



Male And Female Genital Cutting: A Global Analysis of The Medical Research



Nicholas Ferlazzo, McNair Scholar University of Minnesota Professor Elizabeth H. Boyle Ph.D., J.D., Sociology

Abstract

The objective of this research was to do a broad review and analysis of the medical literature related to male genital cutting (MGC) and female genital cutting (FGC), often referred to as "circumcision." MGC and FGC are extremely prevalent today in many countries and as a result have affected individuals and societies. I found a wealth of medical literature and books available that offered opinions and facts regarding MGC and FGC. Health care disparities globally also reveal how genital cutting is viewed. Lastly, MGC and FGC are often understood as unnecessary surgeries that are wasteful of medical resources.

Introduction

The main goals of this research were to examine the medical research on MGC and FGC. This allowed me to analyze genital cutting worldwide and understand how many people are affected by these complex practices. I compared the similarities of MGC and FGC, for example, the similarity that each practice removes healthy, normal, functioning tissue. I found that cultural, religious, legal, ethical, and moral issues pervade discussions of genital cutting and influence perceptions of their similarities and differences. Male and female "circumcision" are extremely sensitive subjects that need more critical examination and open discussion.

Purpose of Study

MGC and FGC are intertwined with human rights, child rights, bodily integrity, autonomy, and culture. It is important to understand how widespread these cutting practices are, and it is relevant to think critically about underlying motivations and mindsets that facilitate genital cutting. Equally important is understanding why genital cutting continues in various societies. In addition, it is also relevant to understand why certain organizations and cultures condemn the practices, while others condone genital cutting on those who do not or can not give their consent. This research seeks to examine the medical responses to male and female genital cutting.



Figure 1. Example of cutting instruments used in MGC.

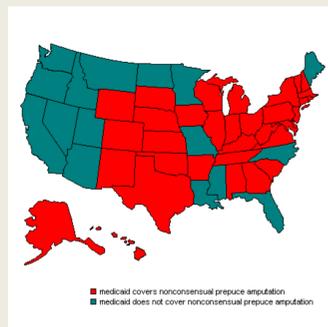


Figure 2. Medicaid vs. Non-Medicaid States

Methodology

- A biannual search in the U of M Bio-medical library was used to find specific medical literature written from 1980-2008, with a current number of studies from 2009.
- Reviewed and analyzed empirical "circumcision" studies in *New England Journal of Medicine*, *JAMA*, *British Medical Journal* and *The Lancet* using keywords "circumcision," "genital cutting," and "genital mutilation."
- Garnered data according to year, specific keywords, limits to human subjects, and English language only studies from the medical literature.
- A review of the existing knowledge produced a wealth of books, papers, articles, publications, and websites related to MGC and FGC.

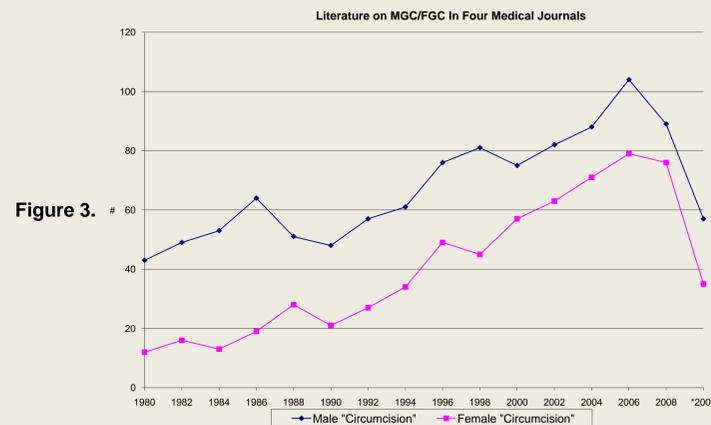


Figure 3.



Findings

- Medical studies on MGC usually discussed purported "benefits" of the procedure. Many studies did not mention the fact that all world medical organizations have policy statements against MGC.
- Medical studies regarding MGC tend to favor the practice while ignoring severe risks or complications or medical evidence to the contrary.
- One study in South Korea where young adult MGC is prevalent, compared sexual satisfaction in men before and after "circumcision," finding a "decrease in pleasure and sexual enjoyment after circumcision, indicating that adult circumcision adversely affects sexual function in many men."
- Studies on FGC discussed the human rights impact, increased HIV transmission, women's right's, education, intervention, and unity against FGC. Literature made references to countries that practice it, and different methods of genital cutting. Some literature made comparisons between MGC and FGC.
- Medical research linking MGC and FGC with psychological long-term harm has been documented and should be included more in the literature.

Discussion

MGC and FGC continues to be researched and discussed through books, articles, medical reviews and academia. The vast and complex ethical issues around MGC may not be resolved by medical evidence or lack thereof. FGC is almost always considered more harmful to the person and seen as unfavorable in the medical literature. Further research concludes that a literature bias in North America concerning MGC does exist. Such bias is rarely found in medical literature concerning FGC, as most research considers it harmful. Therefore, cultural bias must be strongly considered when reviewing the medical research. Public funding for "medicalized circumcision" of males continues in many states.

Implications

- Greater awareness of legal and ethical ramifications should be brought to attention by the medical literature.
- FGC and MGC have been studied for decades. However, critical evaluation, and discussion are needed to fully understand genital cutting and their consequences.
- Unbiased information and better education is needed in the medical fields about reported harms associated with "medicalized circumcision."
- While FGC is illegal in the U.S., MGC is a critical issue that affects 1.2 million boys a year, and could be better addressed by ethical medical literature.
- Cultural behavior and customs of genital cutting in countries where they occur can be hard to change and difficult to understand.
- Genital cutting on non-consenting persons is in conflict with legal, ethical, and medical principles.



Figure 4. MGC/M Prevalence

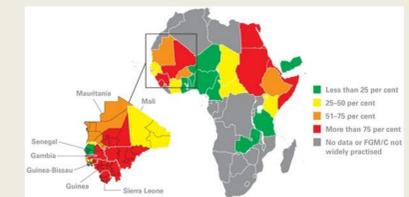


Figure 5. FGC/M prevalence in Africa.



Annually, 13 million boys and over 2 million girls in developing and developed nations undergo customs/forms of genital cutting.