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RESEARCH ARTICLE

The Double Standards in Genital Mutilation

Kameel Ahmady*

ABSTRACT

This article extends a decade of phenomenological research on female genital mutilation (FGM) in Iran (Ahmady *et al*., 2015) to critically examine the parallel practice of male genital mutilation (MGM). The initial study, which documented the perpetuation of FGM outside its commonly assumed geographical borders, revealed the need for a comparative analysis of MGM, a practice often defended by similar cultural and religious arguments. This paper confronts the profound double standard in which FGM is internationally condemned as a human rights violation, while MGM persists with broad societal and even medical endorsement. Presenting a comparative ethical and human rights analysis, this paper deconstructs the complex matrix of justifications rooted in tradition, patriarchal authority, and religious mandates that sustain non-therapeutic male circumcision. The analysis revealed that MGM and FGM share striking parallels, functioning as mechanisms of social control and gender identity construction. It is argued that MGM constitutes a significant violation of a child's right to bodily integrity and is as much an attack on masculinity as FGM is on femininity. By challenging the segregated ethical discourses surrounding genital cutting, this article calls for a consistent, gender-neutral application of human rights principles, concluding that the protection of all children requires unequivocal rejection of medically unnecessary genital alterations.

Keywords: FGM, FGM/C, Iran, the right to bodily integrity.

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University of Kent, United Kingdom.

Corresponding Author:
e-mail: kameel.ahmady@gmail.com

1. Introduction

The debate encompassing female genital mutilation (FGM) and male genital mutilation (MGM) has evolved into a deeply polarized and emotional discourse, often stalling at the fundamental question of whether the two practices are comparable. The resulting loggerheads have escalated into bitter rhetoric as these two seemingly irreconcilable positions elicit powerful defensive responses from advocates on all sides. This paper seeks to move beyond this impasse by scrutinizing the ethical and cultural frameworks that sustain these practices, with a particular focus on the double standards applied to MGM.

This paper argues that the disparate treatment of FGM and MGM reflects a gender-based double standard in the application of human rights. Despite physical differences, both practices violate core principles of bodily integrity and consent. The analysis demonstrates that the international condemnation of FGM, while tolerating or endorsing MGM, is ethically inconsistent and requires rectification through a gender-neutral human rights framework.

MGM is a practice that holds a myriad of meanings and is performed within both medical and religio-cultural contexts. It is primarily rooted in the traditions of two major Semitic religions: Judaism and Islam. Jewish faith, for instance, is a religious ceremony performed on the eighth day of a male infant's life, provided there are no medical contraindications (World Health Organization & UNAIDS, 2008). Religion can also act as a deterrent. Major world religions, such as Buddhism and Hinduism, historically oppose MGM, founded on the theological principle that the body is a divine creation that no person has the right to alter without the explicit permission of its owner (Ahmady *et al*., 2023). In recent decades, justifications for MGM have seeped beyond these religious boundaries, increasingly promoted on the basis of alleged, though highly contested, health benefits.

Although FGM and MGM share the crucial similarity of being non-consensual procedures performed on children, they differ significantly in terms of their physical acts and health consequences. FGM encompasses various degrees of cutting of the female external genitalia and is widely recognized as a socially suppressive practice with an egregious compilation of acute and long-term complications. MGM involves surgical removal of the foreskin, which is the sensitive tissue covering the glans penis. While MGM carries potential health risks, the sheer level of harm and anatomical extensiveness entailed by most forms of FGM passes a "threshold of intolerability that is not passed by MGM" (Bell, 2005, p. 135). To suggest that direct physical equivalence would be inaccurate, a far more extensive mutilation of the male penis would be required for MGM to be comparable to more severe forms of FGM.

Nevertheless, it is within this distinction that the acrimonious FGM/MGM debate is centered. The discussion often fragments into arguments for MGM as a preventative health measure, a religious mandate, or a human rights quandary. A drumbeat of derision frequently ensues from those who vehemently object to any comparison, an attitude encapsulated by the question, "How dare I compare the innocuous and beneficial removal of the foreskin with the extreme mutilations enacted against females in other societies!" (Bell, 2005, p. 135). This viewpoint insists that discussing FGM in the same breath as male circumcision serves only to "trivialize the former and to cause all manner of moral confusion" (Earp, 2014) and that anatomical and social differences render them "two distinct modern health topics" (Columbia Health, 2021).

However, this study aligns with scholars who argue that MGM should not be considered in isolation from FGM (Hellsten, 2004). The frequent encouragement of MGM, based on fluctuating rationales from tradition to hygiene, has allowed it to be tolerated as minor or insignificant harm. This position is powerfully challenged by anti-FGM activists like Lightfoot-Klein (1997), who noted that few of those who dismissed the procedure casually would volunteer to undergo a comparable removal of their own genital tissue, even with anesthesia. Unquestionably, the perception and condemnation of FGM are deeply implicated in cultural understanding and acceptance of MGM. Therefore, the purpose of this article is not to claim an exact equivalence of physical harm, but rather to present a critical examination of MGM against a backdrop of double standards. It proceeds from the position that when the external genitals of vulnerable children are altered in the name of tradition without medical necessity, a fundamental ethical line is crossed, regardless of the child's gender.

2. Methodology

This article employs a critical literature review, situated within a human rights-based analytical framework, to investigate the double standards that characterize the socio-legal and ethical discourses on genital mutilation. This paper asserts that the non-chalant cultural acceptance of male genital mutilation (MGM) is sustained by deep-rooted cultural and religious values that have historically evaded rigorous ethical scrutiny. The objective of this methodology is to synthesize and analyze information from a wide range of sources to assess the consequences of MGM, identify the sociocultural dynamics that perpetuate it, and examine the primary obstructions to its eradication.

The selection of a comprehensive literature review as the primary methodology was informed by the nature of the research field. As a practice, MGM is not an overtly researched topic outside of clinical or religious studies, and the full extent of its mental and emotional health consequences remains significantly under-explored, especially within Western contexts, such as the United States. Given this, it was imperative to explore all available categories of information to generate the best possible understanding of MGM's socio-cultural persistence.

A purposive selection of sources was undertaken to maintain the integrity of the analysis. This review was structured into four distinct categories of materials. First, a survey of peer-reviewed journal articles from the disciplines of medicine, law, bioethics, sociology, and anthropology was conducted to ground the arguments of the paper in established academic literature. Second, data and policy statements were extrapolated from influential national medical organizations, including the American Academy of Pediatrics (AAP) and the U.S. Centers for Disease Control and Prevention (CDC), whose publications are instrumental in shaping medical policy and public perception.

Third, reports and guidelines from key international organizations addressing child welfare, health, and human rights were reviewed for relevant information. Specifically, this included publications from the United Nations (UN), World Health Organization (WHO), and Brussels Collaboration on Bodily Integrity, which provide a global perspective on norms and standards. Finally, the analysis was underpinned by a critical examination of foundational international treaties, principally the Universal Declaration of Human Rights (UDHR) and the Convention on the Rights of the Child (CRC), with supplementary material from the United Nations Children's Fund (UNICEF), used to interpret the application of these human rights frameworks to child protection. This methodological approach, a

critical literature review, was chosen over a systematic review (e.g., using PRISMA guidelines) because the research question is primarily normative and analytical rather than clinical or empirical. The goal is not to aggregate quantitative data but to synthesize and critically evaluate legal, ethical, and socio-cultural arguments from an interdisciplinary body of literature to expose inconsistencies in human rights applications. While this approach allows for a nuanced ethical analysis, it is limited by its reliance on qualitative interpretations rather than quantitative generalizability.

3. Results

While acknowledging the significant differences in physical procedures and severity of harm, a comparative analysis of FGM and MGM revealed a series of disturbing parallels. These commonalities move beyond superficial similarities in terminology, such as the shared appeals to custom, religion, and tradition, to expose a deeper, intertwined sociocultural logic. As Dorkenoo (1994) asserted, despite the difficulties involved in juxtaposing the two, "certainly the two procedures are related" (p. 52). Both involve intentional, non-therapeutic, and permanent alterations in a child's genitals. Furthermore, as Lightfoot-Klein (1997) argued, the foundational reasons given for routine FGM and MGM are often essentially the same: both are typically perpetrated by force on the helpless, unconsenting bodies of infants and children, frequently without anesthesia.

3.1. The Disturbing Parallels: A Comparative Analysis of FGM and MGM

3.1.1. Socio-Cultural Functions and Identity Construction

The complex challenges posed by FGM and MGM demonstrate that both practices are considered indispensable to the construction of idealized femininity and hegemonic masculine identities. Both operate within a powerful matrix of patriarchal authority, societal obedience, and an uncritical deference to tradition. FGM is strictly enforced on girls before puberty as a rite of passage, preparing them for adulthood and marriage by enforcing ideals of purity and submissiveness. Similarly, MGM has been elevated to a level of normative practice, where it is genuinely perceived as an essential step in "becoming a man" and a naturalized symbol of manhood itself (Ahmady *et al.*, 2023). In both cases, the unaltered body was framed as incomplete or socially unacceptable, making the procedure a prerequisite for full inclusion within the community.

Both FGM and MGM are cultural practices that serve as a dominant social paradigm, affecting both boys and girls. Research indicates that virtually all societies that perform medically unnecessary FGM also perform medically unnecessary MGM, often in parallel ceremonies that serve analogous social functions (Johnsdotter, 2018). As Alderson (2017) notes, in practically all societies where FGM is practiced, MGM is practiced on boys as well. The primary driver for both is preparation for marriage. Just as FGM is performed to ensure that a girl is considered a worthy marriage partner, MGM has historically acted as a gateway for social acceptance, marriage, and community well-being. The social construction of manhood, as outlined by Pleck (1981), comes with immense pressure to conform to prescribed ideals; MGM is often positioned as a physical manifestation of that conformity.

FGM and MGM developed within specific socio-cultural and economic contexts that mirror strict social orders and codes of behavior. Both are undertaken as part of an intricate cultural system that heavily influences a parent's decision to perform the procedure–a choice that is cloaked in deeply entrenched sociological values. Over time, these sociological roots have given rise to widely accepted societal norms that dictate what it means to be considered acceptably "feminine" or "masculine" within a given community. The result is a self-perpetuating system in which the primary justification for the procedure is the simple fact that it has always been done. Both practices ultimately involve the removal of healthy functional tissues in the absence of medical urgency. FGM targets the vulva, the symbol of femininity, while MGM targets the penis, the symbol of masculinity, leaving both genders with a permanent and irreversible mark on their external genitals.

3.1.2. The Spectrum of Harm and Experience of Pain

To understand the scope of the physical harm involved, it is necessary to examine the escalating degrees of severity in both FGM and MGM. The World Health Organization (WHO) has established a formal classification system for FGM, outlining four broad typologies.

- **Type I:** Partial or total removal of clitoral glans and/or clitoral prepuce.
- **Type II:** Partial or total removal of the clitoral glans and labia minora, with or without excision of the labia majora.
- **Type III (Infibulation):** narrowing of the vaginal opening by cutting and repositioning the labia minora or majora, sometimes through stitching.

- **Type IV:** All other procedures harmful to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping, and cauterization (World Health Organization, 2024).

Mirroring this classification, Sami Aldeeb Abu-Sahlieh proposed four similar typologies for MGM, which illustrate a comparable spectrum of severity beyond standard circumcision:

- **Type 1:** Removal of a portion or all foreskin (prepuce).
- **Type 2:** A more complex procedure involving removal of the foreskin ('milah') followed by the tearing of the membrane underneath ('periah').
- **Type 3:** Complete removal of the skin covering the entire penis and testicles.
- **Type 4:** An open incision from the testicles to the glans creates a cleft resembling the vagina (Ahmady *et al*., 2023).

While the most common form of MGM is anatomically similar only to Type I FGM, this comparison highlights that both practices exist on a continuum of harm. The most severe forms of MGM are far worse than Type I FGM, as Type IV FGM is unquestionably more extreme than the most common form of MGM.

The stark consequences of FGM have been firmly established, primarily through powerful and harrowing testimonies of survivors. These accounts reveal a brutal reality, whose effects persist for a lifetime, often beginning with what can only be described as a deliberate ambush arranged by family members. As one survivor recalled decades later, the psychological wound remains vivid as the physical one: "It's been 41 years, but the sound of the blade still rings in my head. The pain I felt was so intense that even today I cannot describe it. Why did my mother do this to me?" (Burrage, 2016, pp. 26–27).

These testimonies frequently detail the lack of anesthesia or sterile instruments, the overwhelming physical force used to restrain them, and the profound sense of betrayal and psychological trauma that follows (Katsounari, 2015). Survivors recount the indifference of those around them and the terror of the experience.

> I tried to make sense of what was happening amid the shouting and howling . . . my legs were spread apart. A woman ten times my size sat on top of my chest (Burrage, 2016, p. 49).
> What hurt me the most was the indifference of people around me. Three or four other girls sat on the ground, with their legs spread. They were screaming, and soon I was screaming too because I was so scared (Van der, 2016).

For many people, physical and emotional pain is a daily reality. Nawal El Saadawi (2018) wrote of a "deep wound in my body [that] never healed," but noted that "the deeper wound has been the one left in my spirit, in my soul."

Lifelong, embedded memories of pain are recalled with equal clarity by men who have undergone MGM, particularly those subjected to traditional methods without anesthesia. The foreskin is a normal, functional, and highly innervated part of the body; its non-therapeutic and irreversible removal is inherently painful procedure (World Health Organization & UNAIDS, 2008). Testimonies from men reveal a cognisance of MGM's brutal reality, offering a stark reminder of the pain associated with the removal of healthy tissues. As one man stated:

> Next, I know, the two nurses held down my arms, and I would guess that the maid servant was holding my legs . . . I felt a sharp cut on my penis. This treatment alone was insanely painful. I remembered it. Perhaps it was so painful that the memory of it pretty masked the memory of me enjoying my life with friends (Mraci, 2014).

These personal accounts often describe the terror and confusion of the moment, especially for young boys, who do not understand what is happening. One detailed account from the author's own research illustrates this vividly.

> I was four and a half years old, and I did not really understand what was happening . . . When they started cutting with a knife-like blade, I cried out in pain. My crying intensified when someone named Salmani [the barber] lit a small piece of cloth on fire and put hot ashes on my wound. (Ahmady *et al*., 2023, pp. 353–354).

Another man recalled the ordeal as a shared, inescapable suffering: "all of our attention and focus was on enduring pain. We knew that a cut was going to be made and that it would be somewhat painful . . . we also knew that there was no other option and that we had to go through with it" (Ahmady *et al*., 2023). While the scale of damage may differ, the experience of nonconsensual pain inflicted in childhood provides a powerful and disturbing thread of commonality between FGM and MGM.

3.1.3. Mechanisms of Perpetuation

Beyond the typologies of physical harm, FGM and MGM are intrinsically linked by powerful and complex architectures of ethical, social, and cultural dynamics. These shared frameworks, which ensure the perpetuation of practices across generations and geographies, have rarely been scrutinized with consistent ethical criteria. To understand the resilience of MGM and the double standard that protects it, one must deconstruct the foundational justifications it shares with FGM, from the violation of consent to the deep-seated mechanisms of patriarchal control.

The most fundamental ethical breach common to both FGM and MGM is their performance on non-consenting minors in the absence of a demonstrable medical emergency. While the physical consequences and degrees of harm differ, this distinction becomes secondary to the unassailable fact that healthy, functional, and often erogenous tissue is permanently removed from a child who is legally and cognitively incapable of providing informed consent. The act of surgically altering a minor's genitals, regardless of gender, raises profound ethical questions that strike the core of medical ethics and human rights. Removing a part of a child's penis through MGM fundamentally conflicts with their future right as an adult to make autonomous decisions about their own body, a right that is almost universally protected in all other contexts of non-therapeutic cosmetic surgery.

Physicians in many countries are placed in an ethically fraught position of responding to parental requests "that may be rooted in cultural or religious values, or perhaps… social preference rather than good medical practice" (Alderson, 2017, p. 55). This creates conflict between parental authority and the child's emergent rights. As legal and bioethical scholars such as Möller (2020) have extensively argued, any such non-therapeutic, irreversible procedure must be deferred until the individual reaches an age of legal and cognitive maturity. At that point, they can provide their own fully informed consent, weighing the cultural benefits against physical and psychological risks. A child lacking the cognitive development, life experience, and capacity to understand the long-term implications for sexual function, psychological well-being, and personal identity simply cannot comprehend the nature of this permanent act. It is inconceivable to suggest that they genuinely appreciate or consent to the procedure, making parental permission a form of proxy consent that oversteps ethical boundaries.

Both practices are sustained by powerful, deeply gendered, and intergenerational social mechanisms. Extensive research into FGM in Iran revealed the unsettling and paradoxical dynamics where women, often the survivors of the practice themselves, are frequently at the forefront of their perpetuation, acting as staunchest defenders and enforcers (Ahmady *et al*., 2015). Bearing in mind the cascading layers of chronic pain, sexual dysfunction, and psychological suffering that they have personally endured, it is difficult to comprehend why a mother would obediently and often zealously subject her own daughter to the very same fate. This paradox is a searing attestation to the overwhelming force of tradition and social pressure, which operates as a silent, inescapable mandate deeply embedded within the societal structure that can override even the most basic protective instincts of a parent. Mutilation becomes a condition of society, and women's silent obedience reflects the depth of its entrenchment.

This zealous, intergenerational support is precisely duplicated in the context of MGM, where males are rigorously enforced by their elders, particularly fathers. As documented in research on male circumcision in Iran, a powerful cycle of patriarchal inheritance is at play: "Fathers who have themselves suffered the pain and suffering of circumcision not only have no conception of standing up to traditions, but also have no ability or intention to confront them; they only try to heal their children's wounds in any way possible by soothing them. It is passed down one generation to another; fathers… will nevertheless carry the torch" (Ahmady *et al*., 2023, p. 40). This cycle is driven less by a desire to inflict harm and more by an uncritical obedience to a deeply normalized ideology of masculinity, where enduring this pain is seen as a necessary part of a boy's journey to manhood.

Familial pressure is amplified by broader and often overwhelming societal coercion. The fear of being ostracized, ridiculed, or deemed socially unfit for marriage is a compelling incentive for conformity in both FGM and MGM. Individuals and families feel that they cannot afford to be different and thus must adhere to the prevailing norms of femininity and masculinity, regardless of personal conviction. The tenacity and resilience of both practices depend heavily on ideological obedience. MGM, in particular, has become so normalized in many cultures, including Iran, that it is perceived not as a medical or cultural choice, but as a natural, legitimate, and unquestionable condition of male life. Consequently, it has largely failed to attract sociologists' attention as a social issue worthy of critical analysis (Ahmady *et al*., 2023; Kiman, 2015).

The pressure required to conform is acute and measurable. A landmark U.S. survey revealed that social reasons were the primary determinant for parents choosing MGM. The father's own circumcision status was the single strongest correlate; 90% of circumcised fathers chose the procedure for their sons, compared to only 23% of non-circumcised fathers, demonstrating a powerful drive for normative replication (Brown & Brown, 1987). Men who are not circumcised in highly circumcising societies may be regarded as social outcasts by their peers, feeling "unnatural and unequal"

(Douglas, 2013). This stigma is a powerful weapon of enforcement, as illustrated by anecdotal accounts such as the man who was told, 'If you wish to become my son-in-law, then you must first undergo circumcision' (Brown & Brown, 1987, p. 23). Parents may, therefore, choose MGM for their child not out of deep belief, but simply to avoid this future social stigma.

3.1.4. Shared Justifications and Global Scope

The social pressures that enforce FGM and MGM are legitimized by a shared and surprisingly consistent set of cultural beliefs, particularly notions of purity, modesty, and cleanliness. In many traditions that practice both forms of cutting, it is believed that the female clitoris connotes undesirable maleness, whereas the male penile foreskin connotes undesirable femaleness. Therefore, their removal is seen as a necessary act of purification, required to create a "proper" or aesthetically complete gendered body. This parallel was keenly observed by Lightfoot-Klein (1989), who wrote that "the [main] reasons given for FGM in Africa and . . . for routine male circumcision in the US. is essentially the same. Both promise cleanliness, the absence of odors . . . greater attractiveness and acceptability" (p. 73).

Furthermore, both practices are framed as critical coming-of-age rituals essential for social integration. In many societies, FGM ceremonies are important and celebrated rites of passage where girls are honored with desirable presents and their families are recognized for upholding tradition (Lightfoot-Klein, 1989). Likewise, male circumcision ceremonies remain an important practice with deep cultural significance, forming the basis upon which manhood and identity are determined (Kiman, 2015). These rituals are often rich in symbolism and accompanied by grandeur and extravagance, including special clothes, lavish feasts, and gifts from the elders. In contemporary Iran, the MGM ritual has transformed from a purely religious rite into a major social event on par with a wedding, marking a boy's transition to manhood (Ahmady *et al*., 2023). However, it is crucial to recognize that genital encroachment on a child's body serves the vested interests of the family and community by reinforcing social bonds, patriarchal lineage, and tradition rather than the best interests of the individual child. This raises a critical ethical question: Who is truly served by the ritual?.

These powerful social mechanisms have ensured the widespread global prevalence of both FGM and MGM. Although gathering precise data on FGM can be arduous due to its private and often clandestine nature, reputable agencies such as UNICEF have produced harrowing statistics. It is estimated that more than 200 million girls and women worldwide are subjected to FGM (UNICEF, 2013). This is not a phenomenon confined to one region: Africa accounts for over 144 million cases, Asia accounts for over 80 million, and a further 6 million in the Middle East, with an additional 1–2 million affected in smaller practicing communities across the globe (UNICEF, 2024).

The statistics for MGM are equally, if not more, staggering, demonstrating that it is one of the world's most common surgical procedures. Globally, of the approximately 30% of males globally who have undergone genital cutting, an estimated two-thirds are Muslim (World Health Organization & UNAIDS, 2008). In countries such as Iran, uncircumcised men are a statistical anomaly, with an estimated prevalence of 99.7% (Morris *et al*., 2014). This practice is deeply entrenched in the west. In the United States, the prevalence is remarkably high, with data indicating that approximately 80% of the male population aged 14–59 years have had their genitals cut (Morris *et al*., 2014). This high rate is driven by a confluence of cultural norms and religious practices, with one report noting that 69% of Muslims, 80% of Jews, and 13% of non-Muslims and non-Jews in the U.S. practice circumcision (World Health Organization & UNAIDS, 2008). These data make it clear that MGM is not a marginal practice but a deeply normalized and widespread global phenomenon.

Euphemistic and clinical language often used to describe these procedures, particularly the term "circumcision, "can obscure their inherent brutality. Labelling the act does not magically erase the harm of a searing and invasive procedure, especially when performed on a terrified and defenseless young child. In traditional FGM, knives, stones, and unsterilized blades are the favored tools. Traditional tools for MGM are similarly crude, including the *dallak* blade (razor), sharpened wooden reeds, and scissors (Ahmady *et al*., 2023). Memories of these tools are often the most vivid part of a traumatic experience. Even in modern medical settings, this procedure is far from benign. For example, in the U.S., the modern form of MGM is significantly more invasive than in many traditional contexts, typically removing between one-third and one-half of the entire movable skin system (Earp, 2015).

Ultimately, both FGM and MGM are deeply ingrained social phenomena that are sustained and enforced by patriarchy. FGM emerged historically with the rise of patriarchal societies that sought to control female sexuality and reproduction, representing "the imposition of some puissant men's will quite literally onto the bodies and minds of women and girls" (Ahmady *et al*., 2015, p. 22). However, this identical overarching patriarchal power is equally applicable to men, who are also victims of a system that prescribes rigid hegemonic forms of masculinity. In this warped cultural parameter, men are symbolically required to submit the sexual part of themselves and that of their sons to patriarchal authority. This act reinforces the patrilineal order and completes the cycle of control, demonstrating that patriarchy harms all genders, albeit in different ways and to varying degrees.

3.2. A Glaring Inconsistency: Situating MGM within a Human Rights Framework

While the sociocultural parallels between FGM and MGM are compelling, the most significant and consequential area of comparison lies within the prism of international human rights. A robust legal and ethical consensus has firmly established that FGM, irrespective of how or where it is practiced, constitutes a grave violation of universal human rights principles, including the right to personal integrity, the right to health, and the right to be free from gender-based violence. The mutilation of the external female genitalia is unequivocally recognized as a form of physical harm that, in its most severe forms, has been likened to torture by international bodies (United Nations Human Rights Council, 2016). Therefore, any non-consensual and medically unnecessary mutilation of a child's genitals, including the penis, must be scrutinized under the same rigorous principles of equality and non-discrimination. Such acts violate a suite of fundamental protections, including the right to freedom from cruel, inhuman, or degrading treatment; the right to the highest attainable standard of health; the right to physical integrity; and the fundamental rights of the child. In the most tragic cases involving complications such as hemorrhage or infection, risks that have been linked to infant deaths in the United States can even violate the right to life (Bollinger, 2010).

3.2.1. The Inconsistent Application of Universal Human Rights

Both FGM and MGM are deeply entrenched in human rights issues, as both involve non-therapeutic removal of healthy tissue from a person incapable of providing consent. The only ethically justifiable reason for such an invasive procedure in infants is its immediate and demonstrable medical indication. In the case of FGM, this principle is applied without exception; unjustifiable genital removal is met with widespread horror and abject legal and social rejection. In stark contrast, no consistent standard was applied to the MGM. The practice is frequently defended with justifications that fail to meet the threshold of urgent medical necessity, allowing this non-therapeutic invasive surgery to continue largely unchecked and unchallenged worldwide. The analysis of international human rights law revealed a selective application of its core principles, in which the rights of the male child to bodily integrity are effectively downplayed or ignored.

One of the greatest challenges confronting lawyers, bioethicists, and activists who advocate for an end to non-therapeutic male circumcision is achieving the universal agreement that MGM, like FGM, is a human rights violation. An international consensus, codified in law and policy, has already condemned FGM as fundamental human rights abuse and violation of the rights of girls and women (World Health Organization, 2008, 2024). MGM has received no such unequivocal condemnation. Although both procedures involve non-consensual surgical alterations to a child's genitals, there appears to be deliberate segregation of the discourses. This refusal to see commonalities in principle, if not in practice, allows the world to remain openly hostile to FGM while being seemingly indifferent to MGM. As a result, MGM has not been subjected to the same strict legal and ethical scrutiny, even though it clearly qualifies as a human rights abuse.

This conspicuous silence on a male child's right to genital and bodily integrity is perhaps the most glaring manifestation of the double standard. FGM is met with near-universal horror and revulsion (World Health Organization, 2008), yet a comparable condemnation of MGM is conspicuously absent from the mainstream human rights discourse. Even the mildest form of FGM (Type I), which is anatomically less invasive than the MGM commonly practiced in the USA, is widely and correctly condemned as a violation of human rights (Svoboda, 2013). The highly selective condemnation of FGM while simultaneously excluding MGM from the same category of harm lends itself to accusations of profound gender bias in the application of human rights law. This inconsistency is evident globally. For instance, courts in Germany have debated its legality, while medical associations and children's ombudsmen in several Nordic countries have recommended restricting the practice on human rights grounds. Conversely, some nations in Southern Africa actively promote MGM as a public health tool. This patchwork of legal and medical positions stands in stark contrast to the unified international legal consensus that condemns all forms of FGM. If the legal principles and ethical imperatives pertaining to FGM are valid, they must apply to both sexes. The fundamental right to physical integrity and individual self-determination is a universal right that applies to all children regardless of gender. The current paradigm, which frames the mutilation of females as an established human rights violation but the mutilation of boys as a debatable cultural or medical topic, is logically and ethically incoherent (Nuzzo, 2023).

While the physical consequences of MGM and FGM differ, the nature of the core violation, an act of non-consensual violence against a defenseless child, is the same. The laudable and necessary global campaign to end FGM appears duplicitous and ethically inconsistent when it systematically ignores what is happening to both male babies and boys. Asserting that FGM is categorically unacceptable while simultaneously tolerating or promoting MGM is an erroneous position as a matter of principle. This is directly at odds with the international community's commitment to equal rights for all children.

This raises a critical and unavoidable question: Why should boys not have the same legal protection as girls against non-medically motivated alterations in their genitals? (Alderson, 2017). Currently, the gendered application of protection is ethically and legally untenable.

If the goal is to completely eradicate harmful traditional practices that violate bodily integrity, then it must be accepted that mutilation, whether performed on a female or male, is wrong. It is utterly irrelevant what the child's sex is; in both cases, their body is permanently altered for tiresome and scientifically unsupported reasons for custom, religion, or social conformity. Are the hard-fought human rights of the twentieth and twenty-first centuries upheld only for certain people in certain circumstances? Often, it is the most vulnerable members of society who pay the greatest price. Who is speaking for those who cannot speak for themselves—children too young to protest, surrounded by adults brandishing a knife or blade? (Lightfoot-Klein, 2008). Forcibly amplifying a part of the male genitals is no different in principle from forcibly amputating a part of the female genitals. The common defense of MGM rests on the false assumption that the prepuce itself has no biological or sexual function, and thus, no value. This claim is not supported by anatomy. All children, regardless of their sex, must afford the same protection and rights.

This protection has been explicitly codified in international law. The Convention on the Rights of the Child (CRC), the most widely ratified human rights treaty in history, stipulates in Article 24(3) that State Parties shall take "all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children' (United Nations General Assembly, 1989). FGM is universally recognized as a practice. Given that MGM is a traditional practice with no proven net health benefits and a clear risk of harm, it logically falls under the same provision. Children require robust protection from the atrociousness of routinely removing parts of their genitals without pressing medical urgency. Both procedures were performed without valid medical indication for vulnerable and physically powerless children. This is staunchly and egregiously inconsistent with foundational medical ethics, deeply rooted moral and legal ideals about bodily integrity, the principle of personal autonomy, and the paramount principle of the child's best interests.

MGM violates the cardinal principles of respect for autonomy, beneficence (to do good), and non-maleficence (to do no harm). This ethical conflict was implicitly acknowledged, yet skated over, in the 1986 UN Commission on Human Rights report from the Working Group on Traditional Practices Affecting the Health of Women and Children. The report stated that, when normal, "there is absolutely no reason medical, moral or aesthetic, to mutilate or suppress all or any part of these exterior organs" (United Nations Commission on Human Rights, 1986). The failure to apply this unambiguous statement to MGM represents a missed opportunity and continued injustice. By condemning FGM but not MGM, another basic human right—the right to freedom from discrimination based on sex—is at stake (Smith, 1998). Regardless of whether a child is a boy or a girl, neither should be subject to harmful, irreversible, or medically unnecessary traditional practices.

3.2.2. The Primacy of the Child's Right to Bodily Integrity

Modern understanding of childhood acknowledges that it is not always a magical or protected time. The United Nations Children's Fund (UNICEF, 2017) has extensively documented the insidious forms of violence, exploitation, and abuse that children experience, often in the hands of the very people they are supposed to trust. The recognition that children are uniquely vulnerable has led to the development of a specific body of international law designed to protect them. Children are not the property of their parents; they are human beings with concomitant rights, entitled to the same basic protections as adults, along with special safeguards that account for their developmental stages.

This framework is directly applicable to non-therapeutic genital cutting. As the physician and health advocate Toubia (1994) argued forcefully, "The unnecessary removal of a functioning body organ in the name of tradition, custom, or any other non-disease related cause should never be acceptable to the health profession. All childhood circumstances are violations of human rights" (p. 127). This sentiment has been echoed by other human rights activists, such as Mahmoud Amiri-Moghadam, who has called for survivors to "come forward and say that we are victims of this violation of human rights and shed light on the physical and psychological effects of this act, especially in childhood" (as cited in The Conversation, 2012). These calls demand that the discourse shift from cultural relativism to universal rights.

The imperative to protect children's welfare has been reverberated in numerous international statutes and instruments for over a century. This principle was first formally articulated in the 1924 Geneva Declaration of the Rights of the Child, a landmark historical document that recognized the existence of rights specific to children and affirmed the profound responsibility of adults towards them. Its preamble contains the succinct yet powerful assertion "that mankind owes to the Child the best that it has to give' (Humanium, n.d.). This foundational idea was later echoed and codified in the Universal Declaration of Human Rights (UDHR) and the Charter of the United Nations, which proclaims that

childhood is entitled to "special care and assistance" and that children should be fully prepared to live an individual life in society (United Nations, 1945). This established canon of international law provides a clear and unambiguous mandate to prioritize the physical and psychological well-being of every child above adherence to non-essential traditions.

A consistent and gender-inclusive defense of children's rights must be grounded in the fundamental principles of bodily integrity. The notion that every individual has the right to autonomy and self-determination over their own body is a cornerstone of modern bioethics and human rights law, yet it is a right that is systematically denied to male children in the context of MGM. Defending an inclusive right to genital and bodily integrity is not an issue limited to females. In an era increasingly influenced by postmodern thought, which emphasizes concepts of body management, self-ownership, and the constructed nature of identity, time has come to rigorously question the validity and ethical permissibility of MGM.

MGM is an egregious example of the denial of human ownership over one's own body. It is predicated on the archaic and paternalistic assumption that children are passive subjects under the absolute protection and authority of adults, their supposed "inability and ignorance" used to justify overriding their most basic rights (Ahmady *et al*., 2023). This perspective fails to recognize the child as an emergent individual whose future autonomy must be safeguarded. If one accepts the philosophical argument that it is impossible to define an individual separately from their physical body and that a person's decisions about their body are inseparable from their sense of self, then the right to individual freedom is not perceptible without a person's sovereign dominion over their own body. Therefore, the right to ownership over one's body is not a trivial or abstract concept; it is intricately and inseparably linked to the core rights of personal freedom and security. Without legal and ethical recognition of a person's absolute control over their physical and mental integrity, the broader right to freedom and personal security cannot be fully secured (Ahmady *et al*., 2023).

Therefore, the logical and natural aim of a human rights-based approach must be to protect all children from medically unnecessary genital cutting and modification practices until they reach an age of legal majority and can make decisions for themselves (Townsend, 2020). Genitals are not just body parts. As the legal scholar Stephen Munzer has argued, "salient parts of the human body, such as the face, breasts, vulva, or penis, are "socially important and valued, and are often considered striking or tied to a person's sense of identity." Consequently, "interfering with a child['s] genitals have exceptional salience compared to interference [with other body parts] in the absence of a medical indication and is generally considered worse' (as cited in Brussels Collaboration on Bodily Integrity, 2019, p. 18).

Therefore, a child's fundamental right to genital integrity is infringed when they are subjected to a bodily encroachment that substantially deviates from what is in their own best interests. The Brussels Collaboration on Bodily Integrity (2019), a group of international experts in law, medicine, and ethics, has proposed a clear and stringent standard for medical intervention: "an intervention to alter a bodily state is medically necessary when the bodily state poses a serious, time-sensitive threat to the person's wellbeing" '(p. 18). Routine, non-therapeutic MGM performed for cultural or religious reasons fails to meet this standard in almost every instance. This ideology, which champions a child's absolute right to bodily integrity, is not a fringe position; it has been increasingly and forcefully defended in bioethical, philosophical, and legal scholarship, marking a crucial shift away from paternalistic models of parental authority toward a rights-based model of child protection (Herring & Wall, 2017).

3.2.3. Religious and Cultural Entanglements

The practice of MGM is deeply embedded within a complex web of religious and cultural mandates that are often immutable and non-negotiable. In a country like Iran, and indeed for a significant portion of the world's Muslim population, MGM is not merely a tradition, but is perceived as an inseparable part of male Muslim identity (Ahmady *et al*., 2023). It is a significant and defining feature of many Muslim cultures, with supporters referencing a combination of religious decrees (*hadith*) and entrenched cultural norms to justify the practice. For many communities worldwide, MGM is a prevalent, deeply rooted practice that is accepted as a fundamental requirement of faith.

The unparalleled power of tradition, when fused with religious doctrine, often results in individuals mechanically following social norms and the ways of their ancestors, without critical reflection (Ahmady *et al*., 2023). This uncritical adherence is compounded by a lack of sufficient and objective information, particularly when the practice is endorsed through therapeutic language or promoted through traditional and community advertising. The overzealous emphasis on MGM as a religious mandate is of primordial importance, as many individuals genuinely believe it is the only way to achieve spiritual purity and social acceptance, even at the intangible price of their physical well-being. This conviction is deeply internalized. As one man in Iran stated when asked how he would justify the procedure to his own son, "he would definitely tell him that since you are a Muslim, and if I did not have you undergo MGM, you could not be a son-in-law and your prayers would not be accepted."

(Ahmady *et al*., 2023, p. 367). In some interpretations, it is even asserted that undergoing MGM is an essential prerequisite for a man to perform the Hajj (pilgrimage) to Mecca, one of the five pillars of Islamic belief (World Health Organization & UNAIDS, 2008).

The successful fusion of religious and medical discourses has been a key factor in the modern persistence of MGM has been the successful fusion of religious discourses with medical discourses (Ahmady *et al*., 2023). With its underlying and powerful religious tonalities, MGM is arguably the only non-therapeutic surgical procedure widely supported by factions within the medical establishment as a tool to prevent disease. The World Health Organization (WHO) has noted that MGM is the most prevalent and persistent among indigenous communities in regions such as the Middle East and Africa, where it is driven by deeply valued traditions and religious mandates. Paradoxically, in a secular context like the U.S., the high prevalence of MGM is justified not primarily by religious or cultural norms but by perceived medical benefits (Ahmady *et al*., 2023), with proponents framing the procedure as a key public health measure endorsed by bodies such as the Centers for Disease Control and Prevention (CDC) (Morris *et al*., 2014).

This medicalization of a cultural rite provides it with a veneer of scientific legitimacy that makes it more resilient to ethical critique and helps to normalize it within a secular framework. This is most evident in the promotion of MGM as a public health measure, particularly for the prevention of HIV/AIDS and other sexually transmitted infections—a stance supported by bodies like the CDC and WHO in specific high-risk contexts. However, from a rights-based perspective, this justification is ethically problematic. It applies a population-level statistical benefit to justify a non-consensual, irreversible surgical procedure on an individual child who is not at immediate risk. The core principles of medical ethics—informed consent and the right to bodily integrity—must take precedence. Such justifications subordinate an individual child's fundamental rights to a potential future public health gain, a trade-off that is not accepted for any other non-therapeutic procedure performed on minors.

However, from a human rights perspective, religious and cultural arguments cannot be used to justify what is otherwise considered a form of harm to a child. Human rights activist Mahmoud Amiri-Moghadam argued that if the global community concludes that non-therapeutic MGM is a form of child abuse, then religion cannot and should not be a serious obstacle to its eradication. He questions the very basis of parental authority in this context: Who can legitimately decide to perform irreversible surgery on an infant or underage boy when that decision is based on a religious belief for which no verifiable scientific foundations have been established, and for which comprehensive, unbiased information is rarely provided to the parents? (as cited in Ahmady *et al*., 2023).

The principle of religious freedom is fundamental to human rights, but not absolute. It does not grant parents the right to inflict physical harm on their children in the name of their own beliefs. The international human rights framework is clear: When a religious or cultural practice conflicts with the fundamental rights of a child, particularly the right to physical integrity and protection from harm, the rights of the child must take precedence. In this context, religion cannot be invoked as justification for violence against children.

3.2.4. The Role of Financial Incentives

Beyond the powerful forces of religion and tradition, the sustainability and continuity of both the FGM and MGM are bolstered by significant financial incentives. The accumulated economic rewards for practitioners, families, and healthcare systems play a critical, though often unacknowledged, role in ensuring their persistence. Over time, both practices have drifted from being purely cultural rites to viable, thriving commercial phenomena that are beholden to a financially rewarding economic system.

In the context of FGM, traditional cutters—often elderly matriarchs who gain considerable status and power from their 'profession'—derive a crucial source of revenue from the practice. As numerous advocates have observed, "FGM can be big business" (Burrage, 2016, p. 23). Practitioners are paid to "guarantee 'purity,' " and fathers are often willing to pay substantial sums for the procedure and the elaborate rites of passage that accompany it. In many communities, this has become an irreplaceable source of income and revenue, creating a thriving gendered economic market (Dorkenoo, 1994). An entire economic ecosystem develops around FGM, with various actors doing everything possible to preserve their privileges and benefits. This creates a powerful, financially motivated resistance to change, as the eradication of FGM disrupts a lucrative local economy.

A similar dynamic is observed in the practice of MGM. In many communities, MGM is still performed by traditional religious or cultural cutters, rather than by qualified medical personnel. For example, in Iran, the most prevalent operators are traditional cutters, accounting for 45.5% of procedures, followed by surgeons and specialists at 25.74% (Arshadi *et al*., 2020). The preference for these untrained traditional operators, who often have limited knowledge of male anatomy, is problematic because it frequently leads to complications that require costly medical assistance. Nonetheless, for these practitioners, MGM represents a significant and reliable source of income.

However, unlike FGM, MGM has been successfully integrated into the modern formal medical economy, particularly in the West. The economic ramifications of this integration, especially in the U.S., cannot be overlooked. The procedure itself, along with the treatment of its frequent complications, represents a significant revenue stream in the healthcare industry. The costs associated with additional hospital stays, repairs for botched procedures, and the management of long-term complications amount to millions of dollars per state annually (Circumcision Resource Centre, n.d.). Recognizing this, influential medical bodies such as the American Academy of Pediatrics have issued policy statements that "warrant third-party payment for circumcision of male newborns," thereby ensuring that the procedure remains a profitable and routine part of postpartum care (Task Force on Circumcision, 2012).

This modernization and medicalization of MGM represents a slow but steady creep from traditional practice to commercial enterprises. Although still prevalent among those born into the Muslim faith, the role of the traditional cutter is increasingly being taken over by medical doctors. These significant financial rewards plausibly explain why many physicians continue to perform this medically unnecessary procedure. The underlying profit motive can encourage doctors to overlook the potential risks associated with MGM, a tendency amplified when the procedure has governmental or institutional endorsement. This shift can be seen in the rise of well-equipped, upscaled private clinics, where specialists in white coats have replaced traditional cutters. These practitioners often incorporate the cost of circumcision into the global fee for childbirth, masking it as a standard medical service.

In this economic model, the measurable financial benefit to the doctor and hospital is immediate and certain, while the speculative health benefit to the child is distant and highly contested. This socio-economic incentive structure directly ignores the ethical maxim to act in the "best interest of the child." Instead, the child's body became a footnote in the calculation of profit and loss. This profit motive not only blinds parts of the medical community to potential harm but also incentivizes them to actively promote and defend MGM. Similar to the economic ecosystem surrounding FGM, the modern MGM industry, with its associated ceremonies, profits, religious endorsements, and legal voids, operates as a formidable obstruction to meaningful change. The fundamental right of children to their own intact bodies must not be compromised in this system.

4. Discussion

The results of this analysis reveal a stark and ethically untenable contradiction at the heart of the global discourse on genital mutilation. The findings demonstrate profound parallels between FGM and MGM in their socio-cultural functions, mechanisms of perpetuation, and shared justifications, yet expose a glaring inconsistency in the application of international human rights law. This discussion interprets the significance of these findings, arguing that the disparate treatment of male and female genital cutting constitutes a profound double standard, one that is sustained by a selective application of ethics and a failure to uphold the universal right to bodily integrity for all children.

This analysis moves beyond a simple comparison of physical harm to expose an identical underlying logic of social control. The results show that both FGM and MGM function as powerful tools for constructing gender identity, enforcing social conformity, and reinforcing patriarchal authority. While FGM is widely recognized as a mechanism to control female sexuality, this paper's findings contend that MGM operates as a parallel imposition of hegemonic masculinity, where a boy's body is altered to satisfy patrilineal and societal expectations. The intense social pressure, the intergenerational enforcement by elders, and the framing of the unaltered body as "incomplete" or socially unacceptable are not unique to one gender. This shared foundation means that the core violation is the same: a child's autonomy is sacrificed at the altar of tradition and community acceptance. The central ethical issue is not the degree of tissue removed, but the non-consensual act of removing healthy, functional tissue from a defenseless child to serve the interests of the collective.

It is within the human rights framework that this double standard becomes most conspicuous and indefensible. The findings confirm that while FGM is unequivocally condemned as a human rights violation, MGM is subject to a segregated ethical discourse, often defended through cultural relativism, contested medical claims, or assertions of religious freedom. This selective application of human rights principles is logically and legally untenable. If the principles underpinning the condemnation of FGM—the right to bodily integrity, freedom from harm, and the paramount importance of the child's best interests—are truly universal, they cannot be suspended based on the child's gender. The laudable global campaign to end FGM is rendered ethically inconsistent when it systematically ignores the non-consensual, medically unnecessary, and irreversible alteration of male children's genitals. As the results indicate, even the mildest form of FGM is rightly condemned; to tolerate MGM is to implicitly state that boys are not entitled to the same fundamental protection of their bodies as girls.

The persistence of this double standard is enabled and fortified by the modern entanglement of cultural practice with medical and financial systems. The medicalization of MGM, particularly in Western contexts, has provided it with a veneer of scientific legitimacy that FGM rightfully lacks in the global discourse. By framing a traditional rite as a prophylactic health measure, proponents shield MGM from the same ethical scrutiny applied to other non-therapeutic procedures performed on minors. Furthermore, the financial incentives identified in the results—for both traditional practitioners and the formal healthcare industry—create a powerful system of perpetuation that operates independently of the child's welfare. When physicians and hospitals profit from a medically unnecessary procedure, the ethical maxim to "do no harm" is compromised, and the child's body becomes a site of commerce rather than a subject of rights.

Ultimately, this discussion calls for a fundamental paradigm shift away from a gendered and inconsistent approach toward a consistent, rights-based framework grounded in the principle of bodily autonomy. The powerful arguments for tradition and religion cannot supersede the fundamental rights of a child. As articulated by Dr. Akbar Karami, a critical break from the "customs of our ancestors" is necessary to align with a modern ethical understanding that recognizes children not as the property of their parents, but as individuals with an emergent right to self-determination over their own bodies. The ethical imperative is clear: any irreversible, non-therapeutic alteration to a child's genitals must be deferred until that individual can provide their own fully informed consent. To argue otherwise is to defend a relic of a patriarchal past that harms all children. The time has come to dissolve the false dichotomy between FGM and MGM and recognize both as violations of a child's indivisible right to grow up with an intact body.

4.1. Limitations

It is important to acknowledge the limitations of this study. This paper is a critical review and ethical argument, not a systematic empirical study, and therefore does not employ quantitative data analysis or PRISMA guidelines for source selection. The reliance on survivor testimonies, while powerful for illustrating lived experiences, is subject to selection bias and is not presented as representative statistical data. Furthermore, while this paper engages with the justifications for MGM, its primary focus is on a rights-based ethical critique rather than an exhaustive analysis of the contested medical literature regarding health risks and benefits. The aim is to reframe the debate around the core principles of consent and bodily integrity, rather than to resolve empirical disputes.

5. Conclusion: A Call for a Singular Standard

The global commitment to protecting children from harmful traditional practices is fractured by a profound and indefensible double standard. This paper has demonstrated that the arguments separating female and male genital mutilation collapse under scrutiny. Beyond differing physical outcomes, both practices are rooted in the same patriarchal logic of social control, both function as non-consensual violations of bodily integrity, and both inflict permanent, irreversible alterations on a child's healthy body in the absence of medical necessity.

The time for segregated ethical discourses is over. The justifications for MGM—whether cultural, religious, or medical—fail to override the fundamental human right of every individual to self-determination over their own body. This is not a matter of comparing degrees of physical damage, but of recognizing the indivisibility of a core principle: a child's body is not the property of their parents or their culture to be altered for tradition.

MGM is an ethically indefensible assault on the principle of bodily autonomy and a direct perversion of the maxim to act always in the best interests of the child. A consistent and just human rights framework demands a single, gender-neutral standard. The time has come to afford boys the same unequivocal protection from non-therapeutic genital cutting that is rightly and universally demanded for girls.

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Ethical Approval and Consent to Participate

This study is a literature-based analysis and did not involve human or animal subjects; therefore, ethical approval and informed consent were not required.

Author Contributions

The sole author is responsible for the conception, design, data analysis, and writing of this article

Data Availability Statement

Data sharing is not applicable to this article as no new datasets were generated or analyzed during the current study. All data analyzed are from previously published and cited works.

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