

Questioning Circumcisionism: Feminism, Gender Equity, and Human Rights

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Abstract

For decades feminists worldwide have addressed and combated the harmful practice of female genital mutilation, while largely overlooking male circumcision as genital mutilation. The practices of male and female circumcisions are the result of mainstream ideologies that shape our understandings and consciousness of sexuality and health. The larger framework within which circumcision operates is referred to as “circumcisionism.” Circumcisionism is the hegemonic view that genital circumcision is a normative and acceptable practice. This paper focuses on circumcision of non-consenting male minors, arguing that it is genital mutilation and that the practice should be a feminist issue, as well as a human rights concern. Feminists are encouraged to recognize male circumcision and that Western culture embraces genital mutilation as a perfunctory, yet harmful practice.

Feminist theory asks questions about power, privilege, and oppression and the ways in which gender, race, and class (and other social locations) create power imbalances and socializing influences. Feminists worldwide have critiqued genital surgeries forced upon two million women and young girls annually (Denniston et al., 2010; Abu-Sahlieh, 2001; Wheeler, 2004). Female genital mutilation “violates girls’ and women’s human rights, denying them their physical and mental integrity, their right to freedom from violence and discrimination and, in the most extreme cases, their lives” (Progress against abuse, 2007). Few feminists, however, analyze or criticize male circumcision, which affects 13.3 million males annually (Denniston et al., 2010).

Forced genital surgeries are benignly accepted in the societies that justify and practice circumcision. These societies have created ideologies that rationalize the circumcision of children, a phenomenon to which I refer as “circumcisionism.” Circumcisionism can be defined as the hegemonic view in society that circumcision is a normative and acceptable practice. It proliferates throughout medicine, religion, aesthetics, language, and law, and it is deeply embedded within mainstream ideologies that shape our consciousness of sexuality, health, and reproduction. Challenges to circumcisionism come in the form of “intactivism” (the international social moment), which (1) promotes awareness, (2) disseminates educational material about the benefits of intact genitals, and (3) advocates genital autonomy for both males and females.

While feminists have focused solely on female circumcision, this paper outlines some of the reasons why male circumcision is a feminist and human rights issue. Feminists are asked to recognize the problem in medicalized Western culture that embodies circumcision of males as a cultural expression of medicine. Through awareness of the issue, feminists should recognize male circumcision as a human rights struggle and acknowledge the responsibility to protect the genital autonomy rights of all children, regardless of gender.

A Solution in Search of a Problem: The Medicalization of Circumcision

Circumcision, the surgical amputation of the prepuce (or foreskin), has a convoluted history. It is estimated that less than seventeen percent of the world’s men are circumcised, the majority of which have been religiously justified (Denniston & Milos, 1997). This highlights that over eighty percent of the world’s men are intact (not circumcised). In the United States, circumcision is so common that most people are unaware of the origins or the motives behind the practice, which are largely overlooked when discussing circumcision (Dunsmuir & Gordon, 1999; Wallerstein, 1980).

Genital circumcisions have been performed and justified based on religious and cultural reasons for over four thousand years, but circumcision has become medicalized over the last two hundred years (Dunsmuir & Gordon, 1999; Bigelow, 1994; Lewis, 1949; Milos & Macris, 1992). Between the mid-eighteenth century and late nineteenth century, “the foreskin was transformed from an adornment that brought pleasure to its owner and his partners...to a useless bit of flesh and an enemy of society” (Darby, 2005, p. 3-4). This is largely due in part to Victorian physicians as “norm entrepreneurs” who set out “consciously and resolutely to convince parents that their little boys would be better off without a feature their fathers had enjoyed” (Darby, 2005, p. 4). Consequently, there was a shift in the English-speaking world: the intact penis had been regarded as “pure, healthy, natural, beautiful, masculine, and good” until physicians succeeded in portraying it as “polluted, unnatural, harmful, alien, effeminized, and disfigured” (Darby, 2005, p. 4; Miller, 2002, p. 501).

In the nineteenth century, male circumcision became a routine procedure in advanced Western societies, stemming from religious practices or puberty rites. The sacred became profane as the ritualistic turned into surgical procedures for proposed health and medical purposes, albeit at a time when the etiology of most diseases was unknown (Dunsmuir & Gordon, 1999; Milos & Macris, 1992). Circumcision in the West became marketable as a method to stop masturbation for both males and females. During the nineteenth century, masturbation was thought to cause disease and mental illness (Kellogg, 1888; Hutchinson, 1891; Landesberg, 1881; Spratling, 1895; Melendy, 1903; Gollaher, 1994; Wallerstein, 1980, 1985; Grimes, 1978; Lewis, 1949; Atkinson, 1941). What began as a campaign against the foreskin in efforts to allegedly cure, prevent, and destroy a variety of diseases eventually turned into a pathological insistence that masturbation be eradicated.

In efforts to propagate circumcision to prevent illness, many physicians in the nineteenth century claimed circumcision prevented various diseases, including but not limited to: nocturnal

emissions, syphilis, epilepsy, spinal paralysis, nocturnal, sexual, urinary, and rectal incontinences, curvature of the spine, paralysis of the bladder, clubfoot, crossed eyes, blindness, deafness, dumbness, alcoholism, gout, asthma, rheumatism, headaches, and hernia (Lallemand, 1836, 39, 42; Hutchinson, 1855; Heckford, 1865; Sayre et al., 1870; Sayre, 1870, 1875; Moses, 1871; Bell, 1873; Kane, 1879; Eggleston, 1886; Gentry, 1890; Rosenberry, 1894; Remondino, 1891; Park, 1902).

The critical factor in the emergence and acceptance of circumcision as a valid medical intervention was the pathologizing of the foreskin as a source of moral and physical decay (Darby, 2001, 2005). Medicalization occurred against the backdrop of the rising “medical objections to masturbation, the conceptualization of ‘congenital phimosis’ [the normal state in the infant in which the foreskin does not naturally retract from the glans] and spermatorrhea [excessive and accidental ejaculation] as pathological conditions,” in addition to “confused and erroneous theories of infectious diseases” (Darby, 2005, p. 4). This created an “atmosphere of sexual Puritanism in which non-procreative sex was regarded as immoral and sexual pleasure feared, and the emergence of a new professional elite keen to assert its social authority by providing such pleasures were dangerous as well” (Darby, 2005, p. 4). This creation of Puritanical sexual normalcy offered a method by which medical attitudes developed and changed through an effort to control men's sexuality by constructing the natural male body as iniquitous.

By the twentieth century, medical rationalizations included routine foreskin amputations as a preventative measure (Milos & Macris 1992). While many of the diseases previously thought to be curable by circumcision were still advocated, a new list of reasons was proposed. Circumcision was deemed to help superfluous sensitivity, tuberculosis, penile cancer, prostate cancer, venereal disease, cancer of the tongue, cervical cancer, nervousness, bladder and rectal cancers, and urinary tract infection (Dixon, 1845; Hutchinson, 1900; Mark, 1901; Wolbarst, 1932; Cockshut, 1935; Guttmacher,

1941; Ravich, 1951, 1971; Hand, 1949; Wynder et al., 1954; Fishbein, 1969; Wiswell et al., 1985; Schoen, 2005a; Schoen, 2005b).

During the nineteenth and early twentieth centuries, the practice of male genital surgery spread throughout all English-speaking countries including England, Canada, Australia, New Zealand, and the United States. However, presently none of these countries routinely performs foreskin amputations and the practice has virtually ceased, except in the United States. While estimates of circumcision are imprecise because of inconsistent governmental and medical records, it is generally estimated that the rate of circumcision in the United States is between 30% to 60% (Zoler, 2010; DeLaet, 2009; Hodges, 1996). Many Americans remain ignorant about the importance of the foreskin, and many people still have mistaken beliefs and ill-founded fears about hygiene, disease, appearance, sexuality, and the denial of the pain experienced by the infant (Milos & Macris, 1992).

From Medicalization to Ideology: Constructing Circumcisionism

Through its medical history and the misconceptions, circumcision has become “just the way it is,” as an unquestioned dominant expression of our cultural identity. This hegemony has resulted in circumcisionism as an acceptable ideology. The ideology often renders inaccurate and misleading information about male genitals and the supposed need for circumcision. These cultural expressions create a false sense of necessity for the procedure and ignore the benefits of intact genitals, at the same time discounting the pain and negative consequences of forced circumcision in children.

Circumcisionism, as a dominant discourse, systematically declares that healthy males are born defective and need surgical correction. Combining medicalization with cultural myths related to the intact penis, circumcisionism becomes accepted and above reproach. The male body, specifically the

foreskin, becomes pathologized through this ideology. The foreskin is described as “a piece of prehistoric human culture that now only exists as a reservoir of infection” (DeHovitz, 2000, p. 64-65). Contemporary advocates propose circumcision as a prophylactic measure of increased health on both individual and global scales (Schoen, 2007; Schoen et. al., 2006; Morris, 2009; Morris et. al. 2009; Morris & Cox, 2010; Morris & Castellsague, 2010; Golden & Wasserheit, 2009; Tobian et al., 2010). Many also propose circumcision for the future health of the female (Cherpes et al., 2008; Castellsague et al., 2005; Gray et al., 2009; Nam et al., 2009). Many of these studies neither discuss the functions of the foreskin nor acknowledge its richness as erogenous tissue.

The foreskin is a specialized organ that offers protective, mechanical, sensory, and sexual functions, all of which are necessary for optimum sexual health. It is not an overlap of redundant, unnecessary skin (Hill, 2007). The foreskin provides a protective sheath into which the penis is retracted. The penis is intended to glide, and the foreskin offers more comfortable intercourse for both partners (Hill, 2007). All healthy functional males are born with preputial capabilities offering them lifelong health benefits.

Circumcision inevitably destroys the functions of intact genitals and much of the damage is irreparable (Hill, 2007). Circumcision sacrifices protection from foreign stimuli, pathogens, and urine and feces in a diaper. It also hinders the ability to shield the glans (head of penis) from dryness, abrasion, and keratinization, which thickens skin tissue and significantly deadens sensation (Prakash et al., 1982; Foley, 1966; Fink, 1988; Milos & Macris, 1992). The foreskin is an essential part of male anatomy: it comprises over half of the double-layered mobile skin system in the penis, and is heavily innervated with specialized nerve endings that are most sensitive to fine touch and temperature (Davenport, 1996; Winkelmann, 1956, 1959; Moldwin & Valderrama, 1989; Taylor et al., 1996; Hill, 2007). Circumcision truncates the penis because it becomes thinner than if it had remained intact (Talarico & Jasaitis, 1973).

Therefore, an application of the term male genital “mutilation” is interchangeable with that of circumcision. The term genital mutilation is not only pertinent but also highly descriptive of the procedure and its harmful outcomes.

Tactics of Silence: Misconceptions about Circumcision

Inaccurate information about the body and sexuality has created the hegemonic ideology of circumcisionism, which is normative in Western culture. Misconceptions and cultural myths are created, and advocates for circumcision will utilize fallacies in order to continue forced circumcision as an acceptable procedure for male infants and children. “All societies have found the arguments that best fit their local cultural traditions and environments,” says Hellsten (2004, p. 253), “in order to introduce or maintain genital mutilation in its various forms.” These fallacies and cultural myths might be described as “tactics of silence” and are used as common ways to uphold dominant discourses, sustaining the normalcy of circumcisionism. Below is a list of some of the tactics used to rationalize male circumcision.

Misappropriation of Power

Many parents rely on their physicians for healthcare information. Circumcision is a prime example. Physicians often recommend circumcision without disseminating information about the natural, intact male body and what circumcision entails. A physician might recommend circumcision without providing information about the benefits of the normal, intact body, or the risks and harms of circumcision. Some physicians forcibly retract the foreskin from the glans, to which it is normally attached, causing problems and then urging circumcision (Geisheker & Travis, 2008; Fleiss 2000). “The question is not foreskin problems but the attitude of the American medical profession in pushing what

most physicians throughout the world consider unnecessary surgery. Worldwide, foreskin problems are treated medically, rarely surgically” (Wallerstein, 1986, p. 4). As Paul M. Fleiss, MD, said, “Probably, the only problem you will encounter with the foreskin of your intact boy is that someone will think that he has a problem” (Fleiss, 2000, p. 41). Often it’s the doctor with the power to do so.

Health and Infection

A common assumption is that circumcision prevents foreskin infection. This assumption is true; an amputated prepuce does not become infected in either males or females. If breast bud removal in females were routinely performed, there would be no possibility of developing breast cancer, or, if routine labiectomies were performed, women would not develop vulvar cancer. Concern over bodily infection does not justify unnecessary medical procedures in any circumstance (Milos & Macris, 1992), which, along with other minor conditions, which can usually be corrected without surgical intervention (Yilmaz et al., 2003; Van Howe, 1998; Choe, 2000; Poynter & Levy, 1967; Pasieczny, 1977; Dunn, 1989; Wright, 1994). In rare instances, when surgical intervention is necessary, there are methods to conservatively operate, without amputation of the entire foreskin (Fleet et al., 1995; Cuckow et al.; 1994). Amputation of a body part should be the last treatment after all less invasive treatments have been tried and failed. Treatment with *Acidophilus* culture for inflammations and antibiotics for infections are effective. While Americans would never allow invasive treatments for girls, many allow the unnecessary amputation of the male foreskin.

Hygiene

Genital hygiene is widely used to justify circumcision because it is believed the circumcised penis is cleaner (Schoen, 2008; Kalcev, 1964; Oster, 1968; Russell, 1993; Wright, 1970; Oh et al., 2002). The circumcised penis is actually less hygienic because the foreskin covers and protects the glans from invading pathogens and shields the mucosal membrane (Hill, 2007). Cleaning the intact penis is as simple as cleaning the vulva. Before retraction of the foreskin is possible, “clean only what is seen,” using just warm water (Geisheker & Travis, 2008). When retraction becomes possible, the boy can clean his penis, by retracting, rinsing, and replacing the foreskin to its forward position. Soap dries the sensitive mucosal tissue (Birley et al., 1993). Just as females should not use soap to clean their vulva or vaginas, males should not use soap to clean the underside of the foreskin or the glans.

Pain

It is also commonly believed that circumcision is a minor surgery, with minimal to no pain involved (Anders et. al., 1970; Anders & Chalemian, 1974; Cope, 1998; Emde et. al., 1971; Tennes & Carter, 1973). In truth, circumcision is excruciatingly painful for an infant (Lander et. al, 1997; Sara & Lowry, 1985; Berens & Pontus, 1990; Snellman & Stang, 1995; Taddio et. al., 1995). Circumcision also causes greater pain intensity in infants than in adults (Anand & Hickey, 1987). Prior to amputation of the foreskin, the synechial membrane connecting the foreskin and glans must be torn, the foreskin cut longitudinally to widen the opening, and the circumcision clamp inserted under the foreskin to protect the glans. The foreskin is crushed against the clamp and then amputated (Milos & Macris, 1992; Taddio et al., 1997). Tearing the synechia wounds the inner lining of the foreskin and the glans, leaving them raw and subject to infection, scarring, and shrinkage (Fleiss, 1997). While analgesia is available to help alleviate pain, it is not always effective. The penile dorsal nerve block only blocks the dorsal nerve pathways and administering it takes two injections into the base of the penis (Lander et al., 1997).

Eutectic Mixture of Local Anesthetics (EMLA) cream is not effective and it is contraindicated after birth because it can cause a blood disease (Fontaine et al., 1994; Benini et al., 1993). Parents may think their baby “slept through it” (Denniston, 2006), but do not realize that the baby has withdrawn into neurogenic shock and is in a semi-comatose state caused by the sudden massive pain (Milos & Macris, 1992; Anand & Hickey, 1987). Pain is inevitable in circumcision and will intensify each time the infant urinates, defecates, has a diaper change, or is held too tightly for up to two weeks (Anand et al., 1987; Milos & Macris, 1992).

Other Cultural Discourses: Religion, Aesthetics, and Language

Circumcisionism proliferates throughout culture in a myriad of ways, which includes medicalization. The historical underpinnings help to create the normalcy around circumcision through misappropriation of power and misconceptions about the functions of intact genitals, hygiene, infection, and the denial of pain. However, “the central idea of cutting part of a baby’s or child’s penis off is always embedded in culture, tradition, religion, and/or medicine,” says Young (2006, p. 3-4). “That is why it is so dangerous to draw any conclusions from correlations between circumcision and any of the other accoutrements of a society, such as the incidence of some disease. There are always others factors to consider.” Other socializing influences, like religion, aesthetics, and language, are examples of dominant discourses that participate in this ideological system. Each discourse and tactic of silence creates an interlocking system of circumcisionism that reifies social conformity. The following discussion is not exhaustive, but offers a rudimentary explanation of these cultural discourses.

Religion

Religious dogma dictates human behavior, identifies contraventions, and classifies them as “bad” or a “sin.” For example, religious ideology determines acceptable and “normal” sexuality and sexual activity and identifies non-conforming (e.g., non-heteronormative or non-nuclear familial) lifestyles as transgressive, and then classifies them as iniquitous. Forced circumcision, which damages sexual health and restricts optimum human potential, is upheld based on religious tradition, in spite of evidence of medical damage and trauma. Circumcisionism, normalizing genital mutilation, determines the natural, fully functioning body as “bad” and constructs it as deviant. Deviation, whether human sexuality or the intact penis, becomes an assault on the ideology and is restricted based on a particular framework of normalcy.

Aesthetics

Aesthetics and beauty are rooted in social conformity. American culture is saturated with messages that encourage women to conform to dominant expectations of beauty (Grabe et. al, 2008; Adams, 2009; Paquette & Raine, 2004). Cosmetogynecology and procedures like labiaplasty offer women “designer” vulvas and vaginas. An increasing number of women are modifying their bodies with the hope of having a “pretty” vagina and reaching male “approval” (Green, 2005). Although circumcision is supposed to grant boys “pretty” penises and female “approval,” children cannot choose or give consent and are being forced to succumb to these dominant conventions of the masculine body and its beauty (Fink et. al, 2002; Williamson & Williamson, 1988; Richters, 2006; Young, 2006; Darby, 2005; Eckert & McConnell-Ginet 2004; Fox & Thomson, 2009). Circumcision is normalized and accepted by the eroticization of the circumcised penis. Male children are subjected to the cultural ritual to comply with a hegemonic masculine aesthetic. By eroticizing the aesthetics of the circumcised penis and pathologizing

the normal penis, the elective procedure of circumcision is sustained and the ideology of circumcisionism is endorsed.

Language

The discourse of language reflects the culture from which it emerges; language conveys the meanings of normalcy and sustains the ideologies therein. Woman (that which “deviates”) is understood *in relation to* and judged *against* male (that which is “normal”). This linguistic distinction is rooted in male superiority. Words become feminized (or genderized) to describe the act of transgression from normalcy (in this case, maleness) (Spender, 1980; Letherby, 2003). For example “waiter” and “actor” become “waitress” and “actress,” respectively (Eckert & McConnell-Ginet, 2004). Language sustains circumcisionism by the words employed. The intact penis is understood as “abnormal” because it is judged against that which is “normal,” i.e. the circumcised penis. That which deviates from the normalcy of circumcisionism is known as “uncircumcised” or “not circumcised,” while the circumcised penis goes unrecognized as abnormal. Circumcision is normalized through dilution of what the actual procedure entails: The normal foreskin is “removed” or “clipped away” as if comparable to clipping one’s fingernails (Young, 2006; DeLaet, 2009).

Feminism, Circumcisionism, and Human Rights

Feminism has addressed the intersections of circumcisionism and gender, but only by examining women’s experiences with female genital mutilation. These analyses recognize that female circumcision, when performed without consent of the patient, is a violation of human rights. Yet feminism has not provided an adequate analysis of circumcisionism and gender because the discourse does not

acknowledge seriously the other forms of genital surgeries performed in non-consenting patients. Neither an analysis of male genital mutilation nor the ways in which women might also experience male circumcision has been examined. Much of the literature rarely addresses male genital mutilation or does so in passing (Meyers, 2000; Ehrenreich with Barr, 2005; Pedwell, 2007). This body of work hardly suggests that male circumcision is genital mutilation, is a viable feminist issue, or that male children possess the same human rights as female children. Others have included some scholarly work on female genital mutilation and recognized the practice on males as well (Lightfoot-Klein, 1989; Toubia, 1993; Hosken, 1994). However, if male circumcision is acknowledged, the recognition is usually convoluted with inaccuracies about the foreskin, the damage done to the male body, and then trivialized (Steinem, & Morgan, 1995; Nussbaum, 1999; Bashir, 1996). This tactic results in an ethnocentric attempt to make female circumcision appear infinitely more “barbaric” and severe, therefore incomparable, meanwhile ignoring the right to body ownership for all children.

Assad in Smith (1998, p. 496) argues that there is “a principle difference between male circumcision and female circumcision. In male circumcision no parts of the male sex organs are being mutilated, only the foreskin – the outer cover of the male sex organs – is being removed, without touching the male sex organ itself.” But, the penis *is* in fact mutilated because the synechial fusion between the foreskin and the glans must be broken, by tearing the protective membrane prior to cutting open the foreskin, inserting the circumcision clamp, crushing the tissue, and later, amputating it. The scraping of the synechia scars and wounds the glans. The circumcised penis is truncated and thinner than an intact penis with its complete double-layered foreskin. Circumcision amputates genital functions necessary for optimal sexual health, doing so hardly, “without touching” the male sex organ.

French (1992, p. 106) also discusses genital mutilation: “Female genital mutilation is sometimes called female circumcision, as if it paralleled male circumcision. But they are not parallel. Male

circumcision does no good but usually does no harm. On rare occasions, the surgeon's hand slips and cuts a baby's penis or a baby dies from the operation... However, circumcision does not deform a male's genital organs or impede sexual pleasure or any penile function." But, the foreskin *is* part of the penis; so to amputate it is to do harm or to cause removal of a part of male genitalia. The foreskin is a very significant part of the penis because it is highly innervated. Male circumcision impedes sexual pleasure, by amputating significant erogenous tissue and then causing the glans to keratinize. Circumcision deforms male genitals by permanently altering the mechanical function of the sex organ – Surely, a bamboozled discourse about a surgical procedure that allegedly does not cause harm to the body, impede sensation, or abstain from deformity.

Both Assad and French focus on the effects of female circumcision on the body and compare them to the effects of male circumcision. While their analysis of male circumcision is erroneous, they do not recognize the human rights question that is pertinent to all forms of genital surgeries of children. To subject a healthy, non-consenting female child to an anachronistic ritual like female genital mutilation violates one of the most basic human rights, namely, the right to body ownership. This right is not for females alone; it is an inalienable human right. Social locations including but not limited to gender are inconsequential when deciphering whose body is valued and protected, and whose rights are respected. By ignoring the elephant in the room, both Assad and French imply that feminism is only concerned with human rights for the humans who possess the correct reproductive anatomy, and that human rights are not universal, but dependent upon the sex of the individual in question.

Milos and Macris (1992, p. 94S) offer insight on this American double standard: "If it could be unequivocally proven that women had a decreased incidence of [urinary tract infections], sexually transmitted diseases, AIDS, vulvitis, vulvar cancer, and/or increased sexual staying power as a result of performing neonatal labiectomy, would American medical and nurse-midwifery communities approve

routine, unanaesthetized neonatal labial amputation as a prophylactic measure?" Americans would not oblige to such an intervention. "If we wouldn't do this to our newborn females, we must take a hard look at why we condone *and* perform 'prophylactic' foreskin amputations upon our newborn males" (Milos & Macris, 1992, p. 94S).

Feminism, Law, and Genital Autonomy

The feminist movement has been instrumental in securing the right to body ownership for females as well as bodily integrity. Increased measures are being enacted throughout the world, attempting to eliminate female genital cutting without consent (Gunning, 2002; James & Robertson, 2002; Lightfoot-Klein, 2002; Slack, 1988). Currently, the feminist movement has been disinterested with male circumcision, while some advocates like Assad and French trivialize the seriousness of cutting into the sex organs of a healthy infant who is unable to consent. The current U.S. laws illegalize any form of cutting in female genitalia, from a small nick to draw a drop of blood to any amputation of genital tissue to appease religious dogma or cultural ideology (18 United States code § 116). Obviously, male circumcision is far more damaging than a prick to the clitoris in the female as is female circumcision. Meanwhile, many male children suffer the harmful traditional practice of circumcision.

In the movement to ban female genital cutting, there is typically a pragmatic, political move to be solely concerned with female circumcision and not male circumcision. Male genital mutilation is almost made invisible, except when to note that female genital mutilation is almost always more severe (Smith, 1998). While there are differences between female and male circumcision, there are various similarities, suggesting that parallels should be drawn: "When one begins to question the normative status of the male newborn alteration in the West," writes Davies (2001, p. 487), "and when one thinks of female alteration as including even a hygienically administered 'nick,' one begins to see that these

two practices, dramatically separated in the public imagination, actually have significant areas of overlap.”

The severity of the operation should not be the focal point of concern; rather, “the focus must be placed on the children who are forced to suffer without consent” (Smith, 1998, p. 473). Male genital mutilation, like female genital mutilation, is a harmful traditional practice and violates the rights of the child. Further, “by condemning one practice and not the other, another basic human right, namely the right to freedom from discrimination, is at stake. Regardless of whether a child is a boy or a girl, neither should be subject to a harmful traditional practice” (Smith, 1998, p. 473).

Feminist activism has fought against sexism for decades. Consequently, it has secured a jurisprudential understanding of sex discrimination with legal prohibitions, most of which primarily regard discrimination in the workplace (Silverman, 1976; MacKinnon, 1979, 1987, 1989). But, the legal conceptualization of gender privilege, bias, and inequality can be applied to the discriminatory laws prohibiting genital mutilation. Feminists can no longer overlook the gender-biased outcomes of legal protection for females against forced genital cutting, in the absence of protection for males against unnecessary circumcision. The federal laws against female genital mutilation state that, in essence, circumcision is legal unless the person is female. The right to body ownership, and bodily integrity, is then applicable only to females. The hypocrisy rooted in the ways in which jurisprudence approaches genital amputations ought to be of grave concern to feminists because it speaks volumes of gender privilege and stratification. If feminism is a movement to advance human rights and gender equity, then such a law must be rejected. Feminism, then, must recognize that all unnecessary genital modifications without the consent of the person to whom the genitals belong is an abject violation of the inalienable right to body ownership. To legally prohibit the cutting or removal of any part of a girl’s genitals without

her informed consent and regardless of any reason or justification, and yet, to subject boys to forced genital circumcision, is inherently sex discrimination.

Likewise, by condemning female genital mutilation, and not male genital mutilation, feminists are guilty of ranking the oppressions and placing human rights into a hierarchy. Cherríe Moraga (1979, p. 29) warns: “The danger lies in ranking the oppressions. *The danger lies in failing to acknowledge the specificity of the oppression.* The danger lies in attempting to deal with oppression purely from a theoretical base.” Oppression must be emotionally understood and tangibly recognized. “It is the quality of our response to the event and our capacity to enter into the lives of others that help us to make their lives and experiences our own” (Shulman, 1972, p. 388). Feminists must be concerned with any cultural assumptions that create power imbalances and any harmful traditional belief or practice that is forced onto another human being. The amputation of a clitoris, labia, or foreskin, is not inherently a feminist issue; rather, the unnecessary amputation of any healthy tissue in a non-consenting human, regardless of gender classification, rooted in an oppressive ideological framework, is absolutely a feminist and human rights concern. This is where the politic must remain, and all oppressions, and all stratifications, must be articulated empathetically. Feminism struggles for gender equity, and to ignore male circumcision is to limit and hinder the feminist vision of universal social justice and equality. “Without an emotional, heartfelt grappling with the sources of our own oppression, without naming the enemy within ourselves and outside of us, no authentic, nonhierarchical connection among oppressed groups can take place” (Moraga, 1979, p. 29).

Intactivism Challenges Circumcisionism

Intactivism is a movement directed at social change for children’s rights. The movement calls for (1) an acknowledgement of forced genital mutilation as a human rights violation, (2) knowledge and

increased awareness about the benefits of intact genitals, and (3) genital autonomy for all people, whether female, male, or intersexed. Genital autonomy is the inalienable right to intact genitals, free from medically unnecessary genital modifications. Intactivism, as a challenge to forced circumcision, is the solution to circumcisionism. The movement resists the medicalization that propagates circumcisionism, which sustains the normalcy of genital mutilation.

While feminism continues to secure genital autonomy for only females, intactivism fights for genital autonomy across the gender continuum, as a principle for all children. However, according to bell hooks (1994, p. 59), feminist theory is a way “to grasp what is happening around and within” us. Feminism is a movement that utilizes theory in ways “to end sexism, sexist exploitation, and oppression” (hooks, 2000). All sexist thinking and action is the problem, regardless if the perpetrators are female or male (hooks, 2000). Feminist theory calls into question the “most basic assumptions about our existence,” and the power relationships in “all levels of human identity and action” (Smith, 1979, p. xxv-xxvi).

The foundational feminist principle and goal is to end sexism and sexist oppression. Sexism is the result of unequal distributions of gender privilege and the misappropriation of power. If gender inequality exists, whereby men are marginalized and men’s freedoms are restricted, why *wouldn’t* feminism offer critical analyses for positive social change by combating and eradicating these manifestations of sexism? If feminism is truly a movement to end sexism and sexist oppression, then all practices of sexism and all ideologies that produce gender privilege should be deplored, not only those that victimize and exploit women. By only fighting against the practices that restrict women’s choices and ignoring the restrictions of men’s, feminism has betrayed its own vision of social justice and gender equity. Only when feminism begins to recognize the complexities of gender inequity will gender equality become a more foreseeable reality in order to protect freedom of choice and human rights.

Some scholars and activists have written about the intersections of principle between feminism and intactivism, arguing that male genital mutilation is a viable feminist issue (el Salam, 1999; Fox & Thomson, 2009; Romberg, 1985; Pollack, 1995; Bone, 1994). The concept of genital integrity is part of the greater struggle for gender equity, a primary goal for which feminism exists to secure (Svoboda, 2006). This central issue considers that women have the right to exercise control over their own bodies and to be free from violence. If these human rights are available for women, they must be secured for men as well if gender equity is to be conceivable.

Feminism has great potential as a movement relevant to everyone's lives as a method by which to offer better living conditions regardless of gender. Currently, the movement has failed men by ignoring and trivializing the very foundational right for which the movement has fought for women across the world. However, feminist theory and activism must not be disposed due to contemporary limitations. Instead, it is important to recognize such imperfections, challenging and advocating for a better, comprehensive movement for social justice and human rights.

Feminism needs to incorporate male genital mutilation as worthy of scrutiny and activism likened to those activists against female genital mutilation. Issues of hegemony that articulate circumcisionism need to be addressed and changed. Using gender as an element of feminist analyses is crucial because of the complexities surrounding routine infant circumcision in contemporary American society. Such an analysis could yield a more concrete understanding of the ways in which ideologies of circumcisionism are deeply rooted into social frameworks and culture. Those against female circumcision might be blind to the similarities to male circumcision as well as its detriment on the male body, but activists need to become aware of the paradigms surrounding male genital mutilation and resist conforming to mainstream ideologies of circumcisionism.

Conclusion

Circumcisionism is the hegemonic view of genital circumcision as a normative and acceptable practice. The ideology proliferates throughout culture in a myriad of ways. The proliferation via socializing influences is found in dominant discourses including medicine, religion, aesthetics, language, and law. Circumcisionism as an ideological framework constructs normalcy around circumcision as a perfunctory practice, and consequently, rationalizes the procedure based on misappropriation of power, tactics of silence, and inaccurate information about the human body and sexuality. Intactivism is the solution to circumcisionism. Challenging its oppressive framework of normalcy, intactivism resists dominant discourses by: (1) promoting awareness of genital mutilations, (2) disseminating sex education to make people aware of the benefits of intact genitals, and (3) advocating genital autonomy as an inalienable right to which all children are entitled across the gender continuum.

The common beliefs and misconceptions about male circumcision are all propagated by a medicalized rationalization of circumcision as an acceptable practice. This rationalization attempts to undermine the medical problems and ethical dilemmas that arise in forced circumcision in infants. This has rendered the hegemonic view of circumcisionism in American society that dictates a false necessity to forcefully circumcise healthy male children, offering unanalyzed mistaken beliefs about hygiene, disease, and the denial of pain of infant circumcision. Moreover, the advocacy for better knowledge of the male sexual organ helps to dispel myths about the human body and male sexuality. This allows for an informed decision on peaceful parenting and its importance based on awareness and education as opposed to common inaccurate and misleading beliefs that damage the male body.

The discourses of religion and aesthetics are other methods by which circumcisionism is promulgated throughout culture. The discourse of religion often restricts healthy human behaviors and can be the root cause of stratification, manipulating people based on dogmatic ideology. Religion, then,

structures normalcy around its dogma and that which deviates is a “sin” and therefore “bad,” and becomes denigrated. Discourses of aesthetics construct standards of hegemonic beauty that eroticize the unnatural human body. Circumcision becomes encouraged as a method by which to reach these social conventions of beauty. By eroticizing the circumcised penis, and in turn, pathologizing the natural, intact penis, the ideology of circumcisionism is endorsed.

Language reflects the culture from which it emerges and sustains circumcisionism by structuring normalcy around forced circumcision and constructing the intact penis as a form of deviancy. Law, like religion, is treated as an infallible code of ethics and, as a discourse, results from culturally conditioned jurisprudential theory. Culture constructs frameworks of normalcy and from culture emerges the law. Each of these discourses participates in an interlocking system of circumcisionism that produces normalcy and reproduces social conformity.

A preliminary examination should produce consciousness that powerful paradigms exist surrounding any genital modifications, and that male circumcision would not be exempt from these constructed sets of meanings. While feminism has addressed the intersections of circumcisionism and gender, feminism has only examined the paradigms in relation to females. By overlooking and trivializing the intersections of circumcisionism and male genital mutilation, the gender analysis is incomprehensive. Feminism has failed to look at genital surgeries across the gender spectrum, and more research and analyses of circumcisionism would be advantageous to strengthening the present bodies of knowledge and bring about awareness of this human rights issue.

In spite of these shortcomings, feminism offers a theoretical framework from which to better understand our lived experiences with the aspiration to improve our living conditions. Neither female nor male genital mutilation is a distinctly separate feminist issue; but instead, the social phenomenon of cutting into the sex organs of healthy, non-consenting humans without sound medical exigency, is and

must be a feminist concern. The basic human right to body ownership is always violated in these practices. As UNICEF outcries female genital mutilation as a practice that violates human rights, physical and mental integrity, and freedom from violence and discrimination (Progress against abuse, 2007), male genital mutilation is also a disturbing and oppressive traditional practice, which must be condemned. Feminism must progress to a movement that struggles for universal gender equity and human rights. In order to accomplish this, feminists need to include a critique of circumcision into their arsenal against sexism and deconstruct the foundations of power and domination that are evident in systematic amputation of normal, healthy, and functioning tissue without the consent of the minor child.

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