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Filipino experience of ritual male circumcision: Knowledge and insights for anti-circumcision advocacy

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Abstract

Male circumcision is a well-publicised phenomenon, but much of what is known at the international level concerns neonatal medical circumcision in some Western countries and ritual circumcision among young men entering into adulthood in certain countries in Africa. This paper aims to add to this understanding by focusing on Filipino men's experience of ritual circumcision. Data were derived from a 2002 Philippine circumcision study—a component in a Southeast Asian research study of genital enhancement practices with an advocacy purpose. As part of the study, interviews were conducted with 114 circumcised Filipino males, of varying ages, who were selected purposively. The report highlights the important links in this context between circumcision, masculinity and male identity. It points too the role of the broader community in sustaining such practices and the challenges that must be faced by anti-circumcision campaigners in making their efforts culturally appropriate.

Résumé

La circoncision est un phénomène dont on parle beaucoup, mais la plupart de ce que l'on en sait au niveau international concerne la circoncision néonatale dans certains pays occidentaux et la circoncision rituelle chez les jeunes hommes atteignant l'âge adulte dans certains pays d'Afrique. Cet article centré sur les expériences de circoncision rituelle chez des hommes philippins vise à compléter ces connaissances. Les données proviennent d'une étude sur la circoncision menée au Philippines en 2002 – au sein d'une recherche-action menée dans le Sud Est Asiatique, sur les pratiques de stimulation génitale. Dans le cadre de l'étude, des entretiens ont été menés avec 114 Philippines circoncis, d'âges divers et sélectionnés spécifiquement pour l'étude. Le rapport souligne des liens importants dans ce contexte entre la circoncision, la masculinité et l'identité masculine. Il souligne également le rôle de la communauté au sens large dans le maintien de telles pratiques, et les défis auxquels sont confrontés les opposants à la circoncision pour que leurs efforts soient culturellement appropriés.

Resumen

La circuncisión masculina es un fenómeno muy conocido aunque lo que casi todos conocemos en el mundo es la circuncisión neonatal por razones médicas en algunos países occidentales y la circuncisión ritual entre los jóvenes que entran en la edad adulta en ciertos países africanos. En este artículo queremos aportar otros puntos de vista a este tema analizando las experiencias de hombres filipinos en la circuncisión ritual. Los datos obtenidos se recabaron a partir de un estudio sobre la circuncisión en Filipinas llevado a cabo en 2002 como parte de un estudio de investigación en el sureste de Asia que trata sobre las prácticas de circuncisión genital, para aumentar la masculinidad, con el objetivo de hacer una campaña contra ella. Como parte de este estudio, se realizaron entrevistas a 114 hombres filipinos de diferentes edades que habían sido sometidos a la circuncisión y que fueron seleccionados para este estudio. El informe resalta la importancia de la relación en este

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contexto entre la circuncisión, la masculinidad y la identidad masculina. También hace hincapié en el rol de la comunidad en general de respaldar estas prácticas y los desafíos a los que se enfrentan las personas que rechazan la circuncisión en aunar esfuerzos de modo que la cultura los apruebe.

Keywords: *Men, circumcision, Philippines, anti-circumcision campaign*

Introduction

Although it is unclear how it evolved into a generalized custom (Maceda 1935), circumcision whose roots are traceable to prehistoric times (Hull and Budiharsana 2002) is an integral part of Filipino men's childhood. Today, as it was in the distant past (Maceda 1935), almost all Filipino males—the current estimate is more than 90% (Joson 2004)—are circumcised. Relative to previous generations of males whose circumcision was confined to the traditional procedure, the current generation is routinely circumcised through either traditional or medical means. The former practice is community based: it is often performed without anaesthesia by laymen in public places (in the backyard, on a vacant lot or at the riverbank) using ordinary implements such as a household knife or razor, and a piece of wood. The medical procedure is carried out by medical professionals with specialized medical facilities, equipment and anaesthesia, in clinics and in semi-private premises such as town and community halls during mass circumcision missions organized by medical mission teams or politicians. It is unknown how many Filipino males have been circumcised traditionally or medically; regardless, the country's circumcision is essentially ritualistic—a rite of passage pursued for reasons of masculinity (Manuel 1973, Morales and Monan 1979, Maab 1997, Circlist 1999).

The Philippines' age-old tradition of circumcising males is not widely known about at the international level. A review of research-based articles published in international journals focusing on the experience of male circumcision and featured in the subscribed Proquest online database (searched using the term 'circumcision') reveals that of the 61 materials, just one lone article discussed the Philippine ritual custom (and this was within the context of the Western medical concept of post-traumatic stress disorder) (Ramos and Boyle 2001). The limited attention given to the subjective dimensions of the Philippines practice is by no means an exception. Other similar non-therapeutic circumcision practices—of which varied forms exist in several parts of the globe (Willis 2000)—are also nominally represented in the database. For instance, only four journal articles chronicling the ritual circumcision experiences of Jewish-Americans (Goldman 1998), Kenyans (Lavreys *et al.* 1999, Abicht 2002) and Tanzanians (Manji 2000) have been identified.

The review found that almost all database articles (56 of 61) focus on the West's neonatal medical circumcision, particularly that occurring in the USA. That such articles predominate is least surprising: the US phenomenon has been the subject of discourse since the 1970s because of questions regarding its medical value or otherwise (American Academy of Paediatrics, Task Force on Circumcision 1999). In her review of the book *Genital Mutilation: On Perception, Practice and Policy* where evidence and arguments from published journal articles are discussed, Willis (2000) acknowledged the predominance of data on US male circumcision experience. However, she pointed out that the information imbalance not only reflects the near-absence of published information on non-US men's experience of ritual circumcision, it restricts international understanding and appreciation of such an experience. Willis (2000) challenged that if knowledge of male circumcision

were to be complete, it has to encompass other cultural experiences beyond those of the US male.

This paper aims in a modest way to address the aforementioned information gap by discussing some aspects of Filipino men's experience of ritual circumcision. While the paper's data are meant for the aforementioned purpose, they were also intended to inform the Philippine-based campaign against circumcision, which has been active since April 2002.¹ The need to inform the campaign stems from an observation that many of its arguments are derived, not from Filipino male experience of ritualistic circumcision, but from US experience of medical circumcision. On two counts, it argues (as do other sources) that medically, circumcision has unclear benefits (for instance against urinary tract and HIV infections, penile cancer, balanoposthitis and phimosis) and is painful, risky and with complications; and politically when performed without explicit, informed and freely obtained consent it constitutes a violation of bio-ethics and human rights standards.² The contention however is that the foregoing arguments, although sound by certain North American standards, are irrelevant to the Filipino male circumcision experience because the latter is anchored on a non-medical and non-rational impetus—namely it is an enhancement of masculinity. It is the arguments' lack of cultural appropriateness that is discussed here. By presenting data on some Filipino men's ritual circumcision experience, these issues will be explored.

The 2002 circumcision study (CIRCS)—the Philippines component of a Southeast Asian multi-country research project on genital enhancement practices—was the first study of its kind. In contrast to earlier work, whose focus was in analysing male circumcision as a cultural feature or an integral part of the social organization of the larger society and/or of ethnic minorities and subcultures (Morales and Monan 1979, Mendez and Jocano 1981, Jocano 1982, Arriola 1993, Scott 1994), CIRCS focused instead on men's experiences of ritual circumcision and the various rationales men offered for it.

Methods and procedure

Semi-structured face-to-face interviews were conducted with 114 circumcised males of varying ages. They were recruited using snowball and referral technique. In the study sites, village leaders and to an extent, community development workers were asked to refer circumcised males. The referred individuals were then contacted and were requested to consent to the interview. From these respondents, referrals were sought from whom subsequent interviewees were also contacted, recruited and interviewed. This process was repeated until the quota of 100 circumcised males was met (the excess of 14 was due to over-recruitment). Respondents were recruited from three urban communities and three of their adjoining semi-rural communities; the three sets are geographically dispersed. Prior to their interviews, all respondents were informed of the study's objectives and importance, and of the confidentiality of their supplied information. Consent, of the minors' parents and adult respondents, was obtained before the interview. No formal system of ethical review exists as yet in the Philippines.

Respondents were queried and probed about the timing of and reasons for their circumcision; about their providers and the type and cost of their procedure; about their feelings (including pain) during circumcision, and complications (during and after circumcision) and healing period; and about the overall effects of circumcision. These topics approximately parallel those already known and published about Western

Table 1. Respondents' stated reasons for circumcision*

Responses	No	%
1. To avoid being teased by peers as <i>supot</i> (uncircumcised).	76	66.7
2. Already a grown up, of the right age—part of the tradition for a boy like him to undergo circumcision.	47	41.2
3. To grow tall and physically fit.	34	29.8
4. Wanted his penis to be free of smegma.	26	22.8
5. To be able to cause pregnancy, and wanted to have own child.	23	20.2
6. Parents told him to undergo the procedure.	21	18.4
7. It was a requirement to court a girl, to have a girlfriend and to get married.	14	12.3
8. Women like to have sexual intercourse with a circumcised partner.	12	10.5
9. To facilitate entry of his penis during sexual intercourse.	7	6.1
10. To enhance the form of his penis and to make his glans larger.	7	6.1
11. It is in the Bible that a Christian must be circumcised.	4	3.5
12. To become intelligent.	3	2.6
13. Circumcision was free.	2	1.8

*Multiple response ($n=114$).

medical circumcision; international knowledge and appreciation of the country's ritual circumcision may be better guided if it is described using commonly explored dimensions, as this will allow for systematic comparison. Interviews were conducted in the Philippine languages of Cebuano or Tagalog. Interviews lasted for about an hour and were conducted in offices, community centres, and vacant lots with audio privacy. All respondents were given a modest incentive (a bag of groceries worth about US\$3). CIRCS was carried out by a team of six members (a social scientist, a medical doctor, and four male researchers) with considerable research experience in the field of reproductive health in the Philippines.

Findings

Respondents were aged 13 to 51 (mean 25.9). A little over two-thirds were single; others were married, living in or separated. The majority (59.7%) were employed (labourers, drivers, construction workers, repairmen, security guards, welders, plumbers, painters, electricians and vendors), while the rest (40.3%) were unemployed and/or students. All reported being Catholics.

Timing and reasons

Half of the 114 respondents (51.7%) were circumcised between the ages 10 and 14, while others had undergone the procedure when they were aged 5–9 (42.1%) or 15–18 (5.3%). Respondents reported that the pressure on them to be circumcised had grown after they had been teased by peers of being *supot* or uncircumcised (66.7%) (table 1). According to some respondents, the term *supot* does not only mean having an uncircumcised penis; it also implied that one is different, and coward or *bakla* ('homosexual'), for lacking the courage to experience the pain and anxiety associated with the procedure. Respondents likewise said that they had been circumcised because they perceived it as part of growing up, a tradition for boys who have reached the right age (41.2%). Some referred to 'right age' as a stage when they already had pubic hair or sexual desire, or when they already

completed elementary schooling; and regarded the tradition as a way to earn the label of being a 'man'.

Additionally, respondents said that their submission to circumcision had been influenced by their desire 'to grow tall and physically fit' (29.8%), an idea which they said came from their parents and grandparents, and 'to free their penis of *kupal* or smegma' (22.8%), which many interviewees regarded as 'dirty' and 'foul smelling'. Respondents also underscored their desire to cause pregnancy and to sire a child (22.8%) as another factor for their circumcision. At least for a few respondents, they believed that once the prepuce was cut, it would hasten the efficient transmission of pregnancy-causing vital fluids. Respondents likewise pointed to direct parental pressure as additional reason (18.4%). The intensity of such pressure could be gleaned from the following statements:

It was what my father and mother liked; it was an order from them. (Welder, aged 47, circumcised at age 13)

My parents brought me to a doctor for circumcision. (Unemployed, aged 20, circumcised at age 9)

They threatened me with *palo* [physical beating] if I would not submit myself to the procedure. (Driver, aged 48, circumcised at age 14)

Table 1 contains eight other reasons for undergoing circumcision reported by study participants. Relative to the six most frequently mentioned reasons, these remaining items were only more occasionally mentioned. They ranged from the belief that the procedure was a prerequisite to having a girlfriend and marrying; to enhancing the form of one's penis and size of penile glans; and to facilitating the entry of one's penis during vaginal intercourse. Some respondents stated that they been circumcised because of women's preference for a circumcised partner. Very few cited religious motivations directly.

Providers, and type and cost of circumcision

About two-thirds of respondents (68.4%) had been circumcised by a lay or traditional provider, described by several respondents as 'someone in the neighbourhood'—a friend, a relative or a village official whose presence, experience and expertise were explained as long recognized in their communities. Others (31.6%) had been circumcised by a medical doctor, midwife or nurse. All had received a dorsal slit circumcision: the prepuce was cut lengthwise (without excision) and then folded on the sides (with or without suturing). The majority (51.8%) had paid for their circumcision: up to 50 pesos (US\$0.9) for the traditional providers and 100–200 pesos for the medical professionals. About one-third (36%) had received their circumcision free, courtesy of socio-civic and medical organizations, and politicians. A few (6.1%) gave in-kind payment, usually to traditional providers: a pack of cigarettes, a bottle of beer or snacks. Inquired of their reason for not accessing medical providers, a number of traditionally circumcised interviewees explained:

I could not afford to pay a medical doctor. (Student, aged 15, circumcised at age 11)

There was no medical doctor in the area. (Student, aged 18, circumcised at age 10)

I did not know of any free medical mission. (Student, aged 15, circumcised at age 10)

I just followed where my friends were circumcised. (Fruit vendor, aged 32, circumcised at age 13)

Feelings and complications

When they were about to be and while being circumcised, most (81.6%) remembered feeling very nervous, afraid or weak. Some respondents had such feelings because they thought their penis might be cut, or because their friends had told them that the procedure would be painful. A small number of them had very intense feelings, the intensity of which was such that they cried and/or fainted in the process, or had wanted to run away from the scene. Despite having the said feelings, though, many reported being likewise excited and joyful knowing they were about to achieve the manhood they so desired.

Two-thirds of respondents (64.5%) regarded their circumcision as physically painful. Among those who received a medical procedure, they said that they were in pain particularly when they were injected the anaesthesia and when the prepuce was being sutured. Among those traditionally circumcised, pain was experienced during the insertion of the piece of wood into their prepuce and the cutting of the prepuce without anaesthesia. No respondent mentioned that there had been complications during the procedure. However, insofar as post-circumcision complications were concerned, the majority (59.6%, $n=68$)—regardless of whether they had been medically or traditionally circumcised—had experienced swollen and inflamed penises. Four respondents in addition experienced profuse bleeding and pus. In resolving their complications, only a couple consulted their circumcisers and were given advice, while six did not do anything, saying the effects were natural and bound to disappear in due time. Almost all of those with complications (60 of 68) self-medicated using in one of the following ways: by dousing their penis with juice from boiled guava leaves; by bathing in the sea or river in the early hours of the day regularly for 3 days after circumcision; by applying alcohol, Betadine or penicillin to the circumcised penis; by taking antibiotics and pain killer tablets; by applying sawdust or reddish brown grains found at the base of the leaf stem of the coconut tree; by wrapping the penis in the leaves of banana tree or plants, and by placing the penis on a cold piece of metal. The majority (51.8%) of men reported that their penis had completely healed in 2–3 weeks; about a third (31.6%) in a week's time; and others between 1 and 2 months (8.7%) or after a few days (7.9%).

Perceived effects

In contrast to the handful of respondents (11.4%) who replied that their circumcision had not had any effect on them, most (88.6% or 101 of 114) indicated otherwise, saying that their circumcision had in fact affected them, and in a variety of ways (table 2). For instance, as a result of being circumcised, respondents said that their friends had stopped teasing them *supot* (54.5%); they had felt good knowing that their penis was forever free of smegma (29.7%); or that their partners had been pleased given that with their exposed glans, sexual penetration had become easy (29.7%). Moreover, respondents pointed out that with the removal of their prepuce, they had felt and came to like the penile sensation during sexual penetration, thus making orgasm easier for them (13.8%). Others mentioned that circumcision had made them tall, changed their voice, and given them a healthy body (10.9%); or it had made them feel more comfortable and confident knowing that they—with their circumcised status—would never be laughed at anymore by their sexual partners (10.9%). The religious aspects of circumcision were again rarely mentioned.

Given their circumcision experience, respondents were asked if it would be acceptable for them to be uncircumcised for life. Although some respondents could see themselves as not circumcised (7.9%) or were uncertain whether they could or could not (4.4%), most

Table 2. Perceived effects of circumcision*

Responses	No.	%
1. Friends had stopped teasing him supot or uncircumcised.	55	54.5
2. It feels good knowing that one's penis is free of smegma.	30	29.7
3. Partners are pleased because the glans is exposed, hence sexual penetration is easy.	30	29.7
4. Now that his glans is exposed, he likes the sensation during sexual penetration, and thus easier for him to have orgasm.	14	13.8
5. He has grown tall, his voice changed, and his body is healthy.	11	10.9
6. He is now comfortable and confident knowing that his sexual partner would not laugh at him for being uncircumcised.	11	10.9
7. He has caused pregnancy and he now has children.	5	4.9
8. He frequently masturbates and desires intercourse.	5	4.9
9. It is now easy to find sexual partners.	3	2.9
10. He feels good that he followed a Christian tradition.	1	0.9

*Multiple response (n=101).

(87.7%) were definite in saying it would have been unacceptable for them to have remained uncircumcised for the rest of their lives. The latter said that, without circumcision, they would have been publicly ridiculed; women would be disinterested in them; they would accumulate smegma in their penis; they would have limited sexual pleasure due to their covered glans; and they would have difficulty during sexual penetration and in causing pregnancy.

Reasons given by respondents who said they would not mind remaining uncircumcised included:

My wife will not mind; she will accept it. (Construction worker, aged 43, circumcised at age 11)

I will just accept it; what is important is to be alive. (Driver, aged 30, circumcised at age 14)

Being uncircumcised is not a barrier to being a person. (Student, aged 17, circumcised at age 14)

Discussion

As the findings reported on in this paper were derived from a small scale study utilizing non-probability sampling, the perspective offered here is not necessarily definitive and representative. For instance, the findings may only be applicable to some men from lowland, Catholic and low to middle income populations. In spite of this limitation, CIRCS provides some local evidence from which to trigger discussion concerning the merits and de-merits of ritual circumcision in the Philippines.

Despite rapid urbanization, the Philippines continues to see many centuries-old indigenous health-related customs still widely practiced among its people today. Besides circumcision, other indigenous traditions include therapeutic massage (Apostol 2004), psychic healing (US Library of Congress 2004) and the use of home remedies for certain ailments (Montepio 1986–1987). Their persistence is due at least in part to local people's attachment to age-old cultural practices (Torres 2002, Apostol, 2004). But persistence is also tied to the restricted client reach of the modern medical system (Sy 1997, Asian Development Bank 1999, Torres 2002). Crucially, ritual male circumcision is not an arbitrary act but a highly valued practice intimately tied to the social organization of

Filipino society. Critically, many Filipino men submit to the procedure because they want to be understood as ‘men’ and ‘circumcised’ (and not consequently as ‘different’, ‘cowards’ or ‘homosexual’). Beyond this, however, male circumcision is seen as by men as likely to enhance their body (in terms height and fitness); their penis (in terms of form and size); their sexual and reproductive capacities (to be able to cause pregnancy); and their relational opportunities (to enable them to court and marry a girl, or be preferred by women). All of these attributes are central to the building of masculine status and identity. Respondents rarely gave religious reasons for their circumcision; other research has also stressed the general lack of religious significance of Philippines’ ritual circumcision (Maceda 1935, Scott 1994, Tan 1999).

But social groups and social pressures have a role to play in influencing men’s desires to be circumcised. CIRCS data suggests that men’s circumcision experience was far from a personal decision. Respondents were circumcised because they were teased by peers; they were commanded or submitted to undergo the procedure by their parents; and they perceived that women prefer a circumcised partner. In addition, CIRCS further revealed that some socio-civic groups and politicians, with their free or low-cost circumcision services, place pressure on respondents to get circumcised.

Filipino male circumcision therefore appears to be a social phenomenon, propelled by the individuals’ need to conform to a centuries-old tradition and to acquire, through that tradition, a range of masculine-related traits, capacities and opportunities. Fulfilment of this need is perceived as subsequently leading to the attainment of psycho-social health—a sense of personal wellbeing recognizing that one has adhered to a community-wide practice; one has become a ‘man’ and ‘masculine’; and more importantly, one has been socially accepted. Like its counterparts in Africa (cf. Shweder 2000), submission to Philippine ritual circumcision—with its perceived indigenous roots—is seldom regarded as an infraction of individual rights.

There are important lessons here for campaigns to eliminate (or reduce the incidence of) male ritual circumcision. Crucially, these must engage with the platform on which Philippines’ ritual circumcision has been anchored for ages: masculinity is a strategic theme through which to organize efforts to halt the conduct of the ritual phenomenon. Like Western campaigns arguing that the medical circumcision is unnecessary because of unclear medical benefits, Philippines campaigns can likewise argue that ritual circumcision is not necessary to becoming a ‘man’ and/or conversely that to become a ‘man’ it is not necessary to undergo circumcision.

In their current form, Philippines-based anti-circumcision campaign seems unlikely to trigger a reversal of the Filipino men’s adherence to the tradition. Findings from this study highlight a lukewarm reception among men towards the idea of not being circumcised. The structural and social embedded-ness of the male circumcision represents a major barrier to change. The recent suggestion that relatively low rates of HIV transmission in the Philippines may be due to the high prevalence of male ritual circumcision (Weniger and Brown 1996) is also likely to mitigate against change.

The most pressing move now should be to ensure that ritual circumcision becomes risk-free for all Filipino boys, a suggestion akin to the one proposed for a parallel practice in West Timor, Indonesia (Lake 2003). A safe-circumcision campaign should, among others, institute quality standard practices among lay and medical circumcisers—for example, the wearing of sterile gloves and the use of sterile instruments, the effective cutting of the prepuce, and the hygienic after-care of the circumcised penis. Given that circumcision often falls outside the realm of general medicine, and community-based lay providers are

unlicensed by health authorities, the government needs to create a structure through which to monitor and regulate the conduct of this ritual tradition throughout the country.

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Notes

1. Personal communication, Reynaldo Josen, MD, campaign leader, 29 December 2004.
2. See <http://www.xtulepinoy.tripod.com>

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