

**An Coiste Comhairleach Náisiúnta
ar Chiníochas agus Idirchultúrachas**

**National Consultative Committee
on Racism and Interculturalism**
20 Harcourt Street, Dublin 2.

☎: (+353 1) 4785777
Fax: (+353 1) 4785778
Email: nccri@eircom.net
Website: www.nccri.com



Submission to the

Department of Health and Children
National Circumcision Committee

In Relation to Male Circumcision in Ireland

April 2004

The submission is structured as follows:

1. The role of the NCCRI
2. The growing ethnic, cultural and religious diversity in Ireland
3. The need for health providers in Ireland to make reasonable accommodation of cultural/ethnic diversity
4. Conclusion

1. Role of the NCCRI

The role of the NCCRI is as follows:

- a) To act as an expert body to develop an integrated and strategic approach to racism and its prevention and to foster interculturalism within Ireland.
- b) To inform policy development and seek to build consensus through dialogue in relation to the issues of racism and interculturalism.
- c) To promote the understanding and celebration of cultural diversity within Ireland.
- d) To establish links with other organisations or individuals involved in issues of racism and interculturalism arising from developments at European Union and international levels.

Further information about our work is available on www.nccri.com

The growing ethnic, cultural and religious diversity in Ireland.

There has been a significant broadening of cultural and ethnic diversity in Ireland in recent years, in terms of numbers of people and their national, ethnic and religious origin.

The 2002 Census of Population provides the most comprehensive breakdown of *national* diversity in Ireland to date and identifies five main regions of origin for non-nationals living in Ireland. These are the UK and other EU nationals (3.4% of the total population), Asian (0.5%), African (0.5%) non EU Europeans (0.5%) and the United States (0.3%).

Religious diversity

Between 1991 and 2002, the number of Muslims in Ireland quadrupled to 19,000 due to inward migration. Over the same period, the number of Orthodox Christians in Ireland grew from 400 to over 10,000 mainly reflecting inward migration from non EU European countries.¹ There is a long established Jewish community in Ireland dating back to the late nineteenth century and before. This increasing religious diversity is to be welcomed and raises important issues that require sensitive and considered policy responses, including in the area of health provision.

Migration

Prior to and since the establishment of the State in 1921, Ireland has consistently been a country where emigration almost always exceeded immigration (see Table One).

¹ CSO, (June 2003). 2002 Census. Principal Demographic Results.

Table One:
Average Annual Estimated Net Migration (Inward Less Outward)
Per 1,000 Population 1926-2002 (CSO)²

Intercensal Period	Per 1,000 Population
1926-1936	-5.6
1936-1946	-6.3
1946-1951	-8.2
1951-1956	-13.4
1956-1961	-14.4
1961-1966	-5.7
1966-1971	-3.7
1971-1979	4.3
1979-1981	-0.7
1981-1986	-4.1
1986-1991	-7.6
1991-1996	-0.5
1996-2002	6.8

The increase in inward migration in the 1990's has been a major contributor to the broadening of cultural and ethnic diversity in Ireland. Migrant workers, and students from outside the European Economic Area have been attracted to come to Ireland in increasing numbers. This has been a direct consequence of skill and labour force shortages in recent years and the proactive efforts to by Irish companies and colleges to recruit people to work and study in Ireland.

Table Two:
Pattern of Inward Migration into Ireland
Origin (% of Total) Inward
Migration into Ireland in 1996 and 2003 (CSO)³

Origin	1996	2003
Returned Irish	45%	34.3%
UK	21%	13.6%
Rest of EU	13%	13.6%
USA	10%	3.2%
Rest of world	11%	35%

²ibid

³ Adapted from Central Statistics Office (5 September 2002). Population and migration Estimates. April 2002 and preliminary results for 2003.

Labour Migration

Much of the recent increase in cultural diversity in Ireland is as a consequence of migrant workers coming to Ireland. The OECD recently concluded that migrant workers have played an important role in contributing to sustained economic growth in Ireland,⁴ a view that is also supported by the ESRI.

Because of skills and labour shortages, Irish businesses and employers and State agencies have been actively recruiting outside of the European Economic Area in recent years. The number of work permits increased from 6,000 in 1999 to over 47,000 work permits issued by the end of 2003.⁵

Migrant workers are now and will be an essential part of Ireland's economy principally in the manufacturing, service, health and in food and agricultural sectors.

The main countries of origin for migrant workers are Latvia, USA, Philippines, Czech Republic and Poland. Almost 40% of migrant workers coming to Ireland in 2002 were from EU accession countries, such as Poland, Latvia and the Czech Republic. It is anticipated that this proportion will increase, as many of these countries become members of the European Union. From 1st May 2004 accession State nationals will no longer require work permits to work in Ireland.⁶ The Department of Enterprise, Trade and Employment anticipate that there will be a concomitant drop in applications for work permits as a consequence of employers sourcing a higher proportion of migrant labour from the new EU States.

Many migrant workers will only want to work in Ireland for relatively short periods of time before returning home or finding work elsewhere. Others will make Ireland their home and will apply for long-term residency and citizenship. Non-EEA nationals working in Ireland with work permits/visas are entitled to the same employment rights as other EU nationals.

Refugees and Asylum Seekers

Ireland has an international obligation to provide protection to people fleeing persecution. The protection of refugees is a fundamental expression of Ireland's humanitarian ideals.

In 2003 there were 7,939 asylum applications, compared with over 11,600. The main countries of origin for asylum seekers in Ireland in 2003 were Nigeria (39.4%) Romania (10.2%), DR Congo (3.2%), Moldova 226 (3.0%), and the Czech Republic (2.4%).⁷

⁴ OECD, (2002) Trends in International Migration.

⁵ A significant proportion of the 40,000 permits in 2002 were from migrants renewing their work permits.

⁶ Accession States joining the EU in May 2004 are: Poland, Lithuania, Latvia, Estonia, Czech Republic, Hungary, Slovakia, Slovenia, Malta and Cyprus.

⁷ As of November 30th, 2003.

Table Three
Asylum Applications to Ireland 1997-2003
(Dept of Justice, Equality and Law Reform)⁸

Year	Numbers Seeking Asylum
2003	7939
2002	11634
2001	10325
2000	10938
1999	7724
1998	4626
1997	3883

3. The need for health providers in Ireland to make reasonable accommodation of cultural/ethnic diversity.

This submission contends that there is a general need for all service providers, including health providers, to make *reasonable accommodation* of cultural, religious and ethnic diversity in Ireland.

Reasonable accommodation of diversity essentially means a common sense and proportionate policy approach to cultural, religious and ethnic diversity in Irish society. It is about developing proactive strategies and positive actions based on an evidence approach to policy development that seeks to take account of both need and resources.

Up to one-fifth of the world's male population is circumcised, particularly on religious grounds. In 'western' countries such as Australia, Canada, the United Kingdom and especially the USA, circumcision is performed for both non-religious and social reasons. In the United States for example, the majority of circumcisions are for 'social' reasons.

In Ireland, many people from Jewish, Islamic and African communities (including those who are Christians) seek to ensure that their male children are circumcised for religious and cultural reasons. There are also those who seek circumcision for 'social' or 'medical' reasons. In respect of this issue the following points are important

- Circumcision is a question of ethnicity and identity. It is in many cultures and religions an important induction ritual for the newcomer into the community.
- Male circumcision is lawful in Ireland and most countries in the world.
- Male circumcision must be performed professionally and competently and such services must be accessible to all, including those on low incomes.
- As with any other surgical intervention, valid consent from both parents is needed and proper information on risks and benefits of the procedure should be provided

⁸ www.justice.ie

in accessible form, including different languages and where appropriate, (for example people with literacy problems) through prior counselling.

- There is therefore a need to build on existing structures and practices already in place in Ireland through the setting up of a network of doctors who are experienced in this practice.
- Religious and ethnic minority groups can be contacted to suggest paediatric surgeons, urologists or other practitioners or doctors who are familiar with circumcision.

There is of course an on-going broader debate about the benefits and potential risks of male circumcision from a purely 'medical' or 'social' perspective with strong views on both sides. This debate has been well aired in medical journals and we do not intend to seek to resolve this issue in this submission.

There are also those, including elements of the tabloid press, who would seek to exploit the issue of male circumcision simply as another device to perpetuate negative stereotypes about minority ethnic groups, while others may object from an ethical disagreement from the practice or on the ground that it is a diversion of family resources. This makes the issue of male circumcision a potentially difficult and sensitive issue to discuss and address by policy makers and practitioners in the medical sector and beyond.

The recent well publicised case involving the death of a child as a result of a male circumcision that went wrong has also resulted in a general mix of genuine concern, prejudice and informed and uninformed comment.

4. Conclusion

The accrued ethnic and religious diversity in Ireland today implies an increased demand for male circumcision; indeed it is also the case that many staff in Irish hospitals would themselves be part of communities in which male circumcision is practiced.

There is, of course, an issue of the potential diversion of health resources to carry out such procedures that must be carefully considered by Government/ service providers. Health resources are finite and a particularly sensitive political issue at present.

In our view, a common sense, evidenced -based policy can be developed that seeks to take account of the balance between resources and need to ensure that there is greater provision/access to male circumcision services in Ireland on a targeted/possibly regional basis. The main rationale for this approach includes:

- Increasing demand for such services
- The importance of sending a positive signal on making reasonable accommodation of cultural, ethnic and religious diversity in our health services, particularly since circumcision is regarded with great importance in many communities.
- The potential risks involved in *not* providing such services i.e. the negative message it sends out about diversity, the fact that Ireland will be out of step with many countries and the greater potential of 'back-street'

operations resulting in increased chances of infection, mutilation or even death.

In regards to service provision, we would contend that particular attention should be paid to those people who cannot afford private medical assistance and to ensure that services are targeted to where they are most needed, that is where demand is greatest.

Looking at this issue from a purely 'resources' perspective, it is important to note that the continued delivery of quality health services in Ireland is in large part dependent on both attracting and retaining staff from cultural and ethnic minorities, including staff from non-European Economic Area (EEA) countries to work as doctors, nurses, ancillary staff and health care professionals. A further issue in the 'resources' debate is that if circumcision procedures are not accessible in Irish hospitals, then emergency services will be likely to be called out to deal with the consequences of botched operations on an emergency basis and considerable police time will be involved in subsequent extensive investigations.

In short, it makes sense from an intercultural, efficiency and ethical perspective that circumcision procedures are more widely accessible in Irish hospitals than at present. Particular attention should also be given to the provision of adequate and accessible information to the parents of those undergoing the procedure to allow informed choices to be made.