

The Global Prevalence of Male Circumcision

Global estimates in 2006 suggest that about 30% of males – representing a total of approximately 665 million men – are circumcised. Common determinants of male circumcision are religion, ethnicity, perceived health and sexual benefits, and the desire to conform to socio-cultural norms.

Male circumcision is common in many African countries and is almost universal in North Africa and most of West Africa. In contrast it is less common in southern Africa; country to country and within country variation is greatest in this regionⁱ. Self-reported prevalence in several countries is around 15% (Botswana, Namibia, Swaziland, Zambia, Zimbabwe); but substantially higher in others (Malawi 21%, South Africa 35%, Lesotho 48%, Mozambique 60%, and Angola and Madagascar more than 80%). Prevalence in central and eastern Africa varies from 15% in Burundi and Rwanda, to over 70% in Ethiopia, Kenya and the United Republic of Tanzania. In sub-Saharan Africa age at circumcision varies from infancy to the late teens or early twenties. Male circumcision in Africa is undertaken for mainly religious and cultural reasons.

Male circumcision is almost universal in the Middle East and Central Asia and in Bangladesh, Indonesia and Pakistan^{ii,iii}. In addition there are an estimated 120 million circumcised men in India^{iv}. In all these countries, male circumcision is undertaken primarily for religious and cultural reasons. There is little non-religious circumcision in Asia, with the exception of the Republic of Korea and the Philippines where circumcision is routine and widespread^v.

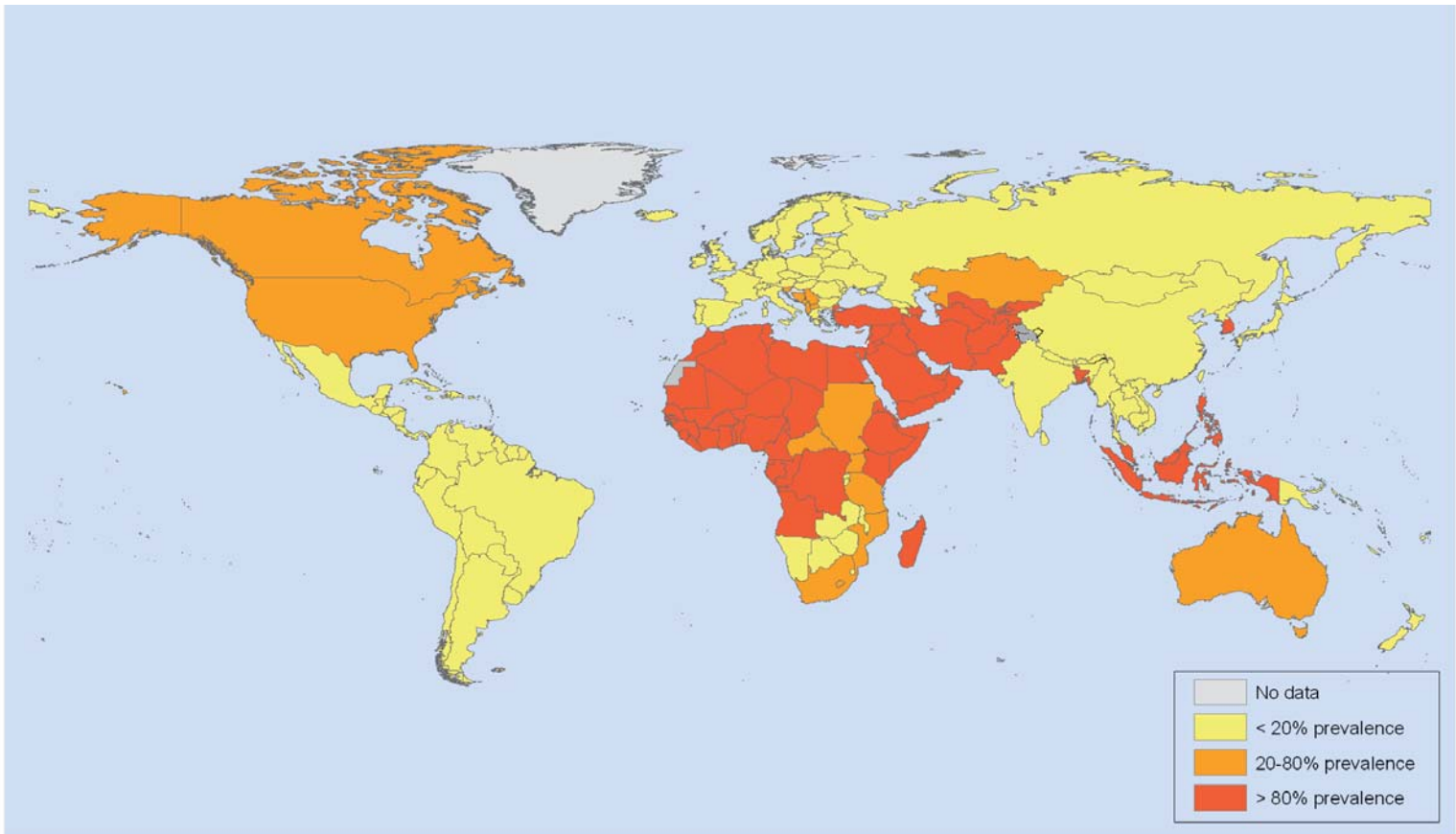
During the 20th century, male circumcision gained popularity for perceived health benefits and social reasons in North America, New Zealand and Europe^{vi,vii}. Neonatal and childhood male circumcision rates in the United States of America rose to about 80% in the 1960s with prevalence remaining high (between 76%-92%) today^{viii}. In contrast, Australia^{ix}, Canada^x, and the United Kingdom^{xi} have seen a decline in male circumcision. In Central and South America male circumcision is uncommon (less than 20%)^{xii,xiii}.

Examination of the prevalence of male circumcision shows that the major determinant of circumcision globally is religion, but that significant numbers of males are circumcised for cultural reasons. In sub-Saharan Africa tradition and cultural identity play as important a role as religion during male circumcision practices. Historically, in various parts of the world there have been increases and decreases in the popularity of non-religious male circumcision. These trends often result from changes in perceptions of the health benefits or cultural beliefs associated with the practice, indicating that the cultural determinants of male circumcision can evolve.

INFORMATION PACKAGE ON MALE CIRCUMCISION AND HIV PREVENTION

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Global Map of Male Circumcision Prevalence at Country Level, as of Decembre 2006



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: DHS and Other Publications.
Map Production: Public Health Mapping and GIS
Communicable Diseases (CDS), World Health Organization.
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- i Measure DHS. Demographic and health surveys. <http://www.measuredhs.com/> (accessed on 22 Jan 2007).
- ii Hull TH, Budiharsana M. Male circumcision and penis enhancement in Southeast Asia: matters of pain and pleasure. *Reprod Health Matters* 2001;9:60-67.
- iii Drain PK, Halperin DT, Hughes JP, Klausner JD, Bailey RC. Male circumcision, religion, and infectious diseases: an ecologic analysis of 118 developing countries. *BMC Infect Dis* 2006;6:172.
- iv US Department of State. International Religious Freedom Report for 2004. <http://www.state.gov/g/drl/rls/irf/2004/index.htm>. (accessed 22 Jan 2007).
- v Pang MG, Kim DS. Extraordinarily high rates of male circumcision in South Korea: history and underlying causes. *BJU Int* 2002;89:48-54.
- vi Hutchinson J. On the influence of circumcision in preventing syphilis. *Med Times Gazette* 1855; 32: 542-543.
- vii Clifford M. Circumcision: it's advantages and how to perform it. 1893, London: J. & A. Churchill.
- viii Nelson CP, Dunn R, Wan J, Wei JT. The increasing incidence of newborn circumcision: data from the nationwide inpatient sample. *J Urol* 2005;173:978-81.
- ix Richters J, Smith AM, de Visser RO, et al. Circumcision in Australia: prevalence and effects on sexual health. *Int J STD AIDS* 2006;17: 547-54.
- x Wirth JL. Current circumcision practices: Canada. *Pediatrics* 1980;66:705-8.
- xi Gaidner D. The fate of the foreskin, a study of circumcision. *BMJ* 1949;2:1433-37.
- xii Dave SS, Fenton KA, Mercer CH, et al. Male circumcision in Britain: findings from a national probability sample survey. *Sex Transm Infect* 2003;79:499-500.
- xiii Brinton LA, Reeves WC, Brenes MM, et al. The male factor in the etiology of cervical cancer among sexually monogamous women. *Int J Cancer* 1989;44:99-203.
- xiv Castellsague X, Peeling RW, Franceschi S, et al. Chlamydia trachomatis infection in female partners of circumcised and uncircumcised adult men. *Am J Epidemiol* 2005;162:907-16.