

Exploring Circumcision in Australia: A Journey through Time and Culture

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1. Introduction

Circumcision, an ancient surgical practice dating back to 6000 BCE, has evolved significantly from a primarily cultural practice to a subject of medical and ethical debate [1]. Historically adopted by diverse societies around the globe, including Indigenous Australian communities, its role extended beyond medical necessity, symbolising important social traditions and rites of passage [1]. In Australia, circumcision was a widely accepted and performed procedure in the mid-20th century. The relatively recent but notable decline in circumcision reflects changing societal values and ideas [2].

The late 2000s saw several watershed events, with the introduction of state-level bans on publicly funded circumcision, and a 2010 policy statement from the Royal Australasian College of Physicians (RACP) that critically questioned the routine practice of infant circumcision [3,4]. These developments underscored a shift towards a more discerning, evidence-based perspective on circumcision within Australian healthcare, advocating for a reconsideration of its routine application in the absence of specific medical indications.

This article delves into circumcision's rich history and current debates in Australia, examining how cultural values, medical insights, and legal frameworks have shaped its practice. Through this analysis, we aim to shed light on the significance of circumcision within historical and modern Australian contexts, contributing to the broader discourse on its cultural, ethical, and healthcare implications.

2. Ancestral Threads: The Cultural and Spiritual Essence of Circumcision among Indigenous Australians

In Indigenous Australian societies, circumcision is a profoundly spiritual and cultural ceremony that signifies a boy's transition into manhood. This tradition involves the collective support of the tribe, with an elder performing the procedure using a sharpened stone, symbolising not just a physical transformation but a profound communal rite. The act is further enriched by rituals such as applying natural elements for healing and strengthening the initiate's connection to the earth and his cultural heritage. Moreover, conferring a new name upon the initiate marks his elevated status, weaving individual identity with the broader social fabric. This ceremony highlights the intricate interplay between cultural practices and the individual's journey into adulthood, reflecting the profound role of circumcision in Indigenous Australian communities [5].

3. Circumcision Trends in 20th Century Australia: Evolving Medical Perspectives

During the mid-20th century, circumcision rates in Australia surged, peaking at 85% between the 1950s and 1980s [6]. This increase was propelled not just by societal norms but by a growing recognition of circumcision's many reported health benefits.



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Circumcision initially gained traction for its protective effect against infections, notably balanitis, which emerged as a significant concern among World War I soldiers [1]. This early application illustrated its prophylactic potential, fostering wider adoption in civilian life. As the practice evolved, medical advocacy expanded its scope to include protection against urinary tract infections, penile cancer, and sexually transmitted infections by the mid-20th century [6]. While emerging studies bolstered these medical endorsements by suggesting reduced risks of these conditions, the discussions around the benefits and risks of circumcision provoked debate within the medical community even then [1].

The practice was further supported by cultural and societal preferences, when circumcision was seen as aligning with family traditions, societal norms, and perceived benefits in hygiene. Such factors, combined with the medical community's advocacy, cemented circumcision as a routine part of newborn care for a significant part of the century [1].

However, at the end of the 20th century, evolving medical evidence and changing societal values prompted a re-evaluation of routine infant circumcision. This period marked a transition towards more selective and evidence-based approaches, reflecting a sophisticated comprehension of circumcision's medical benefits versus its risks.

4. Re-Evaluation of Circumcision Practices in Australia: Legal and Medical Shifts

By the end of the 20th century, Australian circumcision rates had dropped to 26.75%, a decline driven by specific legal and medical reforms [7]. This decrease was further compounded by the 2006–2007 state-level legislation that banned public funding for non-therapeutic circumcision [3].

The RACP also played a pivotal role in this shift with its 2010 policy statement. After evaluating current research, the RACP advised against routine infant circumcision, citing insufficient evidence of benefit to outweigh procedural risks [4]. This recommendation, supported by the Urological Society of Australia and New Zealand (USANZ), sparked a comprehensive debate, urging healthcare providers and parents alike to reconsider the practice, favouring an evidence-based, individualised approach.

5. Circumcision in Australia: A Contemporary Overview and Global Context

Australia's approach to circumcision has markedly evolved, with current practices showing a significant decline to a rate of 18.75% among preschool-aged boys. This shift has transitioned such procedures primarily to the realm of private healthcare [7].

Globally, circumcision rates vary substantially, averaging 37–39% (Figure 1) [8]. In this context, Australia's approach is particularly distinctive, demonstrating a more conservative stance when compared with other anglosphere countries. In the United States, the practice remains relatively common, with infant circumcision rates falling only modestly from 64.5% in 1979 to 58.3% in 2010 [9]. In Canada, infant circumcision rates have decreased from 67% in 1970 to 32% in 2009, mirroring Australia's cautious approach [7]. These international trends emphasize the diverse factors—cultural, medical, and individual preferences—that influence circumcision practices worldwide.

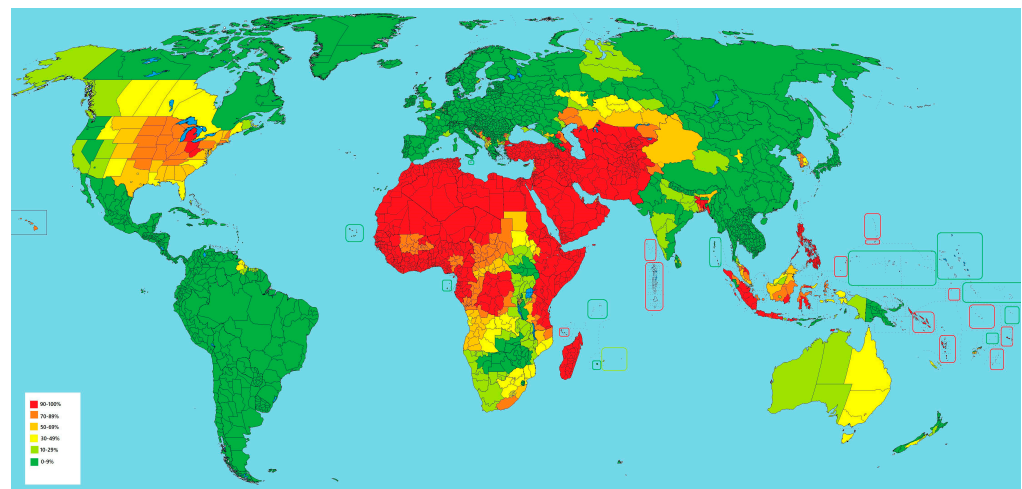


Figure 1. Global map of male circumcision prevalence at the country and state level in 2015 [8].

6. Conclusions

Australia's approach to circumcision, integrating medical evidence, ethical standards, and cultural sensitivity, reflects a broader evolution towards informed decision-making and patient autonomy. This shift, aligning with the global re-evaluation of traditional medical procedures, reinforces the country's transition from routine to reflective practices. It highlights the importance of adapting historical practices to contemporary societal values and medical insights, emphasizing the intricate balance between cultural heritage and modern medical ethics in the global dialogue on circumcision.

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References

1. Darby, R. The riddle of the sands: Circumcision, history, and myth. *N. Z. Med. J.* **2005**, *118*, U1564. [PubMed]
2. Ferris, J.A.; Richters, J.; Pitts, M.K.; Shelley, J.M.; Simpson, J.M.; Ryall, R.; Smith, A.M.A. Circumcision in Australia: Further evidence on its effects on sexual health and wellbeing. *Aust. N. Z. J. Public Health* **2010**, *34*, 160–164. [CrossRef] [PubMed]
3. Hall, P. Circumcision on the Rise Despite Hospital Ban. Sydney Morning Herald. Available online: <https://www.smh.com.au/national/nsw/circumcision-on-the-rise-despite-hospital-ban-20140606-39ohq.html> (accessed on 2 January 2024).
4. Paediatrics & Child Health Division. *Circumcision of Infant Males*; The Royal Australasian College of Physicians: Sydney, Australia, 2010.
5. Spencer, B.; Gillen, F.J. *The Native Tribes of Central Australia*; Dover Publications: New York, NY, USA, 1968; pp. 328–374.
6. Spilisbury, K.; Semmens, J.B.; Wisniewski, Z.S.; Holman, C.D.J. Routine circumcision practice in Western Australia 1981–1999. *ANZ J. Surg.* **2003**, *73*, 610–614. [CrossRef] [PubMed]
7. Qin, K.R.; Paynter, J.A.; Wang, L.C.; Mollah, T.; Qu, L.G. Early childhood circumcision in Australia: Trends over 20 years and interrupted time series analysis. *ANZ J. Surg.* **2021**, *91*, 1491–1496. [CrossRef] [PubMed]
8. Morris, B.J.; Wamai, R.G.; Henebeng, E.B.; Tobian, A.A.R.; Klausner, J.D.; Banerjee, J.; Hankins, C.A. Estimation of country-specific and global prevalence of male circumcision. *Popul. Health Metr.* **2016**, *14*, 4. [CrossRef]
9. Morris, B.J.; Bailis, S.A.; Wiswell, T.E. Circumcision rates in the United States: Rising or falling? What effect might the new affirmative pediatric policy statement have? *Mayo Clin. Proc.* **2014**, *89*, 677–686. [CrossRef]

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