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Opinion article

Debunking myths about female circumcision

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KEYWORD

Female circumcision

Last month it was announced that in the United States, one third of all doctors and lawyers are women. In the United States and in Europe, as well as in many parts of Asia and Latin America, educational opportunities for women and girls are taken for granted. A woman's right to self-determination regarding her own body is assumed, and there are few residual cultural beliefs or activities that cause direct harm to women in systematized ways.

In regions of Africa, however, many girls and women still suffer from both lack of educational and work opportunities and oppressive traditional behaviors that damage their physical and emotional health and sometimes risk their lives. Genital cutting is one such tradition. From the seemingly innocuous “pricking” of the skin to total removal of the clitoris and labia with suturing, or infibulation, along with various forms of chemical cauterization using acid, lye or other chemicals, all are painful and lead to disability or lack of full

normal sexual or reproductive function. The procedures are generally done by other female members of a family or social group. All are damaging to a woman's sexual and reproductive function. They are justified on the basis of tradition and superstition that contact with an intact clitoris would harm a baby during childbirth, or that a woman's “purity” and cleanliness demand it.

Until the turn of the century, the Chinese tradition of binding the feet was also considered necessary to make a woman beautiful and marriageable and were also considered desirable for chastity, because women with bound feet required protection and could not leave home on their own. It was imposed upon young girls, usually by their female relatives in order to improve their social standing and opportunity. Repeatedly breaking the bones of the feet and binding caused gait, spine and infection problems, and was ultimately banned in 1912 but persisted secretly for another 50 years or so until both education of women and social norms progressed to the point that it was no longer tolerated.

Despite laws in many African countries prohibiting female circumcision or mutilation, the practice persists, secretly, in many places. In this century, it should no longer be acceptable for any people to allow such harm to young girls and women. With improved general and maternal health and better education, women consistently contribute to a community's economy as well as to its improved political stability. As Pinker has emphasized in his acclaimed work, *The Better Angels of Our Nature: Why Violence has Declined* [1], countries and communities that deplore

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corporal assault on women and children have greater overall stability and wealth. Supporting women's health therefore lays the groundwork on which development on many levels becomes possible.

It is incumbent on us as urologists and as health care providers to refuse to facilitate painful and debilitating surgery on young girls and

women. We must not only educate communities about real causes of disease, but also debunk myths that harm our young people.

Reference

- [1] [Pinker S. *The Better Angels of Our Nature: Why Violence has Declined*. New York: Viking; 2011.](#)