

Are 'Anti-FGM' Campaigns Harmful?

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The conflicting tensions between tradition and contemporary thought produce many constructive debates; but not all such 'tensions' justify even-handed discourse.

One such topic which lies beyond debate, at least around its justification or otherwise, is female genital mutilation (FGM) - also known by some as 'female genital cutting', although that is an inaccurate overall description of the various harms the act entails.

The *Journal of Medical Ethics* (JME), which is published by the *British Medical Journal* in association with the Institute of Medical Ethics, in September 2025 published an extended essay entitled '*Harms of the current global anti-FGM campaign*' [1] on this matter. In their paper however the authors have chosen to refer to 'female genital practices', apparently because they regard this as a less prejudicial (?) nomenclature (Might 'female genital incursions' have been a more adept term?).

Whatever, this topic is too important for many of us working in the 'anti-FGM' field to tolerate in an even-handed, 'some good, some bad', sort of way. Every year around three million girls (including also some women) are 'cut', and the number of women and girls alive today with FGM is approximately 230 million [2]. Inevitably, huge numbers of these women and girls will have experienced harm to their health and/or well-being.

The point of the JME paper is however, to make a case, particularly to 'journalists and policy makers', for more insight into, or at least understanding of, the wide variety of modes of FGM and the benefits its perpetrators (and some terminologies) suggest or believe it may also confer.

The claim is that "female-only, primarily African practices [are] treated categorically differently from all comparable practices, whether on children or adults in the Global North or South, ... based in large part on misleading, often racialised, stereotypes, unrepresentative extreme examples, Western sensationalism and cultural exceptionalism, exaggerations of risk, and not a small amount of misinformation" [1].

These are remarkable claims which have already since publication been contested by many, not least by authors such as Janice Turner [3] and Jawad Iqbal [4] in the media, but further consideration may still be helpful.

Medical issues

Leaving aside the fundamental question for legal specialists of whether advocating for FGM comprises a call to break the law of many countries, of this paper's twenty five cited authors, only one or two appear to be actual medical doctors, which may explain why the

mortality routinely associated with FGM receives scant focus. This is a serious matter, given that one recent (2023) study by researchers at the University of Birmingham [5] suggests that "... a 50% increase in the number of girls subject to FGM increases their 5-year mortality rate by 0.075 percentage point (95% CI -). This increased mortality rate translates into an estimated 44,320 excess deaths per year across countries where FGM is practised. These estimates imply that FGM is a leading cause of the death of girls and young women in those countries where it is practised accounting for more deaths than any cause other than Enteric Infections, Respiratory Infections, or Malaria".

Tens of thousands of annual deaths of children might be thought significant, but the authors of the JME ethics paper apparently dismiss morbidity and mortality estimates as generally unreliable or exaggerated. At what level might the statistics be acceptable, one wonders?

And at what level, similarly, might morbidity harms attributed to FGM [6] be significant, given that the authors of the JME paper regard them as to an extent unproven? (Is there any evidence that FGM may give rise, for instance, to child stunting? [7] Do we know?) How much evidence of ill-health in women and their babies do we need before we must act definitively against FGM?

Educational and economic issues

The apparent dearth of expertise in economics or education amongst the JME paper authors may likewise account for the omission of discussion around the increased likelihood that girls undergoing FGM will shortly thereafter enter early/child/forced 'marriage' (CEFM - sometimes under-age legalised rape), at the same time losing access to education and the opportunities it would open up for them. (NB Education - especially internet literacy? - may now be as necessary, say, for many women in agrarian communities, trying to tackle climate change and other challenges, as it is for nurses, teachers and lawyers who sometimes move on to more urban locations).

The point about education and economic standing is that these are aspects of autonomy and power in an increasingly interconnected world. They are not only about the rights of the individual being, in the JME writers' judgement, Global-North-style 'paramount over the community'... though we might also enquire why elders in a community anywhere have legitimate authority to subject minors to processes which will harm their health forever; just as we might also ask why these elders sometimes do not insist on adequate water and other resources to serve their women - the main collectors of water [8] - and thereby their whole community, better.

It is not Western imperialism to think likewise that more skill in managing one's environment - the source of sustenance and maybe good fortune - is required only for the ambitious 'modern' woman in the Global North, when a UK report on *Economic empowerment for adolescent girls* [9] considers the evidence around FGM and other traditional constraints, and shows these factors to be an important impediment to young women's capacity to navigate their lives even in modern urban societies. Education matters everywhere.

The JME authors refer to the community inclusion and benefits which FGM may confer, especially in traditional locations (presumably both African/South Asian and in diaspora settings), but there is no acknowledgement that this inclusion may also result at a very early age in solid - and unknowing - exclusion, via imposed marriage, ill-health, long-established edicts and so on, from any other options.

Other critiques

And so we move to more particular critiques by the JME authors of the narrative on FGM.

Only a few can be considered here - psychology, law, clinical practice and professional regulation will also doubtless be the subject of vigorous debate. But for instance the authors' claim that in the Global North female genital cosmetic surgery (FGCS) is uncontroversial and openly available to young girls as well as adult women - there is in fact an active debate on these FGCS issues and the related question of 'intersex' surgery [10] - and, at least as importantly, that male genital mutilation ('circumcision') and 'trans' surgery remain universally unchallenged, cannot be ignored.

Again, these assertions are simply not true; indeed, there are many who would welcome more debate about male circumcision, FGCS or trans surgery (especially for minors). There is a case to answer on these matters, but they are by no means invisible issues. The JME authors allude to a '*process of silencing*' on such themes. Perhaps these writers could help by engaging constructively in the significant debates already in process, and by showing their respectful acknowledgement of the many survivor-campaigners who have very different perspectives?

Patriarchy

One further, massive issue does however require examination: patriarchy. Patriarchy is ubiquitous, not least in its *patriarchy incarnate* [11] form, applied to all types of 'traditional' and intentional harm to children and women - but also to significant numbers of adult men (just one example: climate change [12]).

Patriarchy is vitally about power, and its unequal distribution. Perhaps the JME authors prefer not to think about the complexities of power, but it shapes everything we are considering in this discourse. It is surely not of itself an imperialist, racist or unreasonable position to insist that powerful forces are made apparent when the subject under discussion is the health and well-being of women and children? It is however at best very odd in such a long and detailed paper as the JME essay to dismiss this topic simply via one throw-away comment that "*Political patriarchy may have very little to do*" with local social norms and stereotypes, or whatever.

Whilst much more could be said, perhaps it is enough for now to ask that the authors of *Harms of the current global anti-FGM campaign* consider again the power aspects of their analysis. In ignoring this critically fundamental aspect of all human interactions, including clinically inessential human body incursions, the debate about how to name them becomes almost an irrelevance.

It is perfectly possible to use respectfully whatever term a person with or without FGM / circumcision / genital 'practices' prefers, whilst also in professional wider public discourse agreeing that all such incursions are damaging in at least some respects: they are F [or M] GM. Such naming does not exclude sensitive and careful thought about why these phenomena occur; it is time for these already extant debates to be welcomed and properly attended to, not denied as though so far they do not exist.

Public Health, the media and the backlash against women

Even if already important debates which deserve engagement remain unacknowledged, however, the current JME paper leaves aside the most fundamental point of all. It is the professional responsibility of everyone involved to promote the health and well-being of those for whom we care. What is needed is much more engagement with Public Health - whether in the Global South or in the Global North. To achieve this will require a new dialogue, ensuring that all aspects of human reproductive and sexual health, including FGM and MGM, are considered in the contexts of the environments (physical as well as socio-economic) in which they occur. That will require skills and knowledge way beyond a partisan 'debate' about terminology.

And in that dialogue the role of public officials and the media will, as the JME authors insist, be critical. These are the people who may determine, and can explain, what is happening and why. Instead of telling them what terms they may not use, let's accord them too respect and also encourage them towards a positive perception of women wherever (and however) they live.

At a time when the backlash against women [13] is becoming stronger by the day, we need not to disparage mainstream thought leaders, but to collaborate and work with them all to ensure that the great strides towards gendered fairness and the intolerance of violence against women and girls are not lost in an unwinnable war of words about terminologies (however significant in the view of detractors) and attitudes.

Some of course will continue to insist loudly that only their interpretation of terminologies is valid, and this is therefore a prime consideration. Others will say more calmly that yes, there are 'issues' to be debated, but these must not obscure the reality that people die, or live miserably grim lives, as a result of FGM.

The role here of properly resourced Public Health [14] is to show in practical ways that we mean business - fairness and living safe from harm for everyone, and respect for women and men, girls and boys wherever they may be. That must surely be our prime focus at a time when, alongside other significant harms to women and men alike, there are still hundreds of millions of women and girls living on the globe with FGM.

For more information about FGM please see: "What we know about female genital mutilation - A summary (2025) of the many and complex aspects" [15].

Declaration of Interest

The author declares no declaration of interest.

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