



# Defining the Pathways of Parental Decision-making and Satisfaction Levels About Newborn Circumcision in a Setting Where Traditional Male Circumcision is Prevalent: An Online Survey Study

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<b>OBJECTIVE</b>	To investigate the decision-making attitudes, course of informed consent, and satisfaction levels of parents who opted for newborn circumcision (NC) in a societal setting where the timing of circumcision is generally determined by tradition.
<b>METHODS</b>	Online questionnaire was sent to 1235 parents of boys who had NC.
<b>RESULTS</b>	The response rate was 50.4%. The final decision of newborn circumcision depended on the mother in 51.47%. Nearly 75% of circumcisions were performed before hospital discharge. The most common (70.65%) reported reason for parents' choice was medical/hygienic. When evaluating their decision, 93.05% refused any feelings of regret and 96.26% stated they would decide the same if they had another son. The source of information on newborn circumcision was mostly physicians (39.27%), followed by friends and family (31.2%). Parental preference, having nonreligious motives, and being previously informed about the procedure by experienced peers appeared as significant factors on the decision regarding timing of NC. In total, 79.90% ranked their satisfaction level as "very satisfied" on a Likert scale. The mean rate of satisfaction was significantly higher in parents who acquired previous information from healthcare providers and who acknowledged sufficient preprocedural counseling before giving consent.
<b>CONCLUSION</b>	In a society where the timing of circumcision is usually determined by faiths and traditions, parental decision-making on newborn circumcision is greatly influenced by personal choices of parents, based on timely, accurate, and adequate information received from peers and healthcare providers. Medical providers play an important role on the informed decision of parents and impact on satisfaction with prior decision and outcomes of newborn circumcision. UROLOGY 90: 153–158, 2016. © 2016 Elsevier Inc.

Circumcision is the most frequently performed surgical procedure and the prevalence is virtually 100% in Turkey. Elective circumcision in this country is carried out almost always for religious and societal motivations. Therefore, potential health benefits or ethical issues of elective circumcision have never been subject to discussion unlike the predominantly non-Muslim societies. The undertaking of this allegedly "simple procedure" has customarily been given to

nonphysician "circumcisers" in many parts of the country. The age and the conditions of intervention are generally determined by ritualistic behavior and societal norms. Studies revealed that 13.3% to 74.5% of circumcisions were performed in nonmedical surroundings by "circumcisers," and most commonly when 3 to 6 years old and after 6 years of age, with rates of 35% and 40.3%, respectively.<sup>1,2</sup>

However, several recent evolvments such as increased rate of in-hospital deliveries and cesarean sections in urban populations, coverage of circumcision by the national health system since 2007, and lately in 2014, the legal ban over the practice of circumcision by nonphysicians has impacted on the applications relevant to nonmedical circumcision. Nonetheless, the topic of "optimum" timing rather than other aspects of circumcision is essential for the families. The high prevalence of newborn

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circumcision in other parts of the world may be the root of the growing popularity of this intervention in our society.

We aimed to investigate the decision-making attitudes, course of informed consent, and satisfaction levels of parents regarding newborn circumcision (NC).

## METHODS

An online survey was conducted through a survey portal ([surveymonkey.com](http://surveymonkey.com)) on June 2015. It consisted of 10 questions and each appeared as separate screen on clicking “next.”

The study included the parents of babies born from 2010 until 2015 who underwent NC. The e-mail addresses of at least one parent for each newborn were obtained from the patients’ electronic records. Automatic e-mails were sent, with 3 reminders to nonrespondents with a link to the survey. Ethical approval was attained from the local institutional ethics committee with assurance of confidentiality provided to all participants.

Ten closed-ended questions explored the parents’ attitudes and opinions on NC. One question had an additional open-ended comment section. The last question used a 5-point Likert scale for reporting a level of satisfaction/content. The questionnaire was constructed specifically for our target assessment and developed on the foundation of a similar survey from a published study.<sup>3</sup> The questions attempted to evaluate the responsibility, timing, and motivation of decision (questions 1-4), reevaluation of previous judgment (questions 5-6), course of informed consent (questions 7-9), and satisfaction level (question 10) regarding the decision of NC ([Appendix 1](#)).

The 5-point Likert-type response measured the parents’ expression of satisfaction/content on a linear scale from “not satisfied at all (point-1)” to “very satisfied (point-5).” The anchoring score of 3 on the Likert scale was considered as “neutral.”

### Statistical Analysis

Frequencies and percentages are used as a descriptive statistics for scale analysis of all questions. Nonparametric tests (2-way contingency table analysis using cross-tabs) were used to compare responses. The Pearson chi-square and Fisher’s exact tests were used to calculate significance between separate variables. Type 1 error rate was 5% for all statistical analysis.

## RESULTS

A total of 1235 surveys were administered. The response rate was 50.4%, with 623 respondents completing the survey. Eleven parents (0.9%) rejected, 71 (5.7%) of the invitation e-mails bounced back, and 531 parents (43%) did not respond to the online survey.

### Q-1

When inquired about the responsibility of decision for NC, the data revealed that the final judgment was the mother’s in 51.47%. The proportional parts of father, family members, or healthcare provider on final decision are given in [Table 1](#).

**Table 1.** Responses to query of the responsibility of the final decision to circumcise the newborn child

Answer Options to Q1. Who Made the Final Decision to Circumcise Your Newborn Child?	Response Percent	Response Count
Mother	51.5	316
Father	26.2	161
Other members of family	2.4	15
Medical-provider (Physician/Nurse/Midwife)	19.9	122
Answered question		614
Skipped question		9

### Q-2

Responses showed that 98.23% of parents agreed on the decision of NC. Eleven respondents (1.78%) denied an agreement between parents.

### Q-3

NC was performed before a baby is discharged from the hospital, before he turns 4 weeks old, and after he turns 4 weeks old in 74.12%, 18.33%, and 7.56%, respectively.

### Q-4

This question, allowing for multiple answers, investigated the parents’ motives ([Fig. 1](#)). The most common (70.65%) reason for a decision of NC was medical/hygienic. Religious/Cultural practices were indicated in 32.26%.

### Q-5

This question was answered by 619 parents, of whom 93.05% revealed having no feelings of remorse about getting their child circumcised at the newborn period.

### Q-6

When inquired on whether they would again opt for an NC if they had another baby boy, an overwhelming majority (96.26%) of parents gave an affirmative answer, whereas 3.74% of them responded “No” to this speculative question. The question was skipped by 8 respondents.

This question harbored a “comment” section for ones who replied negatively. The comments of those 23 parents were accumulated in three complaints: 10 revealed feelings of ambiguity about their previous decision on the timing of circumcision. Another 10 parents’ complaints implicated discontent with the outcome of NC, mainly due to skin adhesions/buried penis. Three parents regretted their decisions because they later reconsidered that circumcision might have been unnecessary at all.

### Q-7

The responses about the source of information on NC procedure showed that the parents were mostly informed by friends (22.91%), pediatricians (22.09%), obstetricians (17.18%), family (8.3%), and Internet/social media (16.53%) ([Supplementary Fig. S1](#)).

### Q-8

The majority of parents (41.36%) were asked about their decision at the hospital after delivery/before discharge and

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