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Introduction:

At present we are living in a world of huge technical advancements, where new technologies are introduced every hour, new planets are being explored for human living, internet is the main source of communication and nuclear energy is used as the power source. This vast upgrading of technologies has much influenced the people's life style, their attitudes and behaviors. People are now more advanced and civilized. The modern age has thus been characterized by a series of technological revolutions that have profoundly changed the conditions of life for people in Western (and, more recently, non-western) societies (Petraakis & Eubanks, 2004).

Though much advancement are witnessed among the globe but still there are certain regions that are far behind the current advancement levels, mostly the third world countries. In these regions the ancient traditional values are still being followed irrespective of it being unethical or unhealthy. Moreover, certain ethnic and religious groups practice some physical acts keeping up with their traditional or religious values. These harmful traditional beliefs and practices include child genital mutilation (Denniston, Hodges and Milos, 1999). Such acts have proved to be highly dangerous for human health and are rejected by the civilized world. Much of the traditional practices and beliefs still live on today, demonstrating the strength of cultural identity within Native individuals and the resilience of Native cultures as a whole (Ehlers and Weist, 2004).

One of such most debatable act is 'female / male genital mutilation'. It is the process of excision of highly sensitive genital parts. These acts are practiced by the different groups and communities under the banner of religion, culture or tradition. The act of genital excision is extremely dangerous, threatening lifelong disability or malady. Many resolution and laws are passed against such acts but still a significant number of males and females are becoming victims of it. The World Health Organization (WHO) and Amnesty International estimate that there are 130-135 girls and women who have undergone genital mutilation throughout the world and some 2 million girls who are at risk of undergoing some form of mutilation every year (Ghanim, 2009).

Genital Mutilation:

It is the process of cutting a part or complete removal of a human's most sensitive organ. It is practiced on both the genders, in almost all the regions on the globe but mostly in the third world countries. The cultural practices followed in the third world are mostly influenced by their traditional values, where female genital mutilation is a part of their tradition. Whereas, in the West due to migration of third world natives, the same practice has also been transferred, where a significant number of cases had been reported.

Genital Mutilation in Males:

Male Genital Mutilation (MGM) is different from that of Female Genital Mutilation (FGM), in many aspects. There are different types of FGM, but the most common practiced form is excision of the foreskin (circumcision). It is practiced in many cultures by the followers of all religious believers, animist and non believers. The performance of the act of MGM varies from non civilized cultures to developed countries. It is performed by a conventional practitioner with un sterilized tools, without any medical precautions or by a qualified health practitioner. Although the medicalization of traditional practices sometimes occurs in urban centers, most reports indicate that the majority of cutting and mutilation rituals are performed by traditional practitioners (Forsythe, 2009).

Though it is practiced in almost every religion but mostly it is a usual procedure among Muslim and Jewish communities, as per their belief that it is demanded by their Islamic and Judaic faith. Male circumcision is based upon the belief shared with the Jews that Abraham, the common ancestors of Jews and Muslims, circumcised his sons (Clark, 2003).

The age at which the Genital Mutilation is performed depends on the culture and traditions. Generally it is performed on new born babies within 3 -4 days of birth, but in some areas it is performed on older boys as well. The age of circumcision for boys differs from birth to about age of 15 depending upon the country (Clark, 2003).

Advocacy of MGM:

Before we find any good reason to defend Male Genital Mutilation, we should review its types and causes. Commonly there are three main reasons for MGM;

1. To reduce sex pleasure, dominated by traditional and cultural values.
2. As a symbol or celebration for a child moving to manhood.
3. Removing of foreskin for hygiene purpose.

Among all three reasons of MGM, the removal of fore skin makes some logic. On terms of medical it is difficult to keep the particular area attached to the foreskin clean, it may cause some infection or a incurable disease. The same can be defended on medical grounds. Claims of benefits of circumcision include improved genital hygiene, reduced risk of sexual dysfunction, protection against infection of glans, reduction in risk of urinary tract infection and sexually transmitted diseases including human immune-deficiency virus infection, and elimination of problems related to the intact foreskin, such as phimosis or paraphimosis (Balter, 2000).

Considering the above facts, we can advocate for the Male Genital Mutilation of the third type, provided it is done under the supervision of a qualified health practitioner. In case the mutilation process is performed by a non qualified practitioner the patient might develop a cyst, lifelong sexual dysfunction or a septic infection. There are some who argue that male circumcision in babyhood may be psychologically traumatic, but the findings of recently published research may herald resurgence in the practice for medical reasons (MacDonald, 2007).

Many other followers of different religious faiths are now practicing Male Genital Mutilation of the third type, on the grounds of hygiene and cleanliness. Though there are still some arguments over the prohibition of Male Genital Mutilation but the reason being given for removing foreskin is enough to advocate for its acceptance. Whilst female circumcision has been criminalized within English law, Male Circumcision is currently permitted for both medical and ritual/religious reasons (Bridgeman, 2007).

The other two forms of MGM are practiced at the behest of self desire or following traditional or cultural values and the process of such mutilation is quite different from the third type. These

types of male mutilation will be regarded as a hazardous practice, which is ethically and medically harmful. As such any other type of Male Genital Mutilation, other than the third one discussed above cannot be advocated on any grounds. Early studies reported that uncircumcised male infants were ten to twenty times more likely to get urinary tract infections than were circumcised babies (Simon, 2002).

In Australian culture, though Male Genital Mutilation is neither supported by the Government nor there is as such any effective prohibition, it is practiced by many communities representing a specific culture. Among Australian aboriginals, circumcision is also used to mark male adulthood (Demello, 2014).

Previously, the concerned Australian Health Departments were designing their policies, regarding Male Circumcision (removal of foreskin) on the basis of research conducted by the Royal Australian College of Physicians. There was no strong evidence to support the research and as it was argued by the public health concerns through Internal Medicine Journal issued by the same college.

It was argued and proved that Male Circumcision of infants is a preventive measure which will provide protection against many diseases like urinary tract infections, genital ulcers and HIV. Acknowledging the argument and comparatively powerless research of RACP, the Australian health departments are compelled to revive their policies portraying an inclination towards Male Circumcision. The first evidence based policy statement on infant male circumcision, prepared on behalf of the Circumcision Foundation of Australia, was published in 2012 (Bolnick, Koyle and Yosha, 2012)

Female Genital Mutilation:

In contrast to Male Genital Mutilation, FGM is more barbaric and has no medical or ethical ground support. It is practiced intentionally or influenced by cultural norms, and has no medical reasons. The act is practiced by most cultures of sub Saharan and African countries, also among some of the immigrant communities in Western countries. These cultures are dominated by their traditional values, still today each year many girls fell prey to such inhuman act. As per WHO reports, the victims figure has crossed 125 million. Reasons for performing female genital

cutting are complex and deeply embedded in the beliefs and value systems of the cultures in which it is practiced (Smith, 2008).

The process of FGM involves the removal of the external part or alteration made to the female genitalia for no medical reasons. Among the communities of third world countries the process is performed by non professional traditional practitioners, using unsterilized local tools. It is rare for medically qualified personnel to be asked to perform FGM, though sadly there are still a few unscrupulous practitioners willing to carry out the procedure for the right price (Momoh, 2005).

The practice of FGM is discouraged by all the communities of the world communities, and multiple policies are formulated to eliminate the practice. The 1993 UN World Conference on Human Rights in Vienna, a milestone in making FGM a human rights issue, called for the elimination of violence against women, including traditional practice that take place in the private sphere (Bob, 2009).

FGM is a global issue, Boyle (2002) argued that in the cultures where it occurs, female genital cutting tends to be widespread, involves children, can result in serious health consequences, and permanently affects a woman's sexuality. WHO along with the United Nations are taking keen measures by developing policies and developing awareness among the communities of the harmful consequences of FGM.

Much awareness and enforcement of law is needed to overcome the issue but no western country has invested much interest in this regard. Certain policies and laws are formulated among the European communities, but due to lacking in the implementation of the same each year many cases are being reported. In order for legal provisions that deal with FGM to become effective, the implementation of these laws needs more attention, especially in finding solutions to identify cases and in supplying suspected cases with sufficient evidence to bring a case to court (Momoh, 2005).

It is a violation of women's rights and comes under the act of women victimization. There is no particular age for the procedure of FGM, it depends on the ritual values, mostly, within few days after the birth or on delivery of first child. The age at which female circumcision is performed varies from one ethnic group to another and depends on the main reason(s) for the practice (Fedorak, 2008).

Almost 98% of FGM cases are reported from African countries, few cases reported in Western countries are due to the immigration of natives from the same African countries. With an increase in global migration, studies are finding that cases of FGM are increasing in other regions, including Europe, North America and Australia (Prah, 2013).

Why FGM:

None of the FGM procedure is associated with any type of health benefits. It is influenced by traditional or cultural demands, religious dominance, beliefs for preserving the virginity, family values and social values. There are many short term and long term consequences of FGM practice like severe pain, haemorrhage, urine retention, cysts, infertility or new born deaths.

FGM in Australia:

Australia is a multicultural country continuously receiving immigrants from African regions where FGM is customary. The presence of increasing numbers of refugees and immigrants from countries where FC/FGM is practiced in Australia, Europe, and North America has brought much attention to this issue in the host countries (Goldman & Hatch, 2000).

The Australian Government has imposed strict restrictions on practicing FGM, and any individual found guilty of performing FGM procedure on another person will imprisoned for 7 years. Irrespective of strict ban on the FGM practice many hospitals has reported that they are regularly receiving patients with FGM history. Even the FGM practices are being conducted in private, which is untraceable as yet.

The Australian law restricts any medical practitioner for performing FGM procedure unless it is for the health benefit. If a family approaches any medical practitioner with a specific need of FGM procedure, the practitioner should advice and supports the family on FGM issue. Moreover, he can take the support of the health department associated with FGM issues.

Finally, we may conclude that Female Genital Mutilation is ethically and medically is wrong under any context whatsoever, whereas Male Genital Mutilation only one type that is meant for hygiene purpose could be practiced but under a qualified medical practitioner's supervision.

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