Ethical challenges of female genital mutilation and of male circumcision

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Abstract

This article is about the ethical challenges related to female genital mutilation and male circumcision, by showing similarities and differences. Male circumcision is a medical procedure to some clinical conditions of male genital health. The peoples that carry out the female genital mutilation also carry out together the ritual of male circumcision, but there are peoples and religions that carry out male circumcision without female genital mutilation. Female genital mutilation occurs concentrated in very poor regions and it is against Human Rights, so there are several worldwide movements for its eradication. Male circumcision can be associated to seriously dangerous complications, so that it is not ethically acceptable to be carried out without a precise clinical indication.

Key words: Circumcision, female. Circumcision, male. Culture. Africa. Judaism-Islamism. Human rights. Human rights abuses. Medicalization.

Resumo

Os desafios éticos da mutilação genital feminina e da circuncisão masculina

O trabalho aborda os desafios éticos concernentes à mutilação genital feminina e à circuncisão masculina, mostrando similitudes e diferenças. A circuncisão masculina é um procedimento médico para determinadas condições clínicas da saúde genital masculina. Os povos que praticam a mutilação genital feminina também praticam a circuncisão masculina ritualística, sendo que há povos e religiões que praticam a circuncisão masculina sem que haja mutilação genital feminina. A mutilação genital feminina se concentra em bolsões de pobreza, sendo atentatória aos direitos humanos, havendo diversos movimentos mundiais em prol de sua erradicação. A circuncisão masculina pode se associar a complicações bastante sérias, de modo que não é aceitável sua realização sem indicação clínica precisa.

Palavras-chave: Circuncisão feminina. Circuncisão masculina. Cultura. África. Judaísmo-islamismo. Direitos humanos. Violações dos direitos humanos. Medicalização.

Resumen

Los desafíos éticos de la mutilación genital femenina y de la circuncisión masculina

Este artículo enfoca los desafíos éticos acerca de la mutilación genital femenina y la circuncisión masculina, demostrando las similitudes y diferencias. La circuncisión masculina es un procedimiento médico para determinadas condiciones clínicas de la salud genital masculina. Los pueblos que practican la mutilación genital femenina también practican la circuncisión masculina ritualista, habiendo pueblos y religiones que practican la circuncisión masculina sin que exista la mutilación genital femenina. La mutilación genital femenina se concentra en zonas de pobreza y ofende a los derechos humanos, habiendo muchos movimientos mundiales en favor de su erradicación. La circuncisión masculina puede estar asociada con complicaciones muy graves, por lo que no es aceptable su realización sin una indicación clínica precisa.

Palabras-clave: Circuncisión femenina. Circuncisión masculina. Cultura. África. Judaísmo-islamismo. Derechos humanos. Violaciones de los derechos humanos. Medicalización.

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Female genital mutilation is a set of practices carried out by some people around the world and presents different degrees of aggressiveness: the lighter is the removal of part of the clitoris; then follows the removal of all or part of the clitoris and inner labia; and its most severe form, the infibulation, in which the architecture of the external genitalia is totally redone, leaving only a small hole for the passage of urine and menstrual blood. Additionally, there is other less common practices such as clitoral or lips perforation, with the placement of props, application of astringent herbs or corrosive substances, as well as other interventions that modify the anatomical or physiological structure of the vagina [1].

Similarly for some people circumcision is a ritual of belonging to a social group. All people who practice FGM also perform male circumcision in a ritualistic way, although some – like Jews, certain Muslim groups and rural people in some African countries – perform male circumcision only, and may even criminalize practice of female genital mutilation [1].

Female Genital Mutilation

Rituals of female genital mutilation are performed on the girl or teenager, and less frequently in adult women who may not have been submitted before. These procedures are ancient in human history, dated over six thousand years ago. They present characteristics of archetype, as they have appeared at different times and in different people. Apparently this was a behavior initially adopted in ancient Egyptian religious rituals, which influenced the next, African and Middle Eastern peoples. Currently, the practice persists systematically in rural tribes characterized by pockets of poverty, illiteracy and low social *status* of women. Beyond Africa and the Middle East, similar practices have also been described in indigenous peoples of South America, and Oceania [1,2].

Sequels of the practices of female genital mutilation for women's health are diverse, often due to problems in healing or infection and its complications: an extensive lesion of the female body, death from sepsis, severe bleeding and death from hemorrhage. These procedures result in very significant incidence of complications and, therefore, become an endemic public health problem [1], since they are carried out in rural areas mostly by people with little schooling, without anesthesia, without antisepsis and sharp instruments that may even be contaminated.

Among the consequences of the removal of the clitoris and its relationship to sexual dysfunction in women undergoing, Degregori [1] states that clitoridectomy, practice mode less aggressive, does not seem to be associated with higher frequencies of dyspareunia and anorgasmia, but infibulation, the most drastic form of female genital mutilation, is evidently associated with health complications throughout life, such as recurrent urinary infections, painful intercourse, and difficulties in vaginal delivery.

Even though being an ancient cultural practice, FGM violates human rights since women are forced to undergo invasive, painful and potentially lethal procedures, of which there is no health benefit: there are no known medical treatments that are similar to what is done in ritual of female genital mutilation. It is observed a tension between the practice delates woman, but that in parallel is considered an essential body mark for those people for their legitimacy in the social group [3]. Thus, female genital mutilation proves to be an exemplary issue regarding human rights, public health and women's equality issue, fitting in the bioethics definition, according to Garrafa and Azambuja [4], of *persistent issues,* considering that it underlie various historical and cultural contexts, regardless technological advances.

According to Steiner *et al* [5], female genital mutilation is an emblematic practice of social discrimination and subordination of women, among many others socially created, and whose essence permeated by different interests is the oppression [2,3,6]. One thing are the complex socioeconomic mechanisms, another thing is a mutilating practice, deleterious, motivated not only by control and sexual repression, but on the submission of the woman in order to show, by a scar on her body, her inability to relate as equals regarding her political and economic rights within the society [3].

The presence of an unjust social structure in relation to the condition of gender lies correlated to the practice of female genital mutilation, but inequality per se does not justify or endorse these procedures [6]. Such practices are just one model of attitudes, among many others, that societies generally impose on the rights of women in health, education, labor and wages, and even the occurrence of selective abortion [2]. However, even being such a delicate issue, genital mutilation is very visible to be ignored and affects millions of lives, justifying that the discussion shall be taken not only as a central issue of social movements for eradication[2], but also as theme of bioethical reflection.

In this second aspect, it shall be noted that, besides the discussion, it is important to provide a broad bioethical reflection on the universality of human rights, considering the opposition between individual and collective rights, specifically covering aspects related to cultural rights. The objective of this paper is to discuss and compare the ethical challenges of female genital mutilation and male circumcision procedures carried out routinely, aiming at stimulating the bioethics community to face this critical discussion.

Male Circumcision

The foreskin (prepuce) is a retractable fold of skin that naturally covers the glans of the penis and whose surgical removal, called circumcision, is a scientifically valid treatment for a group of conditions relating to the man's genital health, such as phimosis, paraphimosis, chronic balanitis and syndrome of excess foreskin. In the case of paraphimosis, the surgical removal of the foreskin can be considered a true medical emergency [7]. Because of these facts, male circumcision has different bioethical contours compared to female genital mutilation.

Among the rural people of some African countries, like Kenya and South Africa, circumcision is performed in adolescents in initiation schools, which include games in forest and mountainous environments, among other activities [8]. The procedure is not performed by professionals, with a significant incidence of clinical complications and led the government of South Africa to develop policies not to eradicate the practice, but aiming to reduce the harm to health, for example, by training leaders of these schools on the use of appropriate instruments for a minimum hygiene [8]. In turn, among the Jews, circumcision is a practice done by doctors on the seventh day of life. In the case of premature or sick babies, the seventh day is considered after hospital discharge.

In addition to those practices related to cultural or religious rituals in the United States of America (USA) over 70% of babies are circumcised by doctors, as part of health care. As Degregori [1] highlights, it is a type of circumcision applied to large population that is not made by ritualistic, religious or cultural motives, but guided by 'true medical discourses'. For comparison, in Brazil, Korkes *et al* [9], based on data from the public health system, estimate that between 1.1% and 5.8% of men have been circumcised for medical reasons, at some period of life. The same authors report that in a period of 20 years (1992-2012) there were 63 deaths associated with hospitalization for circumcision, showing that even when it is a medical procedure extreme complications can occur.

Despite current medical and cultural practice in the U.S., the American Academy of Pediatrics itself concludes that there is insufficient evidence to support routine circumcision of babies, as potential prophylactic benefits – such as to prevent urinary tract infections in the baby, or to protect against HIV, in adult – do not present consolidated epidemiological data. Although the circumcision done in teens or adults does not appear to bring major consequences in the medium term (considering that the foreskin is naturally retractable), circumcision performed in the neonatal period may be associated with stenosis (narrowing) of the urethra, for reasons still not well defined, but possibly due to the change in the blood supply of genital organ's end [1,7,10].

About the possible effect against urinary tract infections, Grewal *et al* [11], in an extensive review, indicate that more than 110 babies have to be circumcised so that at least one episode of this health problem does not occur, compared to babies not undergoing the procedure. The authors also pointed out that about 3% to 5% of circumcised babies present some kind of complication, whereas the lighter events, such as local bleeding or suture dehiscence, are much more common than the severe ones – emasculation and sepsis. On the other hand, the study of Arie [10] revises the finding which professed that circumcision would protect heterosexual adults of contracting HIV. According to this study, the procedure would, at most, retard the contagion for some period. Such assumptions seem corroborated by the fact that, in Africa, even in countries where circumcision is practiced routinely in schools of initiation, there is a high incidence of HIV positive pregnant women, reaching over 30% in South Africa [8].

Discussion

Understanding why the ritual of female genital mutilation and male circumcision persists nowadays and what are the moral values and cultural practices that perpetuate these procedures encourages reflections on human rights and, since circumcision was musicalized, on medical ethics. Considering that such practices are ancient, it is not easy to find archaeological data highlighting what reasons led these ancient peoples to establish such rituals, but in the scientific medical literature part of the moral

thinking that motivates the adoption of these procedures can be found: the late nineteenth century, surgeon Dr. Sayre, renowned physician of the American Medical Association, published studies associating circumcision to the cure of acute paralysis cases [1].

In an era influenced by Victorian morality, psychiatric discourse had developed hypotheses about the somatization of mental disorders, i.e., mental disorders were caused by organic disorders. With similar purposes, female genital surgeries were done in an attempt to alleviate diffuse and vague symptoms, such as headache, hysteria, hypersexuality. That is, from an ideological point of view, according Degregori [1], this period of time notes that the values associated with genital procedures are a set of ideas of cleanliness/hygiene, and also control/modulation/sexual repression.

These are precisely the moral values that arise when studying people in which female genital mutilation is a common routine. Diniz [12] has followed the story of Tashi, an African woman who had not been subjected to ritual genital mutilation when young and therefore was considered unclean, morally weak, and especially not belonging to her people. In other words, the past is reborn in those scars left on the bodies of young women, and this is just part of a whole set of rituals and symbols that put marks on the physical body the sign of a time, transition, fate [12].

The "tragic horror", in the definition of Diniz [12], is precisely the experience of a morbid and unpleasant act, due to a dramatic fact, profound, but that does not derive from misfortune, bad luck, comes from the socially imposed everyday, above all. In this case, rituals of genital interventions, viewed from the perspective of cultural relativism extremists [5], would not be fundamentally different from other practices classified by anthropologists as initiation rites, such as the use of earrings, tattoos, enlargement of lips and ears or other body modifications. After all, even the placement of a simple earring can result in infectious complications and death.

Cultural relativism, a concept which is inherent in discussions of human rights, is a method of approach of reality which is sensible to differences, but you cannot confuse cultural relativism with radical tolerance. As described by Diniz, *anthropologists have directed their efforts to demonstrate the diversity, to the understanding of impossible, and in this process they have taken the banner of tolerance as the best available argument for the existence of the difference. But the uneasiness caused by the moral impossible brought up by ethnographers is not being easily digested* [12].

Thus, based on an extreme cultural relativism on behalf of mere damage reduction, Degregori [1] brings out that there is an argument that proposes to medicalize procedures culturally created on the female body. On behalf of the reduction of sepsis, hemorrhage and death, ritual removal of the clitoris would be made by doctors, in a hospital environment, aseptically and using anesthesia – as well as Jews make with seven-days-old babies. However, the medicalization of a ritual practice does not exonerate values and moral debates.

Medical procedures have curative or preventive purposes, mainly by following a code of ethics in which the welfare, dignity, integrity and autonomy of the patient are essential values [13]. A medical procedure is done because the patient so desires and it may be beneficial to him/her. Although many medical interventions result in harm to the patient, as the cases of deaths related to therapeutic circumcisions [9] at the time they were made, there was the expectation of a beneficial outcome. In the case of clitoridectomy, there is neither the expectation nor the chance of a beneficial outcome, but only possible protection against a more aggressive practice held in worse hygiene. Davis [14] states that in the U.S., in the 60s, some doctors were willing to perform clitoridectomias in descendants of Somali girls, but the enactment of laws criminalizing performing genital surgeries that were not motivated by therapeutic reasons occurred.

Routine circumcision of babies performed by physicians, whether lay, on behalf of a health program, or Jews on behalf of religion, suffers scathing bioethical questions. After all, if the scientific data had really proved its beneficial effect on health, why did it not become a widespread practice in the world, such as childhood immunization, for example? Svoboda [15] is blunt in stating that circumcision of babies is a ritual seeking some justification (preferably medical) to persist. Benatar and Benatar [16] show that, firstly, there is no medical reason for routine circumcision of babies, but then they speculate that the relatively low incidence of complications would make it an ethically acceptable procedure if the parents decide to do it. However, Marques*et al* [17] , in discussing the case of genitoplasty in babies, have to consider that if a medical procedure does not provide a direct benefit to the patient, to perform it is wrong because it subverts the bioethical values as it favors the wishes of the family and society at the expense of human dignity. Thus, in addition to the prognosis of therapeutic intervention, it is the physician responsibility, based on bioethical sense and mainly in the Code of Medical Ethics, to prioritize prudent conduct, balancing the autonomy

of patients or their guardians with medical liability for any damages arising from their actions.

Waldeck [18] has studied the grounds taken by parents who submitted babies to neonatal circumcision and concluded that, as a widespread practice by the current medical discourse in the nineteenth century, it remained by inertia, i.e., circumcised men has gown and did not experience any major sequelae in the procedure, so that it is so prevalent, that even without consistent medical reasons, it has become a social norm. It was found that the mere fact of receiving an informed consent document did not cause a reduction in the rate of neonatal circumcision. That is, this case exemplifies Diniz's statement [12] that beliefs and social norms are not based on concrete, but rather their purpose lies in themselves.

Thus, paradigms and social norms built around the routine circumcision of babies clarify aspects of how and why the ritual of female genital mutilation has become so entrenched in some people: due to the breadth of people undergoing the procedures, they remain set as a social standard. At this point, the moral tragedy is rightly affirmed by the impossible character of final settlement of moral conflict: a final solution of a moral conflict implies the embarrassment and humiliation of one of the parties in conflict, or, then, a situation of no solution: mutual and insoluble offense of the parties [12]. Thus, the principle of human rights itself prohibits the use of force for the preservation of those rights, because force is just a means to promote the physical or moral annihilation of at least one of the parties in conflict [5,6]. Moral conflicts covered by human rights shall be resolved by voluntary metamorphosis or docility [12].

Docility is simply the acceptance of the values of a social group to another. The metamorphosis is caused by changes in beliefs, i.e., delusion. Culture and therefore the beliefs are not tight and immanent categories. There are no pure, distinct and persevering cultures; they are hybrid and constructed from various sources, loans, and exchanges and modified by the simple passing of generations [2]. I mean, they are open, syncretic, unstable, and can only be defined in opposition to each other. In this sense, Steiner *et al* [5] revealed a fundamental principle in the matter of the conflict: that a dispute is not necessarily directed to *meet, remedy* or *punish* a mistake, but rather an opportunity for the company to review the complex chain of individual and collective duties and balance the conflicting demands between the individual and society.

Final Considerations

Waldeck [18] proposes changes in legal codes in order to discourage the routine circumcision done by doctors. At this point, it is possible to learn from the experience of international movements for eradication of female genital mutilation: according Degregori [1,] the simple legal prohibition of the practice can lead to a paradoxical worsening and the mere fact of this prohibition being part of a legal code does not mean that governments will effectively engage in changing social ingrained behaviors. As stated by Segato [3], a surface application of relativism does not clarify the partiality of the views and interested groups within the people, i.e., it does not allow a view of the fissures and disagreements as to the consensus idyllically assigned to cultures of tribal peoples. It does not matter how small the group is, there will always be disagreements and conflicts of interest. By emphasizing this internal relativism, human rights legitimate dissent, creating moral alternatives that respect women in the decision not to undergo such mutilating practices and to encourage physicians to follow a non-invasive procedure by a simple imitation of peers [3].

In conclusion, the fight against female genital mutilation permeates the fight against routine circumcision of boys. At the time that male circumcision has become an act done by doctors, medical ethics suggests that, in the absence of measurable damage, the surgical procedure cannot *a priori* be prohibited. However, due to the explicit list of considerations here, especially that routine circumcision done in boys has no basis in the scientific literature, it is considered appropriate that professional councils restrain these invasive practices which are also potentially harmful to the organs and sexual function in adult patients' future, in order to foster the necessary cultural change regarding this procedure. Such an attitude on the part of physicians can encourage social awareness about this issue, especially if, as in other similar situations, punishment is set to the doctor whose little patient suffered complications from circumcision carried out without appropriate clinical indications.

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