



The Fraudulent Practice of Selling Male Child Genital Cutting (aka circumcision)

Introduction

Male Child Genital Cutting (MCGC, aka circumcision) has been promoted for generations in the United States as a panacea or prophylactic for numerous medical, psychological, and social ailments. This practice continues, with outright solicitation or selling of MCGC in the U.S. healthcare system in many forms – some intentional and overt, others reflexive or subliminal. However, to-date, the impact and scope of this systemic problem has never been measured. Intact America—with its history of surveying stakeholders to learn more about what is pertinent for this cause—has conducted and is now reporting on its groundbreaking survey of MCGC solicitation.

Design

A national, random-sample survey of 2519 mothers who had given birth to a boy in the past four years was conducted in early 2020, with the assistance of Qualtrics, a reputable U.S. customer experience research firm. The survey dealt with the topic of circumcision solicitation – the “selling” of circumcision by inquiry, suggestion, assumption, or pressure, to moms of newborn babies by healthcare professionals. It controlled for region, race, health insurance source, and for the health professionals engaged in such solicitations (physicians, nurses, midwives). Mothers were asked questions about forms of solicitation, number of solicitations, intact penis and circumcision discussions, mothers’ experiences, and final circumcision decision. Reported results have a margin of error of three percent.

This survey defined “solicitation” as every time a doctor, midwife, or nurse: verbally asked the mother if she wanted to circumcise her son; recommended she circumcise her son; told her circumcision was required; handed her a circumcision consent form; or assumed (as perceived by the mother) that she wanted to circumcise her son. In this report we will discuss both direct asks and other forms of solicitation (note that “asks” are a subset of solicitations).

Key Findings

- 94% of mothers were solicited in one form or another to circumcise their newborn sons.
- The average number of solicitations was 8.
- Physicians were responsible for 3 out of 5 solicitations; nurses and midwives were responsible for the remainder.
- Solicitation, in all its forms, increased circumcisions 173% from the baseline (i.e., (i.e., the rate at which women who were NOT asked circumcised their sons).
- “Soft sells”, such as being handed a consent form, increased circumcisions by 137%.

- The first one or two asks—rather than repeated asking, as is often assumed—were the most influential in changing mothers’ minds to circumcise.
- Blacks and Latinos were asked more often than Whites.
- 71% said that they would have brought up the topic of circumcision if not raised.
- 18% said they would not have THOUGHT to broach the topic.
- Circumcisions were reported by mothers as paid for by a government source 41% of the time, by private insurance 43% of the time, and by parent(s) out-of-pocket 14% of the time.
- Mothers reported that the typical charge for circumcision was \$300–500.
- 13% of the mothers who agreed to circumcision said they would not have circumcised if they had to pay out of pocket.
- 18% of the mothers who agreed to circumcision said they would have not circumcised if offered \$600 not to do it.
- 24% of the mothers who agreed to circumcision said they would have not circumcised if a doctor had advised against it.
- 14% of the mothers who agreed to circumcision said they would have not circumcised if a nurse or midwife had advised against it.
- 21% of mothers who agreed to circumcision said that they now wish they had done more circumcision research.
- 71% of all respondents said they had never heard of any of the eight non-profit anti-circumcision organizations listed in the survey.
- Mothers who were covered by Medicaid were 2.1 times as likely to be told circumcision was recommended and 3.6 times to be told it was required. And Black mothers were told this more than mothers of other races.

Discussion

The findings outlined above indicate that solicitation of MCGC – a medically unnecessary and harmful practice – is rampant within the maternity care setting. Mothers are being barraged by people they consider to be healthcare experts who are conveying the impression that circumcision is, if not necessary, “normal” or desirable. This solicitation takes place during the mother’s pregnancy or during the immediate post-partum period, a time when she is particularly vulnerable and often even sleep-deprived or under the influence of drugs administered during delivery. Further, implicit in the solicitation is urgency – the mother must sign a consent form *now*, so the baby can be “done” before he leaves the hospital.

Importantly, our survey found that mothers who were solicited were 1.73 times more likely to agree to circumcision for their sons than mothers who were never asked; in other words, a single ask by a medical professional had the effect of nearly doubling of the circumcision rate for babies of women who were NOT asked about circumcising their sons. The first one or two solicitations appear to be the most effective in getting a mother to sign the circumcision consent form (the triggering event guaranteeing that a circumcision will take place); additional asks had no impact on increasing the likelihood of a mother agreeing to circumcision.

Asks varied slightly among the four U.S. Census regions: Northeast, 6.8 times on average; South, 6.1; Midwest, 5.7; and West, 5.1. Mothers’ race was also found to make a difference in the number of times they were solicited to circumcise. Of mothers who were asked, Black mothers were asked an average of 7.9 times, Latinos 6.8, and Asians and Whites 6.1. The reason(s) for this variation is unknown.

More information explaining regional and racial differences in circumcision solicitation would be instructive and could be explored in future surveys. Further, surveying maternity nurses would provide an expanded perspective of the issue.

There is much more to learn and understand about the U.S. MCGC enterprise. In particular, we need to understand what, if any, incentives or rewards (monetary or otherwise) individual professionals and institutions are receiving for getting mothers to sign that consent form, and what sanctions or disincentives professionals who refuse to participate in solicitation might experience. While the Intact America survey asked about payer source for circumcisions (public or private insurance, self-pay), recognizing the important fact that the U.S. healthcare system still largely operates as a fee-for-service enterprise, the survey did not explore other possible remuneration for the practice, such as payments by biotechnology or cosmetic companies for the infant foreskins used to manufacture therapeutics or cosmetics.

Implications

The Intact America 2020 survey is the first time that the extent and nature of circumcision solicitation by U.S. medical professionals has been studied. The survey results confirm anecdotal information we have been hearing for years from parents – especially mothers – about having been pressured or coerced by doctors and nurses to circumcise their sons.

Physician organizations' and individual doctors' response to criticism about their role in promulgating circumcision, despite its lack of medical necessity or medical benefit, has been that parents request or demand the procedure. Intact America's survey shows that while some parents indeed favor circumcision for their boys, many are opposed, reluctant or not committed to having the procedure performed. The survey also shows that active solicitation by professionals undermines parental reluctance and has a direct and dramatic impact on increasing the infant circumcision rate. Soliciting patients (or, in this case patients' parents), to agree to an unnecessary medical procedure is a clear violation of medical ethics.

Because it is the initial or first few solicitations that are the most damaging, a strategy that involves eliminating and not just reducing such solicitations is warranted.

MCGC costs U.S. taxpayers and insurers approximately a [billion dollars each year](#), and considerably more when additional hospital stays and complications are considered. The surgery is not only medically unnecessary, but also permanently alters the form and functions of the genitalia among males who undergo it. Intact America has estimated that if all MCGC solicitations were to cease, an estimated 600,000 boys—and the men they will become—would be spared every year from the trauma and lifelong consequences of the procedure.

Intact America will be using the findings from this groundbreaking survey as the basis for a major campaign called ***Don't Ask, Don't Sell***[®] to eliminate MCGC solicitation by U.S. medical professionals, end public and private insurance payments for MCGC, make accurate, foreskin-positive information about male genitalia and the ease of caring for an intact penis widely available, and create an intact-informed society. [[read more](#)]