PostScript

LETTERS

Circumcision practice in the Philippines: community based study

Male circumcision is a well studied phenomenon. However, much of the published knowledge on circumcision is derived from highly industrialised Western countries, particularly the United States.1 The non-Western context of circumcision is not well known despite being a universal practice in various countries. For example, in the Philippines, circumcision was common in the past as it is at present, being an integral aspect of the social organisation of the society.23 report offers a Philippine perspective of male circumcision, particularly its adoption and complications. The study employed semistructured face to face interviews with 114 circumcised males conveniently recruited using a snowball technique from two communities. One fourth (22) of the clients were aged 13-18, while the rest were older, working in varied and low income occupations. and were single, married, or separated.

The majority of respondents (51.7%) were circumcised between ages 10 and 14. Others had the same experience before age 10 (42.1%) or between 15 and 18 (5.3%). Respondents gave several reasons for their circumcision: not wanting to be called "supot" or uncircumcised (66.7%); being at the right age (41.2%); and wanting to grow tall and physically fit (29.8%). Other reasons included the need to get rid of smegma in the penis (22.8%); to cause pregnancy (20.2%); and to obey parents (18.4%) (table 1). Seven of every 10 clients (68.4%) were circumcised by non-medical providers; the remaining three by medical providers. Respondents paid for their circumcision in cash (51.8%) or in kind (6.1%); more than a third (36%) said that they used the services at no cost but by courtesy of the community and extension services offered by some groups and individuals from or outside their neighbourhood.

Six of every 10 respondents (59.6% or 68 of 114) reported having post-circumcision penile complications (inflammation and

*Multiple response (n = 114).

swelling), while four (40.4%) had none. Almost all (60 of 68) did not consult their circumcisers about their penile complications. The rest (n=60) self medicated. The healing period was from less than 1 week to 2 months.

Circumcision among the low income respondents occurred at prepubescent ages. Ever since, the procedure has been regarded, along with corollary health reasons, as a rite of passage towards manhood. Circumcision was pursued with broad community participation: parents, peers, women, and circumcisers assumed various roles in its adoption. Respondents' circumcisers included medical doctors and lay people in the community. The central role of lay individuals in undertaking circumcision is part of the traditional character of this community based practice.

Post-circumcision complications were limited to inflammation and swelling, consistent with Western data wherein risks are regarded as minor and complications were at a rate 0.2 to 0.6%. Respondents did not take these complications nor the risks from circumcision seriously when they opted not to see their circumcisers and when they adopted self medication. The seeming lack of serious concern for these problems was inappropriate given that the healing period of the circumcised penis of many respondents was highly protracted. Much of the foregoing evidence on reasons for adopting circumcision highlights the fact that respondents' circumcision was predominantly traditional.

Acknowledgements

The reported research was funded by a grant from the Ford Foundation/Jakarta through the Australian National University Demography Department (S4440125). I thank the team members—Loyd Norella, Bruce Ragas, Redentor Rola, Michael Sibbaluca and Christian Tena—for their research assistance.

R B Lee
De La Salle University, 2401 Taft Avenue, Manila,
Philippines; leer@dlsu.edu.ph

doi: 10.1136/sti.2004.009993

Accepted for publication 13 March 2004

Table 1 Clients' reasons why they underwent circumcision* 1 To avoid being called "supot" or uncircumcised 2 Already a grown up, of the right age—part of the tradition to 66.7 76 47 41.2 undergo circumcision 3 To grow tall and physically fit 4 Wanted his penis to be free of smegma 26 22.8 5 To be able to cause pregnancy; wanted to have a child of his own 23 20.2 6 Parents told him to undergo the procedure 21 18.4 7 To court a girl, have a girlfriend and get married 14 123 12 8 Women like to have sexual intercourse with a man whose 10.5 penis is circumcised Points a Crominated of To facilitate entry of his penis during sexual intercourse 10 To enhance the form of his penis and to make his glans larger 6.1 11 It is in the Bible that a Christian must be circumcised 3.5 12 To become intelligent 2.6 13 Circumcision was free

References

- Willis M. Genital mutilation: on perception, practice and policy. J Sex Res 2000;37:291–3.
- 2 Manuel E. Manuvu social organization. Quezon City, Philippines: University of the Philippines Press, 1973.
- 3 Morales D, Monan A. Primer on the Negritos of the Philippines. Manila, Philippines: Philippine Business for Social Progress, 1979.
- 4 Jocano FL. The traditional world of Malitbog. Quezon City, Philippines: University of the Philippines Press, 1969.
- 5 Gee WF, Ansell JS, Kaplan GW. Neonatal circumcision: a ten-year overview with comparison of Gomco clamp and Plastibell device. *Pediatrics* 1976;58:824–7.
- 6 Harkavy KL. The circumcision debate. *Pediatrics* 1987;79:649–50.

Repeated detection of lymphogranuloma venereum caused by *Chlamydia trachomatis* L2 in homosexual men in Hamburg

Bacteria of the species *Chlamydia trachomatis* are divided into serovars that are associated with different disease manifestations. Serovars A-C cause trachoma, which occurs mainly in undeveloped countries. Serovars D-K are responsible for oculogenital infections, and serovars L1, L2, and L3 cause lymphogranuloma venereum (LGV). Infections of serovars A-K are usually confined to the mucosal epithelia of the eyes and the anogenital tract. In contrast, the L-serovars are more invasive and may induce genital ulcer or inguinal lymphadenopathy after passing the epithelial surface.¹

While serovars D-K are distributed world-wide and represent the most frequent bacterial sexually transmitted disease in Europe and North America, LGV caused by the L-serovars is a very rare disease in industrialised countries, but is restricted to parts of southeast Asia, Africa, South America, and the Caribbean.²

During the second part of 2003 three patients presented to our clinic with inguinal swellings. In addition, genital ulcer developed in two of them. All patients had homosexual contacts with more than one partner. Two patients were HIV positive, one of them refused HIV testing. The patients assured us they had not travelled outside Germany during the past year.

In all cases genital *C trachomatis* infection was diagnosed by DNA amplification in lesional swabs or lymph node aspirates using the SDA technology (ProbeTec ET, Becton-Dickinson, MD). Other infections inducing genital lesions were not detected. None of the patients had a positive serology indicating active infection with *Treponema pallidum*. Genital infections due to *Neisseria gonorrhoeae*, *Haemophilus ducreyi*, and herpes simplex virus were excluded by polymerase chain reaction (PCR) testing. In addition, no genital bacterial and fungal pathogens were detectable by direct microscopy or culture.

After treatment with doxycycline (200 mg per day), genital lesions completely regressed in all patients. Patients 2 and 3 were treated