

MGMbill.org Male Genital Mutilation Fact Sheet

Male genital mutilation

WHAT IS MALE GENITAL MUTILATION?

Male genital mutilation (MGM), often referred to as 'male circumcision', comprises all procedures involving partial or total removal of the external male genitalia or other injury to the male genital organs whether for cultural, religious or other non-therapeutic reasons. There are different types of male genital mutilation known to be practiced today. They include:

- Type I - excision or injury of part or all of the skin and specialized mucosal tissues of the penis including the prepuce and frenulum (circumcision, dorsal slit without closure).
- Type II - excision or injury to the glans (glandectomy) and/or penis shaft, (penectomy) along with Type I MGM. Any procedure that interferes with reproductive or sexual function in the adult male.
- Type III - excision or destruction of the testes (castration, orchidectomy) with or without Type II MGM.
- Type IV - unclassified: includes pricking, piercing or incision of the prepuce, glans, scrotum or other genital tissue; cutting and suturing of the prepuce over the glans (infibulation); slitting open the urethra along the ventral surface of the penis (subincision); slitting open the foreskin along its dorsal surface (superincision); severing the frenulum; stripping the skin from the shaft of the penis; introducing corrosive or scalding substances onto the genital area; any other procedure which falls under the definition of MGM given above.

The most common type of male genital mutilation is excision of the foreskin (circumcision), accounting for the vast majority of all cases; the most extreme form is excision or destruction of the testes (castration), which constitutes a small percentage of all procedures.

HEALTH CONSEQUENCES OF MGM

The immediate and long-term health consequences of male genital mutilation vary according to the type and severity of the procedure performed.

Immediate complications include severe pain, shock, hemorrhage, infection, excessive skin loss, skin bridges, glans deformation, bowing, meatal stenosis, loss of penis, and injury to adjacent tissue. Hemorrhage and infection can cause death. More recently, concern has arisen about possible transmission of the human immunodeficiency virus (HIV) due to the use of one instrument in multiple operations. Some researchers are also promoting MGM as a tool to combat AIDS by touting studies that show a link between medicalized circumcision and reduced rates of HIV transmission, which is likely to increase the number of forced circumcisions and related complications.

Long-term consequences include scar formation, keratinization, sexual dysfunction, loss of sexual sensitivity, and increased friction and pain during sexual intercourse.

Psychosexual and psychological health: Genital mutilation may leave a lasting mark on the life and mind of the man who has undergone it. In the longer term, men may suffer feelings of anger, incompleteness, anxiety, depression, and lifelong psychological trauma.

WHO PERFORMS MGM, AT WHAT AGE AND FOR WHAT REASONS?

In cultures where it is an accepted norm, male genital mutilation is practiced by followers of all religious beliefs as well as animists and non believers. MGM is usually performed either by a traditional practitioner, often with crude instruments and without anesthetic, or in a health care facility by qualified health personnel. MGMbill.org is opposed to medicalization of all the types of male genital mutilation.

The age at which male genital mutilation is performed varies from area to area. It is performed on infants a few days old, male children and adolescents and, occasionally, on mature men.

The reasons given by families for having MGM performed include:

- psychosexual reasons: elimination of the sensitive tissue of the foreskin and the stimulation that it provides, depriving the glans of its protective environment to reduce sexual pleasure;
- sociological reasons: identification with the cultural heritage, initiation of boys into manhood, social integration and the maintenance of social cohesion;
- hygiene and aesthetic reasons: the foreskin is considered dirty and unsightly and is to be removed to promote hygiene and provide aesthetic appeal;

- myths: babies don't feel pain, a foreskin is hard to keep clean, circumcision protects against certain diseases, male circumcision is less barbaric than female circumcision;
- religious reasons: Most Muslim and Jewish communities practice MGM in the belief that it is demanded by the Islamic and Judaic faiths. The practice, however, predates both religions.

PREVALENCE AND DISTRIBUTION OF MGM

Most of the boys and men who have undergone genital mutilation live in 28 African countries, the Middle East, the USA, and parts of Asia. They are also found in Europe, Australia, and Canada.

Today, the number of boys and men who have undergone male genital mutilation is estimated at 650 million. It is estimated that each year, a further 13 million boys are at risk of undergoing MGM.

CURRENT MGMBILL.ORG ACTIVITIES RELATED TO MGM

- Advocacy and policy development

MGMbill.org urges that WHO/UNICEF/UNFPA issue a policy statement on MGM and a Regional Plan to Accelerate the Elimination of MGM to promote policy development and action at the global, regional, and national level. Several countries where MGM is a traditional practice should be encouraged to develop national plans of action based on the MGM prevention strategy proposed by WHO.

- Research and development

MGMbill.org urges WHO to make MGM a major objective to generate knowledge and promote the elimination of MGM. Research protocols on MGM should be developed with a network of collaborating research institutions as well as biomedical and social science researchers with linkages to appropriate communities. MGMbill.org urges WHO to review programming approaches for the prevention of MGM in countries and to organize training for community workers to strengthen their effectiveness in promoting prevention of MGM at the grassroots level.

- Development of training materials and training for health care providers

MGMbill.org urges WHO to develop training materials for integrating the prevention of MGM into nursing, midwifery and medical curricula as well as for in-service training of health workers. Evidence based training workshops, to raise the awareness of health workers and to solicit their active involvement as advocates against MGM, should also be developed for nurses and midwives in the African and Eastern Mediterranean region.

For more information contact:

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MGM types are based on the [ICGI HGM classifications](#).

This fact sheet is published by MGMbill.org. To encourage the UN to implement the above policies, please contact WHO at mediainquiries@who.int.