

Ethical Paper

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There are many controversial topics in obstetrics, women's health, and neonatology. Each of these topics has its pros and cons depending on who it is affecting. These topics can be religiously related, politically related, or just societal controversies. A common controversial topic in this field is male circumcision and female genital mutilation. These procedures have been practiced for over a thousand years now. The present concern for male circumcision is the ethical concerns, and for female genital mutilation, it is infection risks, and it has no medical reasoning. The individuals that may be interested in this would be those who have undergone these procedures or those looking to have them done. When referring to just "circumcision" in this paper, I am discussing male circumcision, where for females it will be referred to as female genital mutilation or female circumcision.

Circumcision is defined as "the surgical removal of the prepuce, or foreskin, covering the glands of the penis" (Warees et al. 2024). The procedure is an elective surgery and is commonly performed in the first few days of a newborn's birth, but in some cases, individuals get the procedure done later on in life. Circumcisions have been done for thousands of years now for religious, cultural, and health reasons. In the article "Circumcision", it is mentioned that the most common reasons for circumcisions done in the United States were to "improve hygiene and medical benefits" (Warees et al. 2024). This made up about 50% of the reason they are performed in the United States, whereas 30% made up personal or family preference, and 15% made up religious requirements (Warees et al. 2024). Circumcision procedures are commonly done in the United States, Africa, and parts of Southern Asia. However, they are not commonly done in areas across the world like Europe, Asia, and Latin America. In a nursing journal article titled "Social and psychological effects of circumcision," it was mentioned that globally speaking, most of the world doesn't practice male circumcision, and that the United States of

America is the only country in the world to have most of its infant babies circumcised (Aydoğdu 2022).

The indications for circumcision in the United States for medical reasons are mainly for preventive measures against infections and diseases. Research shows that having a circumcision can slightly “lower the risk of a UTI, lower the risk for penile cancer, potentially lower the risk of some sexually transmitted infections, and prevent foreskin infections such as phimosis” (Levine 2023). Phimosis can be defined as “difficulty retracting the penile prepuce” (McPhee et al. 2023). This is due to tightness causing difficulty pulling the foreskin over the head of the penis. This can be accompanied by pain during sex, pain during urination, or inflammation/swelling of the foreskin. Male genital hygiene has also been proven to be a very common benefit or reason for circumcisions being performed.

Another indication for circumcision in the United States and across some other countries is for religious reasons. Circumcision can be most commonly seen and practiced in Jews and Muslims. The biblical explanation for getting circumcision in Judaism mentions that “the circumcision acts as an outward physical sign of the eternal covenant between God and the Jewish” (Anwar et al. 2010). Normally, for a Jewish circumcision, the procedure is performed on the eighth day of the newborn’s life during the daytime. Their procedure is done by a Mohel, who is identified as an “observant Jew who is educated and specializes in circumcision techniques” (Anwar et al. 2010). In Islam, circumcision is performed as a “rule of cleanliness,” and some believe it is an obligatory necessity within the religion, while others believe it is just “highly practiced” (Anwar et al. 2010). The procedure is typically performed on the seventh day after birth for Muslims.

Contraindications for circumcisions include surgical risks, such as bleeding, infection, pain, and swelling. During newborn circumcisions, the newborns are tied down with Velcro and fully awake with local anesthesia. With circumcision being an elective surgery, it causes more controversy because newborns are being put through surgery with no “true” medical reasoning. Other reasons are due to the father of the newborn not being circumcised, and because of the surgical complications that can occur. Arguments have been made that circumcision can also reduce sensitivity in the genital area, and there are some ethical concerns about performing elective surgeries on newborns or minors without consent. The newborn has no say so on whether or not this change being made to their body is what they want, and this is a very common ethical concern for people in the United States and other countries regarding circumcision. With surgeries, consent is necessary, and the newborn child is unable to consent to the circumcision. Ethical concerns, along with the potential surgical risks, are the biggest contraindications for why circumcision shouldn't be performed.

Female genital mutilation, or female circumcision, is a procedure that involves “partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (WHO 2025). Female genital mutilation is not commonly seen or practiced in the United States but is very common in Africa, the Middle East, and Asia. Unlike male circumcision, there is no true medical reason for female genital mutilation to be done. It has also been mentioned that “most medical personnel lack baseline knowledge about female genital mutilation and the health complications associated with it” (Esse et al. 2023). Female genital mutilation is well known across thirty-one countries, and the data collected from these countries in 2012-2020 show that over two hundred million girls and women have undergone female genital mutilation, and about three million girls are at risk for undergoing the practice annually

(Esse et al. 2023). These procedures are mostly done on girls from ages four to the age of fifteen. There are four types of female genital mutilation. The first type is the partial or total removal of the clitoris. The second type is the partial or total removal of the clitoris along with the labia minora. The third type is the narrowing of the vaginal opening, and the fourth type is “all other harmful procedures to the female genitalia for non-medical purposes” (WHO 2025).

Most individuals are against female genital mutilation because it serves no medical purpose and can lead to some serious long-term life complications. The short-term health risks of female genital mutilation include severe pain, excessive bleeding, urinary problems, shock, infection, genital tissue swelling, mental health problems, and in some serious cases, death (WHO 2025). The long-term complications are pain, various types of infections, sexual health problems, menstrual and vaginal problems, and some obstetric complications (WHO 2025). Studies have shown that women who have undergone female genital mutilation have higher rates of “emergency c-sections, tears, postpartum hemorrhage, and extended maternal stay in comparison to women who haven’t undergone the procedure” (Esse et al. 2023). These complications, risks, violation of women’s rights and no medical benefits are all reasons why individuals believe female genital mutilation to be considered wrong. Female genital mutilation is often performed by an elderly female with little or inadequate medical experience. During the procedure, anesthesia and antiseptics are generally not used, and the surgical equipment consists of scissors, knives, razor blades, or scalpels (Esse et al. 2023). Infection risks are much greater during this procedure because of the lack of appropriate personnel and proper equipment.

Female genital mutilation is supported by some individuals because of its social and cultural significance. An article titled “Female Circumcision: The History, the Current Prevalence and the Approach to a Patient” mentioned that the theories behind “purity” and

“virginity” of a woman and reducing young girls' sexual pleasure and reducing their “sexual propriety” and “morality” (Llamas 2017). In some countries, it can be seen as a “rite of passage,” and it is culturally acceptable. Also, in some cultures, the clitoris is “a connotation of masculinity and must be excised” (Esse et al. 2023). The main argument behind supporting female genital mutilation is for social and cultural reasons, and it can be very hard to understand the reasoning behind the procedure if you are unfamiliar with the culture and its beliefs.

Both male circumcision and female circumcision are controversial topics that have been debated amongst countries for hundreds of years. Though they both involve the gutting of genitalia, female and male circumcision are completely different, as described above. Both arguably have pros and cons depending on the individuals. Culture is a very important factor in male circumcision and female genitalia mutilation, so sometimes it can be difficult to argue what is wrong or right. Globally, there are different practices and standards regarding both male circumcision and female genital mutilation. In certain areas of the world, female genital mutilation is more common in comparison to male circumcision. Regardless of opinion, it is important to understand why these procedures are practiced and how to treat, care, or educate patients on these procedures if they have had one done, or are planning on having it done. Also, it is important for a nurse to understand the role that religion and culture play in these procedures. Whether we agree or not, we must put our biases aside and care for the patient in the best possible way. By researching and conducting this paper, I have been able to identify more reasons why female genital mutilation is being done and where it is commonly practiced. I have also learned how important culture and religion are to our patients and how they may impact the care that they choose to have.

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