

WHO's stance and the criminalization of female circumcision:

The protection of or violation of human rights?

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Introduction

The practices that constitute female circumcision are in the news and rightly so. It is indeed incumbent upon us as a civilization to safeguard the rights and health of young girls.

Yet the discourse taking place under this umbrella, led by the World Health Organization (WHO), and one that has influenced many governments (including that of the United States) to criminalize female circumcision, threatens the very thing it aims to preserve: basic human rights and freedoms.

Either because WHO has deliberately chosen to ignore the nuances and the myriad practices and semantics of female circumcision, or possibly because the arguments have not been clearly articulated (although this very much seems to not be the case), the issue has been broad brushed. As a result, in the current debate, *all* forms of female circumcision have become synonymous to *female genital mutilation (FGM)*, a specious phrase that evokes revulsion.

Ironically, this approach is affecting the lives, rights, and liberties of religious groups that not only do *not* practice FGM but whose beliefs are in utter contrast with and completely *opposed* to the concept of human mutilation in any shape and form.

Such a simplistic approach to equate circumcision with mutilation is not new. History tells us about the persecution of Jews during the Hellenistic period when Greeks considered male circumcision to be an unnecessary mutilation.¹ Even as recently as 2012 a district court in Cologne, Germany criminalized the practice because a “child’s body is permanently and irreparably changed by the circumcision,”² causing an outcry among European Jewish leaders as the “worst attack on Jews since the Holocaust.”³

This paper explores why the current movement to link *all* forms of female circumcision to FGM is misplaced, misguided, and in the eyes of some religious communities, hypocritical and persecutory.

In particular, I make the argument that *an extremely small excision of the female prepuce* (what both WHO and I refer to as “female circumcision” but what WHO considers to be Type 4 FGM⁴) needs to be divorced from the FGM discourse because:

- (1) WHO has produced no research or data to support its claim that female circumcision is harmful. On the contrary there is some evidence to show that it is beneficial;

¹ Jewishvirtuallibrary.org

² BBC.com

³ Independent.co.uk

⁴ [WHO guidelines on the management of health complications from female genital mutilation \(2016\). World Health Organization.](#)

- (2) Female circumcision, which is analogous to male circumcision, does not violate the rights of young girls any more than male circumcision violates the rights of young boys; and
- (3) The ban on female circumcision violates the religious rights of the Dawoodi Bohra Muslim sect whose religious beliefs explicitly forbid human mutilation of any form and whose form of female circumcision ranges from no excision of the prepuce (in the case where the prepuce is too small) to a maximum excision of 1-2 mm.

I focus my analysis on WHO's stance and not on individual country laws for two reasons:

- (1) It is largely WHO that has taken the leadership on making female circumcision a topic of global interest and has therefore, de facto, become the self-proclaimed authority on the subject, and
- (2) Western governments that criminalize all forms of female circumcision generally rely either directly or indirectly on WHO's reporting and guidelines to support their laws in this area.⁵ And because the practice is criminalized, there is little, if any, publicly-available research conducted within these countries to verify whether WHO's claims are true.

In making my case I discuss WHO's position and supporting arguments for the reduction or removal of the male prepuce⁶ (i.e., male circumcision) which the organization clearly encourages.⁷

I then invoke WHO's stance and research on the reduction of the female prepuce⁸ (i.e., my definition of female circumcision) which it considers to be a form of FGM and therefore seeks to abolish.⁹

I also bring into the conversation the elective, aesthetic surgical procedure called hoodectomy which partially reduces or completely removes the female prepuce. The procedure is legal across the world with plastic surgeons stating clearly that hoodectomy is not FGM.

To be clear, I am neither a proponent of nor am I trying to advocate for FGM. Rather, my goal is to highlight the inconsistencies and shortcomings in what appears to be WHO's overly-simplified, culturally-insensitive, and in my view, an imperialist approach in declaring female circumcision as FGM.

I call on WHO and governments around the world to revisit their view on the subject and treat it with the required nuance, so that while trying to preserve the well-being of girl children, they do not inadvertently violate basic human rights and persecute innocents for practicing their religious beliefs.

⁵ In the United States, for example, the international human rights group [Equality Now](#) has been active in driving new legislation on female circumcision. However, Equality Now does not conduct primary research and instead relies on WHO's stance on the subject.

⁶ Also called penile hood or foreskin.

⁷ [Male Circumcision: Global Trends and Determinants of Prevalence, Safety, and Acceptability \(2007\)](#). World Health Organization.

⁸ Also called clitoral hood.

⁹ WHO classifies FGM into four categories: Type 1, 2, 3, and 4. The discussion in this paper is solely on the *very slight excision* of the female prepuce which, according to WHO, is Type 4.

Definitions: Male Circumcision, Female Circumcision, and Hoodectomy

In her discussion on the nomenclature that equates female circumcision to mutilation, MariaCaterina La Barbera, an attorney with a doctorate in Human Rights from the University of Palermo (Italy) and Research Fellow at the Center for Political and Constitutional Studies in Madrid, notes that this language:

...ignores that the practicing population do not perceive these practices as maiming, but rather as a body modification satisfying canons of beauty, hygiene, and social order that are deeply rooted in their cultures. Rather, the expression “mutilation” alludes to disabling or maiming a limb or organ, implying a negative evaluation of the practices. From the Western perspective they are cause of infirmity, irreparable disfigurement of the body, and permanent deprivation of the body integrity. As the term female genital mutilation is evidently conditioned by a value judgment, I consider it unproductive for a research whose goal is understanding and finding reasonable ways of accommodating such practices in Western countries.

The communities where these traditional practices are performed generally use the expression “female circumcision”. “Female genital mutilation” and “female circumcision” clearly allude to very different sets of meanings. The practicing communities do not use the word “mutilation”, refusing the idea that they are disfigured and that they are maiming their daughters in turn. Vice versa, they use the term “circumcision” emphasizing the inherent initiatory dimension of the practice. Furthermore, the language “female circumcision” shows a perceived analogy between male and female genital modification.¹⁰

Others too have cautioned about the use of language that heaps scorn on cultures that practice female circumcision and reduces hundreds of millions of people across the world as being silent bystanders and victims of evil customs. Dr. Juliet Rogers, Senior Lecturer in Criminology at the University of Melbourne, notes on the use of the word mutilation:

The desire of antifemale genital mutilation activists emerges as an effort to counter loss through the imagery and articulation of female genital

¹⁰ La Barbera, M. C. (2009). Revisiting the anti-Female Genital Mutilation Discourse. *Diritto & questioni pubbliche*, 9, 485-507.

mutilation as cruel and barbaric, as a sadistic mutilation and not, as many practitioners and communities have explained, as a social, religious and cultural practice with its own thoughtful parameters.

In the discourse on female genital mutilation, in its published and popularized imagery—present in both law and literature—this desire appears. It appears in the cut, suffering and loss that are the tropes of the popular imagination of female genital mutilation. This imagery is horrifying, indeed it inspires anger, even outrage and often calls to criminalise.¹¹

I agree with La Barbera and Rogers and believe that a responsible, objective, and non-judgmental approach to this extremely sensitive subject is very much needed. On the topic of female circumcision in Indonesia, a 2008 article in the New York Times cautioned:

Anthropologists, policy makers and health officials have warned against blindly judging those who practice [female circumcision].¹²

Eight years later, an article in the New York Times on the same subject reported:

In Jakarta, Fitri Yanti, a pregnant 30-year-old mother of two, said she did not understand what all the fuss was about. She said she was not mutilated during her circumcision, didn't bleed at all and felt nearly no pain during or after the procedure. "Mutilation is horrible, but it's not true that it happens here" in Indonesia, Ms. Fitri said.¹³

And in this seemingly "us" versus "them" debate, there can even be a very different side. Professor Richard Shweder at the Department of Comparative Human Development at the University of Chicago observes that on the other extreme:

As hard as it is may be for "us" to believe, in places where female circumcision is commonplace, it is not only popular but fashionable. As hard as it may be for "us" to believe...many women in places...are repulsed by the idea of unmodified female genitals... "Yuck," they think

¹¹ Rogers, J. (2009). "I love you...I mutilate you": The capture of flesh and the word in 'Female Genital Mutilation' Law. *Analysis, Australian Centre for Psychoanalysis, 15*.

¹² Corbett, S. "A cutting tradition." *New York Times Magazine* January 2008.

¹³ Belluck, P., and Cochrane, J. "Unicef report finds female genital cutting to be common in Indonesia, *New York Times* February 2016.

to themselves; “what kind of barbarians are these who don’t circumcise their genitals?”

In light of these arguments, I reject WHO’s choice of language vis-à-vis this topic. Thus, before I can talk further about the risks, benefits, and the issue of human rights associated with the practice of female circumcision and before I make my arguments, I want to state clearly and carefully my definition of circumcision for the purposes of this paper:

Circumcision is the (i) complete or partial removal of the male prepuce, or the (ii) partial removal of the female prepuce.

In addition, let it be clear that in my definition:

Circumcision does not include any other form of male or female genital modification or cutting besides the one stated above.

Needless to say my definition of male circumcision is common across cultures and countries.¹⁴ On the other hand, my definition of female circumcision falls straight under WHO’s classification of Type 4 FGM¹⁵:

All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.¹⁶

First, WHO is simply incorrect in stating that this form of circumcision is necessarily harmful. A UNICEF report from February 2016 finds that as many as half the females in Indonesia (i.e., an estimated 60 million) are circumcised and the Indonesian Ministry of Health which regulates this practice, defines female circumcision as:

an act of scratching the skin that covers the front of the clitoris, without injuring the clitoris.¹⁷

The New York Times article mentioned earlier also acknowledges that female circumcision (in Indonesia) is reported to be “less extreme” than the kind practiced in Africa and:

¹⁴ Male Circumcision, *Pediatrics*, 2012, 130 (3) e756-e785.

¹⁵ [Female Genital Mutilation: Factsheet \(2016\)](#). World Health Organization.

¹⁶ [Classification of female genital mutilation \(2007\)](#). World Health Organization.

¹⁷ [Indonesia: Statistical profile on female genital mutilation cutting \(2016\)](#). UNICEF.

The amount of flesh removed, if any [is] the size of a quarter-grain of rice, a guava seed, a bean, the tip of the leaf, the head of a needle.¹⁸

Second, because of WHO's definition, it is practically impossible to find an objective assessment of the risks and benefits of female circumcision without the discourse quickly becoming one on mutilation, which as mentioned earlier, is inherently a negative and therefore a non-objective assessment of the practice.

Furthermore, because WHO chooses to group any and all forms of female genital modification practices under the FGM umbrella it maintains a blanket view that "FGM has no known health benefits."¹⁹

To get around this constraint I invoke a form of elective plastic surgery called hoodectomy. According to the British Association of Aesthetic Plastic Surgeons:

Hoodectomy, or removal of the fold of skin around the clitoris, is performed to expose the clitoris and make it more sensitive.²⁰

ClitoralUnhooding.com, an online guide on the procedure, describes it as following:

Hoodectomy is a minor feminine genital surgical procedure to remove excess prepuce tissue... Sometimes referred to as female clitoral circumcision, the procedure is somewhat analogous to penile circumcision in men.

Also, it is important to note that [hoodectomy] is sometimes mistakenly referred to as clitoridectomy—another surgical procedure to completely remove the clitoral node—[a] form of female genital mutilation (FGM). Clitoral unhooding is not to be confused with this commonly mistaken procedure and is not a form of FGM.²¹

Hoodectomy is an outpatient procedure²² that takes an hour or less to complete²³ and is estimated to cost between \$2,500 and \$3,500 in the United States.²⁴

It is also telling that the American Society for Aesthetic Plastic Surgery's 2013 annual meeting titled "Incorporating Genital Surgery into Your Practice" discussed the skyrocketing growth in demand for

¹⁸ Corbett, S. "A cutting tradition." *New York Times Magazine* January 2008.

¹⁹ WHO guidelines on the management of health complications from female genital mutilation (2016). World Health Organization.

²⁰ BAAPS.org.uk

²¹ ClitoralUnhooding.com

²² CosmeticGyn.net

²³ YourPlasticSurgeryGuide.com

²⁴ ClitoralUnhooding.com

female genital surgery that includes frequently requested procedures such as “reducing the clitoral hood”. The Society proudly stated that as of 2012, twenty-one percent of its 2,600 board-certified plastic surgeons performed such procedures.²⁵

It can be argued that hoodectomies are performed on adults (although as I discuss later the procedure is growing in popularity among minors) and the size of excision is dependent on the cosmetic requirements of the patient whereas female circumcision is performed on children and is (to some degree) a one-size-fits-all procedure.

However, it is clear that the crux of WHO’s argument is on the risks and harm associated with the procedure and to a lesser degree on the age of the circumcised person. (Indeed, if the age of the person being circumcised were a primary issue, WHO would also call for a prohibition of neonatal male circumcision, which is clearly not the case.)

Therefore, because hoodectomies are declaredly non-FGM and because they precisely fit my definition of female circumcision, I treat the risks and benefits associated with hoodectomies as proxies for risks and benefits associated with female circumcision.

Circumcision: Facts, Research, and Perspectives

True scientific inquiry and genuine intellectual curiosity demand that a systematic and fact-based analysis of male circumcision, female circumcision, and hoodectomies be carried out.

One of my objectives is to get some insight into the evidence that WHO uses to promote male circumcision and the evidence it uses to classify female circumcision as Type 4 FGM.

Another objective is to compare the evidence supporting the risks and benefits of hoodectomies and to try to understand why it is not classified as FGM.

To perform this analysis, I have conducted research on available WHO reports and underlying studies and their results as well as web-based resources available on circumcision and hoodectomy. My findings are summarized in Table A below:

²⁵ Surgery.org

Table A	Male Circumcision (WHO) ²⁶	Female Circumcision (Hoodectomy) ^{27,28}	Female Circumcision (Type 4 FGM) ^{29,30}
Procedure	Partial or total removal of the prepuce.		
Reasons	Jewish and Islamic practice, cultural rituals, social norms, hygiene, perceived health and sexual benefits.	Elective plastic surgery classified under vaginal rejuvenation. Promoted by Board-certified surgeons across the US and Europe. ³¹	Religious practice (primarily Islamic ³² although not universally practiced across all sects of Islam)
Amount of prepuce removed	Complete removal (Jews and Muslims) to partial removal (Kenyans, Ethiopians).	Complete to partial removal depending on aesthetic preferences.	Very slight, partial removal (amount removed may vary from no removal to 2mm depending on prepuce size)
Benefits based on scientific evidence and studies	Decreased instance of HIV, HPV, urinary tract infections (UTIs), syphilis, chancroid, and penile cancer based on research conducted in various countries.	Increased genital hygiene causing fewer “yeast” or vaginal infections, heightened sexual sensation, improved patient self-image, high patient satisfaction with the surgical outcome ³³	No conclusion or scientific study specific to Type 4. <i>All forms of female genital modification</i> collectively declared to have “no known health benefits.”
Health risks based on scientific evidence and studies	Pain, hemorrhage, sepsis, urination problems, skin lacerations, hematoma, and glans injuries, erectile dysfunction, and unsatisfactory cosmetic effect. (Death from hemorrhaging has also been reported.)	Scarring, infection, temporary numbness, and pigmentation changes. Little danger of nerve injury or sensation change since the clitoral nerves are not touched during the surgery.	No conclusion or scientific study specific to Type 4. <i>All forms of female genital modification collectively</i> report risks of pain, hemorrhage, sepsis, urination problems, genital tissue swelling, and decreased sexual desire and satisfaction. (Death from hemorrhaging is also a risk.)
Reproductive risks	No systematic review or studies to measure impact	None reported	No conclusion or scientific study specific to Type 4. <i>All forms of female genital modification collectively</i> associated with labor and childbirth complications, postpartum hemorrhage, stillbirth/early neonatal death.

Continued.

²⁶ Male Circumcision: Global Trends and Determinants of Prevalence, Safety, and Acceptability (2007). World Health Organization.

²⁷ Clitoralunhooding.com

²⁸ Thomasloebmd.com

²⁹ Global strategy to stop health-care providers from performing female genital mutilation (2010). World Health Organization.

³⁰ WHO guidelines on the management of health complications from female genital mutilation (2016). World Health Organization.

³¹ See, for example, the list of surgeons listed at labiaplastysurgeon.com and clitoralunhooding.com as well as sites such as cosmeticgyn.net and cosmeticvsurgeon.com among others.

³² Wikislam.net

³³ Scholten, E. Female genital cosmetic surgery – the future. *Journal of Plastic, Reconstructive & Aesthetic Surgery*. 2009; 62 (3):290-291.

Table A <i>Continuation</i>	Male Circumcision (WHO)	Female Circumcision (Hoodectomy)	Female Circumcision (Type 4 FGM)
Psychological risks	None mentioned	None reported	No conclusion or scientific study specific to Type 4. <i>All forms of female genital modification collectively</i> associated with PTSD, anxiety, and depression.
Human rights violation status	None and therefore legal	None and therefore legal	Alleged to violate rights and thus declared illegal. ³⁴
Opposition	Those opposed to the practice ³⁵ do so because according to them it is: <ul style="list-style-type: none"> • The practice violates the human rights of males • Painful with potential risks and decreased sexual satisfaction • Ineffective in preventing STDs or UTIs and in fact protects genitals from urine, feces, irritation, and infections. 	In 2007, the American College of Obstetricians and Gynecologists (ACOG) did not encourage vaginal cosmetic surgery because of insufficient information. ³⁶ Since then emerging data have supported the efficacy and minimal risk associated with the procedure. ³⁷ Several Fellows of the ACOG now actively advertise and promote hoodectomies. ³⁸	WHO opposes <i>all forms of female genital modification</i> because according to it: <ul style="list-style-type: none"> • The practice violates the human rights of females • Removal of or damage to healthy, normal genital tissue interferes with the natural functioning of the body and causes several immediate and long-term physical, psychological and sexual consequences.

Analysis

I make four key observations based on the information provided in Table A and find a cherry-picked narrative by WHO and like-minded bodies and people who fervently oppose female circumcision.

(1) *Lack of hard evidence research specific to female circumcision*

Although WHO has undoubtedly devoted significant resources in researching the topic of FGM and produced a body of work (papers and research) on the subject, and lobbied governments to outlaw the practices that constitute FGM, I was unable to find any work done by WHO on the specific assessment of Type 4 FGM and the research studies, evidence, or data that result in it being declared as such.

³⁴ [Female Genital Mutilation: Factsheet \(2016\). World Health Organization.](#)

³⁵ [Intactamerica.org](#)

³⁶ [ACOG.org](#)

³⁷ [Ncbi.nlm.nih.gov](#)

³⁸ See, for example, the list of providers listed on [ClitoralUnhooding.com](#).

Put another way, I would expect a scientific inquiry by WHO to begin with an objective hypothesis with respect to each practice that falls under Type 1 to 4 (for example, the hypothesis that Type 4 carries health benefits) and use data from objective (and potentially independent) research studies to validate or negate those hypotheses.

Yet the literature produced by WHO repeatedly makes simplistic statements such as “[t]he procedure has no health benefits for girls and women”³⁹ lumping all female genital modification methods into a single “procedure” even when the organization itself acknowledges that there are “4 major types” of procedures⁴⁰ that vary in the level of genital modification.

More importantly, WHO fails to mention a single study that begins with an objective approach to validate whether Type 4 has no health benefits for girls and women.

Similarly, WHO lists a number of risks and severe consequences as related to all forms of FGM by stating that these “[p]rocedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.”⁴¹ In this case, WHO does reference studies conducted across different countries to show the potentially horrible and deadly consequences of different types of FGM. Unfortunately, there is no mention of any studies specific to Type 4 that quantify the observed rates of injury, complications, and death associated with Type 4 to support its argument that Type 4 carries all the risks and none of the benefits as asserted by WHO.

Finally, it is interesting to note that studies show that a hoodectomy carries significant benefits and little to no risk of severe complications associated with either male circumcision or Type 4 FGM.

(2) Inconsistency in applying the principles of human rights violation

WHO asserts the general and broad claim that “FGM of any type is a violation of the human rights of girls and women, including: the right to non-discrimination on the grounds of sex; the right to life when the procedure results in death; the right to freedom from torture or cruel, inhuman or degrading treatment or punishment; and the rights of the child.”

This claim is at best unsubstantiated and at worst a deliberate obfuscation of facts. Each of the statements in WHO’s claim is not only true for both male and female circumcision it is intriguing that

³⁹ Female Genital Mutilation: Factsheet (2016). World Health Organization.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

only the hoodectomy procedure should emerge as the unequivocal non-offender of human rights violation.

- “the right to non-discrimination on the grounds of sex”

The reader will note that the statement is deliberately gender-neutral. Nevertheless, in all its literature on the subject of circumcision, WHO selectively applies the right to non-discrimination solely to the female sex. In fact it can be argued that it is WHO that discriminates against the male sex by freely allowing and advocating male circumcision when at the same time it is declaring the equivalent female procedure as mutilation.

As Richard Shweder notes:

if it is reasonable to have public policies safeguarding the body of female minors from all medically unnecessary genital modifications, then the principle of gender equity (plus logical consistency) suggests there should be similar policies protecting the male body as well.... If you are an outspoken critic of FGM but then remain silent about male genital mutilation (MGM) you are either biased against men, insufficiently conscientious in the application of your principles, or a hypocrite.⁴²

- “the right to life when the procedure results in death”

According to WHO’s own studies and admission male circumcision carries a non-zero risk of severe complications including death from hemorrhage. On the other hand, WHO does not provide any specific evidence that female circumcision carries the same or higher risk. Rather it is asserted, without any precise proof, that such risks are bound to occur for all forms of FGM including for Type 4.

Additionally, in Indonesia where female circumcision is common, there are no reports of any deaths associated with the procedure. The UNICEF report on female circumcision in Indonesia neither mentions nor provides any evidence whatsoever of any deaths occurring from female circumcision.⁴³

⁴² Schweder, R. A. (2013). The goose and the gander: the genital wars. *Global Discourse*. 2013; 3(2): 348–366.

⁴³ Indonesia: Statistical profile on female genital mutilation cutting (2016). UNICEF.

Finally, plastic surgeons have not reported the risk of patient death whether via hemorrhage or otherwise of hoodectomy patients. Instead they market the procedure as being very safe with no quantifiable risk of harm.

- “the right to freedom from torture or cruel, inhuman or degrading treatment or punishment”

The process of prepuce reduction cannot be torture, cruel, inhuman, degrading, or punishing. If so we would not be living in the age of what has been called “vaginal rejuvenation” and “designer vaginas” across the world which are frequently significantly more invasive procedures than circumcision and are being sought after for a variety of reasons that include:

- Pain, tearing, and inability to have sex or pursue many sports
- Psychological distress resulting from sexual insecurity
- Cosmetic fears that prevent the wearing of bikinis or having a relationship⁴⁴

Moreover, if the reduction of the prepuce is a form of “torture, or cruel, inhuman or degrading treatment or punishment” it must be true regardless of gender. According to WHO’s own reports, male circumcision (which removes significantly more body tissue than female circumcision) is often carried out by non-medical practitioners (such as mohels for Jews, barbers in many Muslim countries, and by traditional circumcisers in rural Africa) and can therefore be painful and cause complications.

In fact, one could argue that since male circumcision is often neonatal (with no ability for the male child to even protest), WHO should strive to render male circumcision a form of genital mutilation and thus prompt a call for its abolition.

- “the rights of the child”

According to Article 25 the 1989 Convention on the Rights of the Child, all children have basic human rights which includes the “protection or treatment of his or her physical or mental health”.⁴⁵

However, there are arguments from those who oppose male circumcision by invoking Article 25 in stating that the removal of the male prepuce is akin to harming a male child and therefore violates the rights of the child.⁴⁶

⁴⁴ Davies, M. “Revealed, the REAL reason why women have ‘designer vagina’ surgery.” Daily Mail January 2015.

⁴⁵ Convention of the Rights of the Child (1989). United Nations.

⁴⁶ IntactAmerica.org.

A pro-male circumcision article describes the perspective of anti-male circumcision camps as follows:

The first rule of anti-circumcision activism, for instance, is to never, ever say circumcision: The movement prefers propaganda-style terms like **male genital cutting** and **genital mutilation**.⁴⁷

Note that the author of the article (who is opposed to FGM in all forms) associates the language of “genital cutting” and “genital mutilation” to *activism* and *propaganda*.

Unfortunately, for those (including myself) who call for a more profound and objective look at the subject of female circumcision, this activist and propaganda-oriented language is all too familiar for no other reason than that WHO chooses to employ it generously and peddle it hard.

(3) *A complete disregard for research that disputes WHO’s conclusions and policy recommendations*

An organization as mature as WHO, and one that spends billions of dollars annually on healthcare research and implementation, is expected to maintain a non-jingoistic stance and to respond to opposing perspectives in the interest of ensuring due diligence if nothing else. However, WHO has chosen to remain silent on the work its critics have produced with respect to female circumcision.

The Hastings Center, a non-partisan bioethics research organization based in the United States, published a public advisory report on female circumcision in 2012⁴⁸ by a “group that includes medical researchers, anthropologists, physicians, legal scholars, geographical area specialists, and feminists who have expert knowledge about female genital surgeries” with the expressed aim that “any genuine public policy debate should be grounded in the best available evidence and begins with fact checking.”

The group analyzed existing literature and empirical research on female circumcision and found that:

- A high percentage of women who’ve undergone female circumcision “have rich sexual lives, including desire, arousal, orgasm, and satisfaction, and their frequency of sexual activity is not reduced”
- Health and medical complications are rare

⁴⁷ Stern, M.J. “How circumcision broke the internet: A fringe group is drowning out any discussion of facts.” Slate.com September 2013.

⁴⁸ The Public Policy Advisory Network on Female Genital Surgeries in Africa. Seven things to know about female genital surgeries in Africa. *Hastings Center Report* 2012; 6:19–27.

- Societies in which female circumcision is performed also perform male circumcision and “are not singling out females as targets of punishment, sexual deprivation, or humiliation”
- There is no link between patriarchy and female circumcision and men “should not be blamed”
- Women manage, control, and conduct the procedure
- WHO’s claims about the “deadly consequences” of female circumcision are unsupported.

The authors of the report also recommended that the media, activists, and policy organizations (such as WHO) should “cease using violent and preemptive rhetoric” and groups fighting for female circumcision should be allowed to contribute their voices in public policy conversations and:

Female genital surgeries worldwide should be addressed in a larger context of discussions of health promotion, parental and children’s rights, religious and cultural freedom, gender parity, debates on permissible cosmetic alterations of the body, and female empowerment issues.⁴⁹

Unfortunately, WHO has chosen to completely ignore the findings of the Hastings Report. In the numerous reports that WHO has produced since 2012, there is no mention of the Hastings Report results, policy recommendations, or the criticism of WHO. If anything, the latter has continued to perpetuate the myth of “deadly consequences” associated with female circumcision without providing any evidence.

(4) A seemingly anti-Islamic stance

I understand, as noted earlier, that unlike female circumcision, hoodectomies are generally carried out on adults and the excision is dependent on the needs of the patient. That said, the procedure is also taking off among a younger population.

According to the American Society for Aesthetic Plastic Surgery, labiaplasty (a number of procedures of which hoodectomies are a part and also the least invasive) has seen an annual increase of 80 percent from 2015 to 2016 for girls younger than eighteen. In addition, “girls 18 and younger account for less than 2 percent of all cosmetic operations but almost 5 percent of all labiaplasties.”⁵⁰ To

⁴⁹ *Ibid.*

⁵⁰ Rabin, R.C. “More Teenage Girls Seeking Genital Cosmetic Surgery.” *New York Times* April 2016.

address this growing trend, in May 2016 the American College of Obstetricians and Gynecologists provided guidance on genital cosmetic surgery in adolescents.⁵¹

However, WHO's primary argument against female circumcision is based on risks and benefits, and because hoodectomies and female circumcision achieve the same result, i.e., a reduced prepuce, they are, in my opinion, identical procedures. Yet hoodectomies are legal and promoted by plastic surgeons, including with guidance for procedures conducted on adolescents, whereas female circumcision is defined as Type 4 FGM and is, by definition, illegal.

In exploring this apparent discrimination, Birgitta Essén and Sara Johnsdotter from the Department of Obstetrics and Gynecology and the Department of Social Anthropology, respectively, at Lund University in Sweden pointed out back in 2003:

No authority in Scandinavia or in any other of the European countries has so far, to our knowledge, revised the clinical acts among plastic surgeons and gynecologists regarding cosmetic genital surgery. Many of these operations, which permanently change the external genitals, are probably performed in the lack of physical or psychiatric motives and should therefore be regarded as violations of the laws on FGM.⁵²

Yet, thirteen years later hoodectomies continue to be completely legal while the calls against female circumcision are growing louder and shriller.

I would like to believe that WHO is not biased against certain religions but it would be disingenuous to ignore an important semantic difference between the terms hoodectomy and female circumcision. This difference is that hoodectomies are treated as non-religious, elective plastic surgery performed by board-certified surgeons all over the United States and Europe whereas the term female circumcision has its associations with the Islamic faith.

Because of female circumcision's undeniable link to Islam, WHO's irresponsible use of the word "mutilation" has only fed the frenzy of Islamophobia that is growing across the world.⁵³

To respond to this potential criticism, WHO published a paper in 1996 devoted to delinking Islam with FGM called "Islamic Ruling on Male and Female Circumcision."⁵⁴ The paper clearly and

⁵¹ [Committee Opinion: Breast and Labial Surgery in Adolescents \(2016\)](#). [The American College of Obstetricians and Gynecologists](#).

⁵² Birgitta, E., and Johnsdotter, S. Female genital mutilation in the West: traditional circumcision versus genital cosmetic surgery. *Acta Obstet Gynecol Scand*. 2004; 83:611–613.

⁵³ See [ClarionProject](#), [JihadWatch](#), and [TheLastCrusade10](#) that spread blatantly anti-Muslim rhetoric in the guise of opposing extremism.

⁵⁴ [Islamic Ruling on Male and Female Circumcision \(1996\)](#). [World Health Organization](#).

accurately provides evidence that Islam has no room for FGM and that Prophet Mohammed prohibited mutilation in any form.

Furthermore, the paper admits to and even lists the many oral traditions (*hadith*) of Prophet Mohammed in which the Prophet calls for female circumcision, describing it as the partial (and very slight) removal of the female prepuce that results in improved sexual satisfaction.⁵⁵

It may be a surprise to some but this is exactly the argument made by the proponents of hoodectomies. The British Association of Aesthetic Plastic Surgeons describes the procedure as one that makes the clitoris more sensitive.⁵⁶ The American website ClitoralUnhooding.com states that the vast majority of hoodectomy patients report increased sexual satisfaction.⁵⁷ The MeClinic in Australia states that in a hoodectomy:

there is no reduction in clitoral sensation during sex. If anything this procedure would generally allow an increase in sensation during sex.⁵⁸

Yet in a weak attempt to stick to WHO's thesis and to assert a blanket FGM claim that can cover all forms of female circumcision, the author provides what is an unconvincing attempt to delegitimize the hadith by simply questioning the authenticity of the sources even when the same sources are almost universally accepted to be accurate by most scholars of Islam.⁵⁹

WHO's definitions: A violation of the rights of the Dawoodi Bohras

My discussion thus far has aimed to highlight the biases observed in the debate on circumcision, one that in my opinion is far from over. WHO's stance on the subject is, in my view and after a review of the available information, ad hoc, lacking any basis in science, and prejudiced against Islamic beliefs.

In this section, I want to highlight the impact on Dawoodi Bohras of WHO's definitions and a non-nuanced approach to female circumcision. With a population of less than a million, Dawoodi Bohras belong to the Shia-Ismaili-Tayyebi branch of Islam under the unifying leadership of Syedna Mufaddal Saifuddin and follow the Fatimid school of Islamic thought.

About 80 percent of Dawoodi Bohras are based in western India with the remaining 20 percent spread across all continents. The community boasts close to 100 percent literacy rates for both men and women

⁵⁵ WikiIslam.net

⁵⁶ BAAPS.org.uk

⁵⁷ ClitoralUnhooding.com

⁵⁸ MeClinic.com.au

⁵⁹ WikiIslam.net

(literacy rates in India are 75 percent for men and 54 percent for women and are much lower for Indian Muslims⁶⁰) and both Dawoodi Bohra men and women participate actively in the social and economic progress of the community while conforming to the norms and traditions of their branch of Islam.

Although a minuscule minority among India's 1.25 billion people, India's Prime Minister Narendra Modi has repeatedly referred to Dawoodi Bohras as model Indian citizens, law abiding, educated, prosperous, and working for the progress of India and the world.^{61,62}

It is also important to note that Dawoodi Bohras believe that Islam is a way of life and that every physical act required by Islam is anchored in a larger, more powerful, spiritual meaning. The principle of "first do no harm" governs all aspects of Dawoodi Bohra life both in a person's attitude to himself or herself as well as toward others.

The Dawoodi Bohra interpretation of Islam prohibits the mutilation of the human body even in its slightest form; alcohol, drugs, tobacco, narcotics, tattoos, and body piercing (except for the piercing of ear lobes in women) are completely forbidden in all forms because of their harmful and permanent effects on the human body.⁶³ In their practices care must be taken even when trimming fingernails lest the nail be cut too deeply and lead to the painful exposure of the flesh underneath.⁶⁴

In the Dawoodi Bohra faith the human body is considered to be a gift from God, something to be cherished, taken care of, and looked after and not something to be wasted or mutilated. To preserve and nourish the body, the faith actively encourages physical fitness and discourages lifestyles that lead to obesity and associated illnesses. The fundamental idea is to ensure both physical health and mental well-being so that a person can take part in activities that contribute to his or her spiritual advancement.⁶⁵

In this vein the Dawoodi Bohra faith prohibits the physical and mental torture of *all* living things, maintains strict guidelines on the humane treatment of animals, and in its teachings prohibits the ill-treatment of children in all spheres and especially with respect to corporal punishment, which it bans.⁶⁶

Like all Muslims, Dawoodi Bohras also carry out male circumcision usually within the first week of birth. The act is not considered to be a form of mutilation according to their beliefs.

And like most Muslims, Dawoodi Bohras agree with the tradition of Prophet Mohammed in calling for female circumcision, i.e., the very slight removal or cutting of the female prepuce. According to the

⁶⁰ Data.gov.in

⁶¹ NarendraModi.in

⁶² Modi, N. (2011, February 2). Inaugural Speech. Dawoodi Bohra Expo in Ahmedabad, India.

⁶³ Noman, Q. A. (1995). *Da'aimul Islam*. Beirut: Darul Adwa. (Original work created between 996-1021.)

⁶⁴ Burhanuddin, S. M., *Discourse*.

⁶⁵ Noman, Q. A. (1995). *Da'aimul Islam*. Beirut: Darul Adwa. (Original work created between 996-1021.)

⁶⁶ Saifuddin, S. T. (1941). *Al-Risalat al-Sharifa: Kauthare Khuld*. Mumbai: Dawat-e-Hadiyah.

Prophet, “when you do circumcise, restrict yourself to cut a minute part and do not excise the glans. That will be far more pleasant for the wife and satisfying for the husband.”⁶⁷ This procedure, too, like male circumcision is not considered to be a form of mutilation.

According to the Fatimid Islamic tradition of the Dawoodi Bohras, female circumcision which is called *Khafz* (خفض) must be carried out after a girl has turned seven. The word *Khafz* is Arabic for “to scale down” or “to shorten” (and, it should be noted, does not mean “to remove”). Depending on the size of the prepuce, the procedure ranges from a nick, a dorsal cut, or an excision of no more than 2 mm. Additionally, great care is taken to not touch the clitoris, let alone harm the genitals.⁶⁸

Indeed because of their beliefs, and especially because the idea of physical mutilation is considered to be anathema, Dawoodi Bohra tradition calls for the removal of prepuce that is no larger than the size of a lentil grain (this is similar to the practice carried out in Indonesia). Consequently, circumcised Dawoodi Bohra women lead normal, successful, and fulfilling lives that are free from the physical and emotional scars suffered by women who do indeed undergo actual genital mutilation.

A Dawoodi Bohra woman in Pakistan when interviewed on this subject said:

I have two daughters and five nieces, all circumcised by doctors. We do not consider it a human rights violation...The procedure literally took all of one second...It was not painful at all. [And it has not] negatively affected my physical urges.⁶⁹

An investigation on Dawoodi Bohra women conducted by the American Consulate in Mumbai, India on the occasion of International Women’s Day reported in 2009 that:

Dr. Neelam Ghore, a gynecologist and women’s rights advocate, said she...did not note any health complications impairing reproductive ability. Another gynecologist, Dr. Duru Shah [said] she has not seen female genital mutilation among her Bohra patients, concluding that if the procedure is truly universal, for her patients, it must have been a very minor excision.⁷⁰

I do not mean to argue that complications in female circumcision never happen. Like all medical interventions and procedures, and like male circumcision, complications do occur but their incidence rate

⁶⁷ Wikislam.net

⁶⁸ Noman, Q. A. (1995). *Da’aimul Islam*. Beirut: Darul Adwa. (Original work created between 996-1021.)

⁶⁹ Zaidi, F. *The Dark Side of Custom*. Newsline August 2011.

⁷⁰ Wikileaks.org. Both gynecologists, Drs. Ghore and Shah, are non-Muslim.

is very low. To put this in perspective, medical errors in the United States are the third-leading cause of death after heart disease and cancer.⁷¹ It should be noted that because of the extremely minor nature of the procedure, no one among Dawoodi Bohras has ever died from female circumcision.

There are also those who question the practice of female circumcision because they believe young girls are vulnerable and are forced to undergo this procedure. The counter argument is really quite simple. First, neonatal circumcision of baby boys who are much more vulnerable is never opposed on these very grounds. Second, and more importantly, girls who are seven years old have been educated about their religion and are not completely oblivious to the procedure. Finally, parents around the world make many decisions for their young children without allowing them any choice in the matter. If lack of consent is to stop circumcision, should parents be prevented from naming their children, or exposing them to their own religion, or bringing them into the world in environments that are ostensibly unfit to raise children (such as in war-torn, famine-struck, and impoverished regions of the world), or carrying out abortions?

With the current movement against FGM, Dawoodi Bohras have found themselves in the unenviable position of having to defend their religious rights and to suddenly have to prove to the world that their practices are not only *anti-mutilation* but that if distinctions were to be made among the various forms of female circumcision, WHO would find in them a model population to showcase to the world.

Yet by choosing to ignore and erase nuance with respect to female circumcision, WHO has opted to be the proverbial bull in a china shop, trampling on the fundamental religious rights of the Dawoodi Bohras, threatening to make a criminal of every person in the community who wants to follow his or her faith.

Indeed the double standard at play here is that a New Yorker may happily pay \$3,000 or more for a hoodectomy but a Dawoodi Bohra family in Sydney who had the same procedure carried out on their daughters in keeping with their religious and human rights were declared guilty of committing a criminal offence.⁷²

It should be noted that in the Australian case the medical examiners could not prove any physical evidence of circumcision (again because the procedure removed such a miniscule amount) and the children were found to be growing up in a loving family and in excellent physical and mental health and performing very well in school.

In its unyielding effort to send a clear message to immigrants all over the country, the Australian judge and jury composed of six men and six women with only two non-Caucasian members, (and not a single

⁷¹ Allen, M. "How many die from Medical Mistakes in U.S. Hospitals." *Scientific American*, September 2013.

⁷² Jabour, B. "Australia's first female genital mutilation trial: how a bright young girl convinced a jury." *The Guardian* November 2015.

Muslim member, I should note), chose to use the innocent comments of a bright, young child as testimony to make a convict out of her mother only because it refused to make a distinction between circumcision and mutilation. In doing so, the jury paradoxically not only robbed the children of a happy childhood, it sent them down a path of stress, sadness, and suffering that it was trying to protect them from in the first place.

A similar case in the United Kingdom (although one that involved a *non*-Dawoodi Bohra Muslim family) brought forth by the Leeds City Council in 2015 had a significantly different outcome. Judge Sir James Munby, President of the Family Division of the High Court of England and Wales, declared that there was no sign of any physical damage to the girl and that there was “no sign of any circumcision” based on medical reports.

Furthermore, Judge Munby asserted that the girl’s brother’s circumcision was much more invasive (he compared it to WHO’s Type 4 female circumcision definition), performed for religious and not therapeutic reasons, and would never give rise to a proceedings from the Leeds City Council. He concluded that even if circumcision had been carried out on the girl, she would “have [been] subjected to a process much less invasive, no more traumatic (if, indeed, as traumatic) and with no greater long-term consequences, whether physical, emotional or psychological, than the process to which [her brother] has been or will be subjected.” The judge dismissed the case concluding that there was no sign of harm done to the girl and observing that the law is inconsistent and that it is curious that:

in 2015 the law generally, and family law in particular, is still prepared to tolerate non-therapeutic male circumcision performed for religious or even for purely cultural or conventional reasons, while no longer being willing to tolerate FGM in any of its forms.⁷³

Similarly, my earlier analysis demonstrated there is no proof from WHO that female circumcision carries the risks associated with FGM. On the contrary, I can confidently declare that if the lives and careers of Dawoodi Bohra women were to provide real-life data points, one would only see a high correlation between the incidence of female circumcision and a woman’s overall well-being, and observe absolutely no deaths resulting from the procedure.

⁷³ UK Courts and Tribunals Judiciary, Case No. LJ12C00295.

Conclusion: A call to review the law and criminalization of female circumcision

The twenty-first century has no place for over-simplifications and prejudice. The basic rights of people (e.g., racial equality, reproductive rights, marriage regardless of sexual orientation, etc.), especially in societies that value individual freedoms and human rights, cannot be allowed to be held hostage based on ad hoc and blanket declarations of what only some perceive to be morally right or wrong. Related topics that frequently emerge in modern societies and illustrate why we, and in particular bodies such as WHO, must stay away from moral and cultural absolutism include:

- **The children of endangered tribes:** Should the ancient traditions and ways of life of the indigenous tribes of the Amazon or Papua New Guinea be eradicated because they are not modern, do not offer formal education to their children, and frequently violate several articles of the Convention of the Rights of Child?
- **Ear piercing:** If children are to be protected from harm, should we criminalize ear-lobe piercing by their parents given that the American Association of Family Physicians states that “35 percent of persons with pierced ears had one or more complications” that include infection, allergic reaction, keloid formation, and traumatic tearing?⁷⁴
- **Male circumcision:** Should we ban male circumcision and tell the world’s 1.6 billion Muslims and 20 million Jews that their religious beliefs must be rejected because in the eyes of some the practice amounts to male genital mutilation and violates the rights of infants and young boys and also because 70 percent of the world’s men who are uncircumcised seem to be doing just fine?⁷⁵
- **Abortion:** Should abortion be declared illegal because as some argue “abortion is wrong for the same reason that FGM is and [because] on account of why FGM is wrong, abortion is *significantly more wrong* than FGM”?⁷⁶

But we live in complex times that call for educated approaches to complicated issues. Instead of making simplistic judgements, and carry a discourse of “us” versus “them” as is the wont of imperialism, the need of the day is to try to understand the other. The world, and WHO with it, must move away from and reject what appears to be a not-so-subtle reincarnation of the White Man’s burden.

Kavita Shah Arora (Professor of Bioethics, Case Western Reserve University) and Allan Jacobs (Professor of Obstetrics and Gynecology, Stony Brook University) in the United States propose a framework that can be useful in developing a path to resolve this debate:

⁷⁴ AAFP.org

⁷⁵ [A Bill to End Male Genital Mutilation in the U.S. MGMBill.org](http://A_Bill_to_End_Male_Genital_Mutilation_in_the_U.S._MGMBill.org) January 2014.

⁷⁶ Conn, C. Female Genital Mutilation and the Moral Status of Abortion. *Public Affairs Quarterly* 2001; 15(1), 1–15.

In a liberal society, then, government and regulatory agencies should tolerate minority practices unless they cause substantial damage to society and its members. [Female circumcision does not] cause harm and thus should be approached from a culturally tolerant perspective that acknowledges a parental right to raise a child according to the parents' own religious and cultural customs, which are well established in American law. In the USA, the Federal Prohibition of Female Genital Mutilation Act, which was enacted in 1996, is deliberately worded broadly enough to not differentiate between the categories of [female genital alteration]. The law is likely unconstitutional and should be altered to allow for religious and cultural freedom for a safe procedure that does not result in long-term harm.⁷⁷

Brian Earp (Research Fellow at the University of Oxford Uehiro Centre for Practical Ethics and visiting scholar at The Hastings Center), although not entirely convinced by Arora and Jacobs' arguments, nonetheless highlights the inherent moral hypocrisy in the critique and banning of female circumcision:

[S]pecific moral principles that are currently being used to justify a “zero-tolerance” stance on FGM (both philosophically and in terms of actual global policy) are not being applied consistently to analogous practices that happen to be more popular in Western countries. Examples that have been raised in the literature of such potentially analogous practices include: female “cosmetic” surgeries such as breast implantation, along with female “cosmetic” genital surgeries in particular, intersex genital “normalization”, and nontherapeutic infant male circumcision. These practices, perhaps because they are more familiar to a Western mindset, might be presumed to be morally unproblematic—or at least, on the whole, permissible—even if a more careful analysis would reveal that they share a number of features with FGM that should qualify them as being comparably morally suspicious. In other words, these critics argue, it might be the case that what appears to be a universal moral standard concerning FGM will turn out to be,

⁷⁷ Arora K.S., and Jacobs A.J. Female genital alteration: a compromise solution. *Journal of Medical Ethics* 2016; 00: 1–7.

upon closer inspection, a “relativistic double standard that masquerades as universalism.”⁷⁸

In that same very spirit, WHO and governments around the world should be taken to task and be made to work harder and with honesty to disclose the whole truth on female circumcision. Western law and policy makers must be forced to confront the biases stemming from a latent cultural and moral superiority pregnant in their language, approach, and policy recommendations.

Indeed, until WHO and/or governments can produce proper research, collect and produce more data, and satisfy their critics on female circumcision, they should actively amend family laws that are racist, demonize certain religious groups, and prevent unnecessary and unprecedented havoc for those who are opposed to the idea of mutilation in all its manifestations.

⁷⁸ Earp, B. Between Moral Relativism and Moral Hypocrisy: Reframing the Debate on “FGM”. *Kennedy Institute of Ethics Journal* 2016; 26(2): 105–144.