

Physical, Sexual, and Psychological Effects of Male Infant Circumcision

A New Preputial Structure

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Abstract: Circumcised and genitally intact men, as well as female and gay partners having sexual experience with both circumcised and intact men, were surveyed in order to investigate the long-term effects of infant circumcision. Both circumcised men and the sexual partners of circumcised men reported a number of adverse physical, sexual, and psychological sequelae. Logistic regression analysis revealed that circumcised men could be reliably classified as having penile scarring, need for use of lubrication when undertaking sexual activity, reluctance to use condoms, progressive decline in sexual sensitivity, as well as unhappiness with and reluctance to think about their circumcision status. Female and gay sexual partners reported that their circumcised partners were more likely to experience reduced sexual sensation as compared with their intact partners, as well as dissatisfaction with their orgasms and a wide range of negative emotions associated with being circumcised. Evidently, there are many adverse physical, sexual and psychological effects from infant circumcision, which need to be acknowledged in any discussions pertaining to informed consent in relation to circumcision surgery.

INTRODUCTION

The idea that routine infant circumcision is a benign or even beneficial procedure persists in some sections of Australian society despite a widely accepted range of consequences occurring as a result of most types of surgery. These outcomes relate to changes in how patients perceive their body and changes in actual bodily function.¹ Current knowledge on the long-term consequences of neonatal circumcision relies mostly on reports from

self-selected men of the physical, sexual and psychological harm attributed to being circumcised.²⁻⁷

In view of this ongoing controversy, there is evidently need to document more fully the long-term physical, sexual and psychological impact of infant circumcision.

1. ANATOMY AND FUNCTION OF THE MALE FORESKIN

The foreskin or prepuce, is the loose retractable skin sheath covering the distal end of the male penis or female clitoris.⁸ It is a complex, two-part organ consisting of an outer, penile skin layer and an inner lining of highly sensitive mucous membrane.⁹ Previously, Taylor, Lockwood, and Taylor noted that the innervation of the outer skin of the prepuce was “impressive,” the authors remarking on its “sensitivity to light touch” and described the inner foreskin as tissue analogous to the epithelium which lines the mouth, vagina and esophagus.¹⁰

Important functions of the foreskin have been highlighted,¹¹⁻¹² and others may yet become apparent. Functions of the foreskin listed by Fleiss¹³ and Harryman¹⁴ include:

Protection of the glans through emollients that maintain the surface of the glans penis.

Immune response: the soft mucosa of the foreskin contains plasma cells, which secrete antibodies, and pathogen-killing enzymes such as lysozyme.

Erogenous sensitivity: the foreskin contains a rich variety and large concentration of highly specialized nerve receptors (e.g., Meissner’s and Vater-Pacini corpuscles) and free nerve endings equivalent in sensitivity to those of the fingertips, lips and mucosal lining of the mouth.

During erection the double-layered foreskin provides the skin necessary to accommodate a normal erection and to allow movement of this skin over the shaft and glans.

During masturbation, the foreskin enables a wide range of stimulatory motion not possible in circumcised males.