



BLADE OF TRADITION IN THE NAME OF RELIGION

**A Phenomenological Investigation
into Male Circumcision in Iran**



Kameel Ahmady and colleagues



Blade of Tradition in the Name of Religion

A Phenomenological Investigation into Male Circumcision in
Iran

Kameel Ahmady & colleagues



avaye.buf@gmail.com

AVAYeBUF.com

Blade of Tradition in the Name of Religion:
A Phenomenological Investigation into Male Circumcision in
Iran

Kameel Ahmady & colleagues

Technical and publication: Ghasem Ghareh-Daghi

Published by: Avaye Buf

ISBN: 978-87-94295-53-6

©2023 Avaye Buf

avaye.buf@gmail.com

www.avayebuf.com

© 2023 Kameel Ahmady and colleagues

This book is published by Avaye Buf and can be downloaded free of charge from their website at <http://avayebuf.com>. The content is available for free use, provided that the author and publisher are properly and clearly cited.

List of Research Team

Supervisor and Coordinator:

Kameel Ahmady

Proof reader:

Hilary Burrage

Head of the Field Group:

Sepehr Estiri

Field Group and Analytical Group:

- Sepehr Estiri
- Shima Satari
- Fatemeh (Sayeh) Rahimi
- Faraz Kariminia
- Masoumeh Barez
- Roshanak Amiri

Reading of the Text:

- Katayoun Aslani
- Dr Farshid Kheri
- Fatemeh (Sayeh) Rahimi

Research Advisors and Supervisors:

- Dr Fateme Mousavi Mirak
- Dr Alireza Kermani
- Mullah Jamaluddin Vazhi
- Dr. Mahnaz Alizadeh

Cover Designer:

Chia Saraspi

Cover Design:

Leonaert Bramer

Table of contents

| | |
|---|-----------|
| List of Further Study Boxes..... | 8 |
| List of Tables..... | 8 |
| List of Charts | 9 |
| List of Pictures..... | 9 |
| Prologue | 19 |
| Foreword | 13 |
| Chapter 1: A Critical Review of Male Circumcision. 19 | |
| Introduction..... | 23 |
| Personal Motivations | 23 |
| Circumcision in Iran: Past and Present..... | 29 |
| Some Findings From Field Studies | 36 |
| Some challenging issues regarding circumcision..... | 39 |
| The Significance of the Subject..... | 43 |
| Research Objective and Questions | 45 |
| Chapter 2: What is Circumcision | 49 |
| Introduction..... | 49 |
| The Meaning and Concept of Circumcision | 49 |
| Forms of Circumcision..... | 52 |
| Methods of Performing Circumcision | 60 |
| The Traditional Method of Circumcision: The Cut and Stitch | 61 |
| Modern Methods of Circumcision | 62 |
| Placing a Plastic Ring or Plastibell..... | 62 |
| Circumcision with laser..... | 63 |
| Circumcision with a silver clip device | 64 |
| Traditional Circumcisers | 65 |
| Modern circumcisers or doctors | 69 |
| The Time of Circumcision According to Islam..... | 70 |

Chapter 3: Circumcision in History and Across Geography..... 75

 Introduction..... 75

 Egypt: The Historical Origin and Prehistoric Background of Circumcision 75

 From Maternal Origins of Circumcision, the Prohibition of Homosexual Tendencies, to Paternal Origins of Circumcision, the Conspiracy of Circumcision as a Form of Punishment and Suppression of Sexual Competitions 77

 The Origins and Spread of Circumcision: How an ancient Egyptian practice took root across cultures80

 An Overview of the Geographical Spread of Circumcision 81

 Frequency and Factors Influencing Circumcision in Asia and the Middle East.....90

 Factors Affecting Male Circumcision in Africa..... 91

 Prevalence and Factors Affecting Male Circumcision in English-speaking Societies 94

 The Prevalence and Influential Factors of Circumcision in Central and South America..... 97

Chapter 4: Circumcision as a Religious Practice 99

 Introduction..... 99

 The Religious Nature of Circumcision 99

 Male Circumcision in Abrahamic religions 103

 Circumcision in Judaism..... 105

 Critique of the functions of circumcision in the views of Abrahamic religions and Judaism118

 The Confrontation Between Opponents and Supporters of Circumcision in Judaism.....119

 Circumcision in Christianity 129

 Baptism Replaced Circumcision in the Christian Religion 134

 The Council of Jerusalem137

 Paul of Tarsus..... 138

| | |
|---|-----|
| The Perspective of Christians Today | 138 |
| Circumcision in Islam | 142 |
| Circumcision as ratified law..... | 148 |
| Reviewing Circumcision Under the Rules of Sovereignty and Harmlessness | 150 |
| Circumcised heart in the Quran..... | 157 |
| Circumcision in Hadiths and Narratives | 158 |
| Fatwas on Circumcision in Islam..... | 159 |
| Opponents and Proponents of Male Circumcision in Islam..... | 169 |
| Circumcision of the Prophets and Imams..... | 173 |
| The views of Shia jurists..... | 176 |
| A) Earlier jurists..... | 176 |
| b) Contemporary Shia jurists | 177 |
| The Taliban Regime and the Decree of Male Re- Circumcision..... | 178 |

Chapter 5: Scientific Approaches to Circumcision. 181

| | |
|--|-----|
| Introduction..... | 181 |
| Biological and Medical Approaches | 182 |
| Prepuce and Its Importance in Circumcision | 182 |
| The Protective Function of the Prepuce..... | 186 |
| Anatomical Evidence Regarding the Sexual Functions of the Foreskin..... | 189 |
| Mucocutaneous Junctions | 189 |
| Medical Pathology of Circumcision..... | 199 |
| Physical Complications of Circumcision | 199 |
| Autisms development risk..... | 204 |
| Meatal Stenosis and Urinary Tract Infections..... | 205 |
| Circumcision and Its Effect on Sexual Pleasure | 208 |
| Causing Pain and related risks in children | 212 |
| Ethnographic Approaches | 213 |
| Circumcision in Literature and Popular Culture | 213 |
| Folk Beliefs about Circumcisers | 218 |

| | |
|---|------------|
| Circumcision Ceremony Customs | 222 |
| Circumcision as a Religious Belief | 238 |
| Circumcision Prayer | 241 |
| Circumcision ceremonies in other parts of the world... | 241 |
| Sociological Approaches | 247 |
| The Evolution of Physical Sociology | 251 |
| Constructionism | 258 |
| The Hybrid Approach..... | 265 |
| Psychological Approaches | 271 |
| The psychological perspective on body image | 272 |
| Psychoanalytic Perspective | 272 |
| Body Image From a Cognitive-Behavioural Perspective | 274 |
| Body Image in Schema Theory..... | 274 |
| Body Image According to Ideal Self-Distance Theory .. | 277 |
| Body Image in the behavioural-developmental theory. | 278 |
| Psychological pathology of Circumcision..... | 278 |
| Circumcision and Its relation to fear of castration | 280 |
| Circumcision and the Risk of Trauma in Infants..... | 281 |
| Effects of Circumcision on the relationship Between Mother and newborn..... | 283 |
| Circumcision and the Risk of child isolation | 285 |
| Circumcision and Chronic Mental Harms | 285 |
| Trauma caused by Pain | 286 |
| Good and bad circumcision..... | 287 |
| Legal Approaches..... | 288 |
| The Right to Bodily Autonomy..... | 288 |
| The right to health in the laws of the Islamic Republic of Iran | 294 |
| International Convention on the Rights of the Child ... | 304 |
| Right to health in international human rights conventions | 307 |
| Chapter 6: Reasons for the Persistence of Circumcision..... | 315 |
| Introduction..... | 315 |
| The Health and Medical Functions of Circumcision..... | 316 |
| Protection and prevention of AIDS..... | 316 |

| | |
|---|------------|
| Preventing Men From Developing Genital Cancer | 322 |
| Preventing Urinary Tract Infections | 324 |
| Social Functions of Circumcision | 328 |
| Religious and national acceptance | 328 |
| Purification | 330 |
| Circumcision as a rite of passage for boys to find gender identity | 334 |
| Patriarchy and Control of Sexual Desires | 338 |
| Men Without Wombs: Circumcision as Compensation | 347 |
| The Economic Function of circumcision | 349 |
| Chapter 7: Experiences of Research Participants .. | 351 |
| Introduction | 351 |
| Circumcision Methods and Tools | 351 |
| Backgrounds | 356 |
| National Backgrounds, Traditions, and Social Norms .. | 357 |
| Religious Backgrounds | 366 |
| Benefits of Circumcision | 370 |
| Medical Benefits | 370 |
| The Beauty and Fashion | 374 |
| The Impact on Sexual Function | 376 |
| Some Islamic Justifications | 378 |
| Complications of Circumcision | 381 |
| Physical Injuries | 381 |
| Decrease in Sexual Pleasure | 383 |
| The Pains, Fears and Unpleasant Memories | 385 |
| Several Criticisms and Legal and Jurisprudential Gaps | 392 |
| Chapter 8: Conclusions and Solutions | 399 |
| Introduction | 399 |
| A Review of Some Fundamental Positions on Male Circumcision | 399 |
| Strategic Solutions | 406 |
| Operational Programs to Combat and Reduce the Harms of Circumcision | 408 |

Some Effective Actions.....411

Bibliography413

List of Further Study Boxes

| | |
|--|-----|
| Further Study 1: Reviewing Female Genital Cutting (FGM) in Iran | 33 |
| Further Study 2: Introducing The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation | 35 |
| Further Study 3: Summary of studies evaluating the acceptance of male circumcision in societies where it is not customary in Southern Africa | 47 |
| Further Study 4: Advantages and disadvantages of common child circumcision methods | 69 |
| Further Study 5: The Circumcision of Girls in Religions (Ahmady, 2015) | 142 |
| Further Study 6: Opinions of Some Shia Jurists on Female Circumcision (Ahmady, 2014) | 148 |
| Further Study 7: Answers of circumcised men to research questions about the quality of sexual relations | 211 |
| Further Study 8: FGM according to Islamic laws of Iran (Ahmady, 2014) | 301 |
| Further Study 9: Prohibition of Circumcision in Some European Countries | 306 |
| Further Study 10: Answers of circumcised men to research questions about the quality of sexual relations | 347 |

List of Tables

| | |
|---|-----|
| Table 1: Summary of new disposable male circumcision devices (Source: UNAIDS, 2010) | 61 |
| Table 2: Estimate of male circumcision prevalence in the world (Maurice et al., 2016) | 84 |
| Table 3: The proportion of circumcised males aged 15 and over worldwide (World Health Organization and UNAIDS, 2008). | 102 |
| Table 4 Fatwas of Religious Authorities and Clerics Inside and Outside Iran (Collected by the Present Research Team) | 162 |

List of Charts

Chart 1 Frequency distribution of the studied subjects according to the age of circumcision..... 37

Chart 2: The frequency of those who support and oppose male circumcision in per cent.....38

Chart 3: Circumcision age of the children of the studied subjects.....39

Chart 4: Circumcision in the world, according to the World Health Organisation.....83

Chart 5: Percentage of male circumcision in different countries of the world84

Chart 6: Views of people from a number of different African countries on female genital mutilation (Source: UNICEF’s official website) 93

Chart 7: Frequency of male circumcision according to religion among the 21 respondents of the target community in 2021155

Chart 8: Age of Iranian boys at the time of circumcision among respondents in the target community in 2021.....156

Chart 9: The percentage of uncircumcised people in the target community in 2021156

Chart 10: Frequency of male circumcision according to religion among the 21 respondents in 2021157

Chart 11: The percentage of those who support and oppose male circumcision (Ahmady, 2020).176

Chart 12: Comparison of penile sensitivity of circumcised penis with uncircumcised penis (Ibid.) 193

List of Pictures

Picture 1: Traditional Methods of Female Circumcision 54

Picture 2: An illustration of the external structure of circumcised male genitalia..... 55

Picture 3: An illustration of male genitalia before and after circumcision 56

| | |
|--|-----|
| Picture 4: Circular band of skin on an uncircumcised penis . | 57 |
| Picture 5: Cutting the foreskin with a scissor | 59 |
| Picture 6: The use of cuts and sutures in circumcision (Doyle, 2009)..... | 61 |
| Picture 7: The steps of circumcision by ring | 62 |
| Picture 8: Child circumcision tool, size 13 mm..... | 63 |
| Picture 9: Laser circumcision..... | 63 |
| Picture 10: Three Circumcision Tools..... | 65 |
| Picture 11: A knife for circumcision in the Congo, from the end of the 19th century (Wikipedia) | 66 |
| Picture 12: A tool for circumcising boys in the Qajar era (Museum of Iranian Antiquity)..... | 67 |
| Picture 13: Circumcision of boys by Jewish clergy (Afra website) | 67 |
| Picture 14: A Kurdish teenage girl during circumcision in Iraqi Kurdistan (Reuters News Agency, 2014)..... | 68 |
| Picture 15: Some circumcision surgery tools (Tabnak website) | 70 |
| Picture 16: Engraving of a circumcision ritual in one of the ancient temples of Egypt, dating back to the era of Amenhotep III (Wikipedia) | 77 |
| Picture 17: Prevalence of female circumcision around the world (UNICEF official website)..... | 82 |
| Picture 18: In countries marked in red, male circumcision is more prevalent | 83 |
| Picture 19: Mass Circumcision of Boys in Kenya..... | 93 |
| Picture 20: The oldest found painting of circumcision in ancient Egypt (Ahmady, 2015)..... | 100 |
| Picture 21: The Circumcision of Isaac, the son of Abraham; Israel Museum, Jerusalem, Around 1300 AD | 115 |
| Picture 22: Circumcision of a Jewish infant | 128 |

Picture 23: The Circumcision of Christ by Frederick Herlin134

Picture 24: Circumcision in Notre Dame Cathedral.....137

Picture 25: Circumcision of a Muslim child..... 146

Picture 26: The re-circumcision decree for men in the Taliban regime..... 180

Picture 27: Circumcised and uncircumcised male genitalia 182

Picture 28: Circumcised and uncircumcised male genitalia 183

Picture 29: The external structure of the male genitalia 184

Picture 30: Lateral structure of uncircumcised male genitalia 185

Picture 31: Male Genital Skin System 185

Picture 32: A view of the uncircumcised penis of a baby boy187

Picture 33: Meatal Stenosis Hole and Healthy Penis Hole . 188

Picture 34: an uncircumcised male genitalia of an adult 189

Picture 35: An uncircumcised penis of an adult 190

Picture 36: The retraction process over coronal ridge191

Picture 37: Uncircumcised male penis in a non-erect state 192

Picture 38: The uncircumcised male penis in erect state 192

Picture 39: An intact male genitalia and its transformations in penetration 196

Picture 40: The stages of the foreskin movement on the shaft 198

Picture 41: Male genitalia with hypospadias disease that should not be circumcised until it is cured.....203

Picture 42: Botched Ritual Circumcision Leads to World’s First Penile Transplant203

Picture 43: April 4 is the named Foreskin Appreciation Day by anti-circumcision activists209

Picture 44: The webbing of the penis, a side effect that prevents full sexual performance.....209

| | |
|--|-----|
| Picture 45: Circumcision feast in a northern city of Iran (Mehr News Agency) | 220 |
| Picture 46: Circumcision feast in Iran (Mehr News Agency) | 220 |
| Picture 47: Examples of cakes and invitation cards for circumcision ceremonies on Instagram..... | 222 |
| Picture 48: Zahra Sultan's letter to her brother, Mohammad Ali Nizam Mafi, about the news of Mahmoud Khan's circumcision | 225 |
| Picture 49: Women and men attending a circumcision ritual in Mashhad | 227 |
| Picture 50: Men attending a circumcision ritual in Mashhad | 227 |
| Picture 51: a circumcision festival in Jiroft..... | 236 |
| Picture 52: Group Circumcision | 237 |
| Picture 53: A travelling dallak with a modern advertising system; on the tableau: Circumcision with modern equipment, no blood, not pain | 238 |
| Picture 54: Circumcision ceremony in Central Asia, between 1865 and 1872..... | 245 |
| Picture 55: Circumcision ritual in Uzbekistan..... | 245 |
| Picture 56: Jewish Circumcision Ceremony | 247 |
| Picture 57: Performing Circumcision and infant Pain | 282 |
| Picture 58: 'Stop Torturing Boys!' protest against male circumcision in America | 303 |
| Picture 59: Protest against male circumcision (BBC)..... | 307 |
| Picture 60: The Steps of Performing Circumcision | 317 |

Prologue

Male circumcision is an ancient religious practice, primarily rooted in the beliefs of two Semitic religions, Judaism and Islam. However, due to health justifications, it has expanded beyond religious boundaries into some other societies. According to Morris et al. (2016), circumcision is practised on at least 30% of boys in around 90 countries across the world, and a significant number of these boys are not affiliated with either the Muslim or Jewish faith. While these statistics indicate the importance of the practice in various societies, they do not imply its correctness or usefulness. Despite its widespread prevalence, male circumcision also faces significant opposition, with arguments centred around the violation of children's rights, adverse psychological effects, and multiple medical consequences.

The primary objective of this research is to gain scientific insight into male circumcision and assist in developing effective programmes and policies to mitigate its negative consequences in society. To achieve this aim, the study explores the meaning and concept of circumcision, its historical roots and geographical extent, religious and scientific approaches to the practice, the reasons for its continuation, and the experiences of participants in the research areas. The book is structured into eight chapters, with a logical organisation based on the general principles of scientific research and Grounded Theory methodology.

Chapter 1, like any other scientific research, focuses on stating the problem. The personal motivations of the researcher, the status of circumcision in Iran, some findings from a field study, several issues about circumcision, the importance of the subject, research goals and questions are headings that together provide an overall picture of the problem of male circumcision for the reader.

Chapter 2 is an inquiry into the essence of circumcision, in which several perspectives have been cast on this phenomenon. For this purpose, first, the conceptual and semantic meaning of the word circumcision has been studied. Then, in subsequent sections, indirect but more concrete and objective methods have been tried to further explain this operation. The typology of circumcision and the methods of performing it, circumcisers, and finally the timing of circumcision are the topics discussed in this chapter to explain it.

Chapter 3 focuses on some historical and geographical dimensions of circumcision in the world. In this chapter, first, a brief description of the historical origins of this phenomenon has been provided and an attempt has been made to also shed light on its maternal roots. The second part of this chapter focuses on how circumcision is distributed in the geography of today's world. For this purpose, first, a global image of this phenomenon has been provided, and then an attempt has been made to examine the distribution of circumcision in the geographical geography of the world. Therefore, the geographical distribution of circumcision in Asia with emphasis on the Middle East has been studied and subsequently, the geographical regions of Africa, English-speaking countries and Central and South America have also been examined.

Chapter 4 is important in this book, both in terms of covering most of the total volume of the book and in terms of being a very important and determining factor in understanding and explaining the phenomenon of circumcision in the world today. The title of this chapter is 'The Religious Background of Circumcision in the World.' The main goal of this chapter is to explain the religious nature of circumcision from the past to the present. For this purpose, the three major religions, all of which fall within the sphere of Abrahamic religions, namely Judaism, Christianity and Islam, have been studied. In the two religions of Judaism and Islam, the focus of the discussion is on clarifying the positive aspects of circumcision among the followers of these religions. In these two religions, the religious foundations of circumcision, which have a relatively

widespread prevalence among their followers, are explained. While Judaism and Islam have relatively widespread prevalence of circumcision among their followers, the chapter delves into how Christianity has historically taken a different approach towards this practice. In fact, the main focus of the discussion is on the critical view of circumcision in Christianity, which has been adopted from the very beginning. With the exception of a few subsidiary and traditional branches, Christianity generally rejects circumcision. Thus, the chapter presents a distinct narrative from the other Abrahamic religions, highlighting the unique religious perspectives towards circumcision across different faiths.

Chapter 5 is also one of the important chapters of this book. In this chapter, the author has tried to discuss the issue of circumcision from a disciplinary perspective and determine the general approach of each of the prevalent scientific disciplines in the world today toward male circumcision. For this purpose, five scientific disciplines that have the greatest relationship and confrontation with it have been selected: biological and medical approach, anthropological approach, psychological approach, sociological approach, economical approach, and legal approach. In the related discussion of biology and medicine, the main focus is on the prepuce of the male genitals, and an attempt is made to explain the importance of the prepuce and what happens to this part during circumcision. The discussion of the anthropological approach, like anthropology itself, is an intuitive approach, and in this section, anthropological evidence has been presented to provide the reader with a deeper understanding of the phenomenon of circumcision. The section also included a discussion of the sociological approach to circumcision, which was primarily viewed from the perspective of the 'sociology of the body.' The psychological approach is also generally an approach based on body image from a psychological perspective. In addition, a discussion was also devoted to the psychological harms resulting from circumcision or the negative functions of circumcision. In the concluding section of this chapter, circumcision is examined from a legal perspective, and the main effort of the researcher has been to

uncover the capacities and weaknesses of national and international laws from the perspective of children's rights and the idea of 'the right to the body.'

Chapter 6 aims to answer a fundamental sociological question: What functions and reasons have continued circumcision in the world from past to present? In other words, it seeks to determine what circumcision has been based on positive functions to survive so far. To answer this question, three main categories of circumcision functions have been carefully examined: health and medical functions, social functions, and economic functions. In regard to health and medical functions, some positive effects of this act in preventing diseases such as AIDS, penile cancer, and urinary tract infections have been mentioned. In social functions, which also include religious functions, functions such as religious and ethnic acceptance, purification of individuals, ritualisation for transition, sexual identity formation for boys, and control of men's sexual instincts have been explained. In the economic function, the employment dimensions of this act in the ancient world and its commercial and profit-seeking dimensions in modern medicine have also been addressed.

Chapter 7 can rightly be called the heart of this research because this chapter is devoted to reviewing and extracting the views of the research participants from the perspective of their lived experiences. This chapter is based on the paradigm of Grounded Theory and the experiences of the participants and has been categorised and explained in several main axes, including methods and tools of circumcision, ethnic and religious contexts of performing this act, benefits and harms of circumcision from the perspective of participants, biological, psychological, legal and jurisprudential harms of this act in the lived experiences of participants. The findings of this chapter demonstrate how circumcision continues in different societies and groups based on diverse cultural, religious, medical and social functions and interpretations. The participants' lived experiences, which form the core of this chapter, reveal the multi-dimensional nature of circumcision and its complex relationship with cultural, religious, social and medical factors in different contexts. By combining theoretical and empirical

dimensions, this chapter aims to provide a comprehensive and in-depth understanding of circumcision and the reasons for its continuity or discontinuity in different societies.

The final chapter of this book, Chapter 8, focuses on concluding remarks and providing solutions to improve the current situation. In this chapter, an attempt has been made to use the collected data to provide suggestions for overcoming the problematic issue of circumcision or at least improving its situation in Iran. The presented suggestions have been offered at three strategic, programmatic and practical levels in the hope that attention to these suggestions can lead to eliminating some of the issues related to boys' circumcision in the country.

As a final note, it would not be devoid of benefit to mention that this research, although it has few similar studies within the country and is therefore unique, has a strictly limited and operational claim; namely, the results of this study are neither for nor against ardent supporters and opponents of circumcision but rests on the claim that boys' circumcision cannot be without defect from the perspective of the rights of the child, even if assuming some positive functions. Deferring circumcision until individuals can make their judgment regarding the practice seems the very least that should be done.

This research is the product of a group of assistant researchers, field researchers and researchers, hundreds of participants who responded to the questions of this study, and a relatively large number of individuals with whom consultations were held at various stages of the work and whose opinions were used when compiling and authoring. Acknowledging the efforts of all these individuals is the least that should be done, although some wish not to be named for personal and work reasons. Of course, mentioning the names of all these individuals is impossible and omitting a few names is even more impossible. Therefore, above all else I am grateful for the participation of all dear ones who did not spare expert opinions at all stages of the research: First, Sepehr Estiri, who from the very beginning of this research, from collecting primary sources to analysing the first round of field interviews and repeated re-readings of this work, they have always been very supportive. I am very grateful to Associate Professor Alireza

Kermani for providing unlimited advice and help in initially formulating the sections of the theoretical literature review, analysing field data and giving very helpful guidelines. I thank Fatemeh (Sayeh) Rahimi for initially integrating the field sections and obtaining additional interviews that enriched the work. I thank Dr Fatemeh Mousavi Mirak for repeated reviews and consultations and completing and organising sections and editing field analyses and formatting references. I appreciate the advice and support of Dr Mahnaz Alizadeh for improving and rewriting some titles, the analysis section and strategies. I also thank Mullah Jamal al-Din Vazhi, Susan Rezaei, Katayoun Aslani, Fatemeh (Sayeh) Rahimi and Dr Farshid Khezri for rereading all or parts of it and providing advice for completing the work. I thank field colleagues and researchers who helped obtain interviews inside and outside Iran, including Sepehri Istiri, Fatemeh (Sayeh) Rahimi, Roshanak Emami, Sima Sattari, Faraz Kariminia, and Masoumeh Barz Bineh. I thank the book editor Mrs Marzieh Nekokar for her precision and professional ethics. I appreciate for cooperating and providing related resources and information on the subject of male circumcision from various groups and pages of awareness raising and opposing circumcision of men, including Instagram pages and admins of pages of 'Untold Aspects of Male Circumcision,' 'Ban Circumcision,' 'Anti-Circumcision,' among more Instagram pages.

Kameel Ahmady

Autumn 2022

Foreword

Kameel Ahmady's research here on male circumcision is timely. Like quite a number of others, he and I have been researching female genital 'circumcision' (more accurately 'mutilation', FGM) for years; and over time it has become unavoidably apparent to both of us that the documentation of assault on female genitals requires also careful consideration of that on male genitalia.

In this view Ahmady and I are joined by some others, such as the redoubtable Dr Tobe Levin von Gleichen, but not by all who campaign to end FGM. Discrepancies in this position are, I suspect, shaped by direct experience of the harsh inequities in all parts of society of power between women and men, and by perceptions, accurate or not, of the differentials in levels of harm between the practice inflicted on the former as opposed to the latter.

Nonetheless, both female and male 'circumcision' can cause deep anticipatory fear in children, and then protracted pain and sometimes life-long trauma; and both can result in permanent harm, or even death. Whatever the traditional rationales, it is, as Ahmady says, difficult to make a cogent case for any such practices in the modern world. Somewhere in the fundamental underlying theme for either there is always power ('Because I can'), and often plain economics (the relative 'value' of people of varying status or standing).

'Cutting' – the intentional non-medically-therapeutic physical incursion of blade or other sharp object into a live human body – is a practice reaching back millennia. How far back into history we cannot be sure, but probably even further than the empirical evidence demonstrates. Certainly, human sacrifice, the ultimate 'cut', originates somewhere in the mists of time.

Whatever, we know there have always been people with

enough authority and influence to enable them, whatever their stated intention, to display their power by causing physical (and psychological) harm to other human beings.

Considered rationally, it is astonishing that throughout history people have conceded to more powerful others the right to cause pain and often peril to actual bodies and persona. How does, and did, this gaslighting on such a massive scale ever come about?

If we consider the genital mutilation (so-called ‘cutting’) of either men or women, perhaps there was a time when practical matters offered some justification.

In the case of male circumcision, arising in hot, dry parts of the world, was a response to the risk that sand and other debris would cause painful inflammation and infection, especially if good hygiene provisions such as clean water were in short supply. Removal of the foreskin could in that context be seen as a sensible prophylactic measure. (Maybe there was a parallel sensible rationale for skull caps, in locations where balding men needed protection from the sun?)

Similarly for female genital mutilation (FGM): It seems likely that in ancient Egypt - one of the earliest known locations for female genital incision - the infibulation (sewing up of labia) of women and female slaves in the top tiers of society preceded other ablation of the genitals. Almost certainly this practice was employed to ‘ensure’ those highly prized wives (and their slaves) were sealed against impregnation or other sexual activity except as required by powerful men. The ownership of the wife and / or mother was thereby secured, and family fortunes were kept intact.

But such justifications or precautions are no longer acceptable, even to many who still live in overtly authoritarian or patriarchal societies. Over centuries understandings of genital cutting have to whatever degree mutated, not always obviously, but somehow continuing. For women family inheritance has been replaced by ideas about ‘purity’ (which apparently applies only to women), and for both women and men original concerns and practicalities have morphed into expressions of solidarity – everyone like us (whether we men be traditional

African or contemporary American) is cut; we (women or men in closed communities) are a special group of people.

And so on it goes; traditional practices chameleon-like bending to circumstance, but always finding rationales, or perhaps materialising myths, to ensure that cutting continues; for if we stopped, the painful paradox of what is done would become apparent. Parents would be accountable for harm to their children. Religious leaders and politicians would be held responsible for damage over countless generations.

It is through such a suffocating omerta that Kameel Ahmady and colleagues in this book finds his way. Iran, the country on which Ahmady focuses as he explores MGM/C (male circumcision), is probably one of the most opaque countries when it comes to discovering the practice and beliefs which underlie genital mutilation of any sort. The social motivation to avoid the topic at all is substantial, and the sanctions for untoward commentary are sometimes perilous; but it is in such contexts that we can learn the most about what is 'really' happening.

In a previous book Kameel gave us substantial accounts of FGM/C in Iran; and now he adds to that the same personal narratives, contexts, and insights for MGM. The value of first-hand, direct observational experience reportage is unique.

Bringing to public scrutiny (where one can) the genital mutilation of either sex will not of itself achieve eradication of this cruel and unnecessary practice, costly both to some people who experience it and, where their health suffers, to their economies. In many societies tradition, custom and practice easily over-ride more rational and modern human rights perspectives.

At the very least, change implies admission of previous error. Why would traditionalists want to concede that what has occurred with their full endorsement consistently over millennia is 'wrong'? Why jeopardise their unspoken, assumed authority unless they absolutely must?

But scrutiny leading to eradication is the path Ahmady invites us to follow; and within the narratives he shares here perhaps

we will find a chink in the armour of traditional authoritarianism.

I have often referred to FGM as ‘patriarchy incarnate’ – the imposition of (some, powerful) men’s will quite literally onto the bodies and minds of women and girls. It is however becoming better understood that the same process, the same over-arching patriarchal power, can be said to apply to men and boys. Kameel Ahmady’s work gives impetus to this wider view. Genital (or any other sort of imposed, literal) mutilation is a marker of power. Those who impose that marker may well themselves be so-marked, but it is the powerful ones who insist that with no dissent the tradition be continued.

In the modern world, with its global communications, even countries like Iran cannot be entirely closed to contemporary, so-called ‘western’, perspectives such as human rights. Slowly, whatever constraints are imposed, the idea of personal and bodily autonomy – already a concept accepted but observed for particular specifics in the converse by some major religions - is seeping into almost every society the world over. And with that idea comes the logical conclusion that consent is a ‘right’.

The concept of consent, especially in matters of individual bodily autonomy, is an idea which once sown will not easily wither. Likewise, once perceived, the idea is taking root in many locations that children cannot give informed consent to matters they can’t understand.

So perhaps this is a first step towards eradicating painful and dangerous genital mutilations in traditional societies? Genital ‘cutting’ should be consigned as only for consenting adults. From that, as Kameel Ahmady’s and his colleagues research indicates, it would not be a step too far for most people to decide that the best kind of cutting in the modern world is none at all.

Hilary Burrage

www.hilaryburrage.com

Chapter 1: A Critical Review of Male Circumcision

Introduction

Male circumcision is one of the most important and common events during the childhood of boys in an important part of the world's communities today. Despite this, there is no appropriate and proportional scientific knowledge related to this phenomenon and its problematic dimensions. The main goal of this section is to discuss the different dimensions of the issue of circumcision in societies such as Iran. For this purpose, first, the researcher's personal motivations for raising this issue have been discussed and then, based on several topics in this regard, an attempt has been made to examine and identify its various dimensions.

Personal Motivations

As a field researcher whose area of study focuses on social issues and topics related to children, I have always strived to approach subjects with a corrective perspective and mindset. Specifically, I aim to address topics that are directly related to harmful traditions, which have received less attention for various reasons. While it has been a difficult journey, I believe that my mission is to bring attention to these issues that have obstructed or slowed down the path toward sustainable development of society through taboos. It is worth noting that many of my research topics have been derived from personal experiences or those of my peers and have served as a mirror of what I have experienced or witnessed.

In social anthropology studies, it is common for the researcher's field of work and targets society to guide their research and direct them toward related topics. This is particularly true when studying social harms because they are often interconnected and may reveal additional harm during a study of one particular issue. Therefore, for various reasons that I will discuss further, I can say that researching the topic

of female genital mutilation (FGM) was a turning point in my personal and professional life. From a professional standpoint, it allowed me to expand my research to studies of other areas of harm such as child marriage, temporary marriage, white marriage (a new form of unregistered temporary marriage), and extramarital affairs. Furthermore, the research served as a guide for my career path in the years after its completion, clearing the way for further exploration of related issues and topics.

This study, although painful, provided a profound learning experience for me and my colleagues, and initiated a collaborative, group-based, and field-based process on social harms in Iran. However, the collective research on female genital mutilation, published under the title *Comprehensive Research on Female Genital Mutilation in Iran* and *A Changing Paradigm*, also marked a turning point in my personal life. Years later, due to my involvement in this field, specifically in conjunction with another study on child marriage, I was pursued by the authorities and faced multiple accusations, along with some of my colleagues. Eventually, I was sentenced to 9 years and 3 months in prison after being arrested, held in solitary confinement, and subjected to unlawful interrogations by Judge Salavati.

This research delved into the issue of female genital mutilation, its harmful effects, and the changes and developments surrounding it throughout the years. The findings of this study highlighted the issue of female genital mutilation in Iran as an important topic in international forums such as the United Nations and UNICEF. As a result, international organisations recommended that Iran should further investigate this issue along with child marriage. While working on this research, I always hoped to conduct a similar investigation into male circumcision, and with the completion of this study, that dream became a reality. Although it may seem like a long time has passed since the publication of 'Female Genital Mutilation,' there has been a pause between that book and this research. However, the issue of female genital mutilation opened up two paths for me, both of which ultimately led to the same destination: the first path was related to gender issues

concerning girls and women, while the second path was related to gender issues concerning boys and men. As someone who saw part of their mission as addressing harmful issues and providing solutions to social problems, I decided to pursue both paths.

In the first path, after studying female genital mutilation, we became aware of the issue of child marriage and the high statistics surrounding this harmful phenomenon in Iran. As a result, we conducted a field study on child marriage. The findings of this research, *The Echo of Silence: A Comprehensive Study of Child Marriage in Iran*, were published by Shirazeh Publishing in Iran, along with an English version in Europe and the United States, as well as a book titled 'In the Name of Tradition.' The next research project focused on temporary marriage and the 'sigheh' contract, which was inspired by the previous study on child marriage. In fact, during the study of child marriage, we realised that many children enter into 'sigheh' contracts and marry each other without any legal intervention, and this 'sigheh' contract, along with legal gaps and some societal norms, provides a basis and facilitates early marriage for them. Therefore, we simultaneously began to study the 'sigheh' contract and temporary marriage, which is a type of 'sigheh' contract, as well as the emergence and prevalence of new forms of 'sigheh' contracts (in adults), its legal weaknesses, and its effects and harms on individuals, especially women. The result of this research, titled 'A House on Water: A Comprehensive Study of Temporary Marriage and the "Sigheh" in Iran,' was published by Shirazeh Publishing, with an English version published by Mehr Publishing in London.

Another research project related to previous studies is the issue of 'temporary marriage' in Iran, which has been published under the title 'A House With an Open Door: A Comprehensive Study of Temporary Marriage in Iran.' In this work, for the first time, the visible and hidden aspects of this phenomenon have been comprehensively and field-wise addressed. 'The Tale of the Forbidden City: A Study of Marginalised People in Iran' was the title of our next research project, which was rooted in our previous work. Both of these studies were published by

Mehr Publishing in London, and later by Avaye-Buf in Denmark.

During fieldwork and group studies on temporary marriage and white marriage, I became aware that some same-sex individuals live together in Iran. It was noteworthy that despite relative awareness of their existence in society, there had been little to no academic and field research on male, female, and bisexual individuals in Iran. Thus, I decided to conduct research in this area to gain a better understanding of the topic in Iran. Female genital mutilation, child marriage, temporary marriage, white marriage, and alternative lifestyles were the five research projects conducted by me, interviewers, and field collaborators, which were all related to each other and focused on children and gender. Although I was already familiar with the subject matter related to gender, which included a significant portion of children, I realised that children are the primary victims of harmful traditions, poverty, and deprivation. They are minorities who require comprehensive care and are more vulnerable to harm than anyone else. This issue is doubly important because we must recognise that if this group is harmed, addressing its consequences will be very complicated and problematic, and it will have long-term repercussions for society.

My concern for children's issues led me to focus on topics and risks that threaten children, such as child labour and child waste picking, in my continued research in anthropology. The first work in this area was a joint research project with the Society for the Protection of Children's Rights in Tehran titled 'Childhood Garbage Dump: A Study of Understanding, Prevention, and Control of Child Waste Picking Phenomenon,' which was published in Tehran in 2019. The following year, a comprehensive research project on the forms, causes, and consequences of child labour, titled 'Traces of Exploitation in the World of Children,' began, which includes all forms of child labour. Recently, in the winter of 2021, Ava-ye-Buf published both of these books in electronic and audio formats. Avaye Buf has now made all of these books available for free in electronic and audio formats on their website, as well as on Amazon, Google Books, and Google Play.

However, seven years after the publication of *In the Name of Tradition* about female genital mutilation, and considering that gender issues had been a priority in my research endeavours, it was time for me to embark on the second path after FGM. Therefore, I began my initial research and investigations on male circumcision with a small but highly passionate and capable team, at the same time as I was making my last efforts to stay and not leave Iran. This issue was more important to me because since I intended to work on male circumcision after researching female genital mutilation, I wanted to conduct a comprehensive investigation of the circumcision practice without discrimination based on gender and respond to the concerns and repeated demands of activists in this field. This issue was more important to me because circumcision in both male and female genders is nearly identical in terms of the method of performing the operation, prevalence, and continuity, and both can cause emotional, psychological, and physical harm to the individual. The painful experience that girls have from FGM is also applicable to boys.

When I was a five-year-old boy, I was circumcised, and I still remember the painful memory of that day. There was a man in our city, Naghadeh, Kurdistan, who was called ‘Dallak’ or ‘Kirbor,’ literally meaning penis cutter in Kurdish. When he came to our house with his black leather bag, I had hidden myself in the bathroom, and my mother and grandmother searched the whole house and the large courtyard to find me. They forcibly took me under the blade of Dallak, and it was there that I faced the excruciating and bitter experience of circumcision. At that time, there were no local anaesthesia methods in our town and in that community, and circumcision was usually performed at an older age, which made the procedure even more painful.

I designed and initiated research on male circumcision intending to examine its potential effects and consequences on children, just as I had done in the research on female genital mutilation—*In the Name of Tradition*. After conducting scientific and field research, I discovered that female genital mutilation had emotionally, psychologically, sexually, and physically harmful effects on girls. Regarding male

circumcision, I was seeking an answer to the question of whether it could have physical, emotional, sexual, and psychological consequences for male children or not. Therefore, the research project was initiated to investigate this matter.

The practice of circumcising children has always been accompanied by promises of sweets, chocolates, toys, or justifications for entering adulthood, both for girls and boys. Of course, female genital mutilation is performed in secrecy and silence due to its association and sensitivity with women's reproductive organs, but male circumcision is apparent and is celebrated with circumcision parties and wearing special clothes. All of these are superficial similarities and differences between female and male circumcision. However, the hidden consequences of circumcision are issues that, despite their significant importance, have received less attention or are not addressed at all. The prevalence of this practice and its uncritical acceptance in some Islamic, Jewish, and occasionally Christian societies raises the big question of why this phenomenon has persisted and why questions about its motives and the lucrative benefits it provides to the medical industry and the job market are not asked. As a researcher who was born into a traditional community where circumcision is prevalent, but has also lived experience in societies such as Europe, South America, and Africa where this practice is not widely performed and has friends from various cultures and religions who are uncircumcised, this question holds double importance for me. Hence, the current research aims to find answers to these questions.

Throughout my studies in anthropology, I have always been steadfast in my belief and endeavoured to provide a better understanding of customs, the importance of traditions, and culture, while also being a voice for the direct stakeholders, supporters, and opponents of these harmful social phenomena and traditions. Of course, I have also proposed practical solutions, applicable to the current situation, emphasising cultural empowerment. Therefore, this research is not intended to endorse or reject the practice of circumcision but rather to provide executable solutions, in line with children's

rights, alongside a comprehensive examination of this sensitive and important issue that has not received enough attention. I hope that this study collection will serve as a starting point for new and practical research endeavours in this field, motivating experts in their respective fields, including medicine, law, child studies, psychology, and sociology, to ask questions, explore, and conduct research on this topic within a scientific and specialised framework, leading to further discussion and investigation.

Circumcision in Iran: Past and Present

Male and female circumcision is not documented in ancient Iranian texts, documents, and artefacts. There is no mention of circumcision or any other form of genital mutilation in the Avesta and other ancient Pahlavi texts of Iran. Therefore, the available evidence suggests that circumcision was not performed in Iran before the advent of Islam, and the tradition of male and female circumcision became prevalent in Iran after the introduction of Islam. Even in some historical sources, it is mentioned that some Iranians who converted to Islam did not practise circumcision. As an illustration, historical accounts have reported that Afshin, an Iranian commander in the courts of Ma'mun and Al-Mu'tasim, did not undergo circumcision due to his concerns about its potential negative health effects (Tawhidi, 1964). Similarly, Abu Hiyān Al-Tawhidi narrated that during the early Islamic period, Farazdaq, a renowned Arabic-language poet, referred to his Iranian rival Ziyād Ajam as 'unwrapped,' a term indicating that he was uncircumcised (ibid.).

In addition to Islamic religious beliefs, which play a fundamental role as the main factor in the prevalence of circumcision in Iran, geographical and regional characteristics and international relations should not be ignored in this matter. Iran is located in the Middle East and has had longstanding relations with Egypt, which is believed to be one of the main origins of circumcision throughout history. Therefore, these three factors, namely the geographical region, the connection with Egypt, and the Islamic religion have

contributed to the prevalence of circumcision in different periods of Iranian history. As a result, according to the latest estimates, 99.7% of Iranian men have been circumcised (Maurice et al., 2016). Furthermore, the discussion of circumcision in Iran has been raised in conjunction with female genital mutilation, and understanding it without considering the issue of female circumcision would be very difficult.

Through a careful examination of historical texts, one can discover the importance of male circumcision in the culture of Iranians, where circumcision is considered a significant factor in transforming a man into a complete Muslim. Therefore, the importance of male circumcision, and to some extent, the circumcision of Iranian Muslim men, in Iranian marriages is undeniable. While Islamic denominations generally approve of marriages between Muslim women and uncircumcised Muslim men, Iranian Muslim women and families tend to emphasize the importance of the groom being circumcised. This is evident from surveys conducted on the topic, which suggest that circumcision is considered a significant factor in Iranian marriages, with the groom's circumcision status being a notable consideration.

In *Corners of Iran's Social History: Behind the Scenes of Circumcision in the Court* regarding the circumcision of one of the court's youths, the following is mentioned:

On this day, the ceremony of circumcision is held for Aziz al-Sultan, the second Malijak. He is a youth of 17 to 18 years of age. The Shah has shown great compassion towards him, and thus he has remained uncircumcised until now. Whenever his parents expressed their desire for their son to be a true Muslim, they would say, 'An uncircumcised man is not considered among the Hanafi nation.' To this, they would add, 'Is the Russian Emperor circumcised? Only the King of Russia remains uncircumcised!' Recently, Aziz al-Sultan wrote a letter to the Shah stating, 'If I am to be your son-in-law, why do you not give me your daughter Astar-al-Doleh?' It was decided that the

wedding would take place in the month of Rabi' al-Awwal. Saghrā Khanum, the bride's mother, had sent a message stating, 'If you wish to become my son-in-law, then you must first undergo circumcision.' Habib had a desire for the girl and convinced Aziz al-Sultan to undergo circumcision (Azad, 1979).

FGM/C

Female genital mutilation/cutting (FGM/C) is an ancient ritual that, despite violating various women's rights, is still prevalent today. The practice is referred to as 'partializing' or cutting women's genital organs and is considered more accurate than the term 'female circumcision,' which has gained traditional legitimacy. Certain beliefs, norms, attitudes, and political and economic systems play a role in the continuation of this practice. In some cases, the third type of FGM/C is performed on girls to ensure their loyalty and fidelity to their husbands. In other words, the vaginal opening of the girls is stitched to ensure that only their husbands can have access to their genitals on their wedding night. This practice guarantees women's loyalty to men and also ensures the transfer of excessive sexual pleasure to men, making it a tool in the service of male desire. It is not surprising that patriarchal structures resist the abandonment of this practice. In some cultures, FGM/C is considered a rite of passage into adulthood and joining the ranks of adults. However, in all countries, including Iran, FGM/C is not recognised as a transitional stage, as it is often performed at a very young age. Other beliefs associated with FGM/C include linking it to beauty, chastity, and female modesty. However, some believe that the hidden motive behind this practice is to restrict and control women's sexual behaviour before marriage. Sexual purity is considered a necessary condition for marriage, and in some cases, families (and religious leaders) believe that circumcising girls minimises their sexual desires outside of marriage. Interestingly, in some of these societies, circumcised girls have more suitors. The significance of FGM/C in societies where it is common is such that uncircumcised girls and women are considered dirty or contaminated, or that if they do not cut off their clitoris, it will grow larger and, therefore, uglier. Based on the belief that women's genitals are disgusting and dirty, FGM/C is considered an act that beautifies

and cleanses their genitals. In some parts of Kurdish and Hormozgan provinces in southern Iran, when these girls are circumcised and married, the food they cook is considered halal, or permissible, and if they are not circumcised, even drinking water from an uncircumcised girl's hand is considered haram, or forbidden. Of course, in other parts of Iran, the expression 'the hand of an uncircumcised person is not halal,' meaning that an animal slaughtered by an uncircumcised man is not halal, is also used for boys, indicating that beliefs about FGM and male circumcision have similarities and cultural and religious affinities regardless of different cultures and religions in Iran.

The practice of female genital mutilation/cutting (FGM/C) in Iran has been decreasing in recent years due to cultural education and a shift in the younger generation's attitudes. However, it is still a relatively unknown issue. FGM/C is a traditional practice that persists in some Iranian provinces, including Hormozgan, Kurdistan, Kermanshah, and West Azerbaijan. While one opinion suggests that FGM/C in girls was introduced to Iran through maritime trade with India and Somalia, most groups performing FGM/C in Iran justify their actions based on religious beliefs, even though education and cultural change have decreased the prevalence of FGM/C.

The recent decrease in FGM rates can be attributed to societal change, increased awareness of the physical, sexual, and psychological harms caused by FGM, rural-urban migration, the passing of elderly women who performed FGM, and the younger generation's lack of interest in continuing the practice, as well as the influence of social media and the media in creating awareness and reducing the legitimacy of traditional and religious beliefs. To address the critical phenomenon of FGM with a holistic approach, a research report titled *In the Name of Tradition* was published to empower and utilize the capacity of all active agents against FGM. Capacity-building activities have been continuously used to raise awareness of the physical harm caused by FGM, including staff education and increasing awareness within the target community, as well as education in universities.

As a result of these capacity-building activities, a significant number of the target community members have become sensitive to the threats and dangers of FGM/sexual mutilation. The increase in awareness and familiarity with the modern world has also brought about a significant change in people's attitudes towards FGM, resulting in a significant decline in FGM rates. The downward trend in FGM rates has multiple

reasons, including becoming familiar with the modern world, the lack of new FGM practitioners to replace local ones, the younger generation’s disinclination towards FGM, education, media influence, and the support of some local religious leaders and social leaders. Over the decade that this research has been conducted, the practice of FGM on girls has decreased year by year, partly due to the reasons mentioned above, as well as education and awareness-raising among communities. This has been verified through the evaluation of regions assessed in the study named ‘Tradition’ and the effects of education on the target community in recent research, resulting in a reduction in FGM/C rates.

Further Study 1: Reviewing Female Genital Cutting (FGM/C) in Iran

The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change aims to eliminate the practice of female genital mutilation/cutting (FGM/C) globally. The programme has been actively contributing to the accelerated elimination of FGM for over a decade [0]. UNICEF and UNFPA work together to tackle FGM through interventions in 17 countries, including Burkina Faso, Egypt, Ethiopia, Kenya, Nigeria, Senegal, Somalia, and Uganda among others [1]. The Joint Programme has a global coordination team that developed the technical content of the guidance, including a comprehensive approach to accelerating the elimination of FGM. The team includes Stephanie Baric, Berhanu Legesse, Thierno Diouf, Harriet Akullu, Haithar Ahmed, Mar Jubero, and Julie Dubois.

The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change works at the community, national, regional, and global levels to raise awareness of the harms caused by FGM and to provide care for its consequences. The programme partners with key stakeholders in the 17 countries to create an enabling environment through supportive policies and legislation and empower communities to transform social and gender norms that sustain FGM [8]. The programme has been evaluated and assessed by the Evaluation Offices of UNFPA and UNICEF, which assesses the programme contributions to outputs and outcomes during Phase III, from 2018 to 2021.

The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change calls upon all stakeholders, including new donors and partners, to join hands with the Joint Programme to provide additional funding and support the global movement to realising the shared vision of eliminating FGM by 2030 [4]. The programme also works to address the impact of the COVID-19 pandemic on girls and women at risk of and affected by FGM through a technical note developed by the Joint Programme. The Joint Programme has documented its activities in its fifth year of implementation in 15 African countries, including Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan, and Uganda.

In summary, the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (FGM): Accelerating Change is a comprehensive approach aimed at accelerating the worldwide eradication of FGM. This program operates on multiple levels, from the community to the global arena, to raise awareness about the harm caused by FGM and to provide care for its consequences. The program collaborates with key stakeholders across 17 countries to create a conducive environment by implementing supportive policies and legislation and empowering communities to transform social and gender norms that sustain FGM. The program calls upon all stakeholders, including potential donors and partners, to join hands with the Joint Programme in providing additional funding and support to the global movement, thereby realizing the shared vision of eliminating FGM by 2030.

Further Study 2: Introducing The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation¹

Willem Floor's book *A Social History of Sexual Relations in Iran* offers an overview:

Monsieur Richard, who came to Iran in 1848 to teach French at Darolfonoon [the first technical university established by Amir Kabir], took a more straightforward path. Instead of engaging in temporary marriage, he bought a Kurdish slave girl and dressed her in boys' clothing. He told everyone that the girl was his servant, but at night, away from the eyes of others, she would serve him as his lover. When one of his servants revealed this relationship, he claimed that the girl was his servant's wife, but he eventually had to end the relationship. When Richard found out that the girl was pregnant, he went to Shah Abdul-Azim's shrine and sat in seclusion. After a while, he circumcised himself to prove that he had converted to Islam and announced that the young woman was his wife (Floor, 2010).

¹ Source: <https://reliefweb.int/report/world/unfpa-unicef-joint-programme-elimination-female-genital-mutilation-accelerating-change>

Based on the above historical account, we understand the significance of male circumcision for Iranians during marriage. In a way, it can be said that although there was no legal problem for uncircumcised men to get married, circumcision was considered a fundamental requirement for Muslim identity among Iranian men. This important matter is evident even in the way Iranian non-circumcised women interacted with men. As a quote from the Pahlavi period states:

Muslim women were strict about not sleeping with uncircumcised men, but there were those among them who demanded twice the usual payment to accept only half of it and give the rest as compensation for their sins to a cleric. However, there was an Italian prostitute who would always turn the statue of the Virgin Mary towards the wall when sleeping with a customer. It shows how different the West and the East are from each other! (Floor, 2010)

As mentioned, adherence to religious orders and social and cultural norms has been the primary and most important motivation and reason for the continuation of circumcision in Iran. With the entry of Islam into Iran and its rapid spread, the integration of Iranian society with Islamic principles and beliefs has significantly accelerated. Therefore, familiarity with this phenomenon and its dos and don'ts in Islam facilitates the understanding of some historical events. In the following, some of the findings of research conducted in the field studies carried out in Iranian society and some Iranians living abroad are discussed.

Some Findings From Field Studies

Based on the findings of this study, which was conducted through qualitative methods and interviews with a purposive sample of circumcised Iranians residing inside and outside the country, about 60% of the study participants had been circumcised at the age of five or younger. Figure 1 shows the distribution of study participants according to their age at circumcision.

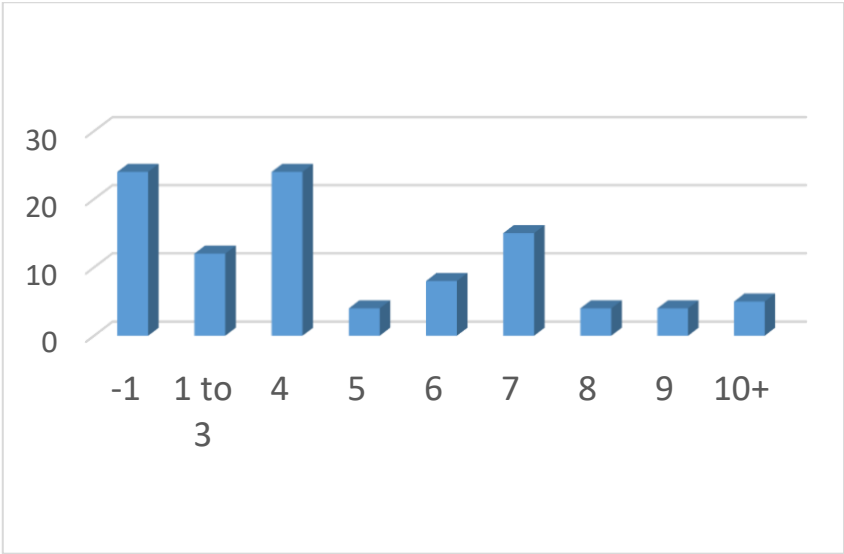


Chart 1 Frequency distribution of the studied subjects according to the age of circumcision

Based on these findings, the results of participants’ responses to the question, ‘Where were you circumcised?’ indicate that 36% were circumcised in hospitals, 24% at home, 20% in private medical clinics, 8% in clinics, 4% in health centres, and approximately 8% were circumcised in unspecified locations. Among all interviewees in this study, only one person stated that they knew someone who was not circumcised. In this study, when study participants were asked, ‘Are you in favour of circumcision?’ about 80% of respondents were in favour of circumcision.

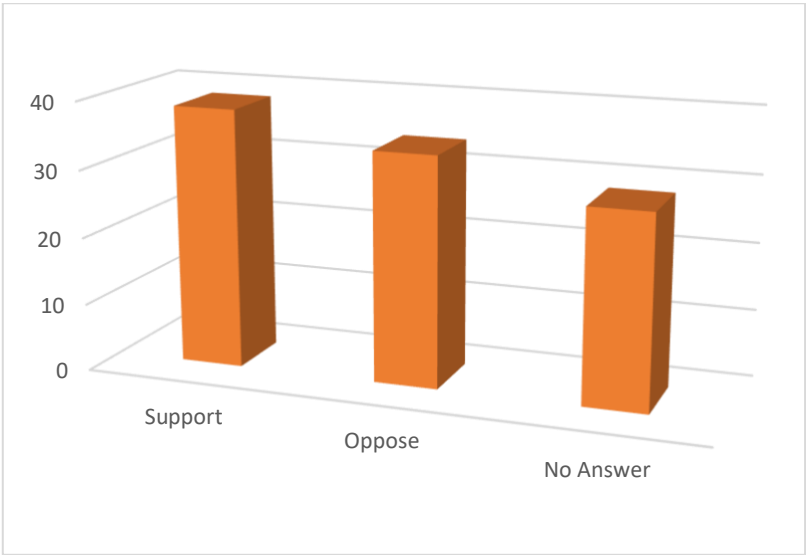


Chart 2: The frequency of those who support and oppose male circumcision in per cent

According to the results obtained from this study, only 50% of respondents stated that they had circumcised their children, and about half of them had not performed this procedure on their children. However, when asked, ‘Do you intend to circumcise your child?’ about 55% of those individuals responded positively while approximately 45% responded negatively.

Another finding from this study was the age of circumcision of the children of those who had circumcised their sons. Based on these results, about 50% of all individuals who had circumcised their children had performed this procedure at six months of age or younger.

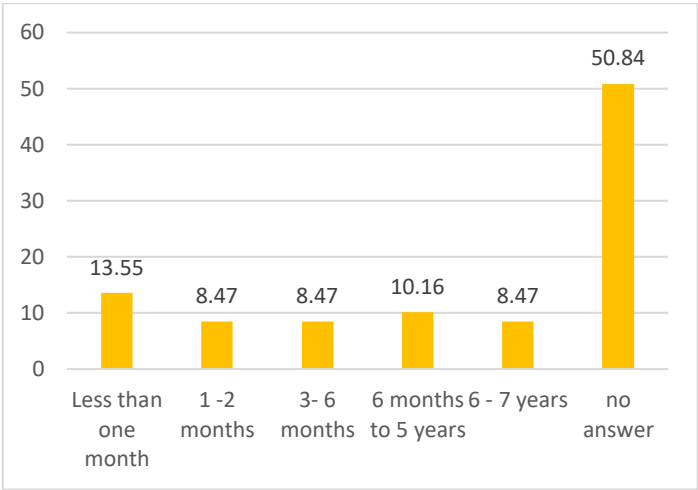


Chart 3: Circumcision age of the children of the studied subjects¹

Some challenging issues regarding circumcision

- 1 The unbalanced portrayal of circumcision in Iranian society is a cause for concern, as it fails to provide a comprehensive view of the potential benefits and harms of the procedure. While the positive aspects of circumcision, such as the prevention of certain infections, are often emphasized, the negative aspects, such as a decrease in sexual desire, are not given equal attention. This one-sided approach to circumcision neglects the importance of considering the procedure's potential risks and benefits in a critical and holistic manner. To address this issue, officials in the Iranian government and academic institutions must prioritize the dissemination of global research and studies on circumcision to the public. By doing so, individuals will be empowered to make informed decisions about the procedure and its potential consequences.

¹ This question was asked only to people who agree with circumcision and those who had a male child.

- 2 Emphasising the necessity of performing religious rituals and following religious models is of great importance, to the extent that it convinces some individuals that there is no other way except to continue the path of their ancestors, even if they have to sacrifice their well-being. However, the general public's knowledge and information about the root causes and factors contributing to circumcision are not sufficient, and if awareness is raised in this regard, many parents may choose a path other than that of their ancestors. But in the absence of complete informational data and awareness, this approach is passed down as an inheritance from generation to generation throughout history, and fathers who have themselves suffered the pain and suffering of circumcision not only have no conception of standing up to traditions, but also have no ability or intention to confront them, and they only try to heal their children's wounds in any way possible, by soothing them.
- 3 From a medical standpoint, limited studies have focused on circumcision, primarily highlighting its positive outcomes and legitimacy. However, societal views on circumcision vary greatly today. While it is prevalent in Muslim and Jewish communities, it is not as common in other parts of the world. Unfortunately, the lack of comprehensive information and one-sided propaganda has led the public to overlook the reasons behind this practice, assuming it is universally performed. Insufficient information, cultural and religious influences, and social pressure contribute to the continuation of circumcision in societies like Iran. Parents may choose circumcision for their child to avoid social stigma, even without fully understanding the reasons behind it. This is particularly true when comprehensive information on the potential harms and consequences of circumcision is inaccessible, and medical, therapeutic, and traditional advertisements endorse the practice. The second part of this book delves into the reasons for the medical community's support and

approval of circumcision. However, the profit motive within the medical industry has led some doctors to overlook potential risks associated with circumcision, especially when government permits swiftly endorse the practice. Government agencies' endorsement is evident through well-equipped clinics and increasingly advanced equipment for circumcision procedures. Traditional circumcisers have been replaced by specialists operating in stylish, upscale clinics. Furthermore, circumcision is institutionalized within hospital regulations during childbirth, with the cost included in childbirth expenses. Consequently, the pursuit of profits not only blinds the medical community to potential harms but also promotes and defends circumcision from all angles. Religious, cultural, traditional, and legal justifications further serve the commercial goals of circumcision.

- 4 4 From a historical and religious standpoint, circumcision has deep roots. Despite the *Quran*'s affirmation of God's perfect creation,¹ circumcision has been subjected to cultural and traditional norms, the circumcision industry, medical interests, the circumcision ceremony and its profits, religious emphasis, and legal voids, all of which have hindered any change or reform in this area (Yoxall, 2008). In other words, circumcision has been transformed into a commercial phenomenon, commercialised by medical approaches that derive legitimacy from traditional and religious recommendations and legal voids, and in harmony and complicity with the structure of capitalist economics. However, regardless of these factors, the crucial matter that should not be compromised is the respect for children's rights and their right to their bodies and health. The act of touching the most private part of a child's body, as an act that violates children's rights, cannot be justified. Parents do not have the right to touch

¹ Surah Al-Mulk, Verse 3: 'He who created the seven heavens, one above the other, you can see no fault in the creation of the Beneficent Allah; then look again, can you see any flaws?'

and change the most private part of their child's body in the name of tradition, social pressure, or religious command. Instead, they should let their child decide for themselves when they reach adulthood, based on their own beliefs and choices. If these children were asked the question, 'Why did you allow them to cut off the most private part of your body?' when they reach adulthood, what answer would they give? The critical point in this regard is the issue of human rights over the body and the rights of children.

- 5 The significance of the issue of circumcision is heightened by the fact that it is typically performed on individuals during their infancy and childhood, both girls and boys alike. They are circumcised at an age when they are not only unable to make decisions but also lack an understanding of the procedure, which has led to widespread criticism. It should be noted that the concept of childhood varies across different societies, with differing definitions, but the one commonality is the lack of maturity in various dimensions and the child's unfamiliarity with their rights. Perhaps this is why humans throughout history have often viewed individuals lacking full mental and intellectual capabilities (such as infants and the mentally ill) as incomplete and as property that they can possess, and therefore deprived of their social rights. This sense of ownership over children and the belief that children belong to their parents has been one of the main reasons for neglecting and disregarding the rights of children (Khavanin Zadeh, 2015). This neglect or disregard can encompass a wide range of imposed events on children, including the most severe cases of violence against them, and sometimes even the illegal practice of female genital mutilation. It should not be overlooked that the physical and psychological damages that children may suffer as a result of their parents' or society's neglect or disregard can have long-term effects on groups and institutions such as friends, family, schools, etc., to which the child

will become a member, and may have negative consequences.

- 6 The aim of this research is not to advocate for a particular stance on the practice of male circumcision, as you correctly pointed out. Instead, the objective is to present a thorough and unbiased examination of various aspects related to the subject. This includes an exploration of the historical background of circumcision, the factors contributing to its prevalence and continuation, religious and cultural justifications, medical arguments, psychological consequences, legal and economic implications, and the interconnections between these domains. Rather, by providing comprehensive and insightful information on these various dimensions of circumcision, the research seeks to enable readers to make informed decisions on the matter.

The Significance of the Subject

The study and research on male circumcision is significant because, despite its widespread prevalence in traditional and religious societies such as Iran, there has been little inquiry into this subject. Due to a lack of independent and comprehensive research into the reasons for this practice, and a homogeneity of perspectives, the social phenomenon of circumcision has been considered a natural occurrence rather than a complex issue with various implications. However, circumcision has significant biological, cultural, social, psychological, and legal consequences for individuals, particularly for children who constitute approximately one-third of the population in societies like Iran. Neglecting their issues equates to an entire community's failure to address these problems. In fact, to disregard children is to ignore the phenomenon of childhood, which affects all other stages of an individual's life and determines their mental health and subsequent life periods. Studies like this endeavour to provide the necessary scientific knowledge and groundwork for any social action, planning, or policy-making in this area.

Furthermore, it is imperative for responsible institutions such as the Ministry of Health and medical communities to fulfill their obligation of disseminating comprehensive and up-to-date information about circumcision. They should move away from one-sided advocacy and promotion, and instead provide the public with a balanced understanding of the global perspectives and criticisms surrounding this practice, as you rightly pointed out. In this regard, the development of comprehensive guidelines and protocols for performing any procedure on children, including circumcision, should be considered mandatory. It is crucial to take into account the rights of the child when making decisions regarding any medical procedure. Regrettably, it seems that fulfilling these responsibilities has been entirely neglected within the country, primarily due to a lack of transparency in media institutions, denial mechanisms prevalent at all levels of society, and gaps and negligence within the legal framework. Conducting research on this subject can help to some extent in addressing these gaps and shortcomings.

Compared to Iran, noteworthy efforts have been made at the global and regional levels over the past decade to raise awareness among people regarding circumcision. Numerous perpetrators of circumcision have now spoken out against the practice. As a result, circumcision has exhibited a decreasing trend in many countries. An instrumental factor in this process has been the openness of these societies in discussing circumcision and their freedom in the media domain, including the publication of scientific materials and the presence of electronic media, leading to a reduction of this issue across all areas of coverage. However, the primary transformation within these societies has been achieved through government interventions and support from non-governmental organisations in collaboration with these institutions. In stark contrast to other societies, Iranian society has remained entrenched in traditional approaches and the continued practice of circumcision. This can be attributed to several factors, including a lack of media transparency that aligns with the religious and ideological structure of the society. Additionally, there exists a taboo surrounding any

topics related to sexuality, further perpetuating the status quo. Furthermore, reduced government intervention can be observed, as duties are often outsourced in pursuit of absolute financial interests. This, in turn, contributes to the weakened structures and functions of non-governmental organizations, which lack the necessary power to effect change. These issues and challenges of civility within the society have further hindered progress in this area.

Research Objective and Questions

This study aims to advance scientific understanding of male circumcision and inform the development of effective programs and policies to mitigate its negative social and health consequences. The study will examine circumcision from multiple perspectives, including medical, social, and cultural, to understand the reasons for its continuation and develop critical approaches to policy-making in this area.

This research has been pursued in an effort to answer several questions, including:

- 1 What is the meaning and concept of circumcision?
- 2 What are the historical roots of circumcision and its geographical extent in the world today?
- 3 What is the approach of major religions to circumcision?
- 4 What are the scientific approaches in various fields to the phenomenon of circumcision?
- 5 What are the most important functions and reasons for the continuation of circumcision throughout history and in the world today?
- 6 What are the dimensions and characteristics of the experiences of the participants in this study?
- 7 What proposals can be put forward to reduce the negative consequences and problematic dimensions of circumcision?

| Study | Location | Population | Acceptance of circumcision | Reasons for acceptance |
|-------------------------|--------------|----------------|---|--|
| Connolly et al. (2008) | South Africa | Men aged 15–49 | 45.7% of men not circumcised said they would consider being circumcised | Awareness of the HIV protective effect of male circumcision, support of partners and friends, believe that circumcision is hygienic, belief that circumcision is aesthetically pleasing. |
| Bottoman et al. (2009) | South Africa | Men aged 15–49 | 67.1% of men said they were aware of the HIV protective effect of male circumcision | Media campaigns, conversations with healthcare providers, conversations with friends and family |
| Gray et al. (2010) | South Africa | Men aged 15–49 | 71.2% of men said they would support their partner getting circumcised | Belief that circumcision can protect their partner from HIV, belief that circumcision is a sign of love and commitment |
| Bekker et al. (2011) | South Africa | Men aged 15–49 | 62.9% of men said they would recommend male circumcision to their friends | Belief that circumcision can protect their friends from HIV, belief that circumcision is a healthy choice |
| Shabalala et al. (2012) | South Africa | Men aged 15–49 | 75.6% of men said they were satisfied with their circumcision | Pain relief during the procedure, quick healing time, no complications |

Further Study 3: Summary of studies evaluating the acceptance of male circumcision in societies where it is not customary in Southern Africa

Chapter 2: What is Circumcision

Introduction

This chapter can be considered as an explanation and to some extent a definition of the subject matter of this research. Perhaps it would be better to consider the purpose of this chapter as clarifying the conceptual framework of circumcision. To this end, an attempt has been made to first explain the meaning and concept of circumcision, with a greater emphasis on its literal meaning. In the following section, traditional and modern forms of circumcision have been introduced, and a section has been dedicated to the introduction of old and new circumcision practitioners to further clarify the conceptual framework of circumcision. Finally, a brief description of the history of circumcision in Islam and among Muslims, as the largest population that believes in circumcision in the world, has been provided.

The Meaning and Concept of Circumcision

Circumcision is one of the oldest surgical procedures that have persisted throughout the world to this day and involves the removal of all or part of the foreskin of the male or female genitalia. The word ‘circumcision’ comes from the Latin term ‘circumcidere,’ which is a combination of the prefix ‘circum,’ meaning ‘around,’ and ‘caedere,’ meaning ‘to cut.’ The term was first used in English in the 13th century to refer to the surgical removal of the foreskin of the penis, which is a common practice in Judaism and Islam, as well as in some African and Pacific Island cultures. However, the practice of circumcision has much older roots. It is believed to have originated in ancient Egypt, where it was performed as a rite of passage for young boys and was also associated with religious

and cultural beliefs. The ancient Greeks and Romans also practised circumcision, although it was not as widespread as in Egypt. The Greeks believed that circumcision was a mark of effeminacy, while the Romans saw it as a barbaric practice.

The practice of circumcision also appears in the Hebrew Bible, which describes the circumcision of Abraham and his descendants as a sign of their covenant with God. It is mentioned in *Genesis* 17:10: 'This is my covenant which ye shall keep, between me and you and thy seed after thee; Every man child among you shall be circumcised. And ye shall circumcise the flesh of your foreskin; it shall be a token of the covenant betwixt me and you.' In Judaism, circumcision is known as 'brit milah,' and is performed on the eighth day after a baby boy is born.

Semantically, circumcision is an Arabic word referring to cutting off the skin or covering the male or female genitalia. The word 'khatan' in Arabic means cutting or severing and is related to the root, 'kh-t-n.' However, it can also be related to the word 'khatam' which means to place an identifying mark on a runaway slave. Ibn Qayyim al-Jawziyya, in his work *Tuhfat Al-Mawdud bi-Ahkam Al-Mawlid*,¹ mentions that circumcision is a sign of slavery and submission to God (Saeedi, 2011, p. 70). In the Persian language, 'khatam' also means to seal, and 'khatneh' has its roots in 'khatan' meaning to cut or sever the foreskin. Therefore, an uncircumcised man is called 'aghlaf' in Persian. According to the Dehkhoda Dictionary, an uncircumcised man or woman is colloquially referred to as 'namkhtun' (literally meaning 'not circumcised') among the people.

Since Arabic and Hebrew are both branches of the Semitic languages, they share many common words, including terms related to circumcision such as 'gharla' (a piece of skin that is

¹ *Tuhfat al-Mawdud bi-Ahkam al-Mawlid* can be translated to English as 'The Gift of the Intimate With Rulings on the Birth (of the Prophet). It is a book written by Ibn Qayyim al-Jawziyya, a famous Islamic scholar and theologian, that discusses the birth and life of the Prophet Muhammad and provides guidance on various issues related to childbirth and infant care.

cut during circumcision) and ‘aghral’ (uncircumcised). The precise meaning of male circumcision, according to hadith and jurisprudential texts, is the removal of all or part of the foreskin that covers the glans, while female circumcision involves cutting a part of the skin above the urethral opening (Jahiz, no date; Majlesi, 1983).

The word ‘khitanah’ is derived from the root ‘khitan’ in Arabic and has other meanings as well, including individuals who have a relationship with their spouse through kinship, such as mother-in-law, father-in-law, sister-in-law, daughter-in-law, and brother-in-law. In common parlance, ‘khitanah’ is used for both genders, male and female. However, in Arabic, the cutting and removal of all or part of the male genitalia is called ‘khitanah,’ while the cutting and removal of all or part of the female genitalia (clitoris) is called ‘khafd.’ ‘Khafd’ means reducing or diminishing. ‘Khateen’ performs circumcision for both males and females and ‘khatoon’ is used by Persian and Turkish speakers to refer to noble and dignified women (Parsa and Youssefpanah, 2012, p. 43).

The Arabic word ‘khitan’ has other meanings as well, including individuals who are related through marriage to a spouse, such as mother-in-law, father-in-law, sister-in-law, daughter-in-law, and brother-in-law.¹ In common usage, the term ‘khitanah’ is used for both males and females, but in Arabic, the cutting and removal of all or part of the male genitalia is called ‘khitan,’ while the cutting and removal of all or part of the female genitalia (clitoris) is called ‘khafd.’ ‘Khafd’ means reducing or diminishing. ‘Khateen’ is someone who performs circumcision for both males and females, while ‘khatoon’ is used by Persian and Turkish speakers to refer to noble and dignified women. (Parsa and Youssefpanah, 2012, p. 43).

Sometimes the word ‘sunnah’ or words like ‘tahir,’ which have their roots in ‘t-h-r,’ are used instead of the word ‘khitan’ or

¹ For example, there is the narrative that: ‘Ali was the Prophet’s son-in-law and was circumcised’ or they say: ‘Abu Bakr and Umar were circumcised by the Prophet ‘ (Abu Bakr and Umar—may God be pleased with them—were the father-in-laws of the Prophet) (Parsa and Youssefpanah, 2012, p. 43).

‘khateen,’ to the extent that one of the meanings of ‘khitan’ has come to be understood as ‘purification.’ As Allamah Majlisi has quoted: ‘It appears that circumcision is an interpretation of purity, as the term “taharat” is commonly applied to circumcision.’ Kulayni also titled the chapter on circumcision as the chapter on purification and quoted Imam Sadiq as saying: ‘The Prophet of God commanded his children to be purified on the seventh day, which is more pleasant, cleaner, and more effective for hair growth.’ It is also possible that the intended meaning is purity from blood and impurities. In Islam and in some religious texts, ‘khitanah’ is also referred to as a natural practice that indicates the observance of hygiene. For example, Abu Hurairah quoted the Prophet of Islam as saying: ‘There are five practices that are part of the natural disposition: circumcision, trimming the hair below the navel, cutting the nails, plucking the hair from under the armpits, and shaving the pubic hair’ (Qushayri Nishaburi, 2012). In the *Torah*, those who have not been circumcised are known as individuals who are not legally pure (*Genesis*, 17:14).

Forms of Circumcision

Circumcision of men and women has been performed in various forms throughout history. As mentioned in studies on the subject of tradition, circumcision of both men and women has its roots as one of the oldest surgical procedures, beginning in the region of Mesopotamia and continuing to this day in some parts of the world (Ahmady, 2015). Circumcision is performed in different ways among men and women, and understanding these variations can provide us with a deeper understanding of this term. Based on conducted studies, four main forms of ‘female circumcision’ have been identified, as outlined by the World Health Organization (WHO) and the United Nations (UN) typologies. These typologies provide a framework for understanding the variations in the practice of female circumcision:

The first type: This is the mildest form of female circumcision, which involves the removal of the skin around the clitoris, with or

without the removal of a part or all of the clitoris. Therefore, the first type has two levels, the mildest of which is rarely performed and involves only the removal of the clitoral hood (prepuce), which is the retractable skin covering the clitoris.

The second type: In this type, the clitoris and clitoral hood are partially or completely removed, also known as clitoridectomy or clitoridotomy.

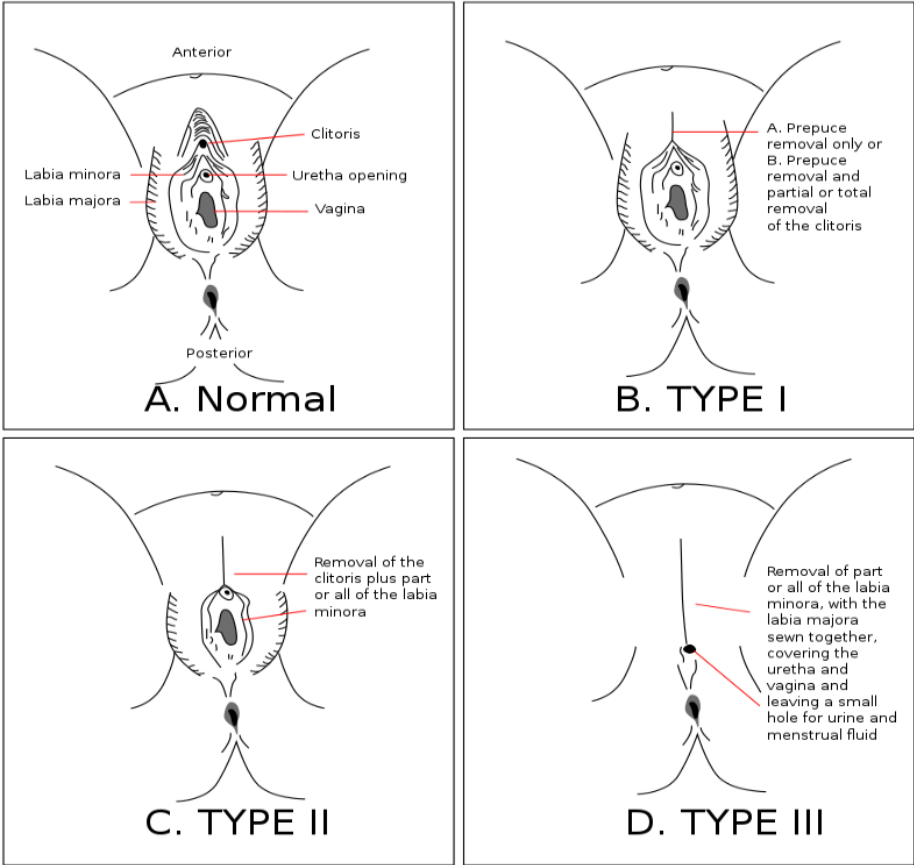
The third type: This is the most severe form of female circumcision, which involves the removal of the external parts of the female genitalia and the closure of the vaginal opening, leaving only a small hole for urination and menstrual blood. The third type also has two levels, in the first level, in addition to the removal of the clitoris, they lift and close the small labia, and in the second level, they lift and close the large labia. The conditions and tools used to perform this procedure impose unbearable pain on the victims. After the procedure, the victim's legs are bound together for two to six weeks to allow the wound to heal.

The fourth type: This type refers to any other dangerous procedure on the female genitalia for non-medical purposes, such as scratching, piercing, cutting, burning, etc.

Various studies have shown that female circumcision is more common among Muslims. However, this practice is not recommended in any particular religion, and it is a mistake to attribute it solely to Islam, as it is also performed among Catholic and Protestant Christians. This practice reflects deep social and traditional roots and the social status of the child and their family in some cultures. The performance of this practice is related to age, place of residence, parents' level of

education, mothers’ ability, and employment status (Simbar et al., 2014, p. 6).

While there has not been a decisive stance on male circumcision, international organisations and civil activists worldwide have condemned female circumcision, and significant efforts have been made to put an end to this practice. In some countries, those who perform female circumcision (parents, medical practitioners, and ‘khateens’) are punished, and extensive measures have been taken to educate people about the harmful effects of female circumcision and raise awareness about the issue.

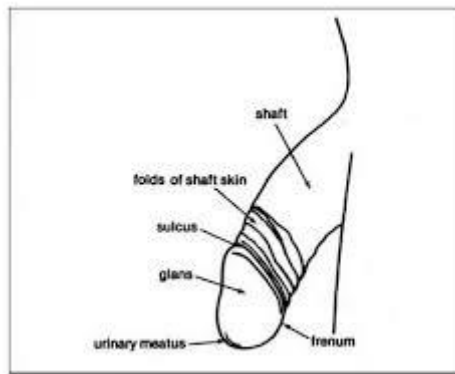


Picture 1: Traditional Methods of FGM/C

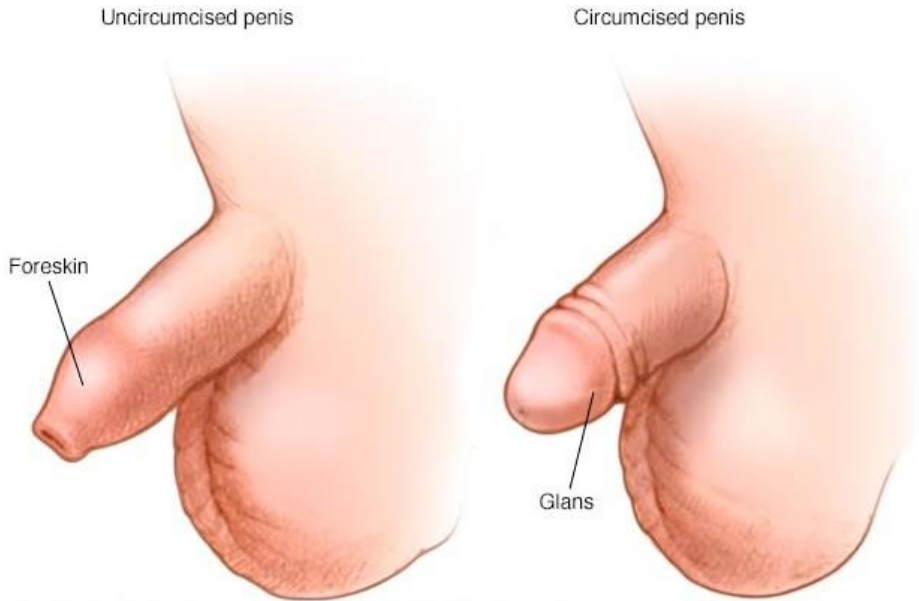
According to the World Health Organization’s classification in 1997, in Type I of female genital mutilation, the clitoris is

removed, in Type II, the clitoris and labia minora are removed, and in Type III, after cutting the clitoris and labia minora, the labia majora are brought together and sewn. All types of female genital mutilation have negative medical consequences, but the negative consequences of Type III are much more severe than the other types (WHO, 1997).

As for male circumcision and its types, it should be noted that despite the physical differences, the male genitalia has similar parts, which include the following, as shown in Figure (2):



Picture 2: An illustration of the external structure of circumcised male genitalia



Picture 3: An illustration of male genitalia before and after circumcision

The main components of the male genitalia are:

1. Glans or head, also known as the tip of the penis or the meatus. This is where the male urethra opens, and it is the location where urine and semen exit the body. For many men, this is the most sensitive part of their genitalia;
2. Shaft, a cylindrical structure that extends from the glans to the base of the penis and contains the urethra;
3. Foreskin (prepuce) is a retractable and accumulative skin that covers and protects the glans. This area is drawn back during ejaculation, exposing the glans. The functions of the foreskin include:
 - a. During sexual intercourse or masturbation, it slides over the glans and minimises the need for lubricants.
 - b. It promotes the secretion of lysozyme, creating a bactericidal environment around the glans.
 - c. It protects the sensitive skin of the glans and its nerves.
 - d. It gives a better appearance to the male genitalia.

- e. The foreskin of uncircumcised males has a circular band that is highly effective in producing sexual pleasure.
- f. The foreskin itself has sensory nerves that contribute to sexual pleasure.



Picture 4: Circular band of skin on an uncircumcised penis

Frenulum is an area where the foreskin is attached to the underside of the penis, forming a small V-shaped structure below the glans. Sometimes, a portion of the frenulum is cut during circumcision, and for some men, it is a sensitive area.

Male circumcision involves the removal of a portion or all of the foreskin from the penis. While female circumcision has been categorised into various types in different sources, such categorisation is not as common for men, and it is difficult to find sources in academic studies that refer to such classification. One of the available sources that categorise male circumcision is a medical study conducted by Swiss-Palestinian researcher Dr Sami Aldeeb Abu-Sahlieh, who defines four types of male circumcision as follows:

- Type 1: In this type of circumcision, a portion or all of the skin covering the glans of the penis, known as the foreskin, is removed. This skin is called the 'prepuce.'
- Type 2: In this type of circumcision, the circumciser holds a portion of the foreskin with their left hand, pulls it taut, selects an appropriate amount to cut, and applies a shield to protect the glans from injury. The circumciser then cuts the

foreskin in one stroke with a knife in their right hand, along the edge of the shield. This part of the procedure is called 'milah,' which reveals the glans and the remaining lip of the foreskin is then cut from the underside of the glans. The second part of this procedure is called 'periah,' and it is traditionally performed by circumcisers who have longer fingernails, mainly by Jewish people.

Type 3: This type of circumcision involves the complete removal of the skin covering the entire penis, as well as the skin covering the testicles and some of the skin above the penis. This method was previously prevalent among some tribes in southern Arabia and is reportedly observable among some black African tribes, especially the Namshi tribe.

Type 4: This type of circumcision involves an open incision from the testicles to the glans, creating a cleft similar to a woman's vagina. This type of circumcision is sometimes performed among some Australian tribes (Darby et al., 2007).

Usually, most of the circumcisions performed worldwide today are based on the second method. The first method is somewhat uncommon, and the third and fourth methods are limited to certain traditional tribes and are rare. In the leading research, the intended meaning of male circumcision is the second type, which is more prevalent in Iran.

However, an important and noteworthy point is that there is no specific and consistent definition of circumcision in either general culture or medical studies. Therefore, it is unclear exactly which part of the male genitalia is cut or removed during circumcision, as the foreskin is not a separate organ but rather an extension of superficial tissue covering the male genitalia. The location from which the foreskin begins and the male genitalia ends is the subject of discussion. Additionally, the length of the foreskin can vary from person to person, and from this perspective, it can be stated that identical and standard cuts can be much more painful for a person with a

shorter foreskin, as the amount of pain and damage depend on the amount of tissue removed. Furthermore, the outer or inner part of the foreskin, which was discussed earlier in types 1 and 2, is also crucial and can have a negative impact on sensitivity and sexual function. The pain resulting from circumcision is influenced by this important part as well as the frenulum when it is cut. This part is a well-known and highly innervated tactile receptor of the body, responsible for identifying and transmitting the pleasure derived from contact. Part of the foreskin, especially in infants and boys under eight years old, is attached and cutting it from the glans causes severe pain and discomfort, and the wound takes much longer to heal. Sometimes this pain is transmitted to other remaining parts of the genitalia and causes severe pain, as the foreskin is composed of smooth muscles, blood vessels, nerves, skin, and mucous membranes and, like eyelids that protect the eyes, the foreskin protects the head of the penis and the urinary outlet. Contrary to common belief, the foreskin is not an extra piece of male genitalia that can be cut and discarded without any concern.



Picture 5: Cutting the foreskin with a scissor

Methods of Performing Circumcision

Circumcision is performed in various parts of the world using different methods and tools, which can be indicative of the prevalence of this phenomenon in different regions of the world. So far, numerous surgical equipment and tools have been designed and produced for this procedure. Table 1 lists some of the most common and newest tools used in various parts of the world for circumcision.

What happens in male circumcision, i.e., the removal of all or part of the foreskin of the genitalia, has not changed over time? What has changed over time are the methods or techniques used to perform the procedure. Nevertheless, circumcision has been and can be performed by two general methods from the past to the present: traditional methods and modern methods.

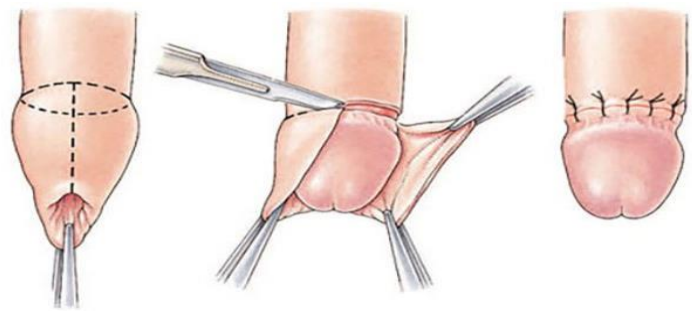
| Device | Country of origin | Ages | Duration of clamp for haemostasis | Published Web site |
|--|-------------------|-----------------------|-----------------------------------|--------------------|
| Accu-circ | USA | Infant | -- | accucirc.com |
| Alisklamp | Turkey | Infant to adult | Several days | alisklamp.com |
| Ismail clamp | Malaysia | Infant to adult | 5 to 10 days | ismailclamp.com |
| Kirve Klamp | Turkey | Infant to young adult | 3 to 5 days | kirveklamp.com |
| Shenghuan Disposable Minimally Invasive Circumcision Anastomosis | China | Five years to adult | | |
| SmartKlamp | Netherlands | Infant to adult | 5 days | smartklamp.com |

| Device | Country of origin | Ages | Duration of clamp for haemostasis | Published Web site |
|------------|-------------------|-----------------|-----------------------------------|--------------------|
| Sunathrone | Malaysia | Infant to adult | 8 to 12 days | sunathrone.com |
| Tara Klamp | South Africa | Infant to adult | 5 days | taraklampsa.co.za |

Table 1: Summary of new disposable male circumcision devices
(Source: UNAIDS, 2010)

The Traditional Method of Circumcision: The Cut and Stitch

This method is still the most common way of performing circumcision in most societies where this procedure is carried out. The most important feature of this method is the use of a blade to cut the foreskin. In this method, which can be referred to as the ‘cut and stitch’ method, the foreskin of the genitalia is first cut with a surgical knife or blade, and then stitched. This method is the oldest circumcision method that dates back to ancient times and is currently used by many doctors in private clinics or hospitals. The only difference created in this method is the increase in hygiene care during and after the surgical operation, as well as the use of more sterilised tools at present (Doyle, 2010).



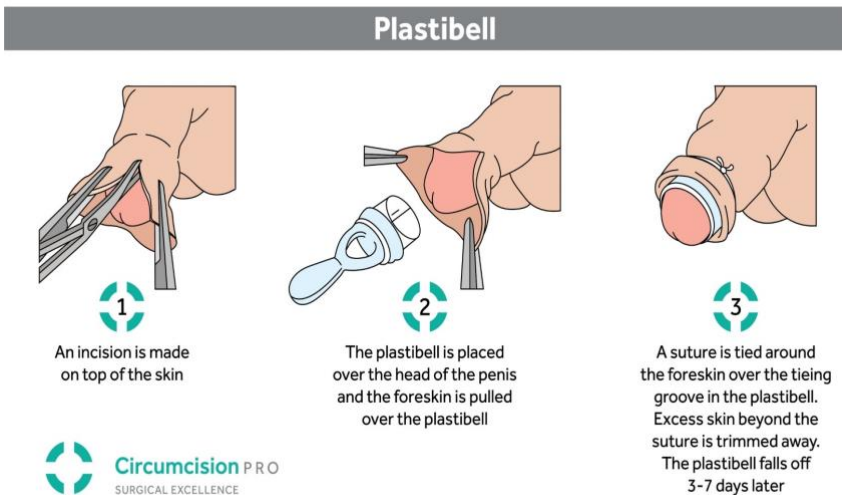
Picture 6: The use of cuts and sutures in circumcision (Doyle, 2009)

Modern Methods of Circumcision

The most significant difference between traditional and modern circumcision methods is the use of new tools that are made using modern technologies. The most important modern methods of circumcision include placing a plastic or Plastibell ring, using a laser, and circumcision using a silver clipper device.

Placing a Plastic Ring or Plastibell

Nowadays, the most common method of circumcision is the Plastibell method. In this method, a plastic ring is placed over the tip of the penis, and a knot is tied around the ring with a thread. The purpose of this is to prevent blood from reaching the upper part of the genitalia. The ring is left in place for five to ten days, during which the skin above the black thread becomes dark and falls off like an umbilical cord after drying. Usually, no bandage is needed for this method, and it is typically performed before the child is four months old (ibid.).



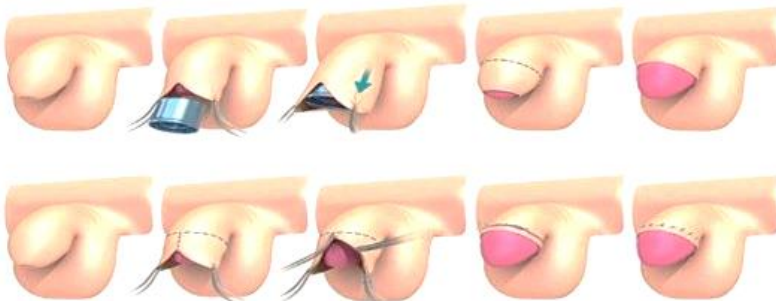
Picture 7: The steps of circumcision by ring



Picture 8: Child circumcision tool, size 13 mm

Circumcision with laser

Circumcision using a laser device is considered a new method in circumcision surgery. In this method, the subcutaneous tissue of the genitalia is burned using a laser, but it is performed less frequently than other methods mentioned. In fact, the labelling of circumcision by the laser method is not very accurate, as no laser beam is used in this method. In this method, the skin of the male genitalia is cut using a cautery or an electrical surgery tool. The cautery tool cuts the skin without causing bleeding, as it immediately coagulates the blood on the skin. This is why the wound heals faster in this method. However, circumcision by laser or electrical method still requires stitching to make the circumcision smooth and to promote faster healing of the wound. Therefore, this method of circumcision is similar to regular circumcision, but the tools used in it are different.



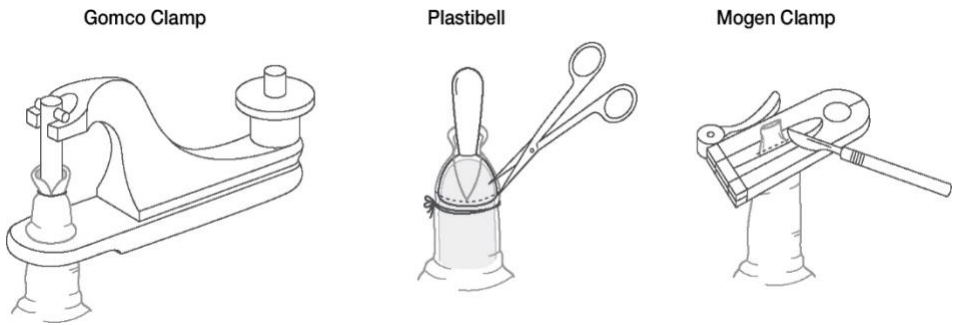
Picture 9: Laser circumcision

Circumcision with a silver clip device

The silver clipper method is actually the same as the clamp method, using two devices called Mogen and Gomco that were not used in the past. In this method, the skin around the head of the penis is removed using a device, and no ring or stitching is required. Instead, a small bandage is applied. It has been claimed that circumcision using this device can be performed without bleeding in children. Based on studies conducted, it can be said that circumcision with this device is faster compared to surgical and ring methods. However, there is no significant difference between these methods in terms of postoperative complications such as bleeding, infection, and dissatisfaction with the aesthetic outcome. The risk of displacement and maintenance of the Plastibell is minimal. The Mogen clamp may also be safer for infants living in areas where immediate medical access is not available. However, the use of a silver clipper device may pose a challenge for circumcising overweight children and those with micropenis (genitalia smaller than normal) because their genitalia is very short and buried under layers of fat. Therefore, circumcision with a silver clipper device is not preferred today in most countries due to the associated complications.

Circumcision with a Gomco clamp or a clamp is one of the most common circumcision methods in the United States. In this method, physicians first separate the foreskin or the skin of the circumcision area using a probe or a sound from the head of the penis. A bell-shaped device is inserted under the skin of the circumcision area and covers the head of the penis. Then, physicians pull the foreskin over the bell and tighten the clamp, compressing the foreskin to the point where blood flow is stopped. Physicians remove the skin of the circumcision area with a surgical knife and leave the clamp on the penis for five minutes to allow the blood to clot.

In the method of using the Mogen clamp, after separating the skin of the circumcision area using a probe, the skin of the circumcision area is pulled forward over the head of the penis and inserted into the metal clamp along with its slit. Then, physicians place the foreskin inside the metal clamp and cut it with a surgical knife.



Picture 10: Three Circumcision Tools

One of the important components in male and female circumcision is the people who perform the circumcision. In general terms, these people are called ‘circumcisers’ who can be classified into two groups: medical and traditional. In the past and in Iran, female circumcision was performed by traditional female circumcisers, who were called ‘bibi’ or ‘dayeh’, and male circumcision was also the responsibility of traditional male circumcisers, who were called ‘dallak’ or ‘kirbor’; these people performed this task based on their personal experience and knowledge and without medical training. Many studies have been conducted in this field, some of which have indicated fewer complications of traditional circumcision and some others have pointed to fewer complications of medical society activity.

Traditional Circumcisers

As mentioned in the research report *In the Name of Tradition*, traditional circumcisers were called ‘luti/kuli or qahrechi in Kurdish’ in the past. Most of these people were barbers or wanderers and since they had no medical training and no facilities, circumcision was done without anaesthesia and suturing. In Iran during the Safavid era, some clerics performed this act. The clerics present in this era had various positions such as sardar, sheikh al-Islami, mujtahid, pishnamaz, teacher, judge, and khalifat al-khalifa, and among them, according to Sanson, a foreign traveller, it was these pishnamazes, the prayer leaders, who circumcised children:

'The pishnamaz in the king's house recites the prayer and leads the congregation and takes care of the circumcision and wedding ceremonies and burial rites.' (Sansón, 1967, p. 30)



Picture 11: A knife for circumcision in the Congo, from the end of the 19th century (Wikipedia)

In the Qajar era, we also witness the role of dallaks and salmanis in promoting this ancient tradition, who, in addition to barbering tasks, such as cutting hair and beard and shaving in the bathhouse, also performed some medical procedures, such as tooth extraction, cupping, bloodletting, and circumcision (Khakrand and Karimi, 2019). Usually, the tools that dallaks used for circumcision, which were not unlike salmanis' tools, were: a knife, a reed about 12–15 centimetres long and as thick as the middle finger that had a slit at one end. This slit was for putting the skin of the tip of the child's organ in it and cutting it off with a paki (a razor, a dallaki knife) (Bahalgardi, 1963).



Picture 12: A tool for circumcising boys in the Qajar era (Museum of Iranian Antiquity)

Male circumcision by religious clerics in Israel was also common and still is. So much so that it is one of the important occupations of clerics in this country and they also receive training for this work, for this reason, they are very experienced in this act, and also the number of complaints after circumcision performed by this group is less than others (Yegani, 2006, p. 442).



Picture 13: Circumcision of boys by Jewish clergy (Afra website)

But female circumcision is usually performed by traditional circumcisers. Most of these people are local women and kulis

or wanderers who have not received any medical training in this regard and their only support in this work is the experience they have gained over the years. Female circumcisers use tools such as a razor, scissors, or a knife to cut and then pour ashes from a local oven, turmeric powder, or cold water on the cut organ. The point here is that since female circumcision is not considered a medical procedure, it is not only not performed in a clinic or hospital, but also in an unhygienic environment and without equipment and usually secretly and mostly in villages.



Picture 14: A Kurdish teenage girl during FGM/C in Iraqi Kurdistan (Reuters News Agency, 2014)

| Method | Advantages | Disadvantages |
|-------------|--|---|
| Plastibell | <ul style="list-style-type: none">▪ Less bleeding▪ Less pain▪ Faster healing▪ Less risk of infection▪ Easier for parents to care for | <ul style="list-style-type: none">▪ More expensive▪ Requires a trained professional to apply▪ Can cause skin bridges to form▪ Can be difficult to remove if the device does not fit properly |
| Gomco clamp | <ul style="list-style-type: none">▪ Less bleeding▪ Less pain▪ Faster healing▪ Less risk of infection | <ul style="list-style-type: none">▪ More expensive▪ Requires a trained professional to apply▪ Can cause skin bridges to form |

| | | |
|-----------------------|--|--|
| Mogen clamp | ▪ Easier for parents to care for | ▪ Can be difficult to remove if the device does not fit properly |
| | ▪ Less bleeding | ▪ More expensive |
| | ▪ Less pain | ▪ Requires a trained professional to apply |
| | ▪ Faster healing | ▪ Can cause skin bridges to form |
| | ▪ Less risk of infection | ▪ Can be difficult to remove if the device does not fit properly |
| Freehand circumcision | ▪ Easier for parents to care for | |
| | ▪ Less expensive | |
| | ▪ Can be done by a general practitioner or family doctor | ▪ More bleeding |
| | ▪ Can be done in a doctor's office or at home | ▪ More pain |
| | | ▪ Slower healing |
| | | ▪ Increased risk of infection |

Further Study 4: Advantages and disadvantages of common child circumcision methods

Modern circumcisers or doctors

Since male circumcision is not prohibited by law in Iran and is considered one of the religious and cultural and traditional obligations, it has also gained legal status, therefore, in addition to traditional forms, this act is also performed in medical and treatment centres. Among the male respondents of the general questionnaire of this research, who ranged from 22 to 70 years old, 36 per cent were circumcised in a hospital, 24 per cent at home, 20 per cent in a clinic, 8 per cent in a clinic, and 4 per cent in a health centre (8 per cent also did not remember the place of circumcision). Other studies have been conducted in this field, some of which have indicated fewer complications of traditional circumcision and some others have pointed to fewer complications of medical society activity in the country.



Picture 15: Some circumcision surgery tools (Tabnak website)

The Time of Circumcision According to Islam

Regarding the circumcision of boys among Muslims, the Prophet of Islam, Shia Imams, and Sunni religious scholars have emphasised its performance in the early years and especially on the seventh day. For example, it is narrated from the Prophet of Islam:

Circumcise your sons on the seventh day of their birth, for it is more effective for the cleanliness and physical growth of the infant, and it brings more freshness to their soul (Kulayni, vol. 6, 1407 AH, p. 35).

It is also narrated from Imam Ali:

Circumcise your sons on the seventh day of their birth, and do not let heat or cold prevent you from doing so, for circumcision is a means of purity and cleanliness of the body (Abu Shu'ba Harani, 1363 AH, p. 124).

In a hadith from the fifth Shia Imam, it is also mentioned that the Prophet circumcised Hasan and Hussein on the seventh day of their birth, and Imam Sadiq has said about circumcision:

Circumcise your children, for it is a means of greater cleanliness and faster growth of flesh, and the earth hates uncircumcised urine (Kulayni, vol. 6, 1407 AH, p. 34).

Despite the numerous hadiths emphasising the necessity of circumcision on the seventh day, it has been observed that in some Islamic communities, the age for circumcision is delayed until puberty or eighteen years old. However, there are also documents indicating that there is no legal prohibition on this practice. For example, Ali ibn Yaqtin narrates that he asked the seventh Shia Imam about circumcision:

Is the circumcision of a baby boy on the seventh day a tradition, or can it be delayed? And which is better? He replied: 'It is a tradition on the seventh day, but there is no problem if it is delayed (same source, p. 36; Hor Ameli, vol. 15, n.d., p. 165).

The existing differences of opinion regarding the age of circumcision is the most important reason for the variation in this practice among Islamic societies, with some performing it on the seventh day and others delaying it until puberty. For example, in Pakistan, boys born in hospitals are circumcised a few days after birth, while boys born outside hospitals are usually circumcised between the ages of three and seven. In Turkey, the age for Muslim boys' circumcision ranges from the eighth day of birth to puberty. In Indonesia, circumcision is performed between the ages of five and eighteen (WHO, 2007), and in Saudi Arabia, especially in Mecca, it is usually performed between the ages of three and seven, in Egypt between the ages of five and six, and in North Africa between the seventh day of birth and the age of thirteen (Saeedi, 2011).

An interesting point regarding the timing of circumcision among Muslims can be found in a narrative from the book by Bartholomew Georgievich, a Catholic priest who was captured by the Turks and held captive for nearly a decade in Istanbul and other Ottoman territories. In his book, *The First Narrative* published in 1647 he writes: 'Unlike the Jewish tradition of circumcising infants on the eighth day of birth, Muslims

circumcise their children when they are seven or eight years old, and the reason for that is the child's recognition of his beliefs before circumcision' (Doyche, 2013). However, it should be noted that there is no evidence that a child would confess to any specific beliefs before circumcision in any religion, especially among Muslims, and this is merely a report about this issue.

Almost all religious authorities agree on the obligation of circumcision, even if it is performed after puberty. However, some jurists have considered circumcision to be a duty and one of the rights of parents, while other groups do not consider it obligatory for guardians. Hadiths have been used as evidence to support the importance of this practice, encouraging parents to circumcise their children. For instance, contemporary Shiite authority Seyyed Ali Hosseini Sistani recommends that parents perform circumcision before the child reaches puberty. Other authoritative sources, such as Safi Golpayegani and Shobeiri Zanjani, consider circumcision on the seventh day to be *mustahabb* (highly recommended), while Makarem Shirazi has ruled that parents have a duty to circumcise their male children.

Sunni cleric Mullah Mohammad Jamaluddin Vazhi, from the Pasuh Mosque in Piranshahr city of West Azerbaijan Province, also believes in the importance of circumcision.

In post-puberty years, not having circumcision done for a Muslim who believes in its obligation is equivalent to bearing the responsibility of the consequences in the afterlife, as it amounts to neglecting a duty that is considered obligatory.

Abdulrahman Mohammad Rasouli, a religious scholar and researcher, considers circumcision of children before the seventh day to be disliked and not desirable, while circumcision on the seventh day is considered recommended. He cites a narration as evidence for this research, which is as follows:

Imam Hakim and Imam Bayhaqi have narrated from Hazrat Aisha that the Prophet of Islam had his beloved

grandsons, Hassan and Hussein, circumcised on the seventh day of their birth.

According to Mohammad Rasouli,

the authenticity of this narration is accurate, and the day of birth is not taken into account; meaning, it should be at least seven days after the birth before the circumcision is performed.

Additionally, Prophet Abraham circumcised his son Isaac at the age of seven and his other son Ishmael at the age of seventeen. Therefore, if a child is weak and cannot tolerate the circumcision, it becomes obligatory to delay it until the child is able to tolerate it.

Chapter 3: Circumcision in History and Across Geography

Introduction

Circumcision dates back around fifteen thousand years, making it one of the oldest surgical procedures performed on children. Explorers have found evidence of this practice in mummified bodies belonging to the ancient Egyptians. References and recommendations to this practice can also be found in religious texts of Islam and Judaism. Moreover, circumcision has been prevalent among certain African tribes, Australian indigenous people, and other non-religious communities for many years. Additionally, circumcision is one of the oldest surgical procedures in the world, with a long history dating back to ancient times, and it continues to be practised in various parts of the world to this day.

This chapter aims to provide a general overview of the historical roots and geographical extent of circumcision, particularly male circumcision around the world. To achieve this, the discussion begins with the origins and historical roots of circumcision, providing a brief but historical account of the subject matter. The chapter then delves into the prevalence and distribution of circumcision in Asia, Africa, English-speaking countries, as well as Central and South America, in an attempt to provide a geographical representation of the practice.

Egypt: The Historical Origin and Prehistoric Background of Circumcision

The search for the origin of circumcision in the world, both in women and men, leads us to the ancient surroundings of

Egypt. Researchers generally believe that the geographical origin of female circumcision is around the Nile River in ancient Egypt, dating back over two thousand years. It is believed that this tradition has spread from this region to the surrounding areas. Many historians claim that circumcision of girls was practised during the time of the Pharaohs, and therefore, its roots must be sought in Egypt in the 5th century BC. Evidence of the birth of the circumcision ritual for men has also been observed in this area, including the account of Herodotus who narrated that circumcision had been a common practice in Egypt since ancient times. These narratives have been confirmed by the discovery of mummies and some inscriptions on tomb walls, indicating that circumcision of both men and women was prevalent even before the advent of Moses, during the middle of the third millennium BC, and it was referred to as 'Pharaonic purification.' Numerous accounts have been mentioned in the history of circumcision, with estimates ranging from three thousand to fifteen thousand years, but the thought-provoking point is that from some perspectives, this issue has prehistoric roots, and its first origin can be sought in ancient Egypt or Mesopotamia. As far as we know, none of the other peoples of the eastern Mediterranean had this tradition. Herodotus visited Egypt around 450 BC and reflected on a subject that is suitable for demonstrating the distinctions of the Egyptian people and has similarities with some of the Jewish customs of later periods. He said: 'They are more abstemious than others in every respect and are distinguished by some customs, such as circumcision, and because of their cleanliness, they were the first to make it prevalent. Also, they detest pork.' (Freud, 1969).

It is quoted that the historian, Clément of Alexandria, narrated that Pythagoras, who had gone to Egypt, was circumcised so that he could learn the secrets of religion from the priests, as no one could become a priest at that time unless he was circumcised (Daneshpajoo, 1946).



Picture 16: Engraving of a circumcision ritual in one of the ancient temples of Egypt, dating back to the era of Amenhotep III (Wikipedia)¹

From Maternal Origins of Circumcision, the Prohibition of Homosexual Tendencies, to Paternal Origins of Circumcision, the Conspiracy of Circumcision as a Form of Punishment and Suppression of Sexual Competitions

Circumcision can be regarded as a symbolic and ancient practice rooted in the beliefs of human beings throughout their history and culture. It is part of the narrative of various peoples who lived on this planet before. Female genital mutilation is not an exception to this rule, as it is mentioned in a study entitled *In the Name of Tradition* (Ahmady, 2015) that some believed that female circumcision improves their fertility, reduces their homosexual tendencies, and increases their adherence to their designated husband.

As industry and agriculture expanded and became more advanced, and resulted in higher income, the stronger sex gradually extended its dominance. With the development of animal husbandry, a fresh source of wealth fell into the hands

¹ https://commons.wikimedia.org/wiki/File:Circumcision_Precinct_of_Mut.png

of men, and thus, life became stronger and more stable. Even agriculture, which was considered a backward practice by ancient hunters, eventually attracted men completely and took away the economic sovereignty that women had gained from this practice. Until then, it was women who domesticated animals, but it was men who used them in agriculture, and thus, they took over the supervision of agriculture themselves. Especially since the iron plough was used and required more muscle power, men facilitated the transfer of agricultural supervision from women to men (Reed, 2008).

As humans gained more possessions that could be transferred between generations, like domesticated animals and agricultural products, this eroded women's authority. Men demanded women be completely loyal so that the children and inheritance would definitely be the man's offspring. This emboldened men as the concept of fathers determining heirship became established in families, taking over inheritance practices that had traditionally passed through women. Women's maternal rights were superseded by men's paternal rights, and the male-led patriarchal family emerged as a fundamental social, economic, legal and moral unit. The gods, long represented as female deities, came to be portrayed as bearded male gods symbolizing fathers and elders. Sanctuaries resembling those created in men's imaginations during periods of isolation were constructed around these male gods, reflecting how men now envisioned social structures. (Setodeh, 2003)

The emergence of the patriarchal family is counted as a strong blow to destroying women's authority. After that, women and their children were given the title of property of the father or older brother, and then the husband. For marriage, just as slaves and maids were bought in the market, women were also bought, and upon the death of the husband, the woman was also inherited, like other types of property (Setodeh, 2003). And according to Morgan, fundamental human institutions originated in barbarism, evolved in savagery, and matured in civilisation. Similarly, the family also passed through successive forms and created large systems of consanguinity and kinship that have endured to the present day. The concept

of ownership also grew and developed similarly, the desire to seize assets as a manifestation of accumulated wealth, which was zero in the state of savagery, now dominates the minds of civilised human groups (Morgan, 1992).

After the decline of the matriarchal system and common ownership, and the emergence of patriarchal structures and private property, the family system also gradually evolved with other institutions, and polygamy was allowed for economic and legal reasons. In polygamous societies, the head of the household promoted female genital mutilation among his sons to maintain his ownership over his multiple wives in the family and prevent his sons from cohabiting with these women. This idea is consistent with Freud's Oedipus complex theory, which argues that in the process of growth and development, male children see the father as an obstacle to the love and affection of the mother. Therefore, they seek to eliminate the father, but this confrontation shows itself in the form of jealousy due to the child's inability to fight the father. Therefore, in earlier eras as well, it was prescribed that sons of the family should be punished by circumcision conspiracy up to seven years of age so that they do not develop a sexual attraction to other wives of their fathers. Previously, they had also promoted the practice of female genital mutilation through a conspiracy to silence such sexual instincts in them lest they find another sexual partner in the absence of their husbands. Again, they were successful in implementing this bloody practice on their sons with a calm mind, they could devote themselves to war, hunting, trade, etc. for a long time away from home. Later, with the emergence of religions in people's cultures, this tradition entered religion like other human achievements and continued its existence with change and metamorphosis (Reed, 2008). Given that this practice existed before the emergence of religions, it does not seem quite right that the Almighty God of religions should focus on types and kinds of actual and potentially human diseases instead of thinking and idea generation, and concentrating on a piece of skin of the organ and prescribe purification, health regulation and well-being of males and females on the rare possibility of disease at that

point, if so, a defect enters the creator's creation: why did He place that piece of skin on the organ from the beginning?

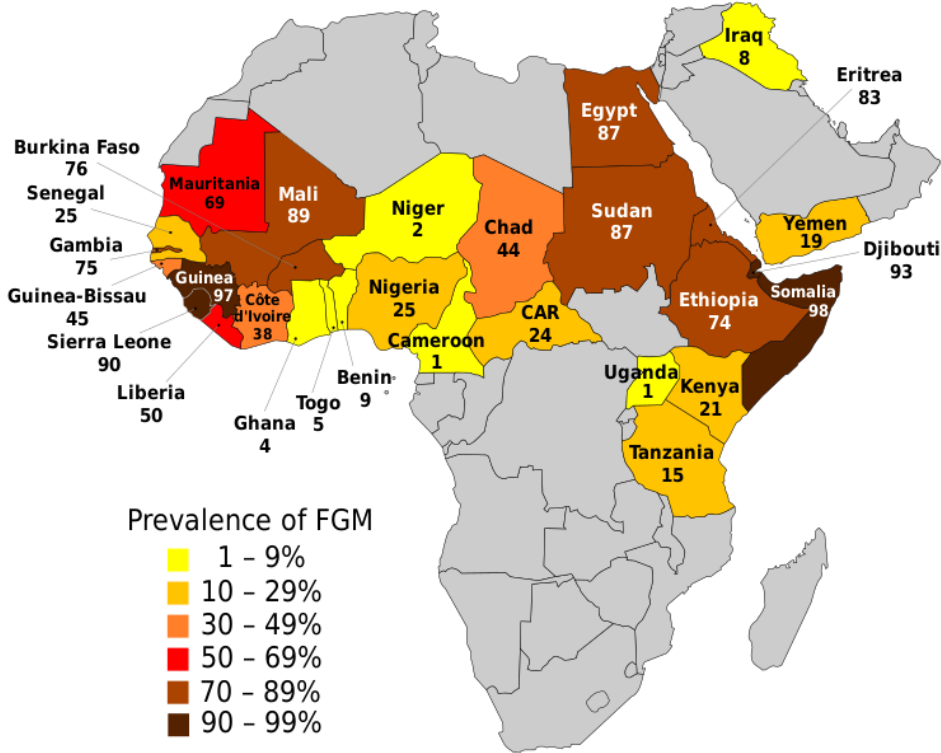
The Origins and Spread of Circumcision: How an ancient Egyptian practice took root across cultures

From historical observations and documents, it seems that while one of the origins of circumcision was ancient Egypt and Mesopotamia, it has not been limited to this founding place over history and has also been observed in other parts of the world, especially the Middle East. Research on how circumcision spread and spread to other geographical areas is still ongoing. One of the proposed hypotheses can be sought through wars and conquests of ancient civilisations and efforts to spread the dominant culture and some other influences. Egypt, as the intersection of Africa, Asia and Europe continents, has always been the subject of conflict of great conquerors. It is reported that in 525 BC, Cambyses, the son of Cyrus, invaded Memphis, the capital of Egypt, and annexed the country to the Achaemenid Empire. He then sought to establish unity between Egypt and Iran. That's why, according to the customs and ceremonies of this country, he crowned himself. After Cambyses, his successor Darius I and then Xerxes continued the program to expand the Achaemenid government, and Darius, like Cyrus, left the Egyptians free in their personal and religious lives. Iranian rule over Egypt lasted for 203 years and archaeological records and excavations testify to friendly coexistence and human relations between the civilisations of Iran and Egypt in the Achaemenid era; otherwise, their rule would not last so long. For two centuries, the two countries of Iran and Egypt, through close contact, not only found extensive cultural commonalities but also established a common language between the civilisations of Iran and Egypt. Iranians also learned the science of medicine, which had progressed greatly in ancient Egypt from the Egyptians. According to appearances and historical narratives, the oldest medical record belongs to an inscription engraved on bricks in cuneiform script and obtained from Mesopotamia, and according to archaeologists, its date reaches about 3,000 years before the birth of Christ (Aslani, 2018). In

continuation of this claim, one can refer to the Chaldeans, who, according to Herodotus, also practised circumcision among them like the Egyptians. The Chaldeans of Mecca had Egyptian origin and were once a colony of pharaohs. As a result, this practice must have been adopted from Egypt, but the Jews, who were confined in another corner of Arabia, may have acquired this custom from the mighty country of Egypt, which for a while held them under its control (Daneshpayeh, 1946). There is much evidence of body decoration and circumcision of women and men in examining the mummified bodies of ancient Egyptian pharaohs using 'X-Ray' technology.

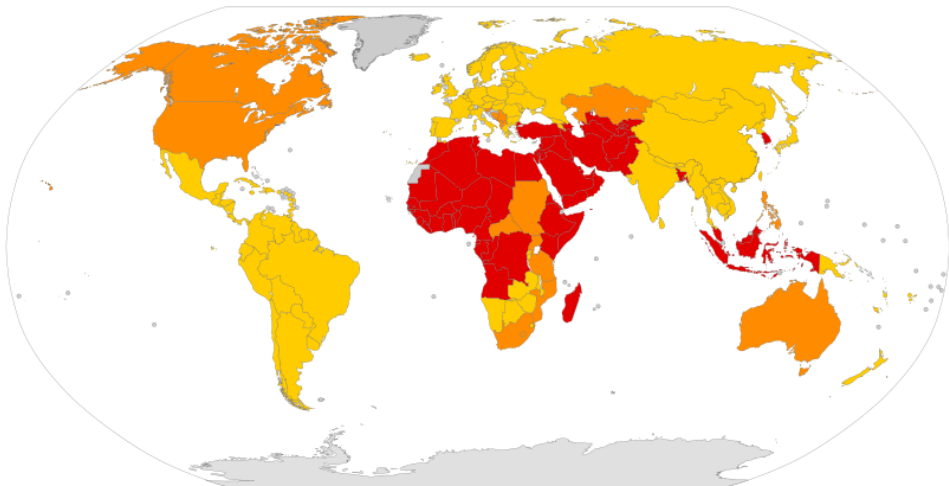
An Overview of the Geographical Spread of Circumcision

As mentioned earlier, circumcision is one of the oldest types of surgical procedures that has continued to the present day in the world and refers to cutting the genitals of each of the two sexes, women and men. Regarding female circumcision, despite legal restrictions and civil criticism, we still witness its occurrence in some parts of the world. According to UNICEF reports, female circumcision is mainly practised in twenty-nine countries located in Africa, some Asian and Middle Eastern countries, including Iran and the Kurdistan region of Iraq, as well as among some immigrant populations living in North America, Australia, the Middle East and Europe. There is little evidence that this practice is common in southern parts of Africa or however in Arabic-speaking countries in northern Africa, other than Egypt. The increasing migration of communities that circumcise girls has also brought this practice to some other parts of the world, including Australia, Canada, New Zealand, the United States, and some European countries. Female circumcision can also be found to a lesser extent in Indonesia, Malaysia, Pakistan, and India. However, female circumcision is also found to some extent in Morocco.



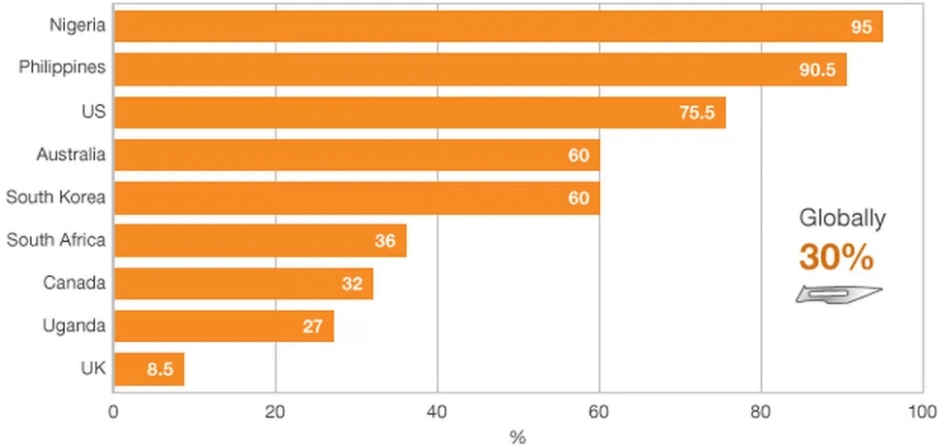
Picture 17: Prevalence of female FGM/C around the world (UNICEF official website)

While female circumcision has led to various civil activities aimed at ending the practice and protecting girls and women, male circumcision is generally accepted and legal in most countries around the world. It is estimated that approximately one-third of men globally have undergone circumcision.



Picture 18: In countries marked in red, male circumcision is more prevalent¹

How many men are circumcised around the world?



Source: WHO

Chart 4: Circumcision in the world, according to the World Health Organisation

According to statistics, around 69% of Muslims, 80% of Jews, and 13% of non-Muslims and non-Jews living in the U.S. practice circumcision (WHO, 2007). However, circumcision is

¹ Source: BBC

not limited to these groups or regions. It is also prevalent among indigenous communities in Australia, Africa, and countries like Indonesia, the Philippines, and many others (Bell, 2005, p. 135).

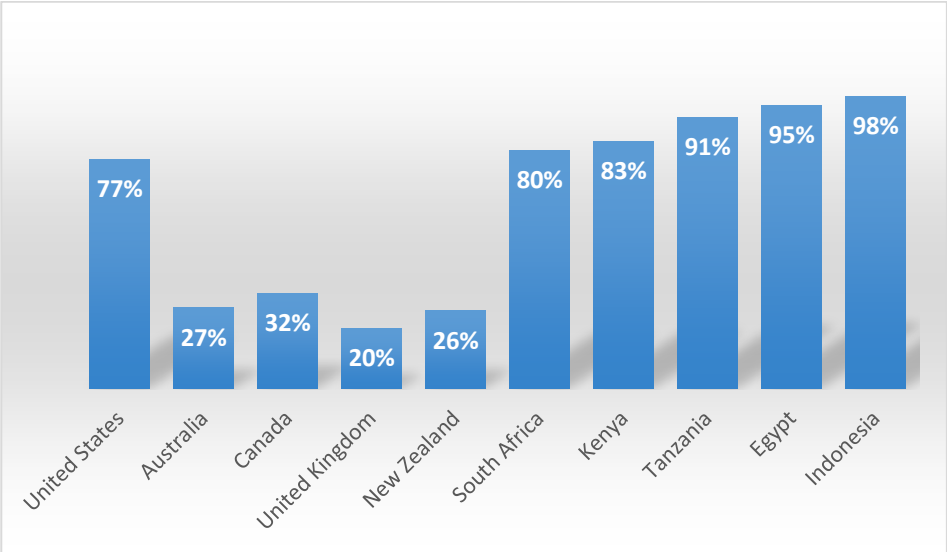


Chart 5: Percentage of male circumcision in different countries of the world

Perhaps the reason for its spread can be found in the origin of the incident. According to many studies, male circumcision continues for various religious, ethnic, medical and health reasons. Male circumcision statistics in different countries can be seen in Table 2.

Table 2: Estimate of male circumcision prevalence in the world (Maurice et al., 2016)

| N o. | Country / territory | M C % | N o. | Country / territory | M C % | N o. | Country/ territory | M C % |
|------|---------------------|-------|------|---------------------|-------|------|--------------------|-------|
| 1 | Morocco | 99.9 | 81 | Albania | 47.7 | 161 | Moldova | 0.5 |
| 2 | West Bank | 99.9 | 82 | Mozambique | 47.4 | 162 | Monaco | 0.5 |

| N o. | Country / territory | M C % | N o. | Country / territory | M C % | N o. | Country/ territory | M C % |
|---------|---------------------------|-------------|---------|---------------------------|-------------|---------|-----------------------|-------------|
| 3 | Afghanistan | 99.8 | 83 | South Africa | 44.7 | 163 | Aruba | 0.46 |
| 4 | Tunisia | 99.8 | 84 | Bosnia & Herzegovina | 41.6 | 164 | Latvia | 0.38 |
| 5 | Iran | 99.7 | 85 | Sudan | 39.4 | 165 | Romania | 0.34 |
| 6 | Western Sahara | 99.6 | 86 | Macedonia | 33.9 | 166 | Venezuela | 0.33 |
| 7 | Comoros | 99.4 | 87 | New Zealand | 33 | 167 | Belarus | 0.32 |
| 8 | Mauritania | 99.2 | 88 | Canada | 31.9 | 168 | Anguilla | 0.3 |
| 9 | Tajikistan | 99 | 89 | Hong Kong | 28 | 169 | Grenada | 0.3 |
| 10 | Yemen | 99 | 90 | Uganda | 26.7 | 170 | Malta | 0.3 |
| 11 | Iraq | 98.9 | 91 | Australia | 26.6 | 171 | Saint Kitts & Nevis | 0.3 |
| 12 | Nigeria | 98.9 | 92 | Namibia | 25.5 | 172 | Chile | 0.21 |
| 13 | Jordan | 98.8 | 93 | South Sudan | 23.6 | 173 | Bahamas, The | 0.2 |
| 14 | Turkey | 98.6 | 94 | Thailand | 23.4 | 174 | Cayman Islands | 0.2 |
| 15 | Azerbaijan | 98.5 | 95 | Cyprus | 22.7 | 175 | Dominica | 0.2 |
| 16 | Maldives | 98.4 | 96 | Belgium | 22.6 | 176 | Isle of Man | 0.2 |
| 17 | Algeria | 97.9 | 97 | Malawi | 21.6 | 177 | Lithuania | 0.2 |
| 18 | Liberia | 97.7 | 98 | United Kingdom | 20.7 | 178 | Saint-Pierre & Miquel | 0.2 |

| N o. | Country / territory | M C % | N o. | Country / territory | M C % | N o. | Country/ territory | M C % |
|---------|-----------------------------|-------------|---------|---------------------------|-------------|---------|-----------------------|-------------|
| 19 | Congo, Democrat Repub | 97. 2 | 99 | Monteneg ro | 18. 5 | 17 9 | Vietnam | 0.2 |
| 20 | Saudi Arabia | 97. 1 | 10 0 | Mauritius | 16. 6 | 18 0 | Costa Rica | 0.1 5 |
| 21 | Côte d'Ivoire | 96. 7 | 10 1 | Suriname | 15. 9 | 18 1 | Slovakia | 0.1 5 |
| 22 | Libya | 96. 6 | 10 2 | Mexico | 15. 4 | 18 2 | Czech Republic | 0.1 4 |
| 23 | Djibouti | 96. 5 | 10 3 | Botswana | 15. 1 | 18 3 | Puerto Rico | 0.1 4 |
| 24 | Uzbekista n | 96. 5 | 10 4 | Singapore | 14. 9 | 18 4 | Bolivia | 0.1 1 |
| 25 | Pakistan | 96. 4 | 10 5 | China | 14 | 18 5 | Cuba | 0.1 1 |
| 26 | Sierra Leone | 96. 1 | 10 6 | Jamaica | 14 | 18 6 | Ecuador | 0.1 1 |
| 27 | Niger | 95. 5 | 10 7 | Dominica n Republic | 13. 7 | 18 7 | Egypt | 0.1 1 |
| 28 | Togo | 95. 2 | 10 8 | India | 13. 5 | 18 8 | El Salvador | 0.1 1 |
| 29 | American Samoa | 95 | 10 9 | Bulgaria | 13. 4 | 18 9 | Equatorial Guinea | 0.1 1 |
| 30 | Cocos (Keeling) | 95 | 11 0 | Rwanda | 13. 3 | 19 0 | Eritrea | 0.1 1 |
| 31 | Cook Islands | 95 | 111 | Zambia | 12. 8 | 19 1 | Estonia | 0.1 1 |
| 32 | Guam | 95 | 11 2 | Guyana | 12 | 19 2 | Ethiopia | 0.1 1 |
| 33 | Nauru | 95 | 11 3 | Russia | 11. 8 | 19 3 | Falkland Islands | 0.1 1 |

| N o. | Country / territory | M C % | N o. | Country / territory | M C % | N o. | Country/ territory | M C % |
|-----------------|------------------------------------|----------------------|-----------------|------------------------------------|----------------------|-----------------|-------------------------------|----------------------|
| 34 | Niue | 95 | 11 4 | Papua New Guinea | 10. 1 | 19 4 | Faroe Islands | 0.1 1 |
| 35 | Palau | 95 | 115 | Zimbabw e | 9.2 | 19 5 | Fiji | 0.1 1 |
| 36 | Samoa | 95 | 11 6 | Japan | 9 | 19 6 | Finland | 0.1 1 |
| 37 | Solomon Islands | 95 | 117 | Slovenia | 8.5 | 19 7 | France | 0.1 1 |
| 38 | Tokelau | 95 | 11 8 | Sri Lanka | 8.5 | 19 8 | French Polynesia | 0.1 1 |
| 39 | Tonga | 95 | 11 9 | Taiwan | 8.3 | 19 9 | Gabon | 0.1 1 |
| 40 | Tuvalu | 95 | 12 0 | Swaziland | 8.2 | 20 0 | Gambia, The | 0.1 1 |
| 41 | Vanuatu | 95 | 12 1 | Spain | 6.6 | 20 1 | Gaza Strip | 0.1 1 |
| 42 | Madagasc ar | 94. 7 | 12 2 | Timor- Leste | 6.4 | 20 2 | Georgia | 0.1 1 |
| 43 | Cameroon | 94 | 12 3 | Haiti | 6.2 | 20 3 | Germany | 0.1 1 |
| 44 | Senegal | 93. 5 | 12 4 | Gibraltar | 6 | 20 4 | Guatemala | 0.1 1 |
| 45 | Somalia | 93. 5 | 12 5 | Switzerla nd | 5.9 | 20 5 | Paraguay | 0.1 1 |
| 46 | Turkmeni stan | 93. 4 | 12 6 | Austria | 5.8 | 20 6 | Poland | 0.1 1 |
| 47 | Guinea- Bissau | 93. 3 | 12 7 | Trinidad & Tobago | 5.8 | 20 7 | Armenia | 0.1 |
| 48 | Banglades h | 93. 2 | 12 8 | Netherlan ds | 5.7 | 20 8 | Belize | 0.1 |
| 49 | Benin | 92. 9 | 12 9 | Denmark | 5.3 | 20 9 | Cabo Verde | 0.1 |

| N o. | Country / territory | M C % | N o. | Country / territory | M C % | N o. | Country/ territory | M C % |
|-----------------|------------------------------------|----------------------|-----------------|------------------------------------|----------------------|-----------------|-------------------------------|----------------------|
| 50 | Syria | 92. 8 | 13 0 | Sweden | 5.1 | 21 0 | Christmas Island | 0.1 |
| 51 | Indonesia | 92. 5 | 13 1 | Liechtens tein | 4.8 | 21 1 | Greenland | 0.1 |
| 52 | Kyrgyzsta n | 91. 9 | 13 2 | Greece | 4.7 | 21 2 | Guernsey | 0.1 |
| 53 | Israel | 91. 7 | 13 3 | Mongolia | 4.4 | 21 3 | Holy See (Vatican) | 0.1 |
| 54 | Kosovo Islands | 91. 7 | 13 4 | Columbia | 4.2 | 21 4 | Honduras | 0.1 |
| 55 | Philippine s | 91. 7 | 13 5 | Nepal | 4.2 | 21 5 | Iceland | 0.1 |
| 56 | Ghana | 91. 6 | 13 6 | Serbia | 3.7 1 | 21 6 | Jersey | 0.1 |
| 57 | Kenya | 91. 2 | 13 7 | Peru | 3.7 | 21 7 | Kiribati | 0.1 |
| 58 | Northern Mariana Is | 90 | 13 8 | Burma | 3.5 | 21 8 | Korea, North | 0.1 |
| 59 | Burkin Faso | 88. 3 | 13 9 | Cambodia | 3.5 | 21 9 | Laos | 0.1 |
| 60 | Oman | 87. 7 | 14 0 | Norway | 3 | 22 0 | Macau | 0.1 |
| 61 | Kuwait | 86. 4 | 14 1 | Argentina | 2.9 | 22 1 | Marshall Islands | 0.1 |
| 62 | Mali | 86 | 14 2 | Italy | 2.6 | 22 2 | Micronesia, Fed States | 0.1 |
| 63 | Guinea | 84. 2 | 14 3 | Luxembo urg | 2.4 | 22 3 | Montserrat | 0.1 |
| 64 | Bahrain | 81. 2 | 14 4 | Ukraine | 2.3 | 22 4 | Nicaragua | 0.1 |
| 65 | Qatar | 77. 5 | 14 5 | Saint- Vincent & Grena | 1.7 | 22 5 | Norfolk Island | 0.1 |

| N o. | Country / territory | M C % | N o. | Country / territory | M C % | N o. | Country/ territory | M C % |
|---------|--------------------------------|-------------|---------|------------------------------|-------------|---------|------------------------------|-------------|
| 66 | Korea, South | 77 | 14 6 | Brazil | 1.3 | 22 6 | Saint Barthélemy | 0.1 |
| 67 | United Arab Emirates | 76 | 14 7 | Croatia | 1.3 | 22 7 | Saint Helena, Ascens | 0.1 |
| 68 | Chad | 73. 5 | 14 8 | British Virgin Islands | 1.2 | 22 8 | Saint Lucia | 0.1 |
| 69 | Tanzania | 72 | 14 9 | Andorra | 1.1 | 22 9 | Saint Martin & Tristan | 0.1 |
| 70 | United States | 71. 2 | 15 0 | Seychelles | 1.1 | 23 0 | San Marino | 0.1 |
| 71 | Congo, Republic | 70 | 151 | Bhutan | 1 | 23 1 | Sao Tome & Principe | 0.1 |
| 72 | Central African Republic | 63 | 15 2 | Panama | 0.9 5 | 23 2 | Svalbard | 0.1 |
| 73 | Burundi | 61. 7 | 15 3 | Ireland | 0.9 3 | 23 3 | Turks & Caicos Is | 0.1 |
| 74 | Malaysia | 61. 4 | 15 4 | Barbados | 0.9 | 23 4 | Wallis & Futuna | 0.1 |
| 75 | Lebanon | 59. 7 | 15 5 | Bermuda | 0.8 | 23 5 | Curacao | 0.0 7 |
| 76 | Angola | 57. 5 | 15 6 | Hungary | 0.7 8 | 23 6 | Sint Maarten | 0.0 6 |
| 77 | Kazakhstan | 56. 4 | 15 7 | Uruguay | 0.6 2 | 23 7 | Pitcairn Islands | 0 |
| 78 | Lesotho | 52 | 15 8 | Portugal | 0.6 1 | | | |
| 79 | Brunei | 51. 9 | 15 9 | Antigua & Barbuda | 0.6 | | | |
| 80 | New Caledonia | 50 | 16 0 | Virgin Islands | 0.5 5 | | | |

Frequency and Factors Influencing Circumcision in Asia and the Middle East

Considering Egypt as one of the Middle Eastern countries, it can be claimed that this region was the home of circumcision for both sexes and examination of mummified Egyptian bodies also proves the practice of this surgical operation in the distant past (Fanai et al., 2003). According to Table 2, on average 86.02% of men in the Middle East have been circumcised and given the majority of the people of this region follow Islam and also Judaism and the laws of both religions regarding circumcision of sons, observing this rate is not surprising. Iran's position in the Middle East, its official religion of Islam, and its historical ties to Egypt have combined to make circumcision widespread in the country. As discussed in 'Circumcision in Iran,' these factors have established circumcision as an important cultural practice in Iran.

Based on available data, the circumcision rate among men in the Middle East, Central Asia, Bangladesh, Indonesia, and Pakistan is approximately 100% (Hall, 2001). Additionally, there are approximately 120 million circumcised men in India (Dreen et al., 2006). In Asia, the rate of non-religious circumcision is very low. In all of these countries, except for South Korea and the Philippines where circumcision is very common, male circumcision is primarily performed for religious and cultural reasons. In the Republic of Korea, the prevalence of circumcision has changed significantly during the 20th century, from almost 0% in 1945 to over 90% currently. It is believed that this trend was largely influenced by the United States, which took control of the Republic of Korea in 1945. The most noticeable increase in the percentage of circumcised men among 20-year-olds occurred from 1950 to 2000. These statistics show that the most significant increase in the circumcision rate among men was around 60% during the 1980s (Pang and Kim, 2002). In the Republic of Korea, circumcision is performed on adolescents or later in life instead of infancy (Kim, Wai, and Pang, 1999). According to the results of a study, the average age of circumcision among 1,500 young men interviewed in the southern province was between ten and fifteen years old, and only 1% of boys were

circumcised at this age (Ave et al., 2004). Another study of 1,124 men showed that 80% of the study subjects were circumcised and the average age of circumcision was between twelve and fourteen years old (Ryu et al., 2003). The reason for the almost global prevalence of male circumcision in the Philippines is less clear, but circumcision has a long history in the country and is not believed to be related to religious influence (Lee, 2005). There is limited information on the age of circumcision in this country, but one study showed that 42% of boys under the age of ten, 52% of boys between the ages of ten and fourteen, and 5% of boys between the ages of fifteen and eighteen were circumcised (ibid.). In Malaysia, male circumcision is also very common, likely due to the influence of the majority Muslim population (Schmitz et al., 2001). In contrast, circumcision is a rare practice in Thailand, apart from among predominantly Muslim communities in southern Thailand (Wilentz and Potts, 2004; Mastrone et al., 1994).

Factors Affecting Male Circumcision in Africa

Male circumcision is prevalent in many African countries, particularly in North Africa and most West African countries. In contrast, it is less common in South Africa. According to available statistics, the circumcision rate in Botswana, Namibia, Eswatini, Zambia, and Zimbabwe is approximately 15% (Demographic and Health Surveys, 2006; Dreen et al., 2006; Lanny, 2005; Connolly et al., 2004). These figures indicate that the circumcision rate in Southern Africa is 35%, 48% in Lesotho, 60% in Mozambique, and 80% in Angola and Madagascar (Demographic and Health Surveys, 2006; Dreen et al., 2006; Connolly et al., 2004). Furthermore, the prevalence of this practice in Central and East Africa ranges from almost 15% in Burundi and Rwanda to 70% in the United Republic of Tanzania, 84% in Kenya, and 93% in Ethiopia (Demographic and Health Surveys, 2006).

The age of circumcision varies in African countries, with an average age of circumcision being between five to seven years old in Burkina Faso (Demographic and Health Surveys, 2006), seven to ten years old in Zambia (Bowa, 2006), eight to sixteen

years old in Kenya (Agot and Billi, 2006), and even as late as late adolescence or twenties in some parts of the United Republic of Tanzania and South Africa (Enkono et al., 2001; Ouwens et al., 2001).

Male circumcision in Africa is primarily performed for religious and cultural reasons. In countries of Southern Africa, cultural tradition and identity play an equally important role as religion in male circumcision ceremonies. In these countries, the age of circumcision varies from infancy to late adolescence or early twenties. Male circumcision is performed in many African countries, but the important point is the diversity of reasons that have contributed to the continuity of this ancient tradition. In addition to the emphasis of some religions such as Islam and Judaism on this practice, male circumcision has been highlighted in some African ethnic groups as a way to maintain hierarchical and gender relations. In such communities, where circumcision is an important practice, if an individual is not circumcised, they may feel unnatural and unequal to other members of their ethnic group (Holstein, 2004, p. 245). Therefore, the prevalence of this type of surgical procedure is higher in North and West Africa compared to other regions of the continent, with a reported prevalence ranging from 15% to over 80% in different countries of the continent. The reason for this difference can be attributed to the presence of certain populations who are reluctant to undergo circumcision or to different ethnic groups with different customs and traditions, where circumcision has also been discontinued in some of them in recent centuries. Although the reasons for the disappearance of this practice among some of these ethnic groups are not entirely clear, influential factors on this issue include the presence of European missionaries in countries such as Botswana, Malawi, and some parts of South Africa, as well as the decrees of some rulers at certain times in history (WHO, 2007).



Picture 19: Mass Circumcision of Boys in Kenya

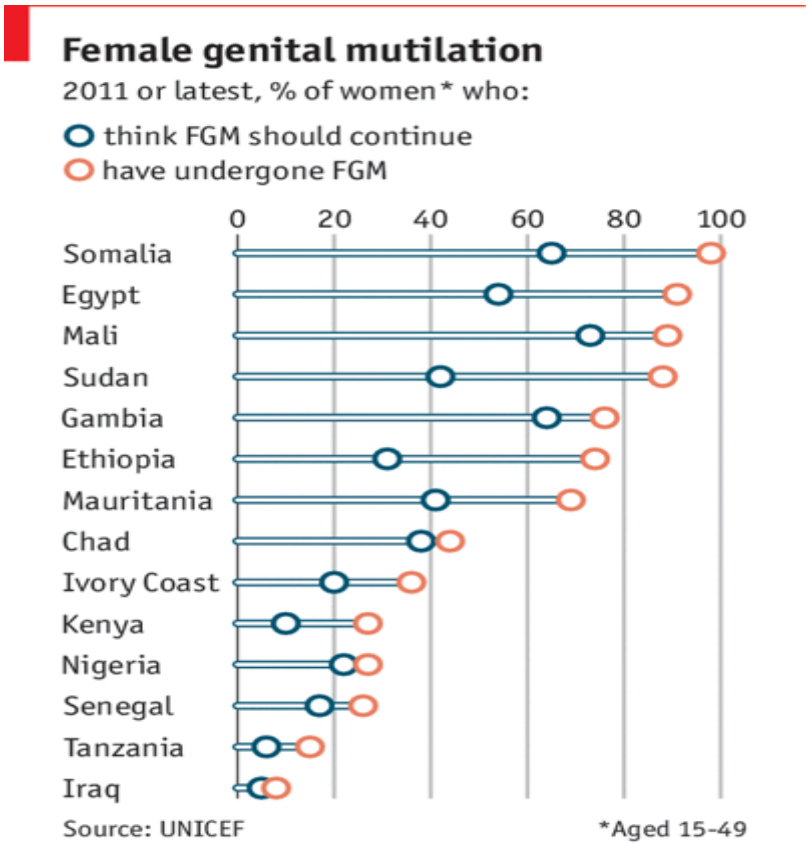


Chart 6: Views of people from a number of different African countries on female genital mutilation (Source: UNICEF’s official website)

Prevalence and Factors Affecting Male Circumcision in English-speaking Societies

During the 19th century, after the advent of anesthesia in surgery and the first epidemiological studies, such as the studies of venereal (STI) disease in 1855, which revealed that 61% of non-Jewish patients (who were uncircumcised) compared to 19% of Jewish patients had syphilis, male circumcision became increasingly prevalent in English-speaking industrialized countries. This led to the widespread belief that circumcision was beneficial and that the foreskin was a source of disease that sometimes needed to be removed. Despite all of these factors, the circumcision rate in Europe is much lower compared to the United States (WHO, 2007).

In the United States and Britain, before World War II, circumcision was primarily considered a medical procedure. However, in Britain, it became a non-medical procedure until the 1960s, and in the United States, it became a non-medical procedure after the 1970s. In this regard, medical specialists and healthcare/insurance systems were among the most influential factors. In the United States, activists also played an important role in this regard.

An interesting point to note is that this issue was also present during the presence of Communist forces in the Soviet Union. According to Chantal Lemerrier's report in *Arash Magazine*, nearly 47 million Muslims lived in the Soviet Union, who not only practised circumcision but even some atheists and high-ranking Communist members also underwent this procedure. For them, circumcision was a national rather than a religious tradition, and it allowed them to distinguish themselves from their Russian brethren. Lemerrier goes on to say in her report:

an uncircumcised person cannot be considered a Muslim and an Uzbek, Tatar, or Tajik person cannot be a Muslim without being circumcised. (Lemerrier, 1981)

During the 19th century, after the advent of anaesthesia in surgery and the first epidemiological studies, such as the studies of venereal disease in 1855, which showed that 61% of

non-Jewish patients (who were uncircumcised) compared to 19% of Jewish patients had syphilis, male circumcision became increasingly prevalent in English-speaking industrialised countries. According to available data, this procedure is more common in North America than in other parts of the world, with circumcision rates reaching around 71.2% and 31.9% in the United States and Canada, respectively. The circumcision rate for infants and young boys in the United States reached around 80% in the 1960s and remains high, ranging from 76% to 92% (Morris et al., 2016). In 1971, the American Academy of Pediatrics announced that there was no medical justification for routine circumcision, leading to a decrease in the circumcision rate in the United States. However, in 1989, after reports were published on the potential benefits of circumcision, such as reducing urinary tract infections in boys, reducing sexually transmitted infections in adults, and reducing the incidence of cervical and penile cancer, the American Academy of Pediatrics announced that circumcision in infancy has potential benefits as well as potential risks, which parents should be informed of before making a decision (Fesharakinia, 1995). This announcement led to an increase in the circumcision rate among boys in the United States. A noteworthy point in this regard is the predictions of a decline in this rate in the future. According to *The Washington Post*, only 33% of 18- to 29-year-olds believe that boys should be circumcised, whereas this belief was 43% and 52% among the 30–44 and 45–64 age groups, respectively (*The Washington Post*, 2015). According to a national survey conducted in the United States between 2005 and 2010, in which 6,294 men aged 14 to 59 were interviewed, the overall prevalence of circumcision was 80.5%. The results showed significant racial differences: 90.8% prevalence among white non-Hispanic men, 75.7% prevalence among black non-Hispanic men, and 44% prevalence among Mexican-American men (Morris et al., 2016).

In Canada, unlike the United States, there is clear evidence of a gradual decline in the prevalence of circumcision. According to statistics from 1970 to 1971, the circumcision rate for newborns varied from 42% in Nova Scotia to 67% in Alberta.

The data indicate that the prevalence of circumcision decreased during the 1970s. The smallest decline was 13% in Quebec and 22% in Nova Scotia in 1978. This decline may be partially attributed to statements made by the American Academy of Pediatrics and the Canadian Paediatric Society in the 1970s, which claimed that there was no positive medical evidence for routine circumcision of newborns (Werker, 1980).

In recent years, male circumcision in Europe has also faced opposition and obstacles, including the ban on circumcision in Cologne, Germany in 2012. Following a visit by a boy to a doctor due to bleeding after circumcision, the court declared that circumcision of children is prohibited until they reach the legal age and performing it is considered a crime, but the individual can perform it after reaching the legal age with their consent. The judges of this court believed that circumcision not only causes harm to children's bodies but is also a permanent and irreversible act on the human body and therefore illegal (The Washington Post, 2015). However, this ban was issued by a local court and is not applicable to all of Germany.

Another case of circumcision ban occurred in 2019 when the Swedish Center Party, with a majority vote in its annual meeting, approved a proposal to ban circumcision for boys. According to the proposal, if there is no valid medical reason for circumcision, this practice should be banned as soon as possible in the country. The then deputy leader of the Center Party announced that the ban on circumcision for boys is a matter focused on children's rights and has no religious connection. Earlier in 2001, a law was passed in Sweden that allowed circumcision for boys only with the presence of an accredited physician and approval from the Swedish Ministry of Health (IRNA News Agency, 2019).

The rate of circumcision in Australia decreased in the 1970s and 1980s but is now slowly increasing again (Morris & Billis, 2004). According to a national survey of 10,173 Australian men, 59% of men in the country have been circumcised. Other data also indicate that the circumcision rate for newborns was 50% in 1974, 24% in 1983, and 17% in 2004 (O'Donnell, 2004). However, there is not much information available about New

Zealand. According to the results of a study on 435 men born in 1972–1973 in Dunedin, the prevalence of circumcision was estimated to be 40% (Dixon, Van Rood, & Paul, 2005), which is significantly higher than the figure of 26% among 1265 children born in the urban area of Christchurch in 1977 (Fergusson et al., 2006).

The Prevalence and Influential Factors of Circumcision in Central and South America

Circumcision of boys in Central and South America has been performed differently. Although there have not been many formal studies in these regions, estimates indicate that the circumcision rate in none of these countries has been above 20%. Among the few ethnic groups that perform this procedure are the Aztecs and Mayans, but it has largely disappeared with the arrival of Europeans in these areas. Reports from the 17th to the 19th century in this region indicate that circumcision of men was not only common among Jews but also among local Africans they worked with. According to a study on male sexual partners of women participating in research on cervical cancer in Colombia, Costa Rica, Mexico, and Panama, 11% of these men were circumcised (although according to their reports, 25% of them were circumcised). Furthermore, according to newer research on cervical cancer among female sexual partners in the control group, it was found that 7% of Colombian and Brazilian men were circumcised. In addition to these cases, according to the health certificate of a random sample of 300 men applying for jobs in Lima and Peru, 6% of them were circumcised (WHO, 2007).

Chapter 4: Circumcision as a Religious Practice

Introduction

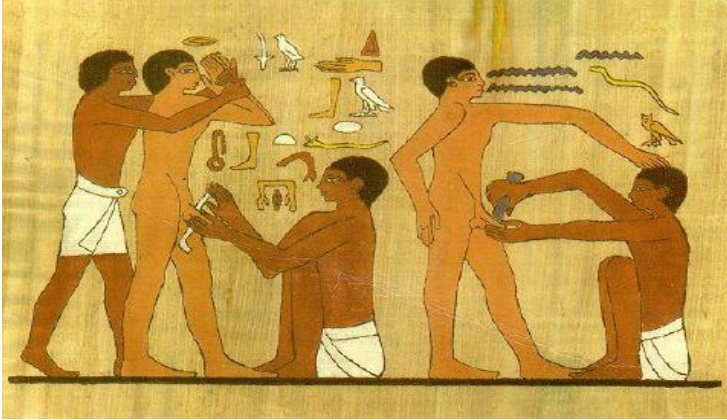
The geography of the prevalence and belief in circumcision among various ethnic groups and religions suggests that circumcision is essentially a religious practice. According to published statistics from organisations such as the World Health Organization and the United Nations Office of AIDS Control (2008), only about 30 per cent of all circumcisions in the world have a non-religious reason. This statistic also shows that nearly 70 per cent of all circumcisions performed worldwide occurs among followers of Islam and Judaism.

Although circumcision has a religious obligation only in Islam and Judaism, in this section, we will also explore the place of circumcision in Christianity, in addition to these two religions. The examination of Christianity from this perspective is carried out for two reasons: firstly, there is still a variety of beliefs and non-belief about circumcision among various religions, and some ancient Christian sects still believe in this practice. Secondly, the Christian perspective on this matter to some extent reflects the views of many religious individuals who do not believe in circumcision in today's world. In the following, we will first examine the Jewish perspective on circumcision. Then, we will review the Christian approach, and finally, we will investigate the approach of the most important religion that believes in circumcision in today's world, namely Islam.

The Religious Nature of Circumcision

Historically, male circumcision has been associated with religious practices and ethnic identity. Circumcision was

prevalent among ancient Semitic peoples, including Egyptians and Jews (Johnson, 1993), and the oldest known document on the subject is related to wall paintings from Egyptian tombs dating back to around 2300 BC (Image number 20).



Picture 20: The oldest found painting of circumcision in ancient Egypt (Ahmady, 2015)

However, male circumcision is an unknown practice in non-Abrahamic religions and in some cases, it has been contrary to their principles. For example, there is no mention of circumcision in Hindu scriptures, and it seems that both Hinduism and Buddhism have a neutral position on circumcision. The Hindu religion is opposed to circumcision that has no medical justification because according to the teachings of this religion, the body is a creation of God and no one has the right to change it without the permission of the person to whom the body has been given. Some Hindu gurus consider this act directly contrary to the nature and creation of God. Sikhs also do not circumcise their infants, and the Sikh religion does not mandate circumcision for men and women and criticises this practice.¹

¹ Although many followers of Hinduism believe that circumcision is a practice that contradicts their identity, some do it because of medical reasons, such as reducing the risk of many fungal and bacterial infections. It is also said that the risk of cervical cancer is lower in the partners of circumcised men. Policymakers of the Indian Council of Medical Research and the National AIDS Research

However, Christianity also has an approach that is contrary to circumcision. For example, according to the tradition of Paul, 'in Christ, neither circumcision nor uncircumcision has any value' (Galatians 5:6), and a papal decree issued in 1442 in the Roman Catholic Church states that male circumcision is unnecessary. Thus, it strictly instructs all believers in Christianity not to perform circumcision 'before or after baptism.' Among various Christian sects, only Coptic Christians in Egypt and Ethiopian Orthodox Christians, which are two branches of the oldest surviving forms of Christianity (Tiruneh, 2003) and have preserved many features of early Christianity, still adhere to circumcision. For example, 97% of Orthodox men in Ethiopia have been circumcised (Population and Health Surveys, 2006). Many group discussions have taken place among Christians in South Africa regarding male circumcision, but ultimately no clear consensus was reached on the compatibility of male circumcision with Christian beliefs (Westercamp, 2007). Some Christian churches in South Africa oppose this practice and consider it a pagan ritual (Rain-Taljaard, 2003), while others, such as the Nomiya Church in Kenya, consider circumcision a condition for membership in the church (Matson et al., 2005). Christian participants in group discussions focused on male circumcision in Malawi and Zambia have also expressed similar beliefs about the practice, including the fact that Jesus was circumcised and that the Bible teaches this practice (Lukobo, 2007; Englund et al., 2007).

In some West African countries, the prevalence of circumcision among traditional religious individuals is lower than among Christians. For example, in Burkina Faso, it is 66% compared to 93% among Christians, and in Ghana, it is 68% compared to 95% (Population and Health Surveys, 2006). While religion and ethnicity can have a close relationship, religion can be a strong determinant within an ethnic group. For example, among the Mossi ethnic group in Ghana, the proportion of

Institute in India have recommended that male circumcision should be offered as part of a comprehensive package for HIV prevention, which includes: condoms, reducing the number of sexual partners, delaying the initiation of sexual activity, managing sexually transmitted diseases, HIV testing, and counselling.

circumcision among Muslims is 97%, among Christians 78%, among those with traditional religion 43%, and among atheists 52% (ibid.).

While many religions, such as Hinduism and Buddhism, have a neutral or opposing stance on male circumcision, except for Islam and Judaism, religion is not the primary factor in determining male circumcision based on numerous studies. However, it’s worth noting that almost all Muslim and Jewish men are committed to circumcision, and around 70% of all circumcised men worldwide are Muslim, with only 30% being non-Muslim or non-Jewish. Table 3 presents the statistics related to religious and non-religious circumcision globally.

Table 3: The proportion of circumcised males aged 15 and over worldwide (World Health Organization and UNAIDS, 2008).

| | The proportion of those circumcised globally (percentage) | Number of circumcised (million) | Prevalence of male circumcision in the population (percentage) |
|----------------------------|---|---------------------------------|--|
| Religious circumcision | | | |
| Muslim men | 68.8 per cent | 455.0 | 100 per cent |
| Jewish men | 0.8 per cent | 5.3 | 100 per cent |
| Non-religious circumcision | | | |
| United States of America | 12.8 per cent | 84.9 | 75 per cent |
| Other countries | 17.6 per cent | 116.3 | 61 per cent |
| Global total | 100 per cent | 661.5 | 30 per cent |

Religion, as one of the most important institutions and influential phenomena in understanding the culture of every group and society, has experienced significant ups and downs throughout human history. The varieties of beliefs and religious organisations are so abundant that researchers have found it challenging to reach a generally accepted definition of religion (Giddens, 1985, p. 496). The human inclination

towards religion takes different forms in social systems, time, and place, as evidenced by the existence of diverse religions and sects. Religion shapes and controls people's social lives and continues to exist as a set of beliefs and convictions in the form of perfection in human thought and behaviour. The manifestations of these beliefs are also evident in the behaviours and actions of future generations. Male circumcision is one of these beliefs that originated from the traditions and cultures of previous generations and has been imposed on human beings throughout the ages. This belief, that circumcision is not only a traditional act of ancestors but also a divine obligation for Muslims and Jews, has created differences in attitudes towards male and female circumcision. It is conceivable that religious belief is a more convincing reason for the continuity of this practice since religion is the eternal source of obligations, and its practices have roots in the hope for God. On the other hand, cultural issues only express temporary good concepts. Therefore, paying attention to the religious roots of circumcision can lead to a better understanding of its importance and reasons for its continuity. In general, it can be argued that firstly, based on the 70% share of religion in the total number of circumcised individuals worldwide, circumcision is primarily a religious act, and delving into its religious roots is unavoidable for a better understanding of it. Secondly, given the neutrality or opposition of other major and popular religions today, such as Buddhism and Hinduism, focusing on the Abrahamic religions, especially Islam and Judaism, is necessary to comprehend the true religious nature of circumcision.

Male Circumcision in Abrahamic religions

Female circumcision is a traditional practice with roots that date back to before Islam or Christianity. However, many discussions relate female circumcision to religion and consider it as one of the obligations of the Islamic religion. Female circumcision is indeed prevalent in some Muslim countries, but it should be emphasised that neither the Bible nor the *Quran* mentions female circumcision, nor is it mentioned in any credible Islamic or Christian texts (Tangok, 2018, p. 283).

Additionally, apart from Muslims and Christians, this practice is also common among believers of Judaism and some other indigenous religions. For example, female circumcision is also common among some Jewish groups, such as Beta Israel and Falasha. In these religious communities, religion has become the basis for justifying the promotion of female circumcision, as it has been linked to women's purity and has been certified as a testimony to the purity of believing women in the eyes of God (Ahmady, 2015).

Supporters of female circumcision in Islam consider this act as a tradition of the Prophet. For example, some local people in parts of Kurdistan in Iran, including the province of Hormozgan, believe that circumcision is the tradition of the Prophet of Islam, and this practice makes circumcised women pure. According to another group's belief, this act helps preserve the chastity and purity of girls, as it reduces their sexual desire and makes them loyal spouses until marriage by maintaining their virginity.

As previously mentioned, there is no evidence of female circumcision in the *Quran*, but some Islamic narratives indicate the prevalence of this practice during the time of the Prophet of Islam. Two important narratives in this regard can be mentioned.

A) In a narrated Hadith, it is mentioned that when women migrated to serve the Prophet, a woman named Um Habib appeared who was called upon to circumcise women. The Prophet asked her, 'Oh Um Habib, are you still doing what you used to do?' She replied, 'Yes, O Messenger of God unless you forbid it and I stop.' The Prophet said, 'It is permissible for you.' Then he taught her what to do when performing circumcision: 'Do not overdo it or take too little as it makes the face more radiant and the husband enjoys it more' (Kulayni, 1407 AH, vol. 6, p. 38).

B) According to two narrations in Sahih Ibn Majah and Sunan Ibn Majah written by Muhammad Ibn Majah, Aisha, the wife of the Prophet, also stated the obligation of washing after sexual intercourse regarding the existence of two circumcision sites. Aisha said, 'After sexual intercourse, the washing of the

two circumcision sites is obligatory. The Messenger of God and I used to do this and then take a bath' (Ibn Majah, 1407, 155 AH).

Some believe that based on the above two narrations, it can be concluded that not only male circumcision but also female circumcision was prevalent during the time of the Prophet of Islam. It is noteworthy to examine which part of these beliefs remained as the traditions of the Arabs and how much has been reproduced, recommended, stabilised, and even modified by Islam and the Prophet Muhammad. According to some anthropologists, religious rituals are symbolic expressions of emotions that are necessary for the stability and survival of society. Incorrect beliefs and erroneous practices also have valuable social functions despite their incorrectness.

Circumcision in Judaism

In religious studies, the first signs related to circumcision can be observed in the *Old Testament* and among Jews. In this book, unlike the *Quran*, the term circumcision is explicitly used, and Jewish boys are circumcised on the eighth day of their birth, regardless of medical justifications. This practice has been adopted by Jews worldwide to this day. For example, almost all Jewish boys born in Israel, 99% of Jewish men in Britain and Northern Ireland, and 98% of Jewish men in the United States are circumcised. Regarding the importance of circumcision among the believers of this religion, it should be noted that being Jewish consists of two elements, the absence of each of which constitutes the person's exclusion from the Jewish people and religion: one is 'determined' and the other is 'voluntary.' The 'determined' element is being born Jewish, which is acceptable if both parents, i.e., both the father and mother, are Jewish, and the 'voluntary' element is circumcision, which is considered a criterion for obedience to Jehovah. In other words, refusing to perform this obligation is not only disobedience but also considered leaving the Jewish religion (Latifi, 2018).

This finds significance when we realise that obedience is the essence and substance of the *Old Testament* covenant and the

identity of the Jewish people because they believe that the people of Israel have been chosen for special duty and responsibility. This does not mean that these people have special rights or special characteristics, but rather that this selection is achieved by obeying the commands of God and observing the law, while disobedience to the commands of God results in humiliation and degradation. Since the emphasis of the Jewish religion is more on action and behaviour than on intellectual and supernatural matters, it is not surprising that this religion emphasises the practical realisation of the principles and teachings that it presents.

To better understand the importance of circumcision among Jews, it is enough to examine the *Old Testament* and its implications regarding this issue, as stated in the Book of *Genesis*, one of the books of the *Torah*:

‘And God said unto Abraham: ‘And as for thee, thou shalt keep my covenant, thou, and thy seed after thee throughout their generations. This is my covenant, which ye shall keep, between me and you and thy seed after thee: every male among you shall be circumcised. And ye shall be circumcised in the flesh of your foreskin, and it shall be a token of a covenant betwixt me and you. And he that is eight days old shall be circumcised among you, every male throughout your generations, he that is born in the house, or bought with money of any foreigner, that is not of thy seed. He that is born in thy house, and he that is bought with thy money, must needs be circumcised; and My covenant shall be in your flesh for an everlasting covenant. And the uncircumcised male who is not circumcised in the flesh of his foreskin, that soul shall be cut off from his people; he hath broken my covenant.’ (Genesis 17:9-14)

To better understand the importance of circumcision among Jews, it is enough to examine the *Old Testament* and its implications regarding this issue, as stated in the Book of *Genesis*, one of the books of the *Torah*:

In the *Old Testament*, God commands Abraham to keep His covenant, along with his descendants and future generations. All men and boys among them must be circumcised to signify their acceptance of the covenant. Every eight-day-old boy must be circumcised, including those who are born into the family or bought as slaves. All must be circumcised, and this will be a sign of the everlasting covenant between God and Abraham's descendants. Anyone who refuses to be circumcised must be cut off from their people because they have broken God's covenant. (*Old Testament*, 1399: 22)

And God said to Abraham, 'As for you, you shall keep my covenant, you and your descendants after you throughout their generations. This is my covenant which you shall keep, between me and you and your descendants after you: Every male child among you shall be circumcised; and you shall be circumcised in the flesh of your foreskins, and it shall be a sign of the covenant between me and you. He who is eight days old among you shall be circumcised, every male child in your generations, he who is born in your house or bought with money from any foreigner who is not your descendant. He who is born in your house and he who is bought with your money must be circumcised, and my covenant shall be in your flesh for an everlasting covenant. And the uncircumcised male child, who is not circumcised in the flesh of his foreskin, that person shall be cut off from his people; he has broken my covenant. ' (Genesis 17:9-14)

Then Abraham took his son Ishmael and all the males born in his house or bought with his money, every male among the men of Abraham's house, and he circumcised the flesh of their foreskins that very same day, as God had said to him. Abraham was ninety-nine years old when he was circumcised, and Ishmael his son was thirteen years old when he was circumcised, every male in Abraham's house, whether born in the house or bought with money from a foreigner, was circumcised with him.' (*Genesis* 17:23-27)

And on the eighth day the flesh of his foreskin shall be circumcised. (Leviticus 12:3)

In these verses, it is clear that circumcision is a sign of the covenant between God and Abraham and his descendants. All male children must be circumcised on the eighth day, whether they are born into the family or bought as slaves. Circumcision is a symbol of national identity and distinguishes believers in God from non-believers. The importance of circumcision on the eighth day can be found in Leviticus, where God commands Moses to give these instructions to the people of Israel.

This is my covenant with you and your descendants after you, the covenant you are to keep: Every male among you shall be circumcised. You are to undergo circumcision, and it will be the sign of the covenant between me and you. For the generations to come every male among you who is eight days old must be circumcised, including those born in your household or bought with money from a foreigner—those who are not your offspring. Whether born in your household or bought with your money, they must be circumcised. My covenant in your flesh is to be an everlasting covenant. Any uncircumcised male, who has not been circumcised in the flesh, will be cut off from his people; he has broken my covenant. (Book of Genesis, chapter 17, verses 10–14)

And it continues:

Then Abraham took his son Ishmael and all the slaves born in his house or purchased with his money—every male among the members of Abraham’s household—and he circumcised the flesh of their foreskin on that very day, just as God had told him. Abraham was ninety-nine years old when the flesh of his foreskin was circumcised, and his son Ishmael was thirteen years old when the flesh of his foreskin was circumcised. On that same day, Abraham and his son Ishmael were circumcised along with all the other males of his household, including the household servants born in his household or acquired later as slaves. (Ibid.)

Among these verses, several points can be inferred from God’s command to Abraham, including the timing of circumcision

for infants, the role of circumcision as a covenant with God, circumcision as a symbol of national identity, and the consequences of not being circumcised, which is ultimately exclusion from the Jewish community. In other words, circumcision in Judaism is considered an identity marker that distinguishes believers in the one true God from non-believers. One important point to note is the significance of the eighth day for circumcision, which can be found in Leviticus, where God commands Moses to give these instructions to the people of Israel.

When a woman gives birth to a male child, she shall be unclean for seven days, as in the days of her menstrual impurity. On the eighth day, the flesh of his foreskin shall be circumcised. Then she shall continue for thirty-three days in the blood of her purifying; she shall not touch any consecrated thing, nor enter the sanctuary until the days of her purifying are completed.
(Leviticus 12:2-4)

Jewish rabbis also believe that circumcision is intended to correct human nature, as humans are not born complete and require a balance between body and mind. Furthermore, circumcision is seen as a universal law stating that everything created during the first six days requires preparation, just as wheat needs to be ground.

One important point in the *Old Testament* and the aforementioned narrative is the emphasis on circumcising boys on the eighth day of their birth. It should be noted that in Judaism, before a sacred place is established, a sacred time is set, as the temple, as the official holy place of the Jewish people, was built four centuries after Moses, during the time of Solomon. The tent of the covenant, which was erected during Moses' time and during the period of Jewish wandering in the Sinai desert, was not yet a fixed and permanent official holy place and was only reserved for themselves and for communication with God. Keeping and observing the Sabbath Day alongside circumcision is considered the most significant symbol of complete obedience to Yahweh. In the Jewish view, circumcision is the birth of a man who enters into their culture,

and the birth of a baby is entering into nature, but this importance in the first days of a boy's birth can be seen as a masculine distinguishing feature, indicating a cultural duality between boys and girls. Circumcision can also be seen as an external and physical symbol that gives identity to the Jewish people, or to believers in God, as Saadi believes that Jews consider circumcision as a distinctive sign of the children of Israel and as a covenant between God and the descendants of Abraham, which they refer to as 'B'rit Milah,' meaning 'the covenant of circumcision.' Freud also believed that one of Moses' goals was to distinguish the Jewish people, which is why he tried to create a holy nation and performed a ceremony to at least make them equal to the Egyptians in terms of holiness. Additionally, it pleased Moses to see that they were distinguished from the foreign tribes of their land (which was the destination of other tribes' migration) through circumcision. Perhaps Jews, like Egyptians who distanced themselves from any foreigner, also avoided any disturbance with those people. Those who have kept circumcision consider it a pride and feel superior due to it, considering the uncircumcised as impure and contemptible. Today, one of the insults that Turks use against Christians is 'uncircumcised dog.' This tradition was so important among the Children of Israel that being 'circumcised' was a distinguishing attribute for believers that separated them from infidels (Qaraei, 2001).

This act has been explained with different interpretations among Jews: Halsten believes that Jews use this act as a tool to control sexual behaviour and men's inclination towards women. They have also used this act as a sign to create a distinction between believers and non-believers (Halsten, 2004, p. 253). Others believe that circumcision, in addition to physically and spiritually differentiating circumcised men from uncircumcised ones, also leads to the moralisation of men by reducing their sexual desire. Supporters of male circumcision are also aware of its function in limiting sexual desire. Moses Maimonides, a Jewish physician who lived in the 13th century, suggested that male circumcision weakens men's sexual power and pleasure, which improves their morals and ensures their chastity. Other conclusions drawn from Jewish

circumcision include negative meanings found in Jewish mystical texts regarding the association of circumcision with feminine concepts, and believes that prepubescent circumcision was aimed at saving the female parts of the reproductive organs from boys. In some parts of the world, including some African tribes, it is believed that a person is born with both male and female genitalia, and boys have feminine and masculine souls in their circumcision and girls have them in their clitoris, which are facilitated by cutting or, in other words, circumcision. This issue is debatable given the achievements of modern medical science, which have eliminated the duality of male/female gender and believes in the existence of a diverse range of genders.

However, all that has been discussed about male circumcision in the ancient covenant is not the only thing, and there are other narratives that indicate the importance of this issue among the Jewish people. For example, consider two examples of them, which are mentioned in the Book of *Exodus*.

In chapter 4 of the Book of *Exodus*, it is mentioned that Moses and his family set out for Egypt to rescue the Israelites, but in the middle of the journey, when they were resting, God appeared to him and threatened him with death. Then Zipporah, Moses's wife, took a sharp stone, circumcised her son and threw the foreskin at his feet, saying, 'You are a bridegroom of blood to me.' This raises some ambiguities, such as why Moses did not circumcise his own son, which may have caused God's anger. Some believe that since Moses spent half of his life in Pharaoh's palace and the other half in the desert of Midian, he may not have been familiar enough with God's laws, especially since everything God expected from the Israelites under His covenant and agreement had not been implemented properly for over 400 years. Some commentators believe that Moses's wife was opposed to circumcision due to her background, but Moses could not effectively fulfil his duty as the saviour of God's people unless he first fulfilled the conditions of God's covenant, one of which was circumcision. Before Moses and his family set out, they had to fulfil all of God's commands perfectly. According to the laws of the ancient

covenant, if someone did not circumcise their son, both they and their family would be deprived of God's blessings.

However, two questions are raised in continuation: how did Zipporah know that she should circumcise her son? And why did she do it at that moment? As mentioned earlier, according to the Book of *Exodus*, it is narrated that a snake swallows Moses in this incident, leaving only his genitalia outside, which Zipporah quickly realises it is a sign of the life-giving power of circumcision and circumcises her son. It is possible that Zipporah prevented Moses from circumcising his son, as a Midianite like him may not have known about the necessity of circumcision. Since she had prevented it, she had to do it herself. It is also possible that Moses became ill as a result of disobedience, and therefore Zipporah was forced to circumcise her husband and son to save their lives. In analysing the underlying meanings of this story, one can discover the hegemony and superior thought, which promote the truth and unity of God through semiotic clues. In this story, with the help of various discursive systems, such as the action system, emotional system, and tension system, the concept, message, and communication with the audience are conveyed through Moses, who establishes this monotheistic discourse. In this religious story, all the elements of emotional discourse create two meanings: a) teaching religious programs, worship, and monotheism; b) conveying the hegemonic discourse of truth and oneness of God. Considering the images and facts of the history of infidels and the presence of linguistic tools and elements in this story, feelings, thoughts, and beliefs are conveyed to the audience, which in tension system analysis express the fact that Moses's actions, whether it was when he was swallowed by the snake and his genitalia remained outside as a sign of the circumcision norm or when his staff became a snake (dragon) to save his people, have a cognitive function and increase the knowledge of those around him. With this increase in knowledge, their faith in the divine guidance of the first ones is strengthened, and the result of this increase in faith is access to the concept of monotheism, the truth of God, religious teachings and norms, and acting based on this

hegemony, which are all provided within the discourse of religious myths.

In the fifth chapter of Joshua, there is also a reference to the subject of circumcision in the Old Covenant. After forty years of wandering, the Israelites were attempting to conquer Canaan at that time, and at the command of the Lord, Joshua, the assistant of Moses (due to the death of Moses), was appointed as the leader of this people. Before crossing the Jordan River, the Lord commanded Joshua to circumcise all the sons and men of Israel. The Lord instructed them to use a flint knife to perform this action. The place where the Israelites were circumcised was named the Hill of Circumcision. The reason for this was that all the men who had reached the age of maturity and had been circumcised when they left Egypt had died in the desert, and their sons, who had been born after leaving Egypt, had not been circumcised. The Israelites wandered in the desert for forty years until all the men who had reached the age of fighting died. Because they did not obey the Lord, He swore that they would not enter the land that He had promised to their ancestors, a land flowing with milk and honey. So Joshua circumcised the sons who had grown up and were supposed to take their fathers' place. After the circumcision, they all rested in their tents to recover. Then the Lord said to Joshua, 'Today I have rolled away the disgrace of Egypt from you.' As can be inferred from the text, at this point in Jewish history, men were circumcised collectively and at an older age than eight days old.

However, the consequence of not being circumcised and those who violate this covenant with God is another matter that has been addressed in the *Old Testament*. The importance of circumcision in the *Torah* is to such an extent that in the *Old Testament*, individuals and non-Jewish tribes are sometimes referred to as 'uncircumcised' and 'unclean,' and God commands Abraham to drive out uncircumcised individuals from among his people. Uncircumcised individuals are recognised in the *Torah* as those who are not pure according to religious law. Jews, according to their religious laws, consider the foreskin to be impure, and such a person is not present in holidays and ceremonies, they do not allow him to enter holy

places and consider marriage with him to be forbidden. In the book of *Exodus*, the regulations regarding the Passover Festival are also mentioned:

'If there are strangers living among you who wish to keep the covenant of the Lord, they must have all their males circumcised. Only then may they participate in the celebration of the covenant like you. However, any uncircumcised male should not eat the meat of the sacrificial animal. These regulations apply to both the strangers who have been circumcised and those who were born into the community.' (Old and New Testaments, 12:48-49)

In Ezekiel, there is also a reference to the prohibition of the presence of uncircumcised individuals in holy places, where the Lord says:

No foreigner who is uncircumcised and has a heart of rebellion may enter my holy sanctuary, not even the foreigners who live among the Israelites.' (Ezekiel, 44:9)

Therefore, apart from the effort to preserve ancient traditions, circumcision can serve as a boundary marker between insiders and outsiders, and as a factor in identity formation or separation. Circumcised individuals can enter the circle of material and spiritual guardianship of the Lord, while uncircumcised individuals are subject to the terror and punishment of human and divine beings for their impudence and blasphemy.



Picture 21: The Circumcision of Isaac, the son of Abraham; Israel Museum, Jerusalem, Around 1300 AD

Contrary to the common and written narrative about the people of Israel in the *Old Testament* and other holy books, a different account of the Children of Israel, Moses, and especially the reasons for the prevalence of circumcision among Jews has also been mentioned. This different narrative has been elaborated in detail in *Moses and Monotheism*, written by Freud in 1939, but the description of all these issues in this book is beyond the scope of the reader's patience and has secondary aspects that are not the focus of this research. Therefore, a brief excerpt from the book is quoted and interesting parts are directly quoted from the book to preserve the condition of trust. In this book, Freud, while referring to the history of the emergence of monotheism in Egypt, claims the existence of two Moses in Jewish history: the first being the Egyptian Moses who led the Jews to escape from the Egyptians, and the second being the Medinan Moses. He believes that in a period of time during the fourth dynasty, he invited the people to monotheism but faced a tough fate and was lost. Freud suggests that Moses was either one of the close associates of this king or one of his stubborn followers, but what is important for Freud is that Moses was Egyptian and not Jewish. Otherwise, why would he force them (the Jews living in Egypt) to perform such a difficult ritual? Why make the memory of Egypt eternal? Shouldn't Moses's effort be to

erase the memory of the servitude and slavery of the people and remove the regret for the past from them? The teaching of circumcision by Moses to the Jews is incompatible with the Jewish theory if Moses, in addition to religion, taught circumcision to the Jews, it was because he was Egyptian and not Jewish, and this means that Moses's religion was probably an Egyptian religion, not the religion of the Egyptian people. According to the *Torah*, the Jews who had emigrated with Moses should have been his successors to the Egyptians, and should not have been lower than the Egyptians in any way. Moses was there to create a 'holy nation' from them and to make them equal to the Egyptians in a ceremony of holiness that at least made them distinguished from foreign peoples whose land was their destination for migration. But according to Freud, after the Israelites were saved from Egypt, Moses the Egyptian is killed by them and after the unity, the estranged Israelites each contribute a part of their beliefs to the emergence of the Jewish religion, because the returnees from Egypt were greatly indebted to Moses. One of these beliefs was the tradition of circumcision, which plays an important role in Judaism. But why did the people who considered themselves indebted to Moses kill him earlier? This is a question that Freud seeks to answer in this book through his psychoanalytic theories, including Totem and Taboo. But the discussion of Moses and the Egyptian is separate from the Egyptians. Unlike the Israelites' respect for Moses, they do not have a tendency to express their dependence on the people of Egypt. Therefore, to place Moses in Medina and Qadesh and mix him with the founder of the Yahweh religion, they had to keep the circumcision tradition, which was indicative of their dependence on Egypt, but despite all the clear evidence, they tried to separate it from their affiliation with Egypt. In the *Exodus*, there is a puzzling point that, according to it, Yahweh became angry when he saw that Moses had left the circumcision ritual and Moses's Median wife saved her husband's life by performing it quickly. Obviously, this narrative has been mentioned to cover up a revealing fact. According to Freud's claim, it is also possible that the Moses who visits his son's circumcision here is the Median Moses,

who is not familiar with Egyptian principles and the circumcision order.

In another place, Freud criticises God's covenant with Abraham and says: 'Jehovah wanted Abraham to be circumcised as a symbol of his union with the descendants of his father. This was a fraudulent invention. When they want to distinguish someone and create a privilege for him, they choose a personal issue that millions of other people do not have [the practice of circumcision in Egyptian civilisation had been executed for a long time and on a wide scale]. When an Israelite was in Egypt, he should have seen all Egyptians as his brothers who were united with Jehovah with a sign similar to his. Circumcising the Egyptians could not be hidden from the Israelites who had created and practised the *Torah*, and it was necessary to deny it at any cost. We do not expect religious myths and legends to consider logical consistency and coherence with care and caution; otherwise, the public emotions would truly be hurt by divine behaviour for centuries after the covenant with the fathers of the Israelites [referring to God's covenant with Abraham regarding circumcision] and God removes it from the memory of his partners until suddenly expressing it to their children again. More astonishing than that is to see this God suddenly chooses a nation for himself and declares that he is their God. This is a unique event in the history of human religion. In other places, God and the creation are inseparable and form a united eternity. Often, as we know, there are times when a new people choose a divine being, but God never chooses a new people.' (Freud, 1348, pp. 38–39)

It is not fair to judge religions, as well as all kinds of human thoughts and products of human thinking, with the confusion of time and the displacement of history. The language used in the holy books is figurative and symbolic, and the use of physical examples is for the approximation of the mind and is rooted in its own time, which has taken shape in the context of myths and then entered religions.

Critique of the functions of circumcision in the views of Abrahamic religions and Judaism

Through our review of the approach of Abrahamic religions and Judaism towards circumcision, we find that while circumcision is considered a symbol of national and religious identity, it is also an agent of distinction. In these religions, individuals are classified into two groups: circumcised and uncircumcised, and since circumcision is considered proof of loyalty and belonging to one's ethnicity and religion, circumcised individuals are seen as obedient and committed to their religion and ethnicity and are integrated into the group. In contrast, those who are uncircumcised are labelled as external rebels and are rejected by their ethnicity and religion, and even marrying or having sexual relations with them is frowned upon. Therefore, this binary process of differentiation and division pushes uncircumcised individuals to the margins of religious and ethnic groups and leads to their othering, which is considered a mechanism of exclusionary power. Of course, the mechanisms of rejection and othering of uncircumcised individuals also introduce them as impure, unclean, and unchaste, which must be distinguished from circumcised individuals, and this is how the process of rejection continues.

Another function of circumcision, according to these religions, is to moralise men and ensure their chastity and loyalty to their spouse and family institution by limiting sexual desire and controlling it through circumcision. In short, circumcision is vital for meeting sexual needs within the family and encouraging its formation, as well as condemning and rejecting sexual relations outside marriage and the family institution, although attributing such a function to circumcision has actually proven ineffective in the real field of individuals' and couples' lives. On the other hand, these religions see circumcision as a functional factor for correcting nature and balancing the body and mind. And where they emphasise the development of each's sexual personality through circumcision, they speak of fertility as the goal.

By reviewing these highlighted functions in this section, it can be clearly understood that mechanisms such as differentiation, dualistic categorisations based on purity and impurity, othering and rejection, ethnic and religious identity formation, moralisation, controlling and limiting sexual desire, emphasising the development of sexual and gender personality, family formation, and fertility ability are all parts of the power mechanism that religions refer to as the functions of circumcision practice. And in this way, they always encourage circumcision and condemn, reject and deny the other. Limiting and controlling sexual desire actually stimulates and encourages, which can be thought-provoking in relation to the political economy of capitalism and sexuality. On the other hand, fertility is also considered a means of control which is thought-provoking in the context of population policy planning.

The Confrontation Between Opponents and Supporters of Circumcision in Judaism

Over time, in the 18th and 19th centuries, criticisms were made against some of the common religious traditions and beliefs in the Jewish faith. This could have encouraged the Jewish people—who until then had considered themselves a chosen people and at times had caused their separation from non-Jews—to embrace life and interaction with people of other religions and intellectual movements.

The Jewish Reform Movement was a modernising movement that emerged in the late 18th century and after the Enlightenment. The pioneer of the Jewish Enlightenment movement in Germany was a man named Moses Mendelssohn. This movement became known among Jews as ‘Haskalah’ (the Jewish Enlightenment movement), and Mendelssohn’s colleagues, by adopting the term ‘Haskalah’ as their official slogan, called themselves ‘Maskilim’ (the enlightened ones) (Solimani, 2015, p. 139). The Maskilim aimed to demonstrate the rationality of Judaism in the modern world and believed that anything that could not be proven by reason should be avoided, even if it was a pillar of faith. Under the influence of this approach, they rejected some traditional Jewish beliefs,

such as the belief in Jewish superiority and nationalism and similar beliefs. Some of them even denied the divine inspiration and supernatural elements of the *Torah* and *Talmud*. They did not observe some of the dietary laws, such as the prohibition on eating pork, and justified their actions by saying that they could not have a convincing answer to the question of why they should adhere to the dietary laws of 'kashrut.' Many Jewish reformers even disregarded the Sabbath.

One of the important aspects of these reforms was the increasing gender equality in the Jewish religion, which led to interesting events, including the selection of Regina Jonas and Sally Priesand as the first female rabbis in Germany and the United States, respectively, in 1935 and 1972. These events were significant milestones in the Jewish communities of these countries.

Circumcision was another topic of discussion among Jewish reformers. As previously mentioned, circumcision was a covenant between God and Abraham and, in particular, between God and believers. It was believed that disobedience to this covenant could even lead to the death of Moses. It was also noted earlier that being Jewish consists of two elements, 'determined' and 'volitional.' The determined element refers to being born Jewish, which is acceptable only if both parents are Jewish, and the volitional element is circumcision, which is considered a measure of obedience to Yahweh. In other words, refusing to perform this duty is not only considered disobedience but also amounts to leaving the Jewish faith. In the 19th century, in response to the refusal of Jewish reformers to circumcise their children, Orthodox rabbis increasingly expanded the belief that preventing circumcision is tantamount to rejecting Judaism.

Supporters of circumcision believe that there is no substitute for this practice, and circumcision is considered a mandatory cultural-religious practice in their faith. There are many reasons for continuing this ancient practice, some of which include:

- It is an important physical symbol of the covenant between men and God;
- The covenant of flesh remains like the covenant of the heart. Circumcision is like the unnecessary part of a fruit, like a stem attached to an apple that was once important but is ultimately not part of the fruit;
- God is the owner of the body, and He has also commanded circumcision;
- It is a type of deep loyalty to one's ancestors;
- It is a historical practice that connects circumcised men to their ancestors and peers;
- It is a cultural and physical symbol that is symbolic;
- It creates a sense of belonging.¹

In addition to the aforementioned reasons for supporting circumcision, it should also be noted that Jews are very strict in their practices, and this may have caused some to oppose Jewish reformers, especially since circumcision requires a Jewish circumciser, and according to some research conducted in Israel, traditional circumcision is the main occupation of Jewish mohels (Yeganeh, 2006, p. 442). Therefore, not knowing the non-essential and mandatory nature of circumcision can affect their economic conditions and put them under pressure. Ronald Goldman (2006:442), a psychologist from Boston, believes that Jewish ethics prioritise values over theories and reasons. He also added that a high percentage of Jews circumcise their children for social reasons rather than religious reasons, as religious Jews are usually not knowledgeable about religious matters, and this causes them to not know anything special about Jewish tradition. This event is related to cultural beliefs, attitudes, and the survival of Jewish identity. He concludes, 'Many believe that men must be circumcised to become Jewish, but this is not true. According to the Jewish Encyclopedia, any child born of a Jewish mother

¹ <https://www.bbc.co.uk/religion/religions/judaism/jewish>

is Jewish whether circumcised or not.’ There was also another trend that considered circumcision to be a barbaric and isolationist tradition (Johnson, 2010). Radical advocates of the reformist movement claimed that an uncircumcised Jew is a Jew in all respects and should be prevented from performing this practice (Soleimani and Mousavi, 2015). Others emphasise that contrary to the common belief that circumcision is an external covenant with Jewish religion and culture, Jewish identity is inherited from the mother to the child.

The reform movement, which advocated for freedom of thought in religion and Jewish society, emphasised the compatibility of traditions with modern lifestyles and prevailing culture. Supporters of this movement offered new and different interpretations of issues such as intermarriage, divorce, circumcision, youth acceptance ceremonies, and the like, relying on this ideology, and challenged Judaism with challenges that, in most of these perspectives, were influenced by Christian communities. The emergence of these reforms to some extent contributed to the spread of secularism among reformist Jews (ibid.). Of course, this flexibility and adaptability acted dialectically with each other and complemented each other. The confrontation of Judaism with the modern world, the inadequacy of ancient religious and cultural guidelines to meet the needs of society, the spread of secularism, the failure to function as ancient religious and cultural guidelines, the emergence of new ideas, and the avoidance of violence were all the bases for creating reforms that had a reciprocal and complementary effect in the process of mutual completion and reciprocity.

On the other hand, critics of circumcision believe that according to the explicit text of the *Torah*, altering or touching the human body is prohibited, and therefore circumcision should be viewed with scepticism. Based on this claim, since circumcision involves cutting and marking genital organs, it conflicts with historical practices and is not within the values and laws of Judaism. In fact, from the perspective of opponents, circumcision is considered as a form of body manipulation and equivalent to branding or marking the body, which is always negated and condemned by Jewish religious

mixtures. Among these, there are also more moderate attitudes that do not consider not being circumcised as equivalent to leaving the Jewish community. For example, Orthodox Rabbi Hayyim believed that there is no obligation in the Jewish halakha laws regarding circumcision, and an uncircumcised person may be deprived of participating in rituals such as sacrificing, but this is not a denial of his sacred bond with the Jewish community. In fact, from the perspective of supporters, circumcision integrates the individual into the group and not doing so results in expulsion and exclusion from participating in religious activities. This expulsion and exclusion are considered as punishment for not being circumcised and not obeying the recommended mixtures. Some, like the Maskilim thinkers, saw circumcision as outside the Mosaic law and understood it as a reinterpretation of this covenant of Abraham to express circumcision only spiritually. However, an important point about the importance of circumcision in Jewish rituals is the absence of a similar traditional practice for women. According to Cohen, if we consider male circumcision as an essential symbol in Judaism, what about the role of Jewish women in this regard? Can women be considered Jewish? And if it is concluded from the absence of female circumcision that circumcision is not a significant factor in Jewishness, then what would be the role of circumcision in this regard? We see that Judaism, in the absence of clarity and transparency in this regard, has led to the development of different and sometimes contradictory interpretations and rulings, creating numerous challenges for believers in traditional practices and normative behaviours, which can disrupt social cohesion among cultural actors.

Just as not being circumcised has affected other aspects of Jewish life and sometimes prevents consensus among different Jewish groups. Jews who oppose circumcision, who are seeking to hold alternative ceremonies to circumcision, sometimes choose to hold a naming ceremony for children as a substitute for circumcision. This type of naming ceremony, which is held without circumcision, is also called 'Brit Shalom.' This ceremony allows Jewish parents who oppose circumcision to welcome their daughters into the world in this way. Other

positions on circumcision have not ended here and have also included Jewish communities. For example, the ‘Giyur’ ceremony is a process that is performed with a ceremony in Judaism for the entry of foreigners into this religion. This process is carried out by traditional Jews along with actions such as immersion and circumcision. Male converts to Judaism must also undergo circumcision before immersion. However, since Reform Judaism has set aside the immersion ceremony and does not consider circumcision as a religious obligation, the process of these converts is not recognised by Orthodox or even Conservative Judaism, and members of these two groups usually do not marry converts to Reform Judaism (Yegan, 2006). The *Old Testament* also includes narratives that mention the heart, ear, and mouth of the circumcised, but the interpretation and significance of circumcision for these specific body parts remain a subject of debate among scholars and religious leaders.

In the Book of *Jeremiah*, the prophet admonished the people for having hearts as uncircumcised, urging them to turn away from their sinful ways and seek spiritual renewal.

The Lord says, ‘The time is coming when I will punish all those who are circumcised only in the flesh. I will punish the Egyptians, the Judeans, the Edomites, the Ammonites, the Moabites, and all the desert tribes who cut their hair short. I will do this because none of the people of those nations are really circumcised in the Lord’s sight, and none of the people of Israel have circumcised hearts.’

The Book of *Deuteronomy*, one of the books of the *Torah*, mentions in the context of the covenant that Prophet Moses made with the Children of Israel under the command of the Lord.

The Lord your God will circumcise your hearts and the hearts of your descendants, so that you may love him with all your heart and with all your soul, and live.

Also, In the Book of *Jeremiah*, there is an address to the Children of Israel:

Circumcise yourselves to the Lord, circumcise your hearts, you people of Judah and the inhabitants of Jerusalem, or my wrath will flare up and burn like fire because of the evil you have done— burn with no one to quench it.

It is clear that the term ‘circumcision of the heart’ is used to refer to the purification of the heart from the impurities of disbelief and internal defilements. This concept is also clearly evident in the Book of *Jeremiah* and the Book of *Leviticus*, which are among the books of the *Torah*:

Circumcise yourselves to the Lord, circumcise your hearts, you people of Judah and the inhabitants of Jerusalem, or my wrath will flare up and burn like fire because of the evil you have done— burn with no one to quench it.

Or we read in the Book of *Leviticus*:

*And that I also have walked contrary unto them, and have brought them into the land of their enemies; if then their uncircumcised hearts be humbled, and they then accept of the punishment of their iniquity.
(Leviticus 26:41)*

□

In the Book of *Ezekiel*, reference is made to the ‘uncircumcised heart and uncircumcised flesh’ with the term ‘foreigners,’ meaning non-Israelites.

For you have brought foreigners, uncircumcised in heart and uncircumcised in the flesh, into my sanctuary, desecrating my temple while you offered me food, fat and blood; they have broken my covenant in addition to all the other ways they have defiled my sanctuary with their vile practices.

Or it is mentioned elsewhere in the same book:

The Lord God says: 'No foreigner who is uncircumcised in heart and flesh may enter my sanctuary among the Israelites.'

Once again, in the book of the *Prophet Isaiah*, there is a reference to the freedom of Jerusalem and its reconstruction and revival.

Awake, awake, Zion, clothe yourself with strength! Put on your garments of splendour, Jerusalem, the holy city. The uncircumcised and defiled will not enter you again.

Being uncircumcised, in addition to being a quality of the heart, can also be attributed to the quality of the ears and mouth, as mentioned in the book of the *Prophet Jeremiah*:

To whom shall I speak and give warning, that they may hear? Behold, their ears are uncircumcised, they cannot listen; behold, the word of the LORD is to them an object of scorn; they take no pleasure in it.

To understand the references made in the aforementioned narratives and to answer the question of what is meant by 'uncircumcised heart,' it is necessary to understand the concept of circumcision in the Abrahamic religions. As previously stated, the circumcision of the male genitalia was a covenant between God and Abraham, and a sign of his and his followers' servitude and obedience to the Lord. Later, this tradition became of great importance to the Jewish people, and laws related to the timing of its occurrence were also mentioned for children in the *Old Testament*. It was also suggested from an identity-seeking perspective that this issue could serve as a distinguishing factor for believers and separate them from unbelievers. Therefore, in the books of the *Old Testament*, individuals and non-Jewish tribes have been referred to as 'uncircumcised' and 'unclean.' In the book of *Exodus*, 'uncircumcised' is used metaphorically in reference to the 'lips,' and in the book of *Leviticus*, it is used in reference to 'unpicked fruit.' The term 'uncircumcised heart' is used for the first time in the book of *Leviticus*, in a way that implies 'rebellion' and 'disobedience.' Then, the phrase 'circumcised

heart' is used twice in the book of *Deuteronomy* in a way that implies, 'obedience and submission.' It seems that in the book of the *Prophet Isaiah*, the word 'unclean' has been used as an interpretation and synonym for 'uncircumcised.' Additionally, in the book of the *Prophet Jeremiah*, the word 'blockage' has been used to mean 'obstacle and barrier,' and it could be said that the 'uncircumcised ear' is an ear that is closed and does not hear the voice of truth. If 'uncircumcised ears' is a visible sign of non-compliance with the covenant of the Lord and acceptance of the religion of Abraham, 'uncircumcised heart' is indicative of unbelief and internal non-compliance. The rebuke of the Prophet Jeremiah is evidence of this internal state of the majority of the Jewish people:

'The days are coming,' declares the Lord, 'when I will punish all who are circumcised only in the flesh— Egypt, Judah, Edom, Ammon, Moab and all who live in the wilderness in distant places. For all these nations are really uncircumcised, and even the whole house of Israel is uncircumcised in the heart.'

The meaning that can be inferred from the ancient texts is also clearly evident in the new texts. The Oxford Dictionary defines 'uncircumcised' in its figurative sense as something that is 'not spiritually purified,' 'irreligious,' and 'unbelieving.' Another English lexicographer interprets the phrase 'uncircumcised heart and ear' as follows: 'stubbornness in not listening, stubborn rebellion against the teachings of the apostle, obstinate disbelief' (Ghorayi, 1991). In a prayer composed by John Tillotson, the Archbishop of Canterbury from 1691 to 1694, it is said:

O Lord, take away this stony heart, and give me a new heart of flesh, a heart to love and adore Thee. Give me a heart to fear Thee, to honour Thee, to delight in Thee, to do all things to please Thee; a heart resigned to Thy will, and entirely devoted to Thy service; a heart that is not only uncircumcised, but that is also uncorrupted, and free from all the passions of this world.

Another Christian writer explains the phrase 'uncircumcised ear' as follows:

The uncircumcised ear signifies rejection of divine teachings, and the uncircumcised heart signifies stubbornness and rebellion.

Based on such evidence, it can be said that the ‘uncircumcised heart’ is rebellious and disobedient, a heart that is impure and contaminated with spiritual impurities and diseases, a closed and deaf heart, and a hard heart without a spiritual life.

Therefore, throughout historical texts that have survived, one can observe linguistic deficiencies, interpretations, and misinterpretations due to this shortcoming. The spread of these unverified and distorted inferences has led to the growth of a violent and domineering culture that people in societies have been subjected to and suffered from throughout history. Some of these distortions have been the result of the current patriarchal rule within religions, while others have unconsciously continued violent traditions within structures surrounded by the power of existing authorities, with consideration of the functional needs of the faithful community in those religions.



Picture 22: Circumcision of a Jewish infant

Circumcision in Christianity

Among the Abrahamic religions, Christians are one of the few groups in which the practice of circumcision is not widespread. When examining the small number of Christians who remain faithful to circumcision, it should be noted that their intention for performing this act is usually not due to religious beliefs, but rather for health purposes. In fact, Christians who perform circumcision do so based on non-religious beliefs (health and medicine) and are not encouraged to do so by beliefs arising from religion or through mixtures that have roots in Christianity.

Among the Christian groups who still adhere to circumcision, two major groups can be found in Africa: Coptic Christians in Egypt and Orthodox Christians in Ethiopia. It has been estimated that nearly 97% of Ethiopian Orthodox men are circumcised. However, research in southern Africa has also shown that there is no compatibility between male circumcision and Christian beliefs, and some churches in South Africa are even opposed to this practice and consider it to be an act of paganism. On the other hand, some churches, such as the Nomiya Church (a branch of the Seventh-day Adventist Church) in Kenya, consider circumcision to be one of the conditions for membership, and some in Malawi and Zambia also have similar beliefs and believe that since Christ was circumcised and this matter is taught in the Bible, Christians should also be circumcised (WHO, 2007). In the following section, an examination of the available sources and the *New Testament* will be conducted to investigate the factors that have led to the diminishing adherence to circumcision among Christians.

As the names of the holy books indicate, the *Old Testament* and the *New Testament* are written books that have come after each other, and each is a promise for the salvation of humankind at the time of their appearance, in which two prophets named Moses and Jesus were sent down. Regarding circumcision and adherence to it among followers of the Jewish faith, it is discussed based on the text of the *Old Testament*, and in this section, this issue is examined in the *New Testament*, which is a covenant between God and

humanity and the beginning of a new era of relationship between the Creator and the creature. According to this covenant, God took away the law that He had given to man through Moses and made faith in Christ a condition for forgiveness of sins and salvation (Matthew 4:19 and 16:24; Luke 9:23-25; John, 10:4 and 12:26). For the spread of the *New Testament*, the Lord needed his servants to preach the religion and convert Jews and Gentiles to Christianity. With the joining of new individuals, a difference arose between Jewish followers who converted to Christianity and were circumcised and other new Christian followers who were Gentiles and uncircumcised, regarding whether circumcision is a condition for being a Christian or not.

The first group believed that adherence to the religious laws of Judaism, specifically circumcision, was essential and the path to salvation, but the second group believed that it was not necessary to become a Jew first to become a Christian. Although according to the explicit text of the Gospel of Luke (2:21), Christ was circumcised on the eighth day of his life, the primary concern of Jewish Christians was not the salvation and redemption of Jewish Christians, but rather that circumcision was the criterion for adherence to religious laws, and non-Jews had to observe the law of Moses to be saved. As the number of non-Jewish Christians increased and surpassed that of Jewish Christians, Jews were concerned that if non-Jewish Christians did not observe Jewish laws, moral standards among believers would decrease. The same ethical standards that are the cause of power, violence, and ethnic and religious discrimination in contemporary culture were considered by believers as standards to maintain consensus and solidarity, which were considered holy and necessary in any way possible.

The difference between Christian and Jewish Perspectives on Circumcision

In Christianity, circumcision was perceived as a spiritual matter and a factor for unity, while in Judaism, it was viewed as a physical act and a factor for differentiation and exclusion.

Paul, one of the preachers of the Christian faith, considered circumcision as a barrier to preaching Christianity among non-

Jewish Romans and nations and, for this reason, supported abandoning this ancient tradition. He made significant efforts in this regard, to the point that he referred to supporters of circumcision for non-Jewish Christians as ‘dogs’ in the *New Testament*’s ‘Epistle to the Philippians’ (3:2) and urged caution against them, saying:

‘We are the circumcision, who worship God in the Spirit, rejoice in Christ Jesus, and have no confidence in the flesh’ (Philippians 3:3).

In general, it can be said that the perspective dominating the *New Testament* also includes Paul’s view that circumcision is not a physical act but a spiritual matter. In contrast, Abrahamic religions and Judaism considered circumcision as a corrective measure for balancing the body and mind. In the new perspective of Christianity, circumcision is not a physical act but a spiritual one, and the point of reflection is that the previous views of past religions did not consider the separation of body and mind, and they regarded the function of circumcision as a means of balancing the body and mind. However, the new perspective holds that there is a separation between the body and the spiritual realm, and circumcision is not a physical act but a spiritual matter. The Jewish religion, with its approach that considers circumcision as a physical act, provides a fertile ground for marking the body and, consequently, creating a distinction between the marked (circumcised) and the unmarked body (uncircumcised), which leads to the exclusion, separation, and division. This type of perspective and preconceptions of Judaism is in contrast with Christianity, whose goal is to preach and disseminate through spiritual unity and cohesion. Therefore, it regards circumcision not as a physical act but as a spiritual and meaningful one.

Paul has also said this in the ‘*New Testament*’s Epistle to the Romans’:

For circumcision is indeed profitable if you keep the law; but if you are a breaker of the law, your circumcision has become uncircumcision. Therefore, if an uncircumcised man keeps the righteous

requirements of the law, will not his uncircumcision be counted as circumcision? And will not the physically uncircumcised, if he fulfils the law, judge you who, even with your written code and circumcision, are a transgressor of the law? For he is not a Jew who is one outwardly, nor is circumcision that which is outward in the flesh; but he is a Jew who is one inwardly; and circumcision is that of the heart, in the Spirit, not in the letter; whose praise is not from men but from God. (Romans 2:25-29)

However, the climax of the conflict between Jewish Christian and Paul arises when he goes with a few others to Jerusalem to discuss the matter with Peter. Eventually, the decision of the Jerusalem Church, as described in the *New Testament's* 'Acts of the Apostles,' is as follows:

For it seemed good to the Holy Spirit, and to us, to lay upon you no greater burden than these necessary things: that you abstain from things offered to idols, from blood, from things strangled, and from sexual immorality. If you keep yourselves from these, you will do well. Farewell. (Acts 15:28-29)

As evident from the Jerusalem Church's decision, there was no emphasis on circumcision, and non-Jews could also become Christians without being circumcised, which was one of the first issues that separated Christianity from Judaism. At the same time, Jewish religious leaders made laws regarding the obligation of circumcision for boys more difficult, and Paul continued to argue for the symbolic meaning of circumcision, which is the purification of the heart through faith.

The real circumcision in which there is great benefit is the circumcision of the spirit. (Thomas 53:1)

Most Christian theologians have also given a symbolic interpretation of circumcision. Justin the Martyr, believes that Christ is the bringer of a new covenant, and in accordance with this new covenant, a new circumcision should also be introduced, which is the circumcision of the heart, as stated in the *Torah* (Deuteronomy 10:10). Origen also distinguished

between physical circumcision and spiritual circumcision. He considered spiritual circumcision worthy of God's covenant and regarded physical circumcision as a Jewish superstition. Many Christians believe that the most important thing is not physical circumcision, but rather spiritual circumcision or circumcision of the heart. Some Christians interpret the passage in Deuteronomy 6:30 as referring to the sanctity of the human heart and not the skin of the genitals. In addition, a universal decree was also issued by the Roman Catholic Church in 1442, which did not consider circumcision a necessary practice and stated: 'Therefore, to all those who have given their hearts to Christianity, it is commanded that they do not circumcise before or after baptism, for whether they adhere to it or not, this important matter cannot be described without losing eternal salvation.' (WHO, 2007)

'Perhaps the criticism that circumcision was considered as a criterion for Jewishness can be answered by understanding the concept of circumcision of the heart. In the previous section, it was mentioned that one of the criticisms raised is: if circumcision is a criterion for Jewishness, then are women who are not circumcised also considered Jewish? And if the answer is yes, what is the importance of male circumcision? However, with the interpretation of circumcision of the heart, which we have encountered in both the Old and the *New Testament* and the *Quran*, this matter can be defined not for a particular gender but for both men and women. In fact, the Jewish religion does not have a logical answer to this challenging question, which is if circumcision as a physical act is a criterion for being Jewish, then why are women who are not circumcised not considered Jewish? This shows the lack of clarity and explanation in the assumptions of this religion regarding circumcision.'



Picture 23: The Circumcision of Christ by Frederick Herlin

Baptism Replaced Circumcision in the Christian Religion

Another reason that can be found for the lack of success of circumcision among Christ's followers must be sought in the contrast between baptism and circumcision. It is reported that Caspinianus narrated that the Turks did not practise circumcision like the Jews as a remedy for sexual desires, but rather considered it a type of superstition (Deutsch, 2013). The source of this interpretation of Jewish circumcision, as a kind of punishment and purification from sin resulting from sexual desire, is unclear. From this narrative and also from the interpretations of circumcision that we have read, especially in Islamic discussions, one can recall its purifying function, which may have been common among Christians centuries ago. Tom Winter, professor at Cambridge Theological College, also directly responded to the question of why circumcision did not spread among Christians as among Muslims and Jews, stating:

The circumcision of Jesus Christ and his followers themselves express the necessity of this act. However, according to the Didache, the first written Christian document, it can be said that in the first century, the church allowed non-Jewish adults to join Christianity without being circumcised. In other words, the church

believes that the covenant of Abraham is now fulfilled through baptism, and circumcision is an optional act.

López-Corvo (2009) also believes in his book *The Woman Within: A Psychoanalytic Essay on Femininity* that the philosophy of Christianity has always highly admired peace-seeking. For example, in a passage from the Bible, specifically Matthew 7:1-2 and Luke 6:27-28, there are talks about not judging others, loving one's enemies, doing good to those who hate you, blessing those who curse you, and praying for those who mistreat you:

Do not judge, or you too will be judged. For in the same way you judge others, you will be judged, and with the measure you use, it will be measured to you. Love your enemies, do good to those who hate you, bless those who curse you, pray for those who mistreat you.

These were the concepts that were preached by Christ. In the compassion of Christ, there was no place for circumcision, which may be even closer to castration. Due to His compassion and His own experience of circumcision and the suffering He endured, Jesus Christ exempt men from circumcision and emphasises that both men and women will be reborn and purified through baptism (Johnson, 2010). To understand how baptism replaced circumcision, recall the purifying function of circumcision and realise that John the Baptist, the baptiser, was one of the greatest inspirations for the amazing spectacle of Christ. The discovery and spectacle of John was an astonishing solution to addressing the 'original sin' that was raised in the *Old Testament*. According to John's way, this sin can be washed away instead of being cut. In any case, from the perspective of the unconscious mind, washing or cutting what we consider to be sinful has a similar meaning. According to Lopez-Corvo (2009), the greatest and most important legacy of Christ for generations that followed him was the abandonment of circumcision.

Some Christian churches and clergy, such as the Coptic Orthodox Diocese of the Southern United States, have

responded to the question of whether circumcision is still necessary in the New Covenant like it was in the Old Covenant and whether circumcising infant boys is mandatory. They have answered that in the Old Covenant, circumcision was a sign of a covenant with God that was commanded to Abraham, but in the New Covenant, circumcision is replaced with baptism, and today it has become a cultural custom in line with health considerations (Epistle to the Colossians, 2:11-12).

In the Bible, and in the Acts of the Apostles, the discussion among the apostles who emphasised the necessity of circumcision before converting to Christianity is also examined. Peter refers to this issue in the Acts of the Apostles, and Paul discusses circumcision as follows:

For example, a man who was circumcised before he became a Christian should not be troubled by it, and if he was uncircumcised, he should not be circumcised now, because it does not make any difference to a Christian whether they are circumcised or not. What is important is to please God and obey His commandments. This is what I, Paul, say to you: if you are circumcised, Christ will be of no benefit to you, and in Christ Jesus, neither circumcision nor uncircumcision has any value. The only thing that counts is faith expressing itself through love (Galatians 5:5-11).



Picture 24: Circumcision in Notre Dame Cathedral

The Council of Jerusalem

The Council of Jerusalem in AD 50 was the first place where the discussion on how to deal with Christians was raised. The main issue in this council was whether Christians were obligated to observe Moses's laws or not. Also, since Christianity accepted Gentiles, there was a lot of discussion about whether they should be circumcised or not. At the same time, it was discussed that circumcision in the *Torah* was mentioned as a 'permanent sign' of God's covenant with Abraham. However, the early Christians did not consider themselves separate from the Jews, and all the leaders of the early church were of Jewish descent. In this council, a decree called the Decree of the Apostles was introduced, stating that Gentiles do not need to be circumcised to become Christians, but the council declared that Christians should not eat meat with blood and should not worship idols. Some consider the decisions of this council in accordance with Noah's laws, which Jews believe are mandatory for Gentiles. In this council, dual laws were introduced: some laws for Christian Jews who were required to observe all of Moses's laws, and some others for Gentile Christians that only included some of their current laws.

Paul of Tarsus

Paul, who played an important role in the spread of Christianity, wrote extensively on this topic. Paul himself was of Jewish descent and was circumcised. He believed that circumcision was not just a physical issue, but a matter of the heart. Later, Paul wrote more strongly against the circumcision of Gentile Christians and claimed that those who wanted to circumcise Gentiles were false prophets. He criticised the Galatian Christians, who circumcised their own children, and claimed that they had separated from the spiritual issue and focused on the physical issue. Some believe that Paul wrote the entire book of Galatians against the observance of Jewish laws by Gentile Christians. However, today no branch of Christianity rejects circumcised individuals.

The Perspective of Christians Today

In today's world, Christians generally do not have a particular opinion about circumcision. They are indifferent to it. Therefore, branches of Christianity neither recommend nor prohibit circumcision. However, many Middle Eastern Christians, who are among the oldest Christians, still circumcise their sons. Some of these Christians, such as in Kenya, consider circumcision mandatory for membership in the church. In addition, many Christians today, especially in the United States, circumcise their sons based on medical recommendations.

The results of studies on the origin of female circumcision show that this practice has a long history and different accounts exist about it. One account suggests that it was first performed in Egypt and Ethiopia hundreds of years before the emergence of Christianity, and the evidence for this claim comes from mummies dating back to two thousand years before the Common Era that show signs of clitoridectomy. In some Shiite and Sunni jurisprudence sources, it is mentioned that the first woman to be circumcised was Hagar, the mother of Ishmael, who was circumcised as a result of Sarah's displeasure and anger. It is unclear why this act, which was done out of distress, annoyance, and animosity, has become a mandatory and desirable practice throughout history, instead of being condemned

and prohibited. From that day on, it became a tradition to circumcise women, and this practice continued after the advent of Islam. Although the cutting of female genitalia dates back to pre-Christian times, some scholars in the late 20th century attributed it prominently to religion and claimed that female circumcision is performed in all societies by Muslims, Jews, and Christians.

Female Circumcision According to Judaism

According to some texts, it can be concluded that female circumcision has never been allowed in Judaism. Researchers state that all forms of female circumcision are considered organ damage and are prohibited by Jewish law. However, a minority group of Jews living in Ethiopia, known as the Falashas or Beta Israel, practice female circumcision. Some scholars believe that the customs and traditions of female circumcision among Jewish girls are more influenced by the indigenous culture of Africa than by religion. They believe that as the Falashas were under siege and persecuted for thousands of years, they did not have access to religious texts or knowledgeable Jewish individuals. Ethiopian Jews who have migrated to Israel are witnesses to this claim, as they do not practise the cutting of female genitalia. In a study conducted by El-Damanhoury (2013) on 13 Ethiopian Jewish women who had migrated to Israel, it was found that 27% of them had undergone partial or complete clitoridectomy and expressed that female circumcision was a custom among Ethiopian Jews, and their reasons for doing so ranged from beauty to preventing premarital intercourse, and to irreligious reasons.

Female Circumcision According to Christianity

Documents that discuss female circumcision from the perspective of Christianity are very rare. Although Christian religious leaders agree that female circumcision does not have a significant religious basis, cases have been observed among Christian women residing in Egypt, Nigeria, Tanzania, and Kenya.

Female Circumcision according to Islam

Cutting the female genitalia has four different forms, which are as follows:

1. Removing all or part of the clitoris
2. Removing all or part of the clitoris and labia minora

3. Narrowing the vaginal opening by creating a seal by cutting and repositioning the labia majora and/or labia minora with or without removing the clitoris

4. Other (all) painful methods on the genitalia such as piercing, causing wounds, etc.

Some critics believe that recent publications on female circumcision in Iran have defined the above-mentioned forms as types of female circumcision and believe that this naming and classification is not consistent with the Islamic religion (regardless of acceptance or rejection), and Iranian culture, and is incorrect. They argue that these misrepresentations have caused misunderstandings and attributed things contrary to the Islamic religion, and have become an issue for human rights forums. They also believe that Islam is opposed to the second, third, and fourth forms of female genital cutting and even imposes punishment for such acts. In regards to the first form, which is the partial or total removal of the clitoris, Islam is opposed to the complete removal of the clitoris but it is not clear whether Islam allows partial clitoral removal or only cutting the skin (prepuce) over the clitoris. The *Quran* does not explicitly mention female circumcision.

According to the authentic hadiths or narrations, it is not obligatory for women to be circumcised, unlike men. Two narrations are mentioned below:

1. In the book *Al-Nikah Bab Al-Aqiqah* volume 6 of *Usul al-Kafi*, it is reported that Imam Baqir was asked about a female slave who had been captured from a polytheistic land and brought into Islam. They searched for someone to circumcise her but did not find anyone. The Imam replied, 'Circumcision is obligatory for men, but not for women.'

2. Imam Jafar al-Sadiq is reported to have said, 'Circumcision is a tradition for boys, but not for girls,' in a narration reported by Muhammad bin Yahya from Ahmad bin Muhammad bin Isa from Muhammad bin Isa from Abdullah bin Sinan.

Among the four Sunni schools of thought, the Shafi'i school considers female circumcision to be obligatory and believes that a small portion of the skin at the tip of the female genitalia should be removed. Only the Musta'li Ismaili and Dawoodi Bohra Shia sects practise female circumcision.

Some critics of female circumcision believe that Islam prohibits cutting the female genitalia entirely and considers any harm to the body to be a sin, with severe punishment prescribed for such acts. Islamic jurisprudence also opposes cutting the clitoris either partially or entirely. Ayatollah Khamenei has issued a fatwa stating that female circumcision is not obligatory, and Ayatollah Makarem Shirazi has issued a fatwa prohibiting it. Recently, Ayatollah Sistani has stated that cutting any part or all of a woman's genitalia is a criminal act, and there is no justification or permission for it.

According to authentic narrations, female circumcision is not obligatory, unlike male circumcision. There are two types of Sahih hadiths mentioned in Usul Kafi, volume 6 of the book *Al-Nikah Bab Al-Aqiqah*. The first narration is about a slave girl who was captured from the land of polytheism and converted to Islam. They were looking for someone to circumcise her, but they did not find a woman. When the Imam was asked about it, he replied that circumcision is for men and not obligatory for women. The second narration is about Imam Sadiq (a.s.) stating that circumcision of a boy is Sunnah, but circumcision of a girl is not Sunnah.

In another narration from Usul Kafi, it is mentioned that a woman named Umtaibah used to circumcise girls. The Prophet called her and advised her to take a little and not remove all of it when circumcising women. He said it cleans up the complexion and is more enjoyable for the husband. However, this narration is viewed as weak from a strict feminist perspective, but it is considered reliable based on the principles of masculinity.

Among the four sects of Sunnis, the followers of the Shafi'i religion consider circumcision of girls as obligatory and believe that the small skin located at the tip of the female genital tract should be cut. Among the Shiites, only the Mastalawi sect in Egypt and the Bora Shiite sect in India are bound to perform this act.

Some critics of female circumcision believe that Islam is against the complete cutting of the female reproductive system and considers causing any harm to the body a crime. Islamic jurisprudence also prohibits partial or total cutting of the clitoris, as seen in the fatwa of the Shia taqlid authorities. The fatwa of the current leader of Iran, Mr Khamenei, states that female circumcision is not obligatory, and Makarem Shirazi issued a fatwa forbidding female circumcision.

Seyyed Ali Hosseini Sistani has recently stated that 'cutting the skin of a female genital organ is not a Shariah tradition, but if it harms a girl, it is forbidden and cutting off a part or all of a female genital organ is considered a crime against her, and there is no justification or permission.'

Further Study 5: The Circumcision of Girls in Religions (Ahmady, 2015)

Circumcision in Islam

Currently, a significant percentage of circumcised men in the Muslim world exist, to the extent that statistics show that in countries such as Iran, where Islam is the official religion, more than 99% of men are circumcised (Morris et al., 2016).

The high population of Muslims worldwide on the one hand and the concentration of the majority of the data in this research on the issue of circumcision in Iran, on the other hand, have led to a more detailed examination of the subject within Islam compared to other religions. This is particularly important as there is no direct reference to circumcision in the *Quran*, the holy book of Muslims. Despite the ambiguities surrounding circumcision in Islam due to the lack of a direct Quranic command, Muslims still take the practice seriously and circumcision remains prominent among them. According to estimates, almost 69% of circumcised men in the world are Muslim, and they are at the forefront of circumcision (Morris et al., 2016).

From the examination of available hadiths and narrations, as well as inquiries made to religious authorities, it appears that followers of both Shia and Sunni sects of Islam consider adherence to the traditions of Abraham, which include circumcision, as obligatory based on two verses, 123 of Surah Nahl and 161 of Surah Anaam. However, it seems that Islamic religious injunctions regarding circumcision have taken shape based on hadiths and jurisprudential rulings, and these are rooted in the lifestyle and customs of the Jews of Medina during the time of the Prophet of Islam.

It has been said that after migrating to Medina, the Prophet of Islam established a Muslim community based on the model of

the Jews who had been living there for generations. While Islam had a Christian quality in Mecca, in Medina it took on a Jewish quality. The Prophet of Islam discovered the benefits of religious laws and regulations there and the first mosque in Islam was built in Medina (Abdul Samad, 2011, p. 56).

At that time, the Jews of Medina lived according to the laws and regulations of Halakha, and the Prophet of Islam also used Halakha¹ as a model. The result was the 'Shariah' which explained the individual and social way of life of Muslims. Like the Jews, Muslims in Medina observed fasting and chose Jerusalem as their qiblah. Additionally, the Prophet of Islam, like the Jews, declared eating pork forbidden for Muslims and prohibited men from sleeping with their wives during menstruation. Stoning adulterers for committing adultery was a Jewish tradition that was adopted into Islam. The reason for these imitations and the use of Jewish Halakha can be found in the Prophet of Islam's efforts to recognise Jews and expand the Muslim community, as there were almost four Jewish tribes living in Medina at that time. Therefore, it is not surprising that the tradition of circumcision among Muslims may have been taken from Jewish tradition, or that Muslims may have been inspired by this tradition or that the Prophet himself had endorsed it, given the roots of circumcision in the Abrahamic religions and the influence of Islamic Shariah based on Halakha and coexistence with Jews. In other words, one of the motivations for introducing circumcision as a symbolic decree was to encourage Jews to convert to Islam. According to Yaacov Deutsch, in his studies on circumcision among Muslims, he always confronted the comparison of this practice among Muslims and Jews, while there is no mention of this practice among Muslims in texts related to Jewish circumcision (Deutsch, 2014, p. 193).

¹ Halakha is the most important part of the *Talmud*, which is a collection of laws that form Jewish rights in all social and personal matters. Halakha includes regulations related to human behaviour towards their peers and their behaviour towards God, and in other words, it determines the individual's ethical duties according to the Torah's obligations and commands towards others and towards their Lord.

Perhaps all of these arguments are not sufficient to justify the circumcision as a religious obligation in Islam. Oswald Spengler writes in one place: 'He who talks too much about his race indicates that he has no other.' One could argue against this by saying that Islam is not a race, but this response is incorrect. Since most of the newly established Islamic countries were unable to provide their citizens with a stable and meaningful identity, instead of using the word 'race' Spengler could have placed religion as the primary source of identity for Islamic countries. This matter has been examined in this research under the title 'Circumcision as Identity Seeking,' the function of circumcision that has created a distinction between the circumcised group and other ethnic groups, and is sometimes used to describe the attributes and values of opposing groups, as traditional sources, the *Quran*, and the Prophet's sayings are based on a simple logic, that is, the division of the world into believers whose every action is right and disbelievers who are always the cause of misery (Abdul Samad, 2011).

In fact, the function of circumcision in Islam, because of its influence from Judaism and Abrahamic religions, is purification from sins and control and limitation of sexual instinct. Like Judaism, which considered circumcision as a national-religious identity and through it, believed in dividing the circumcised and uncircumcised, and considered it a factor for distinction and expulsion, Islam also considers circumcision as a factor for identity seeking and creates a distinction between circumcised Muslim groups and other ethnic groups, and in a way, because of circumcision, it endeavours to promote the superiority of Muslims over non-Muslims. In fact, Islam in this matter is in line with Judaism's function of circumcision and is aligned with it, while it is in opposition to Christianity, which has a perspective based on non-division and distinction through this act and always seeks to promote unity among all groups by introducing circumcision as a spiritual rather than physical matter. Additionally, in Christianity, purity and impurity are more prominent with a medical approach and for this reason, it is in contrast to the two religions of Islam and Judaism, which are

attributed to signs of good and evil and proximity to God, or vice versa.

In the research at hand, reference has been made to the significance of 'purification' in interpretations of circumcision. It has been noted that in some of the sayings, the word 'tahir' (meaning pure) has been used instead of circumcision. It has been quoted from the scholar Majlisi that apparently, a circumcised person is an interpretation of a pure person, because the term 'tahir' is commonly applied to circumcision, and Kulayni has compared the chapter on circumcision to the chapter on purification. In confirmation of the pure aspect of circumcision and the circumcised person, there is also a narration from the sixth Imam of Shiites:

Circumcise your children on the seventh day, and they will be clean, and the earth will lament the urine of an uncircumcised person before Allah. (Hor Ameli, n.d., vol. 21, p. 434; Kulayni, vol. 6, p. 35).

As mentioned, some Shiite narrations emphasise the importance of purity gained from circumcision, and view the urine of an uncircumcised person as the cause of impurity and complaint before God. This may help to better understand why one common interpretation in some Muslim societies is to describe non-believers or infidels as 'impure.' Additionally, in Islamic societies, an uncircumcised person is not considered completely free from impurity, and it seems that this impurity originates from the urine released from the penis, which cannot be completely cleaned without circumcision. The existing skin (foreskin) on the penis prevents it from being thoroughly cleaned of urine, necessitating circumcision. Freud also commented on this issue, noting that one of the insults Turks use against Christians is 'uncircumcised dog', and assuming that most Turkic-speaking people are Muslims, it can be explained that their aversion to Christians who generally avoid circumcision is due to the laws of Islam which consider dogs to be impure animals.

From this perspective, the ideas of purity and impurity, aside from the moral implications of the act, are more indicative of the medical and health-related aspects of circumcision rather

than factors that bring one closer or further from God as in Judaism and the teachings of Moses. Additionally, it should be noted that one of the functions of circumcision in different religions and beliefs, including in Islam, is its limiting nature of sexual instincts. (Holsten, 2004).



Picture 25: Circumcision of a Muslim child

A) Early Jurists:

Mohaghegh Helli believes that circumcision of boys is obligatory, while circumcision of girls is mustahabb (recommended).

Shahid-e- Avval held the opinion that female circumcision is mustahab, as did Shahid -e—Thani who considered it noble and the best thing to do.

Sahib Jawahar agrees on the desirability of circumcising girls and considers the hadiths reliable and consistent on this matter. The hadiths recommend it without disagreement and with the consensus of the other party, and the texts of Mustafiza for him are mutawatir.¹

¹ In Islamic terminology, the term ‘mutawatir’ refers to a type of hadith or

Based on the above opinions, it is clear that advanced jurists have unanimously recognised female circumcision as recommended.

B) Contemporary Shia Jurists:

Abu al-Qasim Khoui, in his *Minhaj al-Salehin*, recommends female circumcision, even if the girl is an adult, and suggests that it is better to circumcise girls at the age of seven.

Makarem Shirazi believes that the circumcision of girls and women is not obligatory, according to Shia scholars, but it is desirable. The method specified in the hadiths is that only the upper part of the particular flesh above the vulva should be removed, not the root. This is not currently practised in the Islamic environment as it is not obligatory and not necessary.

Youssef Sanei believes that female circumcision was not recommended then and is not recommended now. He considers it a popular and desired matter in certain times and places, based on the purpose of beauty and dignity in the eyes of the husband. He believes that it is only obligatory from a jurisprudential perspective if it causes personal and social anomalies and harm and does not provide any cause or benefit.

Muhammad Hossein Fazlullah believes that female circumcision was not created and promoted by Islam, nor is it Sunnah or Mustahab. Rather, Islam considered it socially acceptable, and it can be considered among the Sunnahs. He narrates the hadith related to Umtaiba, which was mentioned earlier, and believes that the Prophet did not consider circumcision absolutely permissible, but rather a form of hatred. Circumcision is prohibited in Sharia, as Usulis believe that the appearance of prohibition is the same as sanctity unless there is a reason to negate it.

narration that has been transmitted by a large number of narrators at each level of the transmission chain, to the extent that the possibility of their collective agreement on a lie is inconceivable. The term ‘mutawatir’ is used to describe the highest level of authenticity and reliability in hadith transmission. In other words, a mutawatir hadith is one that has been transmitted through so many different chains of narrators that it is considered beyond doubt.

Further Study 6: Opinions of Some Shia Jurists on Female Circumcision
(Ahmady, 2014)

Circumcision as ratified law

As previously mentioned, there is no direct commandment in the *Quran* regarding circumcision. Nonetheless, this practice has become an inseparable part of the lives of Muslims to the extent that the largest number of circumcisions in the world today belong to this religious group. To further examine this issue, we need to explore the geographical and temporal context of Prophet Muhammad's time, which lays the groundwork for the establishment of religious laws. Islamic laws at that time consisted of foundational and ratified laws. Foundational laws were based on Quranic verses and were mandatory, while ratified laws existed before Islam and the Prophet approved them after making modifications, changes, and transformations to them. Almost all Islamic legal injunctions, including prayer, fasting, pilgrimage, and many of the criminal laws related to women, had existed in the pre-Islamic Arab tradition. Islam has brought about changes and transformations in these matters; some have been rejected, while others have been completely approved or amended through revision and commentary. (Eshkevari, 2018).

Given the aforementioned documents and the fact that the topic of this research, i.e., circumcision, is also included in the ratified laws of Islam, examining the ratified laws is of great importance. In the studies conducted, there are various opinions on this matter, including that of Dr. Nemat Ahmadi, a lawyer and attorney-at-law, who points out:

There is no escape from laws that are based on verses and rules and pertain to daily life such as inheritance and retribution, as they must be implemented. However, laws or regulations that are based on consensus can be changed. On the other hand, some believe that Islam only accepted laws that were based on rational foundations and had the potential to survive and play an effective role in facilitating and organising social affairs through reforms. That is, laws were accepted and ratified due to their rational

foundations, potential for survival, and facilitative and regulatory role in social affairs, even though they were subject to modifications and changes. Therefore, there is no necessary correlation between the ratification of a law and its stability and continuity. A ratified law, like foundational laws, is subject to the hadith 'What is halal (permissible) in the religion of Muhammad is halal until the Day of Judgment, and what is haram (prohibited) in it is haram until the Day of Judgment.' Otherwise, such a law would never be ratified absolutely. In addition to the above, many social regulations in Islam have a contractual aspect, and if we seek to change Islamic contractual laws according to the requirements of time and place, only a limited part of Islamic religious, commercial, and judicial laws will remain in force, which is incompatible with the aforementioned hadith and the beliefs of Islamic thinkers (Mohammadi Jorjani, 2004).

In contrast to the approach that considers ratified laws to be fixed and unchangeable, there is a different perspective. For example, in a study titled *In the Name of Tradition* which focused on female genital mutilation, Sheikh Mohammad Mahdi, one of the clergies of Qeshm Island, believed that the religion cannot be the view of all scholars.

There was a time when this practice was mandatory. Each religion had its own views in its own domain. Nowadays, many of Imam Shafi'i's fatwas are not applicable in some areas, and we have come to a point where even some of the hadiths of the Prophet of Islam are not used in some places because they require independent reasoning (ijtihad). The same is true for the issue of circumcision. This means that if the Shafi'i school mentioned something at that time, it only applies in Egypt. In those days, there were specific conditions that led to the issuance of this fatwa by Imam Shafi'i, and some of these fatwas may not be applicable in Iran. Legal issues can never reach a general ruling, meaning that a ruling issued by a scholar under specific conditions may be obligatory in one place and completely ineffective in another (Ahmady, 2015).

This very power of unpredictability has led to the emergence of extremist and violent groups such as the Taliban, al-Qaeda, ISIS, Boko Haram, and others who, by using some hadiths, texts, and interpretations and relying on the fatwas of some jurists and legislators, consider themselves authorised to set fire to areas and engage in inhumane actions.

The fact that circumcision is considered a ratified law implies that it may have an essential aspect and, taking into account the requirements of time, place, and its practicality, it can be subject to change. This indicates the existence of circumcision as a phenomenon that can be viewed from a phenomenological approach. Through this approach, it can be understood as a phenomenon that holds significance in terms of its temporal and spatial dimensions in each era. By explaining its current functions, it can be reevaluated regarding its durability, suspension, or rejection.

Reviewing Circumcision Under the Rules of Sovereignty and Harmlessness

One of the topics that can facilitate the study of the relationship between a person and their body in Islam is becoming more familiar with the ‘rules of sovereignty and harmlessness.’ Since circumcision is a signature practice of Islam, it can be examined from this point of view and reevaluated.

In Islamic jurisprudence, some principles and rules emphasise a person’s dominion over their wealth, soul, and authority over themselves, their body parts, neighbours, property, and actions. These rules protect a person’s right to their property and prevent others from interfering with it. However, some believe that the idea of sovereignty extends beyond property, and also applies to a person’s rights and autonomy. When applied to circumcision, the rules of sovereignty suggest that a person has the right to make decisions about their own body and whether or not to undergo the procedure.

The rules of sovereignty and harmlessness are important for understanding the practice of circumcision in Islam. Circumcision is considered a signature rule of the religion. By examining circumcision in the context of these rules, it is

possible to gain a more relativistic understanding of the practice and its role in contemporary society.

One of the well-known rules in Islam is the rational rule of 'people have authority over their wealth and souls'. Some interpret this as 'people have authority over their souls'. Verse 6 of Surah Al-Ahzab states that 'the Prophet is closer to the believers than their own selves'. While this verse establishes the priority of the Prophet's authority over the believers, it also implies the believers' authority over their own selves. In the Hadith of Ghadir, the Prophet declared the leadership of Ali over the people and claimed that people's authority over themselves completes their leadership. Another verse, 207 of Surah Al-Baqarah, indicates that one can sell their soul seeking the pleasure of Allah and uses 'soul' as a sign of God's will and human authority over themselves (Dargahi, 2016).

Another reason for this rule can be found in the tradition of reason. This means that the right to possess and control property is universally recognised as belonging to the owner's intellect, and such a tradition has been established and accepted by all people. Certainly, such a tradition was also prevalent during the time of the infallibles, and the lack of rejection or prohibition by Islamic law regarding this tradition indicates the Holy Lawgiver's endorsement of this tradition. (Tabataba'i, 2007)

At first glance, one may conclude that a person has control over all their body parts and organs, but this control is somehow limited, and the scope of this autonomy is restricted to the extent that the principles of human dignity, the preservation of life, and even the principle of 'no harm' are not ignored. In this context, the principle of 'no harm' refers to the principle of self-control, which is also supported by reason. God does not allow a believer to humiliate themselves, and common sense also does not allow such a thing. In the Islamic jurisprudence system, a person is not allowed to harm themselves or others. The sixth Imam of Shi'a said: 'Allah has entrusted all the deeds of a believer to him, but he does not have the authority to humiliate himself' (Mohammadi Jurkouyeh, 2004). Finally, verse 195 of Surah Al-Baqarah warns against destroying one's

own soul, and harming oneself falls under this category (Safaei and Abbasi, 2014).

Regarding the mandatory evidence of the principle of 'no harm,' numerous verses and traditions can be explained, and the limitation of the principle of self-control is not limited only to the principle of 'no harm,' but it also includes other matters such as preventing suicide. However, since the continuation of this discussion is a specialised and jurisprudential matter, we will pass over it, and in the following, we will discuss the relationship between the principles of self-control and 'no harm' in light of medical advancements in the present era.

The effects of male circumcision will be thoroughly examined by the medical and psychological fields, as the line between its positive and negative outcomes is quite narrow. Unlike the World Health Organization's stance on female circumcision, there is no official or clear position taken by the organisation and other related institutions on male circumcision, and they have only provided information on its benefits and drawbacks.

Attention has also been paid to the negative consequences and legal debates surrounding circumcision in the context of the principle of self-authority. In this regard, the emphasis on the principle of necessity to avoid potential harm is also important. From a rational perspective and based on narrations that emphasise the sanctity of avoiding harm to oneself or others, it can be inferred that not only definite harm but also suspicion or even the possibility of harm should be avoided. In this case, harm refers to any situation where the benefit of an individual conflict with it. Advanced and contemporary jurists have also referred to this in some cases. For instance, Sahib Jawahir al-Kalam explicitly states that 'anything that has the possibility of harm is forbidden.' In any case, anything that has considerable harm is considered forbidden, regardless of whether it is known or presumed (the same source). This principle can be extended to religious matters such as circumcision, and for example, some religious authorities have adopted such an approach regarding female circumcision. One of these conferences was held at Al-Azhar University in Egypt in 2006, where many prominent religious scholars were present, and it was concluded that 'female circumcision should

be prohibited because it is an act outside of Islam.’ Professor Ali Jum’ah, the Grand Mufti of Egypt, stated at this conference:

‘Female circumcision, both psychologically and physically, harms women. To protect one of the highest Islamic values, which is to not harm others, according to the saying of the Prophet of Islam, “There should be no harm or reciprocating harm in Islam,” this practice should be abandoned. Moreover, this act could be considered a violation against humanity and deserves punishment. This matter is not limited to circumcision, and there are verses and narrations based on other religious matters that indicate that if worship or its preamble is harmful to the body, its obligation is waived. For example, in the case of ablution, fasting, or pilgrimage, if they cause harm to the body, then instead of ablution, tayammum should be performed, and the obligation of fasting and pilgrimage is also waived if it is harmful to the person. One of the narrations in this regard is from the sixth Imam of Shia Muslims, who said, “Whoever is harmed by fasting, it is obligatory for them to break their fast.” (Ahmady, 2015)’

It should be noted that the obligation to prevent harm to oneself is a legal concept of a rule, not a right. This means that it is not changeable or revocable, and no one has the discretion to harm themselves.

It is crucial to consider a few additional points. For example, when it comes to causing harm for rational purposes and pursuing greater objectives, as well as causing minor and insignificant harm, it is generally permissible. Reason and Sharia do not explicitly prohibit such instances of harm and loss. Moreover, in situations where the only way to treat or prevent a disease that poses increasing harm is by accepting a lesser harm, it is advisable to prioritize minimizing the overall loss. In light of these considerations and the absence of a definitive stance on male circumcision, the responsibility of diagnosing and determining the extent and boundaries of harm caused by male circumcision should lie with medical experts and specialists. Jurists specializing in this field should

derive general Sharia rulings, while experts in relevant disciplines should conduct research to inform jurisprudential decisions. This requires interdisciplinary consensus among experts in various fields, including legal, jurisprudence, and medicine. During this interaction, the information of each field should be accessible to other areas to achieve a multi-dimensional and multifaceted approach to circumcision. This approach can provide a better and deeper understanding of circumcision and analyse its functions, avoiding one-dimensional approaches to this practice. (Safaei and Abbasi, 2014).

It is important to note the principle that individuals have sovereignty over their own bodies and property. While there may be perceived benefits of circumcision, it is crucial that individuals are not forced to undergo any medical treatment unless it is in a special and urgent case, such as a threat to the life of the patient or harm to others. In these cases, the principle of avoiding harm takes precedence over the principle of individual sovereignty. There are two types of exceptions to this principle: the first is when the patient's illness could cause harm or damage to another person, in which case the patient may be compelled to undergo treatment with permission from a guardian. The second is when there is a fear of losing the patient's life, as in the case of serious diseases or injuries. In all cases where forced treatment is necessary, it is important to prioritise the success of the treatment while minimising harm to the patient. This approach is based on a principle of Islamic jurisprudence that emphasises the importance of avoiding harm and difficulty.

Compelling an individual to undergo medical treatment is not allowed as it disregards their human dignity and autonomy. This is supported by a rational principle recognised by Sharia law, which is not explicitly prohibited by it. Additionally, taking control of someone's body or property without their consent is a violation of their rights and is not allowed under Sharia law (Najafi, 1981).

These graphs display variations in circumcision rates among the three Abrahamic religions under consideration here. Based on our findings, a majority of Shias appear to practise circumcision compared to Jews or Christians.

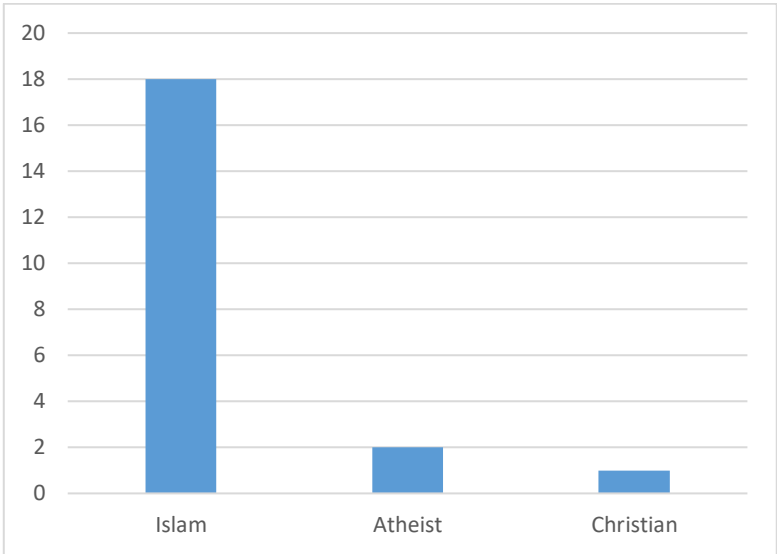


Chart 7: Frequency of male circumcision according to religion among the 21 respondents of the target community in 2021

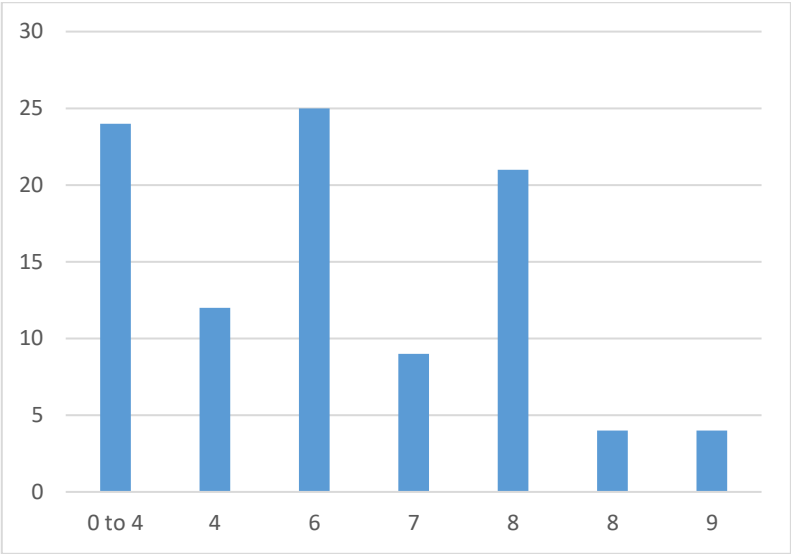


Chart 8: Age of Iranian boys at the time of circumcision among respondents in the target community in 2021

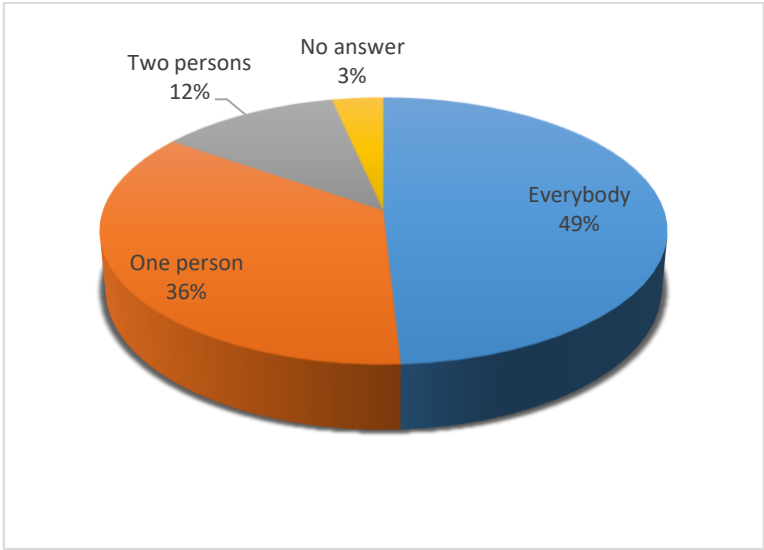


Chart 9: The percentage of uncircumcised people in the target community in 2021

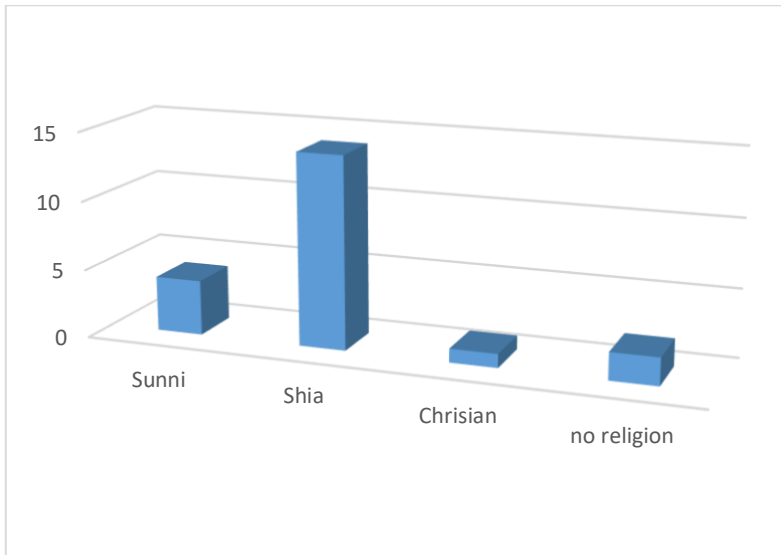


Chart 10: Frequency of male circumcision according to religion among the 21 respondents in 2021

Circumcised heart in the Quran

Previously, in examining circumcision in the *Old Testament* and Jewish tradition, the topic of ‘circumcised hearts’ was discussed, which is also mentioned in the *Quran* and hadiths. For example, the phrase ‘our heart is sealed “ is mentioned twice in the *Quran* as a quote from the Jews:

The first time is in verse 88 of Surah Al-Baqarah:

They say, ‘Our hearts are wrapped in coverings.’ In fact, Allah has cursed them because of their disbelief, so little is it that they believe.”

The second time is in verse 155 of Surah An-Nisa:

[They have incurred Allah’s wrath] because of their breaking their covenant, and of their denying Allah’s messages, and of their killing prophets against all right, and of their saying, “Our hearts are uncircumcised” - nay, Allah has sealed them in their

[very] denial of the truth, and [now] they can believe only to a limited extent’.

Ali Gholi Gharaee has done extensive research on the readings and interpretations related to ‘our hearts are sealed,’ from which it can be concluded that the phrase ‘the sealed heart’ means ‘uncircumcised heart.’ He writes somewhere to explain ‘Ghulf’ that ‘Ghulf’ (with silent ‘Lam’) is the plural of ‘Aghlaf’ (with silent ‘Lam’) and refers to what is contained in the prepuce. Also, a man who is uncircumcised is called ‘Aghlaf.’ This term has been used in Jewish and Christian cultures for a long time. In Islamic texts as well, especially in the sayings of the Prophet and Imam Ali, this term is used to mean ‘the heart of an unbeliever,’ ‘a heart in which faith has not entered,’ or ‘a heart that is empty of faith.’ Based on these evidences, it can be said that an ‘uncircumcised heart’ is a rebellious and disobedient heart, a heart that is impure and contaminated with spiritual impurities and diseases (Gharaee, 2001). To put it differently, the Jewish community expressed that their lack of belief resulted in their hearts being uncircumcised in response to the Prophet’s summons. These records indicate that both parties shared similar views on the significance of circumcision.

Circumcision in Hadiths and Narratives

Many hadiths and traditions of the Prophet of Islam and Shia imams have been narrated about circumcision, and in the present study, by collecting and analysing all these hadiths and traditions, the importance of this issue in the Islamic religion has been investigated. As mentioned, there is no direct reference to this practice in the Qur’an, but Sunnis and Shiites, citing two verses 123 of Surah Nahl and verse 161 of Surah An’am, make it obligatory to follow the Abrahamic traditions.

The following verses are mentioned in verse 123 of Surah An-Nahl:

Then We revealed to you, [O Muhammad], to follow the religion of Abraham, inclining toward truth; and he was not of those who associate with Allah.

And in verse 161 of Surah Al-An'am, it is stated:

Say, 'Indeed, my Lord has guided me to a straight path—a correct religion—the way of Abraham, inclining toward truth. And he was not among those who associated others with Allah.

These verses refer to an Arab person who lived in the pre-Islamic era and was a monotheist, or to a group of people who didn't practise polytheistic acts like idolatry. Although circumcision isn't specifically mentioned in the verses, the emphasis on following Abraham is seen as proof of the covenant between him and God continuing.

Mulla Jamal Vaji was asked why circumcision is part of the Islamic faith if it's not explicitly mentioned in the *Quran*. He explained that male circumcision has been discussed in monotheistic religions, but that doesn't mean it's mentioned in the holy book. Circumcision was a pre-Islamic tradition that entered Islam with certain restrictions, and according to Islamic jurists and scholars, it's considered a necessary component of the faith. While different Islamic sects may have varying opinions on how and when to perform it, there's a general consensus that circumcision is obligatory.

Sheikh Mofid wrote in his book *Al-Muqni'ah* that anyone who accepts Islam and wants to perform Hajj must be circumcised before doing so. Similarly, Najafi Javaheri wrote in his book *Jawahar al-Kalam* that even an elderly convert to Islam who isn't circumcised must undergo the procedure.

Fatwas on Circumcision in Islam

Circumcision has been a common tradition among Muslims since ancient times and has continued until today. Existing hadiths can serve as evidence of this claim. However, various

positions have been narrated in different books and studies, and from the perspective of different Islamic denominations, regarding this practice. The most important reason for these differences is the lack of a direct and specific stance in the *Quran* on this issue. The absence of a reliable source in the *Quran* has prevented a consensus among scholars and jurists on the issue of circumcision, and it has always resulted in different positions on their part.

According to Ikhsan Tanggok's (2018) studies, the schools of Hanafis, Malikis, and Hanbalis consider male circumcision a tradition, while female circumcision is considered a virtue. On the other hand, Shafi'i schools consider male and female circumcision obligatory.

In his research, Mohammad Hassan Saeedi states that Shiite jurists consider circumcision obligatory for men and recommended for women. However, they consider all acts of worship to be correct for an uncircumcised person, except for Tawaf. Shafi'is believe that circumcision is obligatory for both men and women, while Hanbalis consider it obligatory for men and a tradition and honour for women. Hanafians and Malikis consider circumcision to be one of the non-obligatory rituals and traditions of Islam (Saeidi, 2011, p. 70).

Tim Winter, a professor at the Faculty of Divinity at the University of Cambridge, has also emphasised in exclusive interviews that circumcision is mandatory for many schools, and the main difference in the view of the Malikis is that they consider this matter optional rather than obligatory for newborn Muslim boys. According to him, the Shafi'is do not accept the worship of an uncircumcised person, while the Malikis have no problem accepting this issue (*ibid.*).

Another point is that if circumcision has been considered obligatory or an identity marker for distinguishing between Muslims and non-Muslims, it can be claimed that circumcision was prevalent during the lifetime of the Prophet of Islam and among his companions. However, there is evidence to refute this claim. Even if we accept that this practice was prevalent among the ignorant Arabs, there is no information about the circumcision of non-Arab converts to Islam after the advent of

Islam. According to Ibn Qayyim al-Jawziyya, a Hanbali scholar, when the Amir of Basra ordered the circumcision of elderly people from the Kikar tribe in winter, and some of them died as a result, Hassan Basri objected and wondered why the Romans, Persians, and Ethiopians who had embraced Islam were not checked for circumcision. Similarly, when Omar ibn Abdul Aziz was asked to test non-Muslims who apparently had come to avoid paying the Islamic tax by circumcising them, he wrote to him that God sent the Prophet as a preacher, not a circumciser (ibid.). Therefore, in Islam, there has been no explicit invitation or compulsion to circumcision, and if such compulsion existed, this phenomenon would have been abolished in modern times with regard to the developments in human rights and individual freedoms, or left to the discretion of individuals. However, regrettably, this issue has continued with great power and force by social and religious institutions and has caused significant physical and psychological harm to children! It is said that any indigenous tradition that cannot be reconciled with cultural convergence through dialogue should be considered an ancient tradition or an irreproducible reproduction. Has the time not come for scholars and jurists to read and interpret the *Quran* based on the need for harmony between religious laws and the requirements of the times, and to give new and humanistic interpretations and refrain from violence, balances, orders, and prohibitions of religion to believers?

Table 4 Fatwas of Religious Authorities and Clerics Inside and Outside Iran (Collected by the Present Research Team)

| |
|--|
| <p><i>The Name of the Mujtahid:</i> Sayyid Ali al-Husseini al-Sistani</p> <p><i>Religious Affiliation:</i> Shia</p> <p><i>Regarding the Necessity of Male Muslim Circumcision:</i> Male circumcision is obligatory for the obligated man.</p> <p><i>Parental Responsibility for Circumcision:</i> It is recommended.</p> <p><i>Age Limit for Male Child Circumcision:</i> Not specified.</p> <p><i>Marriage of Muslim Woman to Uncircumcised Muslim Man:</i> Not specified.</p> <p><i>Restrictions for Uncircumcised Individuals in Religious Spaces:</i> Circumcision is necessary for the validity of circumambulation during Hajj.</p> |
| <p><i>The Name of the Mujtahid:</i> Yusuf al-Sanei</p> <p><i>Religious Affiliation:</i> Shia</p> <p><i>Regarding the Necessity of Male Muslim Circumcision:</i> Male circumcision is obligatory. If a boy has not been circumcised by the time he reaches puberty, then it becomes obligatory on the boy himself to get circumcised.</p> <p><i>Parental Responsibility for Circumcision:</i> It is obligatory for parents to have their son circumcised.</p> <p><i>Age Limit for Male Child Circumcision:</i> It is recommended to circumcise on the seventh day after birth, although it is not problematic to do it before or after that. Circumcision is obligatory and should be done whenever possible.</p> <p><i>Marriage of Muslim Woman to Uncircumcised Muslim Man:</i> Permissible.</p> <p><i>Restrictions for Uncircumcised Individuals in Religious Spaces:</i> Circumcision is only a condition for the validity of circumambulation¹ during Hajj and Umrah.</p> |

¹ Circumambulation, also known as *Tawaf* in Arabic, is the act of walking around a sacred object or place in a circular or semicircular path. In Islamic ritual, it refers specifically to the act of walking around the Kaaba, the black cube-shaped structure located at the centre of the Masjid Al-Haram mosque in Mecca.

The Name of the Mujtahid: Shobeiri Zanjani

Religious Affiliation: Shia

Regarding the Necessity of Male Muslim Circumcision: Male circumcision is obligatory.

Parental Responsibility for Circumcision: If the guardian of the child knows that if they do not have their child circumcised, the child will not be able to get circumcised for any reason after reaching puberty, then it is obligatory for the guardian to have the child circumcised. If the guardian did not perform the circumcision, it becomes obligatory on the person themselves to get circumcised after reaching puberty.

Age Limit for Male Child Circumcision: There is no specific time, but it is obligatory to do it as soon as possible.

Marriage of Muslim Woman to Uncircumcised Muslim Man: Permissible.

Restrictions for Uncircumcised Individuals in Religious Spaces: It is not valid for an uncircumcised person to wear the ihram during Hajj or Umrah as a precautionary measure, and they cannot pass through the miqat. Also, their circumambulation is not valid.

The Name of the Mujtahid: Nouri Hamedani

Religious Affiliation: Shia

Regarding the Necessity of Male Muslim Circumcision: Male circumcision is obligatory for uncircumcised adult men, and its abandonment is forbidden.

Parental Responsibility for Circumcision: It is recommended.

Age Limit for Male Child Circumcision: It is appropriate to initiate the circumcision as soon as possible.

Marriage of Muslim Woman to Uncircumcised Muslim Man: There is no obstacle.

Restrictions for Uncircumcised Individuals in Religious Spaces: Circumcision is necessary for Hajj and Ihram.

Muslims perform Tawaf during the Hajj pilgrimage and during Umrah, a lesser pilgrimage that can be performed at any time of the year. Tawaf is performed in a counterclockwise direction and is one of the essential rituals of the Hajj and Umrah, signifying the unity of the Muslim community and the worship of God.

The Name of the Mujtahid: Makarem Shirazi

Religious Affiliation: Shia

Regarding the Necessity of Male Muslim Circumcision: Male circumcision is obligatory for men.

Parental Responsibility for Circumcision: It is not obligatory, but it is better for parents to have their sons circumcised so that they are not forced to do it themselves at the time of adulthood.

Age Limit for Male Child Circumcision: Men must fulfil their duty of circumcision at the earliest opportunity, and if they do not do it themselves at the time of puberty, they commit a violation.

Marriage of Muslim Woman to Uncircumcised Muslim Man: Permissible.

Restrictions for Uncircumcised Individuals in Religious Spaces: Circumambulation and prayer during circumambulation in Hajj are not valid, but other acts of worship are valid.

The Name of the Mujtahid: Javadi Amoli

Religious Affiliation: Shia

Regarding the Necessity of Male Muslim Circumcision: Male circumcision is obligatory.

Parental Responsibility for Circumcision: Firstly, it is obligatory for parents to have their son circumcised. If the parents do not do it, then it becomes obligatory on the person themselves to get circumcised after reaching puberty.

Age Limit for Male Child Circumcision: Circumcision is obligatory until the end of life, but it should be done as soon as possible.

Marriage of Muslim Woman to Uncircumcised Muslim Man: There is no obstacle.

Restrictions for Uncircumcised Individuals in Religious Spaces: Circumambulation during Umrah and Hajj is invalid.

Name of the Mujtahid: Zahedan Dar Al-Fatwa

Religious Affiliation: Sunni/Hanafi

Regarding the Necessity of Male Muslim Circumcision: Male circumcision is obligatory, as it is one of the requirements of nature.

Parental Responsibility for Circumcision: It is obligatory for parents to have their sons circumcised.

Age Limit for Male Child Circumcision: Male child circumcision should be done at any time possible.

Marriage of Muslim Woman to Uncircumcised Muslim Man: It is permissible.

Restrictions for Uncircumcised Individuals in Religious Spaces: There are no restrictions for uncircumcised individuals in performing religious acts or attending religious places.

The name of the Mujtahid: Molana Abdulhamid Ismaeelzei

Religious Affiliation: Sunni/Hanafi

Regarding the Necessity of Male Muslim Circumcision: Male circumcision is a traditional and natural practice.

Parental Responsibility for Circumcision: Although it is mentioned in hadith, according to the opinion of Imam Abu Hanifa, it is not obligatory for parents to have their sons circumcised.

Age Limit for Male Child Circumcision: Fathers and mothers should have their sons circumcised before they reach puberty. If the person is an adult and it is not permissible to uncover their private parts in front of anyone, they can circumcise themselves if they are able to do so, or they can cover their private parts in a way that the circumciser's eyes do not fall upon them and then be circumcised.

Marriage of Muslim Woman to Uncircumcised Muslim Man: There is no problem with it.

Restrictions for Uncircumcised Individuals in Religious Spaces: There is no problem with an uncircumcised person attending religious gatherings.

Name of the Mujtahid: Mowlawi/Mullah Younes Veisi

Religious Affiliation: Sunni/Shafi'i

Regarding the Necessity of Male Muslim Circumcision: Male circumcision is obligatory for a Muslim man after reaching puberty. It is a Sunnah to perform circumcision on the seventh day of birth, but circumcision has three conditions: the person must be an adult, sane, and able to tolerate the pain. For example, if a child is weak and cannot tolerate the pain of circumcision on the seventh day, it should be

delayed until they can tolerate it. If a person is not sane, circumcision is not obligatory but it is recommended.

Parental Responsibility for Circumcision: It is not obligatory for parents to have their child circumcised when the child cannot tolerate such pain. It is not obligatory for a father to have his child circumcised.

Age Limit for Male Child Circumcision: An Imam or the ruling authority should command those who are sane and adult but not circumcised to perform the circumcision. If this compulsion is imposed, and the person does not get circumcised, they will be considered sinful. However, if the person does not get circumcised until their death, circumcision is not necessary.

Marriage of Muslim Woman to Uncircumcised Muslim Man: There is no problem with marriage.

Restrictions for Uncircumcised Individuals in Religious Spaces: There is no restriction, but during the time of ghusl (ritual washing), water must go under the foreskin and the wet cap must be covered by water. If this is not possible, the person should perform tayammum (dry ablution).

The name of the Mujtahid: Al-Azhar University, Egypt

Religious Affiliation: Sunni

Regarding the Necessity of Male Muslim Circumcision: Male circumcision is obligatory in the sense that it is beneficial.

Parental Responsibility for Circumcision: It is better for parents to have their children circumcised when they are young to avoid the pain in adulthood.

Age Limit for Male Child Circumcision: If a young boy has not been circumcised, the procedure should be performed whenever possible. The best day for circumcision is the seventh day after birth, but if that is not possible, it is allowed to be done as soon as possible and at the most appropriate time.

Marriage of Muslim Woman to Uncircumcised Muslim Man: It is permissible.

Restrictions for Uncircumcised Individuals in Religious Spaces: The worship of an uncircumcised person is acceptable as long as they are sure that they have removed any impurity from their body. There is nothing specifically prohibited for an uncircumcised person, and from a religious perspective, they are considered like a circumcised person.

However, the person must be very careful about the cleanliness of their body, and if there is any impurity on their body, their worship will not be accepted, and they must repeat their worship after cleaning their body.

Name of the Mujtahid: Hajj Sayyid Mohammad Nooruddin Wazhi

Religious Affiliation: Sunni/Shafi'i

Regarding the Necessity of Male Muslim Circumcision: Yes, according to the Shafi'i school of jurisprudence, male circumcision is obligatory.

Parental Responsibility for Circumcision: No, the obligation of circumcision is upon the individual Muslim and no one else. However, one Shafi'i scholar named al-Zarkashi has stated that when a male child reaches the age of discernment, it is obligatory for their guardian to have them circumcised. However, this fatwa has not been accepted by other scholars, as the issue of circumcision is a personal obligation upon the individual and not their guardians or even Islamic rulers.

Age Limit for Male Child Circumcision: It is obligatory for parents to have their male children circumcised at a young age, but it is not obligatory. The obligation of circumcision is upon the male Muslim when they reach the age of physical and rational maturity.¹ Circumcision is not obligatory for children or individuals who lack mental capacity. The obligation is upon the sane and mature individual.

Marriage of Muslim Woman to Uncircumcised Muslim Man: Yes, it is permissible.

Restrictions for Uncircumcised Individuals in Religious Spaces: There is no Islamic prohibition on an uncircumcised individual performing religious acts or attending religious spaces. However, if the foreskin covering the genitalia prevents proper cleansing, then their worship is not accepted, and they cannot attend religious spaces until the issue is resolved. The reason for this restriction is due to the lack of cleanliness, which is not directly related to the uncircumcision itself, as an

¹ The age of reaching rational maturity is not related to the quantity and numbers of years, and refers to a condition where a child has reached a level of discernment before physical maturity, and is capable of distinguishing between good and bad. This recognition often occurs between the ages of seven to ten for children. However, reaching rational recognition does not necessarily mean that the child is accountable for religious obligations, as this depends on both physical and intellectual maturity.

individual who is circumcised but has issues with cleanliness would face the same restriction.

The name of the Mujtahid: Imam Sheikh Zaid (Zaytuna College, California)

Religious Affiliation: Sunnah Mu'akkadah/ Preferred

Regarding the Necessity of Male Muslim Circumcision: It is emphasised as being obligatory.

Parental Responsibility for Circumcision: It is a duty upon parents.

Age Limit for Male Child Circumcision: The opportunity for circumcision is available until the end of life.

Marriage of Muslim Woman to Uncircumcised Muslim Man: It is permissible.

Restrictions for Uncircumcised Individuals in Religious Spaces: An uncircumcised individual can perform any act and attend any religious space without restriction.

The name of the Mujtahid: Abdulrahman Mohammad Rassouli

Religious Affiliation: Sunni

Regarding the Necessity of Male Muslim Circumcision: Yes, without a doubt, it is obligatory and must be performed.

Parental Responsibility for Circumcision: With the conditions mentioned in the answer to the first question, parents have the right to circumcise their children. However, if they do not meet these conditions, they do not have the right to do so, but rather it is obligatory to postpone it.

Age Limit for Male Child Circumcision: Not specified.

Marriage of Muslim Woman to Uncircumcised Muslim Man: Not specified.

Restrictions for Uncircumcised Individuals in Religious Spaces: According to Sheikh Ibn Hajar, if it is possible to wash the area under the foreskin, it is better to do so. But if it is not possible, the deceased person should be buried without washing the area, as cutting it would be disrespectful to the deceased. However, according to Sheikh Mohammad Ramlawi, an uncircumcised individual can perform any act and attend any religious space without restriction.

Regarding the performance of the Hajj rituals, it is important to note that except for Tawaf, none of the Hajj rituals requires ablution, and performing Tawaf without ablution is not permissible. According to the book *E'anat al-Talibin*, if an uncircumcised person does not perform the obligatory washing, they must wash the area under the foreskin as it falls under the rule of the visible parts of the body. If it is not possible to wash the area, the person must be circumcised. However, if even circumcision is not possible, they are excused and can perform tayammum instead. This shows that circumcision has its own specific ruling and is not related to the validity of performing religious obligations such as Hajj and other matters of religion.

Opponents and Proponents of Male Circumcision in Islam

Male circumcision has been a topic of much debate among both Jews and Muslims, with some supporting the practice for religious, cultural, and medical reasons, while others oppose it for various reasons. In many Muslim communities worldwide, male circumcision is a prevalent practice deeply rooted in religious and cultural traditions. Supporters of this practice often refer to religious decrees, hadiths, and recognized medical benefits as reasons to continue performing the procedure. These medical benefits include a lower risk of urinary tract infections, penile cancer, and sexually transmitted infections. However, it is important to note that these perceived benefits primarily apply to men, while potential risks or consequences for women may not receive the same level of consideration. For instance, the focus on protecting men from certain health issues may inadvertently overlook the potential risks or negative impacts on women's health. Given this concern, it becomes crucial for medical experts and specialists to take responsibility for diagnosing and determining the extent and limits of harm caused by male circumcision. Additionally, jurists in this field should derive general Sharia rulings, while experts in these areas should conduct research on jurisprudential rulings to ensure a comprehensive understanding of the practice and its implications.

However, opponents of male circumcision sometimes attempt to deny the Islamic tradition of circumcision by citing Quranic

verses, and there have been critics of the practice in contemporary times. One notable critic is Adip Yüksel, a Turkish-Kurdish philosopher based in the US, who has gained notoriety for his criticisms of Sunni and Shia Islam. Yüksel denies any religious texts outside of the *Quran* and argues that the *Quran* is the complete and final revelation from God, citing Quranic verses such as Surah An'am verse 38, Surah Yunus verse 59, and Surah An'am verse 115 to support his views. He believes that all religious practices and traditions that are not explicitly mentioned in the Quran, including male circumcision, have no basis in Islam. Despite the criticisms and debates surrounding male circumcision, it remains an important part of many Muslim cultures and traditions. Furthermore, male circumcision holds both religious and cultural significance within Muslim communities worldwide. It is considered an important tradition, with supporters referencing religious decrees, hadiths, and cultural norms to justify its practice. Additionally, it is worth noting that male circumcision has been associated with certain medical benefits, although the extent of these benefits may vary. Ultimately, individuals and communities should make informed decisions about circumcision based on their own beliefs and unique circumstances.

According to Yüksel, hadith books were compiled two centuries after the Prophet of Islam, while one of the main sources of hadiths was the narratives of Jews and Christians. Sunni and Shia theologians have written many books based on limited sources, some of which contain stories from sources such as the Jewish Mishnah, the *Old Testament*, and Israelites, and through the conversion of Christian and Jewish researchers to Islam, stories and religious commands from Judaism have entered Islam, including circumcision and the appearance of the Mahdi (the saviour of redemption) (Yüksel, 2008).

Taking this matter into consideration, it can be said that the most reliable hadiths are those that were narrated from the speeches of the Prophet of Islam during his Farewell Pilgrimage, with thousands of people reporting them. These hadiths are considered the most authentic and reliable because they were reported by a large number of people who were

present at the time of the Prophet's speech. The Farewell Pilgrimage was the last pilgrimage performed by the Prophet before his death, and it is considered one of the most important events in Islamic history. The hadiths from this pilgrimage are highly regarded and are given great weight in the Islamic tradition.

Yüksel, citing Quranic verses such as Surah An'am verse 114, 'Shall I seek a judge other than Allah, when He it is Who has sent down to you the Book (the *Quran*) fully explained? And those whom we have given them the Book (Jews and Christians) know that it is revealed from your Lord with truth, so be not of those who doubt,' and Surah A'raf verse 2, 'This Is a Book sent down to you, so let there be no straightness in your breast concerning it, that you may warn thereby, and it is a Reminder unto believers,' argues that the Prophet was only the recipient of the Quran, and that God is the only source of Islamic principles. He emphasises this point in his argument for the unreliability of hadiths. It is important to note that the interpretation and understanding of Quranic verses can vary among scholars and individuals, and that the *Quran* is often interpreted in conjunction with hadiths and other sources of Islamic knowledge.

Continuing his research on rejecting male circumcision as a divine command in Islam, Yüksel emphasises once again, with reference to the following verses, that God's creation is perfect and that God created humans in the best possible way:

- Surah Teen verse 4: 'Verily, We created man in the best stature.'
- Surah Furqan verse 2: 'He to whom belongs the dominion of the heavens and the earth, and who did not take a son and has no partner in dominion, and created everything and determined its precise measure.'
- Surah Ghafir verse 64: 'It Is Allah who made for you the earth a place of settlement and the sky a ceiling and formed you and perfected your forms and provided you

with good things. That is Allah, your Lord; then blessed is Allah, Lord of the worlds.'

Yüksel argues that these verses demonstrate that God created humans in the best possible form, and there is no need to modify or alter the body through circumcision or other means. He also argues that male circumcision is a cultural practice rather than a religious requirement in Islam. It is important to note that there are varying interpretations of these verses among scholars and individuals and that the Islamic tradition is rich and diverse, encompassing a range of beliefs and practices.

Furthermore, Yüksel argues, with reference to Surah an-Nisa verse 119, 'I will mislead them, and I will arouse in them [sinful] desires, and I will command them so they will slit the ears of cattle, and I will command them so they will alter the creation of Allah.' He considers any form of alteration or modification to the human body to be a sin (Johnson, 2010). This verse is often interpreted as a warning against following one's desires and deviating from the path of God. Yüksel uses this verse to argue against male circumcision, as he sees it as a deviation from the natural state of the body and a form of alteration. It is important to note that interpretations of this verse can vary among scholars and individuals.

There are other interpretations and explanations regarding this verse. For example, in *Al-Mizan* it is stated: 'In this noble verse, Satan is mentioned as saying that he will misguide human beings by engaging them in worshipping others than God and committing sins. He will deceive them by engaging them in desires and wishes that distract them from fulfilling their life's obligations. He will command them to slit the ears of cattle and make the permissible things of God unlawful for themselves due to their false beliefs and illusions. He will also command them to alter the creation of God. For example, he will castrate men who are created as men and have the potential to mate with women, or engage in various sexual perversions such as cutting off body parts or engaging in homosexuality.' (Ayatollah Tabatabai, 2007, vol. 5, pp. 135–136).

However, Yüksel's interpretation (2008) of this verse is that any attempt to alter God's creation with religious intentions is considered a satanic act. He refers to male circumcision, arguing that circumcision is not considered an abnormality in God's creation and is a normal practice. Attempting to modify such a natural phenomenon through surgical procedures, in his view, is a superstition and does not lead to salvation. In other words, Yüksel's point is that it is not appropriate to criticise a natural phenomenon, which is a part of God's creation, through presenting it in an unconventional way or using artificial labels and mechanisms, and that attempting to manipulate and alter natural phenomena is not desirable.

However, Mehdi Derakhshi, a professor in the high-level academic seminary of Qom, has a different view on this verse and practices such as circumcision. He believes that this verse refers to actions that Satan commands humans to do, which are detestable and forbidden by God. Therefore, alteration and modification of the divine creation are considered forbidden. Therefore, regardless of whether there is any doubt about the prohibition of circumcision and the modification of inanimate and animate objects (non-essential organs), no one accepts that circumcision was initially included in the noble verse and then excluded with a specific reason. Therefore, it is not possible to consider the donation and sale of organs as forbidden based on the prohibition of altering the creation. In general, the concept of modifying the creation—due to the differences in interpretation among scholars—refers to changing the divine religion or changing the human nature or deviating from the pure human nature, as Imam Sadiq is quoted by the late Tabarsi in his interpretation (Derakhshi, 2016, p. 45).

Circumcision of the Prophets and Imams

The issue of the circumcision of the divine prophets is a matter that has conflicting narrations. For example, Abu Hurairah, one of the scholars of the Umayyad court, narrates from the Prophet of Islam that Abraham was the first circumcised

person and was circumcised at the age of 80, while other narrations contradict this narration. In other narrations, the age of circumcision of Abraham is mentioned with a slight difference, and Ibn Abbas, an Islamic scholar, has quoted the Prophet as saying that the first circumcised person was not Abraham but Adam (Saeedi, 2011).

However, Imam Sadiq has denied the circumcision of Abraham in another account. According to this narration, the sheath of the prophets fell off naturally like the umbilical cord on the seventh day after their birth. However, Isaac and his descendants were exempt from this practice, and circumcision became a tradition afterwards (ibid.).

Also, according to some other narrations about the prophets (at least twelve of them, including Adam, Seth, Idris, Noah, Abraham, David, Solomon, Lot, Ishmael, Moses, Jesus, and Muhammad), they were all born circumcised (ibid.). However, regarding the circumcision of the Prophet of Islam, historians such as Ibn Ishaq and Ibn Hisham have not mentioned anything, but some hadiths indicate that he was circumcised according to the customs of the Arabs. In *Usul al-Kafi*, it is also mentioned that not only the prophets were born circumcised but also the divine successors have this characteristic. For example, Zurarah, one of the Shia jurists and theologians, has quoted from Imam Baqir that the tenth divine successor has ten signs, including being born pure and circumcised, raising his voice to recite the Shahada at birth, not moving (due to ritual impurity), sleeping with his eyes closed and his heart awake, not speaking nonsense or lying, seeing from behind himself as if he can see from in front of him, having sweet-smelling excrement, the earth swallowing his faeces and being responsible for hiding them, fitting the armour of the Messenger of God, and being a narrator of hadiths until his death (with the help of invisible angels and receiving news of the unseen from them) (Kulayni, 1407, vol. 1, chapter on the birth of the Imams, Hadith 8).

In another part of *Usul al-Kafi*, it is mentioned that Imam Muhammad Baqir was born circumcised, and this is also narrated about the divine successors and prophets:

When the divine successors are in their mother's womb for nine months, there is much talk and commotion in the household. On the night of their birth, a light appears in the house that only the father and the newborn can see. When the successor is born, they are seated and a four-cornered cloth is open for them, which is spun around until it faces the qiblah, regardless of its initial direction. The newborn sneezes three times and points with their finger to glorify God. They are born happy and circumcised, with their upper and lower fourth teeth, their canines, and their two following teeth, which are called the 'cutters,' already grown. A light shines before them, as bright as the gleam of gold, and for a day and a night, streams of gold flow from their hands. The prophets also have such characteristics when they are born, and the divine successors are the ornaments of the prophets (ibid., Hadith 5).

This description of the saints of God is so far-fetched from the reason that it raises many doubts, including 1. It challenges God's justice in creating His servants; 2. It questions the infallibility of the imams and prophets, as it suggests that their actions and behaviours were not voluntary but rather predetermined and discriminating based on a fundamental essence that God has created them with; 3. It confirms their angelic nature rather than their humanity, which undermines their credibility and legitimacy in guiding humans as diverse and heterogeneous beings; 4. It proves a disruption in the philosophy of creation and exposes the hidden discrimination in the creation of God; 5. It creates a contradiction with the fundamental principle of human existence, and so on. Of course, the reason behind such unrealistic and exaggerated descriptions may be related to linguistic problems and inadequacies or to creating a distance between the general public and the messengers, with the justification that if they consider them extraordinary beings, they will more readily

accept their teachings. Whatever the reason may be, such unrealistic descriptions negate the mission and path of individuals who set foot in the field intending to invite humans to goodness, truth, and purity. They are claimants that they have been sent for this reason.

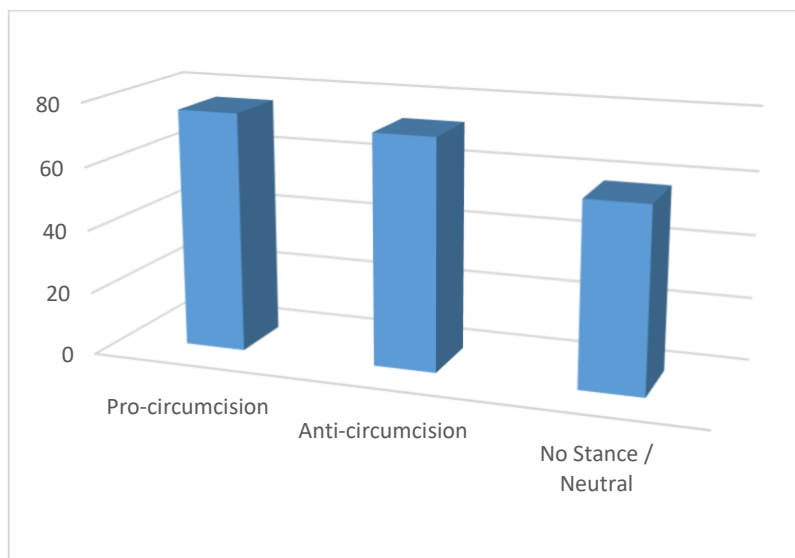


Chart 11: The percentage of those who support and oppose male circumcision (Ahmady, 2020).

The views of Shia jurists

A) *Earlier jurists*

Mohagheq Helli: It is obligatory to circumcise boys and recommended to circumcise girls (Moghagheq Helli, n.d., vol. 2, p. 288).

Allameh Helli: The guardian should circumcise a girl before puberty as a recommended act, and it is better to do it in the seventh year. After puberty, it is recommended for the girl herself (1990, vol. 1, p. 143).

Shahid Avval: It is recommended to circumcise women even after they reach puberty (2010, vol. 1, p. 93).

Shahid Thani: Circumcision of women is recommended even after they reach puberty because Imam Sadiq (AS) said: Circumcision of women is their honour and nothing is more honourable than their dignity (2009, pp. 339 and 340). Sheikh Mohammad Hassan Najafi in his book *Jawahar al-Kalam fi Sharh Shari'i al-Islam*, in the section on marriage, has agreed on the esteem of circumcision of girls and has considered the hadiths on this topic to be authentic and frequent. He states: And regarding female circumcision, which some jurists call 'shaf-e-javari,' there is no dispute that it is recommended, rather, there is consensus on it in both its parts (both the transmitted and the rational) and the traditions are abundant and frequent about it... (Najafi, 1995, Bab al-Nikah, p. 262). According to the above cases, it is clear that the issue of female circumcision has been unanimously recognised as recommended by the eminent jurists.

b) Contemporary Shia jurists

Abu al-Qasem Khoui says in his *Minhaj al-Salehin*: It is recommended to circumcise the girl even if she is an adult, and it is better to circumcise the girl at the age of seven. However, in the book of Sharia rulings for women by Seyyed Abul Ghasem Khoei (Volume 1, page 265), it is stated in a answer to the question about female circumcision: 'What is the rule on female circumcision? Is it recommended?' and the answer is: 'In the name of His Exalted, Circumcision of a girl is not obligatory by Allah the Almighty.' This shows a different view on the same topic by the same person.

Makarem Shirazi: According to Shia scholars, circumcision of girls and women is not obligatory but they have ruled that it is desirable. Regarding its method, it is specified in the hadiths that that special part should not be removed completely but only its upper part should be removed. The explanation is that there is a small piece of flesh above the vulva that relates to circumcision. Currently, this practice is not common in the Islamic environment because according to Shia scholars it is not obligatory and there is no need to do such a thing (Makaram Shirazi, 1999).

Yusuf Sanei: Circumcision of girls was not and is not recommended and it was a popular matter and people's desire in times and places and its direction is the same as goodness, beauty and dignity in the eyes of the husband. Its obligation even if it is provable from the point of view of jurisprudence and its first ruling as long as it causes personal and social anomalies and harm and there is no cause or benefit to it and... what as for all of them due to those matters and those conditions it should be respected and not allowed in such times (Sanei 2005).

Mohammad Hossein Fazlullah: Female circumcision was not created and practised by Islam and it is not a Sunnah or Mustahab rather Islam has considered it as one of the acceptable social affairs which can be considered as one of the traditions and customs practised at that time (ignorant). Next Fazlullah narrates the narrative related to Umtaiba and says that the Prophet (PBUH) did not consider circumcision permissible but rather showed a form of hatred toward it. Even from the saying 'great loneliness and desperation' we can understand the Sharia prohibition of circumcision because the principalists (the Usulis) believe that the appearance of prohibition is the same sanctity unless there is a reason for its absence.¹

The Taliban Regime and the Decree of Male Re-Circumcision

After their return to power in Afghanistan, the Taliban have focused on implementing violent and radical Islamic beliefs, and have issued inhumane orders regarding circumcision. One of their clerics, Mujib-ur-Rahman Ansari, who is an extremist cleric from Herat and considers most women to be destined for Hell, criticised secular doctors in April 2022 for not saying 'Allahu Akbar' during circumcision. He called for the re-circumcision of men and declared that the act of circumcision without the Takbir (saying Allahu Akbar) is 'incomplete' and must be repeated!

¹ For more information visit Ayatollah Mohammad Hossein Fazlullah's website at <https://www.bayynat.ir>

He says, 'Based on my investigations conducted in collaboration with the Department of Promotion of Virtue and Prevention of Vice in Herat, I have found that doctors do not say the Takbir (Allahu Akbar) during the Syrian circumcision (removal of the prepuce).' He claims that the circumcision performed in this way is 'incomplete' and continues, 'I urge all the elders of the Islamic Emirate to collect all the men and boys who have been circumcised under the flags of the Soviet Union, the United States, and their slaves during the past forty years, and to re-circumcise them in the best Islamic way.'¹ This is a document that shows how power structures and ideological domination use religious discourse to legitimise their violent and inhumane actions.

¹<https://www.sarpoosh.com/afghanistanjournal/afghanistan-news/afghanistan-news1401021422.html>



الحاج مولوی مجیب الرحمن

سروران گرامی!

طبق بررسی های که بنده به همکاری ریاست امر بالمعروف امارت اسلامی در شهر هرات انجام دادم، متوجه شدم که داکتران در هنگام ختنه سوری (بریدن پوست شنبول) نعره تکبیر (الله اکبر) نمیگویند. ! سروران من !! کسانی که در ۴۰ سال گذشته در نبود سایه حکومت اسلامی توسط داکتران سکولار بیدین، بی ریش، بی نماز، و نکستای پوش به روش یهود و نصارا ختنه شده بودند، به واللہ قسم ختنه‌ی همه شان ناقص هست، و بنابراین از بزرگان امارات اسلامی خواهان این هستم که همه مردان و بچه های را که در این ۴۰ سال زیر پرچم شوروی، آمریکا و غلامان حلقه بگوش شان ختنه شده اند را جمع آوری کرده و دوباره به طریقه احسنه اسلامی ختنه نمایند. البته اون عزیزان که در حضور ملا، قاری و حافظان با ذکر نعره تکبیر ختنه شده اند ازین حکم مستثنی میباشند !

و ما علینا الابلاغ المبین!

Picture 26: The re-circumcision decree for men in the Taliban regime¹

¹ Translation of the decree: Esteemed leaders; According to investigations that I conducted in collaboration with the authorities of the Islamic Emirate of Afghanistan in the city of Herat, I discovered that doctors performing circumcisions do not recite the Takbir (Allahu Akbar) during the procedure. My dear leaders; during the past 40 years, when there was no shadow of an Islamic government, secular, godless, beardless, and immodest doctors circumcised individuals in the Jewish and Christian way. I swear by Allah that their circumcisions are incomplete. Therefore, I urge the elders of the Islamic Emirate to gather all men and boys who were circumcised under the flags of the Soviet Union, the United States, and their slaves during these 40 years, and have them circumcised again in the proper Islamic way. Of course, those individuals who were circumcised with the Takbir recited by Mullahs, Qaris, and Hafizs are exempt from this decree. Our duty is to convey the message clearly.

Chapter 5: Scientific Approaches to Circumcision

Introduction

In the realm of modern science, no phenomenon can escape the scrutiny of prevailing scientific standards and widespread dissemination across societies. Male circumcision is no exception to this rule. Thus, the objective of this chapter is to provide a comprehensive understanding of circumcision that aligns with commonly accepted scientific standards. To achieve this goal, we will explore five distinct scientific approaches: biological and medical, anthropological, sociological, psychological, and legal. These approaches have been specifically chosen for their relevance to the subject matter of this study.

The first approach is the biological and medical approach, in which a brief description of the positive functions of circumcision and some of its harms are presented with a focus on the foreskin. The anthropological study of circumcision is then discussed, and an attempt is made to examine beliefs and customs regarding circumcision in Iran and some parts of the world. The sociological approach, with an emphasis on the sociology of the body, is another scientific approach that is briefly discussed in this chapter. The psychological approach is also considered, mainly focusing on the visual and pathological aspects of the subject of this research. The final section of this chapter is dedicated to the examination of circumcision from a legal perspective. In this section, relying on the idea of 'the right to the body,' the status of circumcision in the laws of the Islamic Republic of Iran, the International Convention on the Rights of the Child, and other international human rights conventions are examined.

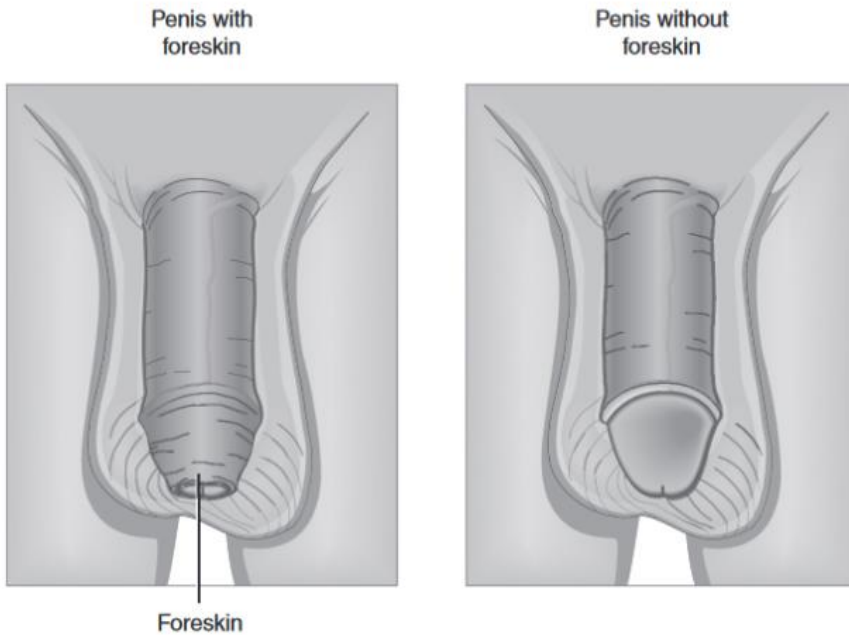
Biological and Medical Approaches

Prepuce and Its Importance in Circumcision

The genitalia of almost all mammals, both male and female, are covered by a type of sheath or covering. In the male human gender, this covering is called the foreskin. There is no boundary between the foreskin and the skin of the genitalia, rather the foreskin is an inseparable part of the skin of the genitalia. The skin of the genitalia begins at the point of attachment on the prominence of the pubic bone, and then extends forward to the shaft and usually beyond the tip of the glans. At this point, it folds back upon itself to attach to the groove below the corona of the glans. Therefore, the foreskin, as commonly described, is not a single piece of skin, but rather a double-layered fold of tissue that is uniquely differentiated and specialised.



Picture 27: Circumcised and uncircumcised male genitalia

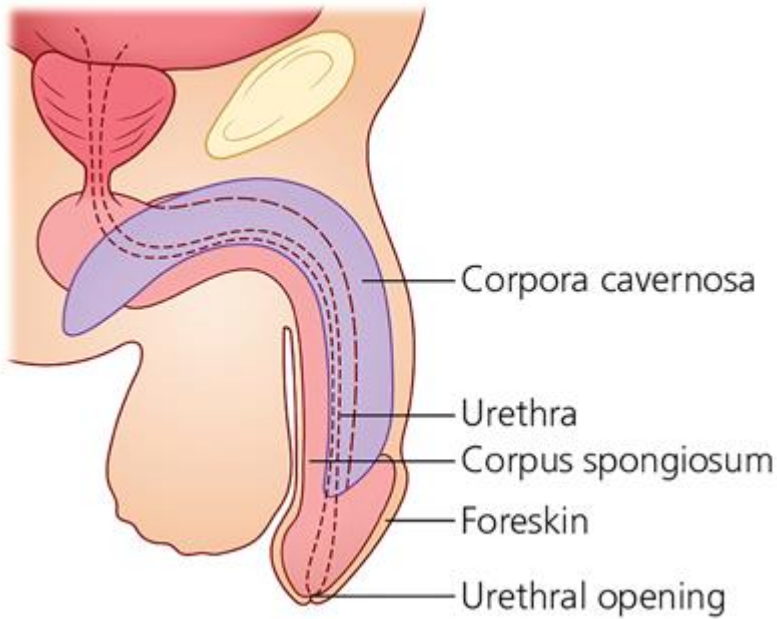


Picture 28: Circumcised and uncircumcised male genitalia

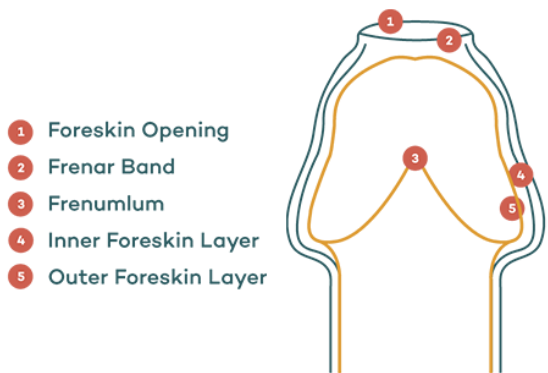
The outer layer of the foreskin is a continuation of the skin tissue of the penis, but its inner layer is made up of mucous membrane tissue. Mucous membrane is a thin, moist tissue that covers the inner surfaces of the body's cavities. The surface of the glans penis is also made up of mucous membrane tissue, which indicates that, like the clitoris of females, the male glans penis is designed in such a way that it has an internal structure in the non-erect state.

The foreskin is not just a small piece of skin, but due to its contractile and dual nature, when it retracts from its contracted state, it makes up about 50% of the natural skin of the penis, which is removed by circumcision. What may be a small area in a newborn is equivalent to about 36 square centimetres of the genital skin after adulthood. The entire skin of the penis, including the foreskin, except for its two attachment points in the pubic region and the groove under the coronal ridge, is not attached to the underlying structures of the penis. Therefore, this skin layer is free to move widely over

the penis and can cover or uncover the glans during movement of the foreskin with the hand, during erection, or during penetration. The movement of the foreskin in the uncircumcised penis is unique in the body and also plays an important role in sexual activity.

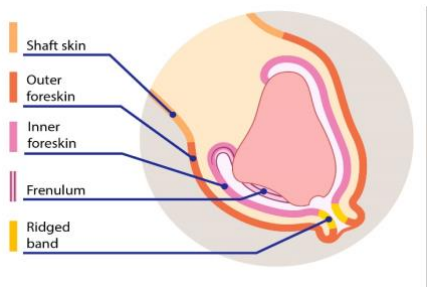


Picture 29: The external structure of the male genitalia



Picture 30: Lateral structure of uncircumcised male genitalia

The skin system of the genital and testicular area contains a thin layer of muscle called the dartos or the pre-penic muscle. This muscle contracts in response to cold to bring the male reproductive organs closer to the body. The contraction of this muscle allows the prepuce to be safely retracted onto the glans in critical situations.



Picture 31: Male Genital Skin System

There are some muscle fibres in the prepuce that are arranged in a circular pattern and form a sphincter-like structure at the beginning of the prepuce (similar to the anus). Therefore, the prepuce can be relaxed to allow for urination. After urination, in order to protect the glans from contact with any type of contaminant, the prepuce is contracted again.

Since the skin covering of the genitalia, except for the tip, is not connected to the underlying structures, the vascular system of this covering is independent of the vascular system of the inner

structures of the genitalia. This superficial blood supply of the genitalia continues along the skin of the shaft of the genitalia and throughout the foreskin. Although some of these superficial veins end at the border of the foreskin, others enter the foreskin and provide some of the blood needed for the penile shaft and the urinary meatus. When these veins are cut during circumcision, the normal blood supply to these areas is interrupted. The natural colour of the inner foreskin and glans in uncircumcised males is due to the presence of capillaries that come up to near the surface of the thin mucous membrane.

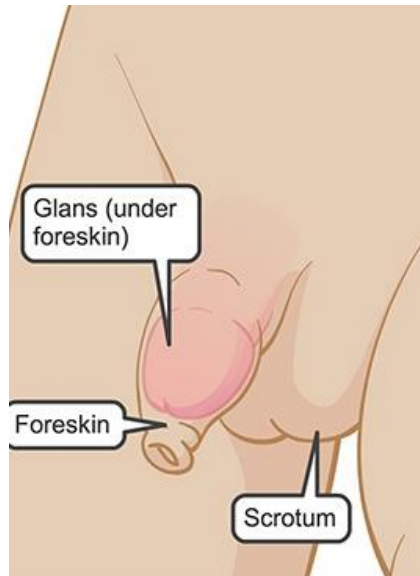
The Protective Function of the Prepuce

The foreskin is designed to be an internal structure that naturally only comes out during sexual arousal. In an uncircumcised state, the foreskin covers the glans, and in this way, it protects the glans, the urethral opening, and the internal part of the foreskin in several ways. In male infants and children, the foreskin is naturally attached to the head of the penis and the foreskin opening is naturally narrow.

Also, in male infants and children, a part of the foreskin is usually hanging from the tip of the glans. This hanging helps to keep the preputial space and the urinary meatus further away from the external environment. These features prevent contamination from entering under the foreskin when wearing a diaper, and, in coordination with the sphincteric state of the foreskin, separate the preputial space from the external environment and create an empty space. This empty space by itself keeps the foreskin away from contamination. Only in one situation, the urinary meatus opens, and it is during urination that the preputial outlet opens outward with the passage of sterile urine coming out of the bladder.

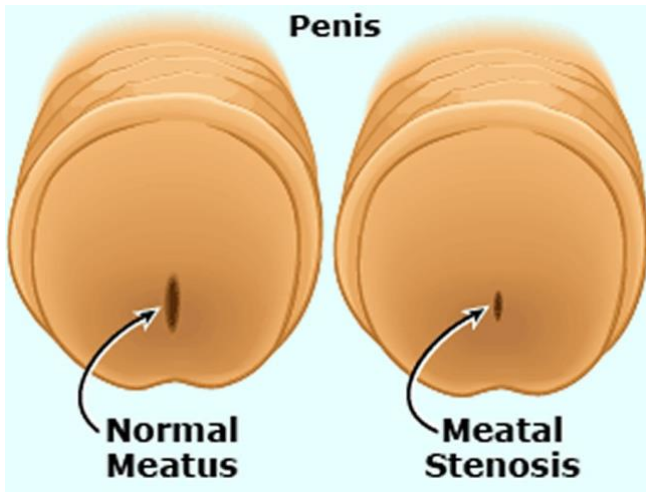
The foreskin cover protects the glans and urethral opening against friction, dryness and damage. Without foreskin cover, the circumcised glans becomes dry and thickened due to constant exposure to air and friction. Although it is often said that the main function of the foreskin is to protect the sensitivity of the glans, the glans is not actually very sensitive to light touch. Nevertheless, the foreskin by preventing keratinisation of the glans surface maintains the amount of

sensitivity that the glans has to light contact optimally. The foreskin cover protects the glans against damage from irritating chemical and mechanical substances, such as the ammonia present in diapers, and also protects it from friction and skin abrasion during sports and physical activity. The blood vessels in the foreskin keep the glans warm and protect them from cold in critical conditions.



Picture 32: A view of the uncircumcised penis of a baby boy

Another point relates to the opening of urine excretion which is a very sensitive mucous tissue. In an uncircumcised penis, the foreskin protects this sensitive part from abrasion, but in a circumcised penis, this opening usually becomes inflamed in diaper years, due to exposure of this place to urine, feces and friction. This unfortunate condition is called meatitis. Meatitis can become more severe and ultimately turn into a wound, a condition known as meatal stenosis. During this disease, the urinary opening narrows due to scarred tissue. This disease occurs in 7 to 10 per cent of circumcised men, while it almost never occurs in uncircumcised individuals. Apart from abrasion of this area, hypotheses have been raised that lack of blood supply to the urinary opening (due to removal of the frenular artery through circumcision, which can be effective in contracting meatal stenosis) is effective.



Picture 33: Meatal Stenosis Hole and Healthy Penis Hole

In addition to mechanical protective functions, the foreskin also has immune protective functions. Although further research is still needed in this area, current research shows that the foreskin contains active immune cells and that immunological substances exist in the preputial space. For example, lysozyme, an immunologically active enzyme found on mucosal surfaces and in secretions such as tears, saliva and mother's milk, is also present in fluid under the human foreskin. It has also been found that the number of plasma cells in the foreskin of bulls increases in response to bacterial infection, and these cells secrete antibodies within the preputial space.

Langerhans cells are a group of active immune cells that are found in the skin and some mucosal surfaces, including the foreskin and vagina. A recent study on human tissue samples has shown that these cells produce a protein called langerin that helps clear the environment of viruses and transfer them elsewhere in the cell for destruction.

While some authors have argued that the presence of Langerhans cells in the foreskin opens the way for HIV infection and has justified circumcision on this basis to prevent HIV, David et al. concluded: 'Langerin protein is a natural barrier to HIV-1 infection and any strategy to combat infection

should aim to enhance, preserve or at least not interfere with the function of langerin.'

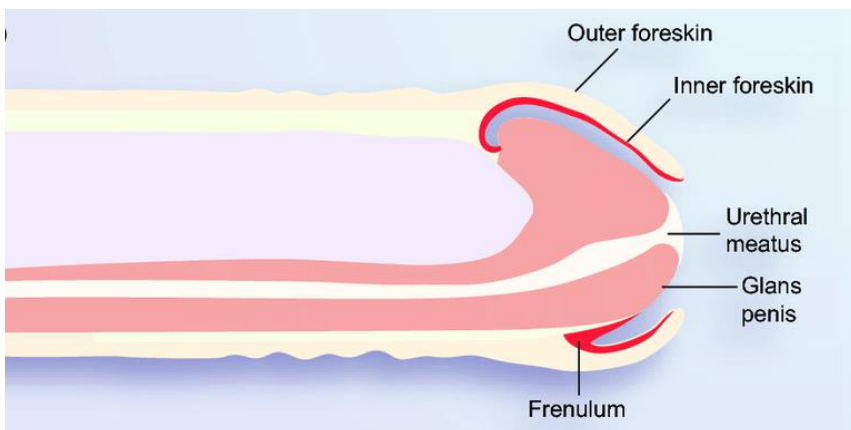
Finally, like the vagina, the foreskin also has its own specific conditions in terms of bacterial balance and it has been found that excessive use of soap under the foreskin can disrupt the bacterial balance and play a role in inflammation of the foreskin and glans.

Anatomical Evidence Regarding the Sexual Functions of the Foreskin

Most of the knowledge we have about the sexual functions of the foreskin has been gained from the late 1990s onwards. Below we review some of the anatomical features of the foreskin that indicate its sexual functions.

Mucocutaneous Junctions

These are specialised areas of tissue where ordinary skin transitions into mucous membranes. These regions constitute the main erogenous zones of the body. One of these zones is the ridged band of the foreskin where the outer skin of the penis transforms into the inner mucosal surface of the foreskin. Apart from the foreskin, such junctions are also found in other parts of the body, including the lips, anus, nipple tips, and vagina.

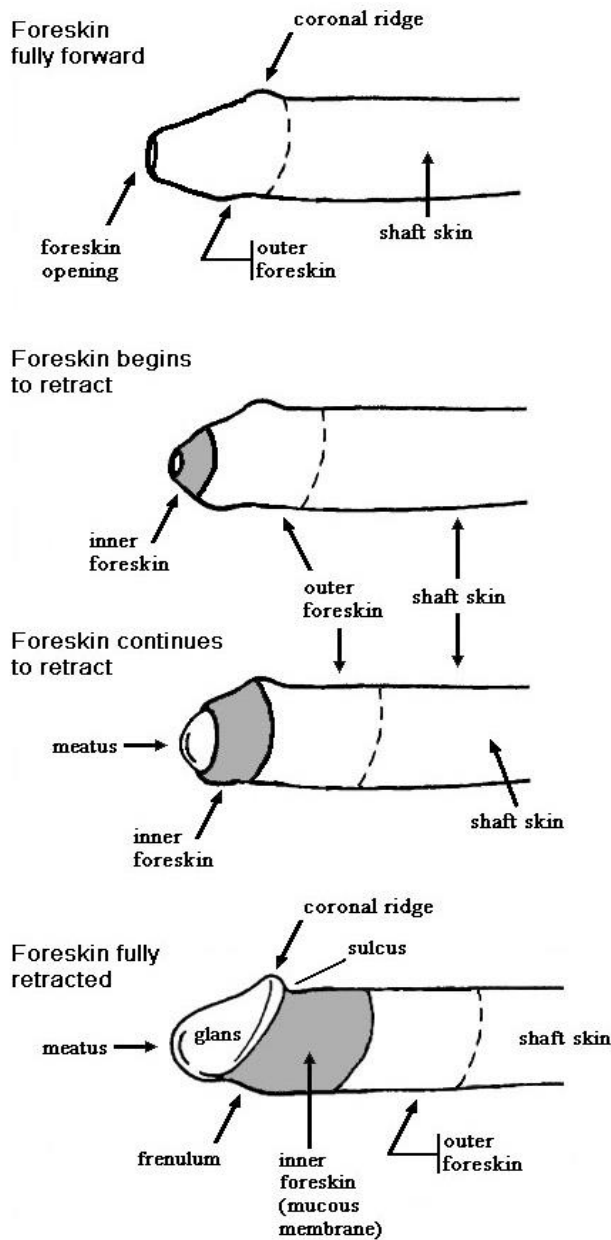


Picture 34: an uncircumcised male genitalia of an adult



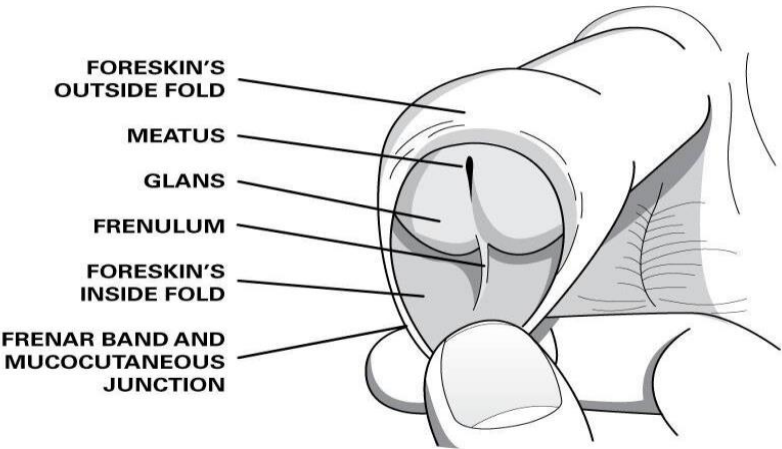
Picture 35: An uncircumcised penis of an adult

The main characteristic of these zones is that they typically indicate the presence of a high number of specialised nerve endings. This gives these areas a very high sensitivity to sexual contact and stimulation. Like other mucosal surfaces in the body, the inner mucosal layer of the foreskin generally has a more accurate sensory ability compared to the outer skin layer. This is because the mucous membrane lining is thinner than the thickened outer skin, and the nerve networks present in the mucosa are closer to the surface compared to normal skin. Although when the penis is flaccid, the inner foreskin layer is concealed and protected by the glans, in adults during erection the penile shaft elongates and emerges from the foreskin fold causing the inner mucosal layer to retract over the shaft and open.

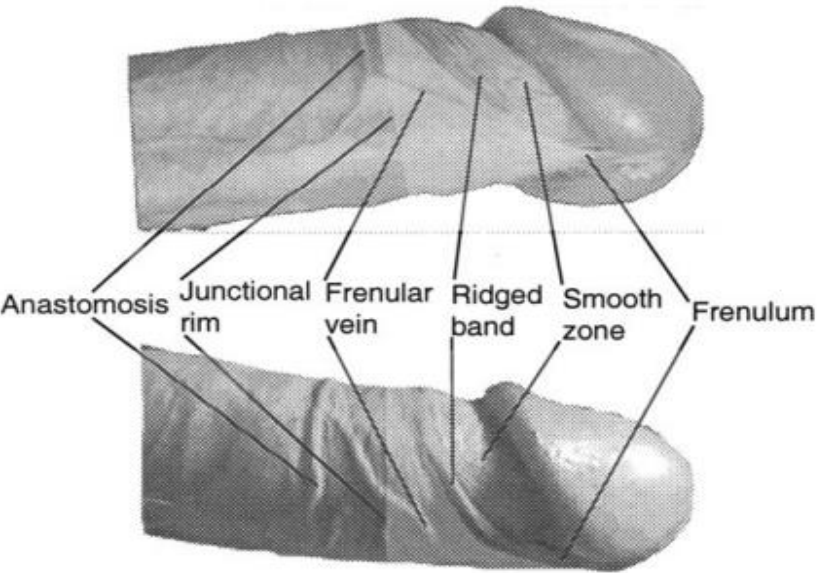


Picture 36: The retraction process over coronal ridge

The images below show the different parts of an uncircumcised penis in flaccid and erect states:



Picture 37: Uncircumcised male penis in a non-erect state



Picture 38: The uncircumcised male penis in erect state

J. R. Taylor et al. (1996) conducted an anatomical study of the foreskin in 22 adult men. Through dissection, they found that

the inner foreskin contains a high concentration of Meissner’s corpuscles, a type of nerve ending that allows for precise localisation of touch. For example, the sharp sensitivity of fingertips and lips is due to the presence of these nerve endings. They found that the density of Meissner’s corpuscles is particularly high in the inner foreskin’s ridged band. This distribution, with Meissner’s corpuscles in contact with adjacent structures, strongly indicates a sensory function for the ridged band. In contrast, the glans contains a very low concentration of Meissner’s corpuscles (about one tenth that of the foreskin) and instead has a high concentration of free nerve endings that detect cruder initial sensory inputs like pain, temperature and deep pressure - without precise localisation.

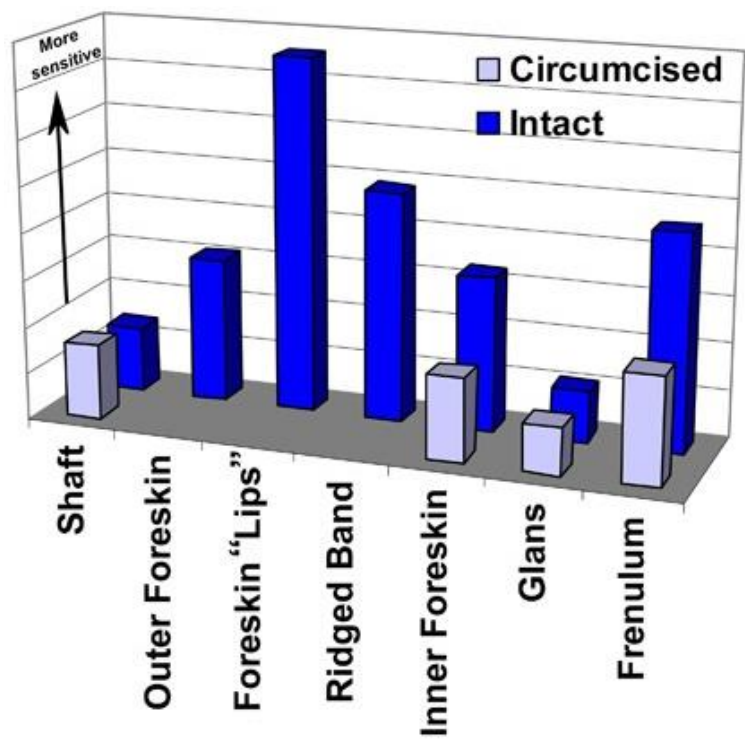


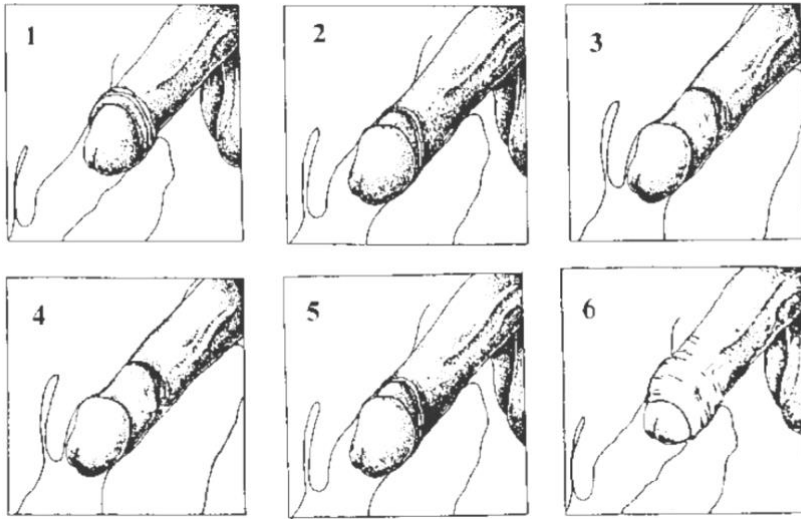
Chart 12: Comparison of penile sensitivity of circumcised penis with uncircumcised penis (Ibid.)

The recent findings of Sorrels et al. (2007) regarding penile sensitivity in 68 intact and 91 circumcised adult men support the anatomical findings of Taylor et al. Using Semmes–Weinstein monofilament testing, they mapped sensitivity thresholds at 19 penile sites. Eight of the 19 sites were present only in intact men, and two were present only in circumcised men (the dorsal and ventral scar lines). The glans, in both circumcised and intact men, had the lowest sensitivity to touch, and the glans of circumcised men were significantly less sensitive than that of intact men. The glans corona was the most sensitive part of the glans, though still less sensitive than other parts of the penis. The mucocutaneous junction was the most sensitive region to tactile stimulation, nearly 12 times more sensitive than the glans. Five points, present only in intact men (removed by circumcision), were more sensitive than the most sensitive area in circumcised men (the ventral scar line). Researchers concluded that ‘circumcision ablates the most sensitive parts of the penis.’ However, some researchers found no significant differences in penile sensitivity between circumcised and intact men. In two of these studies, foreskin sensitivity was not assessed at all; they measured sensitivity at only one point on the glans and shaft. The third study assessed sensitivity only at a single point on the outer foreskin midline – an area found to have the least sensitivity by Sorrels et al. The Sorrels et al. study remains the only one to compare sensitivity at multiple points, including foreskin regions, between intact and circumcised men. In summary, the findings support the view that circumcision removes the most sensitive penile tissue, likely reducing sensitivity during sexual stimulation. However, more comprehensive studies are needed to confirm this conclusively.

While anatomical and sensitivity studies provide evidence for the sexual functions of the foreskin, other research also supports this. Examples include: Collins et al. (2002) found that women reported less discomfort and more clitoral stimulation with intact partners; Fink et al. (2002) found that circumcision reduced sensitivity and sexual enjoyment in men; Kim and Pang (2007) found reduced sexual satisfaction after circumcision; Ma Buddhist men who regularly restore their

foreskins report regaining gliding motion and improved sexual pleasure. Studies examining the impact of circumcision on sexual experiences both before and after the procedure, as well as comparisons of sexual experiences between women with intact and circumcised partners, provide valuable insights. Additionally, reports from men who have undergone nonsurgical foreskin restoration and experienced improved mobility and glans coverage contribute to our understanding of the potential sexual benefits. Collectively, this body of research suggests that the foreskin plays a role in enhancing sexuality through its mobility, glans protection, and sensitivity. While further robust studies are necessary, the existing evidence from various research approaches consistently indicates that the foreskin serves functions beyond mere protection.

Research on sexual satisfaction and function in men before and after circumcision has yielded mixed results. While some studies found no differences, other research has found increased sexual difficulties, reduced sensitivity, impaired masturbation and orgasm, and decreased sexual pleasure following circumcision. Approximately one-third of men report their sex lives were worsened in quality after circumcision. However, studies comparing men before and after circumcision suffers from methodological flaws, limiting their reliability and difficult to interpret their findings. Based solely on what is known about the sensory capacities and mechanical properties of the foreskin, it can be said the foreskin is an organ with diverse sexual functions that significantly impact pleasure and comfort for both sexes during intercourse. In the image below, intact penile insertion is depicted. Studying this image clarifies what will be discussed next.



Picture 39: An intact male genitalia and its transformations in penetration

The foreskin has several sexual functions:

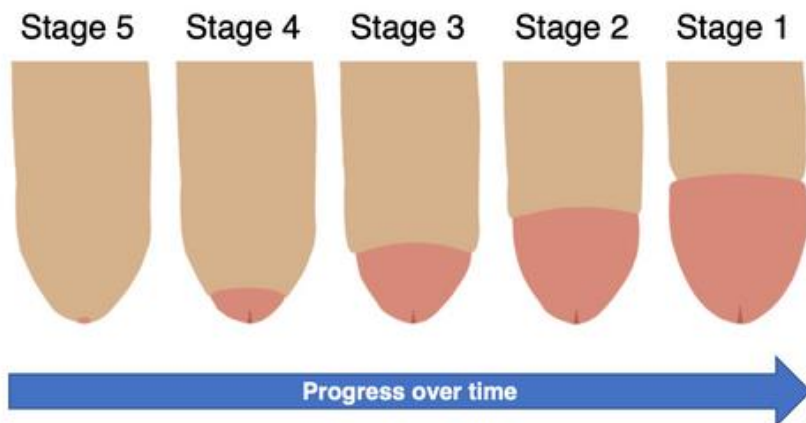
- The penile shaft elongates by 50% during erection. The foreskin's sliding folds accommodate this growth to keep the skin loose, allowing the penis to glide freely. In contrast, the skin of circumcised penises often experiences significant tension during erections, with limited mobility. This restricts how much the penis can elongate. Some circumcised men report pain or skin injury from this tension during sex.
- During intercourse, the foreskin folds act as a rolling surface. This allows the penile shaft to move forward and backward within its skin sheath instead of directly rubbing against the vaginal walls, providing a gliding motion that is more comfortable for both partners. The sliding movement also facilitates penetration. One expert describes penetration with an intact penis like inserting a foot into gathered socks versus pressing a foot into an open tube sock, as with circumcision.
- The foreskin covers the glans when exiting the vagina, acting as a barrier to retain natural vaginal fluids. In circumcised men, the exposed glans and taut shaft skin

remove fluids upon withdrawal, repeatedly drying out secretions exposed to air. The foreskin's gliding action and lubrication can benefit women after menopause.

- The foreskin is densely packed with Meissner's corpuscles, giving it inherent potential for self-stimulation. During sex, the foreskin repeatedly contacts and stimulates the vagina walls, glans, and frenulum. This provides much of the stimulation these areas evolved to receive, facilitating arousal and orgasm.

In summary, the foreskin plays an integral role in sexual sensitivity, comfort, lubrication, and stimulation for both male and female partners through its mechanical and sensory functions.

Due to the sexual sensations produced from the interaction between the glans and foreskin, there is less need for the penile shaft to move back and forth extensively to achieve sexual arousal. This means intercourse tends to occur in generally half strokes, while in circumcised men the penis often moves fully in and out of the vagina and strikes harder thrusts. A study examining the experiences of women who had sex with both circumcised and intact men found that for the vast majority, sex was milder and more comfortable with intact partners and they could achieve orgasm from penile insertion alone more frequently, perhaps because the intact penis allows for closer contact with female genitalia. These are some of the clearest mechanical and sensory functions of the foreskin. However, the foreskin as an inseparable part of the natural penis may also have other important sexual functions that are still undiscovered and understood. In fact, some researchers have argued that the foreskin is physiologically necessary for normal sexual function. Much more research is needed in this field (ibid.).



Picture 40: The stages of the foreskin movement on the shaft

Problems of the Foreskin: Preventive and Conservative Treatment

The foreskin, like any other part of the body, may encounter occasional issues. However, it is worth noting that the most significant problem related to the foreskin appears to be the misconception that another person's foreskin is problematic. By adhering to basic hygiene practices and refraining from unnecessary intervention in the natural development of the body, the majority of these problems can be effectively prevented. Foreskin problems are almost always treatable with conservative approaches,¹ and surgery like circumcision is only needed in very rare cases to solve these issues. The Canadian Paediatric Society (2004) estimated that only 1% of intact boys may need circumcision later in life. However, findings from countries where men are never circumcised

¹ 'Conservative treatment' is a medical term that refers to non-surgical or non-invasive methods of treating a condition or disease. This type of treatment may include medication, physical therapy, lifestyle changes, or other non-invasive interventions. The goal of conservative treatment is to manage symptoms, promote healing, and improve the patient's overall quality of life without the need for surgery or invasive procedures.

suggest the need for future circumcision may be much lower than this. It should be noted that not all sources are equally credible regarding evidence for the natural formation of the foreskin.

Medical Pathology of Circumcision

Physical Complications of Circumcision

Physical complications are one of the important topics in many studies conducted about boys' circumcision, some of the results of which are referred to here.

Yeganeh et al. (2004) in an article examined the long-term complications of circumcision in primary school boys in Khurramabad. Their descriptive cross-sectional study was conducted using proportionate cluster sampling. In this study, 3205 primary schoolboy students were examined for late complications of circumcision by a general surgeon or urologist, of whom 3125 had previously been circumcised. The results of the study showed that 237 of the total 3125 circumcised students (7.6 per cent) had long-term complications of circumcision. The most common complication was redundant prepuce (47.7 per cent). Hypospadias was the least observed late complication (2.5 per cent) in circumcised individuals. Given the high rate of late circumcision complications, the researchers of this article concluded that holding training workshops to teach this type of surgery to general practitioners and nurses is necessary. Informing parents about the possible complications of circumcision and encouraging them to have it done by experienced physicians to prevent these risky complications is also essential.

Ma'edeh Jafari's (2010) PhD thesis defended at Shahrood University of Medical Sciences' School of Medicine, aimed to study the early and late complications of circumcision to reduce complications through examining these complications and the proper procedure when performed by a qualified expert. The descriptive retrospective study, which used a questionnaire filled out by the parents of 100 patients visiting

Khatam Al-Anbia Hospital in Shahrood, found that the age of circumcision ranged from 20 months to 6 years old. Complications varied based on the circumciser (doctor or local person) and method (ring or non-ring) of surgery. The most common complication was extra skin, seen more in the ring method (5%). Infection and bleeding were the next most common at 4% and 3% respectively. Overall, complications were higher with the non-ring method and when done by a local person rather than a doctor. Thus, the author suggested more care in how circumcision is performed and practical training workshops for general practitioners interested in performing circumcisions. Marghan Joudi and colleagues (2010), in a study on 5- to 10-year-old boys who had been circumcised during infancy, aimed to examine samples of urethral stenosis or meatal stenosis without complication. In this study, children who had come to the pediatric clinic for unrelated reasons were tested and examined. Of 132 interviews, 27 people (20.4%) had meatal stenosis, 3 (11.1%) had bilateral hydronephrosis (pyelocaliectasis), and one cystogram was performed to show reflux of the urinary tract (VUR), with one patient having grade 2 VUR in the right kidney and grade 3 in the left kidney, and another patient with grade 2 VUR in both kidneys. According to this study, performing genetic tests in circumcised infant boys is important for diagnosing possible meatal stenosis disease.

Mohammed Sadiq Dahghan's (2009) PhD thesis, defended at Yazd University of Medical Sciences, studied the prevalence of circumcision complications in children under 2 years old in that city. A total of 1,500 samples were studied at health centres there. The descriptive cross-sectional study with proportional sampling used 15 centres, 100 samples from each. Information was collected through mother interviews, physical exams of children, and questionnaires. Based on the results, the overall frequency of complications was 23.8%, and the frequency of each complication in order of prevalence was: bleeding 8.2%, infection 6.5%, stenosis 4%, haematoma 1.3%, adhesive bands 0.9%, urinary retention 0.7%, excess skin removal 0.7%, conversion from cap to surgery 0.7%, phimosis after circumcision 0.6%, gland injury 0.2%, meatus-to-skin

fistula 0.1%. The most common age for circumcision was from birth to 3 months, where more complications were seen (25.6%). Of the circumcisions, 71% were done surgically and 28.8% by cap, with more complications from surgery (24.9% vs 21.3%). Cap complications were higher at 4 to 7 months (22%), most commonly infection (0.9%), and surgical complications were higher at 0–3 months (27.3%) , most commonly bleeding (8.5%). The proportions of circumcisers were: general surgeon 43.3%, urologist 24.9%, general practitioner 22.5%, and non-physician 9.3% - with most complications in non-physician circumcisions(74.8%) and least in those by general surgeons (7.8%).

Mohammed Sadiq Dahghan's (2009) PhD thesis, defended at Yazd University of Medical Sciences, studied the prevalence of circumcision complications in children under 2 years old in that city. A total of 1,500 samples were studied at health centres there. The descriptive cross-sectional study with proportional sampling used 15 centres, 100 samples from each. Information was collected through mother interviews, physical exams of children, and questionnaires. Based on the results, the overall frequency of complications was 23.8%, and the frequency of each complication in order of prevalence was: bleeding 8.2%, infection 6.5%, stenosis 4%, haematoma 1.3%, adhesive bands 0.9%, urinary retention 0.7%, excess skin removal 0.7%, conversion from cap to surgery 0.7%, phimosis after circumcision 0.6%, gland injury 0.2%, meatus-to-skin fistula 0.1%. The most common age for circumcision was from birth to 3 months, where more complications were seen (25.6%). Of the circumcisions, 71% were done surgically and 28.8% by cap, with more complications from surgery (24.9% vs 21.3%). Cap complications were higher at 4 to 7 months (22%), most commonly infection (0.9%), and surgical complications were higher at 0–3 months (27.3%) , most commonly bleeding (8.5%). The proportions of circumcisers were general surgeon 43.3%, urologist 24.9%, general practitioner 22.5%, and non-physician 9.3% - with most complications in non-physician circumcisions(74.8%) and at least in those by general surgeons (7.8%).

Hamira Heidari's (1992) PhD thesis, defended at Shahid

Beheshti University of Medical Sciences, studied circumcision and its complications during infancy, infancy, and childhood to determine the best age for circumcision with the fewest complications. 50 circumcision cases at Mafeed Children's Hospital and 420 cases at Labafinejad Hospital (1986–1990) were studied. All circumcisions were performed by urologists, urology residents, or pediatric surgeons. Apart from a few cases of bleeding from the incision site, none of the circumcisions had complications. A total of 16 cases were created after circumcision (8 after neonatal circumcision, 5 after infant circumcision, and 3 after circumcision over 1 year of age). One hundred and twenty-five cases of meatal stenosis at Labafinejad Hospital were also reviewed, of which 42 were caused by circumcision (19 after neonatal circumcision, 12 after infant circumcision, and 11 after childhood circumcision). In conclusion, meatal stenosis due to circumcision after neonatal circumcision was found to be more common than other ages because meatal stenosis results from meatalitis and balanitis related to diaper dermatitis from diapers. Hence, it is advisable to perform circumcision before the baby reaches the age of 2, when parents no longer need to use diapers. Additionally, it is crucial to ensure that the circumcision procedure is carried out by skilled surgeons who employ accurate surgical techniques.

Some other long-term complications of circumcision, in addition to meatal stenosis, include excess frenulum and frenulum breve. Excess frenulum refers to the excess skin over the glans penis with accumulation of frenulum around the glans and distal penis, giving a mushroom-like appearance on a physical exam. Frenulum breve refers to tight frenulum pulling the scrotal skin towards the penis and loss of the penoscrotal angle or deformed scar in the circumcision area. Other indications include parental confirmation of suture opening or delay in initial scar healing. In addition to the above, granuloma of the suture area, penis curvature and penis torsion can also occur as long-term complications.



Picture 41: Male genitalia with hypospadias disease that should not be circumcised until it is cured

How penis was transplanted

The University of Stellenbosch announced yesterday surgeons there have performed the world's first successful penile transplant.

1 When the organ was harvested from the donor, the entire penis was carefully dissected keeping blood vessels, nerves and other connecting structures intact.

2 These were carefully marked and connected to the recipient's correlating tissue in a ten hour operation, using a microscope (micro surgery).

3 The surgeons connected three blood vessels to ensure sufficient blood flow to the transplanted organ - two dorsal nerves to restore sensation, the urethra which enables the recipient to urinate through the penis, and the corpus cavernosum, which will allow the patient to obtain an erection.

4 The patient received immunosuppression medication to help prevent the body from rejecting the transplanted organ.

Picture 42: Botched Ritual Circumcision Leads to World's First Penile Transplant¹

¹ Source: <https://www.npr.org/sections/goatsandsoda/2015/03/19/394028643/>

Autism development risk

The recent research shows that circumcised boys are twice as likely to develop autism (Nikbakht, 2021). Based on a study conducted by Morten Frisch and Jacob Simonsen, and based on statistical data collected over nine years from 342,877 boys under nine years of age, it was found that circumcision of male infants increases the risk of autism in these children up to twofold. Prof. Morten Frisch and his colleague attribute this to the effects of severe pain on the development of the infant's brain. This study was published in the journal of the Royal Medical Society.

In the study conducted by Frisch and Simonsen, they suggest that boys undergoing religious circumcision may be at higher risk of autism spectrum disorder (ASD). This unexpected finding and observation of increased risk of ADHD in circumcised boys in non-Muslim families warrants attention, particularly since data limitations are likely to conservatively estimate our human resource. Given the widespread practice of non-therapeutic infant and childhood circumcision across the world, confirmatory studies should be prioritised (Frisch & Simonsen, 2013, p. 3).

The diagnosis of autism has increased dramatically over the past few decades, raising many questions for researchers about potential causes. Another concerning issue is that boys are diagnosed with autism at five times the rate of girls, but the reasons for this are unclear. Some have suggested that factors inherited from the male brain may predispose to developmental disorders, while others believe environmental factors play a role. In 2007, Danish epidemiologist Dr Morten Frisch conducted a study on the relationship between circumcision and autism published in the Journal of the Royal Medical Society. He suggested that circumcised boys who do not develop a proper response to pain at a young age are later diagnosed with autism at age nine. However, Professor Emeritus Brian Morris of the University of Sydney argues that infants naturally react to pain at any age by crying and expressing distress, though some circumcised infants do not cry or even sleep through the procedure. Australian statistics

support his argument, showing that autism diagnoses have increased despite declining circumcision rates since the 1960s. While the connection between circumcision pain or other pain and autism is still being investigated, there is currently no evidence indicating that circumcision and removing the foreskin increase the probability of autism. Other factors are likely involved in the rising rates of autism diagnosis.

Meatal Stenosis and Urinary Tract Infections

Circumcision complications include meatal stenosis (narrowing of the urinary opening) and urinary tract infections. The incidence of meatal stenosis has been reported between 8 to 31 per cent. It usually occurs in infants who are put in diapers or clothes soon after circumcision. In general, the prevalence of this complication is higher in circumcised infants compared to uncircumcised infants. The meatus (urinary opening) is damaged due to contact with the ammoniac (urine) environment and local microbes. This complication is quite benign and the best way to prevent it is to not put the infant in a diaper for a few days after the operation, or change the diaper in very short intervals. This complication is relatively slow to appear (at least months after the procedure) and can lead to urinary tract infections. To prevent this complication, it is recommended to keep the circumcision wound clean and dry in the first few days after the operation. Loose-fitting clothes and frequent diaper changes can also help reduce the risk of meatal stenosis (Arbabi, 2000).

Urinary tract infections are another condition that has been extensively studied in relation to male circumcision. These infections are common in children, and due to the vulnerability of the kidneys during infancy, can lead to kidney damage, hypertension, sepsis from UTIs, renal scarring and chronic kidney failure. Such harm is more commonly seen during infancy. While UTIs are more common in girls compared to boys, in early infancy boys have a higher prevalence. About 1 to 2% of boys develop UTIs by age 10 (Esmaili et al., 2002; Arbabi, 2000). Analysis of 9 clinical trials showed that during the first year of life, UTIs were 100 times more common in

uncircumcised boys and hospitalisation 18 times more likely (Esmaili et al., 2002).

Regarding how circumcision reduces the likelihood of urinary tract infections, it can be said that because the inner environment of the foreskin is warm and moist, it leads to the proliferation and resistance of pathogens, a process that is accelerated by low levels of hygiene. For example, it has been shown that uncircumcised infants are more colonised by uropathogenic organisms, such as *Escherichia coli*, in the urinary tract and urinary meatus, which causes uropathogenic bacteria to adhere to the inner mucosal surface of the foreskin that is not keratinised unlike its outer surface (WHO, 2007). The American Academy of Pediatrics has also explained that increased colonisation of urinary bacteria itself is a risk factor for urinary tract infection. It should be noted that during the first six months of life, more uropathogenic organisms exist around the urinary tract of uncircumcised infants compared to circumcised boys. This colonisation decrease in both groups [circumcised and uncircumcised] after six months of age (AAP, 2012).

Research has also supported this claim. For example, analysis of the results of 9 clinical trials showed that during the first year of life, urinary tract infections are twelve times more common in uncircumcised boys compared to circumcised boys. In another study, it was determined that treatment costs for urinary tract infections in uncircumcised boys were one hundred times more than in circumcised boys and the possibility of hospitalisation was eighteen times more (Esmaili et al., 2005). Therefore, it seems logical that the removal of the foreskin (prepuce) would reduce the prevalence of urinary tract infections in boys. The benefits of circumcision in reducing urinary tract infections in boys with anatomical problems such as reflux or recurrent urinary infections are also increased (AAP, 2012).

However, some studies have also identified circumcision as a factor contributing to urinary tract infections. In some reviews, it has been stated that the probability of urinary tract infection in Israel due to ritual circumcisions performed by traditional mohels is higher than those performed by surgeons (WHO,

2010). Another point that draws our attention to the occurrence of this type of infection due to circumcision is an issue that has been less addressed; some thought-provoking research that has presented a different perspective on the relationship between circumcision and urinary tract infections.

Children have a more severe physiological response to pain than adults. Circumcision of males imposes an exhausting, distressing, harmful and erosive experience on the circumcised child. In addition, circumcision can disrupt the child's sleep pattern and lead to separation from his surroundings, including disrupting breastfeeding. There is evidence of infants who were unable to suckle their mother's breast after the circumcision procedure. This is important when we realise that *Escherichia coli* bacteria in faeces are the most common aetiological agent in uncomplicated urinary tract infections in children and infants. Human milk contains oligosaccharides that are excreted in the infant's urine and remove *E.coli* adherence to the urinary tract tissues. Italian scientists and Swedish researchers have also confirmed this protective role of breastfeeding. In any case, breastfeeding not only reduces the risk of urinary tract infection in boys but also in girls whose risk of urinary tract infection is four times higher than in boys. As a result, some consider circumcision an inappropriate approach compared to breastfeeding for preventing urinary tract infections (NOCIRC, 2002).

This inability to breastfeed extends beyond the mentioned benefits. According to therapeutic societies in Australia, Canada, and America, breast milk is recognized as the optimal food for infants. Breastfeeding offers a multitude of advantages for infants, including nutritional, emotional, educational, immunity, and economic benefits that cannot be replicated by any substitute. Research indicates that breastfeeding plays a crucial role in safeguarding infants against conditions such as childhood asthma, neonatal mortality, diarrhoea, and urinary tract infections. Additionally, breastfeeding provides benefits for mothers as well, such as increased oxytocin levels, reduced bleeding after childbirth, faster return to pre-pregnancy weight, improved bone healing with fewer pelvic fractures, and reduced risk of ovarian and breast cancer. It also helps reduce

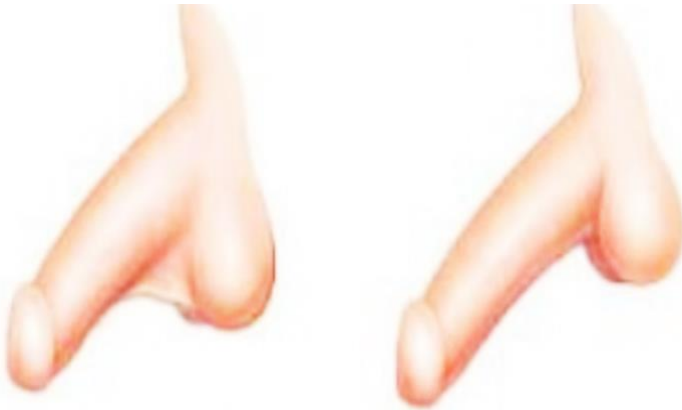
postpartum stress. All of these benefits are associated with mothers who breastfeed their children.

Circumcision and Its Effect on Sexual Pleasure

Various discussions and research have been conducted on the impact of male circumcision on their sexual relationships, and diverse results have been obtained. A foreskin is a place of convergence of sensitive nerve receptors that are drawn back during arousal and come into contact with the corona (the rim of the glans), which itself benefits from an accumulation of such nerve receptors, causing sexual sensitivity. In 2010, the sexologists of the Royal Dutch Medical Association stated that the foreskin plays an important role in the physical activity of the male genitalia during sexual intercourse and masturbation. For this reason, it has been mentioned in many articles and interviews that circumcising men and removing the foreskin, which contains a huge amount of nerve receptors, reduces male sexual desire or requires more time for ejaculation during sexual intercourse. Another factor that has helped substantiate such a claim is the keratinisation of the glans and the reduction of its sensitivity. Although some research shows that circumcision does not cause glans keratinisation, the hypothesis of keratinised foreskin skin believes that circumcision exposes the foreskin skin to outside air, underwear, etc., and this skin produces more keratin, thickens and loses sensitivity. The assumption of many circumcision opponents is that keratinisation of the foreskin skin after circumcision causes the nerves of this region not to be as sensitive as before circumcision and this reduces sexual pleasure (Moghanlu, 2016).



Picture 43: April 4 is the named Foreskin Appreciation Day by anti-circumcision activists

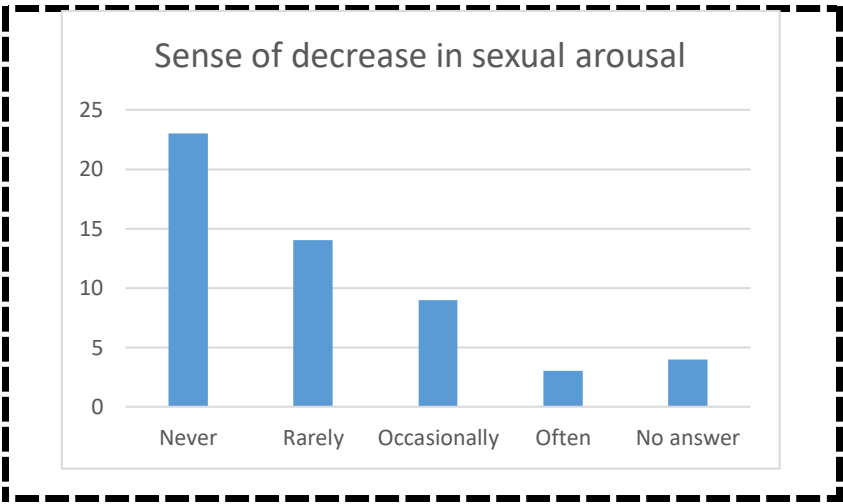


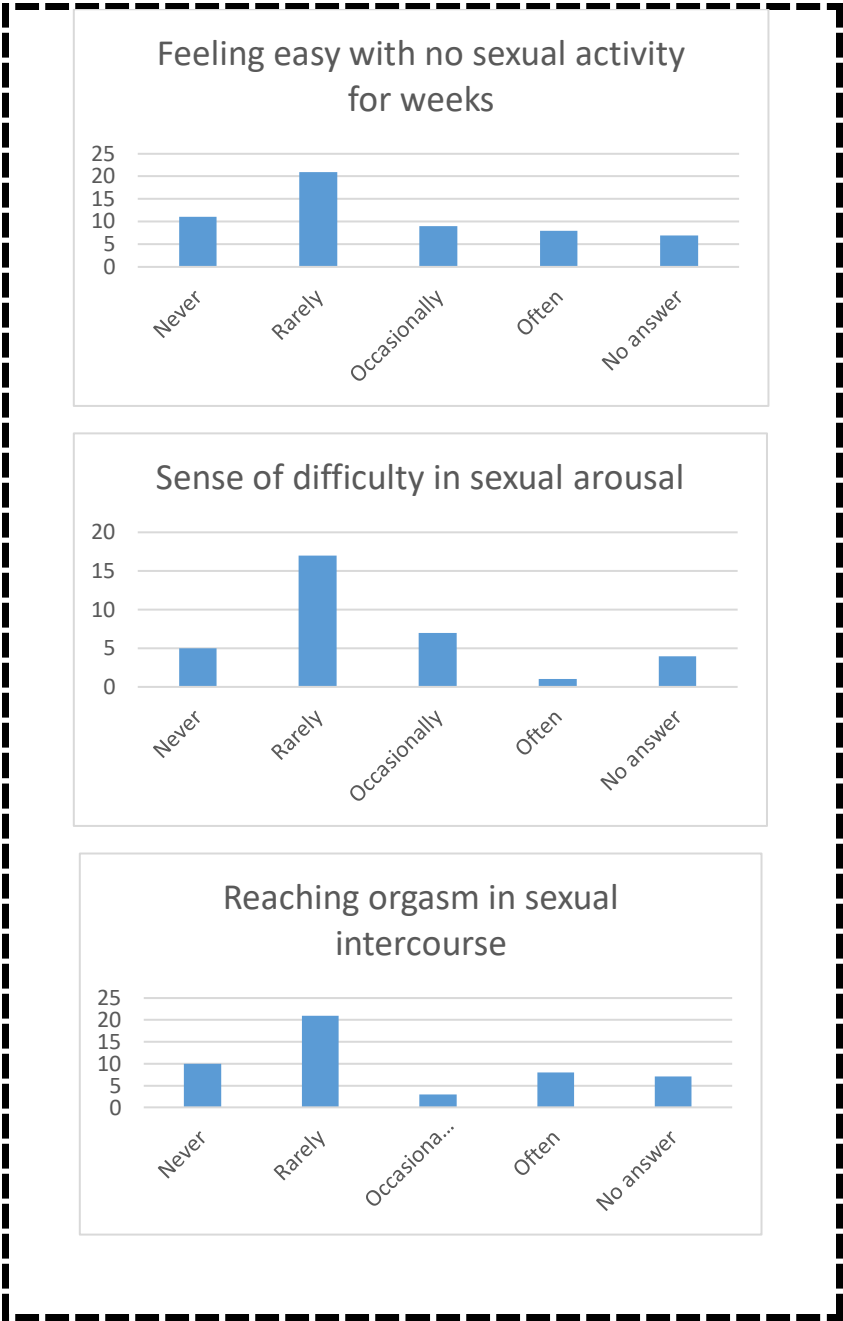
Picture 44: The webbing of the penis, a side effect that prevents full sexual performance

Circumcision is also associated with vaginal discomfort. Women who had circumcised sexual partners were less inclined to continue the relationship and wanted to end it as soon as possible. The women surveyed with circumcised partners were more likely to describe their feelings in this way: unappreciated, backward, uninterested, disappointing and dissatisfied. When their partner was uncircumcised, women

felt more intimacy with their partner and expressed comfort, warmth, mutual satisfaction and fulfilment and had more sexual satisfaction in the relationship. To clarify the issue further, this does not mean that women cannot have a rewarding emotional and sexual relationship with a circumcised man, but rather that, all else being equal, the chances are greater for a more satisfying relationship with uncircumcised men (Harana, 2016).

As noted, mucosal-cutaneous junctions are specialised tissue junctions that transform normal skin into mucosal membranes. These areas form the primary erogenous zones of the body. One of these junctions is the ridged band, where the outer skin of the penis transforms into the mucosal surface of the inner foreskin. Among all the areas studied of the penis, the mucosal-cutaneous junction is the most sensitive part to tactile stimulation, approximately 12 times more sensitive than the glans. It has been found that the five points of the penis (which only exist in the uncircumcised penis), i.e., those that are removed by circumcision, are more sensitive to touch than the most sensitive area in the circumcised penis, namely the skin scar line of the lower abdomen, and researchers have concluded: ‘Circumcision effectively removes the most sensitive parts of the male genitalia.’





Further Study 7: Answers of circumcised men to research questions about the quality of sexual relations

However, there are different views regarding the impact of circumcision on sexual sensitivity, rendering the procedure insignificant and in some cases even improving this matter. The objections of opponents are also worth noting. The inconsistency in the results obtained can be attributed to various reasons. For example, one of the effective factors in this regard can be considered the occurrence of this important issue based on the choice of the circumcised person or for medical reasons (WHO, 2007). Jennifer Bossio, Caroline Pukall, and Stephan Steele at Queen's University in Canada showed in an experiment in 2016 that circumcision has no effect on the sensitivity of the foreskin and other skin areas of the male genitalia. In this experiment, in which direct measurement of skin sensitivity was performed using the quantitative sensory testing method, 62 men aged 18 to 37 (30 circumcised and 32 uncircumcised) participated. This research found no difference in the sensitivity of the foreskin and other penile areas between the circumcised and uncircumcised groups and the researchers concluded that circumcision does not change penile sensitivity and preliminary evidence indicates that the foreskin in uncircumcised men is not the most sensitive part of the male genitalia (Moghanlu, 2016).

Another notable point is that a vast range of men experience this procedure during infancy or childhood. As such, they have no concept of sexual relations with an uncircumcised penis and the pleasure derived from it to compare with a circumcised one. But in general, it should be noted that 'enjoyment' is one of the few subjective topics where different people can have different views regarding a specific subject, just as for one person exercising, taking a cold shower, or drinking bitter tea can be pleasurable and for another it can be perceived as a torturous act. Bell (2005) believes that sexual pleasure and ecstasy cannot be measured or quantified. Some studies conducted also confirm such a matter.

Causing Pain and related risks in children

Various studies confirm that the response of infants to pain is similar to and greater than that of adults. Robert Van Howe, a paediatrician in Michigan who has conducted multiple studies

on circumcision, described the reaction of infants this way: Circumcision not only causes severe pain but also increases the risk of suffocation and breathing difficulties. Medical studies show a significant increase in heart rate and blood stress hormone levels. Some infants do not cry because the severe pain of surgery shocks them. Based on clinical definitions and reports of researchers, circumcision is harmful; even when analgesics are used, only some of the pain is alleviated (local injection, the best tested option). However, the effects of circumcision are varying and sometimes contradictory. General anaesthesia for newborn infants is very risky. Increased awareness of Jewish mothers regarding the severe pain of circumcision has led to increased questioning about circumcision and abstention from it in some Jews, as dozens of articles published in popular Jewish periodicals have been presented in recent years. Several Jewish religious texts corroborate the claim that a book examining Jewish circumcision with skepticism exists. Undoubtedly, we cannot know all the effects of circumcision immediately. However, sufficient knowledge has now been accumulated in this area to question the reasons for and effects of this cultural tradition, especially since mothers are encouraged to participate in deciding whether or not to circumcise their sons (Goldman, 2016).

Ethnographic Approaches

Ethnography is one of the first and most important scientific approaches that have studied the phenomenon of circumcision among different societies. The ethnographic approach has been from the very beginning and essentially a comprehensible rather than a normative and prescriptive approach to the world of being. This approach has also been respected in facing the phenomenon of circumcision. In this section, an attempt is made to achieve a more complete understanding of circumcision through an ethnographic study of it.

Circumcision in Literature and Popular Culture

The traditional practice of male circumcision, ‘Dirineh Khaneh,’ not only has a significant role in the beliefs and

important decisions of Iranians such as marriage in their daily lives, but it has also been reflected in literature, fables, travelogues, and literary and historical works.

One of the cultural aspects of societies that can reflect their internal beliefs is their stories, fables, and jokes, which over the years have deepened the desired beliefs and found their way into everyday conversations of people. To the extent that terms such as 'Aghlaf' or 'Uncircumcised' in the vernacular literature of many Islamic countries are a reference to non-Muslims. Additionally, based on the belief that circumcision moderates sexual desire, the term 'Ibn al-Ghulafa' in Arabic is used to refer to a man with excessive sexual desire. Among Arabs, there is a famous saying: 'Circumcise your son with a razor so that you won't have to rely on others.' Similarly, in Turkish language, there are common sayings such as: 'He circumcises his son and puts his foreskin on the neighbour's doorstep' or 'This circumciser is even sharper than his blade' (Saeedi, 2011).

Persian speakers use the proverb 'Circumcision is the judge' when a large gathering is convened for an unimportant matter or when the main purpose of an action is hidden under the guise of another activity. Similarly, the phrase 'The hand of an uncircumcised person is not halal' means that an animal that has been slaughtered by an uncircumcised person is not halal. For this reason, some Persian speakers, including those in Tajikistan, use the term 'halalising the hand' instead of circumcision. The people of Borujerd also have a proverb in the form of the phrase which tells the story of a person who was circumcising dogs for a coin. He would then give away two coins to buy water to wash his hands of the impure blood of the dogs. This proverb implies that the harm of an action is greater than its benefit. Among the Arabs of Khuzestan, there is also a proverb that says, 'After we shaved it, we circumcised it,' which means that they circumcised a person after it was too late, and it is used in situations where an opportunity has been missed (Torabi and Hosseini Kazeroni, 2013).

Circumcision has been discussed in various ways in ancient Iranian literature. There are traces of it in the works of great poets like Rumi and the stories of scholars like Sheikh Bahai.

*In that house there is the circumcision ceremony,
But with the pure ones, house by house.*

The mentioned verse is one of the verses of Ghazal No. 2345 of Shams Divan, in which, in addition to referring to the 'circumcision ceremony', the word 'tahur' (pure) is also used, which refers to circumcision. Rumi in another verse of his *Masnavi* compares the punishment of human misdeeds in the world and the hereafter to 'ikhsha' (castration) and 'khitan' (circumcision) and says:

*This is to alleviate the war and sedition,
The former is like ikhsa, the latter like khitan.*

This famous Iranian poet of the seventh century AH in another verse of *Masnavi* in a story about a woman who came as a guest for him and her husband wrote:

*He went to the circumciser, there is the homeland,
The dear guest and her husband remained.*

Anvari, the Qasida writer of the sixth century AH, in a verse also compares receiving something from a stingy person to a gift like circumcision and says:

Receive from him as his gift is like circumcision.

Which recalls the proverb 'Plucking a hair from a bear is a gain.'

Habibollah Ghanooni, the poet of the Qajar era, also compared the protruding types around the penis of a person to the effects of circumcision and said:

*Under the chin, the penis hoodlums,
Like the effect of circumcision around the penis.*

The circumcision in the literary texts of Iran, whether in stories and tales or in religious texts of poets and mystics, has been manifested. For example, Nasr Khusraw Qobadiani in his *Wajh Al-Din* (16th speech, p. 141) about the necessity of ritual ablution after intercourse says: 'We say with God's help that

ritual impurity from intercourse becomes obligatory from the descent of water back, even without intercourse, and from face to face of the two circumcised organs, even without the water coming down. “

Sheikh Bahai, a physician and mathematician of the tenth and eleventh centuries, in *Kashkul* narrated a story as follows: ‘Asmai narrated that one day I came to a tribe and saw some pieces of kebab meat that were pulled with a rope. I started eating them. When I finished eating them, the owner of the tent came out and said, ‘What happened to what was on the rope?’ I said, ‘I ate them.’ She said: ‘It was not edible. I am a woman who circumcises girls. And whenever I circumcise someone, I pull out what I cut with that rope. “(Sheikh Bahai (no date), Volume 4, p. 511)

Sheikh Bahai in another story in *Kashkul* spoke of uncircumcision among Muslims as a shameful issue. He said: ‘Farazdaq passed by Ziyad ibn A’jami, who was composing poetry, and said: ‘O uncircumcised, do you still compose poetry?’ Ziyad said: ‘Were you quick to report what your mother told you?’ Farazdaq said: ‘It is an unanswerable answer.’ (Ibid., Volume 3, p. 339)

Rashid al-Din Maybodi in *Kashf al-Asrar wa Idah al-Abrar*, in his commentary on Surah al-Baqarah, refers to Hanif as one who loves God and is circumcised. He also mentions in another part of this book five commandments of God for the ‘head’ and five commandments for the ‘body’ of man which God tested Ibrahim: ‘As for the five that are in the head: putting water in the mouth and nose, brushing teeth, cutting hair in two branches, shaving beard. And the five that are in the body: circumcision, cutting nails, shaving armpit hair, wearing izar, and ablution.’ (Maybodi, 2003, Surah al-Baqarah, p. 345).

Among Persian poets, sages, and orators, most of whom have always spoken in favour of circumcision, inspired by Islamic directives, there are also individuals like Obayd-e Zakani, the satirist of the eighth century AH, who have looked at this practice with a humorous and doubtful eye. Obayd-e Zakani tells a story about a cowardly man who has converted to Islam, saying: ‘A cowardly man converted to Islam. The religious

scholar ordered him to be circumcised. When the man got scared and wanted to quit the profession of a coward and follow the religion of Islam, they said he had become an apostate and must have his head cut off. At the time of his death, they asked him how he found Islam, and he said: 'Religion is strange! Whoever enters their religion, they cut off his penis, and when he wants to leave their religion, they cut off his head.' (Feshami, 2001)

Circumcision has also entered into the common literature and language with various concepts. For example, the proverb 'They circumcise the boy, and the girl cries' is used to refer to pretending to be involved in something that does not concern the person, or the phrases 'uncircumcised' and 'not circumcised' are used to describe those who are gullible and money-minded.

There are also idioms and jokes in the literature of other nations regarding circumcision. For example, in Ukraine, where circumcision among men is close to 23%, there is a story that goes like this: 'A man enters a shop with a clock installed on its roof. He asks, 'Is this a clockmaking shop?' The shopkeeper responds, 'No, we perform circumcisions here.' The man asks in surprise, 'You perform circumcisions here?! Then why did you put a clock on the roof of the shop?' The shopkeeper replies, 'I'm sorry, our business is circumcision. What were you expecting to find on the roof of a circumcision shop?'"

What is evident is that circumcision in literature and popular culture is seen as a symbol of Muslim identity, a means of distinguishing Muslims from non-Muslims, controlling sexual desire, and avoiding extremism. It is also seen as a sign of halal and purity in contrast to impurity and impurity for someone who practises it. However, most Persian literary figures have been influenced by the religious approach and Islamic beliefs regarding circumcision, except in rare cases where some literary figures have cast a doubtful and critical eye on this practice and phenomenon and criticised its religious position and approach.

Folk Beliefs about Circumcisers

Folk or popular literature constitutes a major part of the culture and beliefs of any society. The scope of folk literature is wider than official literature, because its main audiences and creators are the people themselves who acquire knowledge in everyday life without needing any school or university education. In this section, some of these folk beliefs will be mentioned that have been formed and established over centuries regarding the phenomenon of circumcision and the related customs and rituals, and have been passed down from generation to generation in their present form.

In different parts of Iran, examples of cultural beliefs related to the circumcision ceremony can be observed, including the father's death before his son's wedding if he does not throw a feast after his son's circumcision, roasting the foreskin and hanging it in the house to remind the circumcised son of his manhood, throwing the foreskin in places like madrasas for the circumcised son to become a student, and the mother stepping into a bowl or basin of water in the hope of healing her circumcised son's wound more quickly.

On the other hand, there are contradictory beliefs in different parts of Iran regarding the rituals and ceremonies of circumcision. For example, in Larestan, some people believed that if a boy is circumcised alone, and, as they say, he does not have a double, they would break the outlet pipe of a ceramic Aftabeh (the traditional water container used for washing) or decapitate a rooster to ward off bad luck associated with the circumcision. But in some places, like Tafresh, they never circumcise two children together, because they believe that the number of those who are circumcised in one day should be odd, and if it is even, they should also slaughter a rooster or sheep to make the number odd. Otherwise, one of the sons of the house will die (Bavand Savadkouhi, 2009).

Furthermore, they consider the foreskin to have properties such as treating infertility and healing. According to their belief, if they dry the removed foreskin, grind it in a mortar, and feed it to a man with food, his love for his wife will increase. Similarly, if a woman fries it and eats it, her baby will become fond of her. A woman who wants to give birth to a boy should

swallow it while it is still hot. Some also believe that the foreskin should be barbecued separately and fed to the child with food to prevent any loss of bodily substance, because on the day when particles of the body are collected by the wind and people are remade, nothing should be missing from their body. In this regard, there is also a common saying among some people in Birjand, South Khorasan, which implies independence and non-dependence: “Let a man eat his own foreskin, but not depend on the butcher’s meat.”

In Rasht, it is also common to skewer the removed foreskin onto a pomegranate tree branch and hang it over the child’s head for up to seven days. Another group pulls the foreskin with a thread and hangs it around the child’s neck, then throws it in front of a rooster after seven days. In some areas, a mother would cut her child’s foreskin and skewer it with onions and garlic, then hang it on the roof of the kitchen to help the wound heal. Some believe that burying the foreskin in the ground will make the child wise when he grows up, while throwing it in a Jewish shop will make the child calm and less likely to cry. They used to sprinkle burnt cotton on the circumcision site and apply peach kernel oil or scorpion oil on it. Sometimes, they would take the foreskin by giving money to the circumciser. Some people from Tehran claimed that Jews used to take oil from the foreskin, but these beliefs have lost credibility today (ibid.).



Picture 45: Circumcision feast in a northern city of Iran (Mehr News Agency)



Picture 46: Circumcision feast in Iran (Mehr News Agency)

Circumcision is a ritual that is still practised by some ethnic groups and in many cities in Iran. However, the form of the celebration has changed significantly over time. Today, circumcision ceremonies are often lavish celebrations that

resemble a wedding. A special cake is prepared for the circumcised person, and an invitation card is sent out to guests. The circumcised child receives gifts and blessings from the elders of the family.

This change in the form of the circumcision ceremony reflects the changing meaning of the ritual over time. In the past, circumcision was seen as a religious and cultural rite of passage. Today, it is also seen as a social event that marks the transition of a boy into manhood.

The changing meaning of circumcision is just one example of how traditions and rituals can evolve over time. As societies change, so too do the meanings that we attach to these practices. This can lead to conflicts between different interpretations of a tradition, as well as between the tradition itself and the primary goals that it was intended to serve.

In the case of circumcision, the primary goal of the ritual is to mark the transition of a boy into manhood. However, the secondary goals of the ritual, such as social status and religious piety, can sometimes conflict with the primary goal. This can make it difficult to decipher the meanings of the ritual and to determine its true purpose.

Despite these challenges, it is important to remember that traditions and rituals are an important part of human culture. They provide us with a sense of identity and belonging, and they help us to mark important life events. As such, we should strive to understand the meanings of these traditions and to respect the beliefs of those who practise them.

Thus, it becomes clear that the meanings of these beliefs are not only traceable within their historical context, but also applicable to other fields such as society, culture, politics, law, beliefs, and so on, and are expressed in various forms. Therefore, when dealing with a phenomenon, it undergoes constant struggles and takes on multiple meanings throughout its historical evolution, which may deviate from its primary meaning and even contradict its initial goals in the absence of its primary function, making it difficult to decipher the original message's meaning.



Picture 47: Examples of cakes and invitation cards for circumcision ceremonies on Instagram

Circumcision Ceremony Customs

The historical trajectory of male circumcision is also noteworthy. Shahla Zarlaki (2016) in her book *Women, Menstruation, and Monthly Madness* refers to the jealousy of men towards women's fertility as the origin of male

circumcision. For this reason, ceremonies were performed in various parts of the world for men to enter the age of fertility, with circumcision being one form of such ceremonies. Furthermore, Zarlaki gives an example of male circumcision among the tribes of Java near the Amazon River, where cuts are made on the back of their legs and the resulting blood is washed away in the river. She emphasises that this blood ritual is entirely masculine, and women are not allowed to participate in it. Nevertheless, we can also assume that in the distant past, this act was performed solely in the presence of men. Additionally, Hasan Azad also reports in his book *Corners of Iran's Social History: Behind the Curtains of the Shrine* and from the Middle Ages that:

Even during major holidays and family gatherings, such as weddings and circumcision ceremonies, men and women did not participate together in the celebrations.' (Azad, 1978, p.38)

He also writes elsewhere, in describing Iran after Islam:

Men had little conversation and interaction with their women and never went out with them from their homes. They also separated their gatherings from women's gatherings during holidays, celebrations, circumcision ceremonies, and weddings, and considered it shameful to mix men and women. (ibid, p.156)

From these accounts, it appears that perhaps contrary to the past, women in Iran after Islam and in the Middle Ages were able to participate in circumcision ceremonies, but still the ceremonies were not mixed and men and women participated separately in these celebrations.

However, this issue has been described differently in later times, and it is speculated whether or not mixed presence of men and women was witnessed in circumcision ceremonies. Nevertheless, it cannot be definitely stated on this matter. Another account is given in *Behind the Curtains of the Haramsara'i*:

The day the circumcision feast was arranged by chance Nasir al-Din Shah also came from the Firuzah palace and when he heard that there was a feast, though he was tired and dusty, he walked on foot and strolled through the garden and from the Golestan Palace he went to the house where the feast was held and participated in the feast. The king's entrance added a hundredfold importance to the party and caused many other court ladies who did not intend to participate in the party to hurry to get there and as a result about an hour later there was hardly any court lady who had not attended ...

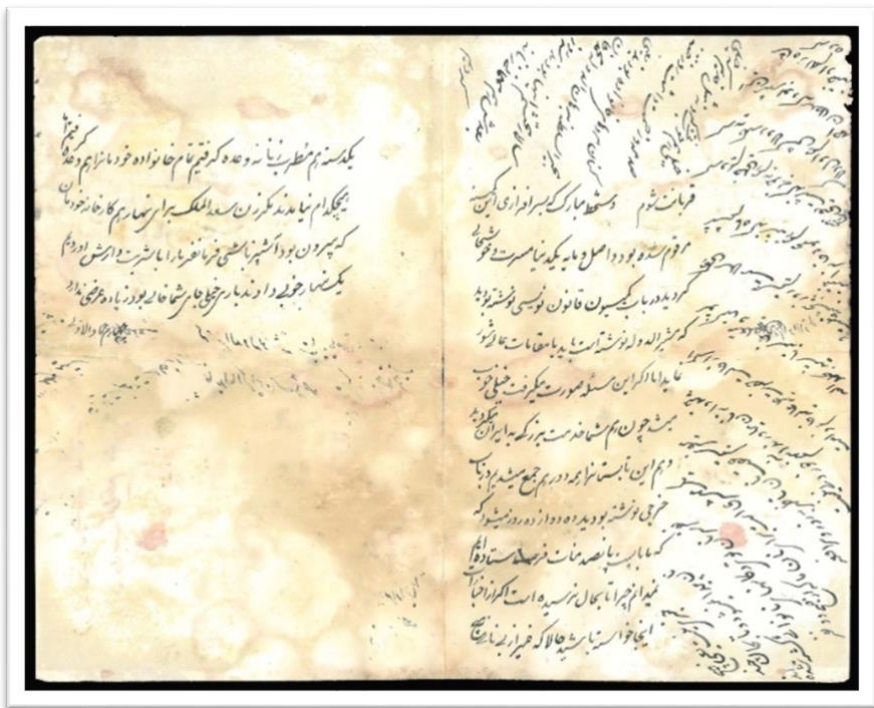
The entrance of the Shah dramatically elevated the festivities, encouraging other court ladies to hastily join in. Within an hour, virtually every court woman had arrived at the party. As entertainers continued singing and playing music, Nasir al-Din Shah spotted Haji Qadamshad and summoned him with a wave of his hand. A gracefully quick, dark-skinned woman stepped forward and bowed in respect. (ibid, p. 413.)

In any case, this custom of mixed presence of Iranian men and women does not seem to have been common. For example, there is a letter from Zahra Sultan Ezzat ol-Saltaneh to her brother, Mohammad Ali Nazem-Mafi, in the middle of the fourteenth century AH (picture 48) in which she wrote: 'On the sixth of last month we circumcised Mahmud Khan. It also went very well; That is, he did not cry at all. The first dallak of this city was also the dallak who had circumcised Sultan Ahmad Shah. He also did a very good circumcision and not like the old one that had a lot of damage and trouble. The men of the family were present on the circumcision day; That is, Majd u-Saltan, Borhan u-Doleh, Vali Mohammad Khan, Salaar Mohatasham. Three days later we also had a women's party.'

Thus, she implies that the circumcision ceremony of her son Mahmud Khan went well, with no crying or major complications. The surgeon was experienced, unlike in the past when such procedures were more traumatic. She describes that only male relatives including her husband and brothers attended the actual ceremony, while three days later a separate women's celebration was held. This indicates that, in

accordance with customs at the time, the circumcision rite itself involved only men while women held a separate gathering afterwards. The mixed presence of unrelated men and women does not seem to have been the social norm at such events.

The letter indicates the circumcision rite itself was exclusively for male relatives on one day, while a separate women's celebration was held three days later. This suggests the circumcision ceremonies at the time typically spanned multiple days, with the men's portion on one day and a later women's gathering. Moreover, among royal circles like the author's, such ceremonies potentially lasted even longer with more elaborate celebrations for men and women held on separate days. The strict segregation of the men's and women's events highlights the social norms of gender separation at public gatherings during that period in Iran's history.



Picture 48: Zahra Sultan's letter to her brother, Mohammad Ali Nizam Mafi, about the news of Mahmoud Khan's circumcision

It is important to note that witnessing mixed gatherings of women and men not only in circumcision ceremonies but in Iranian social events in general indicates a transition. Strict social norms and traditions do not change overnight in any culture, so such mixed gatherings were likely not the norm across Iran at the time.

After years of religious rule in Iran, we seem to be in a transitional phase where Iranian gatherings can be either mixed or segregated. For example, the website Qajar Women's World shows photos from two circumcision ceremonies in Mashhad in 1892. One photo shows women and men sitting together while the other has mostly men present.

This suggests that as Iran became more exposed to Western ideas in the late Qajar era, some social events began to allow for more interaction between the sexes. However, mixed gatherings were probably not yet widespread or considered fully acceptable based on the continued practice of holding ceremonies separately for men and women. The letter discussed earlier also indicates that women-only celebrations typically followed the main circumcision rite for men.



Picture 49: Women and men attending a circumcision ritual in Mashhad



Picture 50: Men attending a circumcision ritual in Mashhad

Circumcision ceremonies in Iran were held separately for men and women, and mixed gatherings were likely uncommon. However, exposure to Western ideas through Iranian aristocrats, intellectuals and travellers in Europe may have contributed to more interactions between the sexes in some areas of Iran. Even before Islam in Iran, there was not much separation between male and female gatherings among tribes, but after Islam, Iranian history became more segregated by gender. Merely imitating the Western custom of mixed gatherings would be insufficient and unrealistic. Upon observing Western examples, people realised such mixing would not necessarily lead to immoral outcomes. It is said that Mirza Abu al-Hasan Khan Shirazi, one of the first Iranian travellers to Europe in the 19th century, described St. James's Park in London in December 1809 with about 100,000 men and women mingling and riding horses, suggesting a gradual acceptance of mixed gatherings through exposure to Western lifestyles:

*Then all the young women, those fair-faced ones,
fragrant as rose and hyacinth, hand in hand with the
tall, finely dressed young men, started a friendly
dance, something akin to the garden of paradise. They
had all partaken of wine, yet none were insensibly
drunk (Najmabadi, 2018).*

The publication of such travel accounts in Iranian society could have further familiarised Iranians with a world where women and men coexist. In any case, during the Qajar period, the presence and role of women in Iranian circumcision ceremonies made significant progress compared to previous eras. Korzebor Yarahmadi (2009) believes, 'the turning point of joyous rituals for southern women can be seen in henna, wedding, and circumcision ceremonies.' Different methods are used to hold circumcision ceremonies in various parts of Iran, with minor differences but major similarities.

The common features of Iranian circumcision ceremonies can be summarised in several components: They typically last two to three days, not just one. They have specific rituals including decorating the house, inviting acquaintances, preparing

special clothing for the child, providing refreshments for guests, bathing the child before circumcision, applying henna the day of or before the procedure. During circumcision, various methods are used to distract the child from his genitals, mainly involving music which gives the ceremony a joyous atmosphere while taking the child's attention away from his body. Guests are usually provided refreshments and give gifts in congratulations.

The ceremony is held in Gilan as such: They determine an auspicious time and friends, relatives and musicians gather. They call the dallak or barber, make arrangements for refreshments and talk to the child, usually four or five years old, in childlike language about the benefits of circumcision. During the actual circumcision they play music, sing and clap to distract him.

In Sarvestan, boys are circumcised between ages 3 to 12. The circumcision ceremony may last two days. The first day they play drums and dhol, some do folk dancing. Women sing and dance. That night, in a ceremony like henna ceremony of the bridegroom, they henna the boy with jokes and dances. The next day they take him to the bathroom and sit him on a decorated horse, throwing money and candy on him, they take him back home. Finally, in the afternoon, the circumciser of the neighbourhood comes for the circumcision (ibid.).

In Khorasan, boys are circumcised at the age of three to seven days, in which case there is no celebration, and if this date passes, they will have the more elaborate circumcision ceremony when they are five to seven years old. In the morning of the ceremony, the child is sent to the local public bathhouse with a group of musicians. They burn incense and scented herbs in the bathhouse, and dress the boy in new clothes before returning him home with joy and celebration. At home, the child sleeps on a clean, red bed that has been prepared in advance. Khorasanis, like the Yazidis, choose one person as a 'crib' to assist the child's father during the circumcision. During the procedure, three musicians play the dotar, dohol, and sorna and sing songs. After the procedure, the crib and the child's relatives each give the child a gift as a tradition and kiss him. The circumcised child is not given water for three days to

prevent the wound from getting infected. Another tradition among Khorasani circumcision is that fifteen days after the procedure, they invite relatives and friends to a celebration where they take the child to the bathhouse again, play music, sing songs, and burn incense (Tabasi, 2019).

In the past, Taleshi people used to circumcise their sons mostly at the age of 3 to 5 years old and during the spring season. Sometimes, two brothers who were one year apart in age and close to each other (in Taleshi dialect, they were called 'jibooy' meaning they were like pockets) were circumcised together. Usually, Taleshi mothers encouraged and motivated their children by celebrating their courage and future manhood, and by giving them gifts and emphasising on following Muslim traditions. In the past, skilled dalaks or salmanis would perform the circumcision procedure by holding the child's legs firmly under their own feet until the child calmed down and became aware of their surroundings, then they would complete the circumcision. Some Taleshi people would skewer the foreskin and hang it on the wall, showing it to the child as a symbol of their manhood. Sometimes, they would throw the foreskin in places such as the school to remind their son of their manhood while studying. To prevent bleeding and infection, the Taleshi would put some cotton or cloth on the wound and light it on fire. When the fire caught on, they would put a ceramic bowl on it to extinguish it halfway, then they would wrap the half-burnt cotton and ash around the cut area to prevent bleeding and to disinfect it. The child would wear a red skirt for a while until the wound healed properly. In the past, most Taleshi people would celebrate the circumcision ceremony according to their income, and after serving food, guests would give money or gifts to the circumcised boy. Some superstitions existed as well, such as if a father did not give his child a feast or party, he would die before getting married (Niknahad, 2015).

In Savadkuh, the people recognise the circumcision of boys under the name of 'Pechkeh Aroosi' or 'Pechuk Aroosi' or 'Kuchak Aroosi' meaning little wedding. In some villages of Savadkuh, it is customary to circumcise one or three children on an appropriate day, and consider more or less than that as

unlucky. The best season for this is spring and autumn. Some say that a boy who is circumcised in the spring will have a son and if it is done in the autumn, his first child will be a daughter.

One day before the ceremony, a tent is erected in the courtyard of the house. In the past, when health and medical facilities were not available, people used to circumcise their sons traditionally. A circumciser, called Dallak, Salmani, or Khatnegar of the village would come with a leather bag containing his tools, including a scalpel and herbal medicines. Before starting the procedure, Dallak recited a prayer and put the newborn on a cloth facing the Qibla. The mother was kept away from the child. Some believed that it was better for the mother to put her feet in cold water during the operation. After the procedure, Dallak would burn a sugar cube to fill the air with smoke, which some believed to be a way of disinfecting the area. To prevent bleeding, they burned some sheep wool and put its ashes on the wound, or burned a cotton cloth and applied its black residue on the wound. The father waited outside the room until Dallak finished the job. When he entered, he caressed the child and took him to the tent where the guests had gathered. Each of the relatives and acquaintances gave him money according to their closeness to the child. The father sacrificed a sheep to prepare meat for the feast, of which one hind leg was the share of the child, and the parents did not eat the meat of the sacrificed sheep. They also prevented strangers from entering the room and believed that impure people should not look at the child (Bavand Savadkouhi, 2009).

In the past in Larestan, boys were circumcised from the age of 7 to 15, so that in a neighbourhood, several boys of the same age who had reached this stage were circumcised together and on the same day (usually Eid al-Fitr or Eid al-Adha). They believed that if a boy was to be circumcised alone, without a double, they would slaughter a rooster or break the outlet of a ceramic water container, an Aftabeh, to ward off evil. This concept of removing evil is seen in the culture of other regions as well, so that in Tafresh they never circumcised two children together because they believed one of them would die unless they sacrificed a rooster or sheep to take the evil. Usually the

day before the circumcision ceremony, they would inform all the neighbours and relatives and the night before was spent on henna application, hair shaving and sweets. On that day they would call a local master and tie the children to date palms and cover them with white cloth and wave a cloth above the children's heads to distract them. Then they would tie a small *Quran* to their arms and hang a 40 names of Allah necklace around their necks. Then they would place an earthenware or ceramic bowl upside down on the ground and sit with the child whose turn it was to circumcise on it. The master would go under the cloth and do his work and people would pray.

In Birjand, a few days before the circumcision ceremony, a room is chosen and decorated nicely for the event. A large sheet is spread on the floor with four pillows - one under the head, two on the sides and one at the foot. The pillows are to make the boy comfortable after the circumcision so his wound doesn't touch the dusty floor. A blanket is spread on two wooden poles shaped like an X on the two side pillows. Some food and drink are placed for the guests.

A few days before, some relatives and friends are invited for the ceremony. An invitation is given orally - either a simple invitation for friends or a more formal invitation for relatives, stating the time.

On the day, the father, uncle and a few others take the boy to the bathhouse. After washing, they apply henna¹ on his hands and feet and return home. The boy is laid on the sheet but he gets scared. So music and dance start to distract him as he is laid down and his trousers removed.

The circumciser approaches without showing the knife and puts some candies in the boy's mouth to gain his trust. Then he performs the circumcision as the boy struggles. Others hold his hands and feet to keep him still while the circumciser removes the foreskin in one swift move. During this, the mother puts

¹ Henna is a plant whose powdered leaves produce a reddish-orange dye that is used to temporarily stain the skin and hair. It is commonly used in celebrations, especially in South Asian and Middle Eastern cultures like for weddings or birth celebrations.

her foot in the water believing it will help heal the wound faster. Ash from burnt cotton is sprinkled on the wound to stop bleeding. After the ceremony, there is more music, tea and snacks. Guests give money to the boy for a few days. The circumciser visits the boy for 3–4 days, washing him on the 6th or 7th day. Sometimes the father invites relatives for lunch as part of the ceremony (Bahalgardi, 1963).

The circumcisers in 'Kooch Naharjan' in Birjand do not differ much from this city except that a few days before the ceremony the father goes to town and buys sugar, tea, snacks, nuts, candy, dates, beans, raisins, ginger, clove and galbanum, agar, henna, etc. and brings them home. He also provides clothes, handkerchiefs, shoes and special hat (sweatband) for his son and also buys new clothes and shoes for each member of the family. The lady of the house takes wheat to the mill to prepare flour for baking bread, and the mistress of the house orders special ceremony bread from the local baker and if she herself can and has the oven and facilities, she bakes a better bread. Baking ceremony bread is also held with special customs; Relatives and neighbours are invited to help the owner of the ceremony (the family of the boy who is to be circumcised) in the bakery.

On the night before the ceremony, after dinner, local musicians start playing local melodies at the insistence of relatives, especially young people, and those who are skilled in woodworking enter the arena to 'get rid of their heartache' along with others in collective joy. In the morning of the ceremony, after breakfast, when the sound of the instrument and the drum rang through the village, everyone gathers at the place of celebration and woodworking starts again and every ten to fifteen minutes, musicians play a special tune and perform different woodworking movements so that young people can also perform in the middle of the arena. Then the host (owner of the ceremony) sets the lunch table and treats everyone. A few hours later it is the turn of taking the child to the head spring of the village. This ceremony continues to the head spring with the sound of the instrument and drum, the joy of the people, especially the young boys who say 'Shabash Shabash', the sound of cows mooing or woman's lilill -crying

and the pleasant smell of asafoetida¹ and henna that has filled the air. There, the child's close relatives put on special ceremony clothes on the child's body and a ceremony similar to the ceremony of dressing the groom is performed and one of the organisers of the assembly raises each piece of the child's clothes and people say congratulations, send prayers, threw on seeds and burning asafoetida for him.

The ceremony of circumcision in old Kerman was very detailed and many formalities were stipulated for this act, but nowadays, due to the advancement of medical and surgical science, most people circumcise their children in the first days of birth, i.e., when the child is less than five or six days old, and if they fail to do this act in those days, they are circumcised at eight or nine years old, in which case they take the child to the doctor's office or hospital and doctors easily perform the circumcision operation. Despite all this, there are still some families who arrange a detailed ceremony for the circumcision and hand over the child among bustle and hustle for circumcision to the surgeon. Especially in villages, old customs have not yet been forgotten and the circumcision ceremony is considered one of the most important celebrations for them. This ceremony is organised in this way that the family of the child who intends to circumcise him previously invite relatives and friends to participate in the celebration and on the day of circumcision, they take the child to the bathroom and colour him with henna and in the afternoon they wait for the invited, and while musicians are playing and dancing, they place the child on a small four-legged stool and two or three people firmly hold his hands and legs and the local surgeon performs the circumcision and then they put the child to sleep on the mattress to rest and the invited are busy eating sweets, nuts and sherbet and the musicians entertain them until dinnertime arrives. The invited return to their homes after dinner and, of course, the invited do not participate empty-handed in this

¹ Asafoetida is a resin extracted from the roots of several species of *Ferula* (giant fennel) plants. It has a strong, pungent odour and a bitter taste. Asafoetida is commonly used as a flavouring and digestive aid in Iranian, Afghan, Indian and Caribbean cooking.

ceremony and each, according to his circumstances , brings something with him and presents it to the parents of the child; Some give sugar and tea and some clothes and fabric items and some cash donations. The circumcised child should not be left alone, because they believe that Al, who is one of the devils, comes and harms the child. When they put the child on the mattress to sleep, they hang a marked knife above his head so that Al will be afraid of it (Shakorzadeh, 1992).

Circumcision in Ardebil's Anbaran neighbourhood used to be performed at ages one to three, and they would often gather several children who had been born in the same year together, and after hosting a party and entertaining the guests, they would ask Sulaimani to circumcise them. He with his primitive simple tools, while two others held the legs of the children tightly so they wouldn't move, would do his job and to stop the bleeding he would sprinkle some ash on the wound and then bandage it and would change the bandage every three days. But today with the advancement of medical science, male offspring are taken to medical and health centres for circumcision and then they hold a party and entertain their guests and each guest also presents a gift.

The Khalekanalu (Jalali) tribe in West Azerbaijan also attaches special importance to circumcisers. First, the father of the boy chooses a person he respects and wants to associate himself with by the name of 'group'. Choosing a group means that the blood of this boy will be poured into the lap of that person and thus close to that family. Once the group has been selected, the father sends a gift to him and tells him that you are the group of my son. The group, on the appointed day, comes to the circumcisor's assembly with his family and brings a gift for the boy's family, especially clothes for the boy. At the end of the circumciser, the 'group' spends the night at the father's house and returns the next day and the boy's father gives gifts such as cows and sheep to the group and his family. But the custom is that the group presents the sheep to the boy, who takes the cows and other things with him (Mashkour, 1970).

Rafieefar and Kamallu in studying the hanbandan ceremony, where the boy and the guests apply henna to their hands, in Sarvestan have also encountered the function of this ceremony

in the circumcision festival and describe it in this region as follows: it may take two days. The first day, drum and the more traditional musical instrument of dohol are played. On this day, women sing and dance. The night with the ceremony that is specified for the bridegrooms' henna binding, with traditional and playful music and clapping with henna hands and joking and children's dance, they apply henna to the hands of the boy. The next day they take him to the public bathhouse and when he comes out of the bathhouse, they mount him on a decorated horse and in the evening the dallak gets ready for circumcision.



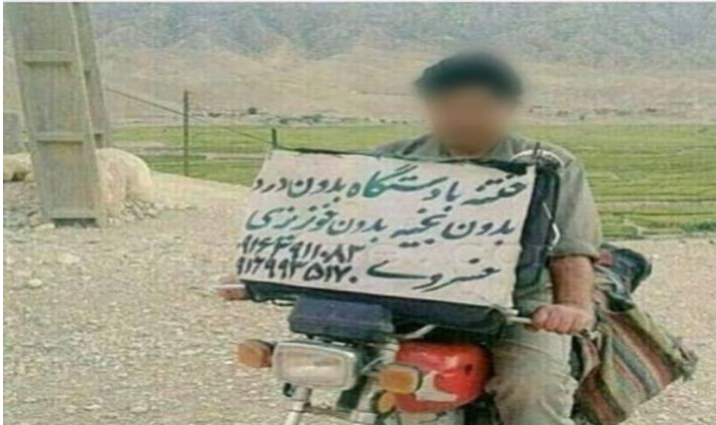
Picture 51: a circumcision festival in Jiroft



Picture 52: Group Circumcision

One of the points that can be deduced from the detailed customs of traditional Khatesoran in Iran is the role of dallaks in the process of making boys circumcised. In general, in the past, dallaks and salmanis played a major role in this process; Their main profession was in the field of barbering, facial correction, and operating in bathhouses and, so to speak, health care, but gradually this group turned into active healers in health issues during the Qajar period, whose activities moved from the scope of general health activities into specialised dimensions of health and wellbeing (Khakrand, 2019). These people had different names in different regions, including 'khatan', 'tahar', 'santchi', 'hakim' and 'ustad'. But the methods and tools of circumcision were more or less the same. Behalgardi also mentions the tools of dallaks' circumcision in Birjand as follows: They had a bag with them in which the tools of circumcision and barbering were placed. The tools used for circumcision included a blade and a cane 12 to 15 centimetres long and the thickness of the middle finger which had a slit at one end. This split was so that they could place the skin of the child's penis tip in it and cleanly remove it. Khalif Ibn Abbas Zahravi, a fourth-century physician, has described the method and tools of circumcision in his time in detail. These methods continued with some changes in the

following centuries as well. The dallak blade, wooden split reed, scissors and knife were among the circumcision tools. In Algeria, a stone knife was also used for this act, reminiscent of the circumcision of the Children of Israel with a stone sword upon entering the Promised Land (Bahalgardi, 1963).



Picture 53: A travelling dallak with a modern advertising system; on the tableau: Circumcision with modern equipment, no blood, not pain

In the end, it should be noted that before the Qajar period and in the Safavid era, it was these prayer leaders who were in charge of circumcising children in Iran. Sansen, a foreign traveller, writes about some of the prayer leaders who prayed in the court:

The prayer leader prays at the house of the shah and is the imam of the congregation and is in charge of circumcising, wedding ceremonies and burial rites.
(Sansen, 1967)

So according to this account, in the Safavid era it was the prayer leaders who performed the role of circumcisers and circumcised boys according to the requirements of religion. They had instrument cases to perform the circumcisions and earned fees for providing this service.

Circumcision as a Religious Belief

Studying the phenomenon of circumcision in the process of Iran's history from the perspective of structural and

institutional complexity is also important. The mixing of cultural and religious identity in Iranian society has turned the study of some anthropological concepts into a complex issue. Since coexistence with different cultures and consequently cultural diffusion have also undeniable effects both on functioning and on the interpretation of identity and religious practices, interpretation and analysis become more complicated. Just as when Islam or Christianity is mentioned, each follows a different style of cultural compliance depending on the course of historical developments and the context of implementation and the culture of origin and destination. For example, the teachings and religious rituals of Islam and Christianity are performed in different styles in Saudi Arabia, Uganda and Britain through cultural agents (Hulsten, 2004).

One of the topics that can help study the role of circumcision in the lives of Iranians is 'identity economics'. Some economists believe that economics is the science of choice and one of the factors that affects our preferences and choices are the beliefs that have become internalised in us. For example, in Islam eating pork is forbidden. For this reason, Muslims automatically and internally refrain from buying pork. George Akerlof, the 2001 Nobel laureate in economics, and Rachel Kranton, pioneers of identity economics, also believe that preferences arise from norms that we define as social rules about how individuals should behave in different situations. These rules are sometimes explicit, sometimes implicit, generally internalised, and often deeply respected, and the 'preferences' and 'choices' that arise from these norms are alternately contentious (Akerlof, 2016).

Identity, norms and social categorisations may seem like abstract concepts, but they are powerful and tangible realities that are easily observable. When people have an ideal of who they are and how they should behave, norms are particularly clear (by ideal here is meant the exemplary behaviour and characteristics associated with a social category). This ideal can be embodied in an actual or imaginary persona. Religions provide powerful and clear examples of these ideal patterns. The founder of a religion and its pioneering prophets or saints are typically the exemplar. For Muslims, this ideal is the life

and example of Prophet Muhammad. We also see these categorisations, norms and ideals in how people talk about their lives. Many people can easily describe the behavioural norms and dos and don'ts of themselves and others, and consider those who deviate deserving of ostracism and punishment (Ibid.).

Considering that circumcision is an important and valuable criterion and indicator of the definition of a 'Muslim person' for the followers of Islam, the question may arise that how it is that some Islamic sects do not consider this important. In response, it should be noted that not only do some not consider it an obligatory act, but they do not consider neglecting obligatory acts as causing one to leave the religion of Islam and merely consider it committing a sin.¹ However, according to some scholars, if a child is not circumcised, he has not become a 'complete Muslim' (Tangook, 2018). Regarding religious norms and their importance, Dr. Mahdi Fayzi believes:

When a story like circumcision gets mixed up with religion, it becomes much more serious. Because the more blurred the boundaries are in ethnicity and other things, it can be accepted that others also have the right and are human. But when religion comes into play, the story becomes much more security. Therefore, since religious commitment is also more important, the rituals also become more important. This is also why if an issue like circumcision arises from a religion like Islam or Judaism, adherence to it is much more important than when it arises from an ethnicity.

In another place, Jacob Deutsch (2013) also criticises Georgievic, a Catholic prisoner of the Turks who devoted pages in his book to circumcising children, on this basis. Georgievic claims that only after circumcision does a Muslim boy become a Muslim, but in response Jacob Deutsch writes that this claim

¹ This is completely different among Jews. As we mentioned earlier, one of the punishments for not being circumcised in the *Old Testament* is mentioned as exclusion from the Jewish community.

is wrong and by performing such an act, the circumcised individual is considered Muslim in Muslim society.

Circumcision Prayer

Among various cultures and tribes, there are special customs and rituals regarding circumcision that have been discussed in detail in this research under the title ‘circumcision ceremony’, but it is customary among Muslims to recite a prayer at the time of circumcision that is attributed to the sixth Shia Imam:

‘O Allah, this is Your tradition and the tradition of Your Prophet, may Your blessings be upon him and his family. We follow You and Your Prophet in accordance with Your will and decree, for that which You have desired and decreed. You have commanded us to perform circumcision and cupping, and I have made him taste the heat of iron in his circumcision and cupping, in obedience to Your command which You know better than I. O Allah, purify him from his sins, increase his lifespan, protect his body from harm and pain, and increase his wealth and protect him from poverty, for You know and we do not know (Feiz Kashani, Vol. 23, Hadith, 23408, p. 263).

Circumcision ceremonies in other parts of the world

In Mecca, the circumcision of boys is accompanied by an elaborate celebration. The boy who is to be circumcised wears an ornate and expensive outfit the day before the procedure and rides a horse in front of people who accompany him with music and singing. The celebration continues into the evening and the next morning, before dawn, the circumciser begins the circumcision ceremony. After the procedure, the circumcised boy is hosted with guests.

In Egypt, circumcision ceremonies are usually held alongside a wedding to save on expenses. There, boys are also paraded in front of people before circumcision. The boy wears a girl’s outfit and acts in an exaggerated manner as he enters the crowd. Parts of his face are also covered to protect his eyes.

The circumcision ritual among Yezidis also has special traditions; First, the family that wants to circumcise their son chooses a Yezidi or Muslim person as a 'krif' or 'kribe' to help them in this task. The krif and his family become so close and intimate with this family that for seven generations they are considered as belonging to the same family and marriages do not take place between them (Saeedi, 2011).

In Afghanistan, this procedure is also carried out between the ages of two and five without anaesthesia and if the child is lucky, he is plunged into cold water before the circumcision ceremony to feel less pain (Fox, 2003). Circumcision, called 'sunt kardan' in Afghanistan, is accompanied by a circumcision celebration. This ceremony takes place in the central regions of this country and among the 'Hazaras' with songs and games in the form of entertaining activities and sometimes lasts one or two days. A notable point in this regard is the disapproval of sleeping during this overnight stay, which if it occurs, a punishment is envisaged for the person who has slept, such as sewing the person's clothes to the carpet or rug on which he has slept. In Kabul, close relatives are usually invited a few days later for a meal. Some families do not invite anyone and only relatives bring a gift for the circumcised child or bring a few fresh loaves of bread to give to the poor; they spin the bread around the child's head and when a poor person comes to the door of the house, they give it to him. But in Pashtun areas, the city of Herat, and villages, there are more ceremonies and some also sacrifice a sheep. In Baghlan Province, which is in the north of this country and near Central Asia, the circumciser usually comes to the villages once a year on specific days and poor families also circumcise their sons collectively and hold a collective celebration and provide a meal for the villagers. However, people who do not have financial problems circumcise their children individually. Usually someone also climbs to the top of the rooftop to announce the celebration by shouting that so-and-so has circumcised his son and has invited you. But giving gifts is optional and rice, wheat and sheep are among the gifts offered. One of the important points about circumcision celebrations in Afghanistan is paying attention to the socio-political situation of this country and

considering that many families live in poverty and lack of medical facilities, many traditions and rituals come under the influence, one of which is circumcision ceremony.

In Algeria, the circumcision of boy children is considered a religious act that takes place in the last decade of Ramadan and around Eid al-Fitr. For several years now, the Algerian government no longer allows doctors or surgeons to circumcise children at home, because incidents in this regard have shaken Algerians. As a result, the circumcision of children has been accompanied by changes and different views exist among different generations regarding the modern and traditional ceremonies. Some people prefer the older tradition where a traditional circumciser would come to homes. They describe such celebrations as: 'Circumcision ceremonies in the past used to last for several days and were sometimes more splendid than a wedding ceremony.'

However, the current Algerian generation, in addition to the government's order not to circumcise at home, also considers the economic situation as a factor limiting these ceremonies. But the current Algerian circumcision ceremony can be described as follows: during the last decade of Ramadan, more families take their young son to hospitals. Family members surround the boy who is at the centre of attention and is wearing a long white dress from head to toe, to go to the doctor's office. But some women who are waiting for the child's return engage themselves in preparing cakes and traditional foods. Subsequently, a group of musicians play music throughout the ceremony and acquaintances try to entertain the child with gifts and money to pay less attention to the pain from circumcision.

In southeastern Algeria, boys are circumcised between the ages of two and ten. New clothes are bought for the child and sometimes for all family members on the occasion of circumcision. The child is dressed in a white silk tunic and henna is applied to his hands and feet and jewellery are hung on him. Women sing during the circumcision. Then the removed foreskin is threaded on a string and hung on a palm tree in the oasis and on a camel in the desert.

In Uzbekistan, boys are usually circumcised at the ages of three, five or ten, and in some cases eleven or twelve, and the circumcision ceremony in this country is called 'Sunnat toyi' or 'Khatan toyi.' This celebration usually takes place in the presence of relatives, neighbours and local people. However, holding a circumcision ceremony requires preparations such as sewing pillows and clothes for the celebration, which is the responsibility of middle-aged people and elderly women in the neighbourhood. Another ceremony must also be held that is specifically associated with reciting from the Quran. Nowadays and traditionally, during a ceremony, a child is given bread to eat a piece of it and then people try to attract the child's attention to distract him from thinking about the pain. After circumcision, the child is not allowed to leave the house at nights for some time and always someone stays with him. After two or three days, the circumcised child also gets up from his place and with the help of the neighbouring women and his relatives, he prepares his traditional bed (BBC, 2010). The experience of circumcision celebration in Khiva, Uzbekistan is also interesting. John Stanmeyer, a photographer for National Geographic magazine who had travelled to this city for a project, suddenly came across such a celebration. He describes his experience as follows that he was treated as if it was not a shameful act and they were willing to share this ceremony with him as a photographer as a beautiful ceremony. In this city, boys wear beautiful clothes at the ages of three, five or seven, made by the women of the family. The circumcision is usually performed at home by local male doctors. Afterwards, it is required that members of the family welcome the circumcised child with their gifts. In the past, children used to receive gifts such as horses as a rite of passage into adulthood, but today the gifts have been moderated and include a combination of money and chocolates, and the ceremony is followed with dancing and food (Montanari, 2017). As can be seen from the image below, women and men attend this celebration in a mixed manner. In another photo, a group of men have gathered around a boy who is being circumcised.



Picture 54: Circumcision ceremony in Central Asia, between 1865 and 1872



Picture 55: Circumcision ritual in Uzbekistan

Circumcision has great importance among Jewish communities and, as previously discussed, remaining uncircumcised according to the command of God in the *Old Testament* can lead to the excommunication of the uncircumcised person from the community and inability to attend some religious gatherings. The circumcision ceremony

has existed among Jews for over three thousand years and is usually held on the Sabbath or other holy day, even if bloodshed is not permitted on those days. There are no specific rules about where this celebration takes place and it usually occurs in the homes of relatives, though some prefer it be held in synagogues. Circumcision is usually performed on the eighth day of the boy's birth by a Jewish person, but medical reasons can cause delays. Those with the duty of circumcising are called Mohels. The Mohel must learn Jewish laws and expertise required to perform the circumcision and in Britain, the Initiation Society of Great Britain and London Beth Din (Jewish Ecclesiastical Court) oversee the training and exams of these individuals. This custom, called Brit milah, is an important family celebration among Jews where the presence of the Mohel and child's father are required, but typically other family members also participate. It is customary to leave an empty but decorated chair for Elijah to oversee the ceremony. After the ceremony, a feast is held. Participants wash their hands and eat bread. The food includes meat, fish and dairy and wine is surely served. Jews opposed to circumcision who seek an alternative ceremony sometimes choose a naming ceremony instead of circumcision, called Brit Shalom. This allows Jewish parents opposed to circumcision to also welcome newborn daughters. Those who have converted to Judaism and remain uncircumcised must undergo the procedure during a ceremony. A convert's 'giyyur' is the process in Judaism for outsiders to enter the faith along with rituals that traditionally includes immersion and circumcision. Male converts, 'ger,' must undergo the circumcision ritual before immersion (BBC, 2009).



Picture 56: Jewish Circumcision Ceremony

By carefully examining each of the mentioned societies, aside from the existence of commonalities in some cultural elements, this naked truth becomes apparent that the specific components of people's lives and production mode in each region cause us to encounter a unique origin, beliefs and rituals that may not be found elsewhere. Each of these elements also has subcategories that can affect the diversity of rituals. People take concepts, thoughts and beliefs from their environment, nurture them with their needs, creativity and ideas, and demand various functions from them. If we take a good look at the structure, content, function and essence of folklore of people, we find that simplicity in structure and diversity in concepts and their applications enable the harmonisation and functional efficiency of popular culture among that social group. The culture of every nation serves as the biography and life story of the ordinary people of that society and is the main indicator of characteristics and picture of the customs and traditions of that nation, illuminating historical background and indicating intellectual evolution and social development of the masses of that social group.

Sociological Approaches

Social research about male circumcision in Iran, unlike that of female circumcision, has not attracted much attention for various reasons. This situation has been influenced most by the

religious nature of circumcision in Iran and its transformation into an identity issue for the men of this land. In such conditions, circumcision is perceived from a social perspective not as an abnormal and mysterious problem issue but as something natural and legitimate, and it is not unreasonable that it has never found the conditions to become a social issue and attract the attention of sociologists.

Moreover, it should be noted that problematising this issue with the advent of the Islamic religious government in Iran could put sociologists in the position of social critics of the Islamic rule and naturally cause problems for them. Authorities may see sociological research on circumcision as criticism of religious laws and tradition. Therefore, limited social research has been done on male circumcision in Iran due to its sensitive nature and religious connotations. Overall, circumcision remains a normalised part of Iranian male identity and habitus with little perceived need for sociological inquiry.

Our searches for literature on the sociology of circumcision in Iran proved futile, as research on circumcision in Iran is either limited to female circumcision or focuses on its medical and health aspects. However, since circumcision is an international phenomenon and research on it in international societies do not face difficulties like those in Iran, many sociologists around the world have studied it.

However, based on the research topics of social researchers in this field, the sociological approach to circumcision seems more influenced by issues rooted in other fields, especially medicine and politics.

Studies focused on the acceptability and impact of circumcision on health issues make up the bulk of research in this field. For example, Bailey et al. (2002) examined the acceptability of male circumcision for reducing HIV infection in Kenya's Nyanza Province. Scott et al. (2005) investigated the acceptability of male circumcision as an HIV intervention among a rural Zulu population. Maughan-Brown et al. (2014) explored incorrect inferences about male circumcision and HIV risk among men and women in Malawi.

Khumalo-Skutokwa et al. (2013) analysed socio-cultural barriers to medical male circumcision in rural South Africa. Moyo (2015) conducted a qualitative study on men's attitudes as a barrier to voluntary medical male circumcision in Zimbabwe.

These studies illustrate the dominance of medical perspectives in circumcision research in Iran, with a focus on the biological and health dimensions. The author argues that sociological work in this area has been limited by the presumption that circumcision is a natural, biological practice, rather than a social phenomenon with sociocultural aspects. However, the biological and medical aspects of circumcision could provide valuable insights for sociological research through a medical sociology lens. This would allow for more critical analyses of circumcision as a social practice, beyond its health implications. In summary, a greater focus on the social and cultural dimensions of circumcision—in addition to the biological factors—could advance sociological research in this underexplored area.

Sexual satisfaction is also one of the issues of interest to social researchers. In other words, the second approach that has always dominated sociological research on circumcision is its relationship with the field of sexual relations and sexual satisfaction, such as Kreiger et al. (2008) in a study entitled *Adult Male Circumcision: Effects on Sexual Function and Sexual Satisfaction in Kisumu, Kenya* and Casala (2002) in the study *The Effects of Circumcision on Male Sexual Function: Rejecting a Myth?* have studied this topic. Research in the field of circumcision has often focused solely on its mechanical aspects and its connection to sexual relations and satisfaction. However, this approach overlooks the social and multidimensional nature of circumcision. Sociological research, on the other hand, has the potential to study circumcision as a wider and more critical phenomenon. By examining the relationship between circumcision, sexuality, and sexual life, sociological research provides a more comprehensive understanding of this topic.

In addition to examples of this type, some other social researchers have used social research as a tool to promote or

reduce the impact of social policies. In fact, these studies have shown an ideological and conservative approach in some issues related to circumcision in a descriptive and non-critical manner. These include studies like *Adult Male Circumcision as an Intervention Against HIV: An Operational Study of Uptake in a South African Community* (Amslan et al., 2011), *Traditional Methods of Male Circumcision in the Koria Region of Northeast Tanzania and Their Implications for National Programs* (Vincent 2008), and *RACP's Strategy on Infant Male Circumcision is Flawed* (Morris et al., 2006).

Some researchers, like Vincent (2008), have examined the role of circumcision in the socialisation process. An interesting point in this regard is the rarity of critical research in this field, as in the searches of this research only the study of Helsten (2004) was found that with a critical approach examines the phenomenon of circumcision from the perspective of it becoming a fashion and its effects on public health and individual freedom. While such studies that examine circumcision in the process of socialisation, because circumcision is usually performed at a young age, have the potential to critically observe the dimensions of this act, circumcision, in relation to the phenomenon of childhood by drawing on more critical fields of sociology, including childhood sociology, Sociology of emotions, etc. In this way, circumcision is no longer examined merely from the perspective of causal and consequential factors, but with an interpretive-critical approach and the assumption of the child as an active actor is also subject to multidimensional analysis and criticism.

In summary, it seems that a subject like circumcision has not yet found its place in sociological studies and we cannot yet achieve an acceptable sociological understanding of this phenomenon within sociological theoretical frameworks and recognised. For this reason, in order to achieve a sociological understanding of circumcision, using some well-known perspectives close to this subject is necessary.

Sociological perspectives and theories can shed light on the study of human biology. Among the various perspectives in sociology of the body, sociobiological approaches are the most

accessible in understanding the phenomenon of circumcision. However, for a more comprehensive understanding of this topic, constructivist bodily approaches and integrated approaches, such as the actor-network perspective, may be more appropriate theoretical approaches. These approaches take into account the social, cultural, and historical dimensions of circumcision in addition to its biological aspects. It also seems that these can actually explain and analyse the phenomenon of circumcision as a social and multidimensional phenomenon within the framework of critical and discursive approaches and place it in a historical critique and examine its relationship with structures and mechanisms of power in a historical process.

Therefore, the sociology of the body, critical and discursive sociology, as well as the fields of medical sociology, sociology of sex and gender, childhood sociology, sociology of emotions, etc. can not only be very efficient in interpreting, explaining and analysing this phenomenon, causality and consequences, but also in the critical analysis of the mechanisms that shape it in relation to power structures and mechanisms. Subsequently, brief reports of some of these approaches are presented and during the text, references are made to each of the main and major fields mentioned.

The Evolution of Physical Sociology

In the thought of classical sociologists like Durkheim, the body was considered a concern for medicine or biology rather than sociology. In the communal society of the Kataki, the body is not something separate from the surrounding world, a world and a body that take their names from the existence of plants. In a communal society, there is no word for referring to body parts or the body itself. The collection of composite names that we call 'body' are borrowed from the realm of plants. Organs or bones, which we perceive as having the same concept, have names of fruits, trees, etc. in this society. There is no separation between the 'flesh and bone' of the world and the human flesh and bone. The plant matter and the human living matter are related in a way that gives life to many of the characteristics of the Kataki society. Even the name 'body' (karu) in this culture

is actually applied to a structure and essence that is used in the same way for other things. If the Kataki community's understanding of themselves and the world and things is committed to the unity and singularity of their primitive and national model, to the extent that they do not even have a 'name' to determine their individuality, the opposite point can be seen in Descartes' thinking, which in its entirety strives greatly towards achieving the 'rational me' to the extent that it inevitably leads to the separation of the 'body' from the existence of the thinker and rational. Thus, we are faced with an image on both sides of a spectrum, one of which is a representation of the poetical world of paradise, and the other is the first sacrifice ritual of the human body in the presence of reason. However, despite all the differences between the two sides of the spectrum, it is this 'bodiliness' that is transformed into the unique representation of humans in the world every time. In the interpretation and interpretation of the Kataki of themselves, others, and the world, this social and cultural relationship is based on committed and loyal connections to historical and tribal models that guide the understanding (Le Breton, 2021, p. 42).

Sociology of the body is a field that was seriously introduced by Michel Foucault in the second half of the 1980s, and later by Brian Turner. The aim of this field is to study the impact of the body on society and the impact of society on the body. Mary Douglas considers the body a cultural text that, in addition to reflecting the cultural values, occupations, and anxieties of a particular culture, also gives concrete expression to it. She explains how the body is represented in a particular culture and how it becomes a place for behavioural patterns and actions that represent society. Douglas believes that the social body constrains the way we understand the physical body, and what results from social body-physical body interactions is expressed in the body as a limited medium. In her view, our natural body is limited and shaped by the rules of society (Farzaneh, 2008). Therefore, the human body is an intermediary between the individual and the outside world. Human existence is initially characterised by a bodily manifestation. Different body parts do not have equal cultural

values, and cultural, religious, and social norms each target different parts of the body. For example, the face is more than any other part, the focus of social and religious norms, and the sense of personal identity is manifested more in the face than any other part. The genitals are the focus of religious, social, and legal norms, and circumcision is a subject of controversy among various institutions, and the normative human is in the centre of conflicts and decision-making (Mohseni, 1997).

Turner has an agentive approach towards humans and, influenced by Nietzsche and Heidegger, considers the human being as incomplete and vulnerable, which leads to their attachment to institutions and creation of cultures. His perspective on society is a transactional one between the individual and society, where the individual creates society. Therefore, Turner has a relational view of the connection between the individual and society, which he sees as embodied and vulnerable. In fact, according to his approach, circumcision is performed on the embodiment, which is the link between the individual and society. This important issue requires reconsideration and examination. From Turner's perspective, 'embodiment' encompasses both the physical and mental dimensions and sees it as a set of social processes in the cycle of individuals' lives. On the other hand, the expression of the contradictory position of the state, which is itself the greatest contradiction of the theory of the state and human rights, has been of interest to Turner because he believes that the power and politics institution can have contradictory consequences. According to Turner, there is an inseparable link between violence and the state and law, as 'the state is the only institution that has the right to kill humans and can be challenged in human rights issues, which can lead to further vulnerability.' He believed that given the instability and vulnerability of human institutions, a new formulation of human rights should be offered based on the general. According to Turner, individual awareness is influenced by physical dimensions, and awareness and body have a two-way relationship. Therefore, circumcision is also influenced by a practical action that is performed on the physical dimension and has a two-way relationship with awareness. On the other

hand, by examining the relationship between itself, society, and the body, it shows that the regulation of the body has become a fundamental political field. Circumcision is an example of cultural representation in the physical realm. He sought to re-establish a mutual relationship between ethics and politics from a critical position and believed that 'vulnerability, pain, and suffering lead to the strengthening of human connections and social cohesion and create empathy and emotional attachment,' but he considered ethical recognition as a prerequisite. In fact, Turner considers mutual recognition as a prerequisite for establishing any ethical relationship and believes that fear, coercion, hypocrisy, and forgery prevent the formation of ethics, and relationships should be free from any constraints and fears. Relationships that create a mutual action space around circumcision are accompanied by fear, coercion, and hypocrisy, as we have previously pointed out, which in itself will prevent the formation of ethics around this phenomenon. Recognition requires dialogue without fear and intimidation. Reflection and criticism should be present in the dialogues. Ultimately, mutual recognition and dialogue require the reduction of social and economic inequalities and the growth of universal virtues, including mutual respect, care, responsibility, and so on. In fact, there is a two-way relationship between universal virtues and human rights that can strengthen citizenship rights, all of which are analysable and explicable in relation to circumcision (Turner, 1994).

Foucault also believes in the connection between the body and sexuality, and that sexuality is a set of effects produced in the body, behaviours, and social relations through a complex political technology system. Circumcision is one of these effects produced in the body. Sexuality is a network in which the arousal of bodies, intensification of pleasures, stimulation of discourse, formation of knowledge, and strengthening of controls and resistances are connected to each other in a chain-like and in accordance with several knowledge and power strategies. The order of sexuality is considered as a knowledge and power element in the relationships of power to give importance and value to the body. The main enhancer of the

sexuality system is considered to be the body, which is seen as an element that produces and consumes, and is linked to the economy. Foucault sees one of the main concerns of the bourgeoisie as the possession of the body and sexuality. That is, to ensure the long-term forces, survival and reproduction of the body by organising the system of sexuality, and to confirm its difference and domination through this process. He believes that from the eighteenth century onwards, four major strategic groups (hysterisation of the female body, sexualisation of children, socialisation of reproductive behaviours, and psychiatricisation) have shaped specific knowledge and power systems around sex. Each of these strategies has included and used the way of sex of children, women, and men in their own way. With this approach and analysis, circumcision is a practical action that, based on the discussions mentioned in previous chapters, aims at the strategy of sexualising and socialising reproductive behaviours, and follows it.

Foucault discusses the sexualisation of children in the sense that children are perceived as instinctively sexual beings whose inappropriate sexual behaviour, which carries physical, moral, and individual risks, should be controlled by parents, families, coaches, and doctors. In fact, based on the discussions mentioned, circumcision is considered as an example of this sexualisation of children, which has always been initiated to prevent inappropriate sexual behaviour in the future, which carries physical, moral, and individual risks, by limiting and controlling sexual needs. The responsibility for this act (circumcision) has always belonged to parents, families, and circumcisers in the historical process and has been entrusted to doctors in modern times. Foucault also emphasises the socialisation of reproductive behaviours, which refers to the economic socialisation through stimulating or inhibiting or tax measures on couples' fertility and the political socialisation through accepting responsibility for the whole social body by couples. As we mentioned in previous chapters, one of the concerns of circumcision is related to fertility and population control, which, according to Foucault's analysis, circumcision is considered as the socialisation of reproductive behaviours and focuses on economic and political socialisation.

Foucault considers the nineteenth century onwards as a field in which the emergence of medical and psychiatric technologies replaced previous methods, such as guidance and conscience testing, for controlling sex and the body. This process has also been true about circumcision as an act that controls the body. As we described in previous chapters, religious approaches and mechanisms of power initially legitimised circumcision as an act on the body and its control, while in the current modern era, medical and knowledge-based approaches have given it legitimacy more (Foucault, 2005).

Anthropologists such as Evelyn Reed and Margaret Mead agree with Michel Foucault that the human body is not merely a biological or medical concept, but rather, it is evaluated from various dimensions such as economic, religious, artistic, political, legal, military, cultural, class, gender, and so on when humans enter the realm of interactions and collective living. From a social perspective, it becomes the arena for gender, racial, and class discrimination, from a political and legal perspective, it becomes the arena for protest, torture, and execution, from an artistic perspective, it becomes the arena for decoration, painting, ceremonial decorations, and so on, from a medical perspective, it becomes the arena for necessary or unnecessary surgeries for beauty and so on, from a military perspective, it becomes the arena for war, militaristic power, and casualties, from a religious perspective, it becomes the arena for worship, martyrdom, religious rituals, commanding good and forbidding evil, and so on, from a cultural perspective, it becomes the arena for symbols, customs, beliefs, lifestyle, and from an economic perspective, it becomes the arena for work, unemployment, and livelihood. However, in comparison to the intellectual and analytical approach of these thinkers, circumcision is not merely a biological or medical concept, but rather, if we consider this act in the realm of interactions and collective living and see it in the field of society, it can be considered from a religious perspective as the arena for religious rituals, from a cultural perspective as the arena for symbols and customs, from a medical perspective as the arena for non-essential surgeries for

beauty in rituals, and from a social perspective, it becomes the arena for gender discrimination.

Despite the aforementioned theoretical realities, it is possible to analyse Marx's theory on the subjugation of working-class bodies to machines in the process of technological expansion related to capitalism and how the rationalisation of the body occurs in despotic systems by considering the fundamental roles of consciousness and language as social control components. This can be seen as an indirect attention to the body in classical sociological theory, similar to what has been mentioned in the analyses of Max Weber. At the same time, social theorists have conceptualised the body both in relation to the 'human agent' and in connection with 'sociocultural practices.' The experience of the body and its management is an integral part of the material that shapes social life and social theory. Some of the abilities of humans to communicate with each other and to experience common needs, pleasures, and sorrows are based on the common possession of a body. In fact, a complete understanding of collective agreement, institutional construction, and unique relationships is only possible when combined with an understanding of 'embodied structures' (Fahehi and Ekhlasi, 2010). However, circumcision, as a ritual act on the body, while historically providing a common ground for social humans through shared experience, understanding of collective agreement, and institutional construction, has always had a contradictory function and has also been a factor for differentiation and distinction. The binary division based on circumcised and uncircumcised bodies has always provided the conditions for the expulsion and incorporation of humans in the historical process, and in this process of expulsion, religious discourse, along with other discourses and, of course, more powerful than them, has played a significant role and legitimised this matter.

After the 19th century and the link between diet and nutritional sciences, the rationalisation of the body became associated with human science. In modern rationalisation, the body is assumed to be a profoundly sexual phenomenon that must be organised to correspond to the efficiency of new social

systems. Despotic systems are effective factors in controlling the body, determining the quality or quantity of work on the body, regardless of the physical needs of the workers. Bureaucratic organisations place greater control over women's bodies compared to men's bodies because women are expected to keep their menstruation, pregnancy, and menopause hidden through management. In late modernity, global systems place individuals at risk of technological and environmental hazards outside their social position and create the groundwork for 'globalising the body' (Turner, 1987, p. 123).

The increasing growth of the elderly population in Western societies and its economic implications on social policy, retirement, healthcare prevention, and housing has become one of the effective factors in focusing on the body. Additionally, the sociology of the body has focused on examining the social definition of the body in relation to concepts of youth and old age. These concepts carry symbolic values in consumer culture. In consumer culture, value is attached to young and attractive bodies with sexual appeal, while older bodies experience a decrease in symbolic value. Veblen also considered beauty as useful and a symbol of status, and distinguishing between 'utility' and 'waste' where beauty and gaining honour are intertwined, is a difficult task (*ibid*, p. 159). Following Veblen's approach, circumcision is also a beauty-based practice that has always been useful and designated as a symbol of masculinity. Since circumcision has mixed beauty with gaining honour in practice, distinguishing between utility and waste has become difficult.

Constructionism¹

In social constructionism, the body encompasses social meanings that are limited and created by society. The common feature of structuralist perspectives is opposition to analysing the body as a biological phenomenon. Thinkers such as

¹ This section is a summary of the article 'The Discourse of Body Sociology' by Fatehi and Ekhlas (2010).

Rosenburg, Cooley, Mead, Goffman, Foucault, Douglas, and all supporters of symbolic interactionist theories can be identified and demonstrated under the constructionist approach, which will be discussed later in this article.

Symbolic interactionist theory studies social phenomena from a particular perspective and emphasises active human beings instead of passive ones. It considers humans as thinking beings who have the power of choice and interpretation, and when faced with a situation, they interpret it and then act based on their interpretation and analysis. This approach emphasises the social interaction between the individual and society and the consequences of this process (Niazi and Mortazavi, 2015, p. 2).

From the perspective of the symbolic interactionist school of thought, which presupposes assumptions such as the active human being (a thinking being with choice), circumcision as an action that is imposed on the human body, especially during childhood when the person is assumed to have no awareness or choice, is contradictory. This is because the child, as a human being, when faced with the act of circumcision and his body being manipulated, interprets this act based on the emotions it evokes in him. These emotions can be shame, fear, powerlessness, hatred, and so on, and of course, those who perform such an act on him experience emotions such as honour. Based on what we have discussed in previous sections, the result is that the circumcised individual can experience conflicting emotions such as fear, shame, honour, and so on in the interactive process that takes place through the act of circumcision and its ceremony, and these emotions can affect his future actions and shape his growth process.

According to Cole, the mind is not just a biological and physical phenomenon, but rather a phenomenon that takes shape, develops, and becomes richer in the process of individuals' social experiences. Based on this perspective, the male mind is shaped and developed by circumcision as one of their most significant social experiences. This experience can create various and sometimes conflicting beliefs in those who experience it and can be very important in constructing their minds. According to Cole, the 'self' is the internal aspect of

personality and the centre and focus of the mind. The self is a part of the mind that seeks to reflect its own 'self-mirror' responses to other people, while the 'actual self' is entirely social and dependent on social coercion, moral laws, and the expectations of others. Circumcision, as an act based on social coercion, moral laws, and expectations of others towards an individual, is an important experience that has shaped the actual self of circumcised men, which is entirely social in nature. Cole's concept of the self-mirror or self-reflection is composed of three essential elements.

- 1 In what way do we appear to others, in terms of our physical presence and appearance?
- 2 How do others perceive us or make judgments about us based on our presence?
- 3 What kind of self-awareness, such as pride, vanity, or contentment, generates a particular feeling about ourselves, a feeling of pride or disappointment?

It seems that circumcision is one of the experiences that plays a significant role in the emotional process of a child, meaning the feeling that a person finds within themselves, which is the same self-awareness that is one of the three essential elements of Cole's concept of self-reflection or self-mirror. Based on what we have previously mentioned, circumcision creates a sense of masculinity pride and festive joy, and at the same time, shame, fear, and sometimes even honour for the child who undergoes this procedure.

According to Cole, the self is formed through a dialectical relationship between the individual and society during a social apprenticeship. With this approach, circumcision is seen as a social apprenticeship that creates a dialectical relationship between the circumcised individual and the beliefs of their society, shaping the individual's concept of self. From Cole's perspective, the empathic understanding of human motivations and sources of action involves putting oneself in the place of the actors. Empathic introspection is a method for examining and analysing the awareness and understanding of meanings, emotions, and motivations of social behaviour. Therefore, circumcision should be considered as a human action from a sociological standpoint, and to comprehend it,

one needs to put themselves in the place of those who undergo this procedure, i.e., circumcised children, and practise empathic introspection to achieve a deep and multidimensional understanding and analysis of their social behaviour (Cooley, p. 7–8).

According to Mead, the ability to respond to oneself, in the same way that a person reacts to others, is a necessary condition for the development of the mind within the framework of a social apprenticeship. In this sense, the self is not like an objective reality, but rather a conscious apprenticeship that has various dimensions.

- 1 It is necessary for the mind to develop through social learning that includes being able to respond to oneself as if one were interacting with others or a particular situation
- 2 One of the dimensions of conscious apprenticeship is the capacity to engage in personal conversations with other people.
- 3 Being able to recognise and understand what someone is communicating, and then use this understanding to determine what should happen next, is a crucial ability for individuals to possess.

This construct is not a pure mental construct and is obtained through social apprenticeship. In this regard, language plays a fundamental role, as it enables us to interpret and use meaningful oral symbols. In fact, Mead emphasises the importance of language and social apprenticeship in the construction of the 'self', which are seen as two elements or factors that are involved in the process of circumcising individuals or creating circumcised individuals. Mead considers society more as reciprocal action patterns. Circumcision is one of the reciprocal action patterns that, together with other reciprocal action patterns, constitutes the concept of society. The importance of Mead's view of society lies in the fact that it considers society as prior to the individual and views mental constructs as arising from society. This priority of society over the individual is also evident in the experience of circumcision, as the individual often undergoes

the procedure without questioning it. In fact, in line with this approach, circumcision is considered one of the common constructs of social actions. Mead believes that society emerges through common constructs of social actions - interpersonal relationships and exchanges between individuals who are mutually inclined towards each other (Mead, p.11-12).

Rosenberg also defines the concept of self as follows: the community of emotions and thoughts that an individual has in reference to themselves as a tangible entity. Thus, the concept of self, while being a part of the self and even a smaller part of the overall personality of the individual, is of extraordinary importance. Beliefs related to the self are considered individual reflective approaches; that is, the individual is both the subject and the object in this context. Circumcision, both because of its violent nature and its association with childhood, plays a significant role in the emotions and thoughts of circumcised individuals in the process of referring to themselves as a tangible entity. This action also shapes a part of the individual's beliefs related to themselves. Therefore, it is highly significant and should be reconsidered.

Rosenberg distinguished between self-image, ideal-self, and self-esteem. Self-image is the picture we currently have of ourselves. Ideal-self is the picture of what we want to be. Self-esteem is the value we place on our self-image and abilities. Rosenberg realised that the concept of self-esteem comprises a set of desirable motivations and goals for the individual. Two motives are superior to all other motives: first, the motive of self-respect or the desire to think well of oneself, and second, the desire for self-continuity or the desire to preserve the self-image we have against change. Circumcision in fact impacts both motives that make up Rosenberg's concept of self-esteem. Since this act is experienced as an important experience during an important period, usually childhood, it impacts both the motive of self-respect and the desire for self-continuity. The same effects that circumcision has on individual motives, which we mentioned, make critical thinking about it necessary. (Ibid., 15 and 16).

According to Goffman, social positions provide a 'natural theater' in which bodily performances are enacted and

interpreted. By proposing the notion of 'presenting self' and investigating social interaction in terms of 'backstage', 'on stage', 'private space' and 'public space' corresponding to them, Goffman explores 'corporeality'. From his perspective, bodily agents try to attract others' attention to themselves through social signalling techniques. These bodily agents are the embodiments of manner and status that are interpreted by other actors (Turner 1987, p. 123). From Goffman's view, circumcision is considered one of the social signalling methods through which bodily agents try to attract others' attention to themselves by undertaking and undergoing this act, and at the same time this act is a signifier of character and status based on masculinity that is always interpreted as such by other actors.

From Foucault's perspective, power relations have a direct attachment to the body, such that the body is always subject to investment, marking, and disciplining and is pressured to perform tasks, participate in rituals, and emit various signs. Also, techniques of the self refer to the methods that individuals use through them to achieve a sense of satisfaction on their own bodies and individuals, influenced by dominant social, political, and cultural discourses, shape their bodies, according to them. The socially constructed selves are embodied and incarnated that result from the methods of categorisation, body management, and disciplining it. Physical features of the body grant individuals power of persuasion and individuals use them for investment (Zakari, 2007: 124). In fact, with regard to the Foucauldian approach, the act of circumcision is considered one of the most important techniques of the self in gender with this difference that this act is a method that individuals' bodies are manipulated through it, not through themselves but through others, and these bodies as objects and influenced by dominant cultural, religious, social, etc. discourses are subject to power through the act of circumcision. But circumcision is also considered as a sign on the appearance of the body and—as we discussed in previous chapters—since it has legitimacy in the religious discourse space, it grants individuals power of persuasion and individuals use it for integration into divided groups

(circumcised and uncircumcised). The body in the course of power is reproduced and institutionalised as discourse. Knowledge-power establishes a process through which the body itself identifies itself as an object. Self-monitoring is a process in which subjects as active and conscious members comply with concepts such as public health with medical tests. In this case, the boundary between private and public concepts is damaged. Individual health is not a personal issue, but a social matter that many institutions are obliged to monitor. Individuals as civil citizens or obedient not only do not resist these monitors, but consciously comply with them. Foucault considers the aim of these efforts as monitoring the body (Nettleton, 1998: 78). In fact, the act of circumcision in accordance with Foucauldian concepts is an example of the most important of these monitors on the body. As the course of research and behavioural trend of citizens in the modern world shows, individuals as civil citizens or obedient not only do not resist this monitor, but without questioning it and contemplating on why this act comply with it, such that it seems that the act of circumcision is not a personal issue, but a social matter that has always been many institutions' obligation including the most important of them namely religious and medical institutions and of course customary and cultural ones in historical course not only to monitor it but also to legitimise it.

Mary Douglas regards the body as a cultural text that reflects and gives objective expression to the cultural values and preoccupations and anxieties of a specific culture. She clarifies how the body is represented in a specific culture and how it becomes a site for behavioural modes and acts that signify society. Douglas believes that the social body constrains the way the physical body is perceived and what results from the interaction of the social body with the physical body is expressed in the body as a limited medium. According to her, our natural body is limited and shaped by the rules of society (Farzaneh, 2008: 56). She emphasises how institutions knot in structures analogised to the body and considers their social functions in relation to the moral management of the body' and their reproduction. Despite the bodily commonality of

humans, social conditions and body-based symbols, which are used to express various social experiences, are different from each other. Douglas considers the body as a symbol of society. She states that the body is the most accessible image of the social system and specifies the existence of similarities between common ideas about the body and prevalent beliefs about society. Various groups in society accept approaches about the body that are consistent with their social basis (Fatehi and Ekhlasi, 2010: 16).

In fact, with Douglas's approach, circumcision is a concrete and very important example that shows how the perception of the physical body is constrained by the social body. In other words, the act of circumcision results from the interaction of the social body with the physical body and circumcision is one of the rules of society that shapes and limits our natural body and its needs and process. As we mentioned in the previous chapter, the religious institution, through its approach to the circumcision of men as a moralisation of men's bodies, shows that institutions have social functions in relation to moralising the body and reproducing it. So the act of circumcision shows that the body is a symbol of society and an accessible image of the social system. Circumcision is an example of the similarity between the common social ideas about the body and the prevalent beliefs about society.

The Hybrid Approach

The hybrid approach seeks to answer the question of what the body is by emphasising its projectivity. 'Projectivity' of the body means that its appearance, size, shape, and even contents are potentially open for reconstruction according to the plans of the body owner and that the body is a physical phenomenon that is not only influenced by social systems, but also creates them by shaping the basis of social relations. (Fatehi and Ekhlasi, 2010). The relationship between the body and the structures, systems and social relations is not a one-way relationship that is merely constructed by them, but also has a role and an impact in their construction. In other words, these two, namely society and the body, are in a constant interaction and a reciprocal and mutual influence relationship with each

other. Hybrid approaches, while acknowledging the role of the body in shaping social structures, do not reduce the existing inequality in social relations to the biological body. Elias, Bourdieu, Giddens, and Jürgen Habermas are among the most well-known proponents of hybrid approaches (*ibid.*).

According to Elias, social and natural processes intervene in the development of the body through learned or unlearned human capacities. Linguistic abilities and awareness are limited by the body. According to Elias, over time, more dimensions of human behaviour are considered as inappropriate behaviours and are taken to the 'backstage' of social life, and as a result, the threshold of shame for bodily activities increases in people. In this way, Elias accepts a developmental approach to the body and considers the changes in the physical and emotional appearance of the body as a result of civilising processes in individuals and society (*ibid.*). In fact, according to Elias's developmental approach to the body, circumcision is an act in the body that, as a result of civilising processes and influenced by them, has changed in terms of shape and style of performance and even social and cultural style of thinking towards itself.

Bourdieu considers the body as a symbolic carrier of social norms. According to him, the social order is the order of bodies and social requirements affect the bodies symbolically and physically (Christine, 2006, p. 71). Bourdieu emphasises the possibility of gaining knowledge through the body. In this regard, when the 'dominant subject' is not present, the socialised body is the real agent of practical knowledge of the world. He uses the concept of 'physical capital' to explain the relationship between physical characteristics and other forms of capital (Zakai, 2007, p. 124). Bourdieu considers 'bodily capital' as a cultural source invested in the body. The production of 'physical capital' depends on the development of the body, which makes it a carrier of value in social fields. The body is an 'unfinished essence carrying symbolic values' and its expansion is necessary to maintain social inequalities. Based on this approach, circumcision is also a symbolic value that the body carries and has always been a factor for maintaining social inequalities by creating a distinction between

circumcised and uncircumcised people, who have been influenced by religious, medical, cultural, social, and other discourses. In this way, subordinated people express their social inferiority by marking their bodies with involuntary bodily movements and internal modesty. Sexual identity shapes the relationship between the individual and his/her body, which can be seen in cases such as gestures, walking style, and polite movements. In addition, people's position in society determines their 'tastes'. The signs of life represent the specific mental images of the social group, its relative position in society, and its will to replace in the spectrum of power (Fatehi and Ekhlesi, 2010). But the shape and style of circumcision and even its ritual vary among different social groups, as we mentioned in the anthropological discussion about the beliefs and practices of some minorities and social groups in this regard. Therefore, this shape and style determine the tastes of each of them, which indicates their position and is one of the signs of life that shows their specific mental images and relative position towards objectivity, which is experienced by power structures while giving way to circumcision.

By looking closely at these lines, several issues seem important that will be discussed in the following sections on the right to body, property rights, euthanasia, and voluntary death under the title of 'right to body' from the perspective of psychology, sociology, and anthropology. The subject of the body is a topic that has been discussed in various forms in pre-modern thoughts, especially in religious and Christian theology. In these thoughts, the body is often seen as a negative element with the potential for sin and wrongdoing and is considered an obstacle to the elevation of the soul, which, of course, differs from circumcision in that other religions, including Judaism, have a thought based on cleansing the body and purifying it from sin through circumcision. In such a way that uncircumcised people are considered impure and unclean people who are deserving of being expelled from the social group in certain situations.

In postmodernist thoughts, body management, individuality, property rights over the body, and voluntary termination of life

and body are among the essential issues raised. The discussion about human ownership of his/her body has always been accompanied by ethical, religious, cultural, and medical challenges. Nowadays, with the dominance of postmodernist thought, which is based on body management and human ownership of his/her body, it is time to question even circumcision of children, who are defined as active and conscious agents from the perspective of the new sociology of childhood, which is an example of denying management over the body and human ownership of his/her body with the assumption that children are passive under the protection of adults due to their inability and ignorance. Of course, questioning this act—as we see in this study—will be accompanied by ethical, religious, cultural, and medical challenges that have always prevailed. In fact, male circumcision is more than a collective choice of people; it is an objective matter that stems from the social-historical situation.

Giddens, a well-known theorist of structuration theory, attempts to go beyond the dichotomy of action and structure. He sees them as two sides of the same coin. His aim is to reconcile the structure, on the one hand, and the will and autonomy of actors on the other. He argues that social structures are created by the actions of actors, while also being the tools and means of those actions. Though he considers the individual the ultimate goal, he acknowledges that people depend on others for social interaction. The basis of Giddens' theory is not the experience of the individual actor or the existence of any social totality, but rather social practices that are organised in time and space. He sees human actions as transforming the external world and social relations, and as having the power to intervene in the social world. In this way, he links the concept of action to power. He considers structures as both the means and product of the agency. In other words, he describes structures as similar social actions that only exist through the activities of actors. A social system, for him, is a collective of reconstructed social actions and relations between actors. He sees social interaction as influenced by three basic elements: meaning, moral order (norms), and power relations. For Giddens, the production of social interaction is a

meaningful phenomenon based on the duality of understanding communicative intentions through language and norms, which both limit and enable possibilities. And he relates this to the concept of structuration (Amiri and Towheedfam, 2009: 84–86).

From Giddens' perspective, circumcision can indeed be seen as a social interaction in which the actor is the ultimate goal, yet the possibility of this act depends on his/her reliance on others. For Giddens, the act of circumcision is part of social practices that have always been organised over time and space in a historical and cultural process. With this view, circumcision is seen as an action with power. In fact, the social act of circumcision only exists through the activities of actors as players and the relations between them. Circumcision takes place in an interactive context influenced by the basic elements of meaning, moral order (norms), and power relations that were discussed in previous chapters.

However, Jurgen Habermas also seeks to combine the worlds of system and lifeworld by linking a more everyday world in which actors interact and reach understanding on various issues, and the wider social system and its subsystems. He believes knowledge is not only gained through experience, but is determined by concepts and categories in the mind even before experience. For him, the lifeworld provides members with a shared capital of cultural knowledge, socialisation patterns, values and norms as a productive source for communicative actions that are reproduced from the beginning. He sees the lifeworld as the foundation of worldviews and a set of accepted definitions and concepts that give coherence to our daily actions and relations, determining the horizons of our practical and social consciousness. In the lifeworld, the dialectic of cultural and moral processes and awareness, on the one hand, and economic and social rationality on the other becomes apparent. With the rationalisation of the lifeworld, critical evaluation gradually replaces the dogmatic elements of tradition, enabling more rational understanding. He calls interactions mediated by language communicative actions aimed at mutual understanding, calling this an ideal speech situation which

results in consensus achieved through better arguments rather than coercion. In a nutshell, Habermas seeks to combine system and lifeworld by linking the everyday social world of actors with the wider social system, seeing the lifeworld as providing cultural resources for communicative action and understanding (Ibid., p. 88–90).

Based on Habermas' perspective, it is clear that the acquisition of knowledge about circumcision has not only come from experience, but has been influenced by concepts and categories in the social mind (social consciousness) even before the individual undergoes the experience of circumcision. In fact, circumcision is a shared capital of cultural knowledge, socialisation patterns, values and norms that the lifeworld has provided for us as members to enable communicative action between us through which the dialectic of cultural and moral processes and awareness on the one hand and economic and social rationality on the other become apparent in this lifeworld. As the aim and approach of this study shows, with the rationalisation of the lifeworld, critical evaluation of the practice of circumcision gradually replaces the dogmatic elements of tradition that supports it and better rational understanding seems to become possible through the ideal speech situation which we seek in communicating about the practice and issue of circumcision, conditions for consensus arise through better arguments rather than coercion. In summary, from Habermas' perspective, circumcision has been shaped not only by experience but by the social and cultural meanings, norms and rationalities that structure the lifeworld, enabling communicative actions and understanding. Critical evaluation of circumcision may arise through the rationalisation of the lifeworld and ideal speech situation.

Each person symbolically has two bodies: the individual body (physical and mental) that is shaped at their birth, and the social body that develops and takes shape in a specific society and culture throughout their life and growth. (Helman, 2018)

Therefore, the body conceived outside of society and abstractly does not exist and since human knowledge changes from

generation to generation, the conception of the body also develops in line with social changes.

Moving on to the topic at hand, circumcision can then be seen as shaping the social body in important ways through certain social and cultural meanings, norms and practices. The body undergoing circumcision is both individual and social, physical and symbolic. Circumcision signifies the incorporation of the individual into particular social and cultural configurations that give meaning to the body in specific ways. The conception and experience of circumcision is thus inextricably linked to its social and cultural context.

Psychological Approaches¹

Providing a concise report of the psychological perspective on circumcision, while not as difficult as work in sociology, does not seem readily accessible. Psychology, due to its primarily empirical and clinical approach to subjects of study, should have more findings in comparing to sociology in examining a phenomenon like circumcision. But a review of the theoretical literature in this field shows that the psychological encounter with the phenomenon of circumcision does not have very solid theoretical connections and inevitably we have to resort to theories that do not seem to have a direct relationship with the subject and ultimately we have to derive theories from them. For this purpose, the bodily image that psychological approaches have offered seems somewhat useful.

This approach has notable points of commonality with the symbolic interactionist and social reflective approach, as it is close to social psychology. However, pathological studies are considered the most important part of psychological studies of circumcision and a meta-analysis of these studies can provide a clearer picture of the psychological approach to circumcision.

In this section, first a brief report of the various theoretical

¹ The contents of this section are largely adapted from the article 'Body Image in Psychological Perspectives and Schools of Thought' by Seyed Abulfazl Mousavi et al., published in 2016.

perspectives presented about the bodily image will be presented and then an attempt will be made to provide an image of psychological efforts to examine the psychopathology of circumcision.

The psychological perspective on body image

Body image or what is called self-concept is one of the fundamental subjects in psychology. Psychology has offered different perspectives of body image, among which psychoanalytic, cognitive-behavioural, body schema, discrepancy from ideal self, and behavioural-evolutionary theories are more important than others. A brief review of these perspectives is presented below.

Psychoanalytic Perspective

Body image is the image we have of our outward appearance, an inner perception of the outer self. The body and its mental representation are the basis of self-perception. Freud conceptualised the 'I' or bodily self as the most primitive and formative self. For Freud, the bodily self refers to a combination of psychological experience of bodily perception, bodily functioning, and bodily image. Freud considered bodily drives and events as the basis for organising cognitive experience and envisioning the bodily self and bodily forming experience behind cognitive ideals to the extent that until Freud, psychoanalysts considered the body consonant with the unconscious (Raygan, 2006).

There is a belief among many psychoanalysts that some patients who are not in harmony with their emotional world may not have a comprehensive scrutiny of their bodily self and psychological self and use their bodies as narrators of what words lack the ability to express. This 'self' experience is constant, though not equal, lacking independent existence, and non-abstract. But it is a reality that gains validity in relation to the person's connectivity with regard to time and space. In general, body image in psychoanalytic and evolutionary perspectives is functionally defined as mental representations of the bodily self. These representations are not limited to visual images (like the individual's image in the mind), but

include the schema of all sensory input that has been internally and externally aroused or in fact experiences that have increasingly manifested in the range of psychological evolution.

Paul Schilder presented a three-dimensional model of body image in which, in addition to the two sociocultural and physiological dimensions, he also regulated the libidinal structure. Schilder was deeply interested in the relationship between mind and body and his dynamic framework was also for discovering the interaction between central nervous system disorders and physical and mental. The three dimensions he proposed refer to the psychological basis of body image, the libidinal structure of body image and the sociocultural body image. Schilder defined the psychological dimension of the body in which the body is perceived as an independent normal entity, which is demonstrated through physical pain experiences. Since circumcision is an example of physical pain experience, it therefore plays an important role in building the psychological dimension of the body from Schilder's perspective. The sociocultural dimension refers to the undeniable influence that cultural beliefs have on felt bodily realities. Since circumcision is influenced by cultural beliefs, it is therefore important in building the sociocultural dimension of the body from Schilder's perspective. Different societies influence different cultural constructions, so the felt bodily realities in each of them differ. Different societies are assumed to have different perceptions of the body's capabilities and its relationship to psychological experience. The libidinal dimension refers to the body experience as a matter of interest and felt reality. Circumcision is a bodily experience presented as a matter of interest, so it also has a place in the libidinal dimension of the body from Schilder's perspective. This dimension involves conscious and unconscious levels of experience. Schilder considered these three dimensions separately, though each has its own logic. He tends to express aspects of these dimensions in human experience. Schilder referred to the psychoanalytic understanding of body image. He expanded Freud's description of embodiment through dynamic structural thought and sees psychoanalytic

ideas as a tool through which he understood why some perceptions are directed towards the background of consciousness (Hanley, 2004). Schilder's theory carefully explains psychological and physiological relationships. As a result, the theory reflects the impact of each of neuroscience and psychoanalysis, but differs from both of them because its focus is on dynamic bodily and mental activity, which allows Schilder to think about change in the central nervous system and mental experience as a unique event (Ibid.).

Body Image From a Cognitive-Behavioural Perspective

We perceive our body as a psychological phenomenon through a multi-dimensional set of cognitive organisations. Visual imagery is probably the first tools of thinking and information processing. Circumcision, as one of the most important of these visual imageries, especially at an important stage of one's life like childhood, is considered the first tool of thinking and information processing and acts accordingly.

What is certain is that throughout life, the body plays an important role as an image. This image is not limited to visual images, but is composed of schemata of all sensory perceptions that are internally and externally inferred, and of experiences that are processed and envisioned in a mature psychic system. In fact, the virtual body is not static, but grows as part of a dynamic process through which we try to organize and understand our experiences. The individual experiences his body through two multi-dimensional cognitive structures: one is the body schema, and the other is the body image.

Body Image in Schema Theory

The body image as an important cognitive self-representation is closely related to the sense of self. The concept of the 'self' schema refers to Marcus' cognitive representations of an individual's organised self-information. The self-schema is an organised cognitive structure about the self that develops based on one's past experiences and affects incoming and outgoing information related to the self.

The self-schema, as much as it includes one's general

representations based on one's self and others' evaluations of oneself, also incorporates one's cognitive representation resulting from specific events and situations. The self-schema provides an organised approach for processing information and leads individuals to describe themselves and others using schema information (Marcus, 1977). In fact, with this approach, circumcision as one of the most important past experiences that typically occurs during the important childhood and adolescent period, through its impact on incoming and outgoing information related to the self, will have a role and contribution in building self-schema and affect one's cognitive organisation about the self.

The body image, as an important cognitive representation that the individual exhibits, is closely related to one's sense of self. The concept of the 'self' schema refers to Marcus' cognitive representations of an individual's organised self-information. The self-schema is a cognitive organisation regarding the self that develops based on one's past experiences and affects incoming and outgoing information related to the self. The self-schema, to the same extent that it includes the individual's general representations, which arise from their self-evaluations and others' evaluations of them, also encompasses their cognitive representation resulting from specific situations and events. The self-schema provides an organised approach for processing information which leads individuals to describe themselves and others using schema information (Marcus, 1977). In fact, with this approach, circumcision as one of the most important past experiences, which usually occurs during important periods of childhood and adolescence, will have a role and contribute in building the self-schema and affect their cognitive organisation regarding the self through its impact on incoming and outgoing information related to the self.

The concept of body schema is crucial in understanding body image and its relationship with cultural and social factors. According to Hed, body schema is not merely a mental representation of one's body but is also an integral part of the body itself, shaped by cultural and social effects. A weak body image often reflects a distorted or negative body schema

resulting from such influences. To comprehend why some individuals are more affected by these factors than others, it is important to recognise that body schema develops during childhood and is influenced by a variety of experiences and attitudes. To study body image effectively, a behavioural-cognitive approach provides a logical framework for identifying the thoughts, emotions, and behaviours associated with changes in appearance. This approach highlights the interaction between previously developed beliefs and current situations, thoughts, and events affecting an individual's body schema. By considering these factors, the approach can reveal both expected and unexpected effects on body schema, leading to theoretical strategies for growth. Circumcision, as a practice deeply rooted in cultural and social beliefs, is one such factor that can have a significant impact on an individual's body schema and body image. The act of circumcision, experienced during childhood and adolescence, may leave a lasting impression on an individual's self-image and contribute to the maintenance of their body schema. By acknowledging the impact of circumcision and other similar practices, we can gain a deeper understanding of the complex and multifaceted nature of body image and its relationship with cultural and social factors.

In reality, every bias has the potential to influence how individuals evaluate and value information, and in turn, to shape their body image. This perspective suggests that circumcision is one of the most powerful biases that can constantly steer individuals towards particular evaluations or values of information, and thus have a significant impact on their body image. By acknowledging the role of circumcision and other biases, we can gain a deeper understanding of how social and cultural factors shape body image and how they can be addressed to promote positive body image and well-being.

Behavioural-cognitive perspectives provide the best evidence for the transformation and alteration of disturbed body image. In the cognitive-social theory of Bandura, the body is experienced as a multidimensional cognitive structure, consisting of mental representations that are not fixed but expandable through experience. Therefore, body image

changes based on internal, external, and contextual factors, circumcision being one such experience that has multiple dimensions and is considered both an internal and an external contextual factor influencing body image and its changes. External contextual factors include social realities, such as expectations and judgments that an individual perceives others impose on them. On the other hand, there is the behavioural structure that reflects both cognitive representations and effective influences on body image. Circumcision, in fact, is regarded as a social behaviour that defines the level and content of cultural beliefs in a society and influences individuals' body image through their cognitions. The rational-emotive model of Ellis can clarify how behaviours and cognitions create body image. At first, 'A,' which is an activating event, leads to 'B,' which is a self-talk thought that triggers 'C,' an emotional response dependent on the situation, which creates anxiety. Cognitively, disturbed body image and body image dysmorphic disorder are experiences of irrational thoughts, unrealistic expectations, and faulty comparisons (Mousavi, 2016).

Body Image According to Ideal Self-Distance Theory

Multiple researchers use various criteria to measure body dissatisfaction, which involves comparing an individual's ideal shape and appearance with their perceived or actual size. Therefore, individuals' tendency to compare their current body to the body they desire can be interpreted as a cause of dissatisfaction with their body size, shape, or appearance. This comparison has been observed in the practice of circumcision and the comparison between circumcised and uncircumcised men throughout history, which could always lead to satisfaction or dissatisfaction with the size, shape, and appearance of their genitalia and, in some cases, the entire body, and can have a significant impact on their feelings. According to Silberstein, Striegel-Moore, and Rodin, this disturbance leads to abnormal dissatisfaction with body image. However, further research is needed on this theory, as most studies have been correlational, and there is no compelling reason to justify the conclusion that comparing body size to a learned ideal size among women is the cause of their severe

and excessive body image concerns (ibid.).

Body Image in the behavioural-developmental theory

There are numerous theories in the field of body image. Heineberg believes that these theories can generally be divided into two categories:

- A) Theories that focus on the perceptual aspect of body image;
- B) Theories that illustrate the cognitive aspect of body image.

Perceptual theories of body image focus on how an individual perceives the coordination of their body image with their actual size. Cognitive theories of body image illustrate what an individual feels about their body or its parts and are often examined with non-clinical preference. Cognitive theories can be divided into developmental and socio-cultural theories (ibid.).

Psychological pathology of Circumcision

The psychological and emotional consequences and effects of circumcision are a subject that has been studied by numerous researchers around the world, including the study by Shine and colleagues in 2003. These researchers have examined the psychological implications of circumcision in various articles. According to these researchers, performing circumcision on boys in Turkey to achieve a masculine identity is essential. In contrast to Western societies, where boys are circumcised in infancy, in Turkey, this practice occurs at older ages, which can have psychological effects. Even a circumciser, who may be a surgeon or a traditional practitioner, can have an impact on the child's health due to their performance. For this reason, these researchers developed a questionnaire that parents of 1235 children under sixteen years of age completed during interviews at the Children's Clinic of Gaziantep University and ten primary healthcare centres in Ankara to gather information about circumcision in this country, including the timing of this important event, circumcisers, reasons for its occurrence, and the relationship between this practice and fathers' feelings

during circumcision. According to the findings of this study, the average age of circumcision in this country is six years old, and only 14.8% of children were circumcised before the age of one. The main reason for continuing the tradition of circumcision was estimated to be religious and cultural, and only 15.2% of families considered the medical benefits of this practice to outweigh its traditional roots. In 13.3% of cases, traditional circumcisers performed the procedure, and many fathers who could recall their own circumcision experience admitted that they were afraid of it. They described this procedure as painful, and their feelings during their children's circumcision were similar to their own personal experience. According to this study, traditions still play an important role in the timing of circumcision, the circumciser, and the reasons for its occurrence, but time and education level have not had a significant impact on the practice and traditional approaches to circumcision (Shine, 2003). In fact, the results of this study indicate that in the modern world, the empirical knowledge and religious and belief-based approaches and beliefs still have a more significant impact on circumcision than scientific approaches, the level of knowledge and education, and actual scientific knowledge, which determine people's behaviour in this practice.

About the psychological trauma of circumcision, a mother narrated the following:

My son is three years and three months old. Until five months ago, he spoke well, played, and did what I asked him to do. But after circumcision, he was numb and now he speaks only five or six words out of fear. He is constantly jumping, doesn't play with other kids at the nursery, has become stubborn, and only does things when threatened. Could he have developed autism? (Niniban website, 2017)

On the Niniban website, a mother asked this question, and part of the response from Dr. Leila Behnam, a family psychologist, was this:

If your son has not had any problems or delays in his motor and language development until this age and

speaks less and becomes stubborn after circumcision, it means that he has not had a delay in his communicative process, and we cannot say that your son has autism. The limitation of your son's vocabulary, stubbornness, and limiting his relationship may be related to circumcision, and in a way, he is showing a reaction to himself, like all adults who are in a bad situation and do not express their feelings and may be angry in their emotional relationships and show a reaction to themselves. Your son, who cannot express his feelings, is showing a reaction in this way because he has experienced unpleasant scenes such as hospitals, operating rooms, and circumcision, which was not a good age for this. I recommend that you definitely take your child to a child psychologist so that they can hear your child's problems from you and then provide a solution for your child after seeing him. (Ibid.)

Expressing this experience shows that just as circumcision can have negative effects in childhood and the first year of a child's life, it will also have different effects in later years. By focusing on the above speeches, we can understand that this act and experience have significant effects on the child's emotions, including feelings of fear and anxiety, which have been accompanied by feedback and the use of defence mechanisms, such as stubbornness and weakened verbal communication, and will lead to medical and psychological costs in the future for the family and parents, which of course, may have irreversible effects.

Circumcision and Its relation to fear of castration

The first indications of the psychological dimensions of circumcision can be seen in Freud's theory of the Oedipus complex. According to Freud, boys become aware of their genitalia during the phallic stage, and the fear of castration, which Freud believed circumcision represents a diminished form of, imposes a heavy burden on them. Research has also supported this claim. For example, a study by Kodek et al. in 2012 found that circumcised children under the age of seven tended to want the procedure to be performed on them at an

older age. Some studies have indicated that performing this procedure on young children has been perceived as a violent act and a form of castration. In this study, approximately 26% of children during the phallic stage were circumcised, and nearly 10.4% and 9.1% of them respectively believed that their genitalia were smaller or removed, which could be associated with fear of castration. Moreover, fear and anxiety during the procedure and postoperative pain in this group of children who underwent circumcision during the phallic stage were higher than in other age groups. Therefore, it has been suggested not only in this study but also in some others that circumcision should not be performed on children during this period unless for medical reasons (Khodatahmineh et al., 2011, p. 57).

Circumcision and the Risk of Trauma in Infants

Anatomical, neurochemical, physiological, and behavioural studies have confirmed that infants' reaction to pain is similar to that of adults but greater in intensity. Infants who undergo circumcision without anaesthesia not only suffer from excruciating pain but also have an increased risk of suffocation and respiratory problems, and in some cases, this has led to convulsions. Medical studies have shown that circumcision has significant effects on heart rate and stress hormones; an increase in heart rate up to 55 beats per minute has been recorded, which is 1.5 times the normal state. After circumcision, the level of cortisol in the blood increases three to four times compared to before circumcision. Circumcision is considered one of the most painful surgical procedures performed on infants. Researchers have reported that this level of pain is intolerable even for adult patients. Some infants do not cry during circumcision because they are shocked by the excruciating pain of the procedure. 'According to clinical definitions and researchers' reports, even when anaesthesia is used during circumcision (local injection is the best tested option), a psychological injury (trauma) remains on children. Anaesthetics only relieve some types of pain, and their effects are contradictory, and their effects diminish before postoperative pain sets in. General anaesthesia has never been considered a safe option for infants.' (Simbar et al., 2014, p. 8).



Picture 57: Performing Circumcision and infant Pain

The claim that children forget pain is demonstrably false. Studies show children not only remember pain, but become hypersensitive to future suffering—indicating circumcision’s pain leaves an indelible mark on the unconscious mind, altering sensibilities long after the event itself fades. This lasting effect lowers pain thresholds as those circumcised in infancy mature. Other research links infant pain, when the mind develops most critically, to behavioural disorders in children - behavioural disorders that can rightly be seen as circumcision’s indirect but very real consequences. The notion that circumcision pain causes no lasting harm fails in the face of compelling evidence: children’s susceptibility to future pain increases, and behavioural issues often result.

Ahmad Shakari, who has been circumcising children for several years, believes that pain is a sensory experience that accompanies us from birth and is actually part of the five senses we have. He continues:

One of the emotions that never becomes adaptive is pain. You may enter an environment where they are cooking, and after a while, you no longer sense the smell of the food. Someone who comes from outside says, ‘the smell of the food is coming.’ Why don’t you feel it? Because you have entered the environment, and your olfactory cells have adapted to the environment,

and you no longer feel it. However, the only emotion that never becomes adaptive and always exists is pain. If you bite someone, they will feel the pain until they die and live. Therefore, from birth until the person is alive and living, they will feel this pain.

The above statement indicates that in categorising emotions, pain must be classified as a persistent and continuous emotion that has a significant difference with other types of emotional categories. Dr. Yahyaieh, one of the paediatric specialists, also believes that there is no general conclusion about pain in infants and its comparison with children. He says about the claim of the lack of sensation of pain in infants:

Despite this, from the perspective of paediatric specialists, such a thing is unacceptable and that the child does not remember is a proven thing. But the issue of whether it enters into their unconscious mind and that consciousness, whether this stress happens or not, many believe that it does happen.

Effects of Circumcision on the relationship Between Mother and newborn

Recognizing the deep spiritual wounds caused by circumcision increases questions about its effects on the relationship between Mother and newborn. A psychiatrist named Rima Laibow with more than twenty years of clinical observations concluded that:

Regardless of the mother's intention, when a child is exposed to an unbearable and oppressive pain, he imagines that his mother was the culprit of that pain and is responsible for it. These consequences are important for creating significant disturbance. Circumcision is a major obstacle to the growth of initial trust between mother and child. Even if the doctor performs the circumcision procedure and or the father makes the final decision for circumcision, children relate this painful experience to their mother. Since this is a difficult and unpleasant experience, the relationship between this event and the mother also

becomes difficult and unpleasant (Javid Tehrani, 2002).

Some American researchers, in an ongoing effort to find at least one medical benefit for circumcision, have ignored the potential physical and mental side effects. Some of these researchers have ultimately tried to promote the idea that circumcision prevents a very low percentage of sexually transmitted diseases and even foundations with unknown financial resources have undertaken the task of promoting and implementing the circumcision of men in African countries with this pretext, something they could have easily done by promoting the use of condoms and sexual care and protected relationships. Is facilitating the use of condoms for African countries, which ultimately prevents the transmission of sexually transmitted diseases, less expensive than providing funding for the circumcision of tens of millions of men which has no definitive result and causes physical and mental harm and also reduces sexual desire in them? It is not without interest to know that circumcision is the only surgical procedure in history that has been widely supported as a tool to prevent disease with religious motivations. In other words, circumcision is the only surgical procedure in history that religious discourses have conspired with medical discourses and have always supported it. Without a doubt, more scientific research is needed to clarify the physical and spiritual complications of circumcision, but what leaves no room for debate is that circumcision, as an irreversible procedure on children, is a violation of their physical integrity. Let's not decide for the circumcision of our children and let them decide for themselves after reaching puberty (Boyle, 2002, p. 329). Where parents decide on circumcision instead of their children indicates their poverty and ignorance about the phenomenon of childhood and the rights of the child. This act is influenced by the type of parents' attitudes toward the body and the right of ownership over it, which they claim such a right and violate the physical integrity of the body of their child.

Circumcision and the Risk of child isolation

One of the other important consequences of circumcision—which has been mentioned in some research—is the separation of the child or, more accurately, the isolation of the child from his surroundings. A circumcised newborn can be more irritable and more impulsive than an uncircumcised child, because babies' irritability results from an unstable and insecure relationship from two days to fourteen months and these effects can even be permanent. The possibility of isolation, lack of self-confidence and tendency to violence in adulthood are among the psychological harms of circumcision. In fact, irritability is one of the child's defence mechanisms and his dissatisfaction with circumcision as an unknown experience associated with pain and sense of mutilation that can manifest in two ways in children and have other lasting side effects: one in the form of isolation, and the other in the form of its opposite, namely aggression and impulsiveness. At the same time, it also affects the self-confidence and self-esteem of children in their relationships.

Circumcision and Chronic Mental Harms

Another important point about circumcision is that since it typically occurs during a person's childhood, the memory associated with circumcision is stored in the individual's subconscious mind and thus the relationship between current feelings and circumcision is not very clear. The consequences of psychological harm from circumcision can be chronic or embedded deep within human existence, and this makes it difficult to distinguish from personal traits or consequences arising from other events.

In addition to this, where circumcision is common, its consequences are also common and are usually considered natural. In cultures where circumcision is considered a natural act that religious approaches and beliefs have also legitimized, due to the abundance of experience, it has taken on a habitual state and the resulting consequences are also considered natural, which prevents seeing the physical and negative psychological effects of this experience and consequently the taboo of criticising the phenomenon and also seeing it as a

socially acceptable matter. Emotional reactivity and uncontrolled violence are among the long-term and common effects of circumcision that have been confirmed by research. Typically, those who have been subjected to violence have problems with violence and internalize it or show it to others.

The effects of this violence and mental harms stemming from circumcision could possibly be observed in the relationships of men who were circumcised as children with their close relatives, such as their wives. Comparing circumcision rates in different countries and its role in the prevalence of men's mistreatment of women, which includes domestic violence, oppressive behaviour, isolation, murder, rape and forced marriage, is possible. In fact, all of these behaviours of men are defensive and compensatory mechanisms for the act of circumcision and are extensions of this experience.

The 10 worst countries in the world for women are Afghanistan, the Democratic Republic of Congo, Iraq, Nepal, Sudan, Guatemala, Mali, Pakistan, Saudi Arabia and Somalia. In 8 of these countries, the rate of male circumcision is more than 80%, and the other two countries have rates between 20% and 80%. These statistics indicate and confirm that there is a meaningful relationship between men's experience of circumcision and the level of violence they show towards women.

Trauma caused by Pain

Ronald Goldman has conducted another research project in this field. He is a researcher familiar with psychological damages related to circumcision and has authored a book entitled *Circumcision: The Hidden Trauma* in 1999. He examines this issue from a psychological perspective and contrary to the common belief that children do not have a perception and understanding of pain, he believes that they perceive pain like adults, and in cases where anaesthesia is not used during circumcision, there is a risk of choking and breathing problems. In this study, Goldman also addresses why some uncircumcised individuals are reluctant to express their true emotions and what emotions prevail in societies where circumcision is not common. Another issue of interest

to this researcher is the reaction of men who have experienced circumcision during infancy to pain (Goldman, 1999).

There are several side effects of circumcision in children that have received less attention, such as sleep disorders, feeding problems with breast milk, and sometimes separation from the environment in which they sit. Another notable point is circumcision during the phallic or Oedipal stage, which Freud has raised and usually occurs between the ages of three to five or six years old. Fear and anxiety during the operation and pain after circumcision have been evaluated more in this group of children than in other age groups (Taghizadeh, 2019).

Good and bad circumcision

Dr. Mehdi Fahimi on a TV program titled 'Tab-e-Tab' (can be translated as Restlessness of Fever), which was broadcast on Islamic Republic of Iran Broadcasting (IRIB) Channel 3. During the program, he criticised the prevalence of poorly performed circumcision in the country and expressed his concerns about the issue:

Bad circumcision has made this nation miserable. Circumcision needs a reference and a standard, such as how it should be performed and how much of it should be done. When everyone uses their own method, what happens? Excessive removal of the foreskin results in premature ejaculation in boys... How much of the divorce problem is caused by the sexual coldness resulting from this event? The threat is not only external. If there is no pleasure-seeking within families, there will be no proper success or happiness. If a nation is not happy, this is the greatest threat.

This became a justification for the authors of this research to delve further into the discussion of the pros and cons of circumcision and to seek the opinions of other experts and activists in this field.

Ahmad Shakeri, who has a degree in nursing and circumcision and has experience in performing nearly five to six thousand

circumcisions, believes in the existence of good and bad circumcision and is of the opinion that:

We have a part in the anatomy of the genitalia called the circumcision site. It is actually the area around the glans, which is the tip of the penis. When the penis is in a flaccid state, the skin should be located around the circumcision site. If there is too much skin, it can cause various problems. If there is too little skin, it can also cause other problems. The best situation is for the skin to be located around the circumcision site.

In this regard, he describes circumcision as a profession similar to hairdressing and believes:

When you go to a hair salon, they give you a hairstyle that suits you, and for me, they give me a different hairstyle. One size does not fit all. The person who performs circumcision removes a specific amount of skin based on the type of genitalia. Sometimes we have to remove a little more skin, especially in overweight individuals. In thin individuals, we have to remove a smaller amount of skin.

Legal Approaches

The legal approach is a relatively new approach that has emerged after the publication of conventions such as the *Universal Declaration of Human Rights* and especially the *Convention on the Rights of the Child*, which have provided the opportunity to discuss children's rights. It is through such conventions that ideas such as the 'right to the body' become meaningful and become indicators for critically examining domestic laws of countries. In this section, the idea of the right to the body and its position in the laws of the Islamic Republic of Iran and other relevant international conventions will be examined.

The Right to Bodily Autonomy

As is well-known in the religious narrative, circumcision is a practice rooted in the story of the covenant between Abraham

and his God, as recounted in the book of *Genesis* (17:10-14). However, this practice has automatically led to the loss of genital tissue in approximately one-fourth to one-third of men worldwide today, without their knowledge or consent. Is this practice not a form of bodily mutilation and a manifestation of child abuse?

All human beings have the right to make decisions about their own bodies. Since the recognition of individual and social freedoms has entered the domain of national and international human rights laws, the concept of domination and ownership over the body has gradually become part of legal literature. In traditional understanding, the possibility of assuming absolute domination over one's physical integrity was not within the scope of the right of ownership, since the human body was not considered property. However, as the right of ownership over the body differs from the right of ownership over objects in its general sense, the relationship between humans and their bodies does not have a similarity with the relationship between humans and their properties. Therefore, it is not necessary to seek a tangible property to define the ownership relationship between a human body and the human being itself. Hence, it can be said that a person cannot be defined without their body, and their body and their decisions about it are inseparable. The right to individual freedom is also not perceptible without a person's domination over their body. Therefore, the right of ownership over the body is interpreted as part of the right to personal freedom and security. Accepting this fundamental principle that a person is entitled to freedom and personal security enables them to be protected from slavery, unfair discrimination, torture, and inhumane punishments, while also allowing them to have complete control over their lives. Without the recognition of the person's control over their physical and mental integrity, their right to freedom and personal security will not be secured (Raeesi, 2017).

When a society has not reached such a level of maturity that it can think beyond the discussion of right and wrong, and contemplate the discussion of rights and freedoms, and when adults make decisions for children before they reach the age of maturity and are able to determine what is in their best

interest, this action does not seem justifiable. The relationship between sexual organs and religious identity confuses the concept of bodily rights. In fact, this refers to a society that still has a traditional view of child development, in which children are often considered to be lacking the necessary qualifications to participate in effective decision-making about themselves. In such societies, there is no room for modern studies of childhood and their assumptions. Assumptions that subscribe to the 'social actor model' and in this model, the ideas, values, and perceptions of children about themselves and the world are respected and officially recognised. In this model, children have the competence to participate in the development of new policies and actions, like adults. Considering children as social actors means seeing them as active participants in areas that traditionally did not recognise their right to participate, and nobody listened to their voices. (Kermani, 2017, p. 314).

In recent years, a model of the child as a deserving citizen of civil rights has been presented, which has led to new attitudes between children and adults. The model of the child as a deserving citizen of civil rights is a developed version of the model of the child as a social actor, and the relevance of this model to the discussion arises from the fact that young children have the right to participate in public policy. Considering the model of the child as a social actor and its developed form, that is, the child as a citizen, it is clear that circumcision or the practice of circumcision, which is prevalent in many societies, contradicts this model, because circumcision is a violation of the child's first legal right, which, according to these models, is evident in the child's right to their body, which adults recognise in this matter. This discussion is influenced by the rights set forth in the 1989 United Nations *Convention on the Rights of the Child*, which obligates children's rights to be as important as other human rights (adult rights).

The *Convention on the Rights of the Child* adopted by the United Nations in 1989 emphasises the right of children to enjoy leisure time and cultural activities, the right to enjoy and behave according to culture, religion and language without fear of harassment and discrimination and the right to privacy, protection and independence. The UN General Assembly

unanimously adopted the Convention on the Rights of Children on November 20, 1989 and 61 countries signed it on January 26, 1990. This convention stresses the participatory rights of children as citizens who should be consulted and their views considered on issues affecting them. The convention emphasises in particular the rights for children. For example, Article 13 and Article 29 of the *United Nations Convention on the Rights of the Child* states:

- The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.
- The child's right to freedom of expression shall include the right to receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.
- States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

Governments have gradually recognised children as deserving citizens with the right to participate in policymaking and be consulted. This has resulted in policies and laws that address issues related to children's experiences, such as circumcision, which can have long-term effects. To ensure children's participation, governments have established child commissions or inspections to monitor and oversee relevant departments. For example, the UK government has officially supervised departments related to children's participation (Ibid., 315-16).

From an ethical and children's rights perspective, removing a part of a child's body through circumcision fundamentally conflicts with their rights. If circumcision is necessary, the individual should make the decision as an adult, and parents

should not be authorised to make such a decision and create such a significant alteration in their child's body. The above statements suggest that the jurisprudential commandments and ethical approaches in relation to children's rights concerning circumcision contradict each other. Jurisprudential commandments legitimise circumcision, to the extent that not being circumcised invalidates the pilgrimage and makes it forbidden, while the ethical approach emphasises the child's autonomy over their own body, which includes circumcision.

From a moral philosophy or children's rights perspective, basically cutting off and amputating part of a child's body is contrary to the child's rights and even if circumcision is a necessary procedure, the individual should decide about it in adulthood and the parents do not have the right to make such a decision for him and make such fundamental change to his body. In fact, based on the above statements, it can be analysed that religious jurisprudential commands clash with moral philosophy regarding the issue of children's rights in the experience or practice of circumcision, because religious commands legitimise being circumcised, so that not being circumcised makes Hajj void and haram, while the moral philosophy approach emphasises more on the child's choice over his own body, which includes circumcision.

One of the priorities of the new world is overcoming the anxiety of breaking the taboos that have been imposed on the community of believers in the name of narrations from the infallible Imams and prophets. Some believers do not have the ability to realise whether the rights of the child are respected here or not, because they consider rights and duties arising from the lawful and unlawful and recommended and obligatory and conclude that it is in the best interest of the child to be circumcised, because his rights mandate this. It seems that religious people think less independently about rights and duties in the true sense! Such behaviour is a blatant violation of children's rights. Piercing the ears of girls or any unnecessary change in the body and mind of a child is essentially abandoning their basic rights that may unintentionally change their future and deprive them of

different choices. In religions, no special place has been seen for the rights and individual identity that children acquire in the growth process.

As an important example, sexual tendencies can be cited here, which perhaps more than any other factor helps us define and determine the differences between adulthood and childhood. This area has often dealt with puberty in children as a problem rather than a natural stage of growth to be encouraged and praised. The current legal age for children to have sexual relationships is sixteen. On this basis, criminal law sets a threshold. The law essentially defines children under sixteen as asexual beings or free from sexual corruption, while as soon as they turn sixteen they are considered beings with independent sexuality and diverse sexual identities and complex mentality. This age limit has a clear cultural and historical dimension.

The result is that there is tension between denying the sexual tendencies of children, due to reinforcing the deeply entrenched myth of the child's lack of involvement in sexual issues, and admitting their existence, in order to protect children from obvious dangers such as sexually transmitted diseases and AIDS, and prevent sexual consequences, such as teenage pregnancy, and forms of sexual identity such as homosexuality, which are detrimental to children from the perspective of public policy and prevailing ethics. To these issues, the act and experience of circumcision must also be added, which is the same public policy and prevailing ethics that are influenced by dominant religious and traditional approaches and considers this beneficial for children and legitimizes it, and vice versa there is tension. The law always plays an important role in resolving this tension by legitimising the contradictory constructions of the child in different situations (referred to above) (Kermani, 2017).

Now the fundamental issue is that 'children' exist and their rights must at least be recognised at the level declared in the *Universal Declaration of Human Rights* and all beliefs and judgments must be surrounded by these rights and accept that children should not have the heat of ethnic and religious neuroses branded on their foreheads before they reach puberty or have a specific religious identity carved out for them

(Karami, 2018). Also, since circumcision is an irreversible act and the child will never be able to restore the sensation of severed nerves with surgery when he reaches puberty, one can resist it to guarantee human rights against it happening and by trying to make the circumcision of children illegal, Prevent their impairment until they reach puberty and the power of choice and decision-making. Of course, given the dominance and superiority of religion and tradition, reaching this challenging and time-consuming stage will be difficult, especially in societies where religious approaches and traditional beliefs dominate the cultural, social, and of course political structure prevail.

The right to health in the laws of the Islamic Republic of Iran

In the laws of the Islamic Republic of Iran, there is no reference to the act of circumcision, and circumcision is not legally or illegally defined, and it cannot be examined in the framework of laws and sought for reform. Article 269 of the *Islamic Penal Code* approved in 1991 by the Legal and Judicial Commission of the Islamic Consultative Assembly stipulates: ‘Cutting off or injuring an organ, if intentional, is subject to retaliation, and the victim, as the case may be, with the permission of the higher authority, can retaliate against the perpetrator under certain conditions. ‘ But since circumcision is a lawful act based on jurisprudence, many consider it obligatory for boys and consider it a condition of being a Muslim, and some jurists consider it a recommended act that is better to do than not to do. However, the view of most jurists about female circumcision is that this act is recommended. On this basis and considering that the laws of the Islamic Republic have a religious foundation and according to these laws, the father and grandfather have such domination over the lives and property of their children that even in case of killing the child, they are exempted from the punishment stipulated in criminal laws, which is retaliation for murder, how can we discuss the criminal responsibility of the father regarding the circumcision and physical and mental abuse of his child? Fathers are legally required to perform the Muslim ritual and timely circumcise their sons (Prakand, 2018). Some of the Islamic religious regulations and decrees are not foundational; rather, they have

a confirmatory aspect; This means that these decrees are not made and crafted by Islam and their legislator was not the Prophet of Islam. These are decrees that have become common among Muslims from the pre-Islamic era, mainly through the medium of Judaism, and the Prophet of Islam did not forbid them (Yousefi Eshkoori, 2018). Circumcision is one of these decrees that, although its origin dates back to before Judaism, it has turned into one of the signs of faith in Judaism and Islam, and the faith of men becomes complete by cutting off the head of their genitals!

Based on the fact that Iran has acceded to conventions such as the International Covenant on Economic, Social and Cultural Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, and the *Convention on the Rights of the Child*, it can be concluded that this country has recognised the right to health and in addition to these, there are many provisions in domestic laws and regulations regarding health and measures to improve it for people. In view of the emphasis on the right to health in the Constitution of Iran, the 20-year Vision Document, Chapter Seven of the Fourth Development Plan, laws related to insurance and Articles 32 to 35 of the Fifth Development Plan Law, in this part, the place of the right to health in the country's constitution and related matters regarding circumcision and pros and cons around them will be reviewed. Examples of the importance and emphasis on the right to health in the Constitution of the Islamic Republic of Iran can be seen in the following principles:

- Article 3 states: ‘The government of the Islamic Republic of Iran is required to utilize all its resources to achieve the objectives mentioned in Article 2, including... item 12: ‘Establishing a sound and just economic system in accordance with Islamic criteria to attain prosperity and the fulfilment of human needs... in areas of nutrition, housing, work, healthcare, and universal insurance.’
- Article 21 states: ‘The government is obliged to ensure women's rights in all respects according to Islamic

criteria and accomplish the following... item 2: 'Supporting mothers, particularly during pregnancy and child-rearing, and protection of children without guardians.'

- Article 29 states: 'Access to social security...including retirement, unemployment, old age, disability, lack of a guardian, homelessness, accidents, medical and health needs and medical care in the form of insurance, is a universal right. The government is obliged, in accordance with the laws, to provide the aforementioned services and financial support to all individuals of the country from public revenues and revenues resulting from public participation.'
- Article 43 states: 'In order to ensure economic independence for society and eradicate poverty and deprivation...the economy of the Islamic Republic of Iran is based on the following principles: 1. Meeting basic needs: housing, food, clothing, healthcare, treatment, education and facilities for forming a family for all...'

Taking into account the emphasis on the right to health and the international declarations prohibiting female circumcision, and recognizing the significance of combating this harmful and dangerous practice for girls and women, it is noteworthy that the current laws in Iran do not explicitly address female circumcision. As a result, it could be argued that Iranian law does not adequately protect women against this practice. Nevertheless, Iran has laws that seem to be able to legally prosecute and seek punishment for mutilating the body based on them: According to Article 479 of the *Islamic Penal Code* adopted on July 29, 1991 and Articles 663 and 664 of the *Islamic Penal Code* adopted on April 21, 2013, the blood money for cutting off the female genital organ has been issued, which apparently the legislator's goal seems to be outside the scope of this circle. If this act is included in the circle of actions or religious ceremonies, in practice no victim cannot sue in a competent court and demand rights from lost belongings based on the law. This in itself indicates that the cases that are

raised and approved in the text of the law can be suspended through religious and doctrinal speeches and these approaches and lack enforcement guarantees, especially in societies like Iran where the ruling structure is religious and a religious government rules over it and religious and doctrinal speeches always dominate legal speeches. So they must have the power to suspend and execute them. Article 12 of the Constitution of the Islamic Republic of Iran is an example of this, which in addition to legitimacy the Jaafari Shiite religion as the official religion of the Islamic Republic of Iran, it has allowed other Islamic religions, including Hanafi, Shafi'i, Maliki, Hanbali, and Zaidi to perform religious rituals and personal status and be free. Nevertheless, Article 21 of the Constitution can be used to some extent in support of this victimised segment. In the first paragraph of Article 21 of the Constitution of the Islamic Republic of Iran, the duty of the government has been stated in reviving the material and spiritual rights of women, and if the legal structure also exists to complain and assert rights, it is unlikely that the victimised person In culture, complain and file a lawsuit against their parents. This indicates that in societies like Iran, with traditional beliefs and customary culture have their own strength and power, these beliefs that come from the context of tradition and customary culture in collusion with religious and doctrinal approaches have been able to make laws that are based on the right to health Invalid and lack of enforcement for an act or experience such as circumcision, and suspend them. This is how both state officials and individuals who have the right over their own bodies, since their minds have always been under the influence of traditional, customary, religious and doctrinal beliefs, are less likely to question and criticise such an act as circumcision.

In Iran, male circumcision has religious and cultural significance and therefore is not only not considered a crime but it is also protected. Despite the harm and danger that female circumcision poses to girls and women, the current laws in Iran do not explicitly address female circumcision, indicating inadequate protection of women against this practice. The *Islamic Penal Code* of the country contains provisions on the issues and harms related to circumcision, but

the principle of legality of crimes and punishments, as well as the principles of the Iranian Constitution and the *Islamic Penal Code*, require the courts to base their judgments on the law. Therefore, the authorities cannot consider an act or omission to be a crime based on custom, nor can they impose a punishment based on custom. It is essential to note that for human rights to be effective, they must be enforceable. Those entitled to rights must be able to seek redress if the government or relevant organisations fail to fulfil their duties and can file a lawsuit to claim damages and compensation.

The enforceability of a right is significant as it affects the perspective of governments on their responsibilities towards their people and increases the likelihood of their compliance with their duties. The legitimacy of a non-enforceable right and the absence of a compensation system for it are questionable. With Iran's accession to the International Covenant on Economic, Social and Cultural Rights in 1976, the country is obliged to ensure the rights covered by this Covenant for all members of its society, using all available means and without discrimination.

In some Islamic societies, those who perform circumcision (whether physicians or traditional circumcisers) are responsible for their actions, as circumcision follows a specific protocol, and if someone does not comply with this protocol and causes harm to the genital organ, they are obligated to pay full compensation. However, determining compensation for circumcision is a matter that some Islamic authorities have opposed due to its religious roots. According to the *Islamic Penal Code*, a more detailed explanation of this issue can be obtained, especially with the existence of traditional circumcisers and medical personnel. Under the topic of compensation, one of the important points in the discussion of male circumcision in the country can be mentioned: Is circumcision of children considered legal by parents, or is it possible for an individual to request compensation from their parents in this regard when they reach adulthood? Thus, the current legal framework in Iran related to circumcision warrants further scrutiny and analysis to ensure the effective protection of human rights.

In Article 158 of the *Islamic Penal Code*, it is stated that ‘In addition to the cases mentioned in the previous articles, the commission of an act that is considered a crime under the law is not punishable in the following cases.’ Furthermore, in paragraph (c) of this article, it is stated that ‘Any type of legitimate surgical or medical procedure that is performed with the consent of the person, the guardian, the custodian, or their legal representatives, and complies with technical and scientific standards and government regulations, does not require obtaining necessary consent in emergency cases.’ Based on this paragraph, it can be inferred that traditional circumcisers, who sometimes operate in remote and inaccessible areas without the benefit of technical and scientific standards and government regulations, are not exempt from punishment and will be subject to penalties.

Regarding the punishment related to diya, the *Islamic Penal Code* has addressed this issue in addition to Article 662, which was mentioned by legal experts. In the following paragraphs, we will review Articles 661 and 663:

- Article 661: Severing and removing the male genitalia up to the circumcision point or beyond it is subject to full diya, and in cases less than the circumcision point, diya is calculated in proportion.

Note 1: There is no distinction in this ruling between the genitalia of children, adolescents, elderly individuals, infertile persons, and those who have healthy or defective testicles.

Note 2: If the genitalia are removed with one blow up to the circumcision point, and then the perpetrator or another person removes the remaining part or another part of the genitalia, diya is calculated in proportion to the circumcision point and is of greater value.

Note 3: If one person cuts a part of the circumcision point, and another person cuts the remaining part of the circumcision point along with all or part of the genitalia, they are each liable for the proportion of the area they have cut, and in the case of the first crime, diya is calculated in proportion to the cut area of the

circumcision point, and in the case of the second crime, the remaining diya and arsh is fixed for the excess amount of the severed genitalia.

- Article 662: Severing paralysed genitalia is subject to one-third of the full diya, and paralysing healthy genitalia is subject to two-thirds of the full diya, but in severing a specific part of the genitalia, one-third of the full diya is fixed.

Note: Severing a paralysed part of the genitalia, whether it is the severed part of the circumcision point or not, is subject to diya in proportion to the entire genitalia.

The Islamic Republic of Iran has provisions in its *Islamic Penal Code* that allow for the cutting of women's genitalia. According to Article 663 of the code, severing or obliterating both parts of a woman's genitalia results in half of the full diya, while severing or obliterating a part of it results in a diya proportional to the extent of the damage.

There is no distinction in this ruling between virgins and non-virgins, minors and adults, and healthy and disabled individuals. Article 706 states that severing the ability to ejaculate or produce sperm in men or pregnancy in women, or obliterating the pleasure of sexual intercourse for women or men, is punishable by arsh (a form of diya). Article 707 considers complete obliteration of the ability to engage in sexual intercourse as deserving of full diya. Therefore, cutting a woman's labia minora is punishable by diya (Article 17 of the *Islamic Penal Code*: a financial compensation that is determined by law for non-intentional crimes against life, organs, or intentional crimes that do not have the possibility of qisas (retribution) and is paid to the victim or their heirs.)

Similarly, in some other countries, the government has considered a penalty for cutting women's genitalia. However, it should be noted that the existing laws do not explicitly address the issue of female genital mutilation/cutting (FGM/C) and there is no mention or criminalisation of this act in the current laws of Iran. The existing provisions are general and there is no clear and explicit stance in the constitution regarding this matter, despite Iran's recognition of the

'right to health' as a fundamental human right by joining various international conventions and documents and its commitment to protecting it.

On the other hand, by signing the *Convention on the Rights of the Child*, Iran has committed to considering the best interests of children in any action and defending their rights and fighting against any action that endangers their health. The fundamental question here is whether, in the absence of criminalisation and despite the UN's call and the demands of some activists to ban FGM/C in Iran, the Iranian government has not taken any effective measures in this regard, and the ambiguity remains as to whether the judiciary will act accordingly if there is a complainant. Is it possible for a child to file a complaint against their parents? If a complaint is made, how will the law and the judiciary deal with the complainant and the accused?

Further Study 8: FGM according to Islamic laws of Iran (Ahmady, 2014)

An important point in this regard is the obligation of sexual relations between spouses, as the *Quran* also emphasises the importance of enjoying each other's company:

'Permitted to you, on the night of the fasts, is the approach to your wives. They are your garments and ye are their garments.' (Surah Al-Baqarah, 2:187)

And in another verse, it is stated:

And among His signs is this that He created for your mates from among yourselves, that ye may dwell in tranquillity with them, and He has put love and mercy between your (hearts): verily in that are signs for those who reflect. (Surah Ar-Rum, 30:21)

Any action that goes against the satisfaction of sexual relations is clearly in conflict with the essence of Islam. As stated in the book *Al-Fiqh Al-Manhaji on the Shafi'i School of Jurisprudence*, which is a book on Islamic jurisprudence:

The ability of men and women to have sexual relations and enjoy it is a gift given by Allah. This ability is one

of the strongest instincts in animals. According to Islamic laws, the ability to enjoy sexual relations is one of the important goals, and therefore, this ability is one of the primary rights of all humans. (Al-Khun et al., 1992)

Therefore, it is not surprising that this issue has also been addressed in the laws of the Islamic Republic of Iran. For example:

- in the chapter on marriage and divorce, in the section on cases of annulment of marriage, clause 3 of article 1122 stipulates that if the male reproductive organ is not capable of sexual intercourse, it gives the wife the right to annul the marriage;
- according to Article 647 of the *Islamic Penal Code*, breaking the spinal column is defined as follows: ‘Breaking the spinal column, which can be treated without causing the loss of any of its benefits, such as the ability to walk or sit, or the loss of sexual or urinary control, results in full compensation.’
- Article 706 states that ‘causing the loss of male ejaculation or sperm production, or causing the loss of pregnancy in a woman, or causing the loss of sexual pleasure for a man or a woman, is punishable by Arsh (monetary compensation).
- Article 707 states that ‘causing the complete loss of sexual intercourse ability is punishable by full compensation.

If circumcision is performed in accordance with technical and scientific standards and government regulations, but results in injuries, we will have recourse to Article 495 of the *Islamic Penal Code*, which states: ‘If a doctor’s treatment causes death or bodily harm, he/she is liable for compensation, unless his/her actions are in accordance with medical regulations and technical standards, or he/she has obtained prior consent and is not at fault. If obtaining consent from the patient is not possible due to their being minor or insane, or if it is not possible to obtain consent due to unconsciousness or similar

conditions, consent must be obtained from the patient's guardian.'

An important point in this regard is the first clause of this article, which states that if there is no fault or negligence on the part of the doctor in terms of their knowledge and practice, there is no liability, even if consent has not been obtained.

Traditions have a long history and changing them, even if their harmful aspects are proven, requires a long time for change. Circumcision is also an issue that, due to its thousands of years of history and legitimacy derived from religion, must be approached while considering all aspects. It is obvious that changing the mindset of people who have accepted circumcision as an integral part of tradition and religion is neither easy nor happens overnight, but enlightenment, public awareness, and education can be the key to this path. In the final chapter of this book, some proposed solutions to confront the phenomenon of circumcision and reduce its potential harms and complications are presented, and undoubtedly, achieving each of these solutions requires collective determination and group efforts, especially from politicians, policymakers, and civil society activists.



Picture 58: 'Stop Torturing Boys!' protest against male circumcision
in America

International Convention on the Rights of the Child

The *Convention on the Rights of the Child* emphasises the importance of children's rights, as they belong to a vulnerable group who lack the ability to defend themselves, understand certain activities, and express informed consent. It is important to not overlook that access to the right to health for a child has an impact on and is influenced by their other rights. If a child is subjected to physical abuse or harm during their childhood, it may affect their physical health and may cause them to miss school and their right to education. Similarly, if other children's rights, such as protection from violence, are not respected, it directly impacts the child's right to health. However, it should be noted that the consequences of these physical and psychological injuries are not limited to the child and can also affect the surrounding community, including issues such as running away from home, engaging in sexual crimes, violence against children and spouses, and so on. A multidimensional and comprehensive approach to the issue of circumcision as a social phenomenon is an important step towards preventing and mitigating other social harms because the effects and consequences of circumcision as an act or experience are not only limited to the individual but also affect and involve the community. By rethinking policies and laws surrounding circumcision, we can take an important step towards addressing economic and non-economic issues. In fact, the construction of circumcision as a social phenomenon in society is always in an interactive and reciprocal relationship between society and the individual as a social being.

Unfortunately, the *Convention on the Rights of the Child*, which is one of the most important protective documents in the field of children's rights, has not defined violence and has only addressed its examples in Article 9. However, generally, one of the important keywords in defining violence is the use of force, which is also mentioned in the memories cited in this study due to being pursued by others to take an uncircumcised child or take their limbs, etc. Article 58 of the *Children Act 2004* in the UK also provides an interesting description of the permissible level of punishment, which can be more widely applied to the harm inflicted by adults on children, especially in the context

of circumcision. According to this law, any harm inflicted by a parent or guardian that is more than skin redness or is more than a passing and serious injury will be beyond reasonable punishment and cannot be defended.

According to Article 24(3) of the *Convention on the Rights of the Child*, the Convention's signatory countries will take all necessary and appropriate measures to eliminate traditional and superstitious treatment methods in the field of children's health. Article 39 of this Convention also emphasises that signatory countries will take all necessary measures to accelerate the physical and mental recovery and social reintegration of children who have been victims of neglect, exploitation, abuse, torture, or other violent and inhuman or degrading acts or warfare. This process of recovery and reintegration into society must take place in an environment that promotes health, self-esteem, and respect for the child.

In light of these resolutions, the question that arises is what policy should be adopted against circumcision. An important point regarding circumcision is that, regardless of the advantages or consequences of this ancient practice, numerous studies have proven the physical and psychological harms of this practice, but it is unclear what approach should be taken towards it. Can we ignore the physical and psychological harms of circumcision and not call it violence against boys if doctors approve of its advantages over its consequences?

Points that should not be overlooked in this regard are the concept of childhood based on international definitions and documents. Article 1 of the *Universal Declaration of the Rights of the Child* considers every person under the age of eighteen, regardless of where they live, religion, or ethnicity, as a child, and signatory states of the Human Rights Convention are committed to ensuring the physical and mental health of children and combating any harm to them. Based on this Convention and other human rights documents, instances of violence against children are the same all over the world, and children's rights activists have listed circumcision as one of these instances.

For further study 9:

In recent years, circumcision has faced different legal measures in various European countries, which have been approved either locally or nationally. Among these measures are the prohibition of circumcision in Sweden, Iceland, Cologne (Germany), and Norway. In response to these measures, Article 18 of the *Universal Declaration of Human Rights* can be referenced, which states that ‘everyone has the right to freedom of thought, conscience, and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship, and observance.’

However, opponents of circumcision in these countries believe that:

- If there is no valid medical reason for circumcision, this action should be banned as soon as possible. The prohibition of circumcision of boys is a matter focused on children’s rights and has no religious basis.
- Under this plan, anyone who performs circumcision for religious or cultural reasons could face up to six years in prison. Proponents of this plan equate circumcision of boys with female genital mutilation and consider it a violation of the rights of male children.
- Circumcision is a permanent and irreversible procedure on a child’s body, and even if parents agree to it, it is still considered harmful. In this regard, a doctor who was suspected of breaking the law was not found guilty due to the complexity and unavoidable nature of the issue.

This procedure causes physical and psychological harm to children.

In addition to the above, some legal provisions in European conventions are also relevant to this issue. According to Article 20 of the European Convention on Human Rights and Biomedicine, non-medical tissue removal from the body of individuals who are not yet capable of independent decision-making and consent is prohibited. Children have the right to be protected from themselves and protected from demeaning behaviour, and circumcision violates these rights. Doctors must respect patients’ rights. Therefore, preventive circumcision on infants should not continue ethically, and circumcision should be limited to adult men who can express their informed and legal consent (Hill, 2003, p. 500).

Further Study 9: Prohibition of Circumcision in Some European Countries



Picture 59: Protest against male circumcision (BBC)

Right to health in international human rights conventions

During the reviews conducted in international conventions, declarations, and human rights documents, numerous instances and cases have been mentioned that emphasise the importance of human health as a guarantee for health or a violation of it. However, among these instances and cases, there is no mention of male circumcision, and in fact, this practice has never been unequivocally condemned by the United Nations or other human rights organisations, and in some cases, such as the UN meeting in June 2016, it has been proposed as a solution in the fight against AIDS, to which countries have committed to ending by 2030.

The first and most general manifestation of the right to health is in the *United Nations Charter*. Although the right to health is not explicitly mentioned in this charter, Article 55 (a) of the *Charter* obligates the organisation to promote higher standards of living and find solutions to international health issues. The second reflection of the right to health in international documents is in the constitution of the World Health Organization (WHO) in 1946, where the right to health was identified for the first time in the organisation's constitution. The preamble to this constitution also states that the enjoyment of the highest standard of health is one of the fundamental rights of every human being, and the health of nations is essential for achieving peace and security. Article 25 of the *Universal Declaration of Human Rights* also explicitly emphasises this important issue: 'Everyone has the right to a

standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.'

Despite all these emphases, which have been mentioned only in a few instances, according to a survey, the right to health has been mentioned as a principle in the constitutions of only 110 countries, and in 73 countries, the right to health services has been mentioned.

Before discussing the issue of circumcision from a legal perspective, it seems important to clarify that what is meant by circumcision in this section is not extreme forms that sometimes involve cutting the skin of the penis and testicles to the anus, but only a type of circumcision that involves cutting the foreskin around the head of the penis. According to human rights law, we have the following legal provisions (Gatard, 2003, p. 76):

- Article 3: Prohibition of torture: No one shall be subjected to torture, degradation, cruel, inhuman or degrading treatment or punishment.
- Article 8: Right to respect for private and family life: Everyone has the right to respect for his private and family life, home and correspondence. There shall be no interference by a public authority except as is in accordance with the law and is necessary in a democratic society... for the protection of health or morals, or for the protection of the rights and freedoms of others.
- Article 9: Freedom of thought, conscience and religion: Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

In regards to Article 3 consider that circumcision involves pain (from lack of local anaesthesia) and more importantly the child did not consent to or desire this, being an infant. In regards to Article 8 which protects privacy, such an act imposes pain without clear short-term benefits on someone who lacks agency. Subsequently, the protection of family life is conditional upon acceptance by a specific religious or ethnic community. Article 9 can function similarly if circumcision is a prerequisite for membership in specific communities imposed upon a child who may not choose to belong to that community. It seems any improper contract reverts to the time of occurrence and is influenced not just by specific societal norms but the necessity of acceptance by the individual into that community. It can be argued that Articles 8 and 9 may be violated if parents do not enable their child to undergo the procedure at an appropriate time.

Article 5 of the *Universal Declaration of Human Rights* states that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7 of the *International Covenant on Civil and Political Rights* also emphasises that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment, in particular, the placing of a person under medical or scientific experimentation without his free consent shall be prohibited.

Some have argued that since circumcision is inherently painful even with pain control methods like nerve blocks and anaesthetics, it amounts to a form of torture. From this critic's perspective, since infants are a vulnerable population and unable to express pain, circumcision amounts to torture like any act that deliberately inflicts severe suffering, physical or mental, on an individual for discriminatory reasons (Sardi, 2011). At the same time, this act is imposed on children through coercion and violation of their will.

The Council of Europe in 1997 succeeded in drafting a convention related to biomedicine. This convention dealt with rules regarding patient consent for health care, protection of private life, right of access to information, genetic

interventions on humans, discrimination, protection of persons involved in scientific research, removal of biological and medical organs and human body donation. The first additional protocol to the convention prohibited 'any intervention seeking to create a human being genetically identical to another human being, whether living or dead.'

As previously noted, Article 18 of the *Universal Declaration of Human Rights* states that 'Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.' Now if Jews believe that male circumcision is related to Jewish identity (circumcision is a sign of a covenant between Jewish men and God that makes that person Jewish), then they must be prevented from the right to circumcise Jewish infants which violates the right to freedom of religion and practice of rites. In other words, circumcision as a religious symbol is performed at a stage where the child has no power of decision, will or freedom, and this act resembles the imposition of a particular religion or belief rather than acceptance of it.

Some have also considered parents' decision to circumcise their children as a violation of the child's right over his own body. In response to this criticism, there is a view that if we consider circumcision a violation of the child's right over the body, we will face a fundamental problem regarding parents' supervision over their children. By accepting the argument that circumcision violates the child's right over his body, we are in fact closing the path of parental decision-making for any kind of surgical intervention on children. This issue can even extend to other matters related to the child such as his education. The child may later object to his parents saying why did you send me to school, I did not agree with that, while he did not have the capacity to make decisions in this regard at that age. Therefore, it can be said that extending the child's right over his own body to the issue of circumcision can indirectly lead to the complete deprivation of parental authority over children. In this case, the most basic needs of the child, i.e., his health, will also be endangered. The child's right over his own body can

be respected at an age when he has reached a degree of rationality to participate in this decision-making process as well. This can be done legally, but legalising this solution can close the way for many other parental authorities over children, both girls and boys. If such a change is to be made in the law, its consequences must also be considered and prevented in the right and principled way.

Parental authority over children, as accepted in human rights covenants and the *Convention on the Rights of the Child*, is a matter that can harm children themselves if questioned (Sadeghzadeh Milani, 2017). In contrast to this approach, Article 58 of the UK's *Children Act 2004* and the right to be ill can be mentioned as a feasible approach to the right to health. In Article 58 of the *Children Act*, where 'reasonable punishment' of children by parents led to the prohibition of any harm inflicted on the child by the parent or guardian exceeding reddening of the skin or damage beyond transient and grave harm is outside reasonable punishment and its defence is impossible (Amani Zarin, Makarian, and Kariminejad, 2017).

Furthermore, the right to be ill referring to abstaining from and avoiding health care based on personal, belief-based and religious reasons. However, limitations arising from the provision of minimum health requirements, limitations arising from sovereign interests contrary to public order, legal obstacles, ethical principles and religious beliefs can make it difficult to implement or limit it (Aslani, 2018). Therefore, it can be thought that the right to be ill is also limited depending on the type of disease, the level of prevalence, the level of health of the place of residence, treatment costs and the consequences it can have, just as the WHO's policy of using circumcision as a way to combat the AIDS epidemic by 2030 was mentioned earlier, and according to the law on the obligatory injection of anti-diphtheria vaccines for women before marriage enacted on March 23, 1988: 'In order to prevent losses due to diphtheria in children, women are obliged to get vaccinated against diphtheria before marriage in areas designated by the Ministry of Health, Treatment and Medical Education. Marriage offices are required to obtain a valid certificate of

anti-diphtheria vaccination from the spouse before marriage, register the contract after archiving and mentioning the specifications of the certificate' (Aslani, 2018). Therefore, depending on the functions of circumcision in preventing some diseases, especially endemic diseases such as AIDS, and in less developed regions such as Africa, a different approach can be taken, as there is in essential medicines that in some regions depending on the prevalence of specific diseases, the number of these medicines can increase.

Female Circumcision From the Point of View of International Organisations

Female circumcision, also known as female genital mutilation (FGM), is a harmful practice that involves the cutting or removal of female genitalia for non-medical reasons. This practice has been condemned by international organisations due to its harmful health and social effects, as well as severe physical and psychological consequences. In order to end this type of violence and harmful tradition, different countries and organisations have enacted different punishments.

The United Nations General Assembly, in its first declaration on the elimination of violence against women, defined 'violence against women' as any act of gender-based violence that results in physical, sexual, or psychological harm or suffering to women, including threats of such acts. The World Conference on Human Rights in Vienna in 1993 introduced female circumcision as a violation of human rights for the first time. The United Nations Declaration in 1990 also condemned the act of female mutilation and reinforced this view.

The United Nations designated February 6, 2003, as the 'International Day for the Fight against Female Genital Mutilation' to be a starting point for eradicating this practice. In addition, the World Health Organization (WHO) has enacted strict laws against all types of female circumcision to make it prohibited worldwide. In 2008, the WHO and several UN-affiliated organisations recognised FGM as a violation of human rights and human standards and norms.

The WHO has cited the traditionality of the issue as the only reason for this practice and has expressed full awareness of its non-religious nature to all member states of the United Nations. Despite the

recommendation and request of the United Nations, Iran has not yet recognised the existence of female circumcision despite its occurrence in four predominantly Sunni provinces in West Azerbaijan (Kurdish areas), Kurdistan, Kermanshah, Hormozgan. Iran has not effectively implemented any educational or criminal program in this regard. Iran still does not exist on the world map of female circumcision and is among the list of countries that circumcise women.

In conclusion, female circumcision is a harmful practice that violates human rights and has been condemned by international organisations. Various countries and organisations have enacted different punishments to eliminate this practice, including the WHO's strict laws against all types of female circumcision. However, some countries like Iran still practise FGM, and it is crucial to continue efforts to eradicate this harmful practice worldwide.

Chapter 6: Reasons for the Persistence of Circumcision

Introduction

Circumcision is an ancient practice with origins spanning thousands of years. It is particularly associated with Judaism, becoming a key tenet of the Jewish faith after its establishment. Some scholars argue that circumcision was also practised in ancient Egypt during the time of the pharaohs, predating its adoption by Judaism. However, the practice has been heavily criticised over the centuries, and these criticisms have intensified in modern times. Despite this, hundreds of millions continue to follow the tradition and have their sons circumcised.

This chapter aims to explain some of the reasons for the continuity of this practice. For this purpose, the functions of circumcision from various perspectives have been discussed. Three main functional domains of circumcision in this research include health and medical functions of circumcision, social functions of circumcision, and economic functions of circumcision. In the section on health and medical functions of circumcision, the role of this practice in preventing conditions such as AIDS, penile cancer, and urinary infections has been discussed. In explaining the social functions of circumcision, religious and ethnic acceptance, gender identity for men and patriarchy, and benefits for men have been mentioned and finally in explaining the economic functions, circumcision has been discussed as an occupation and also the commercial reasons for the continuity of circumcision.

The Health and Medical Functions of Circumcision

Protection and prevention of AIDS

The foreskin, in addition to its protective-mechanical functions, also has protective-immune functions. Although more research is still needed in this area, current research shows that the foreskin contains active immune cells and there are immune substances in the foreskin space. For example, lysozyme, which is an active enzyme immunologically and is found on the mucosal membrane surface and in secretions such as tears, saliva, and mother's milk, also exists in the fluid under the human foreskin. It has also been found that the number of plasma cells in the foreskins of male cattle increases in response to bacterial infection, and these cells secrete antibodies within the preputial space (Langely, 2016).

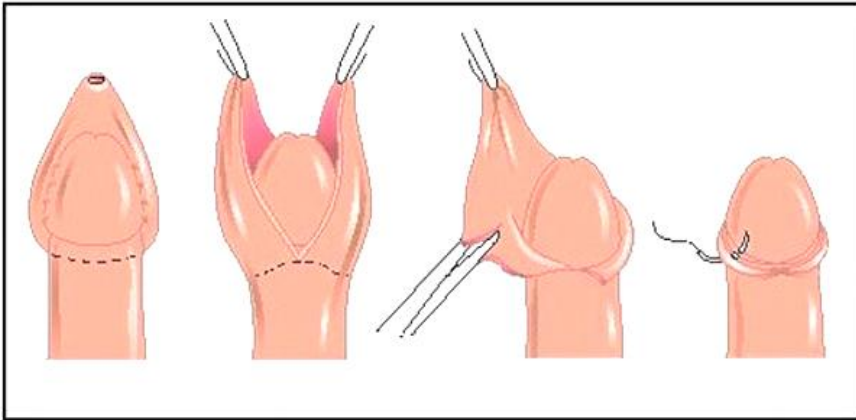
Langerhans cells are a group of active immune cells found in the skin and some mucosal surfaces, including the foreskin and vagina. Research on human tissue samples has shown that these cells produce a protein called langerin that helps clean the environment of viruses and transfer them elsewhere in the cell for destruction. Some researchers have argued that the presence of Langerhans cells in the foreskin opens the way for HIV infection, and have defended circumcision on this basis to prevent HIV (ibid.).

In a study that examined the views of women who had experienced sex with both circumcised and uncircumcised men, it turned out that for most of these women, sex with uncircumcised partners had been gentler and easier and that they had been able to reach orgasm more often simply by penis penetration into the vagina. Perhaps because the uncircumcised penis allows for closer contact with the woman's vulva.

The uncertainty that still exists today is about whether the benefits of this practice outweigh the harms or vice versa. For this reason, international medical authorities, despite their unequivocal position against female circumcision, have had no clear approach towards male circumcision and have simply insisted that before it is carried out, the individual or relevant

authorities must be aware of its consequences and then decide whether or not to go ahead with it. Perhaps this neutral policy towards this ancient and traditional practice and the expression of its positive and negative aspects have also contributed to its continuity, although the role of some medical validations in this regard cannot be ignored.

The foreskin is a fold of skin that continues from the shaft of the penis and covers the glans and urethra. The foreskin is attached to the glans via the frenulum. In an uncircumcised man, the inner surface of the foreskin is in contact with the head and shaft of the penis when flaccid, thus providing a moist protected environment for the microflora of this region. If this area is not typically cleaned, it can become a place for proliferation of pathogens (Doyle, 2010, p. 361).



Picture 60: The Steps of Performing Circumcision

AIDS is one of the diseases that has been linked to circumcision in medical discussions, and the prevailing view among medical organisations such as the World Health Organization is that male circumcision has an indirect relationship with contracting AIDS. Some studies, such as the Joint United Nations Programme on HIV/AIDS, estimate that the impact of male circumcision could reduce the rate of HIV infection in heterosexual relationships by 50–60% (UNAIDS, 2010). The link between HIV infection and male circumcision was first mentioned in medical literature in 1986, and joint recommendations have been made by the World Health

Organization and the Joint United Nations Programme on HIV/AIDS regarding the use of male circumcision as an effective strategy to prevent transmission of HIV and other sexually transmitted infections. According to the monitoring report on AIDS control published by the National AIDS Committee of the Ministry of Health, Treatment and Medical Education in December 2016, based on previous statements, United Nations member states committed to accelerate their efforts to end the epidemic by 2030. These efforts have been divided into ten categories, and countries have committed to taking effective measures to control the epidemic in these areas between 2016 and 2020 in order to achieve the 2030 goals of zero new HIV infections, zero transmission from Mother to children, and zero deaths. The tenth commitment emphasises ensuring access to various prevention services, including male circumcision (Secretariat of the National AIDS Working Group, 2016).

In explaining how the function of the foreskin may increase the likelihood of contracting AIDS, it can be said that in the non-retracted state of the uncircumcised male genitalia, the inner surface of the foreskin is in contact with the head and shaft of the penis, creating a protected and moist environment for the microbial flora of this area. If this area is not regularly cleaned, it can become a site for the proliferation of infectious agents. Studies conducted in laboratory cultures have shown that the inner surface of the foreskin in humans has a high potential for acquiring HIV-1 infection. This is primarily because the inner surface of the foreskin contains susceptible cells (Langerhans cells, CD4+ T cells, and macrophages) that receive HIV-1 virus. Each of these cells expresses chemokine receptors (CCR5 or CXCR4) on its surface, which facilitates the entry of HIV-1 virus into human reproductive tissue (Langley and Titus, 2016).

Furthermore, it has been established that uncircumcised men are at a higher risk of genital wounds or inflammation, which increases the number of Langerhans cells in the skin of the foreskin and possibly facilitates the entry of viruses. Additionally, during sexual intercourse, uncircumcised men come into contact with the cells present on the inner surface of

the foreskin, which can be exposed to vaginal secretions, thereby increasing the risk of acquiring HIV-1 through target cells for the virus. This is because Langerhans cells located in the vaginal mucosal epithelium are selectively targeted and infected by the virus. These cells then migrate to the CD4+ lymphocytes of the subepithelial region and migrate through the systemic lymphatic system, leading to systemic infection. Conversely, in such conditions and in circumcised men, the glans penis is covered with a thick, keratinised epithelium, which provides protection against infection (Ibid.).

A few years ago, African scientists discovered a strange phenomenon. After testing 187 unrelated couples in Rwanda, it was found that all women were infected with HIV, while men remained uninfected. After this discovery, doctors informed men about the high risk of HIV infection and gave them free condoms, but their efforts were in vain, and almost none of the men followed the doctor's advice. Two and a half years later, another amazing event occurred: none of the 50 circumcised men became infected with HIV, while all uncircumcised men were infected with AIDS. Therefore, it is not surprising that some international organisations consider circumcision as the best way to combat AIDS in some countries. This recommendation will be particularly effective in Africa, where most men with AIDS are infected through intercourse with infected women. Seventy per cent of all HIV-infected people, while this region accounts for only 10% of the world's population, live in the south of the Sahara.

The Center for Disease Control and Prevention has acknowledged that performing neonatal circumcision in the United States to combat HIV, regardless of its other therapeutic benefits, is cost-effective. The centre has stated that all parents of male infants should have access to neonatal circumcision. However, it should be noted that even if uncircumcised individuals in the United States were circumcised, the reduction in HIV incidence in this country compared to Africa would be lower because a significant portion of HIV incidence occurs among gay men in this country (AAP, 2012).

This function of male circumcision, which reduces the risk of HIV infection in heterosexual relations with circumcised men, is exemplified, but it seems that circumcision has a less protective role in relations between homosexual men and no reduction has been observed among homosexuals so far. It is possible that the difference in the level of protection or lack thereof is due to the fact that in studies related to homosexual men, men play both active and passive roles. Therefore, it is not clear under what circumstances circumcision can have a protective function against AIDS for men who play an active role in contrast to those who play a passive role (*ibid.*). It should be noted that most of the studies conducted to examine the relationship between male circumcision and AIDS have been carried out in African countries that have lower levels of health themselves. Therefore, it is important to pay attention to this point that in decisions related to circumcision, especially with the aim of reducing the risk of AIDS infection, one should also consider the level of health of the society in question and the probability of AIDS infection in that society. If adequate services are available, circumcision in adult men will be significantly more feasible. The cost and cost-effectiveness ratio of adult male circumcision as a surgical intervention depends largely on the service delivery model and local prevalence of HIV infection. In a trial conducted at Orange Farm in South Africa, each circumcision was performed at a public medical clinic at a cost of \$47. Using a model that shows the prevalence of HIV infection among men in this province (25.6 per cent), 308 cases of infection will be prevented for every thousand circumcisions performed on adult men over twenty years, which will be equivalent to \$2.4 million net savings in health care services. The cost per infection averted in this model was estimated at about \$181. Other studies have shown similar results after adjusting for epidemic status, local costs, and time frame. If independent and unbiased medical findings have been performed, male circumcision can be a very cost-effective solution compared to other preventive interventions for preventing HIV transmission in developing countries (*ibid.*).

Hamidreza Badeli (2018) writes in a research paper titled 'The Biological Impact of Circumcision in Preventing HIV, AIDS, and Papillomavirus': Typically, the first cells to be infected with the HIV virus or AIDS are cells called Langerhans cells. These cells are present in large numbers in the skin of the uncircumcised genital area of an individual infected with the HIV virus. Laboratory studies have shown that the amount of virus absorption through the mucous layers of the skin in the uncircumcised genital area is seven times greater than that of the cervix in women. This layer of skin lacks a thick layer called keratin, which is usually present in other areas of the skin. For this reason, Langerhans cells and other immune system cells easily reach this area. The presence of a large amount of blood vessels in the skin of the circumcised and foreskin areas, due to the very small and abundant vessels, can cause very small bleeding during sexual intercourse. These very small injuries are a suitable site for the entry of the HIV virus. Other causes that can lead to the entry of the virus into this area include sexually transmitted diseases through sexual intercourse, which can easily transmit the virus from these areas to the body. In this study, a lower likelihood of virus transmission was observed between circumcised men and women. HIV-positive circumcised men with a viral load of <50/000 copies per millilitre did not infect any of the women after two years. However, in comparison, HIV-positive men who were uncircumcised infected 26 out of 147 women with AIDS over two years. In couples in which the men were HIV-positive, circumcision reduced the likelihood of HIV in women by 40 per cent. This study showed a lesser impact of circumcision compared to a previous study. The likelihood of developing or being involved with the papillomavirus (HPV) in circumcised men is much lower.

Among other research studies, one can refer to the research conducted by Doyle and colleagues (2010), who examined male circumcision as a global strategy for preventing the transmission of HIV and reviewed relevant articles. They searched Medline to identify current articles that addressed HIV and male circumcision, reviewed the data from these articles, and summarised them. The findings of three

randomised controlled trials showed that male circumcision reduces the incidence of HIV infection by about 50 to 60 per cent among adult men, and it does not appear to have a negative impact on their sexual performance. Economic and epidemiological modelling suggests that circumcision could be a potentially very cost-effective and effective solution to prevent HIV transmission. Finally, it was suggested that low-cost, high-quality, and safe centres for adult male circumcision should be made available as part of a comprehensive HIV prevention program in areas with a high incidence of this infection.

Preventing Men From Developing Genital Cancer

There are differing opinions and research studies regarding the relationship between male circumcision and the risk of developing genital cancer. The World Health Organization has acknowledged, based on considerable evidence from studies conducted in the United States that male circumcision significantly reduces the risk of developing genital cancer. However, some have gone so far as to suggest that genital cancer is the only type of cancer that is preventable in humans. Circumcision performed during infancy and early childhood can effectively prevent genital cancer in boys. The factor that plays a role in the development of this cancer is the presence of human papillomavirus types 16 and 18, which have been reported to be much more prevalent in uncircumcised genitalia than in circumcised ones (Arbabi, 2000).

From the perspective of circumcision advocates, the best age for circumcision is infancy, and the most important benefits of circumcision are its role in preventing urinary tract infections and their dangerous complications, as well as genital cancer. According to circumcision supporters, the younger the child is circumcised, the more benefits they will gain. Based on their belief, it has been proven that only one type of cancer can be definitively prevented, and that is genital cancer in boys, which can be prevented by early circumcision (during infancy). The complications of circumcision, such as bleeding, infection at the site of incision, and meatal stenosis, can be mostly prevented by choosing the appropriate method, exercising

sufficient care during and after the procedure, especially by using the Plastibell method. And in case of any complications, treatment is easy and inexpensive (*ibid.*).

However, when it comes to the risk of developing genital cancer, it is important to consider a few points. What is the likelihood of this particular type of cancer occurring? Is circumcision the only preventive measure for genital cancer? Some studies have examined the probability of developing this cancer and the amount of circumcision needed, as well as the economic comparison of this issue. One study showed that 909 circumcisions would need to be performed to prevent one case of genital cancer. Another study has emphasised this point and claimed that for every 322,000 circumcisions during infancy, one case of genital cancer can be prevented annually. However, it should be noted that circumcision has other benefits, such as reducing the likelihood of HPV infection in circumcised men compared to uncircumcised men, which can also be considered a factor in reducing the risk of genital cancer. Cardiologist Kristina Jellis (1978) believes that the annual number of deaths caused by complications arising from circumcision is higher than the number of cases of genital cancer. The American Academy of Pediatrics also believes that the reduction in the rate of this type of cancer in the United States and Denmark, countries with significant and low circumcision rates respectively, is not necessarily explained by circumcision, but rather by social and economic factors such as the impact of hygiene habits. If we agree with the function of removing the foreskin in circumcision to prevent genital cancer in men, which according to the American Cancer Society, only 1 out of 100,000 people are affected (less than 1%), it may be worth considering the idea of women also removing their breasts after menopause to prevent breast cancer, as according to the same organisation, the incidence of this cancer among American women is significantly higher, affecting about 1 out of every 8 women, or about 12% (Darabi, 2017).

Margaret Somerville has pointed out that the reason why people are more accepting of the idea of removing the foreskin to prevent genital cancer and AIDS, while being shocked and horrified by the idea of removing girls' breasts to prevent

breast cancer, is due to the different values placed on these body parts. She explains that breasts are considered valuable, and removing them is seen as a severe blow, while the foreskin is often considered worthless and may even be described as ugly, insensitive, and unclean. However, both breasts and the foreskin are natural parts of the human body and have functions beyond sexual functions (Ibid.).

Another important point to consider in response to this analogy is the function of different body parts. If we examine the critical view of women's rights supporters and activists towards some advertisements, TV series, educational materials, etc., we will realise that one of these issues is the objectifying view of women, especially their bodies, which sometimes reduces women to mere instruments for satisfying men's sexual needs. Therefore, the idea of a woman without breasts is very unpleasant. However, the male reproductive organ plays an important function in producing offspring, and as a result, male orgasm is highly valued. Hence, as long as the structure of the male reproductive organ remains intact, and men are able to experience orgasm with the sign of semen ejaculation, surgery on the male genitalia (including circumcision) is considered harmless. In this structure, male orgasm is essential for reproduction and also involves a sign such as semen, which is not only absent in women but also plays a secondary role in reproduction (Bell, 2005).

In their research titled 'Investigating the Effect of Infant Circumcision Benefits,' Yasaman Karimnejad and Mojgan Montazerian (2019) write that the findings suggest circumcision will be beneficial in preventing genital cancers only if it is performed during infancy.

Preventing Urinary Tract Infections

Urinary tract infection (UTI) is another disease that has received a lot of attention in relation to male circumcision. This type of infection is one of the common infections in children and can lead to kidney damage, hypertension, sepsis due to urinary tract infection, kidney scars, and chronic kidney failure due to the sensitivity of the kidneys to infection. Such injuries and complications are more common during infancy. Although

UTI is more common in girls than in boys overall, it is more prevalent in boys during early infancy. About 1 to 2 per cent of boys are affected by UTIs until the age of 10. The results of nine clinical trials have shown that in the first year of life, UTI in uncircumcised boys is 100 times more likely than in circumcised boys, and the possibility of hospitalisation for them is 18 times higher (Esmaili and Ahmadnia, 2005).

Regarding the effectiveness of circumcision in reducing the likelihood of urinary tract infections, it can be said that since the internal environment of the foreskin is often warm and moist, it can promote pathogen resistance and proliferation, a process that is accelerated by poor hygiene. For example, it has been shown that uncircumcised infants are more likely to be colonised by uropathogenic organisms such as *E. coli* in the urinary tract and genital area, which can cause uropathogenic bacteria to adhere to the inner mucosa of the foreskin, which is not keratinised like its external surface. The American Academy of Pediatrics has also noted that increased colonisation of urinary bacteria itself is a risk factor for UTI. It should be noted that during the first six months of life, uropathogenic organisms are more prevalent in the vicinity of the urinary tract of uncircumcised infants compared to circumcised boys. This colonisation decrease in both groups (circumcised and uncircumcised) after six months (Ibid.).

Research has also supported this claim. For example, an analysis of the results of nine clinical trials has shown that in the first year of life, urinary tract infections are twelve times more common in uncircumcised boys compared to circumcised boys. In another study, it was found that the cost of treating UTIs in uncircumcised boys is 100 times higher than in circumcised boys, and the possibility of hospitalisation for them is 18 times higher. Therefore, it seems logical that removing the foreskin can reduce the incidence of UTIs in boys. The benefits of circumcision in reducing UTIs in male children who face anatomical problems such as reflux or recurrent UTIs are also evident (Farhoudi, 2013).

Indeed, some studies have identified a specific type of circumcision as a contributing factor to the occurrence of urinary tract infections. In some studies, it has been

acknowledged that the incidence of UTIs in Israel may be higher due to circumcisions performed by traditional Mohels rather than trained surgeons. Another important point that has received less attention is that some studies have suggested a different perspective on the relationship between circumcision and UTIs. Children have a stronger physiological response to pain than adults, and circumcision in men can cause a painful, unpleasant, damaging, and debilitating experience for circumcised children. In addition, circumcision can disrupt a child's sleep pattern and lead to separation anxiety from the surrounding world, including the disruption of breastfeeding. Observations have been made of infants who lost the ability to suckle after circumcision. This is important when we realise that *E. coli* bacteria in feces are the most common aetiological factor in UTIs in children and infants without symptoms. Human milk contains oligosaccharides that are excreted in urine and prevent *E. coli* from adhering to urinary tract tissue. This protective function of human milk has also been confirmed by Italian and Swedish researchers. Regardless, breastfeeding not only reduces the incidence of UTIs in boys but also in girls, who are four times more likely to contract UTIs than boys. Therefore, circumcision has been introduced by some as an inappropriate solution compared to breastfeeding to prevent UTIs (NOCIRC, 2002).

Mohammad Esmaili (2008) conducted a study to investigate the effect of circumcision on the prevention of urinary tract infections (UTIs) in boys under six years old and to determine the optimal age for circumcision. UTI is a common bacterial infection in children that can result in kidney damage, particularly during infancy. UTI is more prevalent in boys than girls during early infancy due to the presence of purulent mucosa which is the site of colonisation for bacteria that cause UTI.

In this prospective study, 166 uncircumcised boys under six years old with UTIs, confirmed by history, physical examination, ultrasound of the urinary system, and cystography that did not show any urinary system anomalies, were divided into two groups. Group A comprised 79 children aged two months to five and a half years (mean age of 3.1 ± 11.3

months) who were immediately circumcised after UTI treatment and followed up for six months by performing urine tests (U/A) and urine cultures (U/C) every one to two months. Group B included 87 children aged forty days to five and a half years (mean age of 3.4 ± 12.1 months) who were followed up for six months by performing U/A and U/C every one to two months after UTI treatment and then underwent circumcision. They were examined and followed up in the same manner for six months after circumcision.

The results showed that the most common age for UTI in boys was infancy (mean age of 3.2 ± 11.7 months). Two cases of UTI were observed in group A (circumcised) while twelve cases of UTI were observed in group B six months before circumcision, and only one case was observed six months after circumcision. There was a significant difference in the frequency of UTIs between group A (six months after circumcision) and group B (six months before circumcision) ($p = 0.009$). In group B, the incidence of UTI six months before circumcision was compared with the incidence six months after circumcision, and the difference was significant ($p < 0.001$).

Based on the findings, Mohammad Esmaili concluded that due to the prevalence of UTI in infants and its serious complications, circumcision should be performed as soon as possible to prevent UTI in boys. Therefore, he recommended that uncircumcised boys with one episode of UTI who do not have any findings in favour of urinary system anomalies in their history, physical examination, and ultrasound of the urinary system should be circumcised and followed up with complete tests and urine cultures.

Amir Houshang Arbabi (1379) conducted a study on the benefits and risks of infant circumcision using the Plastibell method. The study examined 4700 cases of circumcision using Plastibell that were performed over a seven-year period (from 1370 to 1377) at Shahid Akbarabadi Maternity Hospital in Tehran. The overall results of the study indicate that the best age for circumcision is infancy, and one of its most significant benefits is its role in preventing urinary tract infections and their dangerous complications, as well as penile cancer. It has been demonstrated that the younger the child is circumcised,

the greater the benefits he will receive. It has been confirmed that only one type of cancer can be definitely prevented through circumcision, and that is male genital cancer, which is likely achieved through early circumcision during infancy, as per available evidence.

Social Functions of Circumcision

Religious and national acceptance

In addition to beliefs that have been a reason for the continuation of circumcision throughout history, the essential role of this practice in Abrahamic religions should not be overlooked. Related research has emphasised that the most significant reason for performing this act among followers is the continuation of it in the holy books. Therefore, exploring this tradition throughout history is not possible without considering its religious background, especially since this tradition is considered one of the primary conditions for acceptance in religion among some followers of Abrahamic religions, including a large group of Jews and Muslims.

In *Genesis*, it is said: ‘God said to Abraham, ‘As for you, you must keep my covenant, you and your descendants after you for the generations to come. This is my covenant with you and your descendants after you, the covenant you are to keep: Every male among you shall be circumcised. You are to undergo circumcision, and it will be the sign of the covenant between me and you. For the generations to come, every male among you who is eight days old must be circumcised, including those born in your household or bought with money from a foreigner—those who are not your offspring. Whether born in your household or bought with your money, they must be circumcised. My covenant in your flesh is to be an everlasting covenant. Any uncircumcised male, who has not been circumcised in the flesh, will be cut off from his people; he has broken my covenant. ’’ This tradition was so important among the Israelites that being circumcised became a specific attribute for believers that separated them from non-believers. (Gharayi, 2001).

Finally, not being circumcised and those who violate this covenant with God is another matter that is addressed in the *Old Testament*. The importance of circumcision in the *Torah* is such that in the *Old Testament*, individuals and non-Jewish tribes are sometimes referred to as ‘uncircumcised’ and ‘unclean,’ and God commands Abraham to expel those who are not circumcised from among his people. Uncircumcised individuals are considered impure according to the laws of the *Torah*. Jews consider the foreskin to be impure and such a person does not attend festivals and religious ceremonies, and they do not allow them to enter holy places, and marriage with them is considered forbidden.

Circumcision can be seen as an external and physical symbol and an identity factor for the Jewish people and believers in God, as Saeedi (2011) believes. The Jews consider circumcision as the distinguishing mark of the children of Israel and the covenant between God and the descendants of Abraham, and they refer to it as ‘brit mila,’ meaning a covenant cut.

It is true that circumcision is not a widely accepted practice in Christianity, but in some accepted branches of Christianity, it is a sign of an individual’s commitment to the religion. For example, the Nomiya Christian Church in Kenya considers being circumcised as one of the components of membership in their church. The primary and essential issue for Christian Jews was not the salvation and redemption of non-Jewish Christians, but rather circumcision was a criterion for following religious laws, and non-Jews had to observe the laws of Moses for salvation. However, adherence to religious commandments, social and cultural norms, has been the first and most important motivation and reason for the continuation of circumcision in Iran. With the introduction of Islam to Iran and the rapid spread of this religion, the integration of Iranian society with Islamic principles and beliefs has significantly accelerated (same source).

The belief that circumcision is not just a traditional act of the ancestors but rather a divine obligation for Muslims and Jews has created differences in the way men and women’s circumcision is viewed. However, it may come to mind that religious beliefs may be a more convincing reason for the

continuation of this practice than traditions and cultures, as religion is a lasting source of obligations and its actions are rooted in hope for God. On the other hand, cultural matters are merely indicative of temporary good concepts. Therefore, paying attention to the religious roots of circumcision can lead to a better understanding of its importance and reasons for its continuation.

Perhaps all of these things are not good enough answers for the possible reasons for considering circumcision as an obligatory religious act in Islam. Spangler points out that 'whoever talks too much about race shows that he no longer has one.' In opposition to this view, one can say that Islam is not a race. But this answer is wrong. Since most developing Islamic countries were unable to provide their citizens with a stable and meaningful identity, instead of Spangler's word 'race' one can place religion as the main source of identity for Islamic countries (Nabavi, 2016).

This issue has been investigated in this research titled 'Circumcision as Identity Seeking', a function of circumcision that distinguishes the circumcision group from other social groups and sometimes uses attributes and values to describe the opposing group, as traditional sources, the Quran, and the Prophet's hadiths also rely on a simple logic: dividing the world into believers (whose actions are all correct) and infidels (who create misery wherever they appear).

Purification

The idea of 'purification' of individuals has been mentioned and discussed in the interpretations related to circumcision. It has been noted that in some hadiths, the word 'tahoor' (purification) has been used instead of circumcision. It has been quoted from Alamah Majlisi that apparently the circumcised is an interpretation of the purified, because the attribution of purification to the circumcised is common and Kolehini has compared the chapter of circumcision to the chapter of purification. In confirmation of the purified aspect of circumcision and the circumcised person, one can refer to a narration from the Fifth and Sixth Imams of Shiites:

Circumcise your children, for it is a means of greater cleanliness and faster growth of flesh, and the earth hates uncircumcised urine (Kulayni, vol. 6, 1407 AH, p. 34).

It is quoted in another hadith from Imam Sadiq:

Circumcise your sons on the seventh day of their birth, and do not let heat or cold prevent you from doing so, for circumcision is a means of purity and cleanliness of the body (Abu Shu'ba Harani, 1363 AH, p. 124).

As mentioned, some Shia narrations, especially emphasised the purity resulting from circumcision and considered the urine of the uncircumcised person as a cause of impurity of the earth for forty days and its crying to the door of God. In this regard, one can better understand why one of the common interpretations in some Muslim societies is to describe infidels or non-believers as 'unclean', as in Islamic societies, the uncircumcised person was not considered fully immune from impurities (najasa). Apparently this impurity originated from the urine coming out of the organ, because the membrane present on it (foreskin) prevented the complete purification of the organ from urine and therefore had to be cut.

Freud also said about the same subject: One of the insults that Turks give to Christians is 'uncircumcised dog' (Freud, 1348), assuming that most Turkic-speaking people are Muslim and according to Islamic law, dogs are considered unclean animals for Muslims, describing Christians who mainly avoid circumcision with such expressions is explainable. From this perspective of purity and impurity, apart from indicators of goodness and evil of the act, it more recalls the hygienic and medical aspect of circumcision than the components that were the cause of closeness and remoteness to the Creator in the Jewish religion and Moses' teachings.

One of the reasons for the emergence of circumcision, which has received less attention than other factors, is the indication of this historical ritual on sacrifice. The practice of this ancient ritual was also considered proof of the confirmation of

religions' surrender to God and looking at circumcision as a form of sacrificial act can explain some of the other functions of this act throughout history.

Sacrifice is an ancient and universal ritual that is rooted in all religions. The first to perform it were Abel and Cain, who were among the first human creatures of God. *The Encyclopedia of Religion* considers sacrifice a religious act in which things come out of one's possession and are devoted to God or a supernatural force and are dedicated to them (Henninger, 1987). The word sacrifice means nearness and proximity. Among them, the sacrificial could have been an animal or a human, but along with the transformation that occurred in some tribes and cultures over history, a transformation also occurred in the way of sacrificing from human to animal (Al-Salam, 2002). Sacrificing in myths and legends was done for both gods and demons. In the first case, the aim was to appease, and in the second case, which seems to be the more dominant belief, calming demons and warding off their anger. With this mindset, demons' mercy was gained when the most innocent and faultless people were the sacrifices. Therefore, in many cases, children and infants were the best choice (ibid.).

Circumcision as a form of sacrifice may have its roots in the *Bible*, specifically in the book of *Exodus*. In this story, Moses, his wife Zipporah, and their son encounter God's wrath during their journey to Egypt. Zipporah takes matters into her own hands and circumcises her son with a sharp stone, saving him from death. The story suggests that circumcision has life-giving power and can be seen as a form of sacrifice. However, there is ambiguity around how Zipporah knew that circumcision could save her son's life. Some scholars suggest that Moses had neglected to circumcise his son, and when a snake swallowed the boy leaving only his genitals exposed, Zipporah realised the life-giving power of circumcision and acted quickly to perform the ritual. It is possible that circumcision protected Moses from being completely swallowed by the deadly snake. (Tangook, 2018, p. 283; Tirani, 2003).

In later days, reports have also been found in Central and South America about circumcision of children in the form of sacrifice. Circumcision was the final stage of the evolutionary

process of sacrificing for gods. Toltecs and Mayas in Mexico sacrificed adults and Phoenicians sacrificed children. In another stage, the genital organ was sacrificed to the goddess of motherhood and finally circumcision was offered as the sacrificed part to Jehovah (one of the names of God in the *Torah*). There was also a tradition of self-sacrifice among Mayan men and women; that is, while kneeling, by pouring blood from a part of the body in front of the ruler or spiritual person (for men, the genital and for women, the tongue by passing a rope through it), they proved their devotion to the gods. This act (circumcision) was actually done for two reasons: First, it is a symbol of sacrificing sexual desires and surrendering desires to religious interests; the other is that it is a symbol of sacrificing the whole body to a particular god. This act made man dependent on that god and his people. In fact, sacrificing a part of the body among most tribes in America existed in various forms. The Dogons in West Africa also believed that children were born with both male and female sexes; girls had the male soul in their clitoris and boys had the female soul in their circumcision. As a result, by cutting this organ, they helped the growth of personality dimensions and fertility of children. There was also a belief that since man is taken from the earth, he is obliged to pay his debt with his own blood and therefore the blood resulting from circumcision was poured on the earth. It should be noted that the belief of the ancestors about sacrifice was that blood is a sign of life. So shedding blood and making it flow meant being alive and alive. It was also believed that the blood of the sacrifice could make the earth fertile. This belief and way of thinking goes back to the era of animism and anthropomorphism in the history of mankind, to a religion whose followers believe that all elements of nature have a soul and spirit. Usually these spirits and souls are attributed to plants and animals. According to this conception, spirits and devils cause movement in nature. Some of these spirits cause evil and some cause goodness. Taylor, a British anthropologist in the 19th century, further expanded this concept. He writes in *The Primitive Culture*:

The initial manifestation of religion in human history is animism, which is founded on the imaginative and illusory beliefs of early humans. Therefore, the basis and foundation of religion have been wrongly established (Ruh Al-Amini, 1985).

Circumcision as a rite of passage for boys to find gender identity

Some researchers argue that circumcision serves as a means of bestowing male identity upon boys. According to their belief, circumcision is a rite of passage from childhood to adulthood that helps reduce the stress of entering a new phase of life. Pinar Selcuk, a Turkish sociologist, claims in her book ‘Step-by-Step to Becoming a Man’ that becoming a man involves passing through four main stages: circumcision, military service, employment, and marriage and starting a family. In Turkey, circumcision is a traditional way of entering manhood.

In some cultures, circumcision of immature children is considered symbolic of their transition to adulthood and inclusion in the world of men. It is a second birth granted by the father to his son, marking the end of childhood and the beginning of adulthood. As a result, circumcision is associated with concepts such as masculinity, courage, and social solidarity among peers who have also undergone circumcision, and spirituality is redefined.

In Turkey, circumcision carries positive cultural significance and is considered a necessary step towards adulthood. Uncircumcised boys are not accepted in society and may feel ashamed and inferior. Turkish boys are made aware of the circumcision process before it happens. There is social pressure on children to undergo circumcision, to the extent that they do not consider themselves men until they have been circumcised (Yavuz and Akdeniz, 2018).

However, the attribution of concepts such as masculinity and courage to circumcised boys and the way society treats uncircumcised individuals has created a positive mindset towards circumcision. In the long run, this has led to the act of circumcision becoming a highly valued tradition in some societies, and adherence to it is praised. Therefore, children approach this act with enthusiasm and desire.

However, this belief, which is rooted in tradition and culture and has its origins in some patriarchal societies, is rejected by proponents of gender equality. For example, Polish feminist activist Maria Mirek (2002) considers this act as a manifestation of male domination over women, which leads to the humiliation of mothers, as it implies a limitation of their power over men and reminds us of the discriminatory fact that male children belong to the world of men.

One of the common reasons for circumcision and the motivations for its continuation can be attributed to the discussion of identity among supporters of this practice. In other words, followers of a particular religion or tradition could create a distinction between themselves and others in a society consisting of different groups by marking their bodies, similar to how slaves were branded to distinguish them from free people, or how some youth groups make a specific tattoo as a symbol of their group. An important point in this regard is that sometimes these symbols are visual signs that reveal dependencies when looked at, but sometimes this act has been symbolically accepted to the extent that this important issue has more prevalence from this perspective today (Kroodk et al., 2013). Examples of these visual symbols can also be found in the early days of Islam, such as the identity markers of Muslims and idolaters. In this regard, Dr. Ali Noori, a sociologist and researcher, says: 'For example, in the early days of Islam, one of the identity markers of Muslims was that they had short beards, while idolaters had long, groomed beards. But Muslims, including the Prophet and his companions, would trim their beards and moustaches, and thus were recognised. So, this was considered an act of identity for them, so that anyone they saw with a short beard and moustache would be called a Muslim. In any case, any ethnic group, religion, or tradition may use tools and symbols for identity' (Ibid).

At times, the conferral of male identity occurs during infancy as a symbolic act, while at other times, it occurs during puberty. For this reason, the act of circumcision is often accompanied by celebratory ceremonies and gatherings of family and friends, as discussed in detail in the section on circumcision

rituals. For example, among the Ndembu tribe in Zambia, circumcision is seen as a way to rebuild the relationship between young boys and their parents. This is because the child is only in contact with their mother's tribe, while the father introduces them to other groups from different tribes. As a result, children are dependent on their mothers until they are circumcised and are considered impure and immature until then, not deserving of guidance from their fathers and other men. In some tribes such as the Bushmen in South Africa, circumcised boys are given a new name and are allowed to wear men's clothing and enjoy privileges such as hunting and fighting. In the Judo tribe, only circumcised men are allowed to lead the tribe and its ceremonies, receive animal gifts and clothing, and benefit from the strength of youth in their activities. Some tribes, such as the Dogon, also benefit from the myth of being bisexual—their belief is that children are born with both male and female genders and that girls have a masculine spirit in their clitoris, while boys have a feminine personality in their circumcision. Separating this part helps in their personality development and fertility. In line with the myth of childbirth with dual gender, the Ndembu tribe also believes that male circumcision is like the outer labia of the female vagina. Separating it is a step towards cutting the mother-child relationship. In other tribes, such as the Dowayo in West Africa and the Xhosa in South Africa, circumcision is known as a female part of the male genitalia, and separating it frees a man from his childhood bed. In the same vein, locals in Guinea-Bissau create a hole in the noses of young boys instead of circumcising them to release them from their mother's blood and prepare them for becoming hunters and warriors.

In addition to the beliefs discussed earlier, there are some individuals and tribes who believe that circumcision of immature children is a symbolic act that transforms them into mature men and separates them from the world of women, giving them a second birth given by the father to the son. This act is accompanied by a symbolic death of childhood and a rebirth into adulthood.

Throughout history, circumcision has been pursued for various reasons, with one of the most important ones being its role in

providing identity. In some societies and cultures, this act signifies a boy's entry into the world of men or a particular religion, or a combination of both. It bestows a new identity upon the circumcised individual. In fact, whenever a human being transitions from a natural or instinctive event to a social state, they undergo a complex and transformative ritual.

Mircea Eliade, who has interpreted and explained this theory in his book, 'The Sacred and the Profane: The Nature of Religion,' regarding the secret rituals, writes:

'Human beings cannot attain completeness and perfection in their natural state. In order for human existence to reach its full potential and become complete in every sense, one must die to oneself in their natural state and be reborn in a higher, religious and cultural life.' (Tangok, 2018, p. 283).

He considers the primary goal of human beings to be the attainment of a higher or trans-human level of existence, and defines the rite of passage as the transformation of human beings through the experience of a supra-natural death and resurrection, or a second birth. He states:

The neophyte emulates a supra-human and divine act by performing the rites of passage and strives to create himself in accordance with the ideal image that has been revealed to him through myths. The neophyte endeavours to achieve the religious-human ideal by undergoing all the tests of the rite of passage in his community, and his efforts encompass all the ethical principles that will later be employed in the developed society (Ibid.).

The psychological and emotional consequences and effects of circumcision have been investigated by numerous researchers around the world, including the study conducted by Shain and his colleagues. These researchers have focused on the psychological implications of circumcision. According to their findings, circumcision is considered necessary for boys in Turkey to achieve a masculine identity (Shain et al., 2003).

In modern consumer society, the body has also become a matter of 'salvation,' and in this ethical and ideological function, it has replaced the soul. Therefore, it should be recognised as an invaluable asset and sacrificed for its care. Investing in the body is made possible by resorting to seemingly benevolent goods and services. The message is to compare yourself to an ideal body, correct your body with the consumption of manufactured goods, and become aligned with the ideal body! In consumer society, the market is full of various goods and services to meet the created need for body modification and has expanded in this direction, promising and guaranteeing consumers that the ideal body is achievable through the consumption of these goods and services. The mesomorphic body carries values of masculinity and is based on stereotypes that induce strength and aggressiveness as male traits. This body is created as an ideal body through dolls, movie stars, models, and so on, arousing men's envy and urging them to strive for conformity (Kazemi, 2019).

Patriarchy and Control of Sexual Desires

The tradition of circumcision for both girls and boys dates back to the period after the decline of maternal lineage and the emergence of patriarchal rule and private ownership. During this period, everything, including women and children, came under the exclusive control and ownership of male tribes, and the enjoyment of sensual pleasures was also limited to this ownership and the enjoyment of men. Any sexual relationship outside the family was prohibited for women to protect their inheritance and biological heritage. In this regard, female circumcision was one of the guarantees for men to ensure that women's sexual desires would not be open to outsiders in the absence of their men, and vice versa, circumcision for men was widespread to better understand sexual pleasures.

Circumcision, whether for men or women, emerged with the rise of patriarchal societies, and information on the existence of these customs has not been observed before the emergence of such societies. Furthermore, the persistence and prevalence of circumcision is also observed in countries with similar

patriarchal attitudes. Perhaps the reason for such phenomena in such societies can be explored in the fact that in these types of countries, a family consisting of couples, parents, and children was highly regarded in all social structures and organisations, and within this family unit, a patriarchal power was responsible for facing the realities of the outside world, and the duties of the mother were assigned to family affairs, which reduced human beings to the level of animals and had to be suppressed. In addition to these patriarchal societies that supported circumcision, religions have also resorted to circumcision to attract people's attention from sexual matters to religious matters. Thomas Aquinas believed in the eternal obligation of circumcision and counted it as a permanent sign in the body of a Jewish person that prevented forgetfulness of servitude, along with Moses Maimonides who considered circumcision as a means of weakening sexual desire (Saeedi, 2011).

Therefore, one of the reasons for the occurrence of circumcision among men, which has been less discussed, is their sexual control. The roots of this belief can also be traced in female circumcision because some theorists have mentioned the primary motive for circumcising girls is to control the sexual desire of women in patriarchal societies, in order to preserve their virginity before marriage (Ahmady, 2015). In this regard, there are also historical roots that interpret male circumcision as an attempt to control their sexual desire (Johansen, 2010).

Regarding the suppression of sexual desires in patriarchal societies, two narratives can be considered. The first is that sexual relationships have been of great importance, so much so that in addition to the existing tendencies in the world today, such as homosexuality, heterosexuality, and bisexuality, we have witnessed a kind of relationship called 'bacha bazi' or 'amrad bazi' among men in the Middle East and in Greece, meaning a type of relationship where boys who have not yet reached puberty plays the role of the object of desire or 'amrad' in these relationships, and after reaching puberty, themselves seek the attention of younger boys, while also engaging in heterosexual relationships and reproduction with women. As

Afsaneh Najmabadi (2018) writes in the book *Women with Moustaches and Men without Beards* about this issue:

The concept of 'amrad' does not conform to a notion of sexual desire that includes a derivative or secondary inclination towards same-sex attraction and does not consider it as part of the desire for the opposite sex. By naming it 'amrad,' some writers unwittingly fell into a trap where homosexuality became synonymous with failure in heterosexual desire.

Therefore, we cannot consider 'amrad bazi' the same as homosexuality in the world today, and in support of this claim, we can refer to the survival of the human species due to the fusion of two sexes, which has occurred in these regions in any case, as evidenced by many accounts of 'amrad khaneh' and 'rosapi khaneh' where their managers paid taxes to the rulers of the time. Numerous accounts of 'amrad bazi' have been reported in ancient Greece and Iran, as well as among the Turks, and this issue has been so prevalent until a century ago that an American preacher named Southgate wrote the following:

I have facts that unequivocally prove that in Persia, hardly anyone is exempt from such debauchery and sin. The same sin is prevalent in Turkey, particularly in a more shameful manner in the capital and the army, and yet it is less severe than in Persia. The situation is the same in Egypt, and in all these countries, the Franks are almost always the supporters and perpetrators of crime. However, this act is only a characteristic of the national elite in Persia. What was revealed to me there was so shocking that words fail to describe it. A scene of moral corruption that filled me with fear and despair, to the point where I was ready to leave this contemporary Sodom and surrender myself to the fires of hell.' - (Willem Floor, 2010)

Considering the breadth and diversity of sexual matters and, on the other hand, the existence of such an approach that

advocates for the suppression of desires, reading this narrative from Burton in 1885 does not seem unexpected.

*Young people who reach the age of puberty have no access to any of the facilities that Europeans provide for premarital cohabitation. They are frightened of masturbation to the extent that they are circumcised, and cohabitation with female slaves or father's concubines, if not death, entails severe punishment. This is why they take turns with each other, which they call 'alish - tekish.'*¹ (Ibid.)

As inferred from this writing, circumcision must have been a practice during the time of boys' puberty so that, according to Burton, the pain or fear of its occurrence would act as a deterrent to masturbation. However, the function of circumcision as a suppressor of sexual desires has also been considered from another perspective, and with the theory of the Oedipus complex, Freud has also focused on it. In this interpretation, circumcision has been interpreted as a symbol of the superiority of fathers over young boys whose relationship with their mothers is threatened. (Al-Salam, 2002). The importance of this era is also evident in the fact that Freud, by placing the Oedipus complex in the position of the 'origin of psychological disorders,' and beyond that, accepting it as the centre of all complex psychological functions, recognised that the story of Oedipus is a regulator of human psychological life.

Therefore, Freud's Oedipus complex theory represents a situation in which a son seeks to possess his mother, but he faces a problem, which is the fear of his father's revenge by cutting his genital organ, an act known as the castration complex. Freud went through a period where he introduced the pleasure of body parts and sexual satisfaction as the centre of children's sexuality, a trend known as the stages of psychological and sexual growth or the stages of childhood

¹ 'Alish tekish' in Azerbaijani Turkish refers to a practice where young people take turns with each other, which is also associated with being indebted to each other.

sexuality. It is described as oral, anal, genital/ Oedipal, latency, and reproductive, in which the child tries to fulfil his or her needs and satisfy his or her desires in each of these stages. For example, in the oral stage, which lasts until the age of one, the infant gains sexual pleasure by sucking, and for this reason, he or she may bring objects and things around him or her to the mouth. The intensity of the desire can even create a delusional satisfaction (good taste of milk in the mouth, its warmth, relief, etc.) to the extent that we see the hungry infant sucking on empty air and falling asleep. Everything indicates that the infant has created the satisfaction he or she wanted for himself or herself. Freud calls this 'fantasy satisfaction of desire.' However, Klein, who is considered one of Freud's followers, presents a much more understandable narrative about the Oedipal period, which sometimes includes between three to five or six years of age. According to her belief, the Oedipus complex exists almost from the beginning of life, even before the child can perceive sexual differences. In Klein's view, the Oedipus complex is more the direct consequence of the 'primary triad,' i.e., mother-father-child, and creates a situation where the child is always at risk of being displaced, a situation that usually creates anxiety to some extent (Lopez and Rafael, 2020). In this period, the child tries to recognise the environment around him or her and the relationships within it, and by identifying with the same gender (in this case, the father), he or she tries to follow him and reclaim his or her position. For example, the child wonders why he or she has to go to bed alone after finishing daily activities, while the father and mother go to another room and sleep together. Therefore, he or she tries to sleep next to them in the parents' bed. Klein believes that the centre of the Oedipus complex is not the child's competition with his or her same-sex parent or the search for a parent of the opposite sex. Instead, it is the need to seek distance from the excruciating pain of being displaced (ibid.).

However, according to Freud, the obstacle to a son's possession of his mother is the castration complex or the fear of genital mutilation by the father. For this reason, some have concluded that Freud's theory is phallus-centred or based on

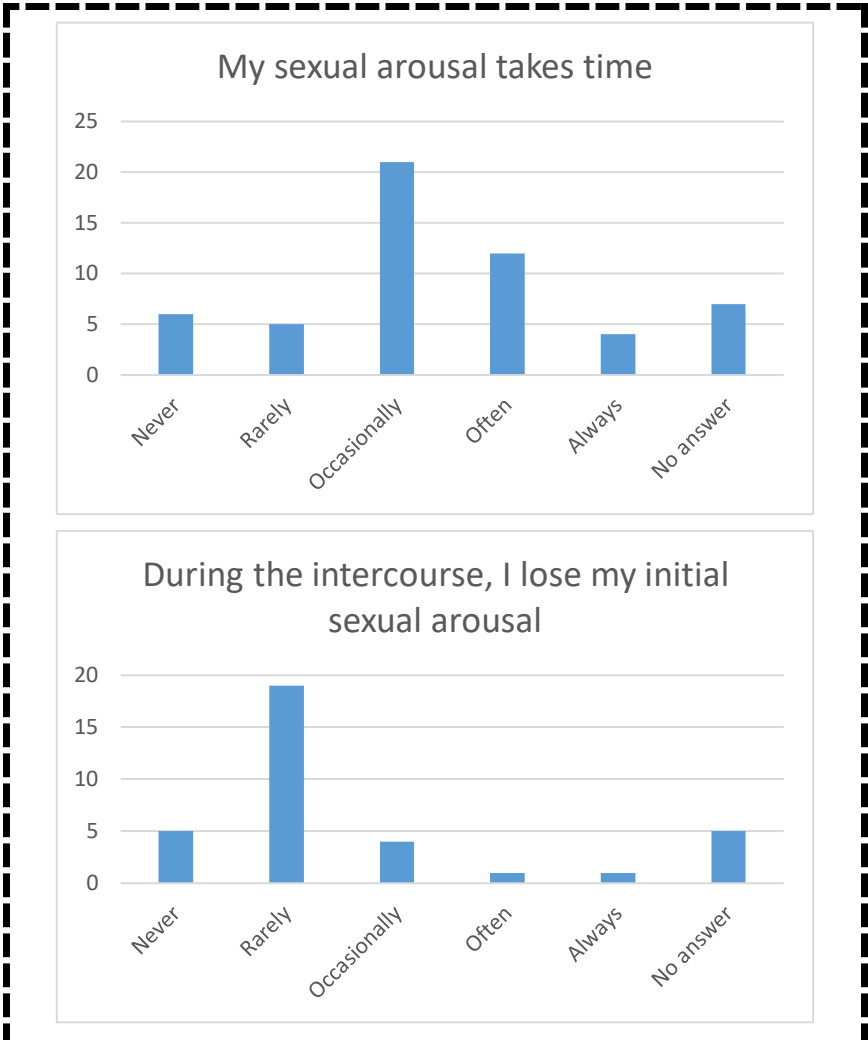
the superiority of the penis, and this hypothesis of male genital superiority is the basis of the general theory of the Oedipus complex. The little boy probably thinks that if girls do not have male genitalia, it is because they have lost their valuable body parts, and perhaps this issue has happened as a punishment for a sin they have committed. Another belief in this regard is that circumcision is a reduced form of castration, which still undermines the child's authority. Weiss goes further and considers circumcision not only a sign of the Oedipus complex but also death, and some African tribes associate the act of circumcision with the swallowing or killing of children by monsters. In some tribes in South Africa, Congo, Sudan, and Nigeria, circumcision was interpreted as primary death and rebirth and even the circumciser and his accomplices wore scary clothes and masks (sometimes made of animal skins) and symbolically swallowed or killed the child as the monster and gave him or her a second birth (ibid.).

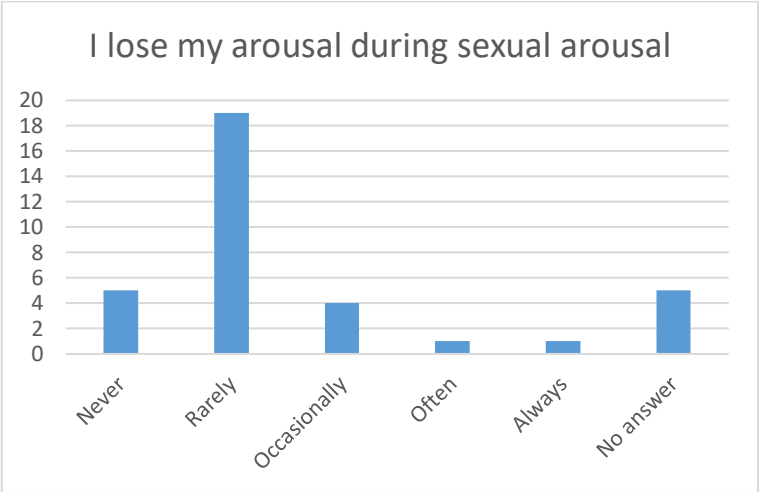
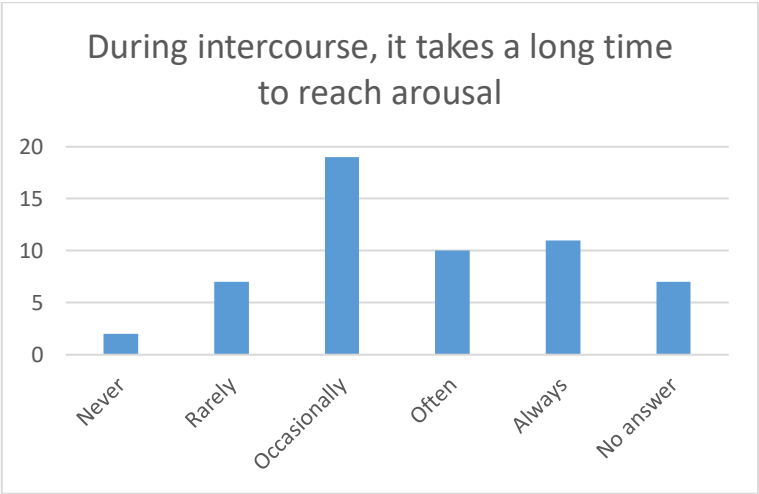
Interestingly, according to Freud, the period of sexual excitement in children, known as the phallic stage, occurs between the ages of three to five or six, which is the same age range in some societies where boys are circumcised. In a study conducted in Denizli, Turkey in 2012, researchers found that children who were circumcised at the age of seven or younger tended to want the procedure to occur at a later age. Some studies indicate that during this period, the act of circumcision was considered by children as an angry act and as a form of castration. In this study, about 26% of children in the phallic stage were circumcised, of which 10.4% and 9.1% believed that their male genitalia was smaller or taken away, respectively, which can be associated with the castration complex. Interestingly, fear and anxiety during and after the circumcision procedure were higher in this group of children who underwent circumcision during the Oedipal or phallic stage compared to other age groups. Therefore, it has been suggested not only in this study but also in some other that circumcision should not be performed on children during this period unless for medical reasons (Krodek et al., 2013).

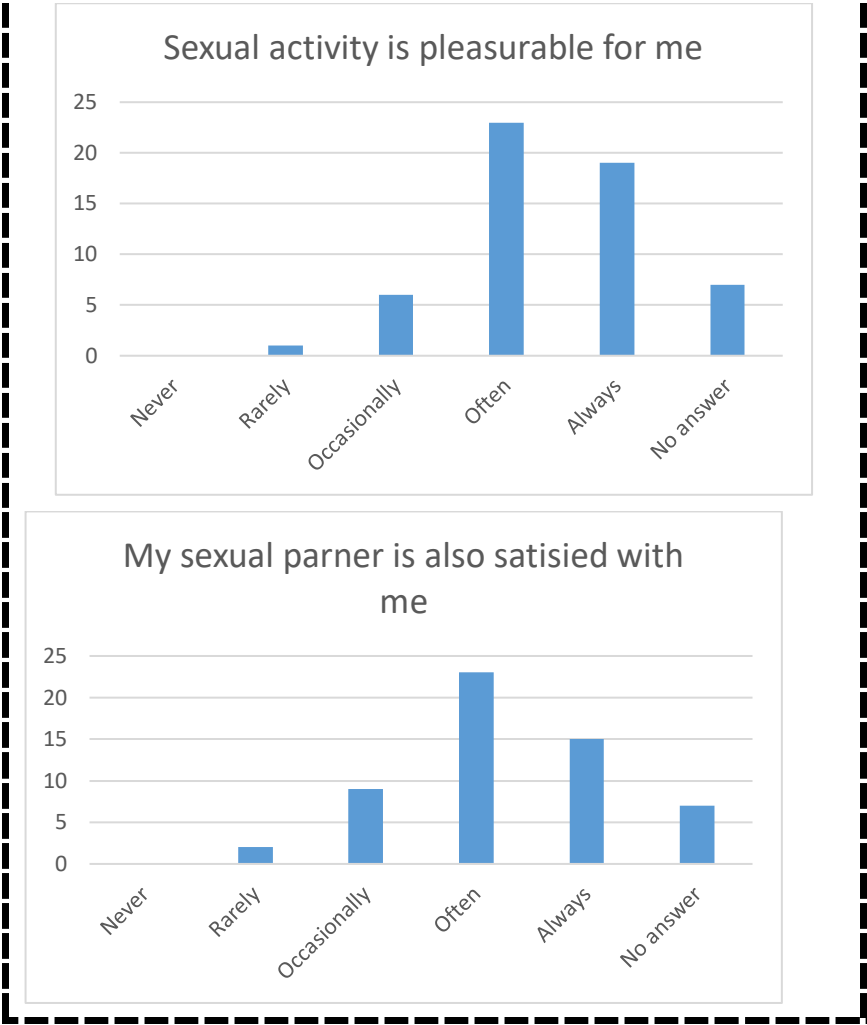
Some health experts claim that circumcision can reduce sexual feelings because thousands of nerve endings at the end of the

genitalia are removed by this method. A study conducted in 2007 showed that uncircumcised genitalia had more sensitivity to gentle touch compared to circumcised genitalia. In addition, this extra skin causes an increase in friction and stimulation during intercourse. According to Dr. Alex Shteynshlyuger, director of urology in New York, studies have shown that there is no change in the sensation of adult men who undergo circumcision. A study conducted in 2016 confirmed that the level of sexual pleasure in men who were circumcised did not change compared to before. However, there are also studies that contradict Shteynshlyuger's findings. The validity of each of these studies requires significant cost and investment, rigorous testing, independence of research institutions, and a long period of time.

Circumcision has been explained among Jews with different interpretations. Hellsten believes that Jews have used this practice as a tool to control sexual desires and men's attraction towards women. They have also used it as a symbol to create a distinction between believers and non-believers (Hellsten, 2004, p. 253). Others believe that circumcision not only physically and spiritually distinguishes men from uncircumcised individuals, but also leads to the moralisation of men by reducing their sexual desire. Supporters of male circumcision are aware of its function in limiting sexual desire. Moses Maimonides, a Jewish physician who lived in the 13th century, suggested male circumcision as a tool to weaken men's sexual power and pleasure towards the improvement of their morality and as a guarantee of their chastity (Al-Salam, 2002).







Further Study 10: Answers of circumcised men to research questions about the quality of sexual relations

Men Without Wombs: Circumcision as Compensation

Some historians attribute male circumcision to their jealousy towards women’s fertility. For a woman, pregnancy is the highest manifestation of her natural self, a feeling of completeness, where the mother and fetus nourish each other, and her father and everything else around them are psychologically outside of this relationship. Therefore, we see that men are jealous of the gravitational power of women’s

bodies and their ability to reproduce. Margaret Mead believed that male circumcision was caused by their own jealousy and was a factor in masculinising men, as it suggested that men also played a role in the birthing process (Zarlaki, 2016).

Some believe that since women's fertility is achieved through their menstruation, male circumcision is a symbol of this feminine quality. Shohreh Zarlaki also writes in her book *Women, Menstruation, and Madness* about this belief:

André Sigmond uses the term 'menstruation envy' in his articles. He says that this type of jealousy has led to 'parallel menstrual.' Parallel menstruation is a set of behaviours and rituals that are performed in the same way as the menstruation ceremony that girls perform for newly adult boys. This ceremony is common among California Native Americans. Of course, it is clear that this ceremony does not include the isolation and strictness of the female menstruation ceremony, and boys do not have to be imprisoned for days in a place away from home. In fact, the commonality of this ceremony is the same final celebration that is held to celebrate puberty. Natives of countries such as Australia, Papua New Guinea, the Philippines, and Africa go through rituals and celebrations earlier in the parallel menstruation ceremony and do things like creating a small gap (similar to the vagina) on boys' genitals or pulling teeth to make them bleed. One of their prohibitions for boys participating in this ceremony is the prohibition of scratching their head and body. Javanese tribal men also go to the side of the Amazon River and create cuts on their thighs and wash their blood in the river. This is a completely masculine blood ceremony, and women are not allowed to participate in it (Ibid., pp. 116–117).'

Another example of parallel menstruation is circumcision and bloodletting. Circumcision and its pain (perhaps even the bleeding caused by circumcision can be added to this matter) are a type of synchronisation with the pain of childbirth and menstruation. There are indications proving that bloodletting, which results in the loss of a lot of blood from men's bodies, is the most common similarity with menstruation. It seems that

these behaviours have accompanied men sensory-wise with their wives, mothers, and sisters, a kind of synchronisation between men and women and a reduction of sexual differences and distinctions. However, mythologists are also of another function. They believe that this ceremony has caused the mysterious power of menstruation to be transmitted to men as well. Therefore, the phenomenon of parallel menstruation has been common in societies where the blood of menstruation is sanctified and respected as a symbol of magical power. André Sigmond searches for the reason for this sanctification in myths related to the Earth Goddess. The mythological human does not consider the blood of menstruation a sign of illness and weakness. In his view, this blood is the blessing and mercy of Mother Earth. He uses the combination of two words, blood and sacredness, to explain this concept further. Some researchers express other reasons for this sanctification. For example, one of these researchers says that since genitalia were primary symbols of holiness, it is natural for blood that comes out of these organs to have an ancient importance. This blood, in all cultures that sanctify blood, is a symbol of life and fertility (Zarlaki, 2016).

Of course, it should be noted that nowadays, this envy of men towards women's fertility has decreased, as through new discoveries and microscopic observations, men have come to realise that they also have an inevitable role in reproduction. Their masculine role has been more accepted, and they have gained confidence in being a father. Now, they are not just simple spectators or witnesses, but they are fathers as well (Ibid.).

The Economic Function of circumcision

It is true that the necessary data for documenting the economic performance of circumcision is not particularly abundant or wide-ranging, but some historical and trade-related data on circumcision in modern medicine, tool and cosmetics and health equipment manufacturing, and beauty surgeries indicate that part of the reasons for the sustainability and continuity of circumcision may stem from its economic

function.

Historical records indicate that circumcision ceremonies held great significance and were attended by high-ranking military and government officials. The grandeur of these ceremonies was often associated with economic factors, as kings would host multiday feasts and sometimes pay for the circumcision of other children in addition to their own. For example, Al-Maqtadar paid 600,000 dinars for the circumcision of his five sons, and Mahmoud Khan Dashti minted coins in his son's name to distribute to the people of the city. Mohammad Ali Shah used his son's circumcision as an opportunity to raise funds to suppress revolutionaries in Tabriz.

Celebrations could last for days, such as the seven-day celebration of Jafar Khan Zand's son, which included a feast and a fireworks show (Franklin and Scott Waring, 2018). Sultan Murad III's circumcision ceremony for his son was said to be the longest and most magnificent in Ottoman history, lasting fifty days and attended by both local and European people (Washington Post, 2015). While circumcision was a symbolic ritual to honour male identity and the religious community, it sometimes had other functions as well. For instance, Mohammad Ali Shah may have used his son's circumcision to develop social capital for his political agenda.

As previously mentioned, in the past, traditional circumcisers performed this procedure. These individuals received payment from the child's parents for their services, and being a circumciser was considered a profession through which one could earn a living. They typically learned this profession from their own fathers and ancestors and made a living by attracting local customers. Although doctors have taken over from traditional circumcisers in the modern world, the fact that circumcision is prevalent among individuals born into the Muslim faith at a rate of 100% means that the economic dimension and significant financial circulation of this procedure may be one of the reasons why physicians continue to perform it.

Chapter 7: Experiences of Research Participants

Introduction

This chapter investigates more deeply into the experiences of participants in the ‘circumcision’ research, making it the heart and soul of the study. The data presented in this chapter are of utmost importance, derived from in-depth interviews conducted with individuals from diverse ethnicities across Iran and other countries. The chapter is divided into three main sections: The first section provides insights into the different forms and tools of circumcision, as experienced by the participants. The second section sheds light on the contextual factors related to circumcision in their experiences. Finally, the third section explores the perceived benefits and harms of circumcision, as reported by the participants of this study.

Circumcision Methods and Tools

The act of circumcision has a profound and enduring impact on the minds of those who undergo it, with many dimensions to consider. Among these, the tools and methods used for the procedure stand out as the most significant and vivid memories of the experience. Traditional circumcision tools such as Salmani and Dallaki razors, combined with the absence of anaesthesia, have created painful and traumatic memories for those who have undergone circumcision in this manner. The lack of disinfectants in these procedures only adds to the already frightening image of circumcision, making it difficult for today’s children to imagine. The long-lasting fear and psychological and biological effects of performing circumcision with improper tools and equipment, at a basic and undeveloped level of society, are deeply linked to social,

cultural, and religious beliefs. Changing these beliefs and improving the tools and methods used for circumcision require widespread education and enlightenment at the family, societal, and institutional levels.

For instance, many individuals who were circumcised in a traditional manner years ago, particularly from rural or impoverished areas, were subjected to mass circumcision with only basic tools such as an ordinary razor and a straw. The collective and group nature of this experience is deeply ingrained in their psyche and can lead to feelings of shame in adulthood. One of the participants in this study, a 65-year-old man living in Canada, recalls his experience vividly and refers to his circumciser as ‘Dallak.’ He describes the day of his circumcision in harrowing detail, highlighting the inadequacy of the tools and methods used for the procedure in these terms:

We lived in Torbat-e-Jam due to my father’s occupation. I remember it was decided that three of us would be circumcised. It was done in a very traditional way. A circumciser came with basic tools...there was no anaesthesia, and I am not sure if there was any local anaesthesia. This is the only memory that has remained in my mind. The razor he used was like a shaving razor, the ones used in Salmani [the barber]. We did not pay much attention to these details, but I remember the lack of anaesthesia. He also created some sort of protection for after the surgery, like a donut... I mean, I am saying something, but it does not mean that you should eat a donut. It was just a bigger version of it, for protection. He had made it himself and put it on after the surgery.

Mohsen (alias) is a 66-year-old Tehran resident who shares a terrifying yet amusing experience of his circumcision. His experience is a bitter reality that portrays the dominant adults as perpetrators, and the tools and equipment as instruments of power that are wielded in the act. In his experience, we witness another type of circumciser called ‘Luti,’ who uses only shaving razors and no anaesthesia. Mohsen recounts his own circumcision experience as follows:

In 1989, when I was only in the second grade of elementary school, I received the news that I was to be circumcised. The thought of undergoing the procedure filled me with terror, and I would run away whenever possible - even my friends and neighbours would join in the pursuit, alongside my father and uncles. Eventually, I was caught by a dark-skinned man, known as 'Luti,' who wielded nothing but a shaving razor and a crudely reassembled blade with a cut in the middle. With these primitive tools, he cut away my foreskin.

Ahmad Moghimi, a 60-year-old man who lived in the railroad station of Esfarayen during his circumcision and now resides in the suburbs of Paris, sheds light on another aspect of the circumcision experience. He was circumcised alongside his older brother, and he recalls the tricks that the older men used to distract and disorient him during the procedure. This behaviour is indicative of the non-realistic and inhumane attitude of adults towards children and childhood phenomena from a sociological perspective. It is noteworthy that the mindset of adults towards children is based on assumptions of ignorance, helplessness, and powerlessness, which manifest themselves in the insistence on performing circumcision without the child's consent. Another interesting point in his memories of the experience is the use of hot ash from burned cloth to disinfect and dress the cut areas of the circumcision, which was a traditional method. He describes his circumcision experience as follows:

I was four and a half years old, and I didn't really understand what was happening. However, my brother Akbar, who was seven years old, knew exactly what was going on. That day, my father took my brother and me inside the house, undressed me from the waist down, and laid me on a mattress. My brother Akbar was also laid on another mattress. A few people sat around us. I was happy because I had some sweets and coins in my hand, but at the same time, a couple of people were asking me questions that I didn't understand. Then, when they started cutting with a knife-like blade, I cried out in pain. My crying

intensified when someone named Salmani [the barber] lit a small piece of cloth on fire and put the hot ashes on my wound. After that, they circumcised my brother Akbar in the same way.

Performing circumcision by traditional circumcisers, who belonged to the first group of professions but also performed circumcision, was a very common practice. These individuals used very basic tools to perform circumcision on children. In that particular period of time, we observe an inseparable division of social labour, the lack of specialisation in circumcision as a social-economic phenomenon. While today we witness the specialisation and differentiation of professions and the emergence of practitioners who specifically perform this procedure. This important distinction can be indicative of the link and focus of medicine on circumcision, which is considered a social phenomenon, and its relationship with power and its mechanisms. A 65-year-old man living in Canada with a high school diploma recalls his memories as follows:

We were living in Torbat-e-Jam, because of my father's job. Then I remember that we were supposed to be circumcised - it was done in a very traditional way. The circumciser came with basic tools and circumcised all three of us in one day, starting with the oldest, then me, and then the youngest. We didn't go to the hospital, it was done at home. I remember that the tools used were very basic and the procedure was also very basic. But at that time, all of our attention and focus was on enduring the pain. We knew that a cut was going to be made and that it would be somewhat painful. But we also knew that there was no other option and that we had to go through with it.

The account of a man in his early forties, residing in Tehran and holding a bachelor's degree, showcases a positive shift in the health standards surrounding his circumcision procedure. Interestingly, he was not circumcised by a traditional circumciser who, while not a medical professional, had some knowledge of modern medicine. Instead, he was circumcised by a local health worker who used antiseptic and anaesthesia during the procedure. According to his recollection, traditional

circumcisers used to perform this procedure in the past and received payment from parents for their services. Being a circumciser was considered a profession that provided financial stability. These individuals, who were often local and learned the trade from their forefathers, attracted clients from their communities. The study participants' recollections of their circumcision experiences, including the location and the person who performed the procedure, are noteworthy. The man in question recounts his own memory of the event as follows:

There was a man in our neighbourhood who did this work, meaning he performed injections and circumcision. He had made a part of his own house a clinic for this work. Then we went there, and I remember the scene of disinfection, and then I don't know if they gave me an anaesthesia injection or not, but I remember all of it well. Then for a few days, I had a limp, and that memory is also there. Until I came and opened the bandage, and now if you want, I can tell you the details. It was in the clinic, but there was no doctor. He was one of those who do injections and circumcision, not a paediatrician or general surgeon.

In fact, being a circumciser was considered a profession that one could earn a living from. These individuals, who were often local and learned the job from their forefathers, made a living by attracting local customers. Traditional circumcisers were of two groups: the first group were those who had other professions such as blacksmithing or tailoring but also performed circumcisions, and the second group were individuals who solely made a living through this profession. In addition to performing this operation in the area and village where they resided, they occasionally visited other regions and villages and could circumcise several boys in one day during a visit to a village. One of the respondents to the questionnaire in this study, a 43-year-old man residing in Ahvaz, holding a bachelor's degree, and following the Shia religion, spoke about these individuals as follows:

I was circumcised in a clinic by a doctor in the city. We had just moved to Ahvaz, but before that, in the village,

some people with a van and some tools, like a razor, a straw, and a bowl, would come to the villages and perform circumcisions. They had circumcised my cousins. At that time, I cried a lot and did not allow them to circumcise me, but my brothers were circumcised by them, and fortunately, my family understood and accepted that we should go to the doctor to have me circumcised.

With the advancement of medical technology, or to put it another way, the medicalisation of the society, and the pace of urbanisation culture, traditional circumcisers gradually gave way to doctors who performed circumcisions in clinics, hospitals, and specialised treatment centres with advanced equipment. Of course, in many rural areas, traditional circumcisers still perform this operation, but in the competition between traditional and modern circumcisers, traditional ones are less popular. In practice, economic competition is one of the most important mechanisms of power in modern society and capitalism, and doctors still take the initiative to perform circumcisions through medicine, technological development, and the use of knowledge in confrontation with previous approaches and traditional methods because parents' tendency to have this operation done in specialised treatment centres has increased to reduce the possibility of harm and pain. In fact, with the development and modernisation of society, not only has this tradition and culture not disappeared, but it has become more modernised, and a variety of tools and instruments have been provided by actors and traditionalists.

Backgrounds

Examining the reasons for the continuation of circumcision in various parts of the world indicates that among some ethnic groups, indigenous traditions in some geographical areas, religious orders, and in some countries, medical recommendations, and in many cases, a combination of all three elements as influential backgrounds have led to the continuation and expansion of this practice to this day. These

cases indicate the dominance of medical, traditional, and religious discourses over the phenomenon of circumcision and its justification through each of these discourses, which, of course, seems to have been a combination of them during certain periods of dominance. Legitimising circumcision and its connection to power structures and mechanisms through these discourses is a subject of study and reflection. Therefore, examining this issue from a historical, anthropological, and sociological perspective is essential. Athna Kamel, a Ph.D. sociology student, also emphasises the importance of this multidimensional study:

The prevalence of circumcision in certain parts of the world among some ethnic groups and religions should be examined from different dimensions. In other words, we should be able to explore and see how the integration of circumcision with identity, religion, tradition, and even class, along with medical endorsement and recommendation, has affected its prevalence. What I mean is that by considering identity, religious, and traditional factors, we need to see how the rate of circumcision has fluctuated in different parts of the world?

National Backgrounds, Traditions, and Social Norms

As the statistical table of male circumcisions in different regions and the map of the prevalence of circumcision by the World Health Organization show, the practice of circumcision is more prevalent and persistent among communities with indigenous backgrounds that follow their traditions and religious orders seriously. Therefore, this practice is more widespread in the Middle East and Africa. However, countries such as the United States also have a high circumcision rate, but the reasons for the preference for circumcision in this country are not based on a belief but rather on some medical reports. This proves the necessity of a general approach to the phenomenon of circumcision, which should be formulated in the same way that its general formulation in the world and different societies should be examined and analysed, indicating the commonalities between societies in looking at and dealing with this phenomenon. At the same time, its

specific formulation should be observed, and the process of building, development, and evolution of this phenomenon in the process of changes and developments in each society should be evaluated. Regarding the prevalence of circumcision in societies where traditions and norms are highly valued, Dr. Mehdi Feizi, an economist and translator of the book *Identity Economics*, says:

Sometimes you are faced with a society that, like Eastern societies in general and Middle Eastern countries in particular, due to extensive historical reasons, has diversity and social categorisations, such as ethnicities. You may not see this density of ethnic diversity that you see, for example, in Afghanistan and Iran or among some African tribes, in many other countries. Therefore, we must accept that in some societies, diversity and variance are greater. Each group has an identity, and it seems that this fortyfold identity, this dispersion of identity, or identity conflicts become serious when everyone tries to make their identity more prominent.

Statistics on circumcised men in different countries around the world show that traditions are highly valued in some communities, while in others they are not immersed in past customs and traditions. For example, Canada can be mentioned as a country with extensive identity, yet only 31.9% of men in this country have been circumcised. Dr Mehdi Feizi's analysis emphasises the existing differences between Eastern and Western societies regarding this issue and states:

There are some fundamental differences between the East and the West. What exists in the East is historical, time-bound and evolutionary, while what exists in the West is novel and emerging. They cannot really be compared; there is a world of difference. In the West, there seems to be a veneer of multiculturalism, but it is only skin deep. When you go beneath the surface, you find that society is actually quite homogenous. But in the East, it is not like that at all. For example, in Western societies like Canada, gender identity is not taken very seriously, while in the East it is taken very

seriously. Or ethnic identity - it is not seen as very important in the West, but it is very important in the East. Western societies may claim to value diversity, but ultimately if you want to succeed there, you have to 'integrate.' Integrating means dissolving into the dominant culture and letting go of your differences. Thus, the very condition for survival in the West is forgetting identity factors, while the opposite is true in the East - you have to emphasise identity factors very strongly.

Dr. Mahdi Fayzi, a faculty member of economics at Ferdowsi University of Mashhad, points to pressures that, if not observed, enter individuals in the form of shame. This shame is created through social distinction and dualistic classifications of society and is actually a socially constructed feeling.

Regarding circumcision, this social distinction is applied through the dualistic division of circumcised and uncircumcised. The uncircumcised are ostracised and marginalised by the norms of that society itself. Here the theories of social exclusion and social construction are explanatory. He states:

If someone does not perform any social ritual or traditional ritual or religious laws related to a group that they consider others to belong to, they face social pressures. From this angle of not observing social norms, they say that social shame takes hold of him. It manifests itself in that form. Whereas psychologically it tends towards reducing that psychological cost. In other words, it decreases its consumption to reduce that cost, it conforms to the group, irrespective of whether that action is good or bad.

Regarding which groups in societies may adhere to these rituals and traditions, he adds:

This generally happens more with minorities, for the simple reason that someone who is part of a minority fears being ostracised. So they have to conform much more to these rituals and if they do not conform, they

will in fact be much less accepted. This minority can be ethnic, racial, gender-based, or anything.

Circumcision is usually so intertwined with the beliefs and convictions of individuals in traditional societies that most members of the community perceive it as a natural process. In their belief, circumcision is a necessary part of becoming a man, and no one can be a man without being circumcised. Here, circumcision is considered a symbol of manhood and masculinity, and the act of circumcision, which is a social construct of the society, is perceived as a natural process. It seems that theories within the subfield of gender sociology can explain this phenomenon. One of the participating men in this study, a 65-year-old high school graduate residing in Canada, stated the following regarding this matter:

My understanding was that everyone had to do it; it was an act that everyone had to perform. To some extent, we heard about it before, meaning whether you were circumcised or not. For example, if you were among the uncircumcised, it meant that, in a sense, you hadn't become a man or that you were a certain type of person. It indicated a value in the mind that you were growing up, despite knowing that it involved a cut and pain, ultimately, the way it looked with the extra skin, to put it in layman's terms, was not acceptable. Because infants were in that state, and we were at that age, when, for example, if it was seen or done, we were not yet among the, as the saying goes, grown-ups; we were not interested in joining that group. But, of course, we had a background, we knew it was something that needed to be done.

Conformity with the crowd and avoidance of shame are among the most important functions and reasons why males in societies like Iran seek to undergo circumcision. The issue of honour, which arises from the texts of traditions and prevailing norms in society, has always been a significant issue in societies such as Iran, which has the characteristics of a crowded society, and has always restricted the space for the emergence and appearance of social differences and discrimination-based actions. It seems that social validation

theory, mass society theory, and social conformity theory can explain this phenomenon.

A 65-year-old Iranian man residing in Toronto stated the following regarding this matter:

That wasn't my understanding, meaning we didn't consider it a harmful act. Moreover, from a health perspective, that organ was better, and, in other words, it was something else that, in our society, was considered abnormal. If this practice was not performed, eventually, it would become a matter of concern; meaning, because it was, to put it in layman's terms, customary, and you saw it as a harmless and ordinary thing that needed to be done.

All these symbols speak of the unparalleled power of traditions and social norms, whereby many individuals follow social norms and the ways of their ancestors without finding a clear reason for their actions. To better understand this issue, we can examine the responses given to the general questionnaire of this study. Most of those who responded to this questionnaire referred to social norms and customs when explaining the reasons for their own or their children's circumcision. A 35-year-old woman from Javanrud in Kermanshah Province says:

I have two sons, and I circumcised both of them before they were two months old. Usually, people around us circumcise their children at this age. As for why I did it, to be honest, it wasn't like I sat down and thought about it and then went and did it. This issue has been so accepted in the religious and social norms of our society that no one thinks about why. It's like asking someone why they eat with a spoon. Because of the support that religion and tradition have given to circumcision so far and the positive aspects they say it has from a health perspective, this issue has been completely normal and accepted in our society.

The power of traditions, culture, and customs in people's lifestyles and decisions is so great that in some cases, such as male circumcision, some people follow the ways of their ancestors without thinking about the reasons behind it. For

these individuals, deviating from the customs of society is a deviation from the standards that determine the natural state in society, and it seems that 'circumcision' is also one of the examples of the natural state in the beliefs of societies such as Iranian society. A 43-year-old man living in Tehran says in response to the questionnaire:

I had no reason, but mostly because everyone in this society has to do it one day.

In fact, traditions not only oblige individuals to follow the laws but also close the way for any questions on them. Traditions naturally display phenomena that are social affairs and created by society's conditions, and circumcision is also one of these phenomena, blocking the way for critics and questioners of this phenomenon and the necessity of social freedom and criticism regarding these phenomena. To better understand this issue, the answer of a 65-year-old man from Torbat-e Jam about the reason for circumcising his son is worth considering:

This was a normal thing that had to be done according to the tradition.

However, whether following ancestors and forefathers is an unavoidable necessity or not is a matter that Dr. Akbar Karami, a physician and professor at NOVA college in Virginia, has given a thoughtful opinion on in an interview with Radio Farda. He emphasises that our world today must reach maturity and self-sufficiency and move forward with logic and rationality, saying:

We must accept that many of the things our ancestors did lack reason and rationality, simply because they were not in a position to approach these issues with sufficient logic and reason. We must recognise our own maturity and self-sufficiency; we should not remain slaves to the customs of our ancestors. I believe that even a part of religious logic does not accept this slavery. This slavery and subservience contradict even the unity that many progressive religious tendencies have created. It is pointless to look at what our ancestors did and praise it blindly. For example,

circumcision caused great suffering to children fifty years ago. How can we defend this practice now? We must accept that we were wrong. We must be the men of our own time and lay the foundation of our identity in such a way that we can be proud of it in the new era.

Shahram Eghbalzadeh, a children's literature writer, translator, and critic, has also examined this issue from another perspective and states:

In general, such transformations have many similarities. While the West reached this stage much earlier, due to extensive capitalist relations, capitalism becomes a global phenomenon, meaning it passes from the national level by force because it must export its surplus production and materials. This leads to very extensive relationships. This expansion is not only economic but also cultural and political. In the early stages, when the concentration of capital and exclusive power between political factions has not yet taken shape, the need for free circulation of capital leads to political and cultural freedom and the removal of sanctity from some religious practices and even the prohibition of the Church from interfering in cultural and religious issues. Religious authorities and religious and political institutions and national or religious leaders who have the power to reveal and interpret these taboos and pseudo-sanctities have ultimately gained the power of interpretation and special privileges. They have become a powerful class, separate from individuals; in other words, they have become a hegemonic class, part of the ruling class with two pillars: political power and religious authority. They do not allow any kind of interpretation and revelation because ultimately, if their power is broken and their spiritual credibility and authority are lost, their political power and hegemony are also questioned, which can be a crisis for them.'

Gerontocracy or sheikhocracy and seniority are also part of the logic of circumcision believers. In a traditional society, elders and sheikhs have high authority and credibility among the

members of the society. One of the participants in this study was a 60-year-old woman from Shahinshahr, Isfahan Province. In part of her speech, she refers to the reason for circumcising her son:

We followed the opinion of the elders.

In this regard, it must be acknowledged that redefining and attributing concepts such as masculinity and courage to boys who are circumcised and the way society deals with uncircumcised individuals has been able to create a positive attitude towards male circumcision. This duality in society, which is attributed to circumcise and uncircumcised individuals, is itself a factor in the social exclusion of uncircumcised individuals and ultimately aims to gain social approval. In other words, such behaviours have led to circumcision becoming a high-value tradition in some societies in the long run, and adherence to customs has been admired. For this reason, children are interested in and eager to undergo this procedure. An Iranian man, 65 years old, and a resident of Mashhad in Razavi Khorasan province, in response to the question of why he has taken the initiative to perform such an act for his children, says:

It's like nothing, just like how we used to pray. Because our father used to pray, we used to pray at that age too.

It's evident that the environment and geography in which individuals live have a significant impact on their choice to either blindly follow traditions or proceed with knowledge. This is apparent from some of the responses of those who have circumcised their children in Iran but now live in another country. For example, a 56-year-old Iranian woman living in Toronto explains why she circumcised her son:

It was customary in Iran, and there was no other reason.

Similarly, a 70-year-old Iranian man living in Cologne, Germany, states that blindly following traditions compelled

him to circumcise his son. In other words, after leaving a society that strongly adheres to traditions, individuals have the opportunity to think more clearly and critically about the reasons behind a particular action before taking it. It seems that many people circumcise their children to be accepted in the community where they live and to conform to its norms. These lived experiences demonstrate the power of society in shaping the minds of social actors in a closed, traditional, and tribal community, to the extent that not adhering to the norms of society is regarded as deviant behaviour and results in social exclusion. Thus, active and creative agency is denied to individuals, and they are not able to behave differently from the majority due to the fear of being labelled as different and socially excluded. Here, the fear of being different and stigmatised is replaced by conformity and adherence to the norm of circumcision as the dominant norm in society. The theory of social labelling and social exclusion seems to be the analytical framework for this situation. A 36-year-old woman, a student living in England and originally from Sanandaj in Kurdistan Province, while not believing in circumcision and considering it a form of sexual mutilation, speaks about the difficulties of challenging this belief because of traditional norms. She says,

In my opinion, circumcision is a form of sexual mutilation, and if I have a son, I will never circumcise him. But I also know that if I come from a religious and traditional family that circumcises for tradition, religious orders, and health reasons, I will undoubtedly face opposition and this will make the situation difficult for me and my son. But I will certainly try to persuade them that this is a form of sexual mutilation.

In the experiences of some participants, certain limitations have been mentioned that circumcised individuals face in their daily lives. It seems that the idea of cleanliness and what has been referred to as 'tahor' in religious literature is deeply associated with the practice of circumcision in religious mindset and has been very effective in encouraging them to perform the circumcision. For example, a 34-year-old Muslim

man with a bachelor's degree, who is Shia and a resident of Ahvaz, stated the following on this matter:

I remember when I went with my father and uncles and they performed the Islamic circumcision on us, and I became a pure Muslim. Before circumcision, they used to tell me that I couldn't take the head of a rooster because I was not clean since I had not been circumcised. Of course, even after circumcision, I didn't take the head of the rooster. They gave me some prizes, and I was happy. Then, after circumcision, they were looking for my feces to check if my body was functioning properly, with the red cloth wrapped around my waist.

Religious Backgrounds

Religion has played a determining role in the continuity and perpetuation of the practice of circumcision, as evidenced by historical evidence and documents, for reasons previously discussed. Throughout history, individuals have continued to perform this ritual without a clearly defined reason, apart from following religious mandates. This is corroborated by responses from mothers and fathers in a general questionnaire administered in this study regarding why they chose to circumcise their children. A sixty-five-year-old man residing in Canada with a high school diploma emphasises this point, stating:

There was something; after all, it was prevalent. Ultimately, we were part of a religious society, and this was also related to religion. At that time, we heard that those whose beliefs differed from ours—I am now saying that I do not believe in this—but at that time, as a Shia Muslim, we knew that this had to be done, and it was like an identification for us. For example, we know that Christians do not do this.

Parents who have given short answers to the questions of this research questionnaire regarding the reasons for their child's circumcision have mentioned the role of religion as a determinant and consider themselves obliged to follow

religious orders without any hesitation. For example, a thirty-year-old woman from Birjand, Khorasan Razavi Province, cites compliance with Sharia as her decisive reason for circumcising her child. A twenty-nine-year-old man from Taybad, Khorasan Razavi province, says that obedience to religion and family was his reason for circumcising his child. Also, a fifty-nine-year-old woman from Kashmar, Khorasan Razavi Province, mentions Islam and health as her reasons. Similarly, a thirty-six-year-old woman from Tehran narrates

I circumcised my son, and I'm sure I had to do this because circumcision is the tradition of the Prophet, and we are obliged to circumcise our children. If my son ever asks me why I circumcised him, I will definitely tell him that since you are a Muslim, if you did not circumcise, you could not be a son-in-law and your prayers would not be accepted.

Ordinary people seem to perceive circumcision as a religious and cultural practice alongside the unawareness of factors that Dr. Alireza Kermani, a child sociologist, cites as the most important reasons for the continuity of circumcision throughout history. He believes that ignorance and religious and cultural adherence over the centuries and ultimately perhaps something called medical commercial in the modern era may be reasons for the expansion and continuity of circumcision.

Regardless of individuals' personal experiences regarding the sexual relationship between uncircumcised and circumcised men, one cannot ignore the power of religious norms and their influence on people's choices. Here, we refer to women who, due to geographical location and social norms, have to choose a man who has been circumcised for marriage, even if they know that the man will not have extraordinary sexual performance. In this regard, we can mention the words of a fifty-five-year-old woman from Javanrud, Kermanshah Province:

In our society, there are fewer men who have reached adulthood and are not circumcised. But the society's view of an uncircumcised man may not be the same as

an ordinary person. Often, men are circumcised in childhood, and whether they are circumcised or not has not been their choice. However, this issue has so much legal and customary justification that it affects the society's view of an uncircumcised man. For a woman, especially if she is very committed to Sharia and tradition, it is very important that her husband be circumcised, and she may even consider not being circumcised as a defect.

Joseph, a mechanical engineer from Ireland, although he himself does not believe in circumcision, is aware of religious pressures for it to happen. He believes:

We are Jewish and you know how committed we are to circumcising our sons. It's a purely religious assumption and a lot of ceremonies have to be held for it. But I was not born and raised in Israel and I am not religious, so my perspective is different. My wife is Irish and not Jewish and we quietly decided not to circumcise our two sons. Whenever the family and relatives ask us, we say they are. I know it may not be right to lie, but they cannot understand and digest this issue and we left it to time to solve it. Now only Muslims and Jews are circumcising in an extreme way. It seems that Jews and Muslims agree on this one issue.

For many of the participants in this research, especially those who have lived in the West and or have higher education, respect for religious norms does not mean complete submission to them. For being a child of one's time, as Dr. Karimi suggests, a culture and mentality must be created in society that criticising traditions and social norms rooted in tradition and history should not be considered a departure from religion and violation of social principles, while norms like circumcision have become so powerful due to religious legitimacy and longevity that confrontation with them is even impossible. In fact, this means legitimising the act of circumcision through religious discourse, or legitimising social norms related to this social phenomenon, and due to this legitimisation, they have gained social power to present

circumcision as something natural, the violation of which is taboo and sinful, departing from religious/religious commands. Susan Rezaei, a PhD student in Oriental Studies in Cologne, Germany, believes that one of the ways to change the views of Muslim and Jewish societies regarding circumcision is to increase the awareness of followers of these religions against its social function:

And if we look at circumcision this way, then we can convince parents and society in the next stage that okay, you perform circumcision for a social purpose. So you can make it gentler; instead of removing a part of a person's skin, you can make a small scratch symbolically or instead of inflicting so much pain on the child, you can celebrate the event with a ceremony and celebrate his entry into the next stage. But this is not something that happens overnight, it happens step by step.

The religious backgrounds of circumcision are so important that according to some this situation has caused many international organisations to adopt a conservative approach in practice and close the way to developing international policies against circumcision. For example, Dr. Reza Yahyaei, a paediatrician in Canada, talks about the reasons for not opposing the circumcision of boys and the silence about it from civil and international institutions:

The reason why there is no specific stance against circumcision is clear, because the stem of medical science is from the Jewish religion and, of course, anything related to Judaism will not be opposed at all. This issue is not limited to circumcision and includes other issues. About circumcision, since the religious belief of Judaism is that children must be circumcised on the eighth day, anyone who says anything contrary to this can become anti-Semitic.

These statements show the religious origins of circumcision in Judaism and have given social legitimacy to the act of circumcision.

Benefits of Circumcision

Undoubtedly, the continuity of circumcision throughout the centuries and its acceptance among the majority of Muslim and Jewish communities are based on the belief of these individuals in the existence of some benefits associated with this practice.

Medical Benefits

What has not yet been established with certainty is the relative increase in benefits versus harms of this practice. For this reason, international medical authorities, despite taking a firm stance against female genital mutilation, have not taken a clear approach to male circumcision and only emphasise the need for individuals or relevant authorities to be aware of its consequences before deciding whether to perform it. Perhaps this very neutrality towards this ancient and traditional practice, and the expression of its positive and negative aspects, may contribute to its continuity and durability, although some medical confirmations in this regard cannot be ignored. Athena Kamel, the translator of the book *Women With Moustaches and Beardless Men*, points out this very point:

The medical justification and endorsement is considered a significant turning point that has played a significant role in the continuity of circumcision. Justifications such as reducing the risk of infection or even improving the sexual health of both men and women have had a significant impact on the continuation of this practice.

While circumcision still fundamentally has a religious nature in its entirety, some scientific studies have claimed the existence of medical functions and benefits in this operation. In this regard, the United States and India are exemplary societies in one of which, the United States, the spread of medical justifications have led to the widespread practice of circumcision, and in the other society, India, these justifications have entered the public sphere on a large scale and it seems that in the not-too-distant future, the Hindu

society will also embrace it with an open mind. Nonetheless, currently only the United States considers circumcision in that country to be mainly due to non-religious reasons and based on medical factors. It is estimated that nearly 60 per cent of newborn male circumcision in that country is for non-religious reasons.

This indicates that circumcision is a social construct rather than natural, because in traditional and less developed societies, the reality of circumcision is constructed through traditional and religious discourse which dominates it, while in more developed societies medical discourse dominates the construction of this social reality. In addition to showing the difference in dominant discourses on this reality in societies, it indicates that circumcision is a social/cultural phenomenon and the mentioned points seem analysable in light of social constructivist theory and discourse analysis.

While the role of medical recommendations and reasons in circumcision statistics is much lower compared to traditions and religious beliefs, the number of people who resort to this act for hygienic and medical reasons cannot be ignored, people who do not have to observe religious commandments. A 62-year-old Iranian woman from Toronto says in this regard:

What the doctors were also saying that it is safer from a hygienic point of view; otherwise I had no religious or spiritual aspect for me, because at that time I was not religious.

An institutionalised belief derived from religion and culture about the positive results of circumcision leads some individuals and social groups to perform it based on medical advice and reasons while accepting its possible complications and negative consequences. The view of a 44-year-old Iranian woman from the city of Van in Turkey is as follows:

If I had a child, based on the information I have, maybe I would. Because I heard that... Of course, I do not know if my information is good, it is hygienic. I would do it for this reason, not for religious reasons, because I said I do not believe in any religion.

Undoubtedly, the spread of scientific reports about the medical benefits of circumcision has greatly contributed to its acceptance among different strata of society and at least has cast doubt on its staunch opponents. What is certain is that in recent years, due to awareness and information, some people have started to scrutinise this issue and want to acquire reliable information about the pros and cons of circumcision. A 49-year-old woman from Tehran says in this regard:

In the end, we don't understand if circumcision is good or bad...They say circumcision is not good, a group attacks saying no, it must be done and is medically proven...I really don't know if this act is good or bad. I just know they say it prevents diseases like AIDS and that's why I'm happy I circumcised my three sons.

The growing trend of positive reports about circumcision and its impact in preventing some diseases, such as genital cancer, has led some women to remove their breasts in order to prevent the very common breast cancer, thereby modelling the effect of circumcision on preventing prostate cancer in men! Despite this, some have criticised this idea by referring to non-medical aspects and oppose proponents of this idea. In other words, proponents of circumcision adopt a health-based approach along with the medical aspect to legitimise the act of circumcision. Referring to the views of some supporters and opponents can be clarifying in this regard.

In this context, Ahmad Shakeri, a nursing expert and circumciser in the Islamshahr area of Tehran, emphasises the importance of body image in answering the research question:

For a woman to accept not having breasts is difficult, because the image that exists in the society of a woman is that she has breasts. Even many of those who lose their breasts due to breast cancer later get prostheses to preserve their feminine appearance.

Since male circumcision does not change the function of the male genital organ and also preserves its external appearance, the concerns around circumcision to prevent genital cancer cannot be compared to the reaction to removing a woman's

breasts to prevent breast cancer. The stronger opposition to removing women's breasts can be linked to traditional beliefs that consider women sacred and view their bodies as needing more protection, while men and their bodies are seen as more public. As a result, there is less opposition towards circumcising men.

Doctor Yahyae in the questionnaire of this research also considers comparing circumcision and breast removal, to combat genital and breast cancer, as a widespread issue and says:

For example, one of those who did this was Angelina Jolie, a movie artist; She removed her breasts. I cannot defend this act, but based on my information I can say that, for example, if you are sure you will get cancer, it is better to remove that organ; whether it is the breast, the kidney or anywhere else in the body.

While it may be possible to look at this important issue from another perspective, that the bodies of men have had a more public aspect in history compared to women's bodies, and for this reason we do not see a reaction from society to changes in male organs, just as Dr. Ali Nouri, sociologist, also says in this regard:

In our own traditional society, especially since the economy was a subsistence one and families' conditions were not such that they could even provide enough clothes for the children. Sometimes boy children were completely naked until, for example, ten to twelve years old. They had no clothes or underwear at all, went and came in public gatherings, but families provided minimum clothes for their daughters to cover parts of their body. In other words, this happened somehow. While this was not the case for boys. In other words, the prevailing view was that the male body was more public. I want to say that there are evidences and examples for this.

Some participants in this research reported experiencing benefits of circumcision in preventing physical harm in their

sexual relationships. For example, Roy, a golf teacher from southern England, described his experience as follows:

Like many in this part of England, I am not circumcised. My mother was religious, but we did not have such a ritual here. I never even thought about circumcision until I had my first sexual relationship with my girlfriend. During penetration, I felt extreme pain in the area of my penis head. Believe me, I was about to faint and the thought of continuing sex escaped my mind. Apparently, when penetration takes place for the first time, the skin of the head of the penis is pulled to the end for the first time or in fact it tears. For me it tore and I had bleeding for days until I got well. Now I have no problem, but this memory and sometimes its fear still exists for me.

Regarding the claim that the foreskin is an appendage that removal helps the health of the individual, Dr. Akbar Karami, referring to the fact that this is a controversial issue, says:

About it being an appendage, well that's a debate. Who said so? Which medical knowledge or which reliable book has said that this is an appendix? Medical knowledge cannot and has not said so far, and even with appendicitis, which we think is extra, it has functions. We cannot say it is extra. But even in terms of evolution, even if there is a theory in the future that says it is extra and disappears in the evolutionary process. I accept that, but that does not mean that we should put children to sleep, for example, in past eras without anaesthesia or health care, inflict such agony on them. Two thirds of the men of the world are not circumcised and do not recognise circumcision as customary and do not see a positive point or importance in it.

The Beauty and Fashion

In addition to America, many people in other parts of the world, especially Iran, circumcise their children citing medical and health reasons. The spread of circumcision for non-religious reasons in countries called modern and developed

has led many people to circumcise their sons without considering the positive or negative consequences, following developed countries such as America. It seems that the prevalence of circumcision in developed societies has increased its potential to become a social fashion. This issue was evident in the words of some participants in the research, including the statements of Iranian citizens who answered the general questionnaire of this research about why they circumcised their children. Here, circumcision is in the form of a fashion influenced by the social approach that legitimizes circumcision in relatively developed countries alongside the medical approach. An Iranian woman, 44 years old living in Turkey, says in this regard:

I don't care if they say it's a religious commandment or, for example, it was common from the past, but I've heard that medically it's proven that circumcision guarantees the health of boys. Now they also confirm in European and American countries that circumcision is very positive. If it was bad, they would not circumcise children in America.

In addition to the fashionability of circumcision, which is not unrelated, some believers in circumcision believe that this act makes the male genital organ more beautiful and this belief has become one of the reasons for the approval of circumcision among the general public. Since in today's world, beauty and fashion are intertwined and no clear boundary between them is seen, while circumcision is raised as a social fashion, emphasis on beauty also promotes it and this is how it has become popular among social actors. For example, one can refer to the words of two women participating in this regard:

Circumcision makes the male genital organ more beautiful and also prevents infectious diseases.' (A 35-year-old woman from Kermanshah Province)
From the point of view of beauty and health, their genitals are better and in general they have better sex.' (An Iranian woman, 36 years old, a student in Cologne, Germany)

The Impact on Sexual Function

Despite numerous medical theories about the possible consequences of circumcision, some religious authorities reject any negative outcomes, including reduced sexual pleasure after the procedure. For example, Abdul-Rahman Muhammad Rasuli, a Sunni religious scholar, says:

Claiming that men do not derive pleasure from sexual relations after circumcision is merely a false imagination and fallacious belief, and in fact it is completely the reverse, because circumcision increases sexual pleasure, not reduces it, because the skin covering the glans (head of the penis) prevents the full contact of the glans during sexual intercourse with the inner part of the woman's genital organ and this causes disturbance in the man's full pleasure, because it is the glans of the male genital organ that feels and understands the pleasure of sexual intercourse, not otherwise. So when its head is also covered with this skin, it is clear that complete pleasure is not created.

An Iranian woman, 36 years old, a student in Cologne, Germany who had experience with uncircumcised and circumcised men, citing differences in sexual performance between these men, says that if she had a son, she would circumcise him, because based on her personal experience she has realised that intimate relations with circumcised men are much more interesting:

I don't have a son, but if I did, I would definitely circumcise him, not because it is a tradition or religious commandment or even the medical reasons given for it. I will circumcise my son because of the experience I have had. I was born in a Muslim society and now I live in Europe and I have experience of sex with circumcised and uncircumcised men. Based on experience, I have seen the differences completely; Uncircumcised men have much greater sensitivity, you cannot touch or suck their genitalia, they ejaculate quickly, their genitalia smell, they are smaller and have a smaller diameter and get tired quickly. They do not have good sex, and when they reach the stage of

orgasm, the orgasmic fluid accumulates in that skin and smells. But circumcised men are less sensitive.

A man who underwent circumcision in adulthood believes:

Circumcision makes sex more pleasurable for your partner.

Studying the impact of circumcision on men's sexual performance through experiences of women who have been with them shows that some women considered the sexual performance of uncircumcised men to be extraordinary while others had a completely opposite view. For example, a woman about her uncircumcised husband says:

My husband had a long and thick foreskin that during erection was not pulled back normally and automatically, which meant that I got less stimulation. After months of discussion during which I never experienced orgasm, I managed to convince him to get circumcised. Now my husband and I are very happy with the results. He went through a difficult operation and now has no frenulum, but our sex life is better than before.

The reality is that during intercourse, the fold of the foreskin acts as a rolling surface. When the penis enters the vagina, the friction of the penis with the vaginal wall keeps the foreskin relatively fixed, which allows the penis shaft to move back and forth inside its foreskin sheath during intercourse, instead of moving directly back and forth in the vagina and rubbing against the vaginal wall. This rolling and non-abrasive movement makes intercourse more comfortable and pleasant for both sexes. Similarly, this type of skin movement in the uncircumcised penis during foreplay, masturbation, and the moment of penetration plays a facilitating role. This last case is described by an expert as follows:

In circumcised men, penetration can be compared to pushing the foot into a sock with only the top open, while in uncircumcised men, penetration is the

insertion of the foot into a sock that is already folded. It has been folded and contracted (Langley, 2016).

Whether a circumcised or uncircumcised penis leads to greater sexual pleasure during intercourse depends on more than just circumcision status. The woman's body, which plays an important role in sexual intercourse through intimacy and penetration, is also a factor. The results from interviewees show that they had varying experiences with both circumcised and uncircumcised partners, with some noting the positive effects of circumcision on sex and relationships and others noting negative effects. It seems that sociological theories around sexuality and gender need to be considered together to fully analyse this topic.

Some Islamic Justifications

Abdurrahman Mohammad Rasouli, one of the Sunni religious authorities, emphasises in his speeches the need to perform circumcision as a religious duty to complete the human body. He says:

If not performing circumcision actually increased sexual pleasure, then non-Muslims who are not circumcised would have more pleasure in sexual relations than Muslims. But in reality, Muslims do not feel they are lacking in this regard due to circumcision. In fact, Sharia scholars say that circumcision increases sexual power. In addition to increasing cleanliness and immunity from diseases, God Almighty says in the Quran that He loves the repentant and pure.

He adds:

All prophets were either born circumcised or did it later. This is a divine rule that God wills for his prophets whatever perfection. He wants for them. Undoubtedly, sexual dysfunction in a man is considered an unwelcome defect that no prophet would have, since prophets were free of any physical or spiritual defect. There is wisdom in every religious duty, even if we do not realise it. Therefore, the sayings

of religious scholars are correct, and contrary sayings are rejected.

The medical justifications are mainly published by qualified individuals through scientific articles, but these reports primarily serve the promotional goals of circumcision clinics. These clinics use scientific reports and terms like ‘specialised circumcision centre,’ ‘painless circumcision,’ ‘circumcision clinic for infants in Tehran,’ ‘paediatric circumcision,’ and ‘cost of circumcision in the clinic’ to encourage people to circumcise their sons in these clinics. These advertising phrases, found by searching ‘circumcision’ on Google, in addition to indicating the profitability of this work, inform about the close competition in this field. Most specialised circumcision clinics on their websites and social media pages, especially Instagram, have produced content about the positive results of circumcision and try to instil the belief that in their specialised centre this operation is performed with the best method and latest equipment. On the dedicated pages of doctors and clinics, there are materials about the positive points of circumcision, including the prevention of AIDS and penile cancer, but there is little talk about the negative consequences or risks. This reflects the relationship of medicine with the economic mafia of advertising and discourses that dominate cultural/religious achievements and confirms that the medical discourse is influenced by the ideological structures of power and regulates its functions in collaboration with them. In short, while medical justifications come from reliable sources, they often serve the commercial goals of circumcision clinics through promotional campaigns that exaggerate benefits and downplay risks. This reflects the influence of economic and ideological interests on the medical field.

For example, on the website of one of the specialised clinics in northern Tehran, positive points about circumcision are mentioned:

Circumcision is the most common surgical procedure performed on males worldwide. Various studies show that urinary tract infections are up to twenty times more common in infants who are not circumcised.

Other extensive studies have shown that uncircumcised men are much more susceptible to HIV and other sexually transmitted diseases. Additionally, genital cancer in circumcised men is rare, and cervical cancer is less common among the partners of circumcised men.

The above statement emphasises that efforts are being made to legitimise circumcision through the health sector, referring to diseases that have become more prevalent in modern society for each gender, leading to social fear. For example, for women, circumcision is mentioned as a way to prevent diseases such as cervical cancer and sexually transmitted diseases, and in men, as a way to prevent common diseases such as genital cancer. However, with a little reflection, one can observe the use and abuse of the term 'health sector' and the spread of 'social fear' to accept and legitimise circumcision as a social and gender-oriented approach.

A clinic website, belonging to a paediatrician, reports the negative consequences and side effects of circumcision as very rare and tries to alleviate the potential concerns of the audience about circumcision:

The most common complication of circumcision is bleeding, which occurs in about 3 to 4 per cent of cases, and is less common with the ring method. It is more common in older children and can sometimes be resolved with pressure dressing. Urinary tract constriction is easily preventable, and if the tip of the urethra is lubricated with vaseline or vitamin A for 2 to 3 months after circumcision and the child's urine is washed regularly with water for a month afterwards, this complication will not occur. Also, using a larger-sized diaper will be very effective in reducing urinary tract constriction for the first 10 days after circumcision. Skin adhesion to the foreskin is treated with tetracycline ointment for the first and second month after circumcision, then gradually separated with pressure until the redness and inflammation subside. Infection at the site of circumcision is rare with the ring method and can be treated with Cephalexin syrup and washing the area with soap and

water. On the first day, a yellow discharge or secretion may be seen on the penis, which is transient and not due to dirt, but rather the body's immune response to the ring method. Excess skin is sometimes seen after circumcision when the baby sits and his penis goes inside his stomach, which is normal in obese infants and will be resolved with the child's growth and weight loss. Drug sensitivity: In very rare cases, complications from local anaesthesia injection (lidocaine) may occur.

In the above, the physician tries to build public trust by explaining the procedure of circumcision and how its consequences are treatable and resolvable. This is an effort to strengthen the social influence of circumcision in later stages of advertising, with medical documentation and higher social impact, to encourage social actors to accept and legitimise circumcision as a natural and necessary act, and not a social construct.

Complications of Circumcision

The experiences of participants in this study are not limited to the benefits of circumcision; in many cases, participants have spoken about the harms resulting from circumcision on themselves or their children. Reduced sexual pleasure, physical injuries, child abuse and violence, psychological harms, psychological trauma, and violation of children's rights are among the harms that have been mentioned in interviews with participants in this study.

Physical Injuries

Widespread advertising about the positive health, hygiene, and medical outcomes of circumcision has blocked the way for informing people about the negative consequences and side effects of this procedure in many parts of the world. However, circumcision can even lead to the death of the circumcised individual. Dr. Reza Yahyaei says,

In the Nelson Textbook of Paediatrics, there is a one per cent chance of death during circumcision, which

means that out of every one hundred circumcised individuals, one of them may die.

Moreover, we should not be unaware of the potential consequences of some completely accepted and established practices in medicine. For example, the use of anaesthesia to reduce pain during circumcision in children is not completely risk-free and may even lead to the death of children. There are many stories about deaths resulting from anaesthesia or numbness during circumcision, including the case of a two-month-old infant in Tehran who died due to an allergic reaction to anaesthesia used by a middle-aged doctor during his nephew's circumcision. In another case in Yazd, a two-year-old child died under suspicious circumstances in a government hospital after circumcision. The news report about this child stated:

On Thursday, a two-year-old child was admitted to a government hospital in Yazd for a simple circumcision procedure. After the necessary paperwork was completed, he was taken to the operating room at 2:20 p.m. and received local anaesthesia. The surgery was completed by 2:30 p.m., and he was discharged in good general health and complete well-being to his family. According to the Public Relations Department of the Yazd Social Security Healthcare Management, about an hour later, the child was brought back to the hospital's emergency room without vital signs. Despite the resuscitation team's efforts and full resuscitation procedures, unfortunately, they were not successful, and vital signs did not return. The incident is unclear, and the necessary samples have been taken and sent to the forensic medicine for investigation due to suspicion. (Aftab Yazd, 2016)

The experience demonstrates that circumcision is considered a natural procedure, and its reality is reflected through its continuation in the health and medical field, as well as its impact on emotional and sexual relationships in social life. However, it can also have the potential for death. The phenomenon created through society and the requirements

imposed on it, through advertising and the media, are placing the lives of children at risk, the very group that is unable to defend their rights by the same society, due to the image that exists of childhood, which is also constructed by society. It seems that the sociology and study of childhood, with a critical approach and emphasis on the complex relationship between life and death with the power and dominance of tradition, religion, economy, and even medical hegemony, can be explanatory.

Decrease in Sexual Pleasure

As mentioned, opinions on the sexual performance of uncircumcised individuals and circumcised individuals vary and can sometimes even be contradictory. Alongside statements that suggest better sexual performance in circumcised men, there are also those who, based on their personal experiences, claim that uncircumcised men have better sexual relationships. For example, a 36-year-old woman living in London, who has had sexual experiences with both circumcised and uncircumcised men, says:

I believe that circumcision is a sexual mutilation and it often affects the sensations and pleasures of individuals during sex. Although there are some positive health benefits mentioned for circumcision, its effects are far less than the damages and consequences it has, because the skin of the genitalia that they remove is a protector of the genitalia and protects it from dryness in the long run. Perhaps women who have only experienced sex with circumcised men think that they have better sex, while the skin that is removed during circumcision is a tissue of the male sexual organs that contains nerves and sensory receptors that play an important role in sex and lovemaking for men. Based on my personal experience, I had a better experience of intimacy and lovemaking with an uncircumcised man; they are aroused much faster and their response to sexual touches and signals is greater, and I have experienced this completely. In men who have been circumcised, their response to these signals is very different depending on the

surgical method and the amount of tissue loss. In my experience with a circumcised man, I have to say that his lovemaking and intimacy was relatively less than an uncircumcised man. This was also evident in oral sex. In a man who was not circumcised, I experienced a higher level of sexual pleasure and perception, and I could feel it completely. As for orgasm, I did not see much difference in achieving orgasm in these men, as achieving orgasm in different conditions is variable. In my opinion, men who have been circumcised lose part of the sensations and pleasures of sex during foreplay, lovemaking, and, of course, during penetration. I did not see any difference in terms of health; my experience was very clean and I did not even have the problem of urinary tract infections that sometimes occur. But I understand that if hygiene is not observed, it can be more problematic for uncircumcised men, but this problem can also be troublesome for circumcised men, and I do not think health is a good reason for this mutilation. As for my own sex, I did not see any significant differences between these two groups, but I felt that I could better experience this feeling with an uncircumcised man due to the higher perception of pleasure and emotions they experienced during sex.

Mahi, a bank employee in Austria, has a similar experience and describes it as follows:

My first boyfriend with whom I had sex was from Switzerland and was uncircumcised, and until I had sex with an Arab man who was circumcised, I didn't know the difference between the two. Apart from the physical appearance of their genitals, I think having sex with an uncircumcised man is more enjoyable. The movement and stimulation of the foreskin somehow enhance the experience for the woman's vagina. I have read and heard that the same applies to uncircumcised men as well. I will definitely not circumcise my son, not only because I am not allowed to do so, but also because why should I follow my own beliefs and traditions to deprive him of sexual pleasure?

Although many interviewees in this study believe that male circumcision has a positive relationship with increased sexual pleasure, some also believe that male circumcision reduces women's sexual satisfaction. In the same context, another woman says about the effect of circumcision on sexual relationships:

It is interesting to me how women can have a desire to have sexual relationships with circumcised men. Although it is expected that the next generation of women will circumcise their children, this interpretation will be wrong if these men become aware of the circumcision status and know what impact it has on their relationships. Otherwise, these men will never experience the pleasure of being circumcised.

It seems that people who have experienced sexual relationships with both circumcised and uncircumcised male genitals can express and analyse the differences between the two. Furthermore, the abundance of people who have experienced greater sexual pleasure with uncircumcised men compared to circumcised men shows us that the positive effect of not being circumcised on sexual pleasure is more likely than its negative effects.

The Pains, Fears and Unpleasant Memories

Most interviewees in this research spoke of memories of their circumcision that were painful, distressing and accompanied by fear and horror that they experienced at that moment. Many consequences of that pain, fear and suffering remained with them in the form of traits such as low self-esteem, feelings of shame, a sense of vulnerability and defencelessness, etc. that still troubled them years later, such that they bitterly recalled them. Reviewing a few examples of these memories can illustrate, to some extent, the injustice and suffering they endured.

For example, Mohsen (pseudonym), now 36 years old and from Tehran, about his circumcision memory says:

In 1989, when I was in second-grade elementary school, I found out I had to be circumcised. I ran away in the alley and street, even my friends and neighbourhood children chased me with my father and uncle. In the end I was caught and a black-patched man they called Louti, with a sharpening blade and a reed pipe that was split in half and tied with string, cut the skin of my penis. I screamed in pain, but when I cried, Louti's eyes turned glittery and he said if I cried and screamed he would cut off my penis completely. I had to keep quiet out of fear.

Ahmad Moghimi, around 60 years old and at the time of his circumcision living in Esfarayen railway station, now residing in the suburbs of Paris, describes his circumcision memory this way:

I was four and a half years old and did not understand much, but my brother Akbar, at seven years old, knew what was going to happen. That day, my father took my brother and me by the hand and brought us into the house. They stripped me from the waist down, laying me on a mattress; my brother Akbar too on another mattress. A few people also sat around us. On the one hand, I was lost in happiness from having the candy and coins they had given me, and on the other, one or two people with persistent questions occupied my mind, so I did not understand anything. Until when they cut me with a blade like a knife and I felt the pain I started to cry. My crying intensified when Salmani lit a small piece of cloth and placed its hot ashes on the wound of my penis. Then he went to my brother Akbar and circumcised him in the same way. My brother Akbar, who from the very beginning knew circumcision is painful, endured more suffering. After circumcising us that man took some cotton cloth from my mother, made two small loops in the shape of a turban with those clothes and placed one of the two on the site of my circumcision so that my penis was in the centre of it. So that when using a sheet or blanket they would not touch the wound. Though more than half a century has passed since my circumcision, I still recall the bitter memory of it. Especially my older brother

who endured a lot of pain with me, but a few years later died at the age of sixteen. In my opinion, circumcision is one of the customs that has roots in past ignorance and unfortunately still continues.

Masoud (pseudonym), who is now 25 years old and lives in Sari, is another of the people interviewed in this research. His memory reflects the horror of a child who feels in need of help from his parents, and parents' failure to help may have spoiled the image of an affectionate mother in his mind forever. He says about this:

I was seven years old when they took me to the doctor's office. I was very scared and kept crying and I wondered why my mother wasn't helping me. There were two men and one woman over my head, but I don't know which was the doctor and which was the nurse. Finally, with the help of several injections they calmed me down and then circumcision was performed, which I think took about an hour. From a few hours after the operation, I had severe pain and I remember I stayed awake late that night until my father had to take me to the bathroom to remove the pieces of cloth that had stuck to my penis and dried. I didn't talk to anyone for a few days, my clothes were bloody and almost everyone knew I had been circumcised and that is what caused me to be ridiculed when I went to my friends a week later. If I have a child, I will never circumcise him and I will let him make whatever decision he thinks is correct for his body.

It seems that circumcision as a phenomenon has been recorded in the lived experience of circumcised men's childhoods and has imprinted emotions such as suffering, fear, shame, etc. on them. In adulthood, these emotions have become part of the dominant emotions remaining from inner childhood and institutionalised, and have created consequences such as low self-esteem and self-confidence in the later life of these men. Here one can analyse that circumcision as a social construct, which has always been legitimised by society, plays an important role in constructing the dominant emotions in the

collective unconscious of men, a major part of society that reproduces culture through upbringing. This importance demands reflection and analysis of the phenomenon of circumcision in interdisciplinary fields of sociology, including childhood, emotions, gender, psychology, culture, law, etc. It seems the mentioned matters about emotions and circumcision call for analysis based on the theory of social construction.

Child rights violations and child abuse are rooted in different views of childhood that have existed in traditional and contemporary societies with regards to children's rights. For instance, in traditional societies, a special ceremony is performed on male children to reduce their stress when entering adulthood. However, in contemporary societies, any person under the age of 18 is considered a child, and any changes to their body without their consent, such as circumcision without their permission or the holding of circumcision ceremonies, not only violate children's rights but also have an anti-educational nature. Hamed Farmand, a child rights activist, states:

some customs and actions, such as circumcision ceremonies, can send a contradictory and incorrect message to children because the part of their body that is supposed to be private and protected by the child himself is being touched, or even violated, by other people. In particular, when the reaction to such actions is positive, the child may receive a contradictory message.

Article 12 of the *Convention on the Rights of the Child* explicitly states that 'countries that are parties to the Convention shall ensure that a child capable of forming his or her own views shall have the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.' The body parts of a child are one of the most important issues related to them, and any interference without the child's permission is considered a violation of their rights. Therefore, circumcision, which is a form of interference with a child's body that is

performed on them without their consent at a young age, can be considered a violation of this convention. According to Dr. Alireza Kermani, a sociologist specialising in childhood, who agrees with this idea in the following terms:

...the genitalia is one of the most private parts of a human's body, and any event to befall it should be with the person's own consent. In my opinion, performing this operation on a child is a form of child abuse, and even if there are positive aspects to it, it should be postponed until the child reaches the age of maturity and can make their own decision.

Farhad, a bookseller from Gonbad-e Kavus, also refers to this point in his conversations. He believes:

Here, everyone is very committed to circumcision, and they make a big deal out of it. I have done a lot of research on male circumcision in Iran, but unfortunately, nothing has been done, and it seems like everyone has accepted it without questioning it. What I am saying is that we do not have the right to do this with our children. Let them grow up and make their own decisions, and if not being circumcised leads to greater pleasure in sexual relationships, which is one of the first human and natural rights, let's not deprive them of it.

In contemporary times, particularly in developing nations, such as Iran, circumcision, a form of bodily manipulation, is commonly linked to the circumcision ceremony. The public display of this practice on young children's bodies, in conjunction with other social customs that transform children into agents of social differentiation and competition, can be observed in virtual domains. The commoditization of children, whose objectives have become primarily economic and political, promotes and endorses circumcision by showcasing body manipulation and its associated ceremonies. The overarching aim of these practices is to establish social differentiation and competition, and therefore, circumcision serves as a promotional and persuasive function. In this context, children are depicted as individuals who are not only

devoid of social rights but also of human rights and are not acknowledged as entities in the world. They have been reduced to mere objects to be exhibited in these online spaces and symbols of class and social posturing. These instances represent various forms of child abuse and attitudes towards children and childhood phenomena in these societies. It appears that the spectacle society theory can be employed to scrutinise these cases.

Mahmoud Amiri-Moghadam, a human rights activist in Norway, also believes that the global community should come to the conclusion that circumcision is a form of child abuse and in this case, religion cannot be a serious obstacle to it.

The more significant issue here is who can decide to perform surgery on an infant or underage boy? Usually, the child's guardian, i.e., the parents, make such a decision. However, can they make such a decision based on a religious belief and tradition for which scientific foundations are not established, or at least comprehensive information is not available? The answer to this question will not be positive from a human rights perspective. Accordingly, the role of civil society and the impact it can have in this regard should be emphasised. Scientific research in this area also requires a budget, which should be provided with the help of governments. However, the World Health Organization can conduct good studies and research. If this issue becomes a more significant matter, it can have an impact. In the same context, there must also be a determination and those who come forward and say that we are victims of this violation of human rights, and shed light on the physical and psychological effects of this practice, especially in childhood (Amiri-Moghadam, 2016).

Some of the participants in this study disagree with the thinking of those who consider adhering to traditions as the main reason for their actions and insist on it. Circumcising children is an abnormality and a mistake in their current mindset that has affected them in front of their children. Their viewpoints reveal why this issue has become a challenge for

some individuals. For example, a sixty-five-year-old man, with a high school diploma and a resident of Canada, says the following about this issue:

If my son grows up one day and says that circumcision was a mistake, it was based on ignorance, and it has caused me harm, why did you circumcise me? I cannot do anything except apologise because I genuinely performed this act with the intention of benefiting my child.

Farāmarz and Parvin, a Spanish academic couple, admit that they witnessed physical complications such as infection and inflammation in their son's genitalia as a result of circumcision. However, their experience shows that these complications are treatable, and more importantly, such complications cannot negate the idea of 'the right to the body.' They say:

When we came here and had a son, we concluded through research that we should not circumcise our son. Everything was fine in the first few years, and we cleaned under his foreskin during bath time. Until he started holding his urine and delaying going to the bathroom. When he applied pressure to his genitalia, it became inflamed, and we were confused for a few days until we went to the doctor and it was treated with ointment and cream. If you don't circumcise, you have to be careful and learn to take the necessary care during the first few years of childhood. But overall, we accept the idea and believe in the right to the body.

In conclusion, the memories and experiences of the men interviewed in this section illustrate the pain, fear, and trauma associated with circumcision. These emotions can have long-lasting effects on a person's self-esteem and confidence. The phenomenon of circumcision as a social construct has been legitimised by society and plays a significant role in constructing dominant emotions in the collective unconscious of men. However, this practice can be considered a violation of children's rights, as any changes to their body without their consent are a violation of their rights. The display society

theory can be employed to scrutinise the commoditization of children and their bodies in contemporary societies. The viewpoints presented in this section highlight the importance of acknowledging children's right to their own body and the need for more scientific research and discussion on the topic. Ultimately, it is necessary to explore this issue further and determine the appropriate solutions to ensure the protection of children's rights and well-being.

Several Criticisms and Legal and Jurisprudential Gaps

Some of the criticisms and legal and jurisprudential errors in Iranian laws regarding male circumcision, which is considered a religious commandment and a cultural necessity, have not only not been treated as a crime, but have also been supported. Chamane Esmaeili-nejad, a legal expert, says that it is not possible to ignore the harms of circumcision, despite the belief that it is a legitimate and legal practice.

Although male circumcision has existed and continues to exist in Islam and other religions, there is no reference to it in the Quran, and it is considered a tradition. Since the law is based on Islam and tradition, circumcision is therefore both legal and legitimate. However, despite the emphasis on the right to health, human rights laws and the country's constitution only consider the benefits of male circumcision and may ignore its harms and not adopt policies to reduce them and protect the health of circumcised children. It seems that the benefits of circumcision cannot outweigh its harms, and according to the principles mentioned in the Constitution, all circumcised children should benefit from welfare services to reduce documented and proven harms as much as possible, and not just the benefits of health care and treatment for the people.

The international 2030 Agenda for Sustainable Development has been developed, and signatory countries have committed to using all their capacities and resources to achieve the goals

of this global document.¹ However, this international charter has faced opposition from individuals affiliated with the government and religious leaders in Iran, who consider it contrary to the beliefs and religious beliefs of Iranians. Mullah Jamal Vaji, a Sunni cleric in Piranshahr, West Azerbaijan Province, points out a noteworthy issue and says that:

The conflict between Islamic jurisprudence and the 2030 document is about male circumcision, on the one hand, and the practice of male circumcision in Islamic jurisprudence, on the other hand. In this case, referring again to the details of the mandatory circumcision order for men removes the illusion of contradiction, because based on Islamic jurisprudence, the mandatory order of circumcision applies to a real person and not to parents, society, religious institutions, or Government. Therefore, the parents of boys are not obliged to circumcise boys in childhood, and when the boy reaches the age of puberty, the obligation of the ruling is on him, and in those circumstances, it is assumed that he is a wise and mature person and has the authority over his own body. And the responsibility of this action belongs to the person himself.

In some Islamic societies, circumcisers (both medical and traditional) are held responsible for their actions, as circumcision follows a specific set of guidelines. If someone does not adhere to these guidelines and causes harm to the genital organ, they are required to pay compensation (diyah). However, determining the amount of compensation for circumcision is a matter that some Islamic authorities oppose

¹ *The 2030 Agenda for Sustainable Development* is a global plan adopted by United Nations member states to end poverty, protect the planet, and ensure prosperity for all by 2030. In Iran, the Agenda is sometimes referred to as the '2030 document.' While the Agenda has been received positively by some in Iran as a framework for achieving sustainable development goals, others have expressed concerns about its compatibility with Iranian values and religious beliefs. Some have also criticised the government's implementation of the Agenda, arguing that it has not adequately prioritised certain SDGs or addressed the country's specific development challenges.

due to their religious beliefs. It should be noted that compensation is only required in cases where circumcision results in injury or harm to the individual. As Mullah Jamal Vaji explains:

According to Sharia law, compensation is only applicable in cases where an action is considered illegal or harmful to oneself, property, or others. Therefore, since circumcision is not considered illegal or immoral, it is not subject to compensation or punishment under normal circumstances. However, if an unqualified person performs circumcision on someone else and, as a result, the person who was circumcised suffers physical or sexual harm, they are subject to compensation and punishment.

However, according to Islamic penal law, a more detailed explanation of this incident can be provided, especially regarding traditional circumcisers and healthcare providers. In the same context and under the topic of compensation, one of the important issues in the discussion of male circumcision in the country can be summarised as follows: Is the decision of parents regarding the circumcision of their children legally binding, or is it possible for an individual to challenge their parents' decision in adulthood and demand compensation? In this context, Farzad, a legal expert from a law firm in Tehran, believes that although this act may appear to be a form of harm to bodily integrity, it is considered mandatory in Sharia and the application of legal principles, as well as supported by medical theory, indicating its usefulness. Therefore, parents who have acted in the best interest of their child cannot be prosecuted criminally. He adds:

Generally, any violation of bodily integrity can be subject to retribution (qisas) and, if retribution is impossible, to compensation (diyah). However, pursuing an act that is considered obligatory according to the views of most jurisprudents and is based on our laws derived from the sacred Islamic law seems unlikely.

The above statement suggests that the power of religious

discourse has played a significant role in legitimising male circumcision in Iran. This discourse has been considered as a symbol of the legitimacy of the practice in conjunction with the legitimacy provided by two other discourses, namely medical and legal discourses, which are regulated by rules and principles. As a result, parents who commit this act, which is considered a form of bodily manipulation and a violation of human rights according to international conventions, are exempt from prosecution. In fact, parents have been given the right and authority to make decisions for their children, who are considered ignorant and incapable beings, as owners of their children's bodies, through the legitimacy of religious law. Therefore, dealing with this act through naturalising it as solely a parental choice has been prevalent, and there seems to be no discussion based on the issue itself. The author argues that the choice of parents in this matter has been heavily influenced by cultural and ethical norms that have been constructed from a dominant religious discourse in Iranian society, which considers circumcision as a legitimate and natural act. It is important to note that while male circumcision is a deeply ingrained cultural, religious, and social practice in Iran, it is not without controversy. Some argue that it is a form of unnecessary surgery that can have negative physical and psychological consequences, and that it violates a child's right to bodily integrity and autonomy. There have been calls for a more critical discussion of the practice and for greater consideration of the rights of children in the decision-making process. However, these discussions have often been overshadowed by the dominant religious discourse and cultural norms that have long justified the practice.

Behrouz Dadkhah, a legal expert from Karaj, is another person who believes that:

Circumcision in Islam and Iranian law is not conflicting and does not require compensation. However, if a boy is injured or faces a problem as a result of circumcision, he is entitled to compensation. Therefore, circumcision itself does not include compensation, and whether parents have the right to decide about their child's body depends on their

cultural, religious, and ethical beliefs. According to Iranian laws, circumcision is not considered child abuse.'

Nadia Milan, an employee of the legal department at Isfahan University, shares a similar view and sees no conflict between male circumcision and the law. In response to the question of whether 'parents have the right to circumcise their children,' she says:

Yes, they have the right, and circumcision of boys is considered customary in the law. It is only when harm is caused to the person due to circumcision that he is entitled to compensation and retribution, as stated in Islamic law. If men lose their sexual pleasure as a result of circumcision, they are also entitled to compensation.

Delvin Joshan, a law student at Esfarayen University, also holds a similar opinion and believes that:

circumcision is not subject to bodily harm and compensation, and it is considered one of the pillars of religion. However, if a person causes harm due to negligence or lack of caution, they are subject to Article 662. If harm is caused to a person and retribution is not possible in conditions where equality is observed, only compensation is valid.

However, as stated by Farzad, there is a hidden point in the importance of compensation, as mentioned in some narratives:

In principle, any violation of bodily integrity can include retribution, and if retribution is not possible, compensation is included. But following an act which is believed to be obligatory by many scholars and is based on the laws derived from the sacred Islamic law, it seems unlikely to pursue compensation. However, some believe that circumcision can also be considered a violation of bodily integrity.'

For example, Hamed Formand, a children's rights activist,

says:

In any case, we are causing harm to a child, we are changing a part of his body irreversibly, which is not permissible; it is a violation of children's rights. He has the right to ownership of his body, his privacy, and his rights, unless there is a completely clear, identifiable, and measurable benefit for the child.

Another notable point in the field of religious and legal issues is the discourse of Sunni cleric, Mullah Jamal Vaji, who says,

Opposing a mandatory act for a person who is not willing to perform circumcision on himself has religious consequences, but there is no pursuit for the person in the Islamic society and by the government. None of the individual rights of the person are related to circumcision, and none of the acts of an uncircumcised person are invalid. However, if the opposition to circumcision becomes a legal issue and the person propagates against it or, in other words, preaches against circumcision, in special circumstances, he can be charged with a crime in the Islamic society. But if he does not question circumcision as an inhumane ruling and cites other jurisprudential schools that do not consider circumcision mandatory, his act is not criminal.

Dr. Akbar Karami, in response to some religious followers' positive views on circumcision, emphasises that this act is indefensible for any reason.

Unfortunately, when religious people accept a tradition that has been historically accepted in their beliefs and culture, they try to list a series of facts to show how glorious and prominent the selection was. The same is true of circumcision.

According to Dr. Karami, circumcision is a religious and identity-related matters, like the burial ceremony, which has played a very important identity role. However, today's society should rise to the necessary level to think beyond the rightness or wrongness of the act and consider the rights of children and

make decisions for them before they come of age and can decide for themselves.

The above case has given an identity function to the act of circumcision, which is legitimised by religious discourse. This act, which is discussed during life, is juxtaposed and harmonised with the burial ceremony, which affirms the atmosphere of death and is in contrast to life. In circumcision, the body, which is life itself, is marked, while the burial ceremony is a ceremony prepared for death, and in this way, the border between life and death is blurred and they become equivalent.

Chapter 8: Conclusions and Solutions

Introduction

Research of this kind faces a conflicting interaction with the social policies of the community under study from the outset. The purpose of such research is to be effective in changing or modifying harmful policies related to the subject under study. In this chapter, based on the data collected from previous chapters, solutions are proposed to change or modify current policies and procedures. To this end, several fundamental positions are first reviewed, followed by proposed solutions at three levels of strategic, programmatic, and operational.

A Review of Some Fundamental Positions on Male Circumcision

1.

David Reisman, a prominent sociologist, divided cultures into three categories in his 1950 book *The Lonely Crowd*. The three types are:

- a. **Traditional Culture:** In this type of culture, people's behaviour is largely determined by the customs and traditions that have been passed down from generation to generation. Individuals in traditional cultures tend to have a strong sense of loyalty to their family, community, and social hierarchy.
- b. **Inner-Directed Culture:** In an inner-directed culture, individuals are guided by their own internal values and beliefs. They are less concerned with conforming to social norms and more focused on achieving personal goals. This type of culture is often associated with individualism and self-reliance.

- c. **Other-Directed Culture:** In an other-directed culture, individuals are highly attuned to the opinions and expectations of others. They are motivated by a desire to fit in and be accepted by their peers. This type of culture is often associated with conformity and a lack of individualism. He also suggested that these cultural types could coexist within the same society, with different groups of people exhibiting different cultural orientations.

It seems that in today's world, 'media hegemony' has replaced the norms and traditions that shaped the identity of tribes in the nomadic era, and by reproducing 'false-consciousness', it injects and imposes patterns that are compatible with the interests of the market and capital world on the body of society. And we are still witnessing the absence or lack of critical wisdom, and as long as this is the case, the fate of the mind and body of human beings will be in the hands of trade and capital markets. Circumcision has staunch defenders among followers of Judaism and Islam, and this has reduced the power of lobbying and dialogue on this issue in human rights institutions, world assemblies, and the United Nations, so that any criticism and question on this issue is accused of anti-Semitism and Islamophobia. For this reason, fear and delusion of religious hatred have so far caused world assemblies, even the World Health Organization and UNICEF, to remain silent or not express a decisive opinion on this issue. But this passive attitude is contrary to the goals and charter of the United Nations and considering the importance of physical and mental health of boys, as half of the world's population, this issue should be raised and evaluated at international levels and especially in the General Assembly of the United Nations (Dadgaran, 2002).

2.

There is a viewpoint and thinking that tries to convey the concept that the world is male-dominated and run by men in power has caused in many cases the neglect of the rights of male children. This is despite the fact that boys may also be subjected to mistreatment and abuse similar to girls, but their emotions do not surface due to the masculine role that society expects from them. Therefore, it seems necessary to examine

the practices that are intertwined with boys' lives, and circumcision is also considered a symbolic indication of boys' transition from childhood to adulthood and manhood, as one of these ancient practices. Attention to this practice and similar practices is important to obtain accurate and comprehensive information about their advantages and disadvantages and to provide policymakers and decision-makers with accurate information. Challenging this one-dimensional thinking that sees the world as solely in the hands of men and paying attention to the rights of male children from this perspective is very important. International organisations and governments are obligated to allocate budget and support for the protection of boys' rights within society, so that individuals can take action or make judgments and plans with knowledge and awareness about this issue during the free flow of information.

3.

One can search for the issues and harms associated with circumcision in the *Islamic Penal Code* of the country. However, before examining the cases related to circumcision, it is necessary to note that in criminal law, the principle of the legality of crimes and punishments, and in general, articles 36, 37, 166, 167, and 169 of the Iranian Constitution, and articles 2 and 11 of the *Islamic Penal Code* obligate courts to base their decisions on the law. Therefore, law enforcement and judicial authorities cannot consider an action or omission as a crime or impose a penalty based on custom or practice, similar to civil procedure law. In other words, if the issues raised in the circumcision process or its short-term and long-term harms are not considered a crime, the legislator cannot prosecute and judge the subject, but it should be noted that human rights must be enforceable and effective. This means that the rightful owners should be able to file a lawsuit and claim compensation if the government or relevant organisations fail to perform their duties. The enforceability of rights is important because it affects the government's attitude towards its responsibilities to the people and increases the likelihood of their adherence to their duties. The right to a non-enforceable right that does not have a compensatory system is questionable. Considering Iran's accession to the International

Covenant on Economic, Social, and Cultural Rights in 1976, Iran is obliged to ensure the rights enshrined in this covenant for all members of its society without discrimination, using all available resources (Koukabi Saghi, 2016).

4.

What has not yet been achieved is a certainty about whether the benefits of circumcision outweigh its harms, or vice versa. For this reason, international medical authorities have not taken a clear stance on male circumcision despite their decisive position against female circumcision. They simply emphasise that before it takes place, the individual or relevant officials must be aware of its consequences and then make a decision about whether it should be performed. Perhaps this very approach, namely neutral policy towards this ancient practice and expressing its positive and negative aspects, has contributed to its continuation and durability, although some medical justifications cannot be ignored in this regard. Athena Kamel, the translator of the book *Women With Moustaches and Beardless Men*,⁹ points out this very point and says:

Medical justifications, as an important turning point, have played a significant role in the continuation of circumcision. Justifications such as reducing the risk of infection or even improving the sexual health of men and women have had a significant impact on the continuation of this practice.

5.

Regarding the claim that the foreskin is an extra organ and removing it contributes to a person's health, Dr. Akbar Karami says, referring to the controversial nature of this issue:

As for the claim that it is an extra organ, well, that's a debate. Who said that? Which reputable medical source or book said that it is an extra organ? Medical science cannot say such a thing and has not said it so far, even about the appendix, which we think is extra, has functions. We cannot say it is extra. But even if we assume, evolutionarily, that there is a theory in the future that says it is extra and disappears in the

evolutionary process, I accept that, but that is not a reason to impose such suffering on children, for example, in the past without anaesthesia or proper hygiene. Two thirds of men in the world are not circumcised and do not recognise circumcision and do not see any positive aspect or importance in it. This is not how we can deal with the issues. We must accept that this is a controversial issue and we cannot forcefully find positive points for it.

6.

Before examining the official stances taken on male circumcision, it is important to note that due to the fact that this procedure is performed on a part of the body that is considered taboo in some societies, there has been limited research conducted in this area. Furthermore, the existing research has not been comprehensive, as there are studies that have examined this practice from new perspectives that have received less attention, such as the impact of circumcision on the breastfeeding process of mothers to infants. Therefore, the World Health Organization (WHO) has not made a definitive statement on the medical harm or lack thereof of circumcision, but some government agencies have published their own opinions. For example, the Royal Australian College of Physicians has stated that there is no medical indication for routine male circumcision. The Canadian Paediatric Society has also listed circumcision as obsolete and mutilation. The British Medical Association has stated that parental consent alone is not sufficient for performing this surgical procedure on children. The American Academy of Pediatrics (AAP) Section on Urology has also not recommended genital surgery during the first six months of life, when human communication processes are developed. The Australian Society of Paediatric Surgeons has also suggested that if circumcision is to be performed, it is better to delay it until the child is at least six months old, when they may benefit from general anaesthesia. However, a global consensus on circumcision appears to be difficult to achieve. It should be noted that health or well-being is a subject that is common to cultures with varying definitions and concepts. In fact, each society presents a specific definition

of health as part of its culture, and its definition is influenced by the level of awareness and interpretation of communities in various economic, social, cultural, and geographical conditions (Aslani, 2018).

Health is one of the values that is not only relative, but also universal and global. Health and well-being are considered valuable for all people around the world, although the ways of achieving them may differ in different societies. Nevertheless, it can be said that health is a dynamic and relative process; 'dynamic' in the sense that its meaning will change over time and 'relative' in the sense that it may be completely different depending on individuals, living environment, type of activity and work (Aslani, 2018; Alkajbaf, 2013). This issue becomes clear when we realise that underdeveloped countries are struggling to ensure factors such as access to health care and meeting unfulfilled needs related to family planning, high rates of child and maternal mortality, high susceptibility to HIV, and poor educational performance. The existence of such problems among rapidly growing populations puts increasing pressure on limited financial resources in these countries, making even the maintenance of health and education costs a huge challenge (Eslami & Ajalli Lahiji, 2015). Therefore, depending on the cost of medical treatment and the problems facing some regions, it is possible to propose actions that are prohibited or not recommended in some areas of the world due to access to facilities and high levels of health. One of these actions is circumcision, because we are also faced with a similar approach in the discussion of 'vital drugs'. Vital drugs are drugs that meet the primary health needs of a population. Since 1997, the World Health Organization has compiled a list of essential drugs, the sixteenth edition of which was published in 2010 and includes 362 drugs. According to this organisation, the aforementioned list contains only the names of the minimum number of drugs that are essential for human health at the basic level. The determination of the vital nature of a drug depends entirely on the region in question and the general level of health of the people in that region. Therefore, the existence of this list does not prevent a drug from being recognised as a vital drug outside of this list in underdeveloped and poor

countries (Aslani, 2018). For this reason, it can be expected that some surgical procedures, such as circumcision, can also be performed in some areas with lower levels of health, like vital drugs, depending on the region and the general health level of the people.

On the other hand, it is noteworthy that one of the influential studies in this field is the research conducted by the American Academy of Pediatrics (AAP) on the role of circumcision in the decisions of American families. However, an important point in the position of this organisation, which evaluates the therapeutic benefits of male circumcision more than its harms, is that decision-making in this regard is difficult, as it involves social, cultural, religious, and familial benefits and harms, and it is logical to consider such non-medical benefits and harms at the time of circumcision decision-making. This point is reiterated elsewhere, but the question now is: regardless of the perspective of this organisation on the surplus of benefits or harms of circumcision in male infants, should cultural, religious, social, and other beliefs also be involved in medical decision-making? If so, the examination of a legal case in Britain in 1974 is also noteworthy, in which a Nigerian mother was convicted of attacking her nine and fourteen-year-old sons. In this case, the mother inflicted injuries on her children's cheeks with a knife, based on a formal ritual of the Yoruba tribe, to which she belonged. The court believed that this action could have serious consequences in the movement of the children's heads (Darby & Svoboda, 2007). It is true that there are many circumcision procedures that have a low risk of losing the organ, but in reality, the risk of losing the organ exists both during the surgery and due to subsequent infections. In this context, should medical institutions continue to insist on the importance of customs, culture, and so on in their published opinions and consider them an influential factor?! Hasn't this issue been a common practice for female circumcision in some areas and based on the customs of the people?! For this reason, it is not surprising that Dr. Narvaez, a professor at the University of Notre Dame, believes that the findings of the American Academy of Pediatrics are culturally biased and do not coincide with the

findings of physicians in other regions, including Europe, Canada, and Australia (Psychology, 2015). A noteworthy point that may be one of the reasons for the lack of attention to male circumcision is that the human body consists of various systems that affect each other's function and reaction. It is true that circumcision also affects the function of other organs of the human body, but a comprehensive investigation of its effects requires more research, as well as aspects of its impact that have not been previously acknowledged, such as psychological harm and its impact on breastfeeding, etc. Therefore, making a decisive decision based on the positive or negative consequences of male circumcision is a difficult and challenging task. However, this is not the end of the matter, and international organisations sometimes make decisions based on the geographical situation, the level of health in the regions, the available income and costs, etc., which are not common in other regions, such as the use of circumcision to combat the HIV epidemic in developing countries, to which the World Health Organization has paid attention.

Strategic Solutions

- 1 Although there is no direct reference to the issue of circumcision and sexual mutilation of boys in international documents and laws, the fight against any form of violence against children that endangers their physical and mental health has always been emphasised. The *Convention on the Rights of the Child*, as the highest legal document in support of children, also obliges member states in Article 19 to take all legal, executive, social, and educational measures to protect children from all forms of physical and psychological violence. This global treaty also states in paragraph one of Article 14 that 'the right to freedom of thought, belief, and religion should be respected for children.' Article 16 of this Convention also stresses that 'no child can be arbitrarily interfered with in private matters.' In the second part of this research, we discussed the possible harms and consequences that circumcision can have on the physical and mental health of children and

evaluated the different perspectives of experts. The common point of all these views was that circumcision can have complications and harms and is an example of violence against children. If this point is taken into account, then according to Article 19 of the *Convention on the Rights of the Child*, it is the duty of governments to support children by raising awareness and providing comprehensive support.

- 2 Another point is the imposition of religion on children who are at an age when they do not have the power to decide and choose. Religious parents impose a path on their children by circumcising them that is not their choice and this contradicts the recognition of the right to freedom and choice of religion for children, which was mentioned in Article 14. Another important point is the invasion of the most private part of a child's body. The sexual organs of a child belong to him or her and circumcising a child without his or her choice and consent is contrary to Article 16 of the *Convention on the Rights of the Child*, which countries have pledged to abide by. In Iran's law on the protection of children and adolescents, any abuse or harassment of children and adolescents that causes physical or psychological harm to them is prohibited. Relying on international documents such as the *Convention on the Rights of the Child* and using existing capacities in domestic laws such as the law on the protection of children and adolescents can remove or mitigate traditional and religious barriers to this practice.
- 3 As fully explained in Chapter One of this research, circumcision is one of the oldest surgical practices in the world that originated in ancient Egypt and entered religion with the advent of Abrahamic religions. In the section on circumcision in Judaism, it was said that followers of Judaism considered this practice a sign of faith for a Jewish person and followers of Islam also continued this tradition by following Judaism's example, despite no direct mention of circumcision in *Quran* with reference to narratives and hadiths. But what is noteworthy and important is that some

followers of Judaism do not consider circumcision mandatory and most Islamic religious authorities also consider circumcision as an obligation for individuals rather than their parents. In addition, we have seen in inquiries that many authorities have emphasised on postponing this practice until adulthood or even until the end of one's life. Relying on such issues can be very important and informative for religious parents who are not obliged to circumcise their child and can leave this choice for their child to make when they grow up. This can be an important step towards respecting human rights and international laws while observing religious principles.

- 4 In issues such as circumcision, since it directly affects people's physical and mental health, policymakers and legislators have the most important responsibility because they can reduce potential harms from practices such as circumcision by enacting comprehensive and deterrent laws at macro levels. Any change or reform in country laws with the aim of reducing these harms is a step forward. For example, making bad circumcision punishable by law and subject to legal prosecution can also be a solution. Of course, it should be noted that law alone cannot be effective but due to its cultural nature it can have desirable effects in long term and put society on a more humane path.

Operational Programs to Combat and Reduce the Harms of Circumcision

1. On the international front, a crusade is underway to obliterate the barbaric practice of female genital mutilation, from declaring an International Day of Zero Tolerance for Female Genital Mutilation to global campaigns and initiatives that have led to a substantial decline of this heinous act around the world. The successful model of fighting female genital mutilation can and must now be applied to combat male circumcision. Civil society organisations and women's

rights advocates can and must shed light on and examine the issue of male circumcision in tandem with their efforts against female genital mutilation. A pivotal first strike can be renaming February 6, currently International Day of Zero Tolerance for Female Genital Mutilation, to International Day of Zero Tolerance for Female Genital Mutilation, and fighting in parallel against any non-consensual modification of males or females.

2. As the official national healthcare institution, the Ministry of Health, like its counterparts in other nations, is duty-bound—until an official position prohibiting or not prohibiting the practice is adopted by international bodies and the highest judicial authorities of the country—to incorporate different viewpoints, both supportive and opposing, regarding circumcision in its related directives and guidelines. The undue importance and permits the Ministry of Health has officially given to this practice for establishing circumcision centres and clinics indicate a lack of free flow of information. The ministry's policymaking must be geared toward enabling the general public to have full and comprehensive access to medical information so they can make informed decisions about circumcising their children based on this comprehensive knowledge. The parliamentary Health and Treatment Commission can also pursue this demand from the Ministry of Health.
3. As the main body responsible for protecting children's rights in the country, the State Welfare Organization must, in line with global health standards encompassing both physical and mental well-being, take on this issue from the perspective of defending children's rights in addition to providing counselling and healthcare services to parents. In accordance with specialists' and experts' opinions, it must present solutions for reducing the harms and complications of circumcision. Disseminating up-to-date, comprehensive information about circumcision and children's rights and striving to raise public awareness can be defined as part of this

institution's duties.

4. Scientific and academic associations have a duty to focus on this issue and examine it from various angles. Their research findings, emanating as they do from scientific studies and investigations, can serve as an operational charter for lawmakers and statesmen. Holding scientific seminars and conferences, and producing articles, research, and theses on circumcision from medical, psychological, social, and legal perspectives are among the actions that can be taken to prepare society for a scientific confrontation with this issue free from any prejudice.
5. Social activists and children's rights advocates must pay special attention to their influential role in raising public awareness and enlightenment. They must enter the arena fully cognizant that at times, even preventive and deterrent laws lag behind society. By bringing this issue out of the shadows, they can pave the way for discussing it. Circumcision continues and perseveres in societies where traditions wield unparalleled power and religion holds sway, giving proponents of circumcision the opportunity to fail to increase public awareness about it and expose its consequences. In effect, the free flow of information on this issue has not taken shape in these societies, and they are faced with a tidal wave of widespread propaganda exclusively touting the benefits of circumcision but little information on its drawbacks. Changing attitudes and reforming mindsets in such societies, where the voices of circumcision proponents and beneficiaries are far louder than those of opponents, is extremely difficult and prolonged. However, since the youth generation has the potential to review issues from new perspectives and set aside traditional clichés, one can hope that awareness-raising and enlightenment will prove fruitful. Tapping into this potential can help guide society toward upholding freedom of choice and consent for children, accelerating the pace of change. In this path, the role and share of activists, NGOs, and civil society are enormously significant. They must strive to break taboos that

directly violate children's rights. Their demands from responsible institutions, statesmen, and lawmakers can lead to the adoption of laws protecting children and the free flow of information in society.

Some Effective Actions

Here are some powerful and action-oriented steps that civil society and social activists can take towards reducing and eliminating the practice of male circumcision:

- 1 Utilize various educational tools and leverage the power of group media and social networks to educate and raise awareness among parents and decision-makers.
- 2 Highlight the harmful effects of circumcision by presenting concrete evidence and consequences in global forums and human rights conferences.
- 3 Harness the power of visual media to enlighten and encourage cinema and theatre artists to create works related to this issue.
- 4 Engage with influential individuals and groups and leverage their social network to promote public education.
- 5 Launch social campaigns to fight against potential harm to children and related issues.
- 6 Demand that governments amend or enact laws that protect children.
- 7 Tap into the capacity of universities and involve experts and groups in the medical, psychological, and sex therapy fields to gain more information, encourage them to focus on the consequences of circumcision in marital and sexual relationships, and share their findings through group and social media.
- 8 Launch social and virtual networks and dedicate pages to circumcision and its consequences.
- 9 In societies such as Iran, which is considered a religious community, science and social science experts can use dialogue and interaction with the clerical community to broaden their understanding of the diverse dimensions of circumcision. Changing their perspective on children and childhood from a sociological standpoint may result

in improvements that can be reflected in religious fatwas and other religious discourse.

- 10 Familiarize the education and training system of the country with circumcision, its dimensions, and the approaches that support and oppose it, as an important social institution responsible for shaping the minds of members of society as social activists, so that during the process of social acceptance, they can think about this issue and analyse it in a new and critical way as parents and future builders.
- 11 Discuss the positive and negative consequences of circumcision and strengthen critical approaches through the use of neighbourhood capacities and grassroots groups in conjunction with official and governmental follow-ups. Since in the analysis process, circumcision was acknowledged as a social construct, social attitudes and activist capacity should be considered important.
- 12 Upgrade the legal perspective and children's right to bodily integrity through educating kindergarten and school teachers and transmitting their teachings to children. Also, increase awareness among lawyers and legal scholars about the harmful effects of circumcision from a medical and health perspective to provide a basis for amending legal regulations.
- 13 Establish counselling centres or information centres in hospitals and circumcision clinics to advise parents and discuss the negative aspects and harms of circumcision.
- 14 Conduct field surveys in this area with the participation of medical, religious, legal, educational, cultural, and other institutions.

Bibliography

- Abdolsamad, H. (2011). *Decline of the Islamic World: A Prediction*. (B. Biniaz, Trans.). Cologne, Germany: Pouya.
- Abu Shuaibah Horrani, Hassan ibn Ali. (1984 [1363]). *Tuhaf al-Uqul*. Edited by Ali Akbar Ghaffari. Qom: The Association of Teachers in the Islamic Seminary in Qom, Islamic Publishing Institute.
- Agot, K. & Bailey, R. C. (December 2006). Strategies and approaches for male circumcision programming. WHO meeting report: Strategies and Approaches for MC Programming, Geneva, 5–6.
- Ahmady, Kameel, et al. (2015 [1394]). *In the name of tradition: a comprehensive study on female genital mutilation in Iran*. Tehran: Shirazeh.
- Ahmady, Kameel, et al. (2017 [1396]). *A changing narrative: female genital mutilation/cutting in Iran (a national report on FGM/C in Iran)*. (2021). Denmark: Boof Press, electronic version.
- Akerlof, George and Kranton, Rachel. (2016 [1395]). *The Identity Economy*. Translated by Mehdi Feyzi. Tehran: Negah-e-Moaser.
- Al-e-Kajbaf, Hussein. (2013 [1392]). The concept and place of the right to health in international human rights documents. *Medical Law Quarterly*, 7(24), 139–170.
- Al-Khun, Mustafa Saeed; Al-Bagha, Mustafa and Al-Sharaji, Ali (1997 [1417 AH]). *Methodological Jurisprudence in the Shafi'i School of Thought*. Damascus: Dar al-ulum al-insaniyah.
- Al-Muhsini, M. A. (2003 [1424 AH]). *Jurisprudence and Medical Issues*. Qom: Bustan-e Ketab.
- Amani Zarin, Mehdi Nezhad, Makarian, Zahra, and Karimi, Maryam. (2017 [1396]). *The physical and mental health rights of children in criminal law*. Tehran: Sokhanvaran.

- American Academy of Pediatrics (AAP). (2000). *Care of the uncircumcised penis*. San Francisco, CA: Medem, Inc.
- aneshpajoo, Mohammad-Taqi (1946 [1325]). Circumcision. *Jelveh Magazine*, 15-16, pp. 119-120.
- Anvari, Owahad al-Din Muhammad. (2015 [1394]). *Anvari's Divan*. Edited by Parviz Babaei. 2nd ed., Tehran: Negah.
- Arbabian, Amir Hossein. (2000 [1379]). Plastibell circumcision in newborns: its benefits and complications, a seven-year study at Akbarabadi Hospital, Tehran. *Razi Journal of Medical Sciences*, 7(21), 165-170.
- Asayesh, Mohammad Hassan. (2009 [1388]). A look at mourning and Aqiqah rituals in the nomadic community of Naharjan, Birjand. *Najvaye Farhang*, 11, 87-96.
- Aslani, Siavash.(2018 [1397]). The right to health: the impact of international standards on the right to health as a human right in Iranian public law. Tabriz: Aydin.
- Auvert, B. & et al. (2001). HIV infection among youth in a South African mining town is associated with herpes simplex virus-2 seropositivity and sexual behaviour. *AIDS*, 15 (7), pp. 885-898.
- Azad, Hassan. (1978 [1357]). A glimpse into Iran's social history: behind the curtains of the harem. Urmia: Anzali.
- Azadi Deh Abasiani, Najimeh. (2015 [1394]). Deciphering the ritual of sacrifice in myth, mysticism, and culture. *Quarterly Journal of Mystical Literature and Mythology*. 11(38), 11-44.
- Bagheri Ahmadi, Yousef. (2019 [1398]). Teaching human rights and the right to public health and hygiene. *International Studies Quarterly*, 16(1), 63-82.
- Bagheri, Fatemeh. (2013 [1392]). An analysis of parental responsibilities during childhood from the perspective of the Qur'an and narrations. Master's thesis, Tarbiat Modarres University, Tehran.
- Bahalgardei, Abdullah. (1963 [1342]). The circumcision of Saurans in Birjand: Calling the dallak and sornachi to the circumcision feast. *Honar va Mardom*, 15, 24-25.

- Bailey, R.; Muga, R.; Poulussen, R. & Abicht, H. (2002). The acceptability of male circumcision to reduce HIV infections in Nyanza Province, Kenya. *AIDS Care*, 14 (1), pp. 27–40.
- Bavand-e-Savadkouhi, Ahmad. (2009 [1388]). Tir Mah Sizdah Sho in the villages of Savadkouh. Najvaye Farhang, 11.
- Bedil Dehlavi, Abdul-Qadir. (2021 [1400]). Divan-e Ashaar. Edited by Akbar Bahadorvand. 7th ed., Tehran: Negah.
- Beets, Daniel. (2006 [1385]). Cultural anthropology. Translated by Mohsen Salasi. Tehran: Ilmi.
- Bell, K. (2005). Genital Cutting and Western Discourses on Sexuality. *Medical Anthropology Quarterly*, Vol. 19, Issue 2, pp. 125–148.
- Bensley, G. A., & Boyle, G. J. (2001). Physical, sexual, and psychological effects of male infant circumcision: An exploratory survey. In G. C. Denniston, F. M. Hodges & M. F. Milos (Eds.), *Understanding circumcision: A multi-disciplinary approach to a multi-dimensional problem* (pp. 207–239). New York: Kluwer Academic/ Plenum Publishers.
- Bensley, G. A., & Boyle, G. J. (2003). Effect of male circumcision on female arousal and orgasm. *NZ Med J*, 116 (1181), 595–596.
- Bigelow, J. (1998). *The joy of uncircumcising!* Kearney, NE: Morris Publishing.
- Bowa, K. (December 2006). Strategies and approaches for male circumcision programming. WHO meeting report: Strategies and Approaches for MC Programming, Geneva, 5–6.
- Boyle, M. H., Offord, D. R., Campbell, D., Catlin, G., Goering, P., Lin, E., & Racine, Y. A. (1996). Mental health supplement to the Ontario health survey: methodology. *Canadian Journal of Psychiatry*, 41(9): 549–58.
- Brown, Wendy Peterson. (2011). Adult attachment styles relationship satisfaction and body dissatisfaction in women. PhD dissertation. Denton Texas University. UMI dissertation publishing proquest.
- Carpenter, L. M. (May 2010). On remedicalisation: male circumcision in the United States and Great Britain. *Social Health Illn*, 32(4), pp. 613–630. doi: 10.1111/j.1467-9566.2009.01233.x. PMID: 20604880.

- Casella, R. (2002). Re: Effects of circumcision on male sexual function: debunking a myth?. [letter] *Journal of Urology*, 168, p. 2134.
- Collins, S., Upshaw, J., Rutchik, S. O., C., Ortenberg, J., & Albertsen, P. (2002). Effects of circumcision on male sexual function: Debunking a myth? *J Urol*, 167, 2111–2112.
- Connolly, C. A. & et al. (2004). HIV and circumcision in South Africa. In: *XV International AIDS Conference*, Bangkok, Thailand (Abstract MoPeC3491).
- Corduk, N.; Unlu, G.; Sarioglu-Buke, A.; Buber, A.; Savran, B. & Zencir, M. (2013). Knowledge, Attitude and Behaviour of Boys and Parents about Circumcision. *Acta Paediatrica*. 102 (4), pp.73-169.
- Coursey, J. W., Morey, A. F., McAninch, J. W., Summerton, D. J., Secrest, C., White, P., et al. (2001). Erectile function after anterior urethroplasty. *J Urol*, 166 (6), 2273–2276.
- Dadgaran, Mohammad (2002 [1381]). *Fundamentals of Mass Communication*. Tehran: Firooze.
- Darabi, Saadallah (2017 [1396]). Population Aging in Iran and the Increasing Costs of Health and Medical Services. *Iranian Journal of Aging*, 12 (2), pp. 156–169.
- Dargahi, Mehdi (2016 [1395]). An exploration of the boundaries and scope of the ‘principle of sovereignty’ in relation to human control over the body. *Quarterly Journal of Jurisprudence and Principles of Islamic Law*, 48 (105), 45–64.
- Dehghan, M. S. (2008 [1387]). The prevalence of circumcision complications in children under two years old in Yazd. Professional doctoral thesis, Shahid Sadoughi University of Medical Sciences and Health Services, Yazd.
- Demographic and health surveys (2006). MEASURE DHS, (<http://www.measuredhs.com>, accessed 21 September 2006.)
- Deutsch. Y. (2013). Religious Rituals and Ethnographic Knowledge: Sixteenth-Century Descriptions of Circumcision, in Asaph Ben Tov, Yaacov Deutsch and Tamar Herzig, eds., *Religion and Knowledge in Early Modern Europe* (Leiden: Brill, 2013), 119–133

- Dickson, N.; van Roode, T. & Paul, C. (2005). Herpes simplex virus type 2 status at age 26 is not related to early circumcision in a birth cohort. *Sex Transm Dis*, 32(8):517–519.
- Douglas, Mary. (1966). *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. Routledge.
- Doyle, S. M., Kahn, J. G., Hosang, N., & Carroll, P. R. (2010 [1389]). The impact of male circumcision on HIV transmission. Translated by the Academy of Medical Sciences, Selected Highlights from Recent Medical Advances (General and Specialised Surgery), 12(4), pp. 355–361.
- Drain, P. K. & et al. (2006). Male circumcision, religion and infectious diseases: an ecologic analysis of 118 developing countries. *BMC Infect Dis*, 6 (1), p. 172.
- El Hadi, H. (2009). Algerians Modernize Tradition of Circumcision, Find it: <https://www.globalgayz.com/algerians-modernize-tradition-of->
- El-Damanhoury, I. (2013). The Jewish and Christian view on female genital mutilation. *African Journal of Urology*, 19(3), 127–129.
- Eslami, Reza and Ajali Lahiji, Mahshid. (2015 [1394]). Challenges of social development in the international human rights system with emphasis on the right to education, the right to health, and poverty alleviation. *Legal Research Quarterly*, 19(74), 211–244.
- Esmaili, Mohammad and Ahmadnia, Hassan. (2005 [1384]). The effect of circumcision on the prevention of urinary tract infections in boys under 6 years of age. *Journal of Mashhad University of Medical Sciences*, 48(90), 417–424.
- Esmaili, Mohammad. (2005 [1384]). Reduction of urinary tract infections in circumcised boys. *Iranian Journal of Paediatrics*, 15(3), 203–208.
- Farhoudi, M., Panahi, M., & Masnennmazhari, H. (2008 [1386]). Clinical Diagnosis Step by Step. *Journal of Mashhad University of Medical Sciences*, 50(96), 339–345.
- Fatehi, A., & Akhlaqi, I. (2010 [1389]). Discourse of Sociology of the Body and Its Critique Based on the Theory of Rational Life and

- Islamic Worldview. Ma'rifat-e Farhangi Eijtema'i Quarterly, 1(2), 57–82.
- Feiz Kashani, M. (2009 [1388]). Al-Wafi. (S.Z. Hosseini, Trans.). Vol. 23. Isfahan: Atre Attar.
- Fenaii, S.A., Musavi Nayini, S.M., & Mehrvarz Shaban, H. (2003 [1382]). Comparison of Early Complications and Duration of Two Methods of Circumcision, Classic Surgery and Plastibell. Journal of Rafsanjan University of Medical Sciences, 2(2), 68–73.
- Fergusson, D. M.; Boden, J. M. & Horwood, L. J. (2006). Circumcision status and risk of sexually transmitted infection in young adult males: an analysis of a longitudinal birth cohort. *Pediatrics*, 118 (5), pp. 1971–1977.
- Feshami, M. (2001 [1380]). The Eternal Obeid Zakani. Tehran: Saales.
- Fesharkinia, A. (2003 [1382]). Study of the Prevalence of Infections and Related Factors in One Hundred Children with Nephrotic Syndrome. Journal of Sabzevar University of Medical Sciences, 10(1), 59–65.
- Fink, K. S., Carson, C. C., & DeVellis, R. F. (2002). Adult circumcision outcomes study: Effect on erectile function, penile sensitivity, sexual activity and satisfaction. *J Urol*, 167 (5), 2113–2116.
- Floor, V. (2011). A Social History of Sexual Relations in Iran. (M. Minoo-Khodadad, Trans.). Stockholm: Ferdowsi.
- Foucault, M. (2005 [1384]). The Will to Knowledge. (N. Sorkhosh & A. Jahandideh, Trans.). Tehran: Ney.
- Foucault, M. (2011 [1390]). The Birth of the Clinic. (Y. Imami, Trans.). Tehran: Naghsh va Negar.
- Franklin, W., & Scott Waring, E. (2019 [1398]). Selections from Two Travelogues of Shiraz. (F. Farshbaf Abrishami, Trans.). Tehran: Khaneye Tarikhe va Tasvir Abrishami.
- Freud, S. (1969 [1348]). Moses and Monotheism. (G. Khātāmī, Trans.). Tehran: Jāmi.
- Ghā'āni, Mirza Habib. (1984 [1363]). Complete Divan. (N. Heeri, Ed.). Tehran: Golshayi.

- Ghaffari, K. (2018 [1397]). Children's Rights, Male Circumcision, and Possible Complications. *Majaleh-ye Hoghogh-e Ma*, 78, 4–5.
- Ghali-Ghara'i, A. (2001 [1380], Spring and Summer). Impure Hearts: An Inquiry Into the Expression 'Qulūbunā Ghulf' Dovv-e Fasl-e Nāmah-e Tarjoman-e Vahy, 5(1), 4–31.
- Gholami, A., & Moghaddami, N. (2021 [1399]). An Analysis of the Jurisprudential Arguments for Prohibiting and Allowing Female Genital Cutting in the Five Schools of Islamic Jurisprudence with Emphasis on the Imamite Jurisprudence. *Journal of Islamic Women and Family Studies*, 8(2), 133–156.
- Giddens, A. (1997 [1376]). *Sociology*. Translated by M. Sabouri. Tehran: Nashr-e Ney.
- Goldman, Ronald (2016). *Circumcision: The Hidden Trauma, Jewish Circumcision*.
- Goldouzian, I. (2016 [1395]). *Specific Criminal Law: Crimes against Bodily Integrity, Spiritual Personality, Property and Ownership, Public Safety and Security*. Tehran: Tehran University Press.
- Gorgi, A. (2013 [1392]). *Sociology of the Body and Its Implications for Human Rights in the View of Jonathan Turner*. Conference on Medical Sociology and Health. Iranian Sociological Association.
- Gregory, G.; Boyle, J.; Goldman, Ronald; Svoboda, J. Steven & Fernandez, Ephrem (2020). Male Circumcision: Pain, Trauma and Psychosexual Sequelae. *Journal of Health Physiology*. Volume: 7 issue: 3, pp. 329–343.
- Hanley, F. (2004). *The dynamic body image and the moving body: A theoretical and empirical investigation*. The thesis of Doctor of philosophy. Victoria University.
- Hashem Rezaei (1976 [1355]). *Social Anthropology: Anthropology of Primitive Societies in America, Africa, and Australia*. Tehran: Asia.
- Hedayat, S. (1342 [1963]). *Neyrangestan*. Tehran, Iran: Amir Kabir.
- Helli, Hasan ibn Yusuf (1992 [1411 AH]). *Tabserat al-Mo'alimin fi Ahkam al-Din*. Translation by Abul-Hasan Shayrani, Vol. 1, Tehran: Ministry of Culture and Islamic Guidance, Printing and Publishing Organization.

- Hellsten, S. K. (2004). Rationalising Circumcision: From Tradition to Fashion, From Public Health to Individual Freedom- Critical Notes on Cultural Persistence of the Practice of Genital Mutilation. *The Journal of Medical Ethics*. 24. pp. 248–253.
- Hellsten, S. K. (2004). Rationalising Circumcision: From Tradition to Fashion, From Public Health to Individual Freedom- Critical Notes on Cultural Persistence of the Practice of Genital Mutilation. *The Journal of Medical Ethics*, 24. pp. 248–253.
- Hellsten, S. K. (2004). Rationalising circumcision: From tradition to fashion, from public health to individual freedom: Critical notes on cultural persistence of the practice of genital mutilations. *J Med Ethics*, 30:248-253.
- Helman, C. (2007 [1386]). Culture, health, and illness (K. Beheshti et al., Trans.). Tehran, Iran: Rashidin.
- Henninger, Joseph (1987). sacrifice in: The Encyclopedia of religion, Mircea Eliade (ed.), New York: Magmillan.
- Heydari, Homeyra (1992 [1371]). Circumcision and Its Complications in Infancy, Breastfeeding, and Childhood. Professional Doctorate Thesis, Shahid Beheshti University.
- Hill, G. & Denniston. G. C. (2003). HIV and Circumcision: New Factors to Consider. *Sex Transm Infect*, V. 79, pp. 495–500.
- Hull, TH. (2001). Budiharsana M. Male circumcision and penis enhancement in Southeast Asia: matters of pain and pleasure. *Reprod Health Matters*, 9 (18), pp. 60–67.
- Hurr Amili, Muhammad ibn Hasan (n.d.). Wasa'il al-Shi'a. Qom: Al al-Bayt Foundation for Revival of Islamic Heritage.
- Ibn Majah, Muhammad ibn Yazid. (1999 [1418 AH]). Sunan Ibn Majah. Beirut: Dar al-Jil.
- Jafari, Maedeh (2010 [1389]). An Investigation of Early and Late Complications of Circumcision. Professional Doctorate Thesis, Shahroud University of Medical Sciences.
- Jahiz, Amr ibn Bahr (n.d.). Kitab al-Hayawan. Beirut: Offset Printing; Egypt: Abd al-Salam Muhammad Harun.

- Javid Tehran, Behrouz (2018 [1397]). Circumcision: Good or Bad, Let's Not Decide for Our Children. *Ma Law Journal*, 78, pp. 18–19.
- Johnson, P. (1993). Israelites. In: *Johnson P, A history of the Jews*. London: Phoenix Press.
- Johnson. M. (2010). Male Genital Mutilation: Beyond the Tolerable?. *Ethnicities*, 10 (2), pp. 181–207.
- Karami, D. (2018 [1397]). Foundations of Globalization of Children and Adolescents' Rights Regarding the Limits of Punishment of Children by Legal Guardians. Presented at the First National Conference on Globalization of Children and Adolescents' Rights from Legal and Psychological Perspectives.
- Karzbar Yarahmadi, G. (2009 [1388]). Culture of Boroujerd People. Tehran: Tarh-e Ayandeh.
- Kazemi, S. (2019 [1398]). Idealised Body, Masculinity, and Consumer Society. Speech at the Iranian Sociological Association.
- Kelly, Mary (2017 [1396]). An Introduction to Child Studies. Translation by Alireza Kermani. Tehran: Saalesh.
- Khakrand, Shokrollah and Karimi, Zeinab (2019 [1398]). Review Article: The Role of Dallaks and Salmanis in the Field of Health and Medical Services during the Qajar Period. *Pureshki History Journal*, 39, pp. 74–87.
- Khodatemehmineh, Faraj; Irani-Far, Elnaz; Javanbakht, Maryam; Abbasi, Mahmoud and Bekaie, Mahshid (2011 [1390]). Studying the Ethical Consequences, Legal Dimensions, and Root-Cause Solutions of Female Genital Mutilation. *Medical Ethics Journal*, 5 (18), pp. 55–71.
- Khoui, Sayyed Abu al-Qasim (1991 [1410 AH]). *Minhaj al-Salihin*. Qom: Madinat al-Ilm.
- Khumalo-Sakutukwa, G.; Lane, T.; Van-Rooyen, H.; Chingono, A.; Humphries, H. Timbe, A. & et al. (2013). Understanding and addressing socio-cultural barriers to medical male circumcision in traditionally non-circumcising rural communities in sub-Saharan Africa. *Culture Health Sex*, 15 (9), 1085–1100.
- Kigozi, G., Watya, S., Polis, C. B., Buwembo, D., Kiggundu, V., Wawer, M. J. et al. (2008). The effect of male circumcision on

- sexual satisfaction and function, results from a randomised trial of male circumcision for human immunodeficiency virus prevention, Rakai, Uganda. *BJU Int*, 101, 65–70.
- Kim, D. S.; Lee, J. Y. & Pang, M. G. (1999). Male circumcision: a South Korean perspective. *BJU Int*. 83 (Suppl. 1), pp. 28–33.
- Kim, D., & Pang, M. (2007). The effect of male circumcision on sexuality. *BJU Int*, 99 (3), 619–622.
- Koleyni, M. B. Y. (2008 [1407]). Al-Kafi. Edited by A. Ghaffari and M. Akhavandi. Tehran: Dar al-Kutub al-Islamiyyah.
- Koukabi Saghi, F. (2016 [1395]). The Right to Health Litigation Capability in International Law System. *Medical Law Journal*, 37, 7–34.
- Krieger, J. N.; Mehta, S. D.; Bailey, R. C.; Agot, K.; Ndinya-Achola, J. O.; Parker, C. & et al. (2008). Adult male circumcision: effects on sexual function and sexual satisfaction in Kisumu, Kenya. *J Sex Med.*, 5 (11), p. 2610.
- Langley, G (2016 [1395]). An Overview of the Anatomy of the Skin and Its Functional, Developmental, and Health Aspects. Qom: Tabian Cultural and Information Institute.
- Latifi, A. (2018 [1397]). Exploring the Concept of Obedience in the *Old Testament*. *Religions Quarterly*, 12(24), 163–181.
- Latifi, M., Danayi-Fard, H., & Rahmani, F. (2018 [1397]). Mechanisms of Education for People and Managers in Enhancing Interaction between People and Government: Implications Arising from al-Mizan. *Islamic Management Journal*, 26(4), 15–49.
- Le Breton, David. (2021 [1400]). *Sociology of the Body*. Translated by N. Fakouhi. Tehran: Salis.
- Lee, R. B. (2005). Circumcision practice in the Philippines: community based study. *Sex Transm Infect*, 81(1), p. 91.
- Lemer cier, Chantal. (1981 [1360]). *Islam in the Soviet Union*. Translated by G. Vasigh. Arash, 5(3), 45–54.
- Lissouba, P.; Taljaard, D.; Rech, D.; Dermaux-Msimang, V.; Legeai, C.; Lewis, D. & et al. (2011). Adult male circumcision as an intervention against HIV: An operational study of uptake in a

- South African community (ANRS 12126). *BMC Infect Dis.*, 11, p. 253. doi:10.1186/1471-2334-11-253.
- Lopez-Corvo, R. E. (2020 [1399]). *The Woman Within: Psychoanalytic Writings on Femininity*. Translated by F. Majidiani. London: Mehri Publication.
- Lukobo, M. & Bailey, R. C. (2007). Acceptability of male circumcision for prevention of HIV infection in Zambia. *AIDS Care*, 19 (4), pp. 471–477.
- Macintyre, K.; Andrinopoulos, K.; Moses, N.; Bornstein, M.; Ochieng, A.; Peacock, E. & et al. (2014). Attitudes, Perceptions and Potential Uptake of Male Circumcision among Older Men in Turkana County, Kenya Using Qualitative Methods. *PLoS One*, 9 (5): e83998. doi:10.1371/journal.pone.0083998.
- Mahajeri, P., Izadi, B., Rezaei, M., Falahi, B., Khademi, H., & Ebrahimi, R. (1390 [2011, Spring]). Investigation of broad-spectrum beta-lactamase production in *Escherichia coli* isolated from urinary tract infections and its antibiotic resistance pattern in Kermanshah. *Journal of Ardabil University of Medical Sciences*, 11(1), 86–94.
- Mahdiqoli, J. B. H. (2007 [1386 - undated]). *Sharaye' al-Islam fi Masa'il al-Halal wa al-Haram*. 4 volumes, 1st edition. Qom: Esmailian.
- Majlesi, M. B. (2009 [1388]). *Hilyat al-Muttaqin*. Edited by the Research and Editing Unit of the Publications of the Holy Shrine of Jamkaran. Qom: Publications of the Holy Shrine of Jamkaran.
- Makarem Shirazi, N. (1378 [1999]). *New fatwas* (A. Aliannezhadi, Ed., Vol. 2). Qom, Iran: Imam Ali ibn Abi Talib School.
- Markus, H. (1977). Self schemata and processing in formation about the self. *Journal of personality social psychology*, 35 (2), pp. 63–78.
- Mashkoor, M. J. (1349 [1970]). *A view on the history of Azerbaijan and its ancient monuments and demography*. Tehran, Iran: National Heritage Society.
- Masood, S., Patel, H. R., Himpson, R. C., Palmer, J. H., Mufti, G. R., & Sheriff, M. K. (2005). Penile sensitivity and sexual satisfaction

- after circumcision: Are we informing men correctly? *Urologia Internationalis*, 75(1), 62–66.
- Mastro TD et al. Probability of female-to-male transmission of HIV-1 in Thailand. *Lancet*, 1994, 343(8891):204–207.
- Mattson, C. L. & et al. (2005). Acceptability of male circumcision and predictors of circumcision preference among men and women in Nyanza Province, Kenya. *AIDS Care*, 17 (2), pp.182-194.
- Maughan-Brown, B.; Godlonton, S.; Thornton, R. & Venkataramani, A. S. (2014). What Do People Actually Learn from Public Health Campaigns? Incorrect Inferences About Male Circumcision and Female HIV Infection Risk Among Men and Women in Malawi. *AIDS Behav.*, pp. 1–8. Epub ahead of print
- Meibodi, A. al-F. R. al-D. (1382 [2003]). *Kashf al-Asrar wa 'Udda al-Abrar* (A. A. Hekmat, Ed.). Tehran, Iran: Amir Kabir.
- Miriam Pollack El-Salam, S. A. (2002). The Importance of Genital Mutilations to Gender Power Politics. *Al-Raida Journal*, pp 33–43.
- Moghanloo, A. (2016 [1395]). Science and technology. Radio Zamaheh. Retrieved from <https://zamaaneh.com>
- Mohammadi Jorkoyeh, A. (2004 [1383, Spring]). Blood Money and Retaliation: Government Obligations and Women's Rights. *Strategic Studies of Women*, 23, 135–159.
- Mohseni, M. (2006 [1385]). *Sociology of the Body*. Tehran: Tahuri.
- Montazerian, M., & Karimnejad, Y. (1398 [2019]). Benefits of infant circumcision. In *Second National Care and Treatment Conference* (pp. 1–10). Tehran, Iran.
- Morgan, H. (1371 [1992]). *Ancient society* (M. Salasi, Trans.). Tehran, Iran: Institute for Humanities and Cultural Studies.
- Morris BJ, Hankins CA, Lumbers ER, Mindel A, Klausner JD, Krieger JN, et al. (2019). Sex and male circumcision: Women's preferences across different cultures and countries: A systematic review. *Sex Med*, 7(2), pp. 145–161.
- Morris, B. & Bailis, S. (2004). Circumcision rate too low? *ANZ J Surg*, 74 (5), pp. 386–389.

- Morris, B. J.; Bailis, S. A.; Castellsague, X.; Wiswell, T. E. & Halperin, D. T. (2006). RACP's policy statement on infant male circumcision is ill-conceived. *Australian and New Zealand Journal of Public Health*, 30, pp. 16–22.
- Morris, B. J.; Wamai, R.G.; Henebeng, E. B. & et al. (2016). Estimation of country-specific and global prevalence of male circumcision. *Popul Health Metrics*, 14 (4). <https://doi.org/10.1186/s12963-016-0073-5>.
- Morten, Frisch & Simonsen, Jacob (2015 Jul). Ritual circumcision and risk of autism spectrum disorder in 0- to 9-year-old boys: national cohort study in Denmark. *J R Soc Med.*, 108 (7), pp. 266-279. doi: 10.1177/0141076814565942.
- Motaghi Hindi, A. B. H. (1999 [1419 AH]). *Kanz al-Ummal fi Sunan al-Aqwal wa al-Af'al*. Beirut: Dar al-Kutub al-Ilmiyyah.
- Mousavi Khoei, S. A. (1368 [1989]). *Menhaj al-Salihin* (Vol. 3). Qom, Iran: Medina Al'Elm.
- Mousavi, S. A., Pourhossein, R., Zare Moghadam, A., Musavian Hajazi, S. A., & Gomnam, A. (1395 [2016]). Body image in different schools of psychology. *Journal of Psychology Growth*, 5(2), 209–266.
- Mowlavi, J. al- Din Mohammad. (1375 [1996]). *The complete works of Shams* (B. al-Z. Foruzanfar, Ed.). Tehran, Iran: Rad.
- Mowlavi, J. al-Din Mohammad. (1398 [2019]). *Mathnawi Ma'anawi* (M. A. Mohadd, Ed.). Tehran, Iran: Hermes.
- Moyo, S.; Mhloyi, M.; Chevo, T. & Rusinga, O. (2015). Men's attitudes: A hindrance to the demand for voluntary medical male circumcision—A qualitative study in rural Mhondoro-Ngezi, Zimbabwe. *Glob Public Health*, pp. 1-13. (ahead-of-print).
- Mshana, G.; Wambura, M.; Mwanga, J.; Mosha, J.; Mosha, F. & Chagalucha, J. (2011). Traditional male circumcision practices among the Kurya of North-eastern Tanzania and implications for national programmes. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/ HIV*, 23 (9), pp. 1111–1116.
- Muslim ibn al-Hajjaj ibn Muslim (1991 [1412 AH]). *Sahih Muslim*. Cairo: Dar al-Hadith.

- Nabavi, E. (1395 [2016]). The Islamic world between fear and hope (Part III). Tehran, Iran: Zeytoon Website.
- Najafi, M. H. (1374 [1995]). *Jawahir al-Kalam fi Sharh Sharayi' al-Islam* (A. Quchani, Res.). Tehran, Iran: Islamic Library.
- Najmabadi, A. (1397 [2018]). Women with moustaches and men with no bear (A. Kamil & I. Vaghefi, Trans.). Tehran, Iran: Tisa.
- Naser Khosrow Ghobadiāni. (n.d.). *Vajh-e Din [Face of Religion]*. (Gh.R. A'vāni, Ed.). Tehran: Anjoman-e Falsafe-ye Iran.
- National Organization of Restoring Men (NORM). (1997–2006). Men speak about foreskin restoration. In *National Organization of Restoring Men*. Retrieved October 2, 2009 from <http://www.norm.org/menspeak.html>.
- Neyazi, M., & Mortazavi, A. (1394 [2015]). Analysis of the symbolic interactionism theory. In International Conference on Humanities, Psychology, and Social Sciences (pp. 1–25). Tehran, Iran.
- Ngalande, R. C. & et al. (2006). Acceptability of male circumcision for prevention of HIV infection in Malawi. *AIDS Behav.*, 10 (4), pp. 377–385.
- Nnko, S. & et al. (2001). Dynamics of male circumcision practices in northwest Tanzania. *Sex Transm Dis*, 28 (4), pp. 214–218.
- O'Donnell, H. (2004). Circumcision incidence in Australia. <http://www.cirp.org/library/statistics/Australia/>. Accessed 21 September 2006.
- O'Hara, K., & O'Hara, J. (1999). The effect of male circumcision on the sexual enjoyment of the female partner. *BJU Int*, 83(Suppl 1), 79–84.
- Oh, S. J. & et al. (2004). Knowledge of and attitude towards circumcision of adult Korean males by age. *Acta Paediatr*, 93 (11), pp. 1530–1534.
- Owusu-Danso, O. (December 2006). Strategies and approaches for male circumcision programming. WHO meeting report: Strategies and Approaches for MC Programming, Geneva, 5–6.

- Pang, M. G. & Kim, D. S. (2002). Extraordinarily high rates of male circumcision in South Korea: history and underlying causes. *BJU Int.*, 89 (1), 48–54.
- Parakand, Mahnaz (2018 [1397]). The Father's Religious Mastery Hinders the Strengthening of Anti-Circumcision Laws in Iran. *Ma Law Journal*, 78, pp. 14–15.
- Parsa, Farzad and Yousefpanah, Ribvar (2012 [1391]). Examining the Ruling on Circumcision in the Jurisprudence of the Four Sunni Schools. Kurdistan University Press, Faculty of Literature and Humanities.
- Perron, Roger and Perron-Borelli, Michelle. (2018 [1397]). *Oedipus Complex*. Translation by Maryam Khaghan. Tehran: Saalesh.
- Rafieefar, Jalal al-Din and Kamaloo, Khadijeh (2014 [1393]). The Rituals of Hanabandan from the Past to the Present. *Farhang va Adabiyat-e Ammah Quarterly*, 2 (4), pp. 27–55.
- Rain-Taljaard, R. C. & et al. (2003). Potential for an intervention based on male circumcision in a South African town with high levels of HIV infection. *AIDS Care*, 15 (3), pp. 315–327.
- Rayegan, N., Shoairi, M. R., & Asghari Moghaddam, M. A. (2006, November [1385, Aban]). The efficacy of cognitive-behavioral therapy based on the eight-stage model on the negative body image of female university students. *Journal of Behavioral Sciences*, 19, pp. 11–22.
- Razi, H. (1976 [1355]). *Social anthropology: the sociology of primary communities in the Americas, Africa, and Australia*. Tehran: Asia.
- Reed, Evelyn. (1984 [1363]). *Man in the Age of Brutality*. Translated by Mahmoud Enayat. Tehran: Hashemi.
- Reed, Evelyn. (2009 [1388]). *Problems of Women's Liberation*. Translated by Afshang Maqsoodi. Tehran: Golazin.
- Rezaee Ghale, H. (2006 [1385]). The entitlement to health, health services and education in developing countries. *Strategy Journal*, 42, pp. 122–133.
- Rezaipour, Parnian (2013 [1392]). *Self-centered Theory of Emotion*. Emotional Sociology Group Session. Iranian Sociological Association.

- Rouholamin, Mahmoud (1985 [1364]). *Anthropology*. Tehran: Zamaneh.
- Ryu, S. B. & et al. (2003). Study on consciousness of Korean adults for circumcision. *Korean J Urol*, 44 (6), pp. 561–568.
- Sadeqzadeh Milan, S. (2018 [1397]). The Prohibition of Male Circumcision by Disenfranchising. *Tribun-e Zamaneh*.
- Saeedi, Mohammad Hassan (2011 [1390]). The Tradition of Circumcision. *Anthropology Newsletter*, 13, pp. 57–70.
- Safaie, S., & Abbasi, M. (2015 [1394]). The Principle of Non-Harming in Islamic Jurisprudence and Its Application in Bioethics. *Ethics in Science and Technology Quarterly*, 5(17), 33–64.
- Safaie, S., Abbasi, M., & Mohaghghed Damad, S.M. (2012 [1391]). The Principle of Respect for Autonomy in Islamic Jurisprudence and Law. *Ethics in Science and Technology Quarterly*, 2(4), 63–92.
- Safaie, S., Abbasi, M., & Mohaghghed Damad, S.M. (2015 [1393]). The Principle of Respect for Autonomy in Islamic Jurisprudence Sources. *Proceedings of the 4th National Conference on Ethics and Manners of Life*, Zanjan.
- Sahin F.; Beyazova U. & Aktürk A. (2003). Attitudes and practices regarding circumcision in Turkey. *Child Care Health Dev.*, 29 (4), pp. 275–280.
- Sane'i, Y. (2005 [1384]). *Majma' al-Masa'il*. 2nd ed. Qom: Meysam Tamar.
- Sansoon (1967 [1346]). *The Travelogue of Sansoon: The State of the Safavid Empire during the Reign of Shah Suleiman Safavi*. Translated by Taghi Tafazzoli. Tehran: Ibn Sina.
- Sardi, L. M. (2011). The Male Neonatal Circumcision Debate: Social Movements, Sexual Citizenship, and Human Rights. *Societies Without Borders*, Volume 6, Issue 3.
- Schmitz, R. F. & et al. (2001). Results of group-circumcision of Muslim boys in Malaysia with a new type of disposable clamp. *Trop Doct*, 31 (3), pp. 152–154.
- Scott, B. E.; Weiss, H. A. & Viljoen, J. I. (2005). The acceptability of male circumcision as an HIV intervention among a rural Zulu

- population, KwaZulu-Natal. *South Africa AIDS Care*, 17 (3), pp. 304–313.
- Senkul, T., Iseri, C., Sen, B., Karademir, K., Saracoglu, F., & Erden, D. (2004). Circumcision in adults: Effect on sexual function. *Urology*, 63 (1), 155–158.
- Shahid Avval, M. bin M. (2009 [1388]). *Loma'at-e Damashqiya*. (A. Shirvani & M. Gharavian, Trans.). 40th ed. Qom: Dar al-Fikr.
- Shahid Sani, Z. bin A. (2009 [1388]). *Sharh Loma'at-e Damashqiya*. (A. Zara'at, Trans.). Vol. 6. Tehran: Mousavi Danesh-Pazhouhesh Institute.
- Shahpar, S. (2017 [1396]). Childbirth Rituals in the Popular Culture of Larestan Region. *Farhang va Adabiyat-e Ammah Quarterly*, 5(17), 1–20.
- Sharqaavi, A. (2020 [1399]). *Exodus*. (G. Emami, Trans.). Tehran: Amir Kabir.
- Sheikh Baha'i, M. bin H. (n.d.). *Kashkool*. (A. Ghazanfari, Trans. & Ed.). Tehran: Niloufarneh.
- Shen, Z., Chen, S., Zhu, C., Wan, Q., & Chen, Z. (2004). [Erectile function evaluation after adult circumcision]. *Zhonghua Nan Ke Xue [National Journal of Andrology]*, 10 (1), 18–19.
- Simbar, Masoumeh, Abdi, F., Zaheri, F., Mokhtari, P., Dadkhah Tehrani, T., and Shahavi, R. (2014 [1393]). Consequences of Female Genital Mutilation: A Review of Existing Studies. *Hakim Seyyed Esmaeil Jorjani Journal*, 2 (1), pp. 1–10.
- Simbar, Masoumeh, Shayanehmanesh, M., Nahidi, F. and Akbarzadeh, S. (2007 [1386]). Awareness, Attitude, and Performance of Midwives in AIDS Prevention in Selected Hospitals of Isfahan City in 2006. *Pajouhesh-e Peyvandeh Journal*, 12 (6), pp. 535–540.
- Simforoush, N. (2011 [1390]). Benefits of Newborn Circumcision: An Overview of the Past and Present. *Islamic and Iranian Traditional Medicine Journal*, 2 (2), pp. 123–130.
- Solimani, Hossein and Mousavi, Seyyed Ebrahim (2015 [1394], Fall and Winter). The Reform Movement of Jews and Its Challenges

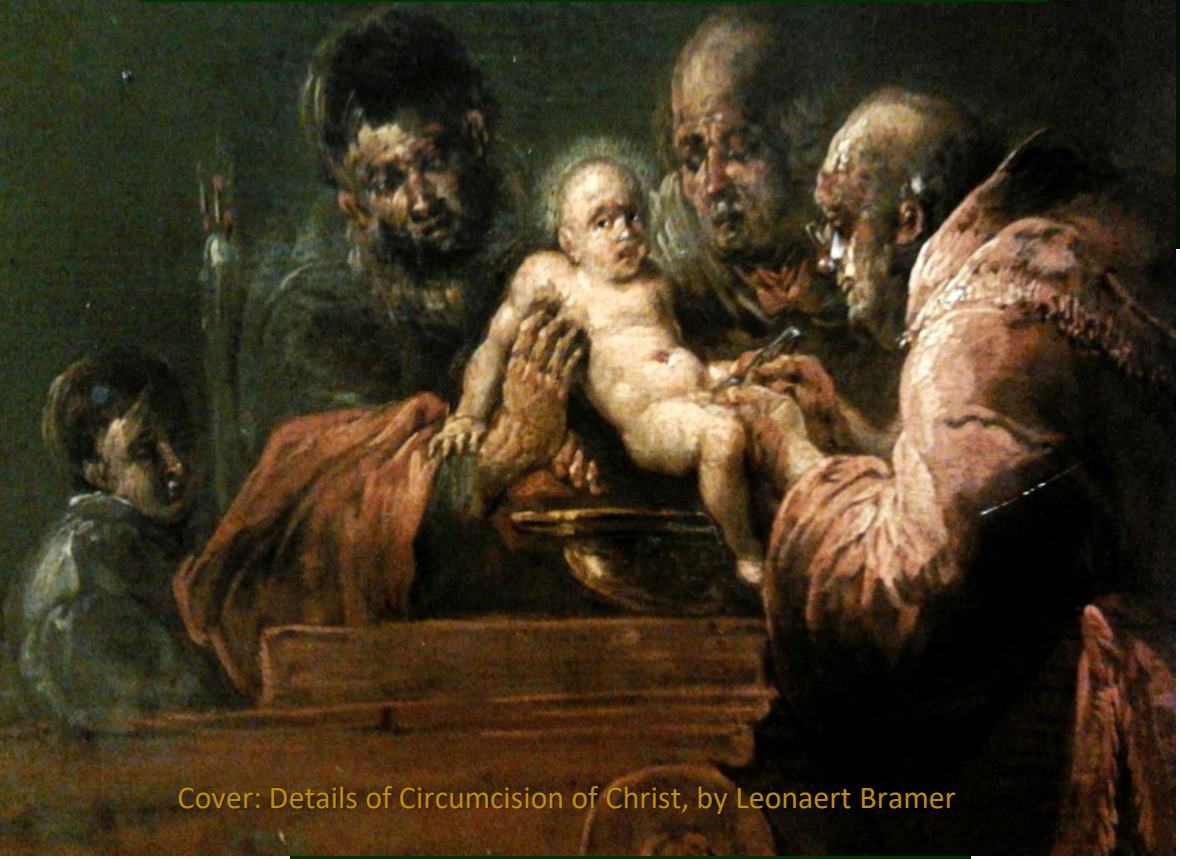
- in the Modern Era. *Comparative Theology Scientific-Research Journal*, 6 (14), pp. 139–148.
- Sorrells, M. L., Snyder, J. L., Reiss, M. D., Eden, C., Milos, M. F., Wilcox, N., & Van Howe, R. S. (2007). Finetouch pressure thresholds in the adult penis. *BJU Int*, 99 (4), 864–869.
- Sotudeh, Siamek (2003). *Women and Sex in History*. Volume 1. USA: Underground Press.
- Sotudeh, Siamek (2005). *The Untold History of Islam*. Volume 1. USA: Underground Press.
- Tabatabaei, S.M.H. (2007 [1386]). *Tafsir al-Mizan*. (S.M. Mousavi Hamedani, Trans.). Vol. 5. Qom: Daftar-e Intisharat-e Eslami Vaabaste Be Jame'e Modarresin-e Howzeh Elmieh Qom.
- Taghizadeh, Hanieh (2019 [1398]). *What Problems Does Communication Include?* Tabriz University of Medical Sciences and Health Services, Code 155.
- Tanggok, M Ikhsam. (2018). Circumcision Law in Christianity and Islam. *Ahkam: Jurnal Limu Syariah*, 18 (2). pp. 265–285.
- Taves, D. (2002). The intromission function of the foreskin. *Med Hypotheses*, 59 (2), 180.
- Tawhidi, Abu Hayyan (1998 [1419 AH]). *Al-Basa'ir wa al-Dhakhair*. Edited by Vidad Qazi. Beirut: Dar Saad.
- Taylor, J. R., Lockwood, A. P., & Taylor, A. J. (1996). The prepuce: Specialised mucosa of the penis and its loss to circumcision. *BJU Int*, 77, pp. 291–295
- Tebasayi, M., Mosleh, P., & Zareianzadeh, A. (2019 [1398]). *Fertility and Infertility*. Mashhad: Deputy of Research, Islamic Azad University of Mashhad and Sokhan Gostar Press.
- Tierney, J. (2003). Circumcision. In: *The Catholic encyclopedia*. New York: Robert Appleton Company (Online edition: <http://www.newadvent.org/cathen/03777a.htm>, accessed 9 June 2006).
- Torabi, Atafeh and Hosseini Kazeroni, Seyed Ahmad (2013 [1392]). An Analysis of Arabic Proverbs in Khuzestan. *Quarterly Journal of Persian Language and Literature Studies*, 5 (17), pp. 49–72.

- Towhidi-Fam, Mohammad and Hosseiniyan-Amiri, Marzieh (2009 [1388]). Integration of Action and Structure in the Thoughts of Giddens, Bourdieu and Habermas and Its Impact on New Sociology. *Journal of Political Science Research*, 4 (3), pp. 79–107.
- Turner, J. C. et al. (1987). *Rediscovering the Social Group: A Self-Categorisation Theory*. Oxford & New York: Blackwell.
- Turner, R. M. (1994). *Adaptive reasoning for real-world problems: A schema-based approach*. Lawrence Erlbaum Associates, Inc.
- UNAIDS (2010). Neonatal and Child Male Circumcision: a global review.
- Vincent L. (2008). Boys will be boys: Traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture, Health & Sexuality*, 10 (5), pp. 431-46.
- Violante, T. & Potts, M. D. (2004). Would Thai men want circumcision to reduce the risk of HIV/STIs? In: *XV International AIDS Conference*. Bangkok, Thailand (Abstract ThPeC7392).
- Washington post (2015). Americans Truly Are Exceptional — At Least When It Comes to Circumcision (Date of Access: 06/12/2020), Available at: <https://www.washingtonpost.com/news/wonk/wp/2015/05/26/americans-truly-are-exceptional-at-least-when-it-comes-to-circumcision/>
- Westercamp, N. & Bailey, R. C. (2007). Acceptability of male circumcision for prevention of HIV/AIDS in subSaharan Africa: a review. *AIDS Behav.*, 11 (3), pp. 341–355.
- WHO (2007). Male Circumcision: Global Trend and Determinants of Prevalence, Safety and Acceptability.
- WHO (World Health Organization) (April 1997). Fact sheet N153.
- Wirth, J. L. (1980). Current circumcision practices: Canada. *Pediatrics*, 66 (5), pp. 705–708.
- Wise, Gilbert & Shteynshlyuger, Alex (2006). How to diagnose and treat fungal infections in chronic prostatitis. *Current urology reports*. 7. 320-8. 10.1007/s11934-996-0012-2.

- World Health Organization & UNAIDS (2008). Male circumcision: global trends and determinants of prevalence, safety and acceptability. World Health Organization (<https://apps.who.int/iris/handle/10665/43749>).
- Yaghaneh, R., Khirallahi, A. R., Bashashati, M., & Khoshdel, J. al-D. (1383 [2004]). Prevalence of delayed circumcision complications in elementary school students in Khorramabad, Lorestan. *Yafteh Magazine*, 6(2), 41–45.
- Yavuz, M. & Akdeniz, B. (2018). The Effect of Circumcision on the Mental Health of Children Running Head: Circumcision and Mental Health, *Aydın İnsan ve Toplum Dergisi*, 4 (2), pp. 1–16.
- Yousefi Eshkevari, H. (1397 [2018]). Why should male circumcision be an eternal tradition? *Our Rights Magazine*, 78, pp. 6–9.
- Yuksel, E. (2008). *Manifesto for Islamic Reform*. Breinigsville, PA: Brainbow Press.
- Zarlaki, Shahla (2016 [1395]). Women, Deshtans, and Menstrual Madness: A Mythological and Historical Study on Menstruation and Preceding Signs. Tehran: Charak.
- Zokaei, M. S. (2007 [1386]). Body management and its relationship with social acceptance of the body. Tehran: Aghah.



Unveil the ancient practice of male circumcision, still prevalent in societies today, including Iran, despite violating children's rights. Explore the untold dimensions and consequences of this controversial ritual. Why has it endured without question? Discover the clash between tradition and modern perspectives on bodily autonomy. This thought-provoking book challenges societal norms, highlighting the need for informed consent and the preservation of children's rights. A compelling exploration that raises important questions about cultural practices and education.



Cover: Details of Circumcision of Christ, by Leonaert Bramer