

Efforts should be made to use all available educational and counseling resources to dissuade parents from seeking a ritual genital procedure for their son. In those circumstances in which an infant, child, or adolescent appears to be at risk of MGM, MGMbill.org recommends that all physicians educate and counsel the family about the health effects of MGM. Parents should be reminded that performing MGM may be illegal and constitutes child abuse in the United States.

## ► RECOMMENDATIONS

MGMbill.org:

1. Opposes all forms of male genital mutilation (MGM).
2. Recommends that all physicians actively seek to dissuade families from carrying out MGM.
3. Recommends that all physicians provide patients and their parents with compassionate education about the physical harms and psychological risks of MGM.
4. Recommends that all physicians decline to perform any medically unnecessary procedure that alters the genitalia of male infants, boys, and adolescents.

## ► FOOTNOTES

This statement is a publication of MGMbill.org, San Diego, California. <http://www.mgmbill.org>.

## ► ABBREVIATIONS

MGM, male genital mutilation.

## ► REFERENCES

1. National Organization to Halt the Abuse and Routine Mutilation of Males. *Genital Mutilations*. <http://noharm.org/geography.htm>.
2. National Organization to Halt the Abuse and Routine Mutilation of Males. *Statistics on Human Genital Mutilation*. <http://noharm.org/HGMstats.htm>.
3. National Organization of Circumcision Information Resource Centers. *About NOCIRC*. <http://www.nocirc.org/about.php>.
4. International Coalition for Genital Integrity. *About Us*. <http://www.icgi.org/about/>.
5. Doctors Opposing Circumcision. *Foreskin Curriculum*. <http://www.doctorsopposingcircumcision.org/info/foreskin.html>.
6. Nurses for the Rights of the Child. *Position Statement on Infant Circumcision*. <http://www.nurses.cirp.org>.
7. Proceedings of the First International Symposium on Circumcision. *Declaration of the First International Symposium on Circumcision*. <http://www.nocirc.org/declare.php>.
8. Sections 664 and 665 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, Division C, *Omnibus Consolidated Appropriations Act for Fiscal Year 1997*. Pub L No. 104-208; Sept 30, 1996. [http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.45&filename=h4278cph.txt&directory=/disk3/wais/data/104\\_cong\\_bills](http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.45&filename=h4278cph.txt&directory=/disk3/wais/data/104_cong_bills).
9. Attorneys for the Rights of the Child. *Who We Are*. [http://www.arclaw.org/arc\\_about.htm](http://www.arclaw.org/arc_about.htm).
10. MGMbill.org. *About Us*. <http://www.mgmbill.org/aboutus.htm>.
11. National Organization to Halt the Abuse and Routine Mutilation of Males. *Genital Cutting Customs by Age and Region/Ethnic Group*. <http://noharm.org/age-region.htm>.
12. International Coalition for Genital Integrity. *Human Genital Mutilation (HGM) Classifications*. <http://www.icgi.org/information/hgm-classification/>.
13. Williams N. and Kapila L. *Complications of Circumcision*. <http://www.cirp.org/library/complications/williams-kapila/>.
14. Circumcision Information and Resource Pages. *Complications of Circumcision*. <http://www.cirp.org/library/complications/>.
15. Circumcision Information and Resource Pages. *Psychological impacts of male circumcision*. <http://www.cirp.org/library/psych/>.
16. Menage J. *Circumcision and Psychological Harm*. [http://www.norm-uk.org/circumcision\\_psychological\\_effects.html](http://www.norm-uk.org/circumcision_psychological_effects.html).
17. Aldeeb Abu-Sahlieh S. *To Mutilate in the Name of Jehovah or Allah*. <http://www.quran.org/CIRCUMCISION.HTM>.
18. Jewish Circumcision Resource Center. *Information Summary*. <http://www.jewishcircumcision.org/info.htm>.
19. Goldman R. *Circumcision to Look Like Others*. <http://www.circumcision.org/others.htm>.
20. Winkel R. *Male Circumcision in the USA: A Human Rights Primer*. <http://www.ratical.org/ratville/MGMprimer.html>.
21. Young H. *The role of money in the continuation of circumcision*. [http://www.circumstitions.com/\\$\\$\\$html](http://www.circumstitions.com/$$$html).
22. Kennard J. *Complications following Male Circumcision*. [http://menshealth.about.com/od/genitalsexualissues/a/circum\\_comp.htm?terms=circumcision](http://menshealth.about.com/od/genitalsexualissues/a/circum_comp.htm?terms=circumcision).
23. Pollack B. *A Delicate Ritual*. <http://www.boystoo.com/religion/religion2.htm#A%20delicate%20ritual>.
24. Smith J. *Male Circumcision and the Rights of the Child*. <http://www.cirp.org/library/legal/smith/>.
25. Abd el Salam S. *Male Genital Mutilation (Circumcision) A Feminist Study of a Muted Gender Issue*. <http://www.noharm.org/muted2.htm>.
26. Goodenough P. *Activists Want UN to Declare Circumcision a Human Rights Crime*. <http://www.cnsnews.com/public/content/article.aspx?RsrcID=6722>.

# MGMbill.org POLICY

## POLICY STATEMENT

MGMbill.org:

## Male Genital Mutilation

### ► ABSTRACT

The traditional custom of ritual cutting and alteration of the genitalia of male infants, boys, and adolescents, referred to as male genital mutilation (MGM), persists primarily in the United States, Canada, Australia, South Korea, the Philippines, Africa and among certain communities in the Middle East and Asia. Families from all regions in the United States may have sons who have undergone a ritual genital procedure or may request that such a procedure be performed by a physician. MGMbill.org believes that pediatricians and pediatric surgical specialists should be aware that this practice has serious, life-threatening health risks for children and men. MGMbill.org opposes all forms of MGM, counsels all physicians and practitioners not to perform such ritual procedures, and encourages the development of community educational programs for hospitals and religious groups.

### ► INTRODUCTION

Ritual cutting and alteration of the genitalia of male infants, boys, and adolescents has been a tradition since antiquity. It persists today primarily in the United States, Canada, Australia, South Korea, the Philippines, Africa and among certain communities in the Middle East and Asia. The spectrum of these genital procedures has been termed male circumcision, or more frequently, male genital mutilation (MGM) as a collective name describing several different traditional rituals that emphasizes the physical disfigurement associated with the practice. It is estimated that at least 650 million men have undergone MGM and that 13 million procedures are performed annually in male infants and boys, with the most severe types of MGM carried out in African populations.<sup>1,2</sup> Pediatricians, therefore, are likely to encounter patients who have undergone these procedures and pediatric surgeons and pediatric urologists may be requested by patients or by the parents of patients to perform surgery considered a ritual genital operation.

During the past 2 decades several international and national humanitarian and medical organizations have drawn worldwide attention to the physical harms associated with MGM. The National Organization of Circumcision Information Resource Centers and the International Coalition for Genital Integrity oppose MGM as a medically unnecessary practice with serious, potentially life-threatening complications.<sup>3,4</sup> Doctors Opposing Circumcision and Nurses for the Rights of the Child also oppose MGM and advise their members not to perform these procedures.<sup>5,6</sup> In 1989 the First International Symposium on Circumcision recommended that all physicians in the United States strongly denounce all medically unnecessary procedures to alter male genitalia, as well as promote culturally sensitive education about the physical consequences of MGM.<sup>7</sup>

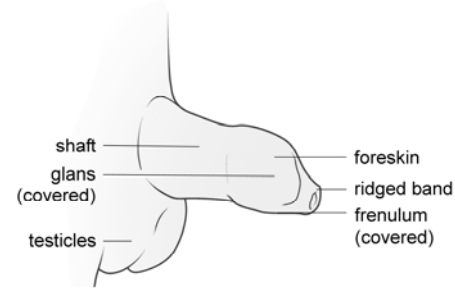
In 1996 the Congress of the United States enacted legislation to criminalize the performance of FGM by practitioners on female infants and children or adolescents younger than 18 years and to develop educational programs at the community level and for physicians about the harmful consequences of the practice.<sup>8</sup> Because the Fourteenth Amendment to the U.S. Constitution guarantees equal protection of the law to all citizens regardless of gender, Attorneys for the Rights of the Child and MGMbill.org argue that MGM is illegal and subject to criminal prosecution.<sup>9,10</sup>

MGMbill.org encourages all physicians to: 1) become informed about the major types of MGM and their complications; 2) be able to recognize the physical signs of MGM; 3) be aware of the cultural, religious, and ethical issues associated with MGM; 4) develop a compassionate educational approach for patients who have undergone or who request such a procedure; and 5) decline performing all medically unnecessary procedures to alter male genitalia.

## ► TYPES OF MALE GENITAL MUTILATION

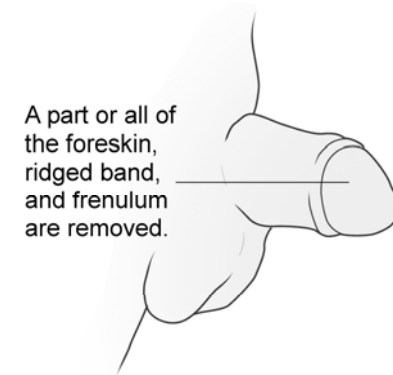
MGM is most often performed between the ages of infancy and 14 years, although in some communities it may be postponed until 20 years of age.<sup>11</sup> In developing countries, typically a local village practitioner or lay person is engaged for a fee to perform the procedure, which is done without anesthesia using a variety of instruments, such as knives, razor blades, broken glass, or scissors. In developed countries physicians or mohels may be sought to perform MGM under clean or sterile conditions with or without the use of anesthesia. Figure 1 shows the normal genital anatomy of a prepubertal male. The various ritual genital practices are classified into four types based on the severity of structural disfigurement.<sup>12</sup>

**Fig. 1.** Normal male genital anatomy.



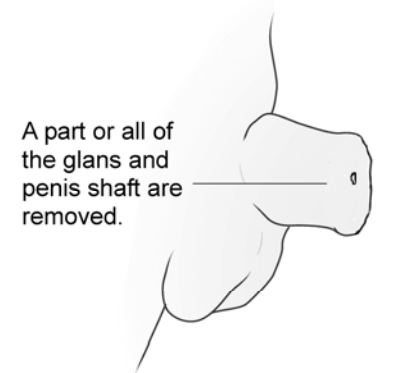
Type I MGM, often termed circumcision, involves excision or injury of part or all of the skin and specialized mucosal tissues of the penis including the prepuce and ridged band (Fig 2). When this procedure is performed in infants and young boys, a portion of or all of the frenulum may be removed. If only the tip of the foreskin is removed, or if the foreskin has only been prematurely and forcibly retracted, the physical manifestation of Type I MGM may be subtle, necessitating a careful examination of the glans, foreskin, and adjacent structures for recognition.

**Fig. 2.** Type I male genital mutilation.



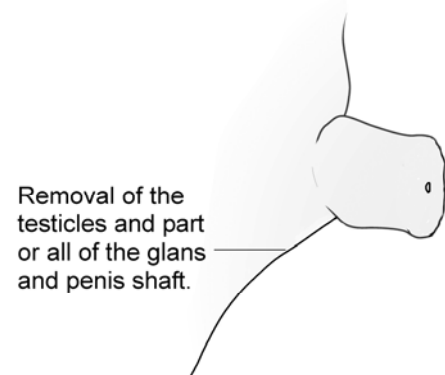
Type II MGM, referred to as glandectomy or penectomy, is excision or injury to the glans and/or penis shaft, along with Type I MGM. (Fig 3). Crude stitches may be used to control bleeding from the penile artery and raw tissue surfaces, and patients with Type II MGM have a shortened urethra resulting from the absence of the glans and/or penile shaft that may cause problems urinating and/or ejaculating.

**Fig. 3.** Type II male genital mutilation.



Type III MGM, known as castration, is the most severe form in which the testicles are excised with or without some or all of the foreskin and/or penile shaft (Fig 4). The raw surfaces are stitched together and the patient may no longer be able to maintain an erection or father children.

**Fig. 4.** Type III male genital mutilation.



Type IV includes different practices of variable severity including pricking, piercing or incision of the prepuce, glans, scrotum or other genital tissue; cutting and suturing of the prepuce over the glans (infibulation); slitting open the urethra along the ventral surface of the penis (subincision); slitting open the foreskin along its dorsal surface (superincision); severing the frenulum; stripping the skin from the shaft of the penis; introducing corrosive or scalding substances onto the genital area; and any other procedure which falls under the definition of MGM given above.

The physical complications associated with MGM may be acute or chronic. Early, life-threatening risks include hemorrhage, infection, excessive skin loss, skin bridges, glans deformation, bowing, meatal stenosis, loss of penis, and death.<sup>13,14</sup> Circumcision (Type I) is often associated with long-term sexual function difficulties. Common problems involve chafing and dryness during intercourse, reduced sexual feeling, and a buildup of desensitizing keratin on the exposed glans and remaining inner foreskin.

Less well-understood are the psychological, sexual, and social consequences of MGM, because little research has been conducted in countries where the practice is endemic.<sup>15</sup> However, personal accounts by men who have had a medicalized genital procedure recount anxiety before the event, terror at being seized and forcibly held during the event, and lack of sexual pleasure during intercourse.<sup>16</sup> Some men have no recollection of the event, particularly if it was performed in infancy, while others deny that the procedure has had any negative effect on their health or sexual life.

## ► CULTURAL AND ETHICAL ISSUES

MGM has been documented in individuals from many religions, including Christians, Muslims, and Jews. Some proponents of the practice claim that it is required by the Islamic and Jewish faiths. However, scholars and theologians of Islam and Judaism state that male circumcision is not prescribed by their religious doctrine, emphasizing that the procedure is not universal among Muslims and Jews.<sup>17, 18</sup>

Goldman<sup>19</sup>, Winkel<sup>20</sup>, and Young<sup>21</sup> have summarized four additional reasons proposed to explain the custom of MGM: 1) to look like others in the community; 2) to help maintain cleanliness and health; 3) to control the sexuality of male children; and 4) financial incentives. Preventive medicine rationalizations have been noted by Winkel<sup>20</sup> to be of particular importance to physicians who continue to advocate circumcision.

When parents request a ritual genital procedure for their son, they believe that it will promote their son's integration into their culture, protect his health and hygiene, and make him more attractive. Parents are often unaware of the harmful physical consequences of the custom, because the complications of MGM are attributed to other causes and rarely discussed outside of the family.<sup>22</sup> Furthermore, parents may feel obligated to request the procedure because they believe their religion requires male genital alteration.<sup>23</sup>

The physical burdens and potential psychological harms associated with MGM violate the principle of nonmaleficence, a commitment to avoid doing harm, and disrupt the accepted norms inherent in the patient-physician relationship, such as trust and the promotion of good health. More recently, MGM has been characterized as a practice that violates the right of infants and children to good health and well-being, part of a universal standard of basic human rights.<sup>24</sup>

Although pediatricians and pediatric surgical specialists may believe that refusal to perform MGM may represent ethnic and cultural imperialism, protection of the physical and mental health of boys should be the overriding concern of the health care community. Humanitarian organizations led by men and women from cultures in which MGM is practiced have adopted a strong position against the procedure because of its serious physical and psychological consequences.

## ► EDUCATION OF PATIENTS AND PARENTS

An educational program about MGM requires, above all, sensitivity to the cultural background of the patient and his parents and an appreciation of the significance of this custom in their tradition.<sup>25</sup> Objective information should include a detailed explanation of male genital anatomy and function, as well as a thorough review of the lifelong physical harms and psychological suffering associated with MGM. It should be emphasized that human rights activists in many developed countries have supported efforts to educate the public about the serious negative health effects of MGM, and that prominent physicians are advocates for the elimination of these practices because of their adverse consequences. Pediatricians and pediatric surgical specialists who care for patients from populations known to commonly practice MGM, such as American, Middle Eastern, and African communities, should be aware of local counseling centers. Successful educational programs typically require the active involvement and leadership of men whose experience and knowledge can address the health, social status, and legal aspects of MGM.

Some physicians, including pediatricians, who work closely with populations in which MGM is endemic, have voiced concern about the adverse effects of criminalization of the practice on educational efforts.<sup>26</sup> These physicians emphasize potential medical benefits, and advocate universal circumcision of male infants. Pediatricians and pediatric surgical and urologic surgeons who are contemplating performing such a procedure should consider their role in perpetuating this social practice with its cultural implications for the status of men.