

A Study on Circumcision as a Human Right Issue in India

Keerthirajan D¹ and Mr. Alwin Fredrick Y²

4th Year, B.E., LLB.(HONS.), LLM¹

Assistant Professor²

Saveetha School of Law, Saveetha Institute of Medical and Technical Sciences (SIMATS), Chennai, India
keerthirajan2001@gmail.com and alwinfredrick.ssl@saveetha.com

Abstract: *This paper covers on practice of circumcision dealt with either men or women, Male circumcision is the surgical removal of the foreskin. The foreskin is the retractable fold of skin that covers the end of the penis. It's a continuation of the skin that covers the whole penis. Circumcision may be carried out for a number of reasons such as Medical reasons, In men, circumcision is most commonly carried out when the foreskin is tight and won't pull back (retract), which is known as phimosis. Circumcision as a religious practice is a common practice in the Jewish and Islamic communities, and it's also practised. Most non-medical circumcisions are carried out on children but female genital mutation has no medical benefit it is followed as a superstitious belief of the community follows the practice of female circumcision and it is a painful process when it come to female circumcision Those who support the female circumcision argue that the practice is a cultural practice and it can be accepted as a right if a woman has consent. In the article it is argued that the practice violates human rights and the practice cannot be accepted as a right even if a woman has consent. The discussion will be developed around human rights, cultural rights and gender and main objective of the research is To know that the practise of circumcision dealt under the human rights issue and it violates the human right of an individual.*

Keywords: Circumcision, Genital mutilation, Cultural practices, Medical reason, female circumcision

I. INTRODUCTION

Male circumcision is removal of part or all of the penile prepuce (foreskin). It may be performed for treatment, for prevention of disease, or for religious or aesthetic reasons. Some nations, cultures, and religions advocate nontherapeutic circumcision, others tolerate it, and still others oppose the practice. Critics of the practice have increasingly used human rights arguments. British born Jewish and Muslim males continue to be circumcised; the difficulties in obtaining religious circumcision on the NHS, however, necessitates frequent recourse to the private sector for the performance of this essential rite. Specially trained rabbis, known as mohels, will typically attend to the needs of the Jewish community. In some parts of Britain, because of a dearth of suitably trained Muslim practitioners, the community also turns to mohels for expediency. More typically however, a Muslim general practitioner (GP) or a paediatrician, working in a private capacity, is approached to carry out the procedure. Attempts by the Muslim community to persuade health authorities to provide religious circumcision on the NHS have largely proved unsuccessful, with only a handful of authorities currently offering this service. The question of male circumcision continues to excite considerable debate in secular Western societies, and although papers continue to be published indicating that the procedure may offer benefit through protecting against conditions such as HIV infection, it is perhaps reasonable to conclude that the practice is looked on with contempt by many clinicians. Circumcision in Islam forms one of the five prescribed rituals designed to enhance personal hygiene, the others being: shaving pubic hair regularly, moustache trimming, paring of nails, and removing hair from under the armpit. Although some of these practices are not strictly adhered to by the third generation of Muslims in the UK, all Muslim males are circumcised without exception. It has long been the belief of Muslims that an uncircumcised male is unclean and that the foreskin may harbour disease. Some Muslim jurists have ruled that marriage to an uncircumcised male is void and that such a person cannot be buried in a Muslim cemetery. The practice of infant male circumcision has been debated by legal and medical experts for years. The practice, once seen as a social

norm, has come under opposition by children's rights, legal, and medical organisations around the world. In order to meet the requirements of international treaty law and allow infant male children the fullest opportunity for self determination, infant male circumcision must be treated under the law and by medical practitioners with the same degree of opposition that female genital mutilation has received. Since the middle of the twentieth century, the "woman" issue has become an important area of discussion and thought on the international scene. Within this area, "violence against women" and "discrimination against women" appear as important topics. These topics are being discussed academically in our country as well as in the international arena. The practice of infant male circumcision has been debated by legal and medical experts for years. The practice, once seen as a social norm, has come under opposition by children's rights, legal, and medical organisations around the world. In order to meet the requirements of international treaty law and allow infant male children the fullest opportunity for self determination, infant male circumcision must be treated under the law and by medical practitioners with the same degree of opposition that female genital mutilation has received. However, the number of studies addressing the issue of "female circumcision" as a gender problem, as a violence against women or as a human rights issue is very little. A large part of the existing studies are studies that deal with medical care. In the article, "female circumcision" will be discussed from the perspective of human rights. Female Circumcision is a practice performed in many parts of the world. Those who support the female circumcision argue that the practice is a cultural practice and it can be accepted as a right if a woman has consent. In the article it is argued that the practice violates human rights and the practice cannot be accepted as a right even if a woman has consent. The discussion will be developed around human rights, cultural rights and gender.

OBJECTIVES

- To reduce the risk of sexually transmitted disease in men.
- To know that the practise of circumcision dealt under the human rights issue and also violates the human rights.
- To aware about the practise of female genital mutilation and it's consequences gone through by the female victim through out their lifetime.

II. REVIEW OF LITERATURE

Gatrad, Abdul & Sheikh, Aziz & Jacks, H. (2002). Religious circumcision and the Human Rights Act. Archives of disease in childhood. 86. 76-8. 10.1136/adc.86.2.76. Implications for state provision .It is estimated that one third of the global male population is circumcised.2 Both Jewish and Islamic law sanction and indeed promote religious circumcision for males. Of concern then is the observation made by many that despite the presence of sizeable faith communities in Britain that adhere to this tradition, state provision of services for religious circumcision remains, at best, patchy. Religious minority communities demand the right to practice their faith, while medical opinion in Britain has historically derided religious circumcision on the grounds that there is at best, no good evidence that the procedure is of benefit, and at worst, that it constitutes a form of genital mutilation. What, if any, are the implications of the recently introduced Human Rights Act with respect to this continuing debate? In this paper, we summarise the legal arguments for and against religious circumcision in the light of this new legislation, exploring the powers and responsibility of the Secretary of State for Health in ensuring fair and equitable health care provision for all British citizens.

Grande, Elisabetta. (2005). Hegemonic Human Rights and African Resistance: Female Circumcision in a Broader Comparative Perspective. Global Jurist Frontiers. 4. 10.2202/1535-1653.1145. The issue of Female Circumcision is usually discussed in the framework of extreme human rights violations victimizing non western women. This paper questions this approach by broadly comparing Female Circumcision with similar "cutting" practices routinely performed in Western societies. An integrative approach to comparative law is suggested in order to understand phenomena in context and to avoid ethnocentrism.

JAMES, ST. (2007). Reconciling international human rights and cultural relativism: The case of female circumcision. Bioethics. 8. 1 - 26. 10.1111/j.1467-8519.1994.tb00239.x. How can we reconcile, in a non-ethnocentric fashion, the enforcement of international, universal human rights standards with the protection of cultural diversity? Examining this question, taking the controversy over female circumcision as a case study, this article will try to bridge the gap

between the traditional anthropological view that human rights are non-existent - or completely relativised to particular cultures - and the view of western naturalistic philosophers (including Lockeian philosophers in the natural rights tradition, and Aquinas and neo-Thomists in the natural law tradition) that they are universal - simply derived from a basic human nature we all share. After briefly defending a universalist conception of human rights, the article will provide a critique of female circumcision as a human rights violation by three principal means: by an internal critique of the practice using the condoning cultures' own functionalist criteria, by identifying supra-national norms the cultures subscribe to which conflict with the practice; and by the identification of traditional and novel values in the cultures, conducive to those norms. Through this analysis, it will be seen that cultural survival, diversity and flourishing need not be incompatible with upholding international, universal human rights standards. As Ann Mayer(2) has stressed: Respect for international human rights late, does not require that every culture use an identical approach, but it does require that human rights be defined and protected in a manner consonant with international principles. One Muslim scholar who has offered a thoughtful critique of typical misuses of cultural relativism in the rights sphere suggested that a proper respect for cultural relativism means that we should accept 'the right of all people to choose among alternatives equally respectful of human rights: and that the latter must include the rights of life, liberty and dignity for every person or group of people.

Denniston, George & Hodges, Frederick & Milos, Marilyn. (2009). Circumcision and Human Rights. 10.1007/978-1-4020-9167-4. "There is hardly a reason to circumcise a little boy for medical reasons because those medical reasons don't exist," said Dr. Michael Wilks, Head of Ethics at the British Medical Association, who admitted that doctors have circumcised boys for "no good reason."Circumcision is usually performed for religious, cultural and personal reasons. Early claims about its medical benefits have been proven false. The American Academy of Pediatrics and the Centers for Disease Prevention and Control have made many scientifically untenable claims promoting circumcision that run counter to the consensus of Western medical organizations.

DeLaet, Debra. (2009). Framing Male Circumcision as a Human Rights Issue? Contributions to the Debate Over the Universality of Human Rights. *Journal of Human Rights*. 8. 405-426. 10.1080/14754830903324795. The international community has not framed male circumcision as a violation of human rights in the same way that it has condemned female genital mutilation. Although this article acknowledges sharp differences between the most extreme forms of female genital mutilation and male circumcision as it is most widely practiced, this article concludes that the most common forms of male and female circumcision are not sufficiently divergent practices to warrant a differential response from the international community and that there are more similarities between the two practices than is typically acknowledged.

Grande, Elisabetta. (2009). Hegemonic Human Rights: the Case of Female Circumcision. A call for taking multiculturalism seriously. *ARCHIVIO ANTROPOLOGICO MEDITERRANEO*. 12. 11. In addressing the issue of female circumcision, the paper suggests that only a comprehensive approach towards all modifications of sexual organs, using a single, not a double, standard will make the human rights discourse on sexual organs' modifications less imperialistic, more effective and less assimilating. A more inclusive notion of human rights, a notion that includes "us"-the Westerners- as well as "them" -the "Others" - serves, it is argued, to give credibility to the "human rights spirit". What makes female circumcision a human rights' violation while male circumcision and breast augmentation are considered acceptable and even respectable cultural practices? Trying to find out the reason for singling-out female circumcision, the author will briefly address a number of issues, including health concerns, patient's consent (choice), sexual fulfillment limitation, and beauty requirements in different cultures. Taking multiculturalism seriously, it is argued, calls for an integrative approach towards the plurality of cultures and practices.

Vawda, Yousuf & Maqutu, L. (2011). Neonatal circumcision - violation of children's rights or public health necessity?. *S Afr J Bioethics Law*. 4. 10.7196/sajbl.119. There is a growing body of scientific evidence that medical male circumcision substantially reduces the risk of contracting HIV and other sexually transmitted infections. The procedure has been hailed as offering partial protection against HIV infection for men during sexual intercourse, raising the hope that widespread male circumcision could significantly reduce the incidence of HIV transmission in South Africa. The literature also suggests that this procedure may prevent transmission of the human papillomavirus to women. Neonatal circumcision, which is considered to carry the lowest risk, is viewed as a vital component of the goal of realising generalised circumcision in the population. This paper investigates the ethical, legal and public health

considerations underlying an HIV prevention strategy that includes neonatal circumcision. It reviews the impact of the practice on the rights of children to bodily integrity, and explores whether proxy consent by a parent or guardian on behalf of a child is appropriate and justifiable on grounds of parental preference, religion, culture or public health policy. This is a complex debate and transcends routine classifications when exploring ethical dilemmas. The article concludes that the rights of neonates to bodily integrity should not be tampered with lightly, and that only a severe public health hazard such as the HIV/AIDS pandemic may justify incursion into this constitutionally protected right.

Dettmeyer, Reinhard & Parzeller, Markus & Laux, Johannes & Friedl, Hannah & Zedler, Barbara & Bratzke, Hansjuergen. (2011). [Medical and legal aspects of genital mutilation and circumcision. Part II: Male circumcision]. *Archiv für Kriminologie*. 227. 85-101. In the last few years, male circumcision has become the subject of controversial discussion. On the one hand, medical and hygienic arguments, ideology, freedom of religion, cultural identity and social adequacy are claimed by those supporting male circumcision. On the other hand, the justification of this practice also has to be critically scrutinized just as the question whether the parents have the right to consent to the operation. Today, opinions range from those who claim that religion and culture alone justify the practice to those who consider circumcision of minors unable to give their consent as bodily injury subject to punishment. In contrast to female genital mutilation, most positions do not postulate that circumcision violates morality. If the person concerned is able to give his consent, freedom of religion may also justify circumcision after weighing its pros and cons as well as its risks and potential side effects.

Svoboda, J. Steven. (2013). Circumcision of male infants as a human rights violation. *Journal of medical ethics*. 39. 10.1136/medethics-2012-101229. Every infant has a right to bodily integrity. Removing healthy tissue from an infant is only permissible if there is an immediate medical indication. In the case of infant male circumcision there is no evidence of an immediate need to perform the procedure. Parental proxy 'consent' for newborn circumcision is invalid. Male circumcision also violates four core human rights documents-the Universal Declaration of Human Rights, the Convention on the Rights of the Child, the International Covenant on Civil and Political Rights, and the Convention Against Torture. Social norm theory predicts that once the circumcision rate falls below a critical value, the social norms that currently distort our perception of the practice will dissolve and rates will quickly fall.

Testa, Patrick & Block, Walter. (2014). Libertarianism and Circumcision. *International journal of health policy and management*. 3. 33-40. 10.15171/ijhpm.2014.51. Despite the millenniums-old tradition in Abrahamic circles of removing the foreskin of a penis at birth, the involuntary and aggressive practice of circumcision must not be made an exception to the natural, negative right to self-ownership-a birthright which should prevent a parent from physically harming a child from the moment of birth going forward. This paper will present a natural rights argument against the practice of male child circumcision, while also looking into some of the potential physical and psychological consequences of the practice. It will compare the practice with that of female circumcision, which is banned in developed nations but still practiced in the third world, as well as other forms of aggressive action, some once-prevalent, while disputing arguments made for parental ownership of the child, religious expression, cultural tradition, cleanliness, cosmetics, and conformity.

Jacobs, Allan & Arora, Kavita. (2015). Ritual Male Infant Circumcision and Human Rights. *The American Journal of Bioethics*. 15. 30-9. 10.1080/15265161.2014.990162. Opponents of male circumcision have increasingly used human rights positions to articulate their viewpoint. We characterize the meaning of the term "human rights. The test considers the impact of the practice on society, the impact of the practice on the individual, and the likelihood of adverse impact. Infant circumcision is permissible under this test. We conclude that infant circumcision may be proscribed as violating local norms, even though it does not violate human rights.

McLaughlin, Paul. (2016). The Legal and Medical Ethical Entanglements of Infant Male Circumcision and International Law. *Journal of Medical Law and Ethics*. 4. 23-38. 10.7590/221354016X14589134993938. The practice of infant male circumcision has been debated by legal and medical experts for years. The practice, once seen as a social norm, has come under opposition by children's rights, legal, and medical organisations around the world. In order to meet the requirements of international treaty law and allow infant male children the fullest opportunity for self determination, infant male circumcision must be treated under the law and by medical practitioners with the same degree of opposition that female genital mutilation has received.

Svoboda, J. Steven & Adler, Peter & Howe, Robert. (2016). Circumcision Is Unethical and Unlawful. *The Journal of law, medicine & ethics : a journal of the American Society of Law, Medicine & Ethics.* 44. 263-82. 10.1177/1073110516654120. The foreskin is a complex structure that protects and moisturizes the head of the penis, and, being the most densely innervated and sensitive portion of the penis, is essential to providing the complete sexual response. Circumcision—the removal of this structure—is non-therapeutic, painful, irreversible surgery that also risks serious physical injury, psychological sequelae, and death. Men rarely volunteer for it, and increasingly circumcised men are expressing their resentment about it. Circumcision violates the cardinal principles of medical ethics, to respect autonomy (self-determination), to do good, to do no harm, and to be just. Without a clear medical indication, circumcision must be deferred until the child can provide his own fully informed consent. In 2012, a German court held that circumcision constitutes criminal assault. Under existing United States law and international human rights declarations as well, circumcision already violates boys' absolute rights to equal protection, bodily integrity, autonomy, and freedom to choose their own religion. A physician has a legal duty to protect children from unnecessary interventions. Physicians who obtain parental permission through spurious claims or omissions, or rely on the American Academy of Pediatrics' position, also risk liability for misleading parents about circumcision.

Akdemir, Duru. (2017). FEMALE CIRCUMCISION AS A HUMAN RIGHTS VIOLATION. *Ulakbilge Dergisi.* 5. 1047-1065. 10.7816/ulakbilge-05-13-04. Since the middle of the twentieth century, the "woman" issue has become an important area of discussion and thought on the international scene. Within this area, "violence against women" and "discrimination against women" appear as important topics. A large part of the existing studies are studies that deal with medical care. In the article, "female circumcision" will be discussed from the perspective of human rights. Female Circumcision is a practice performed in many parts of the world. Those who support the female circumcision argue that the practice is a cultural practice and it can be accepted as a right if a woman has consent. In the article it is argued that the practice violates human rights and the practice cannot be accepted as a right even if a woman has consent. The discussion will be developed around human rights, cultural rights and gender.

Gordon, John-Stewart. (2017). Reconciling female genital circumcision with universal human rights. *Developing World Bioethics.* 18. 10.1111/dewb.12173. One of the most challenging issues in cross-cultural bioethics concerns the long-standing socio-cultural practice of female genital circumcision (FGC), which is prevalent in many African countries and the Middle East as well as in some Asian and Western countries. It is commonly assumed that FGC, in all its versions, constitutes a gross violation of the universal human rights of health, physical integrity, and individual autonomy and hence should be abolished. This article, however, suggests a mediating approach according to which one form of FGC, the removal of the clitoris foreskin, can be made compatible with the high demands of universal human rights. The argument presupposes the idea that human rights are not absolutist by nature but can be framed in a meaningful, culturally sensitive way. It proposes important limiting conditions that must be met for the practice of FGC to be considered in accordance with the human rights agenda.

Earp, Brian & Darby, Robert. (2019). Circumcision, Autonomy and Public Health. *Public Health Ethics.* 12. 64-81. 10.1093/phe/phx024. McMath (2105) argues that while a child's interest in future autonomy should generally be respected in relation to his own interests, the well-being of other parties may require that his autonomy be overridden in the interests of public health. At the same time, McMath seems conflicted about whether the seriousness of the threat of HIV, especially in developed countries, can in fact justify the sacrifice of individual freedom that is entailed by circumcision in infancy or early childhood (that is, the freedom to make one's own decision about whether to undergo an elective genital surgery at an age of understanding). In this context, McMath's discussion about the child's interest in making decisions that reflect his mature preferences and values when he is older is compelling. But when considering arguments for paternalism in the name of public health, we suggest that McMath moves too quickly from certain empirical premises to associated policy proposals, skipping over gaps in evidence as well as important questions of value.

Sandland, Ralph. (2019). The Construction of Gender and Sexuality in the Approach of Key International Law Actors to the Circumcision of Children. *Human Rights Law Review.* 19. 617-647. 10.1093/hrlr/ngz030. This article analyses the approach of key international actors to the circumcision of children, seeking, first, to understand why the policy towards the circumcision or genital cutting of girls is so different from that towards boys. As part of this project, the article considers the literature on the situation in international law, concluding that the legal position is unclear and

debatable. The article notes, however, that the policy difference is justified not by key actors by reference to international law but instead by reference to their theoretical understanding of how dynamics of gender and power infuse the genital cutting of girls. The article suggests that this approach is deficient because it can only compute inter-gender harm and not intra-gender harm, with the consequence that it fails to protect boy children from harms, which a better crafted theoretical model of gender and sexuality would capture.

Nomngcoyiya, Thanduxolo & Kang'ethe, Simon. (2021). The Impact of Traditional Male Circumcision Challenges on Newly Initiated Men's Advancement in Education: Implications for Human Rights and Social Work in South Africa. *Journal of Human Rights and Social Work*. 6. 10.1007/s41134-020-00140-2. This article explored the impact of traditional male circumcision (TMC) challenges on newly initiated men's educational advancement and the implications for human rights and social work in South Africa, as exemplified by an empirical phenomenological study. The study employed a qualitative approach and paradigm orientated on the descriptive and explorative phenomenological research design. In-depth interviews were conducted with eleven newly initiated men and five members of their families, and five key informants, while the focus group discussions were conducted with twelve traditional nurses and community members in two separate groups. The study sampled twenty-eight participants who reported an array of TMC challenges that seemed to obstruct the newly initiated men's educational advancement. This include inter alia the initiation process serving as a cultural factor tending to result in discontinuation of schooling, TMC riddled with harassment and abuse of the initiates, newly initiated men's attitudes and behaviour post-TMC hindering their schooling progress, and TMC driving newly initiated men to a state of apathy and despondency as well as the implications for human rights and social work. The authors recommend that TMC be developmental, educational and human rights friendly.

Lempert, Antony & Chegwidden, James & Steinfeld, Rebecca & Earp, Brian. (2022). Non-therapeutic Penile Circumcision of Minors: Current Controversies in UK Law and Medical Ethics. *Clinical Ethics*. 1-19. 10.1177/14777509221104703. The current legal status and medical ethics of routine or religious penile circumcision of minors is a matter of ongoing controversy in many countries. We focus on the United Kingdom as an illustrative example, giving a detailed analysis of the most recent guidance on the subject, from 2019, from the British Medical Association (BMA). We argue that the guidance paints a confused and conflicting portrait of the law and ethics of the procedure in the UK context, reflecting deeper, unresolved moral and legal tensions surrounding child genital cutting practices more generally. Of particular note is a lack of clarity around how to apply the "best interests" standard—ordinarily associated with time-sensitive proxy decision-making regarding therapeutic options for a medically unwell but incompetent patient, such as a young child dealing with disease or disability—to a parental request for a medically unnecessary surgery to be carried out on the genitalia of a well child. Challenges arise in measuring and assigning weights to intended sociocultural or religious/spiritual benefits, and even to health-related prophylactic benefits, and in balancing these against potential physical, functional, and psychosexual risks or harms. Also of concern are apparently inconsistent safeguarding standards applied to children based on their birth sex categorization or gender of rearing. We identify and discuss recent trends in British and international medical ethics and law, finding gradual movement toward a more unified standard for evaluating the permissibility of surgically modifying healthy children's genitals before they can meaningfully participate in the decision.

Earp, Brian. (2022). Against Legalizing Female 'Circumcision' of Minors. *Global Discourse*. in press. 10.1332/204378921X16347905414226. Defenders of male circumcision increasingly argue that female 'circumcision' (cutting of the clitoral hood or labia) should be legally allowed in Western liberal democracies even when non-consensual. In his target article, Richard Shweder (2022) gives perhaps the most persuasive articulation of this argument to have so far appeared in the literature. In my own work, I argue that no person should be subjected to medically unnecessary genital cutting of any kind without their own informed consent, regardless of the sex characteristics with which they were born or the religious or cultural background of their parents. Professor Shweder and I agree that Western law and policy on child genital cutting is currently beset with cultural, religious and sex-based double standards.

III. METHODOLOGY

The research paper is based on empirical research. The Sampling method used in this research is simple random sampling. The survey includes questionnaires which were raised to various age groups of people including students, working people, old aged people. The number of respondents were 200 .This research includes independent variables and dependent variables. The demographic questions which include name, age, gender, educational qualifications, were the independent variables used in the survey. The dependent variables are analyzed with independent variables of age and educational qualifications . This paper also uses the primary and secondary data collected from the net sources, books, research papers and articles. The data analysis is made with the help of some technical tools such as Chi square and bar tools.

IV. ANALYSIS:

**INDEPENDENT VARIABLE:
GENDER:**

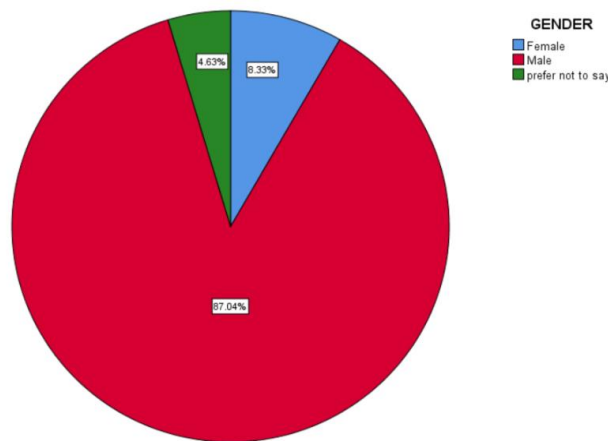


FIGURE-1

LEGEND:

In figure 1, It represent the gender of the respondents as the independent variable.

MARITAL STATUS

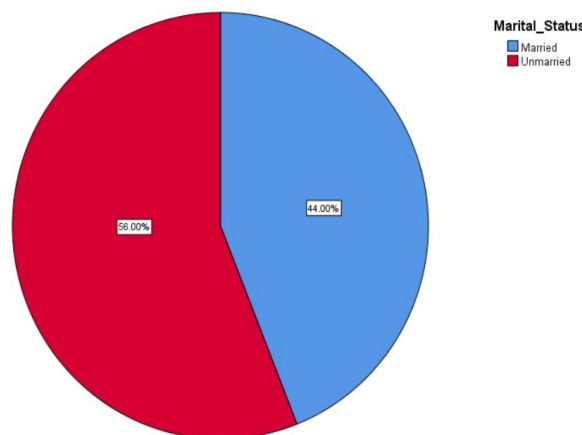


FIGURE-2

LEGEND:

In figure 2, It represent the marital status of the respondents as the independent variable.

AGE:

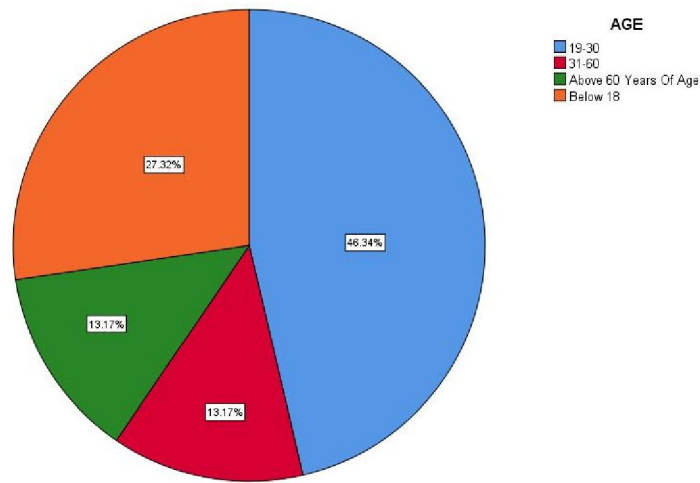


FIGURE-3

LEGEND:

In figure 3, It represent the age of the respondents as the independent variable.

EMPLOYMENT STATUS

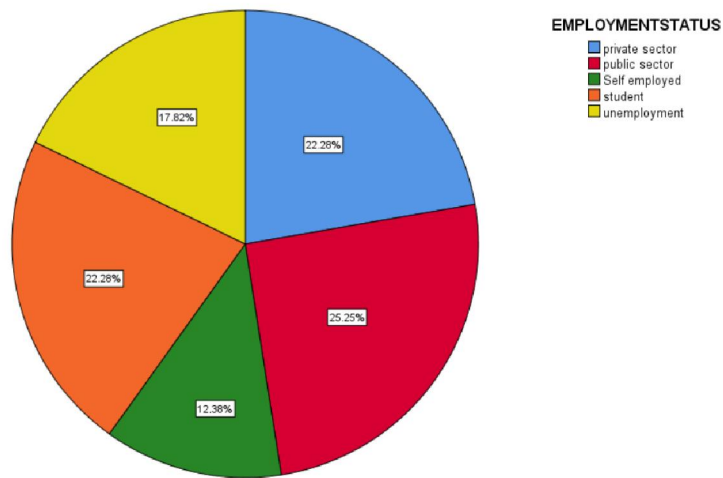


FIGURE-4

LEGEND:

In figure 4, It represent the employment status of the respondents as the independent variable.

DEPENDENT VARIABLE:

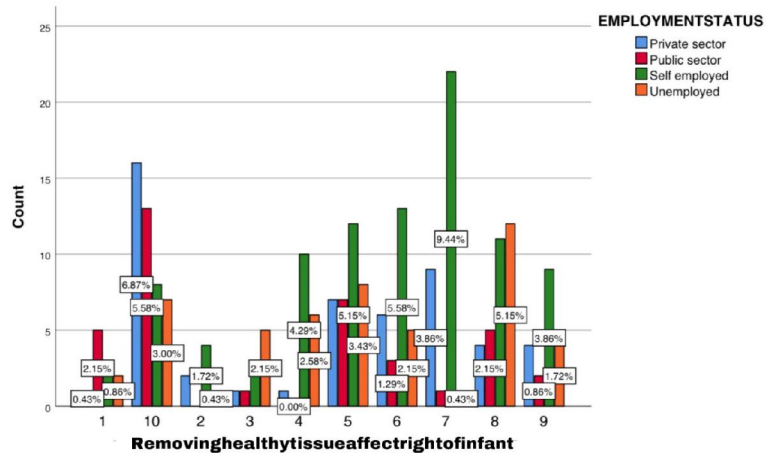


FIGURE-5

LEGEND:

In figure 5, It represents employment status as the independent variable and removing healthy tissue affect right of the intact as dependent variable.

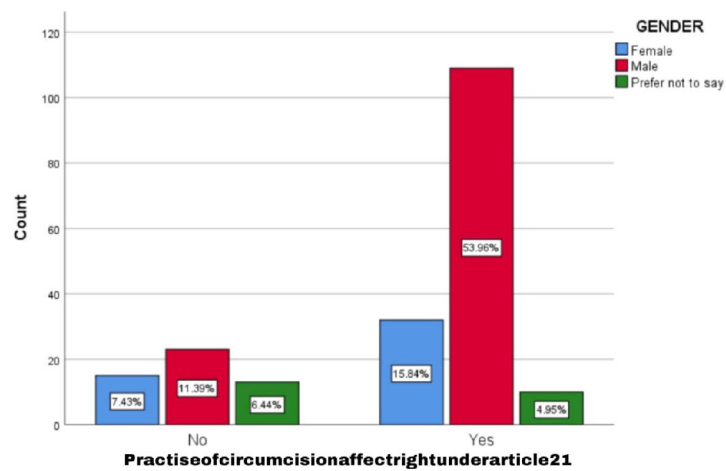


FIGURE-6

LEGEND:

In figure 6, It represents gender as the independent variable and practise of circumcision affect rights under article 21 as dependent variable.

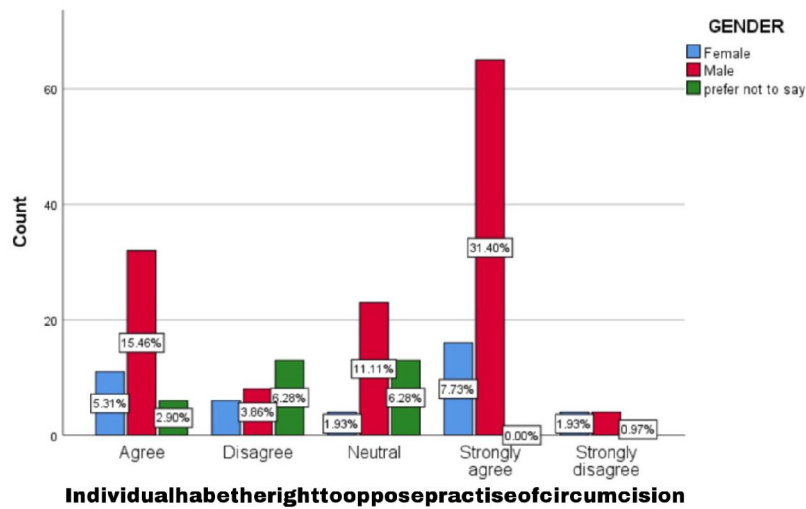


FIGURE-7

LEGEND:

In figure 7, It represents gender as the independent variable and individual have the right to oppose practice of circumcision as dependent variable.

PURPOSE OF PRACTISE OF CIRCUMCISION

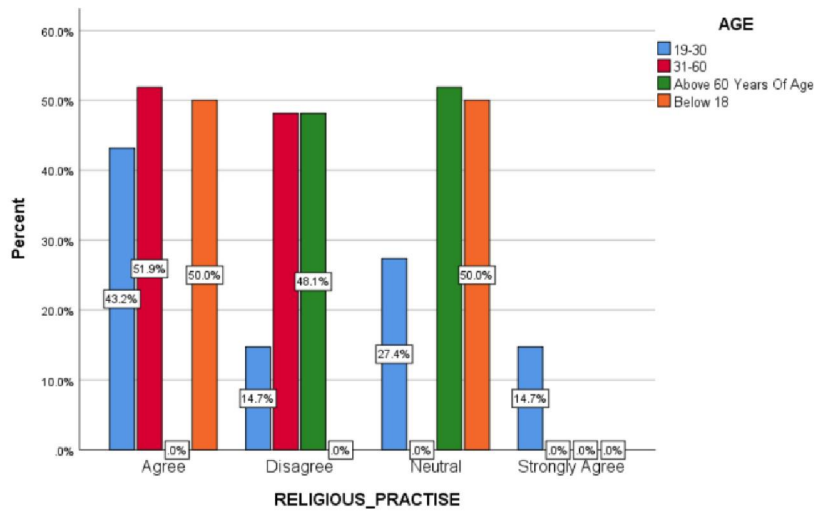


FIGURE-8

LEGEND:

In figure 8, It represents age as the independent variable and purpose of practice of circumcision interfere with religious practice as dependent variable.

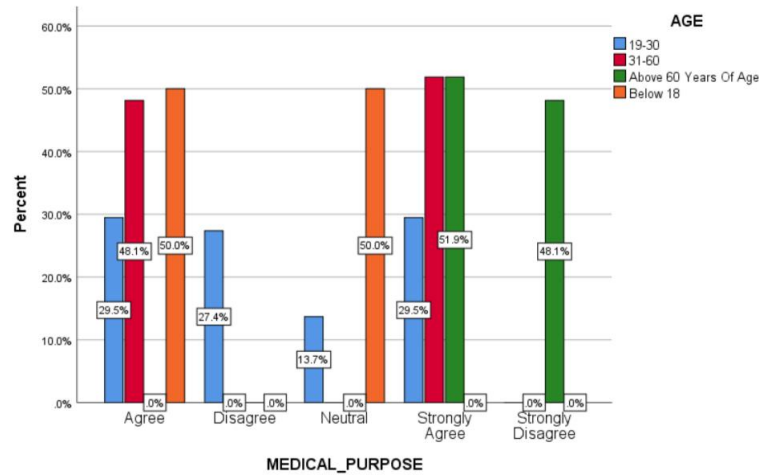


FIGURE-9

LEGEND:

In figure 9, It represents age as the independent variable and the purpose of the practice of circumcision interfere with medical purpose as a dependent variable.

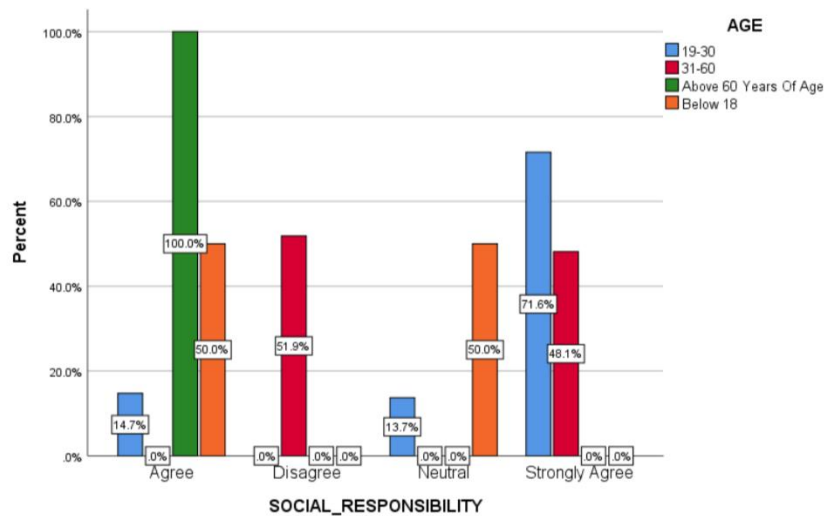


FIGURE-10

LEGEND:

In figure 10, It represents age as the independent variable and purpose of practice of circumcision interfere with social responsibility as dependent variable.

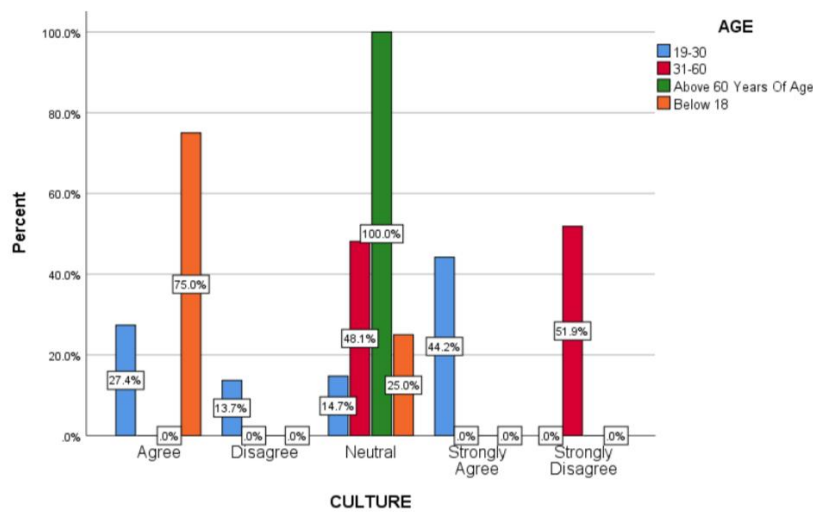


FIGURE-11

LEGEND:

In figure 11, It represents age as the independent variable and purpose of practice of circumcision interfere with culture as dependent variable.

V. RESULT

In (FIGURE-1), the male is 67.4%, female respondent is 8.3% and the respondent who prefers not to say their gender is 4.38%. In (FIGURE-2) the married responses is 44.00% and unmarried response is 56.00%. In (FIGURE-3) the respondent at the age group of below 20 is 15.50% , 20-30 years is 30.50%, 31-40% is 26.50%, 51-60 years is 16.50%,above 60 years is 12.50%. In (FIGURE-4) respondents at the private sector is 25.93%, public sector is 12.04%, self employed is 23.78% and students are 26.85%. In (FIGURE-5) about 73.82% rated high and 3.43% rated least with the questionnaire. In (FIGURE-6) about 74.98% agrees yes to the questionnaire and 11.39% agrees no to the questionnaire. In (FIGURE-7) about 84.98% of respondents strongly agree with the questionnaire. In (FIGURE-8) most of the respondents agree with the questionnaire. In (FIGURE-9) most of the respondents with 8.09% strongly agree with the questionnaire. In (FIGURE-10) 48.98 % of the respondents agree with the survey and 51.09% disagree with the questionnaire. (FIGURE-11) about 48.78% of respondents remain neutral and most of the respondents either agree and disagree.

VI. DISCUSSION

In (FIGURE-1), Most of the respondent are male and least of the respondent after female and very least of the respondent prefer not to reveal the gender. In (FIGURE-2) most of the respondent are unmarried and least of the respondents are married. In (FIGURE-3) most of the respondents are at the age of 18-30 years and least of the respondents are at the age of below 18 years. In (FIGURE-4) here It represents age as the independent variable and education for children plays a major role in eradication of offence related to child as dependent variable. In (FIGURE-5)represents the employment status of the respondent as the independent variable and removing healthy issue affect the right of the child. In (FIGURE-6) represent the gender of the respondent as a independent variable and practise of circumcision affect the article 21 is the dependent variable. In (FIGURE-7) includes gender of the respondent as the independent variable and individual has the right to oppose the circumcision as the dependent variable. Now the upcoming graph are dealt with the purpose of practice of circumcision which includes the options such as religious practice, medical purpose, social responsibility and cultural practice. In (FIGURE-8) represent the age of the respondent as independent variable and purpose of practise of circumcision and it interfere the with religious practise.

In (FIGURE-9) represent the age of the respondent as independent variable and purpose of practise of circumcision and it interfere with the medical purpose. In (FIGURE-10) represent the age of the respondent as independent variable and purpose of practise of circumcision and it interfere with social responsibility. In (FIGURE-11) It represents the age of the respondent as independent variable and purpose of practise of circumcision and it interfere the with culture most of the respondent strongly agree that the practise of circumcision is not dealt for cultural purposes only least have agreed about the questionnaire.

VII. LIMITATION

The main limitation of this research work is the sample size which is quite difficult to collect in the adequate time given. As a general rule, the more in-depth the method the more time consuming it is. Also, doing your own primary research tends to take longer than using secondary sources. Money As a general rule, the more in-depth the method the more money it costs. Time, as an element, allows a researcher to see the growth and development or breakage and decay over time. Without the dynamic element of time in the study, you might as well just be looking at preserved brains. Another facet of time is working against the researcher. There are essentially the limitations of my research.

VIII. SUGGESTION

Laws restricting, regulating, or banning circumcision, some dating back to ancient times, have been enacted in many countries and communities. In modern states, circumcision is generally presumed to be legal, but laws pertaining to assault or child custody have been applied in cases involving circumcision. In the case of non-therapeutic circumcision of children, proponents of laws in favor of the procedure often point to the rights of the parents or practitioners, namely the right of freedom of religion. Those against the procedure point to the boy's right of freedom from religion. In several court cases, judges have pointed to the irreversible nature of the act,[1] the grievous harm to the boy's body,[2] and the right to self-determination, and bodily integrity.

IX. CONCLUSION

The foreskin is a complex structure that protects and moisturizes the head of the penis, and, being the most densely innervated and sensitive portion of the penis, is essential to providing the complete sexual response. Circumcision-the removal of this structure-is non-therapeutic, painful, irreversible surgery that also risks serious physical injury, psychological sequelae, and death. Men rarely volunteer for it, and increasingly circumcised men are expressing their resentment about it. Circumcision is usually performed for religious, cultural and personal reasons. Early claims about its medical benefits have been proven false. The American Academy of Pediatrics and the Centers for Disease Prevention and Control have made many scientifically untenable claims promoting circumcision that run counter to the consensus of Western medical organizations. Circumcision violates the cardinal principles of medical ethics, to respect autonomy (self-determination), to do good, to do no harm, and to be just. Without a clear medical indication, circumcision must be deferred until the child can provide his own fully informed consent. Today, opinions range from those who claim that religion and culture alone justify the practice to those who consider circumcision of minors unable to give their consent as bodily injury subject to punishment. Under existing United States law and international human rights declarations as well, circumcision already violates boys' absolute rights to equal protection, bodily integrity, autonomy, and freedom to choose their own religion. In contrast to female genital mutilation, most positions do not postulate that circumcision violates morality. If the person concerned is able to give his consent, freedom of religion may also justify circumcision after weighing its pros and cons as well as its risks and potential side effects. It also present a natural rights argument against the practice of male child circumcision, while also looking into some of the potential physical and psychological consequences of the practice in which it affect the mental health and physical health of the victim who practices the circumcision and the practise should be followed only with the concent of the individual who undergoes circumcision and for infant it is necessary to keep in mind that circumcision should be held only when there is a medical need and it should not be followed as cultural event so circumcision for the medical purpose and with mutual consent is applicable but it should not take place forcefully to any individual.

REFERENCES

- [1]. American Academy of Pediatrics Task Force on Circumcision. 2012. Male circumcision. *Pediatrics* 130: e756–e785. Available at: <http://dx.doi.org/10.1542/peds.2012-1990> Appiah, K. A. 2006.
- [2]. The primacy of practice In *Cosmopolitanism: Ethics in a world of strangers*, 69–86. New York, NY: Norton. Bellieni, C. V., M. G. Alagna, and G. Buonocore. 2013.
- [3]. Analgesia for infants' circumcision. *Italian Journal of Pediatrics* 39(1): 38–44. Available at: <http://dx.doi.org/10.1186/1824-7288-39-38> Ben Chaim, J., P. M. Livne, J. Binyamini, et al. 2005.
- [4]. Complications of circumcision in Israel: A one year multicenter survey. *Israel Medical Association Journal* 7(6): 368–370
- [5]. Beauchamp, T, and J. Childress. 2012. *Principles of biomedical ethics*. 7th ed. London, UK: Oxford University Press. Boyle, G. J., J. S. Svoboda, C. P. Price, and J. N. Turner. 2000.
- [6]. Circumcision of healthy boys: Criminal assault? *Journal of Law and Medicine* 7(3): 301–310. Brady-Fryer, B., N. Wiebe, and J. A. Lander. 2009.
- [7]. Pain relief for neonatal circumcision. *Cochrane Database of Systematic Reviews* 4(1). Cathcart, P. M., J. Nuttall, J. M. van der Meulen, et al. 2006.
- [8]. Trends in paediatric circumcision and its complications in England between 1997 and 2003. *British Journal of Surgery* 93: 885–890. Available at: <http://dx.doi.org/10.1002/bjs.5369> Cavel International, Inc. v. Madigan. 2007. 500 F3d 551 (7th Cir., 2007).
- [9]. Cohen, J. 2004. Minimalism about human rights: The most we can hope for? *Journal of Political Philosophy* 12(2): 190–213. Available at: <http://dx.doi.org/10.1111/j.1467-9760.2004.00197.x> Convention on the Rights of the Child. 1990.
- [10]. Available at: <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx> (accessed December 17, 2013). Darby, R. J. L. 2013.
- [11]. The child's right to an open future: Is the principle applicable to non-therapeutic circumcision? *Journal of Medical Ethics* 39: 463–468. Available at: <http://dx.doi.org/10.1136/medethics-2012-101182>
- [12]. Dekker, W., C. Hoffer, and J.-P. Wils. 2005. Bodily integrity and male and female circumcision. *Medicine, Health Care and Philosophy* 8: 179–191. Available at: <http://dx.doi.org/10.1007/s11019-004-3530-z> Dikshit, R., P. C. Gupta, C. Ramasundarahettige, et al. 2012.
- [13]. Cancer mortality in India: A nationally representative survey. *Lancet* 379: 1807–1816. Available at: [http://dx.doi.org/10.1016/S0140-6736\(12\)60358-4](http://dx.doi.org/10.1016/S0140-6736(12)60358-4) Dyer, K. 2013.
- [14]. Lessons from Germany: Should UK legislation circumnavigate or circumvent the issue of male circumcision? *Judgment of the Landgericht Cologne May 7th 2012, 1 and its aftermath*. *Denning Law Journal* 25: 225–239. El Bcheraoui, C., X. Zhang, C. S. Cooper, et al. 2014.
- [15]. Rates of adverse events associated with male circumcision in US medical settings, 2001 to 2010. *JAMA Pediatrics* 168(7): 625–634. Frisch, M., M. Lindholm, and M. Grønbaek. 2011.
- [16]. Male circumcision and sexual function in men and women: A survey-based, cross-sectional study in Denmark. *International Journal of Epidemiology* 40(5): 1367–1381. Available at: <http://dx.doi.org/10.1093/ije/dyr104> Frisch, M., Y. Aigrain, V. Barauskas, et al. 2013.
- [17]. Cultural bias in the AAP's 2012 technical report and policy statement on male circumcision. *Pediatrics* 131(4): 796–800. Available at: <http://dx.doi.org/10.1542/peds.2012-2896>.
- [18]. Qadarawi Yusuf. *The lawful and the prohibited in Islam*. Indianapolis: American Trust Publication, 1985: 88.
- [19]. Minority Rights Group. *Female circumcision, excision and infibulation: the facts and proposals for change*. Minority Rights Group Report No. 47. London, 1983 (revised).
- [20]. Rickwood AMK, Kenny SE, Donnell SC. *Towards evidence based circumcision in English boys: survey of trends in practice*. *BMJ* 2000; 321: 792–3.