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**Ritual and Medical Circumcision among Filipino Boys:
Evidence of Post-traumatic Stress Disorder**

Samuel Ramos and Gregory J. Boyle

The present study investigated the psychological consequences of partial penile amputation, involving both medical and ritual circumcision procedures in the Philippines. Boys aged from 11 to 16 years were recruited from five different schools of the Batangas province upon securing permission from appropriate authorities (human rights chair, school principal, class adviser and the children's parents or guardian). The boys completed a two-part questionnaire. The preliminary part requested biographical information, including any history of other traumatic events, and perception of the circumcision experience. The second part assessed the presence of post traumatic stress disorder (PTSD) symptoms.¹

Some 1577 boys satisfied the prescribed criteria (i.e., did not have any pre-existing PTSD) and were included in the study to ascertain whether the perceived trauma from genital cutting resulted in the appearance of PTSD symptoms.² Among these previously non-traumatized boys, 1072 boys were circumcised under medical procedures and 505 were subjected to ritual circumcision. Almost 70% of the boys subjected to ritual circumcision (Tuli),³ and 51% of those subjected to medical circumcision fulfilled the DSM-IV criteria for a diagnosis of PTSD.⁴

There are two kinds of male circumcision in the Philippines--medical and ritual circumcision procedures. Boys who live in the cities are most likely to undergo medical circumcision because of their access to clinics and hospitals. Conversely, ritual circumcision is most likely to occur to boys living in rural areas. Filipinos give various reasons why they adhere to this almost mandatory ritual. Understanding the individual's motivation to undergo the procedure requires a good knowledge of the Filipino culture.⁵

The Filipino child's personality structure is oriented towards his relationship with others, and there is usually a prominent tightly knit peer group called a "barkada" to which one belongs. Each barkada develops its own slang, private jokes and its members go everywhere together. The group exercises control over the behavior of individual members, mainly by teasing. Teasing is a common, acceptable method of exerting control over Filipino children. The child learns to cope with his limitations and inadequacies that are highlighted by teasing from elders and other children. Teasing keeps a boy in line, making him sensitive to his self-esteem and therefore building up his awareness of "hiya" and "amor-propio."⁶ In Filipino culture, amor-propio is literally "love of self," or in other words, self-respect. In Philippine society, building up one's self-esteem is essential, and to this end amor-propio reinforces hiya.^{7 8}

"Hiya" is shame, a universal social sanction that creates a deep emotional realization of having failed to live up to the standards of society. It controls and motivates individuals and social behavior. Sociologist-anthropologist Hollnsteiner stated that hiya may be translated as "a sense of propriety," as a preventive that makes for conformity to

community norms.⁹ When a boy violates such cultural norms he ordinarily feels a deep sense of shame, a realization that he has not lived up to the standards of the society.

Thus, group pressure leads Filipinos to abandon their logical reasoning and judgement and to conform to irrational and unethical genital mutilation practices on children.^{10 11}

Filipinos demonstrate their willingness to inflict violence on essentially defenceless boys particularly in regard to ritual circumcision (Tuli). Such violence in reality is criminal sexual assault.¹²

Being genitally intact is considered as being "abnormal" for males in the Philippines,¹³ which is misperceived by the society as a violation of social norms and a "disgrace" to one's ego. Consequently, anatomically normal, intact men are often looked down upon and persecuted. Having complete genitalia is misperceived as a defect, so much so that the children of both sexes cruelly taunt intact boys.¹⁴ Filipinos derisively question the manhood of an intact male with the derogatory term "supot." The term supot originally meant constricted or tight. In colloquial usage it can mean "homosexual" while, the dictionary simply defines supot as intact.

Medical Circumcision in the Philippines

The medical circumcision procedure involves two major parts. First is the "screening process" and second is the "fainting game."¹⁵

Screening

Hospitals schedule mass circumcisions often including 100 or more boys.¹⁶ The process starts a month before the scheduled date with the screening of boys from seven to 16 years of age. The screening includes a physical examination that involves retracting the

boy's foreskin to ascertain whether it moves freely. If the foreskin is tightly attached to the crown of the penis then the boy is unsuccessful in his "candidacy" for the year's mass circumcision. Those unfortunate boys who "pass" are immediately scheduled for partial penile amputation/sexual reduction circumcision surgery.^{17 18} Moreover, the boys are also screened for any congenital deformities and are advised whether they can "participate" in the annual mutilative surgery.¹⁹

Fainting Game

The boys traditionally arrive early for what is perhaps the first and only surgery in their whole lives, lasting anywhere up to 20 minutes, depending on their cooperation. Some boys arrive with their parents, sisters and sometimes grandparents as early as six in the morning even though the genital cutting is two and half hours away. When the time arrives, the boys form a long line on a "first-come-first-served" basis. The boys are ushered into the operating room, a nurse who instructs them to take off their underwear and put on a lab gown, which barely reaches to their knees, calls their names.

Most of the boys are unable to contain their anxiety, and often feel faint.²⁰ In some instances, boys are allowed to lie along the length of a bench because they look pale.²¹ Cutting off what is perhaps the most precious and sensitive male body part is highly traumatic. The operating room is filled with the cries of the boys' appeals for more anesthesia and their almost primordial longing for their mothers.

The actual circumcision involves three different types of incisions. First is the dorsal slit which is a vertical cut down the center of the foreskin. The slit is made up to the base of the glans corona or the penis crown. Second is the V-cut, where two intersecting diagonal cuts are made. The "redundant" erotogenic skin is then disposed of leaving the victim with permanent lifelong weakening of sexual sensation and responsivity,^{22 23 24 25 26} and reduced sexual satisfaction of his future female partners.²⁷ Finally, there is the "German" cut, the only process where the incision is horizontal. The foreskin is pulled and is sliced off cleanly. The term German cut was named because of its similarity to the German helmet worn during World War II.²⁸

Ritual Circumcision in the Philippines

There is no formal screening of candidates for ritual circumcision. It is common knowledge in the "barrio" (neighborhood) that if you're not yet "ripe" then you're not qualified for Tuli. The information on where and when the ceremony is to be conducted is passed by word of mouth. The place is usually under a big tree near a lake or river. Usually the "barkada" inform the fellows who will undergo the destructive genital cutting. This is not a ceremony that involves the family. The boy goes with his friends and male relatives to the circumciser in the "bario" often the town barber or the "herbolarious"- native doctors without medical training.

Mang Toning (personal communication, Dec. 14, 1999) who has been practicing Tuli for nearly 30 years described the procedure, which has been confirmed by two more herbolarious, Mang Romy (personal communication, Jan. 7, 2000), and Ka Rudy

(personal communication, Jan. 12, 2000). They stated that the traditional process of Tuli involves several steps. First, the boy will be sent to the lake or river, where he will stay for several minutes, sometimes even an hour or more with his body under the water. This helps to soften the foreskin before it undergoes the cutting (Ka Rudy, personal communication, Jan. 12, 2000). The boys are asked to chew a guava leaf, which will be used later. The “manunuli” or circumciser will then call the boys to line up. Stretching the foreskin he then performs tuli, placing it on the rounded-wooden base called a “Lukaw,” it will then be cut using a special knife or “labaha,” without anesthesia. The process of cutting the skin is called “pukpok” which means to hammer. “Hammering” the foreskin usually take a minimum of two and a maximum of five “hits.” If the hit is successful, the circumciser will advise the boy to apply the chewed guava leaf on the wound to help control the blood flow.

After the procedure the manunuli and the barkada will congratulate the fellow by saying “binata ka na!” or “you’re now a man.” Ka Romy (personal communication, Jan. 7, 2000) noted that this is not always the case. Ka Romy sited Enrique’s case as one of many boys who ended up being rushed to the nearest clinic rather than celebrating the birth of his “manhood.”

Since this mass genital mutilation is done just once a year, the boys need to wait for a long period of time in line. During this time, they are able to hear the agonizing cries of pain from other boys, and are able to see drops of blood congealing on the ground. Most

of them experience anxiety and many feel faint. Others collapse from fear and are rushed to the nearest clinics or hospitals.

Circumcision or Mutilation?

Bonner referred to the ritual circumcision perpetrated on defenseless children in the Philippines as “genital mutilation.”²⁹ Genital mutilation is a term commonly used by anthropologists referring to any whole or partial removal of human genitalia.³⁰

Moreover, Stedman's medical dictionary defines mutilation as “disfigurement or injury by removal or destruction of any conspicuous or essential part of the body.”³¹

The estimated number of victims of various forms of child mutilation worldwide reaches into the millions.³² Throughout the world, 13.3 million boys have part of their sexual organs cut off every year.³³ Worldwide, 87% of all incidents of male genital mutilation are inflicted on boys in developed countries. The partial penile amputation of highly erotogenic tissue which is essential for normal sexual sensation and responsivity is typically carried out in infancy,^{34 35} while in developing countries like the Philippines it occurs in childhood to pre-adolescent years.^{36 37} It is estimated that there are approximately 650 million male victims of genital cutting worldwide.³⁸

Cutting off of part of the male genitalia is a violation of human rights, including such critical rights as the right to bodily integrity, the victim's right to freedom of religion, the right to highest attainable standard of health, the right to protection against torture, and the right to equal protection.³⁹ Several articles included in the United Nations

Convention on the Rights of the Child indicate that circumcision breaches fundamental human rights:

- Article 19 provides that states shall take all appropriate measures
 - “ to protect the child from all forms of physical or mental violation, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent (s), legal guardian(s) or any other person who has the care of a child.”
- Article 24(3) urges “abolishing traditional practices prejudicial to the health of children.”
- Article 6 (2) safeguards the survival and development of the child.
- Article 36 protects children against all forms of exploitation prejudicial to their welfare.
- Article 37 (a) in parts states:
 - “No child shall be subjected to torture or other cruel, inhumane or degrading treatment or punishment.”

There is a need for a careful and sensitive analysis of what constitutes respect for children; for their physical and mental integrity; for their right not to be harmed and in particular, not to have pain intentionally inflicted upon them without medical and therapeutic justification.⁴⁰ Human rights principles acknowledge that children bear the right to freedom of religion, independent of the wishes of parents or guardians, and that they have the right to demand that this freedom be respected.⁴¹ Boyle et al. concluded that:

Enforced non-therapeutic genital cutting of unconsenting minors is overdue for recognition by the legal community as sexual mutilation. As we enter the 21st century, appropriate action must be taken to safeguard the physical genital integrity of male children.⁴²

Evidence of PTSD after Genital Mutilation

Trauma can occur at any point in the life cycle from infancy to childhood through to the waning years of life.⁴³ There are differences in age and circumstances pertaining to circumcision and loss of other body parts, however the psychological consequences may be similar.⁴⁴ Although children are particularly vulnerable to trauma,⁴⁵ the role of circumcision in causing such traumatic effects can be more easily explored in older children because of their more developed language and memory.

The characteristics of PTSD in people who have experienced, witnessed or have been confronted with traumatic events involving the threat of death or serious injury to themselves or others and where victims responded with intense fear, horror and helplessness have been outlined in DSM-IV.^{46 47} Sufferers avoid stimuli associated with the event and often experience numbing of general responsiveness by avoiding thoughts, feelings, conversation, activities, places or people associated with the trauma.⁴⁸ The person commonly makes deliberate efforts to avoid thoughts or feelings about the traumatic event and about the activities or situations that arouse recollections of it.⁴⁹ This avoidance of reminders of the trauma may include psychogenic amnesia for an important

aspect of the traumatic event.^{50 51} A person may complain of feelings of detachment or estrangement from other people.⁵² The individual loses the ability to become interested in previously enjoyed activities, and the ability to feel emotions, especially those associated with intimacy, tenderness, and sexuality.⁵³

From the perspective of Filipino boys who have undergone ritual circumcision, all the elements pertaining to the development of PTSD listed in the DSM-IV apply.⁵⁴ Its description includes the experience of extreme pain (DSM-IV criterion of exposure to extreme traumatic stress); it is as an event that is beyond normal human experience. Moreover, the response arising from the act of circumcision includes intense fear, helplessness, and horror.⁵⁵

Exposure to undeniably traumatic experiences such as circumcision forced on a child, which is beyond normal experience, often results in long-lasting PTSD.⁵⁶ The pain during the circumcision process often is severe and persistent.⁵⁷ There is a 50% increase over the baseline in heart rate in males undergoing the procedure, and an increase in level of blood cortisol by a factor of three or more times has been recorded.^{58 59}

Development of PTSD varies with the nature of the experienced trauma.⁶⁰ Interpersonal violence is rated as the strongest causative factor. Rape is identified as the event most likely to lead to PTSD.⁶¹ PTSD is a recognized psychological sequel of sexual assault, childhood sexual abuse and rape.^{62 63 64 65 66}

Van Willengen defined sexual torture as a form of violence in which the difference between the stronger and the weaker person is interpreted in a sexual way.⁶⁷ Menage defined circumcision of children as involving an imbalance of power between perpetrator and victim, containing both aggressive and libidinal elements, wherein a child's sexual integrity is threatened by the amputation of genital body parts.⁶⁸

A child has little cognitive reasoning and is unlikely to be able to differentiate between sexual attack and a medical procedure.^{69 70} A child is unable to withhold consent, can't control what happens to his body, and is unlikely to have enough information to understand the consequences. Many children have described their circumcision experience in the language of violence, torture, mutilation and sexual assault.^{71 72 73}

Factors that may predispose a person to the development of PTSD include feelings of powerlessness and loss of control, lack of consent/lack of information, perceived lack of sympathy in the circumciser and the experience of pain. As compared with individuals suffering from PTSD as a result of sexual torture and assault, Menage found that surgical genital procedures also resulted in the development of long-term PTSD in many cases.⁷⁴

Summary and Hypothesis

Ritual circumcision in the Philippines satisfies the DSM-IV description of a traumatic event.⁷⁵ It has been quite correctly described as genital mutilation,⁷⁶ and it clearly violates human rights.⁷⁷ Children are particularly vulnerable to pain and trauma.⁷⁸

⁷⁹ Long-lasting psychological symptoms of PTSD have been reported in adult males subjected to infant circumcision, many years earlier.⁸⁰

The present study aims to investigate evidence of psychological symptoms of PTSD in Filipino boys, who have undergone ritual circumcision. The study also aims to compare the difference between ritual and medical circumcision in terms of the symptoms of PTSD.

The present survey targets two groups of circumcised boys. 1) Boys circumcised under medical procedures. 2) Boys circumcised under ritual procedures. It is predicted that:

- H1. Filipino boys who have undergone ritual circumcision would exhibit psychological symptoms of PTSD such as trauma re-experiencing, avoidance or numbing, and increased physiological arousal.

- H2. Ritual circumcision will elicit significant PTSD such as trauma re-experiencing, avoidance or numbing, and increased physiological arousal as compared with medical circumcision

METHOD

Participants

A total of 3253 boys between the ages of 11 and 16 years were contacted for possible inclusion the present study. Boys were recruited from five different schools of Batangas province in the Philippines. Batangas was selected to conduct the survey, as it is a developing city with both rural and urbanized areas. It was believed that Batangas province would provide an adequate representation of samples. Three of the schools

were located in the urban part of Batangas, including the University of Batangas (n= 1447), the Pablo Borbon Memorial Institute of Technology (n= 385), and the Christ Learning Institute (n= 414). The other two were located in the rural area of Batangas, including Balete Barangay High School (n= 362), and Pinamukan Barangay High School (n= 645). Of those boys contacted, 1577 boys met the prescribed criteria of not having any pre-existing PTSD, and only data from these boys was incorporated into the study.

Procedures

Consent

Ethical clearance was granted by Bond University Ethics Committee. Also, permission was secured from the chair of the Human Rights Department, Batangas City and from participating schools. The latter were contacted by telephone to arrange times and venues for the research. Participants were recruited from among the general male population of each school.

Since the boys were minors, a consent form was provided to class advisers, guardians and parents. The consent form described the nature of the study. The participants were also informed that if at any time they became distressed, they would immediately be withdrawn from the study and referred to the school counselor.

Recalling the circumcision event might trigger distressing reactions and arouse emotional feelings in participants. Due to this risk, the researcher coordinated an intervention plan with appropriate school personnel before the survey commenced. Facilities like the

school clinic and the counseling office were prepared. The classroom teacher was prepared for primary intervention and assistance and the school counselor was advised.

Administration

A self-report questionnaire was constructed entitled Boys' Health--specifically for Filipino Boys. The survey was designed to ascertain whether PTSD exists after circumcision procedures. The following sources were referred to in constructing the questionnaire: Menage's study on PTSD symptoms and circumcision.⁸¹ The Watson PTSD-Interview questionnaire and review of psychometric PTSD measurement techniques.⁸² Internet sites on circumcision issues (<http://www.cirp.com>).

The questionnaire has two parts; the preliminary section and the PTSD questionnaire. The preliminary part sets the criteria for the selection of the sample, while the PTSD questionnaire section diagnoses the presence of PTSD symptoms.⁸³ Boys who did not meet the prescribed criteria and had pre-existing PTSD were excluded from the study. Conversely, those who satisfied the inclusion criteria were immediately assessed on the second part of the questionnaire.

Preliminary Section Questionnaire

This questionnaire asked the boys to relate their experiences and to self rate their perceptions of the circumcision procedure to which they had been subjected. Biographical data was collected and included: present age, age at the time of

circumcision, method of circumcision procedure (medical or ritual), and whatever motivated them to undergo the amputative procedure (social reasons, religion, medical advice and others), feelings regarding the circumcision (fear, anger and other), history of trauma towards circumcision and history of some other traumatic event (co-morbidity or pre-stressor trauma which could have influenced the diagnosis).^{84 85} In order to rule out other traumatic events, the boys were asked to indicate whether they had experienced any of the following incidents during their lifetime: serious road traffic accident, severe industrial accident, violent crime, natural disaster, sexual abuse, rape, some other unusual experience, none of the above.

The preliminary section of the questionnaire aimed to provide demographic information and to set criteria for the selection of samples. The criteria selection included: age of respondents should be between 11-16 years; age of circumcision should be between 7-16 years; participants should not have any history of other traumatic events.

Perception of the circumcision experience

The boys were asked to indicate on a seven-point scale how they would describe their experience of the circumcision procedure. The options were “very good,” “good,” “all right,” “neither good nor bad,” “slightly distressing, very distressing,” or “terrifying.”

The boys were asked to indicate whether they considered their experience to be “out of the ordinary,” their options being “definitely,” “possibly,” and “no.” They were also asked to state whether the feelings still affected them. Furthermore, the boys also were

asked to self-rate the circumcision experience on a five-point scale, from “pleasurable” to “very painful.”

PTSD Questionnaire

Adapted from the Watson et al. PTSD-I interview rating scale; this instrument comprises 17 items, which closely reflect the symptoms of PTSD. This includes Symptom B: trauma re-experiencing, Symptom C: avoidance, and Symptom D: increased arousal. Watson and colleagues emphasized that this instrument was developed to meet four specific criteria. 1) Close specification of DSM-IV standards. 2) Binary present/absent outputs in each symptom and entire syndrome. 3) Can be administered by trained sub-professionals. 4) Substantial reliability and validity. Participants answered each question on a Likert rating scale that ranged from 1 (“no, never”) to 7 (“extremely, always”). This study considered a “4” (“somewhat, commonly”) sufficient to meet the relevant DSM symptom criterion.

This study investigated circumcision procedures (both medical and ritual circumcision) and the subsequent appearance of PTSD symptoms. Factors such as the participants' present age, their age at the time of circumcision, time elapse since the procedure, motivation for circumcision, as well as the boys' feelings before the circumcision were taken into account.

The results support the first hypothesis (H1) that Filipino boys who have undergone ritual circumcision would exhibit PTSD diagnoses. Some, 69% of the boys who underwent the ritual procedure were diagnosed with resultant PTSD. This suggests that nearly three out of every four boys will exhibit PTSD after ritual circumcision. These results are comparable with the findings on 31 Vietnam War veteran inpatients at the St. Cloud (Minnesota) Veterans Administration Medical Center which also used the same questionnaire for PTSD diagnosis, wherein 24 of the inpatients qualified for PTSD diagnoses.

Results and Discussion

In support of H2, the ritually circumcised group showed significantly higher levels of PTSD symptoms as compared with the medically circumcised group. However, both groups exhibited strong evidence of PTSD. The results not only showed the high percentage of boys who had been diagnosed with PTSD under ritual procedures (69%) but also revealed a high percentage of boys exhibiting PTSD under the medical procedure (51%), wherein two out of four boys exhibited PTSD. This can be compared with 100 women who had undergone obstetric or gynecological procedures.⁸⁶ Thirty of them fulfilled the DSM-IV criteria for a diagnosis of PTSD after completing the same questionnaire.

All the boys diagnosed with PTSD clearly stated that they had no other antecedent trauma and that their symptoms were related to the re-experiencing, avoidance, and arousal associated with their circumcision experience. Moreover, the age of the boys at the time

that they filled out the survey, the age at the time circumcision, the time elapse between present age and age of circumcision, motivation for circumcision and feelings before the circumcision were not significant predictors for PTSD development. The present findings reveal that both ritual and medical circumcision play an important role in the development of PTSD. Previously, Goldman had reported that exposure to such traumatic experiences, which are beyond the limits of normal events, would result in PTSD.⁸⁷

Methodological Considerations

Data presented in this study doesn't discriminate the specificity of PTSD (acute: if duration of symptoms is less than three months; chronic: if duration of symptoms is three months or more; or delayed: if onset of symptoms do not appear for at least three months or more). It is possible for example, that some boys developed PTSD after circumcision and recovered from it after a few months. On the other hand, some boys may have developed PTSD right after the procedure and may have exhibited evidence of PTSD symptoms but symptom severity may have declined over time.

Theoretical Implications

Despite some methodological limitations, the present study clearly demonstrates the causal role of circumcision in the development of PTSD among Filipino boys. The present findings also shed light on previous studies between circumcision and PTSD.⁸⁸ Evidently, there is strong evidence of a causal relationship between circumcision and resultant psychological trauma.

Practical Implication

The present study suggests that there is a need for the Filipino community to be informed about the psychological harm caused by both ritual and medical circumcision. In addition, there is a medico-legal implication in that a boy psychologically traumatized by the circumcision procedure might have grounds to seek legal recompense.⁸⁹ Goldman commented that:

As a society, we do not acknowledge the severe pain that circumcision causes, although it is amply documented. The discovery that some boys feel harmed by circumcision, whatever the prevalence of this feeling is a warning that should be heeded.⁹⁰

These findings of PTSD following circumcision need to be part of any discussions providing informed consent in relation to circumcision of boys in the Philippines.

Conclusion

Strong support was found for the first Hypothesis that ritually circumcised boys would exhibit evidence of PTSD. Hypothesis two was also supported, predicting that a larger number of boys undergoing ritual circumcision would exhibit PTSD as compared with those undergoing medical circumcision. However, the findings of this study show that PTSD results from both procedures. Results of this study provide strong evidence of a direct causal relationship between circumcision and the subsequent development of PTSD in circumcised Filipino boys.

Cultural conformity is a major force in the perpetuation of circumcision on defenseless children in the Philippines. More than 50% of boys underwent the procedures because of social pressure. This study suggests that there is a need for the Filipino community to be informed about the serious psychological harm caused by circumcision.

This study is a pioneering research documenting evidence of PTSD after circumcision of Filipino boys. Further investigation of the psychological and social effects of circumcision will open a valuable new area of inquiry, particularly into the long-term harmful psychological effects of genital mutilation imposed on Filipino boys.

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