Medicalised genital cutting in the Global North may impede abandonment efforts in the South

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Dear Editor,

Kimani et al.[1] oppose medicalisation of non-therapeutic female genital cutting (FGC) in Global-South communities, regardless of consent/voluntariness or cutting severity, including non-tissue-removing forms ("ritual-nicking") and forms anatomically indistinguishable[2] from "cosmetic" FGC, already medicalised in the Global North[3,4] (e.g., clitoral "unhooding" [WHO Type-1a] and cosmetic labiaplasty [WHO Type-2a], increasingly performed on minors, as with ~20% of U.S. labiaplasties 2016-2019).[5] Other medicalised Global-North cutting includes non-consensual intersex "normalisation"[6–8] and non-therapeutic penile circumcision (over 1 million/year in U.S.).[9,10]

Although Kimani et al. cite carefully-selected cases (e.g., Indonesia) to argue medicalisation may not always lead to less-severe cutting, it appears that, even if it were harm-reducing in certain contexts, they'd oppose it on principle: it might "normalise" and "perpetuate" a practice they see as an intrinsic human-rights violation (notwithstanding the practice has already been normalised in said communities and perpetuated in some cases for centuries). But if non-therapeutic genital cutting is an intrinsic human-rights violation—irrespective of severity, medicalisation, or voluntariness/consent—why do Kimani et al. only condemn Southern, but not Northern practices, and only those affecting non-intersex (i.e., "endosex")[11] females?

Such gerrymandered opposition is troubling: it weakens "human rights" claims, emboldening critics who argue such claims reflect, not truly-universal moral principles, but Northern cultural hegemony/imperialism.[12] It also distorts scientific theorising thus undermining the factual/pragmatic basis for effective human-rights campaigning.[13] For example, by ignoring Northern medicalisation both at-home (e.g., U.S.-anomalous non-religious infant-circumcision, with search for "health benefits")[14–17] and "abroad" (U.S.-funded campaign to circumcise millions of Africans, esp. teenage boys),[18,19] Kimani et al. miss a likely cause of FGC-medicalisation and obstacle to FGC-abandonment.

Virtually all Global-South communities that practice FGC also practice "MGC" on boys.[20,21] Depending on the group, either the male or female ritual may be more physically severe or medically risky.[22–24] The rituals are often seen as equivalent, practically/symbolically complementary, and referred to with the same local word.[25–28] FGC has almost-exclusively arisen in societies with extant MGC customs (e.g., to "counterbalance" the main male-bonding ritual);[29] historically, when MGC is abandoned, FGC quickly follows (but not vice versa).[28] Both practices "have co-evolved with and may help maintain fundamental social structures … the eradication of [FGC might only] occur as a by-product of change in other social institutions … most importantly, [MGC]."[28](p. 642) Since MGC is a nearly-universal "evolutionary precursor of [FGC,] it may be more difficult to eliminate [FGC] while treating male circumcision as a separate practice."[28](p. 642)

Parents who value FGC invariably also value MGC.[30,31] Contra Kimani et al., many FGC-valuing parents will have observed that sterile razor-blades, antiseptic wipes, clean bandages, and antibiotics can in fact significantly reduce genital cutting-related blood-loss and infection, ceteris paribus[32,33]—as evidenced by U.S.-funded, WHO-backed efforts to medicalise (only) the male half of their community's bi-sex rite of passage in a (questionably effective)[34–37] anti-HIV campaign.

Given this, rational parents are likely to seek the same level of apparent "medical protection" for their daughters as granted their sons. Per Kenyan physician Tatu Kamau, while both FGC and MGC are "primarily conducted for cultural reasons, men have access to the highest standard of healthcare [while] workers are prohibited from providing services to women wishing to be circumcised."[38](p. 32) Selective opposition to FGC "absurdly prevents women from accessing quality health services and then blames them for risking their lives … during circumcision, both males and females run the same immediate surgical risks of uncontrolled bleeding, shock and sepsis yet males are privileged to have these risks mitigated but females are not."[38](p.32)

A more consistent approach would oppose all medically-unnecessary, non-voluntary genital cutting of children, regardless of sex in both North and South, while tolerating medicalised cutting in consenting adults with the same proviso.[39–45]

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