

Female genital mutilation (FGM) and male circumcision: Should there be a separate ethical discourse?

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Abstract

It is sometimes argued that the non-therapeutic, non-consensual alteration of children's genitals should be discussed in two separate ethical discourses: one for girls (in which such alterations should be termed 'female genital mutilation' or FGM), and one for boys (in which such alterations should be termed 'male circumcision'). In this article, I call into question the moral and empirical basis for such a distinction, and argue that all children—whether female, male, or indeed intersex—should be free from having parts of their genitals removed unless there is a pressing medical indication.

* Note that citations are given in-text as hyperlinks in this paper, since it was first published [in a slightly modified version](#) at the University of Oxford's *Practical Ethics* website. Some references are provisional and may be updated. A more formal paper covering similar territory is available here: [Earp, B. D. \(2015\). Female genital mutilation and male circumcision: Toward an autonomy-based ethical framework. *Medicolegal and Bioethics*, 5, 89-104.](#)

Introduction

When the Canadian ethicist Margaret Somerville began to speak and write critically about the non-therapeutic circumcision of infant boys, she was attacked by some critics, [accusing her](#) of “detracting from the horror of female genital mutilation and weakening the case against it by speaking about it and infant male circumcision in the same context and pointing out that the same ethical and legal principles applied to both.” When the anthropologist Kirsten Bell advanced similar arguments in her own university lectures, [the reaction was](#) “immediate and hostile ... How dare I mention these two entirely different operations in the same breath! How dare I compare the innocuous and beneficial removal of the foreskin with the extreme mutilations enacted against females in other societies!”

One frequent claim is that FGM is analogous to “castration” or a “[total penectomy](#),” such that any sort of ethical comparison between it and male circumcision is altogether inappropriate. Some other common assertions are these:

Female genital mutilation and male circumcision are *very different*. FGM is barbaric and crippling (“[always torture](#),” according to Tanya Gold), whereas male circumcision is comparatively inconsequential. Male circumcision is a “minor” intervention that might even confer health benefits, whereas FGM is a drastic intervention with [no health benefits](#), and [only causes harm](#). The “prime motive” for FGM is to control women’s sexuality; it is inherently sexist and discriminatory and is an expression of male [power](#) and domination. Male circumcision, by contrast, has nothing to do with controlling male sexuality – it’s “[just a snip](#)” and in any case “[men don’t complain](#).” FGM [eliminates](#) the enjoyment of sex, whereas male circumcision has no meaningful effects on sexual sensation or satisfaction. It is perfectly reasonable to oppose all forms of female genital cutting while at the same time accepting or even endorsing infant male circumcision.

Yet almost every one of these claims is untrue, or is severely misleading at best. Such views derive from a superficial understanding of both FGM and male circumcision; and they are inconsistent with the [latest critical scholarship](#) concerning these and related practices. Their constant repetition in popular discourse, therefore, is unhelpful to advancing moral debate. I aim to show why in the course of what follows.

What is going on here?

To see the source of the problem, we need to begin by defining our terms—“FGM” and “male circumcision.” For FGM, The World Health Organization (WHO) gives us four [major types](#), with multiple subdivisions:

- **Type I** — Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). **Type Ia**, removal of the clitoral hood or prepuce only; **Type Ib**, removal of the clitoris with the prepuce.

- **Type II** — Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). **Type IIa**, removal of the labia minora only; **Type IIb**, partial or total removal of the clitoris and the labia minora; **Type IIc**, partial or total removal of the clitoris, the labia minora and the labia majora.
- **Type III** — Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). **Type IIIa**, removal and apposition of the labia minora; **Type IIIb**, removal and apposition of the labia majora.
- **Type IV** — All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

The first thing to notice about this list is that “FGM” is not just one thing. Disturbingly, there are many different ways to nick, scratch, or cut off parts of a girl’s vulva, ranging from, at the lowest end of the “harm” spectrum, pricking the clitoral hood (under anesthesia, and with sterile surgical equipment, as was proposed in the “[Seattle Compromise](#)” — note that this would qualify under FGM **Type IV**), up through various types of ‘piercing’ that do not necessarily remove tissue (of course, such piercing is common in ‘Western’ countries as a form of perceived “cosmetic enhancement”),* to interventions that alter the labia, but not the clitoris (the clinical term is [labiaplasty](#) — note that this is also popular in ‘Western’ countries), to, at the highest end, excising the (external) clitoris with a shard of glass and stitching together the labia with [thorns](#). It is important to point out that the most severe types of FGM (such as the form just mentioned) are comparatively [rare](#), whereas it is the more minor and intermediate forms that are more common.

* *Nota bene*, such “cosmetic” surgeries in ‘Western’ countries are typically carried out under conditions of informed consent (a point to which I will return, as I think the moral analysis turns on this factor), although there is an alarming trend among some teenage girls in these countries — [some as young as 13 or 14](#) — of having their labia reduced (or undergoing other forms of “designer vagina” surgery), apparently with the permission of their parents. Global health agencies such as the WHO, however, have been strangely silent on this issue, preferring instead to focus their FGM-eradication efforts almost entirely on the continent of Africa.

[In this African context](#), genital cutting (of whatever degree of severity) is most commonly performed around puberty, [and is done to boys and girls alike](#). In most cases, the major social function of the cutting is to mark the transition from childhood to adulthood, and it is typically performed in the context an elaborate ceremony. [Increasingly](#), however, African, Middle Eastern, Indonesian, and Malaysian genital alterations (again, [of both boys and girls](#)) are being carried out in hospital settings by trained medical professionals — and on infants as opposed to teenagers — on

the model of male circumcision in the United States.

Understanding the harm

It should be clear that the [different forms](#) of cutting listed above are likely to result in [different degrees of harm](#), with different effects on sexual function and satisfaction, and different chances of developing an infection, and so on. But as Obermeyer [notes in her systematic analysis](#) of health consequences for FGM:

It is rarely pointed out that the frequency and severity of complications are a function of the extent and circumstances of the operation, and it is not usually recognized that much of [our] information comes from studies of the Sudan, where most women are infibulated. The ill-health and death that these practices are thought to cause are difficult to reconcile with the reality of their persistence in so many societies, and raises the question of a possible discrepancy between our “knowledge” of their harmful effects and the behavior of millions of women and their families.

Notwithstanding these gradient differences for types FGM, as well as the gradient consequences that vary along with them, *all* forms of FGM—[no matter how sterilized or minor](#)—are deemed to be mutilations. *All* are prohibited in Western democracies. Again: I am in support of the motives behind such legislation. I do not think that a sharp object should be taken to any girl’s vulva unless it is to save her life or health, or unless she has given her fully-informed consent to undergo the procedure. In the latter case, of course, she wouldn’t be a “girl” anymore, but rather an adult woman, [who can make a decision about her own body](#).

What about male circumcision?

The story is very different when it comes to male circumcision. In no jurisdiction is the practice prohibited, and in many it is not even [restricted](#): in some countries, including in the United States, anyone, with any instrument, and any degree of medical training (including none) can attempt to perform a circumcision on a non-consenting child—sometimes with [disastrous consequences](#). As Davis [notes](#), “States currently regulate the hygienic practices of those who cut our hair and our fingernails ... so why not a baby’s genitals?”

But just like FGM, circumcision is not a monolith; [it isn’t just one kind of thing](#). The original Jewish form of circumcision (until about 150 AD) was comparatively [minor](#): it involved cutting off the overhanging tip of the foreskin—whatever stretched over the end of the glans—thus preserving (most of) the foreskin’s [protective and mechanical functions](#), as well as reducing the amount of [erogenous tissue](#) removed. The “modern” form is substantially more invasive: it removes one-third to [one-half](#) of the motile skin system of the penis (about [50 square centimeters](#) of [sensitive tissue](#) in the adult organ), eliminates the gliding function of the foreskin (see here for [a video](#) demonstration),

and [exposes](#) the head of the penis to environmental irritation.

Circumcision—and other forms of male genital cutting—are performed at different ages, in different environments, with different tools, by different groups, for different reasons. [Traditional Muslim circumcisions](#) are done while the boy is fully conscious, between ages 5 and 8, or possibly later; American (non-religious) circumcisions are done in a hospital, in the first few days of life, [with or without](#) an anesthetic (usually without), and using a range of different clamps and cutting devices; *metzitzah b'peh*, done by some ultra-Orthodox Jews, involves the [sucking of blood](#) from the circumcision wound, and [carries the risk](#) of herpes infection and permanent brain damage; [subincision](#), carried out in aboriginal Australia and elsewhere, involves slicing open the urethral passage on the underside of the penis from the scrotum to the glans, often affecting urination as well as sexual function; circumcision [among](#) the Xhosa in South Africa is done as a rite of passage, in the bush, with [spearheads](#), dirty knives, and other non-sterile equipment, and frequently causes hemorrhage, infection, mangling, and loss of the penis—[see here for some disturbing pictures](#)—as well as a very [high rate of death](#). But even “hospitalized” or “minor” circumcisions are not without their risks and complications: in 2011, [nearly a dozen boys](#) were treated for “life threatening haemorrhage, shock or sepsis” as a result of their non-therapeutic circumcisions at a single children’s hospital in Birmingham in England.

Here is the important point. When people speak of “FGM” they are (apparently) thinking only—or primarily—of the *most severe* forms of female genital cutting, done in the *least sterile* environments, with the *most drastic* consequences likeliest to follow. This is so, notwithstanding the fact that such forms are [the exception rather than the rule](#). When people speak of “male circumcision” (by contrast) they are (apparently) thinking only—or primarily—of the *least severe* forms of male genital cutting, done in the *most sterile* environments, with the *least drastic* consequences likeliest to follow, perhaps because this is the form with which they are culturally familiar. This then leads to the impression that “FGM” and “male circumcision” are “totally different” with the first being barbaric and crippling, and the latter being benign or even health-conferring (on which more in just a moment). Yet as the anthropologist Zachary Androus [has written](#):

The attitude that male circumcision is harmless [happens to be] consistent with Western cultural values and practices, while any such procedures performed on girls is totally alien to Western cultural values. [However] the fact of the matter is that what’s done to some girls [in some cultures] is worse than what’s done to some boys, and what’s done to some boys [in some cultures] is worse than what’s done to some girls. By collapsing all of the many different types of procedures performed into a single set for each sex, categories are created that do not accurately describe any situation that actually occurs anywhere in the world.

So it depends on what one is talking about. Do those who oppose FGM (and that includes me) think (as I do) that even certain “minor” or “medicalized” forms of such cutting—

done without consent, and without a medical indication—are inconsistent with [medical ethics](#), deeply-rooted moral and legal ideals about [bodily integrity](#), the principle of personal autonomy, and a child’s interest in an [open future](#)? Or is it only the wholesale removal of the clitoris – with a broken piece of glass – that inspires such condemnation? If the former is the case then [consistency](#) would seem to require that one be opposed to the non-therapeutic, non-consensual circumcision of boys as well: not only is it much more invasive than several “minor” (yet prohibited) forms of FGM, but it is numerically a much greater problem, occurring [several millions](#) of times per year.

Cutting comes in degrees. Consequences vary. This is true for boys and for girls alike, and at some point the harms [overlap](#). As a result of this realization, many scholars of ritual cutting are choosing to [abandon](#) the terms “FGM” and “male circumcision” (which presume a strict moral difference between them), and are using instead [such terms](#) as FGC, MGC, and IGC. These stand for female, male, and intersex genital cutting respectively; and they reflect no moral claims *per se*. Instead, the moral character of the genital cutting—regardless the person’s sex or gender—can be assessed separately in terms of actual physical harms, as well with respect to such considerations as whether the cutting is therapeutic, consensual, or otherwise.

So let us not be misled. There are many kinds of “FGM” as well as many kinds of “male circumcision” and the consequences vary for each one. But perhaps there are some other important differences between male and female forms of genital cutting – again, apart from the sex or gender of the person being cut – that could serve to justify their strict separation in terms of ethical discussion. Let us look at some further possibilities, from the set of common assertions I listed above.

Male circumcision ... might ... confer health benefits, whereas FGM [has] no health benefits, and only causes harm.

Both parts of this claim are misleading. First, how do we know that “FGM” (or FGC, as I’ll say from now on) does not confer health benefits? Certainly the most extreme types of FGC will not contribute to good health on balance, but neither will the spearheads-and-dirty-knives versions of genital cutting on boys. What about other forms of FGC? Defenders of FGC—including [some medical professionals](#) in countries where FGC is culturally normative—regularly cite such “health benefits” as [improved genital hygiene](#) as a reason to continue the practice, and at least [one study](#) has shown a link between FGC and reduced transmission of HIV! Indeed, the vulva has all sorts of warm, moist places where bacteria or viruses could get trapped, such as underneath the clitoral hood, or among the folds of the labia; so who is to say that removing some of that tissue (with a sterile surgical tool) might not reduce the risk of various diseases?

Fortunately, it’s impossible to perform this type of research in the West, because any scientist who tried to do so would be arrested under anti-FGM laws (and would never get approval from an ethics review board). So we simply do not know. As a consequence of this, every time one sees the claim that “FGM has no health benefits” –

a claim that has become something of a mantra [for the WHO](#) – one should read this as saying, “we don’t actually *know* if certain minor, sterilized forms of FGM have health benefits, because it is unethical, and would be illegal, to find out.”

Indeed, Western societies don’t seem to think that “health benefits” are particularly relevant to the question of whether we should be cutting off parts of the external genitalia of healthy girls. Without the girl’s consent, or a medical diagnosis, it’s seen as impermissible no matter what. By contrast, a small and insistent group of (mostly American) scientists have taken it upon themselves to [promote](#) infant male circumcision, by conducting study after well-funded study to determine just what kinds of “health benefits” might follow from cutting off parts of the penis. Why is there a double standard here? (Actually, there is [an answer to this question](#); and it hinges on prejudicial cultural influences on what constitutes science and medicine—as well as on what sorts of research questions are deemed worthy of funding, among other problematic factors.)

Let us look at one example of a “health benefit” that has been attributed to MGC: a lowered risk of acquiring a urinary tract infection. When it comes to girls, who get UTIs after the age of 1 fully [10 times more frequently](#) than boys do, doctors [prescribe antibiotics](#) and try other conservative treatments; they also encourage girls to wash their genitals and practice decent hygiene. When it comes to boys, however, circumcision apologists tout the wisdom of performing non-therapeutic, non-consensual genital surgery, to the tune of [111 circumcisions](#) to prevent a single case of UTI. Yet as Benatar and Benatar [explain](#), “UTI does *not* occur in 99.85% of circumcised infant males and in 98.5% of un-circumcised infant boys.” And when it does occur, against those odds, it is both “easily diagnosed and treatable with low morbidity and [low] mortality.” So let’s review: washing the genitals for girls, foreskin amputation for boys?

With respect to reducing rates of HIV transmission in Africa—another health benefit that is frequently cited for MGC—remember that those studies were carried out on [adult volunteers under conditions of informed consent, not on infants](#). I have no problem with a mature adult requesting surgery to remove a part of his own penis as a form of partial prophylaxis against HIV (in environments with very high base rates of such infection); that is certainly his right. Of course he would need to [wear a condom either way](#) to achieve any kind of reliable protection, but it’s his body, and it’s his decision to make. It’s quite a different matter, however, to circumcise an infant—who is not at risk of HIV or other STIs unless he is molested, who cannot consent to the procedure in the first place, and who might prefer to practice safe sex strategies when he does become sexually active, rather than forfeit a part of his penis. See [here](#), [here](#), [here](#), [here](#), and [here](#) for further discussion of the “health benefits” arguments for MGC. The upshot is that they are not compelling, particularly in developed nations with functioning healthcare systems and access to soap and clean water.

So what other differences between FGC and MCG might justify their strict compartmentalization? Back to the assertions from above:

The “prime motive” of FGM is to control women’s sexualities – it is sexist and an expression of male power and domination. Male circumcision has nothing to do with controlling male sexuality.

There is a lot to say here. First, female genital cutting is performed for different reasons at different times in different cultures; likewise for male genital cutting. Contrary to common wisdom, however, it is not the case that FGC is uniformly “about” the control of female sexuality. For example, [in Sierra Leone](#):

Among the Kono there is no cultural obsession with feminine chastity, virginity, or women’s sexual fidelity, perhaps because the role of the biological father is considered marginal and peripheral to the central ‘matricentric unit.’ ... Kono culture promulgates a dual-sex ideology ... [The] power of Bundu, the women’s secret sodality [i.e., initiation society that manages FGC ceremonies], suggest positive links between excision, women’s religious ideology, their power in domestic relations, and their high profile in the ‘public arena.’

In nearly every place that FGC is performed, it is carried out by women (rather than by men) who [do not typically view it as an expression of patriarchy](#), but who instead believe that it is hygienic (see above), as well as beautifying, [even empowering](#), and as an important rite of passage with high cultural value. (The claim that such women are simply “brainwashed” is a [gross oversimplification](#).) At the same time, the “rite of passage” ceremonies for boys in these societies are carried out by men; these are done in parallel, under similar conditions, and for similar reasons—and often with similar (or even worse) consequences for health and sexuality: [see this discussion by Ayaan Hirsi Ali](#).

Nevertheless, anthropological research does suggest that FGC is, in some cultures—especially in Northeast Africa and parts of the Middle East—intimately [tied up with](#) sexist expressions of patriarchal values; in these settings, the emphasis on female sexual ‘purity’ can more readily be discerned. As [I have argued elsewhere](#), such an asymmetrical focus on female virginity in some corners of Islam (as expressed through genital cutting as well as through other practices) is extremely problematic and morally unjustifiable. However, it is important to note that, [speaking generally](#):

The empirical association between patriarchy and genital surgeries is not well established. The vast majority of the world’s societies can be described as patriarchal, and most either do not modify the genitals of either sex or modify the genitals of males only. There are almost no patriarchal societies with customary genital surgeries for females only. Across human societies there is a broad range of cultural attitudes concerning female sexuality—from societies that press for temperance, restraint, and the control of sexuality to those that are more permissive and encouraging of sexual adventures and experimentation—but these

differences do not correlate strongly with the presence or absence of female genital surgeries.

Indeed, in cultures where forms of FGC (and MGC) are culturally normative, many women regard the cutting as part of their cultural heritage and [vigorously defend](#) against the efforts of Western agencies, and [sometimes the men in their own societies](#) (see also [here](#)), who seek to wipe it out. Such a realization has led to the emergence of a [counter-discourse](#) among some Western feminists, who regard anti-FGC campaigns as a form of [cultural imperialism](#). On this sort of view, the fight against FGC is inextricably bound up with a broader colonial and neo-colonial project of “[white people saving brown women from brown men](#)” (as well as from themselves). Thus as Nancy Ehrenreich [writes](#) in the *Harvard Civil Rights-Civil Liberties Law Review*:

... the mainstream anti-FGC position is premised upon an orientalizing construction of FGC societies as primitive, patriarchal, and barbaric, and of female circumcision as a harmful, unnecessary cultural practice based on patriarchal gender norms and ritualistic beliefs. ... Lambasting African societies and practices (while failing to critique similar practices in the United States) ... essentially implies that North American understandings of the body are “scientific” (i.e., rational, civilized, and based on universally acknowledged expertise), while African understandings are “cultural” (i.e., superstitious, un-civilized, and based on false, socially constructed beliefs). [Yet] neither of these depictions is accurate. North American medicine is not free of cultural influence, and FGC practices are not bound by culture—at least not in the uniform way imagined by opponents.

Dustin Wax [makes a similar argument](#):

In the case of anti-FGC advocacy, the voice of “brown women” is almost entirely absent, literally silenced by an insistence that the horrendousness of the practice precludes any possible positive evaluation, and therefore the only valid voices are those that condemn FGC. All contradictory testimony is dismissed as the result of “brainwashing,” “false consciousness,” “fear of male reprisal,” “anti-Westernism,” “ignorance,” or other forms of willful or unwillful complicity.

What about the other side of things? The usual claim is that male circumcision has “nothing to do” with controlling male sexuality. While it is probably true that most contemporary, Western parents who choose circumcision for their children do not do so out of a desire to “control” their sexuality (just as is true of [most African parents](#) who choose “circumcision” for their daughters), male genital cutting has been historically steeped in just such a desire, and it is implicated in problematic expressions of power to this day. Contrary to common wisdom, male genital cutting has indeed been used as a form of [sexual control](#), and even [punishment](#), for a very long time; the Jewish philosopher [Maimonides argued](#) that diminished sexual sensitivity was part of the point of doing circumcisions (to reduce excessive “lust” as well as “concupiscence”); circumcision was [adopted into Western medicine](#) in the Victorian period largely as a

means to combat masturbation (as well as [other expressions of juvenile sexuality](#)); and [forced circumcision](#) of enemies has been used as a means of humiliation since time immemorial: this practice [continues among the Luo](#) of Kenya (the Luo do not traditionally circumcise, and are often victims of such attacks), among numerous other groups. To return to the specific question of patriarchy, in Judaism, only the *boys* are allowed to “seal the divine covenant,” so the ritual is [sexist](#) on its face.

But it’s different in different communities. Moreover, the “reasons” given by most parents, when asked, as to why they wish to authorize a circumcision, are not necessarily the same as the “reasons” the practice originally came about, nor the “reasons” for which it was consciously performed in previous eras (i.e., as a “cure” for masturbation). Nevertheless, as the renowned anti-FGC activist Hanny Lightfoot-Klein [has stated](#): “The [main] reasons given for female circumcision in Africa and for routine male circumcision in the United States are essentially the same. Both promise cleanliness and the absence of odors as well as greater attractiveness and acceptability.”

So what are the implications here? Given that both male and female forms of genital cutting express different cultural norms depending upon the context, and are performed for different reasons in different cultures, and even in different communities or individual families, how are we meant to assess the permissibility of either one? Do we need to interview each set of parents to make sure that their proposed act of cutting is intended as an expression of acceptable norms? If they promise that it isn’t about “sexual control” in their specific case, but rather about “hygiene” or “aesthetics” or something less symbolically problematic, should they be permitted to go ahead? But this is bound to fail. Every parent who requests a genital-altering surgery for their child – for whatever reason under the sun – thinks that they are [acting in the child’s best interests](#); no one thinks that they are “mutilating” their own offspring. Thus it is [not the reason for the intervention that determines its permissibility](#), but rather the *consequences* of the intervention for the person whose genitals are actually on the line. So what kinds of consequences follow from FGC and MGC? Let us clear up one familiar legend:

[Male circumcision is “just a snip” and in any case “men don’t complain.”](#)

Before addressing these oft-repeated claims about male genital cutting, let us reflect on the analogous female forms that tend to dominate popular discussions. The interventions associated with extreme forms of FGC are gut-wrenching to think about. Many people find FGC to be “barbaric” and “inhumane” in part because they can call to mind grotesque and vivid images of slicing and cutting—perhaps with a shard of glass—and they react with a mix of sadness, horror, and [disgust](#). Much less disturbing, however, are the images apparently called to mind by male circumcision, as evidenced by the widely repeated (but false) declaration that circumcision is [“just a snip.”](#)

Male circumcision is never “just a snip.” It is a frequently [traumatic](#) intervention; it is usually [extremely painful](#), even in hospital settings, since adequate [analgesia is rarely given](#); the [same is true](#) in ritual settings; and indeed sometimes the excruciating pain of

circumcision is used as a [test of masculinity](#). As Nelson Mandela [reported](#) about his own (tribal) circumcision:

Flinching or crying out was a sign of weakness and stigmatized one's manhood. I was determined not to disgrace myself, the group or my guardian. Circumcision is a trial of bravery and stoicism; no anaesthetic is used; a man must suffer in silence [Before] I knew it, the old man was kneeling in front of me. ... Without a word, he took my foreskin, pulled it forward, and then, in a single motion, brought down his assegai [knife]. I felt as if fire was shooting through my veins; the pain was so intense that I buried my chin in my chest. Many seconds seemed to pass before I remembered the cry, and then I recovered and called out, 'Ndiyindoda!' ['I am a man!']

In infant circumcision, the “snip” —if there is one—only comes at the end: the foreskin must first be [separated](#) from the head of the penis, to which it is adhered throughout much of childhood, then it is either stretched out and sliced, or crushed, or torn, or even strangled to the point of [necrosis](#). When any of these things is done with unsterilized equipment, by a medically untrained practitioner, in environments with limited access to healthcare, the risk of serious infection, loss of the penis, and death is [dramatically increased](#). I suggest that readers of this commentary watch [this video](#) (of a hospitalized, American circumcision) or [this one](#) (of a traditional Muslim circumcision) or [this one](#) (of a Jewish circumcision), or [this one](#) (of a circumcision in Uganda) so that they can permanently lay to rest the idea that circumcision is “just a snip.” It is time to retire this phrase; it should not be used any more.

As to the notion that “men don’t complain” – that is simply [false](#). Just as some women who have undergone forms of FGC [complain passionately](#) about what was done to them without their consent, so too do [some men](#) who have undergone forms of MGC. Here are some examples of thoughtful and articulate complaints about MGC by resentful, circumcised men: [here](#), [here](#), [here](#), and [here](#). [This man](#) lost his penis. [Several thousands](#) of men are attempting “[foreskin restoration](#)” (Ron Low, personal communication), which is an arduous process of stretching skin from the shaft of the penis using weights, tapes, and other materials, in an attempt to “[restore](#)” some semblance of their pre-circumcised state. This is not an insignificant number. Of course, when men do complain, their feelings are often [trivialized](#); but they continue to [complain](#) nevertheless – in increasing numbers, and ever more vocally as they find the courage to speak out.

Many men do not complain, of course; but then many women who have undergone various forms of FGC do not complain either: [in a survey](#) of 3,805 Sudanese women, of whom 89% had experienced FGC, 96% said they would do it to their daughters and 90% favored the continuation of the practice generally. Yet it is enough that *some* men do complain, and that some women do as well: in both cases a healthy part of their body was removed, and without their informed permission. In Western societies, [we teach our citizens](#) that they have a right to bodily integrity: we forbid the [tattooing of children](#), for

example, and we tell them that adults should not so much as *touch* them inappropriately. In this sort of social and legal environment, complaints about having a part of one's genitals removed without one's own consent should be treated with serious concern. Finally:

FGM eliminates the enjoyment of sex, whereas male circumcision has no meaningful effects on sexual sensation or satisfaction.

Again, this depends. Obviously more minor forms of FGC – such as ritual ‘pricking,’ some kinds of piercing, or even removal of the vaginal lips – will not *eliminate* erogenous sensation; however, does this make any of these interventions permissible, if they are done without consent? The answer, in my opinion, is “no.” Even the *risk* of damaging sensitive nerve tissue with a ‘prick’ should be avoided unless the person taking on the risk is acting freely as an informed adult. Or what about removing “just” the clitoral hood? The clitoris might lose some sensitivity over time, as it rubs against environmental factors (just as the penile glans [seems to do](#) after male circumcision; in fact the clitoral hood and the foreskin are [anatomically analogous](#) structures), but perhaps *some* sensation would be preserved, and in any case sexual enjoyment cannot be reduced to stimulation of the clitoris or even ability-to-orgasm. Does that make “clitoral unhooding” OK?

Not if it's done without consent.

Finally, what about one of the most invasive forms of FGC – the excision of the external clitoris? According to [a recent review](#) published by the reputable Hastings Center, “Research by gynecologists and others has demonstrated that a high percentage of women who have had genital surgery [including excision] have rich sexual lives, including desire, arousal, orgasm, and satisfaction, and their frequency of sexual activity is not reduced.” Indeed, in [one study](#), up to 86% of women who had undergone even “extreme” forms of FGC reported the ability to orgasm, and “the majority of the interviewed women (90.51%) reported that sex gives them pleasure.” These counterintuitive findings might be explained by the fact that [much of the clitoris \(including most of its erectile tissue\) is actually underneath the skin](#) and is therefore not removed by even the most invasive types of FGC: only the glans of the clitoris (the “part that sticks out”) can be excised. But this does not, in my view, make the surgery somehow “OK.” Every girl's body is different, and the value she will end up placing on having in intact clitoral glans cannot be known in advance—even in cultures in which the glans is socially stigmatized. At the end of the day, if a fully-informed adult woman chooses genital surgery for herself, [it may be permissible](#) on some analyses. However, *it is not permissible on children.*

What about male circumcision? The same sort of reasoning applies. While the majority of circumcised men (whose circumcisions were not seriously “botched”) report that they experience sexual pleasure during intercourse, and even enjoy sex quite a lot: (a) they do not have a point of comparison, unless they were circumcised in adulthood, so

they cannot know what sex would feel like [had they not been circumcised](#) (the same point applies to FGC done early enough in childhood), (b) the risk that a “botch” might in fact occur means that the surgery should be undertaken voluntarily, insofar as it is non-therapeutic in nature, (c) some men whose circumcisions did *not* result in “botches” may nevertheless experience adverse sexual outcomes, simply through the loss of erotogenic tissue, and (d) some men’s sexual experiences are hampered via psychological mechanisms, including through the [resentment](#) they may feel at having been circumcised before they could object.

Scientists are [divided](#) over the “average” effect of (expertly performed, perfectly executed) circumcision on key sexual outcome variables. What is not controversial, however, is that any sensation *in the foreskin itself* is guaranteed to be eliminated by circumcision (just as any sensation in the labia or the clitoral glans will be eliminated by labiaplasty or excision, respectively), [as are](#) “any sexually-relevant functions associated with [the foreskin's] manipulation. In other words, a man without a foreskin cannot ‘play’ with his foreskin, nor can he glide it back and forth during sex. That these can be pleasurable activities, with great subjective value to genitally intact men and their partners, is uncontroversial.” Finally, the most extreme forms of male genital cutting (e.g., [when it leads to penile amputation](#)) eliminate sexual capacity altogether.

As Sara Johnsdotter [has pointed out](#), there is no 1:1 relationship between amount of genital tissue removed (in either males or females), and subjective satisfaction while having sex, so “FGM” (and male “circumcision”)—of whatever degree of severity—will affect different people differently. Each individual’s relationship to their own body is unique, including what they find aesthetically appealing, what degree of risk they feel comfortable taking on when it comes to elective surgeries on their “private parts,” and even what degree of sexual sensitivity they prefer (for personal or cultural reasons). Thus each individual should be left to decide what to do with his or her own genitals when it comes to irreversible surgery.

To summarize, if “FGM” is wrong because it “destroys sexual pleasure” – then forms of “FGM” that do not destroy sexual pleasure must (on this logic) be considered permissible, or else they should be given a different name. But if “FGM” is wrong because it involves cutting into the genitals of a vulnerable child, without a medical indication and without consent, thereby exposing the child to surgical risk (without the presence of any disease), and (in some cases) removing a healthy part of her body that she might later wish she could have experienced intact, then male circumcision is equally wrong on those grounds. This is true whether sexual pleasure is “destroyed” or whether it isn’t, and whether a complaint is made later or not.

Explaining the double standard

Given everything that has been said so far about the relevant objective “overlaps” between male and female genital cutting, why exactly have they become so compartmentalized? Rebecca Steinfeld, a political scientist at Stanford who studies

ritual cutting, [has speculated as follows](#):

Alongside the differences in harm and misperceptions about the contrasting settings and ages at which the procedures take place, the double standard stems from two further factors: sexism and ethnocentrism. Male bodies are constructed as resistant to harm or even in need of being tested by painful ordeals, whereas female bodies are seen as highly vulnerable and in need of protection. In other words, vulnerability is gendered. And little girls are more readily seen as victims than little boys. The consequence of this ... is that patriarchy often allows men's experiences to remain unquestioned.

Familiarity also creates comfort, and since MGC has been practised in the West for millennia and been routine in English-speaking countries for a century, we're desensitised. By contrast, since FGC is geographically or culturally remote, it's more liable to be seen as barbaric.

On this last point, Andrew DeLaney (unpublished manuscript) gives a similar analysis:

It is safe to say that [male genital cutting] is a norm in the United States, despite any activists' efforts to raise awareness about it. In the words of one law professor describing her generation, "Everyone was circumcised." ... FGM, on the other hand, is likely a completely foreign idea to the vast majority of people living in the United States or the rest of the western world, with the only exposure to it being horrific reports that are presented based on cases or reports out of Africa. With this being the case, moral objection to the practice of FGM is taken as self-evident, with research and activism being conflated and data on FGM that is sometimes not actually investigated taken as true. All the while, [male genital cutting] occurs as a completely normalized practice.

It is of course to be welcomed that ethicists, activists, and other stakeholders have been campaigning to protect the rights of girls to be free from non-therapeutic, nonconsensual cutting into their genital organs. I cannot state enough that I am in support of such efforts (although I do not favor the use of the term "FGM" for the reasons I have already given). My argument has been that they should not be stopping there. Female, male, and intersex genital cutting (for more on intersex, [see, e.g., here](#)) should be done exclusively with a medical indication or with the informed consent of the individual. Children of whatever gender should not have healthy parts of their most intimate sexual organs removed, before such a time as they can understand what is at stake in such a surgery and agree to it themselves.

References

References are in-text as hyperlinks. They are provisional, and may be updated or replaced in later versions of this commentary. I am in the process of preparing a formal academic paper based upon the content and arguments presented in this document, in which references will be presented in the conventional fashion.

Update as of 15 April, 2015 – the paper in question has now been published: [Earp, B. D. \(2015\). Female genital mutilation and male circumcision: Toward an autonomy-based ethical framework. *Medicolegal and Bioethics*, 5, 89-104.](#)

About the author

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