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Genital Mutilation: Considering Both Sexes



Xhosa boys undergoing circumcision ritual in South Africa.

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Today a doctor in a Nile delta village will appear in court accused of killing a 13-year-old schoolgirl during a botched act of female genital mutilation/cutting (FGM/C) in June 2013. This is the first case of its kind in the country where FGM is illegal but widely accepted. While such incidents instil understandable outrage, we need to step carefully in order that opposition to FGM is consistent and productive (<https://theconversation.com/the-anti-fgm-campaign-may-undermine-the-wellbeing-of-those-it-should-be-helping-26533>).

FGM is regarded as intolerable because it is seen as being inflicted on children in line with parents' wishes to ensure their daughters' acceptance by their community, causing unnecessary pain and injury, undermining sexual fulfilment and controlling female sexuality in the process. Banning the practice, prosecuting its practitioners and recording instances of FGM is seen not only to help combat the specific harm but also to challenge gender oppression.

From mid-2012 to the beginning of last year, it was Male Genital Mutilation/Cutting (MGM/C) or circumcision (C) that occupied the headlines, as a result of a German regional court's decision (<http://www.tandfonline.com/doi/full/10.1080/23269995.2013.804765#.U0xxNnlOXIU>) to regard the practice as subject to legislation on assault and, therefore, illegal to perform on minors in the absence of medical justification. Liberal outcry ensued, on the basis that MGM is assumed to inflict no injury, to have neutral or positive effects on sexual fulfilment, and to have religious justification. Banning the practice would not only not prevent harm, it would oppress religious groups.

The problem with differential assessments is that both practices concern, in essence, cutting children's genitals for cultural reasons and have more in common than is typically acknowledged.

On the one hand, there is evidence, as I have argued elsewhere (<http://etn.sagepub.com/content/10/2/181.abstract>), to suggest that MGM, in ritual settings: is inflicted on children who cannot provide consent; is painful and associated with complications even in sanitary settings; has been perpetuated by a desire to control or diminish sexuality; has an effect on sexual functioning with regard to the loss of sensory tissue in the foreskin, the thickening of the surface of the glans and the loss of the interaction between

foreskin and glans, and is motivated by parents' and families' desires that their sons be accepted by their communities. These are similar features in quality, if not always extent, to those seen in FGM. While in cases involving the removal of clitoris and cutting and suturing of the labia majora it is clear that the harm done by FGM is greater, in others, where only parts of the labia or clitoral prepuce are removed, it is not. (Indeed, troublingly these latter alterations are coveted in 'designer vagina' circles).

On the other hand, just as many circumcised men claim not to have suffered as a consequence of their being cut, many women claim that no harm has been done by their being cut. Some, such as Fuambai Ahmadu, elect to be cut in adulthood and, like some men who are circumcised for cultural reasons, find it empowering as a form of transition to adulthood and acceptance by a range of otherwise inaccessible social groups. As Rick Shweder has [noted](http://www.tandfonline.com/doi/pdf/10.1080/23269995.2013.811923) (<http://www.tandfonline.com/doi/pdf/10.1080/23269995.2013.811923>), where FGM is practiced, "the dominant cultural view [is] that males and females should be treated alike by modifying the genitals of both". Contrary too to the view of FGM as a practice inflicted solely on women by men, it is often practised and promoted by women and to depict women who have been cut as mutilated and bereft of agency may well contradict their own reported experiences.

Of course, the cogent response to such justifications of cutting is that those who have been cut in infancy or childhood cannot know what they would have experienced had they not been cut; that they may justify their being cut for reasons of psychological comfort; that to choose to be cut is very different to being cut without choice; that the social pressure to cut is pernicious and that being cut should not be a precondition of entry into adulthood or social groups. These arguments, however, apply equally to FGM and MGM.

That many opponents of FGM nonetheless consider the two practices in [entirely different terms](http://www.theguardian.com/society/2014/may/16/what-is-female-genital-mutilation-circumcision-us) (<http://www.theguardian.com/society/2014/may/16/what-is-female-genital-mutilation-circumcision-us>) is problematic, since it reveals a set of cultural preconceptions that undermines the consistency and force of their arguments. These preconceptions must be more rigorously examined if communities practising FGM are to be convinced of the arguments against it. The danger otherwise is that it seems that, because one has been widely practised in Western societies and the other only covertly if at all, we criticise the latter not because of its purportedly unique horrors but simply because it is alien.

While FGM should be newsworthy and subject to critique, preaching to those who practise it without, on the one hand, recognising harm in accepted practices or, on the other, appreciating that harmful practices are often complex and sometimes perpetuated by those who suffer them, is a wrong-headed way of going about it.

What do you think? Share your comments with us below.

Dr Matthew Johnson teaches on our [BA Politics](http://www.lancaster.ac.uk/study/undergraduate/courses/politics-ba-hons-1200/) programme.

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