



Nigeria – Researched and compiled by the Refugee Documentation Centre of Ireland on 15 November 2010

Information regarding the death of infant males after circumcision in Nigeria, in particular young males who are circumcised a few years after birth rather than soon after birth.

The Summary of an article published by members of the *Department of Surgery at Ahmadu Bello University Teaching Hospital* refers to complications resulting from male circumcision as follows:

“The complications of traditional male circumcision were studied in 48 boys seen between January 1981 and December 1995. Their ages ranged from 3 days to 7 years (mean: 4 years). Haemorrhage, the commonest complication, was seen in 25 (52%) and infection in ten; one child had amputation of the penis. Other complications included meatal stenosis and urethro-cutaneous fistula. Sixty-four per cent of those with haemorrhage were neonates and their haemoglobin levels ranged between 6 and 15 g/dl. Three required blood transfusion, seven ligation of bleeding vessels and two required both. Overall, 21 patients required surgery and the average duration of hospital stay was 2-8 days.” (Ahmed, A et al (16 July 1998) *Complications of traditional male circumcision*)

In a paragraph headed “Results” a paper published by a physician at the *College of Health Sciences, University of Nairobi* states:

“One hundred and fifty-two (61.04%) of circumcisions performed were in adolescents and young adults for cultural initiation into 'manhood'. The remaining seventy-nine (31.73%) neonates were circumcised for religious, parental, cultural and medical reasons. Eighty per cent of the patients referred with circumcision complications were initially circumcised by unqualified traditional 'surgeons'. One patient (2%) died from septicaemia; two patients (4%) lost their penis from gangrene and five other patients (10%) remained with permanent disability from complete or partial amputation of the penis or glans.” (Magoha, GA (October 1999) *Circumcision in various Nigerian and Kenyan hospitals*)

In a paragraph headed “Results” a paper published by members of the *Surgery Department, College of Medicine, University of Ibadan*, states:

“Our circumcision rate was 87%. Neonatal circumcision had been performed in 270 (83.9%) of the children. Two hundred and fifty nine (80.7%) were performed in hospitals. The operation was done by nurses in 180 (55.9%), doctors in 113 (35.1%) and by the traditional circumcisionist in 29 (9%) of the children. Complications of circumcision occurred in 65 [20.2%] of the children. Of those who sustained these complications, 35 (53.8%) had redundant foreskin, 16 (24.6%) sustained excessive loss of foreskin, 11 (16.9%) had skin bridges, 2 (3.1%) sustained amputation of the glans penis and 1 (1.5%)

had a buried penis. One of the two children who had amputation of the glans also had severe hemorrhage and was transfused." (Okeke, Linus I. Asinobi, Adanze A and Ikuerowo, Odunayo S (25 August 2006) *Epidemiology of complications of male circumcision in Ibadan, Nigeria*)

In a paragraph headed "Results" a paper published by members of the *Department of Surgery at the University of Benin Teaching Hospital* states:

"There were 346 male children aged between 6 days and 12 years. Period of presentation to the unit ranged between 1 hour and 12 years. Redundant prepuce, 51 (14.7%); glandulopenile adhesions, 30 (8.7%); implantation cyst, 10 (2.9%); penile chordee, 11 (3.2%); local wound infection, 17 (4.9%); and proximal migration of plastibell ring, 11 (3.2%), were common mishaps treated with good outcome. On the other hand, urethrocutaneous fistula, 73 (21.1%); hemorrhage, 46 (13.3%); glandular amputation, 9 (2.6%); penile tissue avulsion, 24 (7.0%); and transmission of infections, 4 (1.2%), were challenging mishaps to manage. These resulted in 18 children with residual penile deformity and 4 deaths." (Osifo, OD & Oriafio, IA (December 2009) *Circumcision mishaps in Nigerian children*)

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

References:

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