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Male and Female Circumcision or Genital Mutilation in Men and Women

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Abstract

Circumcision is the surgical removal of a large section of the male genitalia or the cutting, usually non-surgical, of a large section of the female genitalia. Male and female circumcision implies aggression to the genitals of minors of both sexes, whether due to tradition, social pressures, religious prejudices or business, causing unnecessary damage to the organism of children such as intense pain, fear, bleeding, infection, deformations, sexual dysfunctions, infertility, necrosis, shock, gangrene or death. This vicious cycle must stop worldwide. All international organizations (UNO, WHO, UNICEF, etc.) have not assumed their urgent and insistent responsibility in this global social health problem; we will have to complain to them. Say no to circumcision or MGM and FGM!.

Keywords: Circumcision; Clitoris; Clitoridectomy; Female; Foreskin; Glans; Genitalia; Male; Mutilation; Penis; Prepuce; Phimosis; Synechia; Vagina; Vulva

Abbreviations

MGM: Male Genital Mutilation

FGM: Female Genital Mutilation

Introduction

Male circumcision or male genital mutilation (MGM)

Male circumcision consists of removing, during the first hours or minutes after birth, the skin, prepuce or foreskin, that covers the distal end, head or glans of the child's penis. With this intervention, 33 to 80% of the skin of the newborn's penis is being removed [1,2]. This Male Genital Mutilation (MGM) represents a sexual and neuroemotional trauma for the child, trauma understood as a state of genital and neuroemotional impact by an overwhelming and invasive event.

Anatomic-functional characteristics of the prepuce or foreskin

1) The prepuce is a retractable portion or area of skin that protects the head of the penis or glans, increases sexual pleasure and facilitates sexual intercourse (its anatomy and physiology is similar to that of the lips in the mouth). After circumcision, the cellular cover of the glans increases ten times its original thickness, becomes dry and rough. Men circumcised in childhood report loss of sexual sensitivity in adulthood. Men who have had their foreskin restored report greater sensitivity and sexual pleasure [3-5]. 2) The prepuce is the most erogenous area of the penis in terms of quantity, concentration and quality of specialized nerve receptors for its function, most concentrated in the mucous layer of the inner surface of the prepuce (which is in contact with the glans), which retracts back during erection, leaving it exposed to intense sexual stimulation. The average external length of the foreskin in an adult is 3.75 cm and the same length of the internal mucous layer, which adds up to 7.5 cm in length and 12.5 cm in circumference, 37.5 square cm of surface [6-8]. 3) The prepuce contains a dense network of nerve fibers and about 1,000 nerve terminals, as well as being a highly vascularized area, which means that it receives a lot of blood, which implies abundant nutrients and oxygen. That is, the prepuce plays an essential role in the sensory mechanism of the penis [9-11]. And also, by the way, in human reproduction [12]. 4) The foreskin is not a cutaneous remnant or a redundant portion of skin tissue. It performs a function that no other tissue in the male body performs, and feels what no other region feels. 5) The prepuce serves to protect the glans, maintaining its natural moisture, softness, texture and sensitivity [13]. 6) The foreskin fulfills a lubrication function, in such a way that during masturbation or sexual activity sliding is facilitated, making it the friction between man and his partner is softer, less abrasive or rough. This is beneficial, for example, for women, especially during prolonged sexual relations or in older people who have less lubrication. With circumcision, this function that facilitates sliding is lost [14]. 7) The fact that during childhood the prepuce is not retractable, that it does not lower, serves to protect the glans from urine and feces during the child's period of sphincter incontinence. 8) Women also have a prepuce or foreskin, which covers and protects the clitoris. It is called the clitoral prepuce or clitoral covering. 9) The development of the prepuce is incomplete when the child is born, it remains attached to the glans, an adhesion known as "synechia" of the foreskin, and its separation from the glans occurs sometime between 9 months and 3 years of age [15,16]. 10) The narrow, non-retractable prepuce (non-retractability inherent to development or functional phimosis) resolves naturally in 92% of cases around 6 years of age and in 94% upon reaching adolescence. 1% of adolescents close to 18 years of age will still have a narrow, non-retractable prepuce [17]. To resolve this situation, it will be enough to systematically and gently lower it until it distends. In addition, creams with corticosteroids help this problem to be resolved without surgery in most cases.

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Circumcision interrupts the natural process of penile development [18]. Phimosis has an average frequency of 4 to 8% depending on the age of the children or young people studied [19,20].

Prevalence of circumcision or male genital mutilation (MGM)

The current prevalence or number of circumcised men in the world varies, in general terms, as follows: 1) In the United States 71% of men are circumcised, Canada 27%, England 21%, [21-23] Australia 20, France 14%, Italy 3% and Ireland 1% [24-26]. 2) In Latin America and the Caribbean, the prevalence of circumcision in reduced or isolated evaluations ranges from the Dominican Republic and Haiti 5%, Panama-Costa Rica-Colombia 11% [27]. In Mexico 10% in one study and 31% in another [28]. Furthermore, in 1998 we conducted a survey among 462 children, young people and adults of Mexico City and Toluca in which we found 29.87% circumcised [29-31]. All of them 59 years of age or younger, this implies that 60 years before as of 1998, or 1938, circumcision in Mexico was practically non-existent in the cities mentioned and perhaps even less frequent in other locations. 3) Among Muslims and Jews the prevalence ranges from 92% in Israel and 100% in Iran [32]. 4) The United States society is the only one that does not practice male circumcision for religious reasons but for other reasons, economic is a relevant reason in this case [33-38]. 5) In 1997, 80% of the men in the world were not circumcised [39]. In 2023, men made up 52.25% of the world population, which is equivalent to 4,043 million men and an approximate 37% of these are circumcised [40]. That is, around 1,496 million men in the world have been victims of this form of sexual attack by suffering the barbaric and savage mutilation of a part of their penis that can be considered surgical rape. Furthermore, in 100% of children without their consent [41,42]. 6) MGM is the most frequent form of sexual abuse in the world for at least 5,000 years or even much earlier [43,44]. It has been called “a criminal attack” to the child and it has been recommended that “the practice of circumcision should be abolished [45-47].” 7) With this MGM the human rights of the child are being violated [48-52]. 8) Parents usually request the circumcision of their children based on health arguments, but they also offer aesthetic, social and religious arguments [53-55]. It is more a cultural surgery than a medical one, practiced by tradition and social pressures. It is a vicious circle that must end [56-61]. 9) You will have noticed that the male population has already surpassed the female population. Two factors, among many others, could influence: 1. There had not been wars with massive biocollapse of men, as is already happening; and, 2. The high incidence of biocollapses in women became evident due to the multiple attacks they receive, including female genital mutilation (FGM) of which they are victims on all continents of the world [62].

Aftermath of circumcision or MGM

1) According to studies carried out, the newborn suffers from pain equal to or more than an adult [63]. Some children do not cry when circumcision is performed because they go into shock and faint, almost always performed without local anesthesia, much less general anesthesia. But before the intervention, most children scream, cry, vomit and defecate. No local anesthetic has been proven to be effective in avoiding the pain of this intervention in minors [64-67]. In a 1997 study in 87 circumcised boys, and a control group of uncircumcised boys, they were assessed for their sensitivity to pain in vaccination, at 4 and 6 months of age. A greater sensitivity to pain was found in circumcised boys [68]. That is, they were already scared and predisposed. 2) The pain in the child’s penis region is persistent and intense. No indications are given for post-operative pain management. How can parents who surely love and seek to protect their child allow this aggression [69]? Perhaps because they received inadequate information. 3) The short-term effects of circumcision are: sleep disturbances, decreased activity level, irritability, alterations in eating and emotional attachments [70]. 4) Complications after circumcision can be as follows: decreased size of the child’s penis, surgical injuries, lacerations, skin cracks, adhesions, inflammation or narrowing of the urinary meatus, urinary retention, necrosis, biocollapse or death of the glans, hemorrhage, infection, gangrene, and loss of the penis requiring sexual reconstructive surgery, perhaps having to reassign a new sexual function to the child. Some studies speak of 2 to 10% complications due to circumcision [71]. Other experts mention that complications from this intervention occur in up to 38% of cases [72-74]. Misinformation is common, as can be seen. or biased information. I will describe some long-term consequences later. 5) It is estimated that in the United States from 1.3 to 6.6 million men born between 1940 and 1990 suffer from some form of genital complication as a long-term sequel to childhood circumcision [75]. 6) And in this same country, only 3 out of every 1,000 adults voluntarily practice circumcision [76]. 7) Breastfeeding the child protects him from infections, such as those of the urinary tract. A traumatic event such as circumcision appears to affect a child’s maternal feeding patterns. They tend to feed less frequently and interact less with their mother after circumcision, leading to maternal feeding failure [77-85]. 8) Uncircumcised penises are easy to keep clean, no special care is required. On a boy’s penis you should not try to retract the prepuce by force. This will occur naturally [86]. 9) Simple and complete hygiene of the penis offers all the alleged benefits that are claimed in this regard to circumcision, without the sacrifice of the health benefits of the foreskin and its physical and functional integrity [87].

10) Circumcision or MGM removes normal, healthy, beneficial and functional erogenous tissue that belongs to a person other than those who make the decision to do it, who is affected and who will be left with a genital and neuroemotional scar [88]. 11) The frequency of urinary infections among unoperated children is 1 in 1,000. Studies that argue the benefits of circumcision are tentative and must have method flaws, experts say [89]. 12) The evidence of cervical cancer and lack of circumcision is not conclusive, there are societies (such as those of the Scandinavian countries: Finland, Norway and Sweden) where the majority of men are uncircumcised and the incidence of cervical cancer is low, and others where they are circumcised and cervical cancer is more common, such as in the United States. Among Jewish women, cervical cancer is rare and the majority of men are circumcised. Based on this data, it was assumed that there would be a relationship between the lack of circumcision and this type of cancer in women. But since studies in other countries have ruled out this possibility, it is assumed that other factors, such as genetic factors, determine the greater or lesser susceptibility to this disease. [90] 13) The human papillomavirus has been linked as the main causal factor of cervical cancer, and not the smegma or lubricating secretion that is produced between the prepuce and the glans, and that women also produce in the clitoris [91]. 14) It does not exist conclusive evidence that the lack of circumcision favors the acquisition or transmission of sexual diseases [92-94]. Girls suffer more frequently from urinary infections than boys without or with circumcision. Frequent urinary tract infection in children may be due to congenital anomalies that

have nothing to do with the foreskin [95]. 15) It is false to say that circumcision prevents penile cancer. This type of cancer occurs in 1 in every 100,000 men, it is one of the rarest cancers, even rarer than male breast cancer. That is, 99.999% of men will not have penile cancer, whether or not they are circumcised [96,97]. Genetics is intelligent since it protects the penis from biospecies, preventing serious diseases. 16) Testicular cancer affects 1 in 300 men and prostate cancer 1 in 11 men. Therefore, it is absurd to perform 100,000 circumcisions on children –definitively removing 100% of the functional benefits of the prepuce– to prevent penile cancer in an older adult, cancer that, of course, can also be prevented [98]. 17) Every year there are more cases of biocollapse or death of children due to circumcision than due to penile cancer. Likewise, it is false to say that penile cancer does not exist in men who were circumcised in childhood. [99] 20% of the men who presented penile cancer had been circumcised in childhood. [100] 18) Adults have insistently expressed their desire not to have been circumcised. [101] 19) The surgical indication for circumcision in adults is low, 3 to 5%. The adult, unlike the child, does receive general anesthesia, post-operative pain management and the ability to choose options regarding the fate of the integrity of their genitals. In 1997, 96% of circumcised boys in the United States did not receive anesthesia [102].

20) The presence of persistent behavioral changes in the child after circumcision suggests that traumatic memories remain from it. 21) In the long term, the physical consequences of circumcision can be: skin flaps, skin adhesions, keloid or thickened and reddish scarring, narrow and painful erections, bleeding from the scar during prolonged sexual relations (offering a gateway for infection due to HIV-AIDS and other viruses), curvature of the penis due to irregular loss of skin, variable skin tone, progressive loss of sensitivity due to thickening (lack of lubrication and dryness, even hardening) of the surface of the glans and disappearance of free nerve endings on that surface, need for prolonged and excessive stimulation to achieve orgasm, angular deformations of the glans, that is, it curves and deviates [103-107]. 22) The neuroemotional consequences that may occur are: sexual dysfunctions of various types and degrees, including sexual impotence; awareness of the loss of a normal, functional, sensory, mechanical and protective portion; anger, resentment; feeling that parents betrayed; awareness and feeling of mutilation; awareness and feeling that the right to an intact body was violated and removed; awareness and feeling of being incomplete and unnatural; feeling of anatomical and sexual nonconformity compared to men with intact, uncircumcised genitals [108-112]. 23) The restoration of the prepuce is carried out through conservative surgical methods, and especially non-surgical methods that are based on two dermatological principles that are considered fundamentals, and the skin of the penis is no exception: 1. The skin is an adaptable tissue, capable of development and expansion over time, as long as moderate tension is applied regularly and for several hours; and, 2. In the course of this gradual and progressive process of expansion, the total number of cells increases, which results in a net increase in the amount of skin and not just a stretching of it. The most common examples of these principles are in the case of pregnant women or people who gain weight, the skin surface increases as necessary. This process takes an average of three years [113,114]. 24) Among Jews in the United States, Europe, South America and Israel, the practice of circumcision has decreased [115,116]. 25) In the United States, due to English influence, circumcision in men and women was established in 1870 as an alleged measure against masturbation [117]. 26) The decision for this intervention is generally made by parents and implemented by doctors who are unaware of these data. Furthermore, throughout the world the main form of treatment for dermatological problems is medical, not surgical. 27) Some doctors and nurses in the United States began decades ago to oppose practicing or collaborating in circumcision for ethical reasons [118,119].

If your son was not circumcised, keep the following in mind

If you choose not to circumcise your son, there are other measures you should take into account for the well-being of the child: 1) Many doctors are unaware of normal development of the prepuce because this aspect was not taught during their medical studies. They may try to force the foreskin to retract prematurely. Tell your doctor to leave the prepuce as it is without forcing anything. Trying to retract it by force can cause pain and inflammatory lesions that, when deflated, cause phimosis. Sometimes it will not be until adolescence before the foreskin is ready to retract. 2) Before your child sees other boys' penises, explain him why other penises look different. Let him know that he has a full, natural penis, while other boys' penises may have had the foreskin removed. Explain him why you decided to leave his penis complete. This way he will understand the difference and appreciate that he is intact.

Say no to circumcision or MGM!

1) Having a prepuce seems curious to some, but it is normal and natural. 2) When not erect, the glans remains hidden, like the clitoris. 3) Circumcising men and women end up affecting their sexual life, especially in maturity and old age. 4) In some European and Asian countries, they do not circumcise their sons. 5) In western and eastern countries, men end up assuming that being circumcised is normal, and having a foreskin is normal. 6) If dad's penis is circumcised, his son's penis doesn't have to look like dad's. 7) Men masturbate with or without circumcision. 8) Don't be disoriented, some medical or popular books may contain inadequate information. 9) Don't immediately accept what your doctor tells you in favor of circumcision.

10) Most doctors are circumcised, and so are the husbands of female doctors and their children. 11) In private institutions, circumcision in Mexico costs 10,000 to 20,000 pesos, that is, it sounds attractive to carry it out, it benefits the economy. 12) Circumcision does not prevent premature ejaculation. 13) The penis with a foreskin is not more likely to transmit diseases of the sexual area, including AIDS. 14) No, it is most likely that you will not have to do it afterwards. 15) Intact men are more likely to use a condom, because in circumcised men the condom decreases sensations even more. 16) Multiple medical experts say circumcision is unnecessary [120]. 17) Some insurance companies and health programs are no longer paying for routine circumcision. 18) If you're not sure, don't do it. 19) Thousands, I insist thousands, of species of mammals, reptiles and birds, females and males, have a prepuce on their genitals. Only the human species considers it necessary to amputate part of their genitals to be "healthy and clean," in quotes [121,122]. 20) Say no to circumcision or MGM [123,124]!

The Secretariat of Public Education of Mexico, the prepuce and the hymen

1) In 1998 the Secretariat of Public Education of Mexico (SEP), in a Study Guide for Teachers of 5th and 6th grades of primary school on: Topics of Sexual Education, Gender Equity and Addiction

Prevention, makes two points that are relevant for what has been discussed in that chapter, on page 15 it says: "All men are born with a prepuce, a small piece of skin that covers the glans of the penis. Sometimes the prepuce is cut shortly after birth, either as part of a religious ritual or as a hygienic measure. It can also be operated on later if it is too tight. This small operation is called circumcision. Hygiene is not a problem if the prepuce is removed regularly and the secretions underneath are washed. The fact of having or not having a prepuce does not affect health at all... [125]" 2) It is necessary to make the following clarifications: The prepuce is not a "small piece of skin." The Larousse dictionary defines piece as: "The part or portion of a thing separated from the whole: piece of paper." That is, the Study Guide is suggesting that it should be removed, which is a prejudice against the male genitalia and, ultimately, against men. The surface of the prepuce adding both sides is 37.5 square centimeters of highly erogenous skin and mucosa [126]. The prepuce should neither be retracted nor removed in early childhood. 3) The same dictionary defines the prepuce as: "Fold of the skin that covers the glans of the penis." 4) Furthermore, the prepuce should not be "removed … as a hygienic measure" because it is not dirty tissue. This prejudice makes men and women –minors, adults and old people, men and women– assume that the penis is a dirty organ and therefore the notion that is unfavorable to the male sex is perpetuated, that with the aforementioned "Gender Equity" they are supposedly trying to counteract. The "secretions underneath," that is, smegma, is a normal lubricant that is also produced by the clitoris in women. 5) Circumcision is not a "small operation," it is understood to be surgical. Firstly, no surgical intervention is small, not even, for example, that of dentists; secondly, once again the existence and function of that important anatomical and functional region of the penis called the prepuce is being minimized and trivialized; thirdly, surgical removal of the prepuce is usually done without anesthesia, which, in addition to being cruel because it is very painful, can be very risky for the child both physically and emotionally. 6) Nor should the prepuce be retracted from the glans of the child's penis until it finishes maturing and developing, which occurs around 3 years of age or later, meanwhile it remains attached by a process called synechiae. If you try to retract it, in addition to being inopportune, it can also be very painful for the child. 7) Finally, stating that: "The fact of having or not having a prepuce does not affect your health at all...," in addition to ignorance, is a reflection of the prejudices that are spread about the penis even in the official guides on sexual education. Remember that rejection or hatred of man is known as misandry. With phrases like this, that is what they are promoting. 8) These studies are very recent, no book –translated into Spanish or by a Spanish-language author– on pediatrics, human anatomy or physiology mentions them. That is to say, the majority of doctors in our country ignore these data. Something similar happens in developed countries, even in very recently published medical books. 9) The prepuce is not an anatomical vestige, it fulfills very important functions in male genital anatomy, physiology and biochemistry throughout a man's life. It is only removed in rare cases due to phimosis or narrowness, which will happen in adolescence or later, and not before having tried non-surgical means to expand it and eliminate that narrowness.

10) Regarding women, on page 14 of the same manual, the SEP states that: "In childhood, the opening of the vagina is partially closed by a membrane called the hymen [127]." Only in childhood? What happens to that membrane afterwards? Is it reabsorbed [128]? 11) The same dictionary defines hymen as: "Membrane that, in general, partially obstructs the entrance to the woman's vagina." That is, not only in childhood. With these comments the SEP is minimizing and trivializing the female genital anatomy. This is misogyny. 12) The hymen performs the important function of preventing germs from entering the vagina and from there to the woman's reproductive organs, which could result in infertility or sterility. The increase in female infertility, among other causes, has been the result of the initiation of premarital sexual relations at an increasingly younger age, not for reproductive purposes and with several partners, which is why women have become increasingly exposed and from a very young age to sexually transmitted infections. 13) It is also being suggested that the hymen will only remain in childhood and will disappear because the woman will inevitably have sexual relations: At what point? Before or after marriage? However, on page 42 of the guide the SEP recommends that: "Sexual education means not only providing scientific education, it includes the formation of values, norms, customs and beliefs specific to each individual and their social environment [129]." 14) On the same page 14 the guide mentions that the walls of the vagina open "during sexual intercourse and when the woman gives to light." All that remains is for them to refer to childbirth and pregnancy as "giving to light" after being "in a state of grace." In contrast, on page 48 of the guide, the SEP invites its teachers to: "Encourage students to use correct scientific terminology [130]." It is evident that they do not know scientific terminology. 15) Although the SEP's statements about male and female genital anatomy are intended to be supported with a reference by a foreign author translated into Spanish in Spain in 1994, the original book in English was published in softcover on May 16, 1994, it must having been written during the early 1990s, that is, at least 10 years of bibliographic delay, so that it is not a reliable bibliographic source because it is outdated and obsolete. That is, these statements are not justified because they do not fulfill their guiding purpose and, in contrast, they disorient the counselors and the students [131-133]. A few years later, this Study Guide was definitively withdrawn.

Circumcision or female genital mutilation (FGM)

Circumcision in women, or female genital mutilation (FGM), has variants that range from the common non-surgical removal of the clitoris, to the infrequent surgical removals, and the common non-surgical ones, which are more extensive and drastic. Almost always without anesthesia, in unhealthy conditions and, of course, without the consent of 100% of the girls [134-137].

There are four forms of circumcision or genital mutilation in women: 1. Circumcision called "Sunna" which in Arabic means "tradition." It consists of removing the foreskin and or the tip of the clitoris. 2. Clitoridectomy or "excision." They remove the entire clitoris, prepuce and glans, and the attached area of the labia minora. 3. Infibulation, also known as "Pharaoh's circumcision." They remove the clitoris, the labia minora and the inner surface of the labia majora, and join the edges of the vulva by sewing them (it is unfortunate, but in the majority of women it is not a surgical suture that is done), the union is made with common thread or very rarely with surgical thread, using acacia thorns as needles. They leave a small opening of ≈0.5 cm in diameter for the passage of urine and menstrual flow. They bandaged them from the hip to the knees for 40 days to promote healing; because of pain, some take up to 45 minutes in the bathroom just to urinate. On the wedding night it is necessary to cut the woman, after which she is sewn up again to ensure fidelity to the husband; this is the justification. 4. There are other forms such as: punctures, perforations, narrowing, or other cuts; cauterizations to burn the

clitoris and adjacent tissues; vaginal wall incisions; scraping and cutting of the vagina, frequently affecting surrounding tissues (urethra, bladder, rectum and perineum); introduction of corrosive substances or non-medicinal herbs into the vagina [138].

1) Varieties 1 and 2 make up 85% of FGM. That is, the problem and objective of these traditions is specifically against the clitoris. The third (infibulation) is common in Djibouti, Somalia, and Sudan, and in parts of Egypt, Ethiopia, Kenya, Mali, Mauritania, Niger, Nigeria, and Senegal. In Sudan, where antibiotics are not always available, it is thought that a third of the girls or young women who underwent GM may have biocollapsed or died [139]. 2) It is estimated that, in 1998, in the Near East countries and Africa 8 to 10 million girls and young women were at risk of suffering from some form of GM. In the United States itself, it was estimated that some 10,000 girls and young women were at risk that same year. But according to Olayinka Aima Koso-Thomas by 2015 there were already 30 million women in Africa with GM [140]. And in recent reports in the USA the number of girls and women with genital mutilation is 513,000 [141]. At the beginning of the 20th century, it was still used in this country as a way to control rebellious, temperamental or sick women [142]. That is, it is a frequent form of sexual abuse against women. UNICEF estimates that the prevalence of girls and women with FGM exceeds 200 million worldwide [143]. 3) Of the 54 countries in Africa, FGM is practiced routinely in 26 to 43 of them and even more in the Near East. As the emigration of people from one country to another progresses, this practice has spread to most of the world [144]. 4) The justifications given for this practice are cultural –traditions– and religious. However, the religious aspect cannot be used since there is no rule in any religion that supports this practice. 5) These are justifications that have more to do with the alleged intention to "protect" a woman's virginity, and above all, control her sexuality. Otherwise, such a practice is completely unnecessary, painful, and always very dangerous. 6) At present the most common justifications given are: it is a "good tradition"; the honor of the family; cleaning; protection against spells; it is a religious requirement; it is a rite of passage into adulthood; prevention of promiscuity among young girls; better marriage prospects; increase in male sexuality; avoid excessive growth of the clitoris; and alleged facilitation during childbirth by opening the vaginal canal [145]. 7) Circumcision or GM is usually carried out when the girl is around 3 years old, and involves the removal of part or all of the girl's external genitalia. Sometimes GM is performed several times during a woman's life. In those countries it is believed that a woman who keeps her clitoris is "dirty" and therefore should not marry. It is also considered "a great danger" and ultimately "fatal" for a man if his penis touches the clitoris [sic]. 8) Without going any further, none other than Sigmund Freud wrote that the "elimination of clitoral sexuality is a necessary precondition for the development of femininity [146]." No comments. 9) Women have to accept this custom to be well accepted as such in their community.

10) FGM is often carried out in unsanitary conditions using utensils such as scissors, knives, razors, pieces of glass or sharp stones. The process is often carried out on several girls on the same day, even without washing the utensils used and increasing the risk of transmitting diseases such as the HIV-AIDS virus and other infections. 11) It is obvious that girls cannot object, and that genital pain and neuroemotional damage is something that should not be imposed on anyone. 12) The consequences of these practices are physiological, sexual and neuroemotional. Some women suffer shock with fainting, hemorrhage (48.5%, which can lead to acute anemia), infection (23.4%; including tetanus, fatal in 50 to 60% of cases), and septicemia or blood infection, it almost always ends in biocollapse or death. Neighboring organs are also often injured. Urinary retention (19.4%) due to blockage of the urethra. By 1998, in Egypt, by law, doctors and nurses must perform circumcision under general anesthesia. The girl protests less but it is also possible to remove more tissue. However, 90% of Egyptian women have been circumcised, and 70% of them in their own homes. This implies that without anesthesia [147]. 13) In 1985, a study in Sierra Leone found that obviously 97% of the women interviewed presented intense pain during and after the genital cuts they made, and more than 13% fell into a state of shock with fainting. 14) Long-term sequelae are: painful menstruation or menstrual retention (55.4%), sexual dysfunctions (frigidity), genital malformations, delayed menarche (first menstruation), chronic pelvic discomfort, recurrent urinary retention and infection (16.4%), abscesses (accumulation of pus), cysts (accumulation of fluid) in the neighboring skin and keloid scars (hard and reddish), and multiple obstetric complications and risks for the mother and the child during childbirth. Women who have suffered from GM have twice the risk of biocollapse or death than those who have not suffered from GM. The infibulated woman must undergo surgery at that time to open the vaginal canal and facilitate childbirth. The boy or girl can die, suffer brain damage from hypoxia or lack of oxygen. During childbirth, fistulas can form, that means communications between the vagina and the bladder or urethra, or the vagina and the rectum. Childbirth in infibulated women requires extensive episiotomy or cutting the skin and muscular areas surrounding the vagina, a delivery lasting 5 times longer than normal. 20 to 25% of female infertility may be due to GM [148]. 15) 5.5% of women with GM studied in Sudan in 1993 presented pain during sexual intercourse (dyspareunia), and 9.3% presented inability to penetrate (vaginismus). 50% of them reported not enjoying sexual intercourse in the slightest and that they only accepted it as an obligation [149]. 16) The neuroemotional consequences range from anxiety to severe depression and somatic illnesses due to the physical stress caused. The risk of acquiring HIV-AIDS during FGM is greater, as well as other sexually transmitted diseases [150]. 17) Since the 1970s and 1980s, the alleged medical validity of circumcision or FGM began to be more formally questioned. But it is since the 1990s that the Western world has begun to react by legislating against these practices, considering them to violate women's human rights. In some European countries (England, France, Sweden and Switzerland) and African countries (Egypt, Kenya, Senegal) the practice of circumcision or FGM has been banned. However, this has not led to a decrease in the number of women who are subjected to genital mutilation in Near East and African countries. 18) The UN, UNICEF and the World Health Organization have declared circumcision or FGM as contrary to the human rights of these women. But a work of re-education of these people is necessary, step by step through anthropologists, teachers, sociologists, doctors, nurses, social workers, so that they become aware of the high risks implicit in that violent practice [151,152]. 19) Also the routine use of episiotomy (which consists of cutting the perineum or skin and muscular support of the woman's crotch at the time of childbirth to facilitate childbirth) has been questioned, it is thought that in 30% of cases is not justified [153]. 20) Making a hole in girls' earlobes, generally without anesthesia, so that earrings can be inserted, is also a widespread form of aggression and mutilation of girls. Which now, of course and since commerce is unforgiving, has been extended to adolescent men. What do you opine, moms and dads, if you allow the girls and boys to decide whether to get the piercing in the earlobe or in any other part that they decide.

Conclusions and recommendations for FGM and MGM

1. Male and female circumcision consists of the unnecessary removal of functional parts of the external genitalia. Both rituals serve to perpetuate customs that regulate and keep under control the sexuality of people, men and women. In the case of FGM, it is necessary to raise and study whether FGM will also be covering up sexual abuse at infancy. 2. Say no to male and female circumcision, nothing justifies them. Moms and dads stop requesting or demanding that your doctor perform circumcision on your son, and do not allow it to be performed if the professional recommends it. 3. Historian Henry Thomas Buckle stated: "Every great reform that has been carried out has consisted not in doing something new, but in ceasing to do something old-fashioned [154]." 4. Thousands, I insist thousands, of species of mammals, reptiles and birds, females and males, have a prepuce on their genitals. Only the human species considers it necessary to amputate part of its genitals to be healthy and clean [155,156]. 5. The legislation of the countries of the World, mainly of the West and Asia, the UN, UNICEF and the World Health Organization too, they must declare circumcision as a form of MGM and as contrary to the human rights of the children. Just as those Agencies have done for FGM. Let us remember what G. S. Thompson wrote since 1920, that male circumcision is: "A barbaric and unnecessary mutilation." [157] 6. "In the last hundred years, the world population quadrupled: from 2 billion to 8 billion people. We will reach nearly 10 billion by the end of this [21st] century, only to begin to decline at an unprecedented rate. In the 22nd and 23rd centuries, our demographic decline is expected to be as pronounced as our rise was, such that we will reach fewer than 2 billion people in the course of just about ten generations." The sexual flame in the world has already gone out. People have sex less and less frequently [158].

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Conflicts of Interest

None

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