

The Comparison of Men Circumcised in Adulthood and Circumcised in Childhood in Terms of Self- Esteem, Mood and Sexual Functions

Erişkin Yaşta Sünnet Olmak Üzere Başvuran Erkeklerle Çocukluk Çağında Sünnet Olan Erkeklerin Benlik Saygısı, Duygu Durum ve Seksüel Fonksiyonlar Açısından Karşılaştırılması

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Özet

Amaç: Bu çalışmada, Üroloji polikliniğine gönüllü olarak sünnet olmak üzere başvuran erkeklerin benlik saygısı, duygu durum ve seksüel fonksiyonlarını değerlendirmeyi amaçladık.

Gereç ve Yöntemler: Bu çalışmada 2016-2019 yılları arasında polikliniğimize sünnet isteği ile başvuran 20 erişkin erkek hasta ve 20 kontrol grubu hasta değerlendirildi. Tüm hastalara Rosenberg benlik saygı ölçeği, Hastane anksiyete ve depresyon testi ve Arizona cinsel yaşantılar formları doldurtuldu. Erişkin çağda sünnet edilen hastalar Grup I, çocukluk çağında sünnet edilmiş olan hastalar ise Grup II olarak adlandırıldı. Her iki grup arasında Rosenberg benlik saygı ölçeği, Hastane anksiyete ve depresyon testi ve Arizona cinsel yaşantılar ölçek(ASEX) skorları açısından istatistiksel anlamlı bir fark olup olmadığı araştırıldı. P<0.05 olması anlamlı olarak kabul edildi.

Bulgular: Çalışmaya dahil edilen 40 hastanın ortalama yaşı $21.32 \pm 1,62$ idi. Ortalama Rosenberg benlik saygısı skoru; $2.15 \pm 2,10$, ortalama anksiyete skoru $6.70 \pm 4,83$, ortalama depresyon skoru $6.27 \pm 4,21$ ve ortalama ASEX skoru $12.37 \pm 3,51$ idi. Ortalama Rosenberg benlik saygı skoru Grup I' de $1.9+/-1,58$ ve Grup II' de $2,4+/-2,54$ idi. Ortalama anksiyete skoru Grup I'de $6,4+/-5,13$ ve Grup II' de $7+/-4,63$ idi. Ortalama depresyon skoru Grup I' de $6,3+/-3,43$ ve Grup II' de $6,25+/-4,96$ idi. Ortalama ASEX skoru Grup I' de $12,85+/-3,71$ ve Grup II' de $11,9+/-3,32$ idi. Her iki grup arasında Rosenberg benlik saygısı, ank-

Abstract

Objective: In this study, we aimed to evaluate the self-esteem, mood, and sexual functions of men who applied to the Urology outpatient clinic voluntarily for circumcision.

Material and Methods: We assessed 20 adult male patients who admitted to our outpatient clinic for circumcision and 20 control group patients between 2016 and 2019. All patients were filled out Rosenberg self-esteem scale, Hospital anxiety and depression test and Arizona sexual experiences scale forms. Patients circumcised in adulthood were named as Group I and those who were circumcised in childhood were named as Group II. It was investigated whether there was a statistically significant difference between the two groups in terms of Rosenberg self-esteem scale, Hospital anxiety and depression test and Arizona sexual experiences scale (ASEX) scores. P <0.05 was considered significant.

Results: The mean age of 40 patients included in the study was 21.32 ± 1.62 . Mean Rosenberg self esteem score was 2.15 ± 2.10 , mean anxiety score was 6.70 ± 4.83 , mean depression score was 6.27 ± 4.21 and mean ASEX score was 12.37 ± 3.51 .

Mean Rosenberg self-esteem scores were $1.9+/-1.58$ in Group I and $2.4+/-2.54$ in Group II. Mean anxiety scores were $6.4+/-5.13$ in Group I and $7+/-4.63$ in Group II. Mean depression scores were $6.3+/-3.43$ in Group I and $6.25+/-4.96$ in Group II. Mean ASEX scores were $12.85+/-3.71$ in Group I and $11.9+/-3.32$ in Group II. There was

This study was approved by the Ethic Committee of Nevşehir Hacı Bektaş Veli University (Approval number: 2020.02.04, 9 Jan,2020). All research was performed in accordance with relevant guidelines/regulations, and informed consent was obtained from all participants.

siyete, depresyon ve ASEX skorları açısından istatistiksel anlamlı bir fark izlenmedi ($p=0,08$, $p=0,64$, $p=0,50$, ve $p=0,40$; sırasıyla).

Sonuç: Erişkin yaşta sünnet olmak üzere başvuran erkeklerin benlik saygısı etkilenmemektedir. Bu durum kişilerin duygu durumlarına ve cinsel yaşantılarına etki etmemektedir.

Anahtar Kelimeler: Duygu durumu; benlik saygısı; seksüel fonksiyon

no statistically significant difference between the two groups in terms of the Rosenberg self-esteem, anxiety, depression and ASEX scores ($p=0.08$, $p=0.64$, $p=0.50$, and $p=0.40$; respectively).

Conclusion: The self-esteem of men applying for circumcision in adulthood is not affected. This situation does not affect the emotional state and sexual life of the people.

Keywords: Circumcision; mood; self-esteem; sexual function

INTRODUCTION

Male circumcision is an ancient surgical procedure. The main purpose of circumcision is to remove the foreskin to expose the glans penis to make it easier to clean up the smegma produced by the inner surface of the foreskin and maintaining the hygiene of the phallus(1).

Mainly it is performed in childhood ages (2). Circumcision, which is optional, is infrequently performed in adults compared to children. In adults, cultural requirements and social pressure can influence people's choices and preferences in a predominantly circumcised society.(3). However, adult circumcision is mostly performed to prevent HIV infections in sub-Saharan countries (4, 5). In our country, Turkey, circumcision is mainly performed because of cultural pressure and as a religious ritual. This means that uncircumcised men might feel guilty or inadequate in terms of social compliance (6). In predominantly circumcised societies, self-esteem in uncircumcised men may be affected and low self-esteem may influence mood and sexual functions.

In this study, we evaluate men who are admitted to our hospital for circumcision in terms of self-esteem, mood and sexual function utilizing relevant survey scales.

MATERIAL AND METHODS

After obtaining the approval of the local ethics committee, between 2016 and 2019, 20 patients who applied to our outpatient clinic with a request for circumcision and 20 patients that we selected as the control group were included in the study. All patients underwent a physical examination. Patients with hypospadias and balanitis were excluded from the study.

All patients expressed their willingness to get circumcised after reading the consent form and accepting the pros and cons of the procedure, after being informed about the process by a physician. Local anesthesia was administered, including dorsal penile nerve block and penile ring block as required before the procedure. (7). The Rosenberg self-esteem scale (SES), Hospital anxiety and depression (HAD) test and Arizona sexual experiences (ASEX) scale were filled out by each patient before the procedure. Similarly, questionnaires were filled out by the control group of men who had already been circumcised in childhood. All of the male patients in the two groups were single and ASEX scores were evaluated through masturbation.

Rosenberg SES was developed in 1965 by Rosenberg(8). Cuhadaroglu et al. published the Turkish validation of SES (9). Briefly, outcome scores of Rosenberg SES are categorized; 0–1 as “high self-esteem” 2–4 as “mild self-esteem” and 5–6 as “low self-esteem”. HAD test was developed by Zigmound et al. in 1983 (10). It was validated in the Turkish language by Aydemir et al. (11). Accordingly, the cut-off values of 10 and 7 were taken for the presence of anxiety and depression in the subjects, respectively. ASEX consists of 5 indices, quantifying sexual drive, sexual arousal, penile erection, ability to reach orgasm, and satisfaction of orgasm. Soykan et al. adapted the survey into the Turkish language in 2004 (12). Scores ranged from 5 to 30, where the higher the score indicates the more sexual dysfunction. The presence of sexual dysfunction was labeled with the criteria as follows; total ASEX score of >19 or any single query item scored 6 or any two query items scored 5 or any three query items scored 4 (13).

We described the Group I as desiring to get circumcised in adulthood age and Group II as circumcised

in childhood. The self-esteem, mood and sexual life scores were compared between these groups.

Statistical analysis was performed with SPSS 17.0 (Chicago, Illinois, USA). The variables were investigated using visual and analytical methods (Shapiro-Wilk's test) to determine whether or not they are normally distributed. Since the Rosenberg self-esteem scores, anxiety scores, and depression scores were not normally distributed; nonparametric tests were conducted to compare these parameters. The Mann-Whitney U test was used to compare the variables between the groups. ASEX scores were normally distributed, therefore students t-test was used to compare the groups. A p-value of less than 0.05 was considered to show a statistically significant result.

RESULTS

A total of forty men were involved in our survey. Twenty patients who were admitted for circumcision formed the study group (Group I), whereas 20 men who had already been circumcised in childhood formed the control group (Group II). The mean age of all patients

was 21.32+/-1.62. Mean Rosenberg Self-esteem score was 2.15+/- 2.10. Mean anxiety score was 6.70+/-4.83. Mean depression score was 6.27+/-4.21. Mean ASEX score was 12.37+/-3.51 (Table 1). Seventeen of 20 uncircumcised men's and twelve of 20 circumcised men's Rosenberg self-esteem was normal. Fifteen of 20 uncircumcised men's and nineteen of 20 circumcised men's anxiety scores were normal. Twelve of 20 uncircumcised men's and twelve of 20 circumcised men's depression scores were normal (Table 2).

Mean Rosenberg self-esteem scores were 1.9+/-1,58 in Group I and 2,4+/-2,54 in Group II. When we performed Mann-Whitney U test Rosenberg self-esteem scores were not significantly different between the groups (p=0.08). Mean anxiety scores were 6,4+/-5,13 in Group I and 7+/-4,63 in Group II. Anxiety scores were not significantly different between the groups (p=0.64). Mean depression scores were 6,3+/-3,43 in Group I and 6,25+/-4,96 in Group II. Depression scores were similar (p=0.50). Mean ASEX scores were 12,85+/-3,71 in Group I and 11,9+/-3,32 in Group II. ASEX scores were the same between the groups (p=0.47) (Table 3).

Table 1. Mean scores of self-esteem, Mood and sexual functions

	Minimum	Maximum	Mean	Std. Deviation
Age	20	27	21,32	1,62
Rosenberg Self-esteem Scores	0	6,00	2,15	2,10
Anxiety Scores	0	21	6,70	4,83
Depression Scores	1	18	6,27	4,21
ASEX Scores	4	19	12,37	3,51

Table 2. Numbers represent the frequencies of subjects with normal test results

	Rosenberg SES	ASEX	Anxiety	Depression
Uncircumcised (Group I)	17	16	15	12
Circumcised (Group II)	12	19	19	12

Table 3. Comparisons of mean scores of self-esteem, Mood and sexual functions

	Group I (Desire to get circumcised in adult age)	Group II (Circumcised in childhood)	P
Rosenberg Self esteem	1.9+/-1,58	2,4+/-2,54	0,08
Anxiety	6,4+/-5,13	7+/-4,63	0,64
Depression	6,3+/-3,43	6,25+/-4,96	0,50
ASEX	12,85+/-3,71	11,9+/-3,32	0,40

DISCUSSION

Uncircumcised adult males may have impaired self confidence in terms of their sexuality and may be susceptible to depression in a society where the majority of males are circumcised. Since circumcision in our society is performed for religious and cultural purposes rather than medical reasons, being uncircumcised may create a sense of guilt (6, 14). Accordingly, self-confidence may be low. This may cause mood disorders in uncircumcised men. There are also studies suggesting sexual well-being may be different in circumcised and uncircumcised men (15-17).

Adayener et al report an improved appraisal in body cathexis after adult circumcision in a study group similar to ours (6). Also, Kalkan et al suggest that being uncircumcised at puberty has a negative effect on body-esteem and self-esteem (18). On the other hand, Hammond et al report being circumcised is associated with low self-esteem (19). In our study, using the Rosenberg self-esteem scale indices, no difference is apparent between men who are circumcised in childhood and adult. Since our study group is sampled from a society which is widely circumcised, being uncircumcised in a generally circumcised society might have different psycho-dynamics compared to being circumcised in a society where circumcision is not common. We think that it is possibly due to the fact that being circumcised or not is not something that is apparent in everyday social life.

Additionally, the surveys do not include queries on the main purpose of the circumcision. Based on the questioning during physical examinations, all patients in our study were getting circumcised for religious reasons, especially before getting married. None of them had medical or hygiene concerns. Accordingly, we were expecting significant mood alteration, however, neither anxiety nor depression scales indicated any significant impairment.

Some authors demonstrate no difference in circumcised and uncircumcised men in terms of sexual functions, including orgasmic and erectile functions (15, 17, 20-22). Similarly, our study showed no link between circumcision and sexual function.

The main limitation of our study is the low number of patients included in the study. However, in societies

like ours, which are mostly circumcised in childhood, it is difficult to find this number of cases. Although our case number is low, we think that our results may have come out reflecting the universe. Based on the results of our study, we think that randomized, prospective, and even multicentre studies with larger series can yield clearer results.

CONCLUSION

Being circumcised or uncircumcised seems not to affect the self-esteem, mood and the sexual functions in a society like our country, the majority of which are circumcised at a childhood age.

Conflict of interest

All authors declare no conflict of interest.

Financial Disclosure

The authors have declared no financial support.

Ethical Approval

The study was approved by the Ethic Committee of Nevsehir Hacı Bektas Veli University (Approval number: 2020.02.04, 9 Jan,2020) and written informed consent was received from all participants. The study protocol conformed to the ethical guidelines of the Helsinki Declaration.

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