 2009) in the following terms:

In circumcised men, penetration can be compared to pushing the foot into a sock that is only kept open at the top, while in uncircumcised men, penetration is to put the foot into a sock that is already folded.

Whether a circumcised or uncircumcised penis increases sexual pleasure during intercourse depends on factors other than circumcision, including the female body, which is considered an important part of the process. The responses supplied by interviewees reveal a variety of outcomes from intercourse with circumcised and uncircumcised penises, with opposing results – both satisfactory and unsatisfactory impacts of circumcision on sex and sexual relations.

In this context, it appears that the ideas of the sociology of sex and the sociology of gender can ultimately complement one another to explain this.

According to a research report titled *The Blade of Tradition Called Religion*, efforts are being made to legitimise practising circumcision through medical discourse. For each of the two sexes, there are references to diseases that have become more frequent in the modern world and cause social anxiety; then circumcision is prescribed as a solution. For instance, circumcision is recommended for women to help avoid diseases like cervical cancer and some STDs, and for males to help

prevent diseases like penile cancer. However, with some reflection, it is possible to see the use and abuse of the concept of 'health' and the spread of social anxiety as encouraging and moving people to accept and legitimise the act of circumcision as a social act – in later stages of advertising, due to 'medical reasons' and 'increased social impact', social activists would be encouraged to perform circumcision as a natural and necessary act rather than a social construct.

5. Psychological Approach to Circumcision

Due to experimental and clinical approaches to subjects, psychology tends to make more findings than sociology when investigating a phenomenon such as circumcision. Numerous researchers, like Sahin et al. (2003), have examined the complications from and consequences of circumcision on the mind and psyche. According to these researchers, performing circumcision on boys in Turkey is essential for achieving a masculine identity. Whereas in Western society and many other communities, boys are circumcised as infants, Turkish culture circumcises boys later, which has more psychological repercussions. Even the circumciser, who can be a surgeon or a traditional worker, can affect the child's health through their performance. Tradition still plays important roles in the implementation of circumcision, the practitioner and the reasons for its practise, while the passage of time and increasing levels of education have not had significant effects on the traditional approaches governing circumcision (Shain *et al.*, 2003).

The first glimpses of the psychological dimensions of circumcision can be observed in the Oedipus Theory as developed by Sigmund Freud. According to Freud, during the phallic phase, boys' attentions are drawn to their genitals. The castration complex, which, according to Freud, is associated with circumcision, imposes an appalling fear on them. Research has also confirmed this significant process, among which a study conducted by Levi (2022) found that children who were circumcised before the age of seven complained about it being done without the conscious consent of either the parents and the child. Some researchers have pointed out that doing this to children at early ages can be seen as a violent act and a form of castration.

This research found that about 26% of children were circumcised during their phallic periods, and 10.4% and 9.1% of them respectively imagined that their male penis had become smaller or been removed, an imagination that can be related to the castration complex. More importantly, compared to others, the group of children who were circumcised during the Oedipal or phallic period experienced more anxiety and terror during the procedure, often followed by discomfort and panic later in life. It has therefore been recommended that circumcision of children

at this time should only be done for medical reasons, a recommendation stated by many more studies (Khoda Tahmineh *et al.*, 2011, p.57).

5.1. Circumcision and The Risk of Trauma in Infants

Anatomical, physiological, chemical-neurological and behavioural studies have confirmed that the reaction of infants to pain is similar to those of adults, but at higher intensities. Without anaesthetic, circumcision causes babies to experience excruciating pain, in addition to causing increased risks of suffocation and respiratory difficulties, which in some cases have resulted in seizures. Medical studies show that significant increases in heart rates and stress-hormone levels in the blood are two effects of circumcision. Increases in heart rates up to 55 beats per minute have also been recorded, which is 1.5 times the normal rate. After circumcision, the blood cortisol level can increase three to four times that recorded under normal conditions.

Even when an anaesthetic agent is used during circumcision (topical injection is the best choice evaluated), according to clinical definitions and research studies, it causes psychological damage or trauma to children. Only some types of pain are relieved by anaesthetic medications, which also have uneven effects and lose their effectiveness before postoperative discomfort starts. General anaesthesia has never been proposed as a safe procedure for babies (Simbar *et al.*, 2014, p.8).

Some have claimed that children do not remember the pain, but today it is clear that they remember this event and become more sensitive to pain when they face it in later life. Other studies have concluded that painful operations during infancy, when the mind is undergoing certain spatial changes, lead to some forms of mood disorders in children (Narvaez, 2015).

5.2. Circumcision and Chronic Psychological Injuries

Since circumcision typically occurs during childhood, the memories connected with it are strongly ingrained in people's unconscious minds, making it difficult to determine how their current feelings relate to circumcision.

Because of this, circumcision's psychological harm may be long-lasting, making it challenging to separate from personality traits or the effects of other events. Additionally, where circumcision is popular, its effects may be so frequent that they are typically regarded as normal.

Research has established that two prevalent and long-lasting consequences of circumcision are emotional apathy and unrestrained aggression. People who have experienced abuse frequently struggle with aggression, either internalising it or

displaying it to others (Rhinehart, 1999).

Perhaps the consequences of the violence and psychological damage caused by circumcision can be observed in relationships between circumcised individuals and their relatives, especially their partners. It is possible to compare the statistics of circumcision in different countries and the prevalence of men's misbehaviour toward women, including domestic violence, oppressive behaviour, isolation, murder, rape and even forced marriage. Afghanistan, the Democratic Republic of the Congo, Iraq, Nepal, Sudan, Guatemala, Mali, Pakistan, Saudi Arabia and Somalia are the top ten countries in the world where women are most mistreated. Male circumcision prevalence has exceeded 80% in eight of these nations, while it is between 20% and 80% in the other two (Inhorn & Sargent, 2006).

6. Socioeconomic Aspects of Circumcision

Even though circumcision as a whole has a large religious component, several scientific studies suggest that it has economic, social and medicinal roles and advantages.

The data required to document the economic aspects of circumcision are particularly dispersed and wide-ranging. However, one reason for the stability and continuity of circumcision is the economic aspects – the call for circumcision in modern medicine, the industries making related instruments and cosmetics, as well as cosmetic surgery.

As can be seen from historical works, the circumcision operation was accompanied by cultural ceremonies, sometimes occasioning the attendance of high-ranking military and country officials. The glory of such circumcision ceremonies is related to several factors, including social and economic ones. Kings would celebrate for several days, inviting large numbers of people, and sometimes kings and governors circumcised not only their children, but also other children in the city at their own expense.

Apart from symbolic rituals, sometimes circumcision has had a political function, to honour male identity and religious society.

In the past, circumcision was performed by traditional circumcisers. These people received wages from the children's parents for the work, and, in fact, circumcision was considered a job through which people made their livings. These people, who were mostly natives of the same regions as the children being circumcised, had learned the job from their fathers and ancestors and made their livings by providing services to local customers.

Circumcision has become widely accepted in American society due to a proliferation of medical justifications. In India, where the same justifications have been extensively discussed in public, it appears that the Hindu religious community may soon follow in welcoming it. But in the current context, only the USA takes into account the practice of circumcision primarily for secular and medical reasons.

A 62-year-old Iranian woman from Toronto states:

It would be more hygienically secure, as the doctors also recommended, but since I wasn't religious at the time, it had no religious importance to me.

An institutionalised belief, derived from religion and culture, about the positive results of circumcision leads some people and social groups to accept the possible side effects of circumcision and any possible negative consequences. They claim that they are performing this on medical advice.

A 44-year-old Iranian woman from Van, Turkey said:

If I had a child, according to the information I have – maybe I was doing it because I heard that . . . Of course, I don't exactly know, but according to my information, in terms of health, it is good. I would not do it religiously, not because I said I believe in any religion whatever, but I heard it is good. It means, for example, it is healthy and prevents many diseases, whether sexual or some cancers. I don't know how accurate it is or not. This is just what I heard.

Undoubtedly, the publication of scientific studies on the medical advantages of circumcision has significantly boosted its acceptance in many societal groups, or at the very least has silenced its ardent opponents. It is undeniable that some people have started to research this topic and seek out trustworthy information on the advantages and disadvantages of circumcision in recent years as a result of increased public awareness and the different informational channels available.

A 49-year-old woman from Tehran said:

At last, we couldn't understand whether circumcision is good or bad. We say that circumcision is not good. Some people claim that circumcision should be done, and it is medically proven. We say, OK, circumcision is good. Again they will attack you. I still don't know if this is good or bad, I just know that they say it prevents diseases like AIDS, and that's why I'm happy that I circumcised my three sons.

The growing trend of positive reports about circumcision and its prevention of some diseases such as penile cancer aligns with women undergoing elective mastectomies to prevent the very common breast cancer. Despite this, some have opposed proponents of this approach and have condemned it by trying to bring up non-medical concerns.

7. Beauty and Fashion Industries

In addition to the USA, there are other countries, like Iran, that circumcise their children for medical/health reasons. Regardless of the benefits or drawbacks of circumcision in industrialised nations like America, it has become more common to circumcise male children due to the proliferation of the practice in nonreligious as well as modern and developed countries. It seems that the prevalence of circumcision in developed societies has turned it into a socially accepted fashion industry.

This idea was observed in the statements of some of the participants in this research, among which we can refer to the statements of Iranian citizens who responded to a general questionnaire about why they choose for their children to be circumcised. Here, circumcision as a social fashion is influenced by the social dialogue which, along with the dominant medical dialogue, legitimises the act of circumcision in more developed countries. A 34-year-old Iranian woman living in Turkey talks about this in these words:

I don't care if they say that it is a religious order or that it has been popular since ancient times, but I have heard that it has been medically proven that circumcision guarantees the health of boys, and now in European and American countries they are also confirming that circumcision is very positive. If it was bad, they wouldn't circumcise children in America.

In addition to the modishness of circumcision, and closely associated with it, is the fact that some supporters state that it makes the male penis more beautiful. In the eyes of the public, this perception has grown to be one of the justifications for circumcision's acceptance. Since beauty and fashion are intertwined in contemporary times and there is no clear boundary between them, while being considered a social fashion, circumcision also promotes beauty, and this is why it has been favoured by social actors. For example, we can refer to the words of two participant women:

Circumcision makes the male penis more beautiful and it also prevents infectious diseases (a 35-year-old woman from Kermanshah province).

In terms of beauty and health, their penis is better and they have better sex in general (a 36-year-old female Iranian student in Cologne, Germany).

8. Some Useful Recommendations

The following are some actions that civil society and social activists in the field of health and medicine can take to reduce and eliminate the practice of male circumcision:

1. utilise various educational tools, as well mass media and social networks, for public education and informing parents and officials;
2. introduce and highlight in international assemblies and human-rights conferences the disadvantages of circumcision through the presentation of objective evidence about its consequences;
3. use the power of dramatic works to educate and inspire filmmakers and theatre artists to create works on the subject;
4. bring people and social groups together and use their social bases for public education;
5. launch social campaigns to fight against possible harm to children, listing examples;
6. demand that governments amend laws or pass laws that are more protective of children;
7. use the capacities of universities, professors and physicians, and bring people and groups together in medical and psychological communities, particularly family-health psychologists and sex therapists; conduct dialogues and interviews with these groups to get more information; encourage them to concentrate on and study the effects of circumcision in the setting of married life and sexual relations; and publicise the consequences of circumcision in groups and on social media;
8. set up social and virtual networks and assign pages to circumcision and its consequences;
9. in religious societies such as Iran, interacting with and conducting dialogues between social-science experts and religious seminaries can lead to critical views of the many and varied aspects of circumcision. By changing their sociological perspectives on children, religious authorities may become

capable of creating reforms that will be reflected in *fatwas* and other forms of religious discourses that affect society;

9. Conclusion

Although medical justifications are mainly introduced by people with scientific qualifications and through legitimate channels such as scientific and research articles in society, these reports are largely the result of propaganda that tries to hide the commercial objectives of such centres as specialised circumcision clinics.

These centres try to encourage people to circumcise their male children by publishing ‘scientific’ reports and using interesting terminologies such as ‘Specialized Circumcision Centre’, ‘Painless Circumcision’, ‘Specialised Circumcision Clinic’, ‘Infant Circumcision Clinic’, ‘Paediatric Circumcision’, ‘Low-Cost Circumcision Services’, etcetera. These advertising phrases, which were obtained by searching for the word ‘circumcision’ in Google, besides revealing the social and economic status of customers, demonstrate the fierce competition that exists in this field. Most of the specialised circumcision clinics, on their websites and social pages, especially Instagram, produce content about the positive results of circumcision and try to instil the belief in their audiences that, in their ‘specialised centre’, this operation is performed using the best method and the most technologically advanced equipment. There are materials on the dedicated pages of these doctors and clinics about the benefits of circumcision, such as the prevention of AIDS and penile cancer, but the side effects and negative consequences are either not reported or are discussed infrequently.

This demonstrates how the relationship of medicine to the economic mafia of advertisements and discourses dominates the cultural and religious industries. It further confirms that the medical discourse is influenced by the ideological structures of power, adjusting its functions in complicity and interaction with powerful centres of society. In other words, the operation of active circumcision clinics exemplifies the relationship between knowledge and power.

Extensive advertising in many regions of the world about the positive effects of circumcision in terms of hygiene, health and medicine has obstructed efforts to educate people about its more negative consequences and complications. After all, circumcision may even lead to the death of the person.

The experiences of participants in this study are not solely related to the benefits of this practice; in many cases, participants talked about the harms caused by circumcision on themselves or their children. Reductions of sexual pleasure, physical harm, child abuse, violence against children, psychological trauma and

violations of children's rights are among the harms that are mentioned in the interviews conducted.

It appears that, in the modern world's capitalist economy, an instrumental view of children is prominent in the media; therefore, influencing the attitudes of parents is vital. At the same time, dialogues recognising children's rights to bodily integrity are more marginal.

The power of religious discourse specifying the legality of circumcision, as well as the normalising of this discourse through medical and legal discourses and the standards they regulate, has led to parents being inclined to commit this act. In this setting, that such an act of bodily manipulation and violation of the basic right to bodily integrity is a crime according to international conventions is simply overlooked. In fact, in this matter, through the legitimisation of religious laws, parents are considered owners of their children's bodies, who should determine their interests as ignorant and incapable beings. As a result, dealing with circumcision by making it appear natural has become a matter of taste for the parents, and it appears that no problem-based perspective has been formed toward it at all.

The choice of parents in Iranian society is heavily influenced by culture and moral standards, which have been constructed by the dominant religious discourse, culminating in the idea of circumcision as a legitimate and natural practice.

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