The distinction between male and female circumcision

Dear Alice,
You have a long section about female genital mutilation, but what are your views on male genital mutilation? Why make a distinction?

Answer

Dear Reader,

While some people may consider any kind of circumcision to be a form of mutilation, it is important to identify the distinction between male and female circumcision. One of the most compelling reasons for the distinction is that some of the more extreme forms of female circumcision (also known as female genital mutilation or FGM) have very serious short-term and long-term health consequences; consequences that don't arise for males who are circumcised.

Male circumcision is the surgical removal of the foreskin that covers the glans or head of the penis. Generally this procedure is performed in the hospital shortly after birth, but it can also take place as part of a religious or cultural ceremony after an infant boy leaves the hospital. In addition, some adult men are circumcised for medical, hygienic, or aesthetic reasons. While male circumcision has been uncommon in Asia, South America, Central America, and most of Europe, it is practiced nearly universally in Middle Eastern countries, and is still fairly common in Canada and in the United States. In the States, it is estimated that 1.2 million infant boys are circumcised annually.

Female circumcision is a ritual cutting or alteration of the female genitalia and is most often performed on girls between the ages of four and ten years for cultural or religious reasons. It is commonly performed by community members designated for the ritual, who are otherwise medically untrained individuals. The worldwide norm for FGM is that it takes place in unsanitary conditions with rudimentary instruments (e.g. razor blades, broken glass, and/or knives) and without anesthesia. Although FGM continues primarily in African nations and small communities in the Middle East and Asia, it is prohibited by law in many countries around the world.

The World Health Organization identifies four types of female genital mutilation, each with varying degrees of clitoral and genital skin removal and escalating health complications. Type I and II refer to the removal of the prepuce or clitoral hood, the clitoris, and the possible removal of
part or all of the labia minora, and is the most common form of FGM. Type III female circumcision involves the removal of part or all of external genitalia and the stitching or narrowing of the vaginal opening, called infibulation. Female circumcision falling into Type IV is often in combination with Type III, and includes pricking, piercing, stretching or burning of the clitoris, scraping of tissue surrounding the vaginal opening, cutting of the vagina, or introducing corrosive substances into the vagina to cause bleeding or tighten the opening. Type III female circumcision or infibulation constitutes about twenty percent of all cases of women who’ve experienced FGM and is most likely to occur in Sub-Saharan African countries.

While medical complications are generally rare for boys who experience foreskin circumcision especially in more developed countries, health consequences for all types of FGM are generally more severe for girls. Girls may experience severe pain, shock, hemorrhage, urinary track complications or infections, fever, wound infection, or septicemia as short-term consequences of female circumcision procedures. In the long-term, women may face urethra damage, incontinence, painful sexual intercourse, and/or sexual dysfunction. Infibulation (type III) is considered the worst offender for long-term consequences in the life of the woman, particularly if an infibulated woman attempts vaginal childbirth. It is estimated that between 115 and 130 million women around the world have undergone procedures that "circumcised" their clitorises or other genitalia, and in the case of about one-fifth of these women, procedures that stitch closed the vaginal opening.

For girls and boys, and women and men, circumcision presents a range of physical complications and psychological risks. Many women’s advocacy and human rights campaigns are currently focused on making female circumcision practices locally discouraged and outlawed by countries where practiced, and even in the United States, where male circumcision has been conducted on a large scale without question for many decades, new attention is being drawn to what psychological effects early childhood injury may cause young boys.

To learn more about circumcision, you can refer to the American Academy of Pediatrics’ Circumcision [3] and Female Genital Mutilation Policy Statements [4]. You can also check out the National Organization of Circumcision Information Resource Centers [5] web site.

There are no easy ways to draw analogies between male and female circumcision. In addition to anatomical differences between boys’ and girls’ genitalia, the wide disparity of health consequences suffered by boys and girls at the hands of their circumcisers, as well as the reasons for being expected to undergo the procedure, make male and female circumcision two distinct modern health topics.

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Alice!
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