

OPINION EDITORIAL

The Tale of Two Practices: An Overview of the Discourse Surrounding Genital Mutilation

Inara Mawji, McMaster University; **Harshini Ramesh**, McMaster University; **Christine Okoh**, McMaster University; **Haniyyah Mahmood**, McMaster University

INTRODUCTION

A contemporary issue affecting children globally is genital mutilation, defined as the “non-therapeutic alteration of children’s genitals” [1]. The nature of these practices in females and males largely differ due to their respective social contexts. Dominating Western perceptions often view female genital cutting (FGC) as a human rights violation, whereas notions of health benefits have crafted a positive lens for male circumcision (MC) [2-4]. This commentary will explore the differential discourse surrounding FGC and MC practices.

HISTORICAL BACKGROUND

It has been proposed that FGC originated in Ancient Egypt due to the discovery of circumcised mummies [5]. The practice is theorized to be associated with preserving a girl’s purity, a requirement for marriage [5]. FGC is also believed to protect the femininity and sexual propriety of young girls and women to assure monogamy in marriage [5,6]. Another theory suggests that the practice signals the emergence of adulthood [6]. Finally, FGC is perceived to improve a woman’s hygiene, whilst increasing her fertility [6]. The practice can be further propagated by religious leaders, making the religious basis for FGC an issue of contention [7].

Similarly, there are different theories of origin for MC. One theory suggests that the spread of circumcision originated from a heliolithic culture [8]. The prevalence of circumcisions in Ancient

Egypt is supported by inscriptions on the sarcophagus of Ankh-ma-Hor [9]. Another theory proposes that circumcision originated in different cultures independently [8]. Depending on the culture or religion, circumcision can be performed at various stages of life [8]. In some African tribes, babies are circumcised at birth, and in Judaism, circumcision is performed on the eighth day after birth [9]. In Islam however, circumcision is generally performed in adulthood as a “rite of passage” [9].

CURRENT SITUATION

FGC is defined as the removal or injury of the female external genitalia for non-medical reasons [10]. In 2015, approximately 44 million girls under the age of 15 have experienced FGC [11,12]. Over half of the affected individuals have been from Indonesia, Egypt, and Ethiopia [11]. Notably, some West African countries have seen large decreases, while countries, like Yemen and Iraq, have experienced increases [11]. In 1997, an official international statement was issued, calling for the abandonment of FGC [12]. The practice is now banned in 26 African and Middle Eastern countries and 33 countries with migrant populations that practice FGC [4]. Despite the steady decline in FGC, there is concern that rates could increase over the next 15 years due to population expansion and other contextual factors [11,13].

MC is a surgical procedure involving the removal of the penis foreskin [14]. Globally, approximately 64% of newborns receive circumcision [15,16]. MC is

conducted universally in areas such as the Middle East, West Africa, Central Asia, Canada, and Turkey. In the U.S., controversy over the practice of circumcision persists [9]. The 2007 Federal Prohibition of Genital Mutilation Act was passed to protect populations, such as young boys and intersex individuals, from genital mutilation [9]. Similarly, Australia has banned circumcisions in public hospitals, and laws in South Africa prohibit this procedure for minors unless performed for religious or medical reasons [14].

DIFFERENTIAL DISCOURSES

There is a global focus on FGC due to the associated health complications, which range from short-term consequences like infections and shock to long-term issues such as psychological problems [4,12]. The World Health Organization has led global efforts by educating communities on the severity of this issue [17]. The creation and implementation of resolutions within the United Nations have led to the production of policies as a means to assess the efficacy of anti-FGC programs [17]. Programs implemented in countries, like Somalia, acknowledge the cultural significance of FGC and work to alter the perceptions of traditionalists and uplift the social status of females, without genital cutting [18]. Ultimately, the health consequences have created an image of severe human rights violations that requires aggressive intervention.

MC differs from FGC due to the documented positive health outcomes of circumcision. In 2007, the American Academy of Pediatrics concluded that the health benefits of circumcision outweigh the risks of complications [19]. Health benefits from properly conducted circumcisions include decreased risk of urinary tract infections, sexually transmitted diseases, and penile problems and cancers [15]. Additionally, the Center for Disease Control reported that newborn circumcised males reduced their risk of acquiring HIV by 15% [15]. This is due to the foreskin being susceptible to cuts, allowing for bacteria and viruses to penetrate [15]. The Joint United Nations Programme on HIV/AIDS stated that countries experiencing a high prevalence of the disease should increase access to

circumcision resources [15]. In particular, circumcisions performed on young children have been documented as a cost-effective preventive method for HIV infection in Sub-Saharan Africa [20]. Thus, these positive impacts have shaped the image of MC as medically beneficial.

However, these narratives have narrowed perspectives on FGC and MC. The Western mindset views FGC as an incredibly harmful practice that must be eradicated. Alternatively, MC has failed to recognize the controversy surrounding unsafe circumcision. The discourse surrounding FGC fails to account for its interpretation in various social contexts and instead views the issue through a Western lens [1]. Cultural interpretations of FGC often regard the practice as a rite of passage for beautification [21]. By contrast, global activism has misconstrued the view of female sexuality in these cultural contexts and instead imposed Western conceptions of female sexuality [22]. Since the perception of FGC took root in Western feminism, it is viewed as a human rights violation [22]. Promoting FGC as oppressive may place Western ideals at a higher moral ground, while ignoring perspectives of FGC survivors [21,22].

For MC, the perceived health benefits have created a narrative that fails to recognize the harms of certain MC procedures. MC is usually associated with safe procedures and sterile environments [23]. However, this negates that boys may also be victims of unsafe cutting. The full complexity of MC is not considered due to the one-dimensional discussion around MC [23]. While MC has been co-opted as a medical procedure to aid in the reduction of certain health conditions, the practice of unsafe procedures can cause long-term genital health issues.

CONCLUSION

This commentary provides an overview of genital mutilation by examining various aspects of FGC and MC. Overall, the perception of health impacts for female and male cutting are fundamentally separated in society, which has resulted in conversations around these matters to only consider one type of narrative.

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