

How different are female, male and intersex genital cutting?

15 May 2017, by Rebecca Steinfeld And Brian D Earp



Model Hanne Gaby Odiele (in white) has been outspoken about experiencing life as intersex. Credit: Shutterstock

Three members of the Dawoodi Bohra sect of Islam [were recently indicted](#) on charges of "female genital mutilation" (FGM) in the US state of Michigan. In Norway, meanwhile, one of the major political parties [has backed](#) a measure to ban childhood male circumcision.

Fearing that objections to female forms of [genital cutting](#) will be applied to male forms, some [commentators](#) have rushed to draw a "clear distinction" between them. Others, however, have [highlighted the similarities](#).

In fact, childhood genital cutting is usually divided not just into two, but three separate categories: "FGM" for females; "circumcision" for males; and "genital normalisation" surgery for [intersex children](#) – those born with ambiguous genitals or mixed sex characteristics.

In Western countries, popular attitudes towards these procedures [differ sharply](#) depending on the child's sex. In females, any medically unnecessary

genital cutting, [no matter how minor or sterilised](#), is seen as an intolerable violation of her bodily integrity and human rights. Most Westerners believe that such cutting must be [legally prohibited](#).

In intersex children, while it is still common for doctors to surgically modify their genitals without a strict medical justification, there is [growing opposition](#) to non-essential "cosmetic" surgeries, designed to mould ambiguous genitalia into a "binary" male or female appearance.

Belgian model Hanne Gaby Odiele, for example, has [spoken openly](#) about the negative impact of the "irreversible, unconsented and unnecessary" intersex surgeries she was subjected to growing up.

In male children, by contrast, the dominant view is that boys are not significantly harmed by being circumcised, despite the loss of [sensitive tissue](#). Some even point to potential health benefits, although [most doctors agree](#) that these benefits are not enough to [outweigh](#) the risks and [harms](#). Even so, many people believe that parents should be allowed to choose circumcision for their sons, whether for cultural or religious reasons.

But these attitudes are starting to change. Over the past few decades, and even more strongly in [recent years](#), scholars of genital cutting have [argued](#) that there is too much overlap in the physical effects, motivations, and symbolic meanings of these three practices – [when their full range across societies is considered](#) – for categorical distinctions based on sex or gender to hold up.

Making comparisons

Take the Dawoodi Bohra case. The defendants claim that, like [male circumcision](#), female "circumcision" is [required by their religion](#). In the Western popular media, this claim is usually [dismissed as mistaken](#), because neither male nor

female circumcision is mentioned in the Quran, the central scripture of Islam.

But both practices [are mentioned in the Hadith](#) (the sayings of the prophet Mohammed), which is another important source of Islamic law.

Based on their reading of the Hadith, some [Muslim authorities](#) state that "circumcision" of both sexes is recommended or even obligatory, while others draw a [different conclusion](#). But there is no "pope" in Islam to make the final call: whether a practice counts as religious, therefore, depends on the local community and its interpretation of scripture.

Motivations for genital cutting and associated "symbolic meanings" [differ widely](#) from group to group. The claim that female genital cutting is always about [sexual control](#), while male genital cutting [never is](#), is an [oversimplification](#) based on stereotypes – most anthropologists who study these practices [regard](#) this claim as false.

As they emphasise, nearly [every society](#) that practices female genital cutting also practices male genital cutting, often in parallel and for similar reasons. When the cutting is part of a rite of passage into adulthood, for example, diminishing sexual experience is [not typically the intention](#) for either the boys or the girls. Instead, the goal is to ceremoniously "transform" the youths into mature adults, in part by having them show courage in the face of discomfort.



Consent issues. Credit: Shutterstock

What about the physical effects? These range widely, too. Some groups practice a female ["ritual nick"](#), which involves cutting part of the foreskin or "hood" of the external clitoris. Although this procedure [does not usually remove tissue](#), it may certainly be painful and traumatic, and we have [argued elsewhere](#) that it should not be done on non-consenting minors.

Nevertheless, despite being federally prohibited in the US, this form of "FGM" is actually less invasive than either male circumcision or cosmetic intersex "normalisation" surgeries – both of which are also painful and can be [traumatic](#), and neither of which is medically necessary.

Informed consent

Based on these and other points of overlap, the [emerging consensus](#) among some scholars is that the ethics of genital cutting should not be based on the apparent sex of the child (as judged by their external genitalia). Instead, it should be based on their age and ability to give [informed consent](#).

Now that "binary" conceptions of both [sex and gender](#) are generally understood to be too limited to capture the full reality, judgements based on perceived maleness or femaleness will be increasingly hard to defend. For example, at what point along the [intersex spectrum](#) does a small penis (legal to cut) become a large clitoris (illegal to cut)? Any such distinction would be subjective and arbitrary.

In [a recent paper](#) for the European Parliament, we spelled out these arguments in greater detail. We encourage you to [give it a read](#). In it, we ask: what are the policy implications of taking a gender-neutral approach to genital cutting?

In other words, what happens when moral considerations centre around medical necessity, autonomy, and respect for the bodily integrity of all children – regardless of their sex or gender? We see three practical advantages to this approach:

- 1) It deflects accusations of sexism by recognising

that boys and intersex children – just like girls – are vulnerable to genital alterations that they may later come to seriously resent.

2) It reduces the moral confusion that stems from Western-led efforts to eliminate only the female "half" of genital cutting rites in communities that practice both male and female forms in parallel.

3) It neutralises accusations of cultural imperialism and anti-Muslim bias by avoiding [racially tinged double standards](#).

This is because the same moral concern would apply to medically unnecessary genital cutting practices that primarily affect white children in North America, Australasia and Europe, as to those affecting children of colour (and immigrants) from Africa, the Middle East and Southeast Asia.

Adopting such an approach does not necessarily mean "banning" all pre-consensual forms of non-therapeutic genital alteration. History shows that attempting to pass [strict legal prohibitions](#) before cultural readiness can backfire, creating intense resistance among those who are dedicated to modifying children's genitals for whatever reason, and often driving such practices further underground.

Prohibition of female genital cutting, for example, has been largely unsuccessful in many countries where it is customary and deeply culturally embedded (rates are higher than 90% in Egypt, for example, where it has been [illegal since 2008](#)); and recent attempts to criminalise circumcision of boys, for example in [Germany](#) in 2012, have been blocked, [overturned](#) or ignored.

There are many levers that societies can pull to discourage unethical practices: the law is only one among them, and not necessarily the most desirable or effective. Some authors [have proposed](#) step-wise regulation of medically unnecessary childhood genital cutting, along with [community engagement](#) and education, as alternatives and/or supplements to formal prohibition.

Whatever specific policies are implemented, it is clear that fundamentally different treatment of

female, male and intersex children, in terms of their protection from non-therapeutic genital alteration, will become increasingly difficult to justify in the years to come.

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