

MALE AND FEMALE CIRCUMCISION: THE DICHOTOMY OF THE INTERNATIONAL COMMUNITY'S RESPONSE

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Abstract

The present paper takes a look at the vastly different views taken by the international community on instances of male and female circumcision. The former is backed by two different religions and practised widely culturally in the First World; the latter is a cultural tradition mostly observed in the Middle East and Africa. Both involve causing irreversible change to the bodies of (often very young) children without their consent, and both involve risks to the child's health. Yet, while the international community has taken efforts to prohibit female circumcision altogether, it has largely ignored male circumcision. The paper analyses that choice in light of international law and human rights principles.

I	Introduction.....	96-97
II	The prevalence of child circumcision.....	97-101
III	The consequences of circumcision.....	101-103
IV	The international community's response.....	103-106
V	Conclusion.....	106-108

I Introduction

IN 2010, UNICEF issued a Gender Equality Policy, with four broad aims to improve the lives of children world over. The first of these aims is the 'inclusion of the distinctive needs and rights of both girls and boys in analysis, policy dialogue and programme cooperation on children's rights.'¹ This aim and the general wording of the Gender Equality Policy suggest that, while this policy is ostensibly meant to empower girls, it nonetheless strives to safeguard the rights of boys and girls equally. Any international dialogue on the violation of the rights of girls will therefore be remiss without a corresponding dialogue on the similar violation of the rights of boys, where they occur.

The theory of 'intersectionality' argues that young girls belong to one of the most historically

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¹United Nations Children's Education Fund, Working for an Equal Future: UNICEF Policy on Gender Equality and the Empowerment of Girls and Women 9 (UNICEF, 2010).

disadvantaged groups, in a world that is both gendered and dominated by adults.²This dual marginalisation tends to hit them especially hard in societies ravaged by a lack of awareness and education, as their rights come into direct conflict with traditions that are built on the belief that they are far less valuable than boys.³Female circumcision, more commonly referred to by the international community as ‘female genital mutilation’, serves as a gruesome example of the vicious cycle that can be created where vulnerability feeds into harmful traditional practices and *vice versa*. It is then a welcome fact that the international community has taken a stance against female genital mutilation, given the brutal impact that the practice can have on a girl’s mental and physical health.

Interestingly, while female circumcision is condemned and slowly pushed towards extinction, male circumcision continues to thrive with the implicit approval of the international community, despite affecting a bigger proportion of the population. Just like female circumcision, male circumcision is the result of widespread traditional practices imposed upon children by adults who are presumably acting in their ‘best interests’. At best, it is an act that causes severe pain and infringes the bodily integrity of a child who is too young to give consent. At worst, it could have serious and permanent repercussions on the physical and mental health of the boy, much like female circumcision.

In the following sections, both forms of circumcisions will be compared – with a focus on their pervasiveness, causes and consequences. Following this, the international response to both will be assessed in terms of proportionality and appropriateness, especially in light of the aforementioned aim of UNICEF’s Gender Equality Policy to include the needs of both boys and girls in all matters relating to children’s rights.

II The Prevalence of child circumcision

Classification and global incidence

Female genital mutilation is abroad term that has been classified into three main types – clitoridectomy (Type I), excision (Type II) and infibulations (Type III) – but a fourth type also exists to include any

²NuraTaefi, “The Synthesis of Age and Gender: Intersectionality, International Human Rights Law and the Marginalisation of the Girl-Child” 17 *International Journal of Children’s Rights* 345 (2009).

³ Katherine S Newell, Elin Ross, *et al.*, *Discrimination Against the Girl-Child: Female Infanticide, Female Genital Cutting and Honor Killing* 1 (Youth Advocate Program International 2000).

other non-medical harmful procedure to the female genitalia.⁴

Like female circumcision, male circumcision also has many varieties and kinds, some less invasive, and others, more. In their health manual of 2008, WHO and UNAIDS identified three surgical procedures – the dorsal slit method, the forceps guided method, and the sleeve method – that could be safely performed in a clinical setting to circumcise boys.⁵ However, other procedures are conducted worldwide, some of which, due to their more perceptibly harmful consequences, could easily be labelled ‘genital mutilation’. These include, but are not limited to, procedures such as *subincision*, *superincision* and the insertion of *penis pins*.⁶

The practice of female circumcision is strongly entrenched in the traditions of almost 28 African states, and in some countries, like Somalia, it affects as much as 97.9% of the female population. Experts estimate that anywhere between 100 and 140 million women have already had the procedure performed on them, and an additional three million are at risk every year. Even more alarming is the fact that these figures have not taken into account the victims from Asia and those belonging to the immigrant populations of other countries.⁷ While the data correlated by Yoder and Khan is based on surveys of girls and women aged 15 and older, they contend that most girls who ‘will one day be circumcised will have been cut before the age of 15’.⁸ Female circumcision thus cuts across all age groups and affects children especially strongly.

The global incidence of male circumcision is estimated by UN agencies to be 33% of the total male population,⁹ about 69.8% of which has occurred for religious reasons. This automatically means these people were subjected to circumcision procedures during infancy or childhood, as Jewish and Muslim boys are circumcised when they are eight days old and when they are aged between four and thirteen years, respectively.¹⁰ Almost 200 million men aged 15 and above are also circumcised non-religiously, with the non-religious population of circumcised men in the United States alone comprising almost 13%

⁴ World Health Organisation, *Eliminating Female Genital Mutilation: An Interagency Statement* 24 (WHO, 2008).

⁵ World Health Organisation and Joint United Nations Programme on HIV/AIDS, *Manual for Male Circumcision under Local Anaesthesia* 5.1-5.32 (WHO, 2008).

⁶ Judith Worell, *Encyclopedia of Women and Gender: Sex Similarities and Differences and the Impact of Society on Gender* 297 (Academic Press, 2001).

⁷ P Stanley Yoder and Shane Khan, “Numbers of Women Circumcised in Africa: The Production of a Total” 39 *USAID DHS Working Papers* 4-12 (2008).

⁸ *Ibid* 17.

⁹ World Health Organisation and Joint United Nations Programme on HIV/AIDS, *Male Circumcision: Global Trends and Determinants of Prevalence, Safety and Acceptability* 7 (WHO and UNAIDS, 2007).

¹⁰ N Williams and L Kapila, “Complications of Circumcision” 80 *British Journal of Surgery* 1231 (1993).

of the total demographic of circumcised men.

Reasons for prevalence of female circumcision

Unlike male circumcision, there is no clear religious diktat on, or purported health benefits to, female circumcision. The reasons for its perpetuation are therefore more baffling, and leads to the conclusion that this tradition is perhaps rooted in patriarchal attitudes towards women.

An overwhelming majority of women allow their daughters to be circumcised because they believe it to be customary or traditional, and want their children to have the same life experiences as they, according to a study by UNICEF.¹¹ In the same study, other reasons cited by mothers include religion (indicating a cultural phenomenon of deeming this social practice as God's decree), aesthetic appearance, hygiene, increased desirability to potential husbands on account of circumcised girls' 'purity', lowered chances of adultery, and even the enhancement of husbands' sexual pleasure. UNICEF concludes that acceptance of female circumcision is inalienable from the ethnic and cultural identity of most groups that practice it. Even though the practice itself is an extreme manifestation of gender discrimination and control over female sexuality, women – regardless of their age, status or empowerment in general – do not see as that.

Reasons for prevalence of male circumcision

As previously touched upon, a majority of male circumcisions are fuelled by religious considerations. But there are numerous other reasons why male circumcision is widely approved of and promoted, the most important of which are its alleged health and sexual benefits.

Most claims about the enhancement of sexual performance or pleasure in both partners, if the man is circumcised, are anecdotal. A survey conducted in Turkey found that circumcision improves the happiness of both partners in terms of sexual satisfaction.¹² But this finding ought not be accepted unreservedly as a universal truth, keeping in mind the fact that specific erogenous zones on the foreskin are irreversibly lost because of circumcision.¹³ Indeed, in a survey of 38 adult men who were circumcised at least two years after they had commenced sexual intercourse, more than half said their experience had

¹¹ The United Nations Children's Fund, *Female Genital Mutilation/Cutting: A Statistical Exploration* 17-26 (UNICEF, 2005).

¹² T Senkul, C Iserlet *et al*, "Circumcision in Adults: Effect on Sexual Function" 61 *Urology* 155 (2004).

¹³ RK Winkelmann, "The Erogenous Zones: Their Nerve Supply and Significance" 34 *The Proceedings of the Staff Meeting of the Mayo Clinic* 39 (1959).

lessened and they would not have the surgery, if given a chance to revisit their decision.¹⁴

The most noteworthy claim of the pro-circumcision factions is that it lowers the chances of contracting the human immunodeficiency virus (HIV) and other sexually transmitted illnesses. In 2007, UNAIDS considered male circumcision as part of a comprehensive HIV prevention package,¹⁵ after three randomised controlled trials, conducted in South Africa, Kenya and Uganda, showed that HIV-negative men who had undergone circumcision were 51-61% less likely to contract the disease, as opposed to men who had not undergone circumcision. These studies are widely touted as being proof that circumcision can help stem the tide of HIV infections, and presented as a reason for continued circumcision.

A joint report by UNAIDS and WHO has warned that these results must be interpreted with greater caution.¹⁶ In the surveys, all participants, whether they belonged to the group that underwent circumcision or to the control group, had been subjected to extensive counselling on use of safe sex practices. Without this counselling in place, it would be hard to surmise just how effective circumcision would be. Moreover, if these circumcised men had increased the number of sexual partners by even 25%, then the benefits of the circumcision in preventing an infection would be completely negated. Nevertheless, the report suggests that, given the benefits associated with male circumcision in terms of the reduction of HIV infections, it ought to be promoted as one of the means of protection.¹⁷ The report also considers extending the right of obtaining a circumcision to adolescents who have the capacity of understanding potential risks and benefits, independent of parental consent, considering that men often become sexually active before they reach adulthood.

Even though there is some evidence that male circumcision can help reduce the risk of HIV, this applies to men and children who have attained the level of development that enables them to engage in sexual intercourse. By then, they should be in a better position to understand the ramifications of undergoing such a procedure. The laws of many states have already begun granting such serious rights as the right to

¹⁴ George C Denniston, Frederick Mansfield Hodges and Marilyn Fayre Milos (eds), *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society* 450-46 (Kluwer Academic/Plenum Publishers, 2004).

¹⁵ Joint United Nations Programme on HIV/AIDS, *2007 UNAIDS Annual Report: Knowing Your Epidemic* 23 (UNAIDS, 2008).

¹⁶ World Health Organisation and Joint United Nations Programme on HIV/AIDS, *supra* note 9.

¹⁷ *Ibid* 24.

withhold lifesaving treatment to children even younger than 16, if they are deemed competent to decide. There is no reason why similar demands may not be made of a law on male circumcision – no one ought to have the right to violate the child’s bodily integrity except for the child himself, if he is competent to make such a decision. There is no reason to believe that an infant or pre-pubescent child will engage in sexual intercourse, so it becomes hard to explain how parents are acting in the infant or child’s best interests when they decide to cause irreversible physical harm to the child. This will be discussed in greater detail in the next section, where the harmful consequences of both female and male circumcision are compared and contrasted.

III The consequences of circumcision

In the case of girls

In addition to broader consequences such as the perpetuation of gender injustice, female circumcision has very real impacts on their health, both in the short and long terms. The universal short-term complications that affect girls once their genitals have been circumcised are severe pain, considering that anaesthesia is rarely used and never effective and long recovery periods, especially in Type III female genital mutilation, where the girl’s legs may be sewn together for days after the procedure.¹⁸ Other complications reported by WHO include haemorrhage, shock, tetanus and sepsis (which may lead to death), difficulty in urinating (which would lead to a whole host of other problems) and labia adhesion (a Type II mutilation resulting in an unintended case of Type III mutilation). There are also risks of spreading HIV infections, if the same implements are used to circumcise multiple girls, and, more commonly, of having to repeat the genital mutilation many times due to improper healing or infections after Type III female genital mutilation is performed.

In addition to these, there have also been many long-term problems associated with women who have undergone circumcision. Their deliveries have been significantly more likely to be affected by complications such as postpartum haemorrhage, episiotomy, caesarean section, and extended maternal stay at the hospital. The health of the babies is also affected, increasing the likelihood of perinatal mortality by one or two deaths per hundred births. These issues intensify during home births.¹⁹

¹⁸ World Health Organisation, *supra* note 4.

¹⁹ World Health Organisation Study Group, ‘Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in Six African Countries’ 367 *Lancet* 1835 (2006).

Many women continue to bear the brunt of female circumcision psychologically, with certain researchers asserting that the very act of circumcision should qualify as psychological trauma, potentially leading to post-traumatic stress disorder. It could lead to depression and anxiety, and destroy girls' relationships with their mothers.²⁰ However, enough research has not been conducted on the matter to conclusively prove these theories. Berg, Denison and Fretheim also conclude from their own experiment that the evident base is not sufficient to draw clear links between female circumcision and the psychological fallouts experienced by women. However, their experiment, at the very least, establishes that women who have undergone circumcision display a significant divergence, in terms of interest in sexual intercourse, from women who have not undergone this procedure. These women are unable to orgasm, never initiate sexual intercourse, and experience over a 50% reduction in their sexual satisfaction compared to their pre-circumcision days.²¹

Considering the harmful effects of female circumcision, some of which extend well into and beyond adulthood, it is logical for the practice to be shunned by the world community and unanimously denounced as a barbaric practice. However, as the next section will proceed to discuss, male circumcision is far from being a painless procedure when performed on children, and may lead to long-reaching damage to the physical and psychological health of boys as well.

In the case of boys

Male children also suffer harmful consequences of circumcision. The reduction of sexual pleasure has already been discussed, but more disturbing are studies that show a 450% increase in the instances of erectile dysfunction in circumcised men as opposed to uncircumcised men.²² To add perspective to the process of destruction that takes place during male circumcision, more than 240 feet of nerves and 20,000 nerve endings are summarily destroyed in the process. The lack of the foreskin's secretions and the exposure cause the glans to dry out and, additionally, become desensitized due to successive layers of keratinisation, both of which affect its stimulation in the long run.²³ There is also the chance of constricted urine flow in 5-10% of circumcised males. In infants, particularly, there is a risk of glanular injury and

²⁰ Rigmor C Berg, Eva Denison and Atle Fretheim, *Psychological, Social and Sexual Consequences of Female Genital Mutilation/Cutting (FGM/C): A Systematic Review of Quantitative Studies* (2010, No. 13).

²¹ *ibid.*

²² Dan Bollinger, Robert S Van Howe, 'Alexithymia and Circumcision Trauma: A Preliminary Investigation' 10 *International Journal of Men's Health* 184 (2011).

²³ Paul M Fleiss, "The Case Against Circumcision" *Mothering: The Magazine of Natural Family Living* 36 (1997).

inhibition of the genitalia's normal development, owing to the way the glans is fused with the foreskin during infancy.²⁴ Some methods of subincision are so invasive that they forever alter men's control over the direction of their urine's flow, requiring them to squat instead of stand during the act.²⁵

There are also many psychological effects of male circumcision, all though few studies have been done on these effects, just like in the case of female circumcision. Goldman has attempted to consolidate the medical research and reports of experiments in the area, and has presented a litany of adverse effects that prove to question the 'harmlessness' of circumcision.²⁶ The effects of strapping an infant down and painfully removing a portion of his genitalia liken the procedure to trauma. Studies show that the pain experienced by infants may be greater than that experienced by older adults, and that the 'stress hormone' cortisol is increased by 300-400% in the blood following the procedure, even when anaesthesia is used. The procedure is so painful, in fact, that infants may even go into shock. These side effects are routine; a more horrifying effect is accidental castration, which could happen in a medical setting,²⁷ or during a ritualistic ceremony.²⁸ Goldman's article goes on to cite research that has shown an increase in infants' irritability and variations in sleep pattern, made even more discernible from that of uncircumcised infants during the age of administering vaccinations, and concludes that this might have a negative impact on the bonding between mothers and their children.²⁹

These findings reveal a striking similarity to the harmful effects of female circumcision, and yet the international community's attitude towards the two largely differs. It is important to remember that a lot of male circumcision is performed by surgeons and trained professionals. Medicalisation of female circumcisions has only recently begun to take root, and is already being censured by the international community. Perhaps there would be an even greater correlation in the physical and psychological harm caused to boys and girls if only clinical data were taken into account.

IV The international community's response

²⁴CJ Cold and JR Taylor, "The Prepuce" 83 *British Journal of Urology* 34 (1999).

²⁵Kirsten Bell, "Genital Cutting and Western Discourses on Sexuality" 19 *Medical Anthropology Quarterly* 125 (2005).

²⁶R Goldman, "The Psychological Impact of Circumcision" 83 *British Journal of Urology* 93 (1999).

²⁷Susan Scutti, "Accidental Castration? Alabama Man And His Wife Sue After Circumcision Turned Into Amputation" *Medical Daily*, Jul. 24, 2014.

²⁸Josh Feldman, "Rabbi Sued for Accidentally Turning Circumcision into Castration" *Mediate*, Dec. 30, 2013.

²⁹ R Goldman, *supra* note 26.

Tofemale circumcision in particular

The past few decades have witnessed an intensification of the international scrutiny on female circumcision. The Committee on the Elimination of Discrimination against Women (CEDAW) has approved of the awareness that states and national organisations already possess regarding the practice, and made certain recommendations.³⁰ Firstly, states parties must take measures to eradicate female circumcision by collecting and disseminating basic data about this practice through various organisations, supporting women's organisations at all levels in working towards this goal, encouraging leaders in all areas and the media to cooperate in influencing attitudes, and introducing educational programmes about problems arising from female circumcision. *Secondly*, they must formulate strategies to eradicate female circumcision in public healthcare. *Thirdly*, the United Nations must assist states parties' efforts in eliminating female circumcision. *Finally*, states parties ought to submit reports on the measures they have taken to eliminate the practice.

More than a decade later, the United Nations General Assembly passed a resolution that declared 6 February as International Day of Zero Tolerance for Female Genital Mutilation and called upon the participation of all UN bodies, civil society groups, states and people, including men and boys, to help eradicate the practice.³¹ The resolution stresses upon the importance of empowering women and girls as a means of breaking away from the practice of female circumcision, and calls upon states to achieve this through gender-sensitive education and awareness. It asks for the creation of culturally sensitive comprehensive policies and legislations to combat the practice, including community-based initiatives and punitive measures. It also suggests training medical officers, social workers and other professionals to involve them in the struggle against female circumcision, and requests the formulation of protection and rehabilitation programmes for victims of female circumcision. Finally, it enjoins the states to collect data on discriminatory practices against girls and the progress in eliminating those practices.

Following up on the resolution, the Secretary General, in a report to the Economic and Social Council,³² again lauded the work of the member states in their attempts at eradicating female circumcision and gave further recommendations – including ratifying pertinent international treaties, enacting multidisciplinary

³⁰CEDAW 'General Recommendation 14' (1990) UN Doc A/45/38.

³¹UNGA Res 67/146 (05 March 2013) UN Doc A/Res/67/146.

³²ECOSOC 'Report of the Secretary General 67/146' (2012) UN Doc E/CN.6/2012/8.

and comprehensive policies that include all organisations and communities, supporting and protecting victims of female circumcision, educating all segments of society on the ramifications of female circumcision, and promoting abandonment of the practice while working within the framework of existing laws, among other things.

It is worth mentioning that the resolution and general recommendation are considered, at the very best, soft law according to the norms of international law. As of yet, there are no specific treaties dealing with the practice of female circumcision. And if anything, male circumcision has been given even lesser attention, with no resolution in international law that is aimed specifically at boys.

To acts that harm children in general

The Convention on the Rights of the Child, the prevailing source of comprehensive international law on the subject of children's rights, does not specifically deal with the issue of circumcision. However, it enjoins the states to 'take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children'.³³ This can apply to both male and female circumcisions, as it has been established that both are the result of traditional practices, and that both harm the health of children. The Convention also creates a loophole for children willingly seeking to submit themselves to circumcision, as it protects the right of children belonging to minority or indigenous groups to practice their religions and enjoy their cultures.³⁴

The conflict between these two provisions has led to a dichotomy in international legal thinking. On the one hand, the best interests of girls override their autonomy, and a complete abolition of female circumcision is sought. On the other hand, the implicit acceptance of male circumcision indicates a favouring of boys' right to consent to the harming of their genitalia for religious purposes. This dichotomy is based on either positive chauvinism, which does not deem women capable of making decisions for themselves in thornier situations, or misguided feminism, bordering on misandry. In either situation, the foundation of children's rights wobbles under the confusion of the international community.

³³The Convention on the Rights of the Child (adopted on 20 November 1989) art.24(3).

³⁴*Id.*, art. 30.

The European Council has attempted to directly confront the issue, by endorsing a report by its Social Affairs and Health Committee on the right of children to physical integrity and by voting in support of a resolution and recommendation to promote and protect this right. While it does not equate female genital mutilation with male circumcision, it pronounces them both as acts that violate the bodily integrity of children. The resolution calls upon the states parties to promote awareness regarding the harmfulness of the practices of male and female circumcision. It proceeds to call for the complete abolition of female circumcision, but does not go quite as far in the case of male circumcision. Instead, it requests states parties to promote awareness regarding the harmfulness of the practice and enact legislative measures to aim for the improvement of methods of circumcision, eliminating unsanitary ones. It also asks for the initiation of debate between religious and nonreligious groups in order to determine if circumcision is even necessary in light of the harm caused.³⁵ The Parliamentary Assembly of the Council has thus given precedence to the child's right to bodily integrity over other rights. It remains to be seen whether this will become a norm, or remain a lone exception.

V Conclusion: Differences between male and female circumcision

An analysis of the causes, prevalence and effects of circumcision in males and females has exposed undeniable links between the two. They are both tied mainly to tradition, cultural or religious, and arbitrated by parents upon their children. They both cover a variety of different operations – ranging from relatively harmless nicks to severely painful and invasive procedures. The universal effects of psychological trauma, severe pain, as well as possible effects such as shock, impaired or obstructed urination and lowered sexual pleasure are common to both male and female circumcisions. Complications suffered by women during pregnancy can also be equated with castration and erectile dysfunction in men, as both serve to lower the basic biological function of reproduction in our species. And yet, while female circumcision is largely vilified by the international community and deemed synonymous with 'mutilation' (even in cases where there was only a small nick to the female genitalia), male circumcision remains glorified, or at the very least, ignored.³⁶ The reasons behind this are unclear.

This duality of opinion may be rooted in ethnocentrism, as male circumcision is practiced widely in

³⁵Parliamentary Assembly, "Children's Right to Physical Integrity" (06 September 2013) Doc 13297.

³⁶David P Lang, "Circumcision, Sexual Dysfunction and the Child's Best Interests: Why the Anatomical Details Matter" 39 *Journal of Medical Ethics* 429 (2013). See also Kirsten Bell, *supra* note 25.

Western cultures and therefore considered ‘normal’ while female circumcision is labelled ‘barbaric’. Mazor considers that the right of Jewish parents to ‘instruct’ their child about their religion includes an implicit right to permanently remove a part of their child’s body and cause him harm.³⁷ This right, when combined with the stigma they would face in their community for failing to circumcise the child, ‘trumps’ the right of the child to determine his future. He says this despite admitting that children, when they grow up, might not make the choice to be circumcised owing to a lack of counterfactual information about how they might feel without their foreskin and a presence of dread at the painful procedure. In his mind, therefore, it is perfectly acceptable for parents to force an irreversible decision upon infants despite knowing that the infant would not make that same decision, given the choice. However, a similar decision taken by parents in Africa to teach their children their traditions and avoid being ostracised by their community would be wrong because ‘the practice reflects deeply-rooted attitudes about the lower status of women’.³⁸ This simplistic explanation certainly justifies the condemnation of African feminists such as Sylvia Tamale. While opposed to female circumcision, these feminists are nevertheless also opposed to the culturally insensitive way in which the West proceeds in its mission of ‘the imperialist, racist and dehumanising infantilisation of African women.’³⁹

The duality may also be rooted in misguided notions of gender justice which focus solely on women’s rights to the exclusion of all else. Amoah, for example, considers the lack of an explicit prohibition on female genital mutilation anywhere in the Convention on the Rights of the Child to be the result of the failure of the international community to see girls’ specific vulnerabilities, but makes no mention of male circumcision.⁴⁰ This very gender-neutrality, however, has ended up being the Convention’s saving grace, by leaving the door open for future treaties abolishing both male and female circumcision. After all, even though the notion of intersectionality is right about the adverse effects of circumcision hitting girls particularly hard, this does not mean that the rights violations of young boys ought to be belittled or brushed aside.

The one difference that has been put forward, time and again, by supporters of male circumcision, is that

³⁷Joseph Mazor, “The Child’s Interest and the Case for the Permissibility of Male Infant Circumcision” 39 *Journal of Medical Ethics* 421 (2013).

³⁸*Ibid.*

³⁹Sylvia Tamale, *African Sexualities: A Reader* 19-20 (Fahamu/Pambazuka, 2011).

⁴⁰Jewel Amoah, “The World on Her Shoulders: The Rights of the Girl-Child in the Context of Culture and Identity” 4 *Essex Human Rights Review* 1 (2007).

it is advantageous from a health standpoint. However, the data has come out divided on all fronts, and in fact points towards more risks than benefits. While male circumcision may indeed help reduce the risk of HIV infections, it still has to work in conjunction with counselling and safe sex practices in order to be effective. In any case, considering that infants are not likely to be sexually active, the procedure can be easily delayed to a time when young boys have grown up enough to be able to understand the consequences of an irreversible procedure such as circumcision. In a world where female circumcision is so maligned that competent adolescent girls may not subject themselves to this procedure, surely non-therapeutic male circumcision should at least be looked upon with a modicum of suspicion and practised with only the consent of a competent child.

It is rare that gender injustice would skew against males rather than females, but that is precisely what has happened on an international scale in the matter of the circumcision of children. The international community's censure of female circumcision is laudable, but it also ought to revisit its stance on male circumcision in order to truly be able to achieve the aim stated in UNICEF's Gender Equality Policy. There is a pressing need for an equivalent international response that seeks to regulate, if not prohibit entirely, male circumcision, with a special focus on the circumcision of infants