Male Genital Cutting and Human Rights:

Enforcement, Obstacles, and Recognition in the International Community

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ABSTRACT

The international community has in recent years criticised and condemned the practise of female genital cutting as a human rights violation. The regime, however, has produced very little analysis about male genital cutting from the same perspective. With that in mind, this dissertation shifts the paradigm to examine the dimensions of involuntary male genital cutting, and presents the case for why this practise violates universal human rights. This dissertation examines the historical background, types, prevalence, as well as the religious and medical paradigms of male genital cutting. This enables a contextualisation from a human rights perspective, which draws upon international and regional instruments to investigate: (1) patient consent and the limits to parental proxy consent; (2) self-determination and its relationship with consent and the right to health; (3) rights to bodily integrity and, by extension, genital autonomy; and (4) asymmetrical applications of human rights provisions and rights to equality. This analysis provides the groundwork for the discussion of the ensemble of mechanisms and obstacles to human rights, including sociocultural, religious, and medical obstacles. This dissertation concludes, upon rigorous investigation, that the endemic practise of male genital cutting, is incompatible with international and regional standards, and violates human rights. Socio-legal and medical bodies as well as the international community should act swiftly to criticise and condemn male genital cutting to respect, promote, and defend universal human rights, in compliance with international provisions.

DEDICATION

To Katy Gilpatric, Ph.D.,

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ABBREVIATIONS

ACTIVIST INSTRUMENTS

AMR	The Ashley Montagu Resolution to End the Genital Mutilation of Children Worldwide
DGI	Declaration of Genital Integrity
HDRGA	Helsinki Declaration of the Right to Genital Autonomy
UCEI	Universal Covenant of Ecumenics International
UDCEI	Universal Declaration on Circumcision, Excision, and Incision

HUMAN RIGHTS INSTRUMENTS

ACHPR	African Charter on Human and Peoples' Rights
ACHR	American Convention on Human Rights
ACRWC	African Charter on the Rights and Welfare of the Child
ADRDM	American Declaration on the Rights and Duties of Man
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CPC	Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse
CDHRI	Cairo Declaration on Human Rights in Islam
CFREU	Charter of Fundamental Rights of the European

	Union
CRC	Convention on the Rights of the Child
CRCI	Covenant on the Rights of the Child in Islam
DPPRE	Declaration on the Promotion of Patients' Rights In Europe
ECCH	European Charter for Children in Hospital
ECHR	European Convention on Human Rights
ECHRB	European Convention on Human Rights and Biomedicine
ECPR	European Charter of Patients' Rights
ESC	European Social Charter
GDRC	Geneva Declaration of the Rights of the Child
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social, and Cultural Rights
ICME	International Code of Medical Ethics
PT	Proclamation of Tehran
RACHR	Revised Arab Charter on Human Rights
UDBHR	Universal Declaration on Bioethics and Human Rights
UDHR	Universal Declaration on Human Rights
UIDHR	Universal Islamic Declaration of Human Rights
VDPA	Vienna Declaration and Programme of Action

ORGANISATIONS AND AGENCIES

AAP	American Academy of Pediatrics
ACN	Active Citizen Network
ACS	American Cancer Society
ARC	Attorneys for the Rights of the Child
CEDAW	Committee on the Elimination of Discrimination against Women
CDC	Centers for Disease Control and Prevention
CIRP	Circumcision Information Resource Pages
DAKJ	German Academy for Pediatrics and Adolescent Medicine
DOC	Doctors Opposing Circumcision
GCI	Grace Communion International
IHEU	International Humanist and Ethical Union
JAC	Jews against Circumcision
NGO	Non-governmental Organisation
NOCIRC	National Organization of Circumcision Information Resource Centers
OSF	Open Society Foundations
PHAC	Public Health Agency of Canada
RDMA	Royal Dutch Medical Association
UN	United Nations
WHO	World Health Organization

MONITORING AND STATUTORY BODIES

ACHPR	African Commission on Human and Peoples' Rights
AHRC	Australian Human Rights Committee
CCPR	Human Rights Committee
CDDH	Steering Committee for Human Rights
CERD	Committee on the Elimination of Racial Discrimination
CEU	Council of the European Union
CHR	Commission on Human Rights
CmtRC	Committee on the Rights of the Child
CmtAT	Committee against Torture
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
ECtHR	European Court of Human Rights
HRC	Human Rights Council
IACHR	Inter-American Commission on Human Rights
OAU	Organisation of African Unity
OHCHR	Office of the High Commissioner for Human Rights
QLRC	Queensland Law Reform Commission

MISCELLANEOUS

BXO	Balanitis Xerotica Obliterans

GC	General Comment
HPV	Human Papillomavirus
STI	Sexually Transmitted Infection
UK	United Kingdom
US	United States of America
UTI	Urinary Tract Infection

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CHAPTER I

INTRODUCTION:

THE NEED FOR A HUMAN RIGHTS FRAMEWORK

The international community has vociferously contextualised female genital cutting from a human rights perspective, and has emphasised its incompatibility with international standards (WHO, 2001, 2008; Zayed and Abdelrahman, 2012; Boukari, 2011; Burki, 2010; Krása, 2010). The Committee on the Elimination of Discrimination against Women (CEDAW) (1990) identifies female genital cutting as a harmful traditional practise, which must be eradicated (General Recommendation No. 14). According to UNICEF (2007), female genital cutting 'violates girls' and women's human rights, denying them their physical and mental integrity, their right to freedom from violence and discrimination and, in the most extreme cases, their lives.' However, very little analysis has been produced to test male genital cutting against international standards (Svoboda, 1999, 2004). With that in mind, this dissertation shifts the paradigm to examine the dimensions of male genital cutting, and presents the case for why this practise violates universal human rights.

Dissertation Outline and Scope of Study

This chapter outlines the scope of study including limitations and assumptions. Chapter II provides an in-depth investigation of male genital cutting by investigating the historical background, types, prevalence, as well as the religious and medical paradigms. Emphasis is placed on ritual excision, which is the most commonly practised form of male genital cutting. Chapter III draws upon international and regional instruments to contextualise male genital cutting within a human rights framework. This includes

investigations of: (1) patient consent and the limits to parental proxy consent; (2) self-determination and its relationship with consent and the right to health; (3) rights to bodily integrity and, by extension, genital autonomy; and (4) asymmetrical applications of human rights provisions and rights to equality. Part I of chapter IV examines how might international and regional mechanisms enforce the human rights related to genital cutting. Part II analyses the religious, sociocultural, and medical obstacles to human rights. This includes a discussion of the conflict between the rights of the child and the parents' right to freedom of thought, conscience, and religion. Chapter V concludes the dissertation and provides brief recommendations for further study.

Foundations of human rights are not examined, and instead, it is assumed that human rights are universal, which transcend human, cultural, and religious differences (Brems, 2001, p. 4). The international community recognises human rights as minimum standards, which are 'necessary for a life of dignity in the contemporary world' (Donnelly, 2007, p. 8). Universality embodies the value of autonomy and entails diversity in interpretation and application (Freeman, 2002, p. 102; Brems, 2011, p. 11-12). Universality is balanced with consciousness of cultural diversity to achieve a 'relative universal' approach (Brems, 2011, p. 10-11; Donnelly, 2007, p. 37; Robertson and Merrills, 1996, p. 12-15). This allows 'considerable space for cultural, regional, national, and other variations in implementing "universal" human rights' (Donnelly, 2007, p. 38).

This dissertation examines involuntary male genital cutting only. A discussion of voluntary modifications is outside the confines of this study. Genital cutting is said to be involuntary if the individual is unable or refuses to consent, such as in the case of infants and children. Genital cutting of intersex individuals has also received very little

international attention, and more research ought to address the practise from a human rights perspective (Mason, 2013; AHRC, 2009; María Arana, 2005).

This dissertation largely refers to genital modifications as ‘cutting’, to disrupt medicalisation and legitimacy. ‘Genital mutilation’ is a complex term, and embodies a range of cutting practises which differ in severity, and will be discussed in Chapters 2 and 4. This term is usually applied only to some practises, such as female genital cutting, but not to others, such as male genital cutting. Although some practises are in fact anatomically ‘mutilating’ by impairing genital function, ‘mutilation’ is hyperbolic for less invasive cutting practises. The connotation of ‘mutilation’ often illustrates a vivid image of brutality to cultural outsiders, and elicits moral judgement against the cultures in which genital cutting is perpetuated. Ultimately, ‘mutilation’ is an incendiary term, which hinders transcultural dialogue about human rights. Clinical terminology can be euphemistic, which legitimises cutting practises. ‘Genital cutting’ also incorporates the practises which may not be carried out by a medically trained physician. However, in efforts to minimise overall cumbersomeness, clinical terminology is utilised sparingly.

CHAPTER II

A CRITICAL LOOK AT MALE GENITAL CUTTING

Introduction

Chapter 2 seeks to answer 'what is male genital cutting?' by investigating the historical background, types, prevalence, as well as religious and medical paradigms. This enables the contextualisation of male genital cutting from a human rights perspective, which will be discussed in chapter 3.

Historical Background

Male genital cutting has been performed for at least five thousand years (Doyle, 2005, p. 280, 284; Dunsmuir & Gordon, 1999, p. 1; Angulo and García-Diez, 2009). All major civilisations employed genital cutting beginning with the Sumerians in 4000 BCE (Doyle, 2005; Abu-Sahlieh, 2012, p. 39; Larue, 1989). Although origins unknown, the ritual probably began as a mark of cultural and ethnic identity, a fertility rite, or mark of defilement, as in the case of slaves (WHO, 2007, p. 3; Lewinsohn, 1958; Rogers, 1956; Dunsmuir and Gordon, 1999). Male genital cutting remains a traditional blood ritual and rite of passage into adulthood; this is particularly true in the eastern and southern regions of Africa (See: Parkin, 1992, p. 22; Cartry, 1992, p. 31-4; Jamous, 1992, p. 60-2; Hoskins, 1990; p. 299-30; Field, 2001, p. 215-7; Wood, 2001, p. 329; Marck, 1997; Papu and Verster, 2006; Ayisi, 1972, p. 36; Hemson, 2001, p. 68). In Southwest Asia, Europe and North America, the ritual is largely directed by Abrahamic faiths (Dunsmuir and Gordon, 1999; Doyle, 2005; Hoffman, 1995: Chapter 1).

During the Greco-Roman period and the Hellenisation of Palestine, minority groups were pressured to assimilate to majoritarian cultural ideals (Bigelow, 1994, p. 56).

Genital cutting was not an accepted ritual, and it became necessary to conceal circumcised genitals in order to improve social and economic standing (Schultheiss, 1999). This led to cultural and religious suppression, especially Jewish, and several laws were enacted to prohibit the ritual (Schultheiss, 1999; Offord, 1913; Tushmet, 1965; Henerey, 2004, p. 267). Jewish authorities soon radicalised ritual genital cutting by implementing the *per'iah* (Schultheiss, 1999; Hall, 1992; Hodges, 2001; Abu-Sahlieh, 2004; 1999, p. 164). Whereas the traditional *milah* amputates only the distal end of the foreskin (prepuce), the *per'iah* ablates the entire foreskin to completely denude the glans (head of penis) (Bigelow, 1994; Schultheiss, 1999; Lang, 2012 p. 651). This made the mark of Jewish identity more conspicuous, and thus more challenging to conceal (Bigelow, 1995).

Male genital cutting spread throughout Anglophonic countries during the eighteenth and nineteenth centuries when it was believed to provide physical and psychological benefits (Doyle, 2005, p. 279; Abu-Sahlieh, 2012, p. 22). The *per'iah* (excision) became the medicalised form of genital cutting, which transformed the ancient rite into a perfunctory medical practise (Steadman and Ellsworth, 2006, p. 181). This is the most commonly practised form of male genital cutting today (Svoboda, 2001, p. 304; Doyle, 2005, p. 279; Abu-Sahlieh, 2012, p. 18).

Types of Male Genital Cutting

Scholars classify types of male genital cutting differently (See: Svoboda, 2001; Abu-Sahlieh, 2012; DeMeo, 1997; Doyle, 2005; Bryk, 1934). For the purposes of this dissertation, they can be categorised into four main groups: incision, excision, flaying, and subincision. This indicates that male genital cutting is not limited to one form, but

varies in type and severity. This will be revisited in the discussion of taxonomy and obstacles to human rights in Chapter 4.

Incision

Incision involves a single cut on the foreskin to draw blood, or in the case of a dorsal slit, cutting through the preputial tissue to partially expose the glans without excision (DeMeo, 1997, p. 3; Valeri, 1990, p. 259-60). Superincision, largely practised in some Pacific Islands, involves longitudinally slicing the dorsal side of the foreskin (McGrath and Young, 2001, p. 143; Walter, 1988; Kemp and Hermann, 2003; Glick, 2009). It is unclear if superincision is analogous to the dorsal slit, or if it is more invasive by slicing through the penis to the pubis (Firth, 1963; Kemf, 2002; Wilson, 2008; Macalastair, 2013; Diamond, 2004; Chessler, 1997; Brigman, 1985). A variation of incision, may include incising the glans or the frenulum without amputation of the foreskin, which is largely practised in some parts of Australia and the Pacific Islands (Doyle, 2005, p. 279; Montagu, 1974, p. 322). Incision sometimes only amputates the tapered preputial tissue, which extends beyond the glans. Although some scholars have grouped this type of genital cutting with the entire ablation of the foreskin, for clarity, this dissertation differentiates between them (Abu-Sahlieh, 2012, p. 17).

Excision

Excision, or circumcision, completely excises the preputial tissue to ablate the entire glans in the flaccid state (Chessler, 1997; DeMeo, 1997, p. 3; Brigman, 1985). Excision may be practised shortly after birth or in early childhood, as a cultural or religious ritual, or during puberty, as a rite of initiation or pain endurance (Abu-Sahlieh, 1997, p. 42; DeMeo, 1997, p. 3). This is the most commonly practised and medicalised

form of male genital cutting (Doyle, 2005, p. 279). The medicalisation of excision enabled and institutionalised male genital cutting in Western medicine, which will be discussed in the 'Medicine' section (Hodges, 1997, p. 26). Numerous metal, plastic, and disposable devices are utilised to perform excision (See: Young, 2013; 'Colorado NOCIRC,' n.d.; Dusmuir and Gordon, 1999; Abu-Sahlieh, 2012; WHO, 2007a; Hodges, 1997, p. 26). Excision is very painful, and can result in serious complications including up to death (See: Gee and Ansell, 1976; Baker, 1979; Warren, 1997; Williams, 1997, p. 190; Crowley and Kesner, 1990).

There is no specific procedural method for excision for Muslims and Christians except that the entire foreskin is ablated (Abu-Sahlieh, 1994, 1997). However, Jewish excision is heavily ritualised, which utilises knives and sharpened fingernails to shed away the genital tissue of the eight-day-old baby (Abu-Sahlieh, 2012, p. 17). Some Ultra-Orthodox sects also practise the traditional *metzizah*, during which the mohel (circumciser) places his mouth on the infant's penis and 'with two or three draughts, sucks the blood out of the wounded part. He… takes a mouthful of wine… and spurts it, in two or three intervals, on the wound' (Bryk, 1967, p. 49-50). Some rabbis have called for the use of a sterile pipette to eliminate direct genital contact with the mohel's mouth, which has caused some babies to contract herpes (QLRC, 1993, Section 3; 'US Rabbis Approve,' 2005; Berkman, 2013; Rosenberg, 2012; Zambito, 2012; 'Breaking! Another NYC,' 2013; Brady, 2013). Some Jews have vociferously opposed restrictions on the *metzizah*, including initiatives requiring parent consent forms (Rosenberg, 2013; Halperin, 2006; Nathan-Kazis, 2012; Stern, 2013). Most Jews, however, neither practise the

metzizah, nor were they aware of the ritual prior to recent media coverage (QLRC, 1993, Section 3; Kirsch, 2013; Korobkin, 2006).

Flaying

Flaying, also known as *salkh* or skin stripping, involves peeling the penile skin and sometimes the scrotum and pubis, from below the navel to the upper thigh (See: Abu-Sahlieh, 2012, p. 17; DeMeo, 1997, p. 3; Aggleton, 2007, p. 16; Chessler, 1997; Chabukswar, 1921; Koriech, 1987, cited in Abu-Sahlieh, 2006, p. 61; Henninger, 1989, cited in Abu-Sahlieh, 2006, p. 61). Skin stripping has largely been practised in the Southern Arabian Peninsula as a rite of marriage and pain endurance (Abu-Sahlieh, 2012, p. 17; Montagu, 1946; Svoboda, 2001; Remondino, 1891, p. 55). According to DeMeo (1997, p. 3), 'community blessing would only be bestowed upon the young man who could refrain from expressing emotion during the event.' Skin stripping caused insufferable pain, and had a high mortality rate (Soubhy, 1894, p. 129; Šakūrzāda and Omidsalar, 1991). *Salkh* is thought to be a pagan custom, and a religious decree (*fatwa*) has been issued to condemn the practise (Thesiger, 1959, p. 91-92; Abu-Sahlieh, 2012, p. 17). Similar rituals have been documented in parts of Africa (Lantier, 1972, p. 95).

Subincision

Subincision, or *arilta*, involves longitudinally slicing open the urethral passage on the ventral side of the penis from the root of the scrotum to the glans, resulting in bifurcation (Brigman, 1985, Section II; DeMeo, 1997, p. 3; Montagu, 1974; Abu-Sahlieh, 2012, p. 17). Subincision is an initiation rite, and usually coincides with excision (Hiatt, 1965, p. 53; Bates, 1952, Chapter 4; Fox, 1972, p. 323). Thin sticks are sometimes used to maintain urethral patency (DeMeo 1997, p. 3; Marshall, 2011, p. 30; Chessler, 1997;

Doyle, 2005; p. 279). *Arilta* is extremely painful and may require men to squat to urinate in order to control urine flow (Abu-Sahlieh, 2012, p. 241; Hiatt, 1996, p. 95; Bettelheim, 1962, p. 101). According to Hoebel (1949, p. 160, 285), the ritual can be dangerous and is 'often fatal.' Subincision is largely performed in Aboriginal Australia and in some Pacific Islands (See: Pounder, 1983; Montagu, 1937, 1960, 1974; Basedow, 1927; Elkin, 1993; Berndt and Berndt, 1982; Roheim, 1949; Peterson, 2000; Hogbin, 1970; Martin, 1981; Atkinson, 1990, p. 78-9). The ritual is said to transform the male genitals to resemble the vulva, which allows for menstruation, as the blood flows from the wound (Abu-Sahlieh, 2012, p. 27; Bettelheim, 1962; p. 100-106; Knight, 1983, 1993). The wound is sometimes used in future rituals as a site of blood letting (Marshall, 2011, p. 30). It is believed that subincision provides various therapeutic benefits, and for some, the ritual 'bisexualises' the male organ to draw upon the power of an Aborigine god (Montagu, 1960, p. 188; Berndt, 1951, p. 16).

Other Forms of Male Genital Cutting

Some scholars identify other forms of male genital cutting, which can be briefly mentioned here. Testicular extirpation is the amputation or crushing of one testis, and is an initiation rite in some parts of Africa and Micronesia (Svoboda, 2001, p. 304; Wilson, 2008; Saint-Aubin, 2005, p. 25; Bryk, 1934). Penile skin degloving, or avulsion, may also be a genital cutting ritual, but largely appears to be a result of serious genital injuries, or a method of surgical restoration (Sarin et al., 2004; Selvan et al., 2009; Ward et al., 2010; Kiffin et al., 2012; Brandes and McAninch, 1999).

Infibulation is the suturing of the foreskin without excision, and has been practised since antiquity for various reasons, including: to demonstrate modesty,

abstinence, or beauty, to prevent sexual activity, and to preserve the voice (Schultheiss et al., 2003; Schmidt, 2004, p. 263; Zanker and Shapiro, 1996, p. 28-29; Favazza, 1996, p. 190; James, 1979, p. 365; Miller, 2002, Section II). Ancient Greek cultures favoured an intact penis with a tapered foreskin, and considered the exposed glans to be obscene. Consequently, men often clasped the foreskin to prevent glannular visibility, or in the case of excised men, stretched the residual genital tissue to conceal the glans, in a process called foreskin restoration (Hodges, 2001; p. 381; Schultheiss, 1999). Restoration involves the renewal of the foreskin, either surgically by reconstruction, or non-surgically by tissue expansion, and has been undergone primarily by circumcised men for various reasons throughout history (See: Bigelow, 1994, 1995; Brandes and McAninch, 1999; Tushmet, 1965; Edwardes, 1967; Hall, 1992; Boyd, 1990, p. 69).

Castration, the amputation of part or all of the genitals, has been practised throughout the world for centuries, and has been significant in several religions and cultures (Taylor, 2000; Min et al., 2012; Remondino, 1891, p. 89; Diers and Valla, 1997; Hossain, 2012). Castration has been practised to punish or control men, diminish libido, and in the case of Western medicine, to cure masturbation and sex diathesis (Stinneford, 2006; Ellison, 2001, p. 262; Hodges, 1997, p. 20; Saint-Aubin, 2005, p. 36). Surgical alteration of the genitals is also a treatment for intersex individuals, or those born with genitalia that do not traditionally confine to the male or female sex (See: Greenberg, 2012, Chapter 1; Creighton and Liao, 2004; Thomson, 2008, p. 170; Stein et al., 2004; Hughes, 2002). This may include involuntary sex assignment in infants as well as voluntary transgender procedures in children and adults (Gibson and Catlin, 2010a,b; Gibson, 2010;

Zeiler and Wickerström, 2009; Bradley et al., 1998; Hermer, 2007; Zucker, 2002; Gurney, 2007).

Prevalence of Male Genital Cutting

Reliable statistical data about male genital cutting does not exist (Abu-Sahlieh, 2012, p. 22-23). Its frequency varies widely depending on geographical regions and demographics such as religion, education, and socioeconomic status (Maeda et al., 2012; Williams et al., 2006; Dave et al., 2003; PHAC, 2009; CDC, 2011; WHO, 2007b). Age varies, and ranges from shortly after birth (which is the most common) to adolescence and adulthood (Abu-Sahlieh, 1997, p. 42; Svoboda 2001, p. 307; Van Gennep, 1960, p. 70-1). Official data may be recorded but usually only accounts for medicalised genital cutting and excludes religious ceremonies and rites of passage (Abu-Sahlieh, 2012, p. 23). Studies may utilise self-reporting methodologies, but these are ultimately unreliable because participants may be unsure of their genital status (Nnko et al., 2001; Brown et al., 2001; Urassa, et al., 1997; Risser et al., 2004).

According to Denniston and Milos (1997, p. v), 13.3 million males undergo genital cutting in the world. This averages to '1,100,000 children per month, 36,438 children per day, 1,518 children per hour and 25 children per minute' (Abu-Sahlieh, 2012, p. 22). According to Hammond (1999), 650 million males are living with altered genitals, which is about 23% of the world's male population. The World Health Organization (WHO) estimates that this figure is closer to 30%, the majority of whom are Muslim (WHO, 2007a, p. 1). Table 2.1 provides a general breakdown of the prevalence of male genital cutting throughout the world.

Table 2.1 – Prevalence of Male Genital Cutting

Americas[1]	
United States	Roughly 50%
Canada	Less than 20%
Central, South America, Caribbean	Less than 20%
Mexico	10-31%
Europe	
North, South, East, West Europe	Less than 20%
United Kingdom	Less than 10%
Albania, Bosnia, Kosovo	20-80%
Macedonia, Montenegro	20-80%
Africa	
North, East, Middle, West	Greater than 80%
Southern, Sudan, Central African Republic	Between 20-80%
Nambia, Botswana, Zimbabwe, Zambia	Less than 20%
Madagascar	Greater than 80%
Asia	
East, South-East, Japan, India	Less than 20%
South-Central, West Asia	Greater than 80%
Turkey, Indonesia, Philippines, Malaysia	Greater than 80%
South Korea	Greater than 50%
Oceania	
Australia and New Zealand	10-20%
Pacific Islands (Micronesia, Melanesia, Polynesia)	Varies; Greater than 80% in some regions

Genital cutting tends to be most prevalent throughout parts of Africa, Asia, and some Pacific Islands (WHO, 2007a,b; Afsari et al., 2002). The prevalence of genital cutting in Anglophonic countries has gradually declined, most likely, due to medical opposition to non-therapeutic circumcision (Outerbridge, 1996; Circumcision Statement, 1983; Position Statement,' 1996). Genital cutting of prepubescent children is practised by less than 20% of the world's population, and the US remains the only country to routinely

[1] Refer to 'Appendix A' for an itemised list of sources. World regions and itemisation were adapted from Vogeler (n.d.).

circumcise without medical or religious indication (Svoboda, 2001, p. 304). European colonisation reduced the once prevalent practise of genital cutting throughout Central and South America, and the Caribbean, where it now remains rare (Tierney, 2003; Remondino, 1891; Schendel et al., 1968; Goldish, 2003).

Genital cutting is generally uncommon throughout Europe and Southeast Asia, except for the locations with large Islamic and Jewish communities (WHO, 2007a,b; Drain et al., 2006; Schmitz et al., 2001; Violante and Potts, 2004; Mastro et al., 1994). The practise is also declining in South Korea, where it was once perfunctory, due to American influence (Kim et al., 2012; Pang and Kim, 2002; Pang et al., 2001).

Religion

Genital cutting is closely associated with several religious ideologies. This literary snapshot illustrates the contestation of the role of male genital cutting within several religions as well as the degree to which genital cutting is entrenched in religious custom. Religious justifications should be acknowledged in order to contextualise impeding rights between the child and the parent, which will be discussed in chapter 4. These rationalisations, however, are ultimately not compelling to override the rights of the child and undermine the universality of human rights.

The Main Abrahamic Faiths

Male genital cutting is endemic within the Abrahamic religions: approximately 16 million Jews, 300 million Christians, and 1 billion Muslims perpetuate the ritual (Abu-Sahlieh, 1997, p. 41). Virtually all Jews and Muslims practise genital cutting (Doyle, 2005, p. 279; Abu-Salieh, 2012, p. 22).

Jewish excision is performed on the eighth day of life, fulfilling the covenant between God and Abraham and his descendants (See: Gen. 17: 1-14; Abu Sahlieh, 2006, p. 49; 1997, p. 42-3; Whitehouse, 1952, p. 99; Levy, 2011, Section III; Lavee, 2011; Jacobs, 2011; Larue, 1989; Van Gennep, 1960). Genital cutting 'cleanses' the body of impurity and is symbolic of blood sacrifice, which demarcates Jewish identity in the flesh to distinguish Jews from Gentiles (Tischler, 2006, p. 144; Curtis, 2000, p. 255; Janowitz, 2002, p. 80; Bowker, 1983, p. 186; Bowes, 1982; p. 42; Abu-Sahlieh, 1997, p. 43; 2006, p. 50; Lebreton and Zeiller, 1949a, p. 21, 59). If the man converts to Judaism, he must endure the ritual, and if he is already circumcised, blood must be drawn from his glans to fulfil the covenant (Abu-Sahlieh, 2004; 2006, p. 50). The ritual is occasionally interpreted metaphorically for spiritual holiness, and can include excision of the heart, lips, tongue, or ears (Abu-Sahlieh, 2006, p. 50; Macdonald, 1964, p. 235, 95). The majority of Jews practise ritual excision even though many have abandoned other biblical norms (See: Abu-Sahlieh, 2002; 2006, p. 50; Deut. 19:21; Deut. 22:23; Exod. 21:1-11; Lev. 20:13). Some Jewish communities also practise female genital cutting, however this does not appear to be scripturally authorised (See: Bellmaker, 2012, Davis, 1972, p. 155-6; Bruce, 1790, p. 341-2; Abu-Sahlieh, 2002, 2006, p. 50). Since antiquity, Jews have questioned the necessity and ethics of ritual excision, some of whom replace genital cutting with a naming ceremony, similar to that for girls (See: Abu-Sahlieh, 2006, p. 50; Pollack, 1995, 1997, 2009; Goodman, 1997; Goldman, 1997b, 2004; Glick, 2001; Kimmel, 2001; Costello, 2010; Greenberg, 2009; 'JAC,' n.d.; 'Brit without Milah' n.d.).

Genital cutting was a pivotal issue in early church establishment (Lebreton and Zeiller, 1949a, p.168; Adams and Adams, 2012). Whereas the Old Testament commands

the ritual, the New Testament does not forbid it but abolishes its requirement (Abu-Sahlieh, 1997, p. 44). Breaking away from Judaism, the new Christian interpretation by St. Paul replaced genital cutting with baptism, emphasising the importance of faith as necessary for salvation (See: Gal. 5:2; 1 Cor. 7:18-20; Col. 3:10-11; Abu-Sahlieh, 2012, p. 135; Rudolph, 2008; Hill, 2004; Jacobs, 2009, p. 98; Waite, 2003, p. 98; Jenei, 2009; Morrison, 2003; Lebreton and Zeiller, 1948, p. 813, 1949a, p. 171; GCI, n.d.; Peron, 2000). Spiritual circumcision became an important Christian interpretation, which supersedes carnal excision (Abu-Sahlieh, 2006, p. 53; Lebreton and Zeiller, 1949b, p. 368; 1949c, p. 525; Ferguson, 2009, p. 214). Some scholars have said that the crucifixion of Jesus fulfils the blood sacrifice of genital cutting (Eph. 2:11; Tischler, 2006, p. 144; Smith, 2006, p. 95; Gollaher, 2000, p. 33). Whilst most Christians do not condone religious excision including Catholics, Mormons, Jehovah's Witnesses, and Baptists, other Christians, largely those of Egypt, Sudan, Ethiopia, the US, and a few Russian sects, continue to practise male genital cutting (See: John XXIII, 1963; Lang, 2012; Dietzen, 2004; Benedict, 2007a,b; 'Circumstitions,' n.d.; Baker, 1997; Star, 2006; 'Mormonism and Circumcision,' n.d.; 'Circumcision,' 2013; Welty, 2006; His By Grace, n.d.; Abu-Sahlieh, 2012, p. 22, 135; Verghese, 1969, p. 457; Diers and Valla, 1997). This is likely due to cultural favouring of genital cutting and fundamentalist interpretations of the Bible (Abu-Sahlieh, 2006, p. 54-5).

Male genital cutting is considered obligatory in Islam even though the Qur'an does not mention it (Gibb, 1953, p. 64; Pavlovitch, 1999, p. 69; Abu-Sahlieh, 2006, p. 55; 2012, p. 165; Robson, 1979, p. 198; Doyle, 2005). The ritual predates Islam, and continued after the spread of the religion (Muir, 1912, p. 191). Genital cutting is usually

practised sometime during adolescence and an elaborate feast or celebration may follow (Schimmel, 1969; Boudhiba, 2006, p. 22). Similarly with Jews, the ritual is so culturally ingrained that Muslims have defied laws attempting to prohibit the rite (Vucinich, 1969, p. 250; Lietzmann, 1958, p. 45). It is considered a firmly established tradition and rite of passage, stemming from the belief that Prophet Muhammad was circumcised (Szyska, 1999, p. 84; Boudhiba, 2006, p. 27; Ole Manger, 2002, p.138; Faure, 1969, p. 185; Robson, 1979, p. 198). Abu-Sahlieh (2006, p. 57) notes, however, that Muslims have not always practised genital cutting, and the circumcision of Muhammad is still unclear. Muslim scholars base their support of genital cutting based on Surah 2:124, which states that Abraham fulfilled the 'commands' (*kalimat*) of God, in addition to the sayings of Muhammad (2:124; Abu-Sahlieh, 2006, p. 55-6). Some scholars reject this interpretation, believing that genital cutting is a harmful anachronistic ritual (Abu-Sahlieh, 2006, p. 57-8; 'Islam and Circumcision,' n.d.). The Qur'an, in several Surahs, discusses the perfection of human nature, which would contraindicate genital cutting, and states that the alteration of Allah's creation is obedience to Satan (See: 25:2; 32:7; 64:3; 95:4; 4:118-9; Abu-Sahlieh, 2006, p. 58).

Other Religions

Religiously justified genital cutting appears to be most infectious within Abrahamic faiths, as well as African religions (Ellwood and Alles, 2007, p. 95; Ekwe-Ewke, 2011, p. 8-9; Wright, 2007, p. 305; Chidester, 1992, p. 64; Fernandez, 1982, p. 200). It is not an obligatory ritual for Baha'i or Zoroastrians (MacEoin, 1994, p. 54; Chryssides, 2001; Kueny, 2004, p. 171; Boyce and Grenet, 1991, p. 363; Abou-Samra, 2011, p. 19; Price, 2001). Buddhists, Hindus, and Sikhs do not practise genital cutting,

nor do Wiccans, Pagans, and Satanists (Lamb, 2010, p. 151; Cox and Morris, 2012, p. 253; Tandavan, 1989; Boon, 1977, p. 210; Pruthi, 2004, p. 198; Dhillon, 1988, p. 297; Singh, 2011, p. 11; Weiser, 1978; Cantrell, 2003; LaVey, 1972, 1992, 1993; Ford, 2007; Rumpleforeskin, n.d.). Whilst many of these religions may not incorporate genital cutting into their ideologies, congregants may nevertheless practise it and justify their behaviour socially, culturally, or even medically.

Medicine

This section examines the medicalisation of male genital cutting, and the current medical debate surrounding the role of circumcision in men's (and women's) health. Justifications for male genital cutting, and in particular, routine infant circumcision, are implausible given current medical evidence; and undermine rights to health and bodily integrity, and the universality of human rights, which will be discussed in chapter 3.

Medicalisation of Male Genital Cutting

Although male genital cutting dates five millennia, the rite became medicalised only in the last two hundred years (Dunsmuir and Gordon, 1999; Bigelow, 1994; Lewis, 2003; Milos and Macris, 1992). Between the mid-eighteenth and late nineteenth century, Victorian physicians succeeded in creating a Puritanical sexual normalcy, which allowed contemporary medicine to control men's sexuality by constructing the intact penis as iniquitous (Darby, 2001, 2005). The critical factor in the successful medicalisation of circumcision was the pathologisation of the foreskin as a source for moral and physical decay (Darby, 2001, 2005). Medical objection to masturbation and conceptualisations of normal genital function and development as pathologies created an 'atmosphere of sexual

Puritanism in which non-procreative sex was regarded as immoral and sexual pleasure feared…' (Darby, 2005, p. 4).

During the nineteenth century, masturbation was thought to cause a variety of illnesses, and soon, circumcision became commonly advocated to prevent or cure numerous physical and mental indications (Table 2.2) (See: Hodges, 2005, 1997, p. 23; Melendy, 1903; Moses, 1871; Grimes, 1978, p. 125; Wallerstein, 1985; 1980, p. 122-3; Atkinson, 1941; p. 181).

Table 2.2 – Indications for Genital Cutting, Nineteenth Century

Indications[2]			
Alcoholism	Eczema	Hysteria	Mental Retardation
Asthma	Enuresis (Bed Wetting)	Idiocy	Neuralgia
Blindness	Epilepsy	Incontinence	Neurasthenia (Chronic Fatigue)
Chorea	Eye Problems	Indigestion	Nocturnal Emissions
Clubfoot	Forgetfulness	Insanity	Paralysis
Constipation	Gangrene	Irritability	Phimosis
Convulsions	Gout	Joint Problems	Polio
Curvature of the Spine	Headache	Kidney Disease	Promiscuity
Deafness	Hernia	Malnutrition	Rheumatism
Dumbness	Homosexuality	Masturbation	Syphilis

The prevalence of circumcision in the US was 5% in 1870, and became endemic (85%) by 1980 (Abu-Sahlieh, 2012, p. 22-3). Circumcision was also pervasive in Britain at the beginning of the Second World War, but gradually declined and virtually became an anomaly by 1970 on the adoption of a social security system that removed financial motivation in medicine (Abu-Sahlieh, 2012, p. 23). Although slowly declining, the rates

[2] Refer to 'Appendix B' for an itemised list of sources.

of genital cutting remain the highest in the US amongst the Anglophonic countries where it is slowly becoming an anachronism of medical practise (Rabin, 2010; DeLaet, 2009, p. 410).

Some nineteenth century diagnoses continued to surface in medical literature of the twentieth century, including: epilepsy, convulsions, chorea, syphilis, promiscuity, and indigestion (Park, 1902; Bare, 1930; Campbell, 1970; Chamberlain, 2009, p. 7). Several indications were newly introduced during this time period, which genital cutting was said, in some way, to alleviate (Table 2.3).

Table 2.3 – Indications for Genital Cutting, Twentieth Century

Indications[3]			
Bacterial Vaginosis	Crying in Infants	Hydrocephalus	Prostate Cancer
Balanitis	Desensitisation	Infant Kidney Infection	Rectal Cancer
Balanitis Xerotica Obliterans	Dropsy	Malnutrition	'Sand Balanitis'
Balanoposthitis	Epistaxis	Moral Hygiene	Sexually Transmitted Infections
Bladder Cancer	Female Cervical Cancer	Nervousness	Trichomonas
Breast Cancer in Women	Group B Streptococcal Disease	Night Terrors	Tuberculosis
Cancer of the Tongue	HIV/AIDS	Penile Cancer	Urinary Tract Infection
Chastity	Herpes Simplex Type 2	Phimosis	
Chlamydia in Women	Human Papillomavirus (HPV)	Posthitis	

Physicians continued to pathologise masturbation indicating that circumcision would deter the behaviour and its pernicious effects (Mark, 1901; Fishbein, 1969; Miller

[3] Refer to 'Appendix C' for an itemised list of sources.

and Snyder, 1953; Hodges, 1997, p. 32). On the contrary, recent studies have illustrated that circumcised men have more elaborate sexual régimes, and may have greater difficulty with, as well as increased occurrences of, masturbation (Kim and Pang, 2007; Laumann et al., 1997; Lewis, 2003, p. 138; Foley, 1966; Money and Davidson, 1983). The current medical literature surrounding circumcision and potential health benefits is inconclusive and much of the reoccurring controversy surrounds whether or not the practise should be performed as a prophylactic against various infections, some of which are discussed below.

Hygiene and Infection

Medical literature discussing proper genital hygiene and parental advice for their intact sons remains minimal (Osborn et al., 1981). The synechial membrane connects the foreskin to the immature glans, and its natural separation differs in boys, which may not commence until puberty (NOCIRC, 2007; Øster, 1968; Camille et al., 2002; Fleiss, 2000; CIRP, 2005; AAP, 1984; Warren, 1997, p. 89; Kayaba et al., 1996; Denniston and Geisheker, 2007). This developmental process should not be disrupted by surgical intervention or forcible retraction, and only external washing is necessary to facilitate hygiene (Spilsbury et al., 2003; AAP, 1984; Wright, 1994; Geisheker and Travis, 2008; Watson, 1987; Peron, 2007; Milos and Macris, 1992; Milos, 2010). The foreskin protects against pathogens that may be found in nappies (Hill, 2007). Ballooning during urination may occur, which is indication that separation has commenced (Babu et al., 2004; Simpson and Barraclough, 1998; Camille et al., 2002). Once the foreskin is naturally retractable, the boy should clean his penis by retracting, rinsing, and replacing the

foreskin to its forward position (Camille et al., 2002; NOCIRC, 2007; Wisdom, 2012, p. 9).

The Effects of Genital Cutting

The enclosed muscle fibres of the foreskin provide an immunological defence barrier to maintain optimal health (Fleiss et al., 1998; Hill, 2007; Lakshmanan and Prakash; 1980; Simpson and Barraclough, 1998). Circumcision averts this protection and causes the glans to keratinise and thicken, which significantly deadens sensation (Prakash et al., 1982; Milos and Macris, 1992; Foley, 1966). This process is prevented by not circumcising, to preserve sexual erogeneity (Hill, 2007). The foreskin comprises over half of the double-layered mobile skin system, which is heavily innervated and receptive to fine touch and temperature (Hill, 2007; Davenport, 1996; Winkelmann, 1956, 1959; Moldwin and Valderrama, 1989; Taylor et al., 1996).

Circumcision removes at least 10,000-20,000 specialised erotogenic nerve endings and 33-50% of mucosal tissue (Winkelmann, 1956, 1959; Warren, 2010). The foreskin protects the glans against dryness and abrasion, and allows for the unique gliding action to facilitate comfortable sexual intercourse (Cold and Taylor, 1999; Hill, 2007; Morgan, 1965, 1967; Prakash et al., 1982; Lander, 1997; Davenport, 1996). The frenulum is a highly erogenous structure on the underside of the glans, which tethers the foreskin and permits its gliding action; the ridged band is a collection of soft ridges near the junction of the inner and outer foreskin and is the primary erogenous zone of the penis (Warren, 2010; Taylor et al., 1996; McGrath, 2001). Circumcision partially or completely excises the frenulum, and amputates the entire ridged band, which diminishes fullness and intensity of sexual response as well as physiological function (Taylor et al.,

1996; Cold and Taylor, 1999; Warren, 2010). Circumcision damages the mechanical function of the penis resulting in the loss of the gliding mechanism and reciprocal stimulation of the foreskin and the glans (Warren, 2010). The circumcised penis can lack sufficient genital skin to permit a full erection, and is slightly reduced and truncated in size (Warren, 2010; Talarico and Jasaitis, 1973). The foreskin provides for specialised erotogenic nerve endings, muscle sheath, and mucosal tissue; circumcision permanently amputates the principal erogenous zones of the penis, and diminishes the protective, mechanical, and sensory functions, as well as the sexual response system (Taylor et al., 1996; Cold and Taylor, 1999; Winkelmann, 1959; Sorrells et al., 2006; Hill, 2007; Frisch, et al., 2011; Bronselaer et al., 2013; O'Hara, 2001).

Urinary Tract Infection (UTIs)

The susceptibility of acquiring UTIs is low, and whilst circumcision may further reduce possible acquisition, it is contraindicated in the neonate (Amato and Garduno-Espinosa, 1992; Cunningham, 1986; Van Howe, 2005; Altschul, 1990; Bollgren and Winberg, 1991; Thompson, 1990; AAP Task Force, 1999; Kayaba et al., 1996; Fleiss et al., 1998). Several studies have demonstrated that UTIs are a complication of circumcision; and although serious if left to develop, these infections can be treated with antibiotics (Prais et al., 2009; Cohen et al., 1992; Goldman et al., 1996; Smith, 1916; Ginsburg and McCracken, 1982; McCracken, 1989).

Penile and Prostate Cancer, and Sexually Transmitted Infections (STIs)

Studies purporting circumcision as a prophylactic against penile and prostate cancers remain inconclusive, and circumcised men can nevertheless be at risk of acquisition of cancer (See: Fleiss and Hodges, 1996; Van Howe, 2007a; Abu-Sahlieh,

2012, p. 305-7; Cold et al., 1997; Dalton, 2012; Preston, 1970; Leitch, 1970; Seyam et al., 2006; Boczko and Freed, 1979; Oliver et al., 2001; Jackson et al., 1980; Wynder et al., 1971). Penile cancer tends to be more commonly found in the geriatric, and is uncommon (Maiche, 1992; Magoha and Ngumi, 2000; Poland, 1990). According to Gellis (1978), more babies die from genital cutting than men do from penile cancer. The American Cancer Society (ACS) advises against circumcision as a preventative for cancer of the penis, and the American Academy of Pediatrics (AAP) has stated that evidence suggesting that circumcision protects against prostate cancer is unconvincing (ACS, 2012, p. 11; Thompson et al., 1975). Several studies have demonstrated that there is also no statistically significant relationship between genital status and STIs (See: Donovan et al., 1994; Dickson et al., 2008; Dave et al., 2003; Richters et al., 2006; Thomas et al., 2004; Ferris et al., 2010; Mehta et al., 2009; Templeton et al., 2009; Rodriguez-Diaz et al., 2012).

Phimosis, Balanitis, and Balanitis Xerotica Obliterans (BXO)

Phimosis remains largely misdiagnosed, and gratuitous circumcision is often performed on otherwise normal and non-pathological foreskin of developing boys (Rickwood and Walker, 1989; Rickwood et al., 1980; Williams et al., 1993; Gordon and Collin, 1993; Griffiths and Frank, 1992; Shankar and Rickwood, 1999). Phimosis can often be conservatively treated without full excision; circumcision should be recommended only after topical therapies have been attempted (Fleet et al., 1995; Van Howe, 1998; Yilmaz et al., 2003; Atilla et al., 1997; Hoffman et al., 1984; Prakash, 1972; Wahlin, 1992; Cuckow et al., 1994; Wright, 1994; Dunn, 1989; Choe, 2000; Shahid, 2012).

Balanitis (inflammation of the glans) can affect both intact and circumcised males, and the difference in prevalence between them is statistically insignificant (Poland, 1990; Birley et al., 1993; Van Howe, 1997; Fergusson et al., 1988; Edwards, 1996). Circumcision may be indicated for recurrent balanitis (Escala and Rickwood, 1989; Kaplan, 1983; Eason et al., 1994). Genital hygiene protects against penile inflammatory infections; however, excessive washing can increase the likelihood of balanitis (Poland, 1990; Birley et al., 1993).

BXO is a rare skin disease that prevents foreskin retraction, and is another possible indication for circumcision (Leditshke, 1996; Cuckow et al., 1994; Meuli et al., 1994; Shankar and Rickwood, 1999). Method of treatment should begin conservatively with topical and steroid creams, and if unsuccessful, less invasive surgical interventions can be utilised (Catterall and Oakes, 1962; Poynter and Levy, 1967; Pasieczny, 1977; Rickwood, 1999; Shelley et al., 1999; Kiss et al., 2001; Ebert et al., 2007; Rosemberg and Jacobs, 1982; Rosemberg, 1985; Ratz, 1984; Windahl and Hellsten, 1993; Kartamaa and Reitamo, 1997). When surgical intervention is required, only the infected tissue should be excised (Milos and Macris, 1992).

HIV/AIDS

Several African studies have purported that circumcision greatly reduces acquisition of HIV, indicating that it be utilised as a preventative health strategy (Nagelkerke et al., 2007; Ngodji, 2010; Westreich et al., 2007; Wamai et al., 2012; Baeten et al., 2010; Siegler et al., 2012; Paicheler, n.d.). However, mass circumcision is neither as practical nor cost effective as safe-sex initiatives. These studies are unjustifiable because they: do not address behavioural issues that contribute to HIV

infection; demonstrate methodological flaws including research bias; underestimate risks and complications of circumcision including irreparable losses; and marginalise questions of ethics and human rights (See: Van Howe et al., 2000, 2005; Van Howe, 1999b; Darby and Van Howe, 2011; Boyle, and Hill, 2011; Bonner, 2001; Fox and Thomson, 2010b; Lyons, 2013; Boyle, 2004; Darby, 2004; de Vincenzi and Mertens, 1994). The findings of these studies have been used to promote infant circumcision in the US, which misrepresents the epidemic within local contexts, and exaggerates the relevance and applicability of the studies within the developed world, where many factors contributing to HIV acquisition greatly differ (Green et al., 2009; Van Howe et al., 2005; Darby and Van Howe, 2011; Fauntleroy, 2005; Lyons, 2013). Circumcision as a prophylactic against HIV seems to be contraindicated, given that the US suffers from pandemic rates of HIV whilst the highest incidence of circumcision within the industrialised world (Storms, 1996; Nicoll, 1997; Tanne, 1998).

Female Cervical Cancer and Women's Health

The correlation between male circumcision and female cervical cancer remains dubious (Bhimji and Harrison, 2003; Stern and Neely, 1962; Terris et al., 1973; Sumithran, 1977; Megafu, 1979; Menczer, 2003; Waldeck, 2003, 'Cervical Cancer'). This claim is based on the hypothesis that male smegma is carcinogenic; however, both males and females produce smegma, which consists of various genital secretions and epithelial cells, and is not harmful (See: Fleiss, 1999; p. 396-7; Patel, 1966; Reddy and Baruah, 1963; Prakash et al., 1982; Hyman and Brownstein, 1969; Wallerstein, 1985, 'Penile Cancer;' Abu-Sahlieh, 2012, p. 305). Women typically produce more smegma than men, and the substance helps to provide a natural lubrication, which aids sexual

intercourse (Van Howe and Hodges, 2006; Wright, 1970; Fox Internet Services, 2013). The ACS has stated that circumcision as an intervention against cervical cancer is neither valid nor effective, and the suggestive research is 'methodologically flawed' (ACS, 1996).

Several studies have deflated the misconception that male circumcision reduces the risk of HPV (Aynaud et al., 1999; Van Howe, 2007b; Van Howe and Storms, 2009; Lehtinen and Paavonen, 2004; Storms, 2009). Genital cutting also does not reduce the incidence of chlamydia in women, bacterial vaginosis, herpes simplex type 2, or trichomonas (See: Turner et al., 2008; Laumann et al., 1997; Cook et al., 1994; Van Howe, 1999a; Zenilman et al., 1999; Schwebke and Desmond, 2005; Tobian et al., 2012; Dickson et al., 2005; Basset et al., 1994).

The studies that suggest male circumcision is beneficial to women's health principally imply that foreskin is pathologic, and that men's bodies are agents of infection. Although physicians attempted, unsuccessfully, to medicalise female genital cutting as a prophylactic for women's health, it seems unlikely that irreversible genital modification in women would be an attractive method of immunisation for the health of men (Cooper, 1862; Sayre, 1875; Dawson, 1915; Eskridge, 1918; McDonald, 1958; Rathmann, 1959; Wollman, 1973; Mosucci, 1996). Circumcision as a health measure for an unknown beneficiary is speculative and unjustifiable (Waldeck, 2003, p. 488). In order to deter cervical cancer, it is best 'to use condoms, to restrict the number of sexual partners, to practise good post-coital hygiene and to treat human papilloma virus infections in both males and females when they occur' (Warren, 1997, p. 97). Community education and safe sex campaigns should be employed (Bassett et al., 1994).

Conclusion

This chapter has investigated the various paradigms surrounding male genital cutting, indicating that it is endemic, which varies in justification, type, frequency, and severity. Male genital cutting transcends popular conceptions, religious and cultural differences. Its ubiquity indicates that the practise is entrenched in sociocultural, religious, and medical frameworks, which become obstacle to human rights, and will be discussed in chapter 4.

The medicalisation of circumcision has resulted in dominant discourses, which inflate spurious health claims and trivialise the foreskin's role in male sexual health. This normalises male genital cutting and undermines discourses about human rights, at the centre of which include rights to bodily integrity and genital autonomy, which will be discussed in chapter 3. These rights also raise questions about impeding rights, such as rights of the child and of the parent, as well as obstacles to human rights, which will be discussed in chapter 4.

CHAPTER III

A HUMAN RIGHTS PERSPECTIVE

Introduction

Chapter 3 seeks to answer 'why is male genital cutting a human rights issue and is it compatible with international standards?' Several human rights concepts are discussed, including: consent, self-determination, autonomy, bodily integrity, genital autonomy, and equality. This chapter draws on principal international as well as regional instruments to argue that male genital cutting is a human rights issue, and does not comply with international standards. Chapter 3 enables an examination of obstacles, enforcement, and conflicting rights, which will be discussed in chapter 4.

Human Rights Universality

Human rights are universal and transcend human, cultural, and religious differences. The *Universal Declaration on Human Rights* (UDHR) functions in conjunction with the *International Covenant on Civil and Political Rights* (ICCPR) and the *International Covenant on Economic, Social, and Cultural Rights* (ICESCR), to form the International Bill of Rights, which is the source of international standards and the core of human rights law (Freeman, 2002, p. 3). The Bill of Rights affirms the equality and inalienability of these rights, and presents 'a summary statement of the minimum social and political guarantees recognised by the international community as necessary for a life of dignity in the contemporary world' (Donnelly, 2007, p. 8). The Bill of Rights acknowledges that some people (such as children) are particularly vulnerable to human rights violations, and are guaranteed unique protections (Freeman, 2002, p. 101; Iovane, 2007; p. 236).

This dissertation utilises a 'relative universal' approach to human rights, which allows 'considerable space for cultural, regional, national, and other variations in implementing 'universal' human rights (Donnelly, 2007, p. 38). Universalism, thus, embodies the value of autonomy and entails diversity in interpretation and application (Freeman, 2002, p. 106). The UDHR, written in response to imperialist abuses of the Second World War, conceptualises human rights, whilst ICESCR and ICCPR acknowledge non-Western ideals and validate rights and their corresponding duties (Rehman, 2010; Steiner & Alston, 2000; Freeman, 2002, p. 36).

Consent, Self-Determination, and Autonomy

According to Kennedy (1991, p. 178), consent is 'an ethical doctrine about respect for persons and about power,' which seeks to 'transfer some power to the patient in areas affecting… self-determination, so as to create the optimal relationship between doctor and patient.' This coincides with Article 6 of the *Universal Declaration of Bioethics and Human Rights* (UDBHR), which mandates informed consent of the patient for medical interventions. The right to self-determination is guaranteed by international standards (Article 1 of ICESCR and ICCPR), which allows all people to freely pursue their own developments. The Human Rights Committee (CCPR) (1984, [GC 12], Para. 1) notes, 'the right of self-determination is an essential condition for the effective guarantee and observance of individual human rights and for the promotion and strengthening of those rights.' The right to self-determination provides a continuum of rights, and is applicable to other rights, such as the right to health (discussed below) and the right to freedom of thought, conscience, and religion (discussed in chapter 4) (Rehman, 2010, p. 478-9).

This shifts away from traditional paternalism to improve the approach to medicine in a collaboration between the physician and patient (Foster, 1998, p. 53). The physician has a duty 'to explain what [s/he] intends to do, and its implications,' so that the patient may fully understand the potential outcomes to either accept or reject the proposed therapy (McHale et al., 2007, p. 362). The UDBHR (Article 5) maintains that the physician ought to respect the autonomy of the patient, who has a duty to take responsibility for the decisions therein. US Courts in *Salgo v Leland*[4] and *Canterbury v Spence*[5] adjudicated that physicians must provide consequential information so that the patient is able to provide informed consent (Foster, 1998, p. 53; Jeffers, 1958; Sevier, 1967, p. 399; Murphy, 1976). Canadian Courts have similarly adjudicated, in *Reibl v Hughes*[6] and *Ciarlariello v Schacter*[7], that a patient has a right to know the risks of undergoing or abstaining from a proposed treatment (Foster, 1998, p. 53; Robertson, 1984; Picard, 1981, p. 446; Siebrasse, 1989; Flood, 2000). In *Re T* (1992)[8] and *Collins v Wilcock*[9], the UK Courts sustained the right of patient autonomy as 'inviolable.' Patients must be fully informed in order to make a decision for a recommended therapy, such as consenting to undergo circumcision.

Article 11 of the *Declaration of Helsinki* maintains that proxy consent must be obtained in cases of legal incompetence; the child's consent, in addition to the legal guardian's, must also be obtained if legally conceivable. The consent-giver (the person

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[4] *Salgo v Leland Stanford Junior Board of Trustees* 317 P 2d 170 (Cal, 1957), per Bray J.
[5] *Canterbury v William Thornton Spence and the Washington Hospital Center* 464 F 2d 772 (DC, 1972).
[6] *Reibl v Hughes* [1980] 2 SCR 880.
[7] *Ciarlariellov. Schacter,* [1993] 2 S.C.R. 119 at p. 135, 100 D.L.R. (4th) 609, 62 O.A.C. 161.
[8] *Re T* [1992] 4 All ER 649, *per* Lord Donaldson MR
[9] *Collins v Wilcock* [1984] 3All ER 374 at 378

with parental authority), must be competent and fully informed, and able to provide consent without duress on behalf of the patient (the child to receive therapy) (Committee on Bioethics, 1995). Without accurate information about the risks of circumcision, including loss of preputial function and principal erogenous zones, parents are unable to ethically provide consent on behalf of their children. In light of the medical literature indicating risks, harms, and ethical dilemmas of genital cutting, the compulsion to withhold information to parents violates these provisions, which renders circumcision indefensible.

According to Price (1999, p. 443), 'parents do not posses rights over their children, but rather have duties towards them, which give them certain defined powers to discharge those duties.' In such cases requiring consent by proxy, the 'child's best interests are paramount' (Price, 1999, p. 443). The *UK Children Act of 1989* (Section 3) delineates parental responsibilities, whose authority can, in some cases, be overruled in order to protect the child. US Courts in *Prince v Massachusetts*[10] and *Parham v JR*[11] adjudicated that parental authority is not absolute, which the government may impede in order to maintain child welfare.

The *Convention on the Rights of the Child* (CRC) secures the child's best interests at Article 3(1). Its monitoring Committee (CmtRC) notes that the 'child's best interests is aimed at ensuring both the full and effective enjoyment' of human rights, 'and the holistic development of the child' (CmtRC, 2013b, [GC 14], Para. 4). This includes 'the child´s physical, mental, spiritual, moral, psychological and social development' (CmtRC, 2003, [GC 5], Para. 12). 'An adult's judgment of a child's best interests cannot

[10] *Prince v Massachusetts*, 321 US 158 (1944)
[11] *Parham v. J.R.*, 442 US 584, 602-606 (1979)

override the obligation to respect all the child's rights under the Convention' (CmtRC, 2011, [GC 13], Para. 61). This includes the right to bodily integrity, indicating that proxy consent is valid only for medically indicated therapies in times of exigency.

Proxy consent is, therefore, invalid for routine infant circumcision because the patient suffers no pathology, and requires no therapeutic treatment (DOC, 2012, p. 3). Courts in Canada, Australia, and Germany (*E. (Mrs.) v. Eve*[12], *Marion's Case*[13], and *Köln*[14]) have adjudicated that proxy consent is unfounded for non-therapeutic interventions. The Queensland Law Reform Commission (QLRC) notes that 'if the nature of the proposed treatment is invasive, irreversible, and major surgery and for non-therapeutic purposes, then court approval is required before such treatment can proceed' (QLRC, 1993, p. 38). A parent can only consent to medical treatment if it is in the best interests of the child, and circumcision is not in the child's best interest because it is unnecessary and harmful (See: Chapter 2; QLRC, 1995, p. 34-5). The UDBHR (Articles 4, 7(a)) maintains that the benefits and the patient's best interests must be prioritised, whilst the harms of the intervention in question must be minimised. Healthcare providers have legal and ethical duties to provide the child-patient the care that s/he needs, not what third parties (including those with parental authority) desire for the patient (Committee on Bioethics, 1995). In *Gillick v West Norfolk*[15], the UK Court noted that 'giving consent to medical treatment of a child is a clear incident of parental responsibility arising from the duty to protect the child.' This indicates that providing consent by proxy is not a right,

[12] *E. (Mrs.) v. Eve* 2 SCR 388 (1986)
[13] *Secretary, Department of Health and Community Services v JWB and SMB* (Marion's Case) (1992) 175 CLR 218 FC 92/010
[14] *Langericht Köln*. (7 Mai 2012) Urteil 151 Ns 169/11
[15] *Gillick v West Norfolk and Wisbech Area Health Authority* [1985] 3 All ER 402 at 420

but a parental obligation (Price, 1999, p. 444). The international community recognises the rights of children as a group (Bainham, 2000, p. 113; Bridgeman and Monk, 2000, p. 1). The CRC affirms their right to 'self-determination, dignity, respect, non-interference, and the right to make informed decisions' (McHale et al., 2007, p. 406).

The *Declaration of Geneva* outlines a physician's oath, which maintains: (1) the health of the patient is the foremost medical consideration; (2) all patients deserve superior medical care without discrimination of any kind; and (3) the physician must respect human life (Para. 3, 5-6). The *International Code of Medical Ethics* (ICME) stipulates: (1) medical treatments 'which could weaken physical or mental resistance of a human being' must only be enacted in the patient's interests; (2) the physician has a duty to be fully loyal and utilise all scientific resources; (3) s/he must observe the *Declaration of Geneva.* In order to be in compliance with these provisions, therapeutic treatments, such as medically indicated circumcision, must only be employed after all conservative therapies have failed. The practise of non-therapeutic circumcision violates the ICME, by weakening the reproductive organ and by breaching the principal consideration of the patient's health as stipulated in the *Declaration of Geneva*. Unnecessary genital cutting contravenes the principles of self-determination and consent, and undermines human rights. Avoiding non-therapeutic interventions maximises these rights and the child's best interests, which are principal to medical practise, and ensures compliance with international standards (Alderson, 1993; Meyers, 1990, p. 169; Brandazzi, 2008, p. S97).

Bodily Integrity

Several scholars discuss genital cutting in relation to rights to sovereignty, physical and sexual integrity, and a right to an intact body (See: Van Howe, 1997, p. 117;

Hammond, 1997, p. 128; Boyle, 2001; Baer, 1997, p. 199; Abu-Sahlieh, 1997, p. 55). These rights conceptions can be synthesised as a right to bodily integrity, which indicates respect, autonomy, and security of the body.

According to McHale et al. (2007, p. 351), 'everybody has a right to bodily integrity, which is protected by the criminal and civil law of assault and battery.' The provision of consent protects against assault and battery, which includes 'any type of activity that infringes the bodily integrity or liberty of another' (McHale et al., 2007, p. 352). These actions may 'directly and either intentionally or negligently [cause] some physical contact with the person of another' (Brooke in McHale, et al., 2007, p. 352).

The right to bodily integrity, which prohibits contact of the body without consent, receives no specific mention within international instruments (McHale et al., 2007, p. 349). This, however, can be conceptualised within a corpus of recognised rights, to encapsulate rights to liberty, security of person, and privacy, freedom from inhuman treatment, and right to highest attainable standard of health (OSF, 2013).

Liberty, Security of Person, and Privacy

The UDHR (Article 3) and ICCPR (Article 9) mandate the right to liberty and security of person. This coincides with the right to privacy, which prohibits interference within the private sphere without due cause (UDHR 12; ICCPR 17). The CCPR (2013b, [GC 35], Para. 3) notes, 'liberty of person concerns freedom from confinement of the body. Security of person concerns freedom from injury to the body, or bodily integrity,' both rights of which are guaranteed to everyone. Genital cutting violates these provisions by impairing the child's bodily development and integrity, and confines the body to ideologies, which will be discussed as an obstacle in Chapter 4. 'Children are not the

property of their parents and have interests that are separable' to them (Fox and Thomson, 2010a, p. 22). The CRC (Article 16) protects children from interference with privacy. This can be extended to include a right to privacy regarding matters of the body, protecting against medically unnecessary modifications without the person's consent. Goldman (1997, p. 179) notes, 'recognising the infant as a person has important implications not the least of which is recognising infant autonomy.' All children, including 'babies and very young children, have the same rights… to have their best interests assessed, even if they cannot express their views or represent themselves in the same way as older children' (CmtRC, 2013b, [GC 14], Para. 44). But, circumcision is performed without any regard for the infant's preferences, wants, and needs, violating the UDBHR (Article 8), which dictates that 'individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.' Children may want to keep all parts of their genitals, an interest that must be acknowledged, and they should have the liberty to make this decision upon attaining competence (Peterson, 2001, p. 285; Abusharaf, 2006, p. 11). All actions relating to children must 'take into account their best interests as a primary consideration,' which 'include decisions, but also all acts, conduct, proposals, services, procedures and other measures' (2013b, [GC 14], Para. 17). Postponing involuntary, medically unnecessary genital cutting affirms these rights and complies with prioritising the child's best interests.

Freedom from Cruel, Inhuman, or Degrading Treatment

The *Geneva Declaration of the Rights of the Child* (GDRC) extends particular care to children, including the right to protection against all forms of exploitation (Massie, 1999, p. 340; GDRC, Para. 4). Human rights provisions secure the right to freedom from

torture and cruel, inhuman, and degrading treatment (ICCPR 7; UDHR 5). The *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (CAT) defines torture in terms of intentional infliction of severe pain or suffering (Article 1(1)). The monitoring body has indicated that torture can 'be understood as referring to such cruel, inhuman or degrading treatment which causes pain, exhaustion, disability or dysfunction of one or more parts of the body,' which includes 'mutilation, such as amputation of the essential parts of the body such as the genitalia…' (CmtAT, 2009, p. 5, Article 1(a-9)). The Ad Hoc Working Group Ecumenics International (1995) notes, 'genital mutilation is a traditional practise of physiological torture and psychological trauma destroying reproductive integrity and sexual health with significant risks of death.'

The CRC (Article 37(a) and 39) mandates the protection of children against all forms of cruel, inhuman, and degrading treatment. The CmtRC stresses 'no ambiguity' in this right, which 'does not leave room for any level of legalised violence against children' (CmtRC, 2006, [GC 8], Para. 18). This includes physical violence, and 'violence in the guise of treatment' (CmtRC, 2011, [GC 13], Para. 23). Non-therapeutic genital cutting is a form of violence, which attempts to treat otherwise normal and non-pathological genital conditions (Darby 2001, 2005). Circumcision amputates several essential components of the penile system (See: Chapter 2, 'Medicine'), indicating that cutting without medical indication violates this principle (Svoboda, 1997, p. 206).

Health

The UDHR (Article 25) establishes 'a right to a standard of living adequate for the health and well-being' of oneself and one's family. This 'aims to guarantee the

preconditions of good health' (McHale et al., 2007, p. 8). ICESCR (Article 12) secures the right to the highest attainable standard of health, which is fundamental and 'indispensable for the exercise of other human rights' (CESCR, 2000, [GC 14], Para. 1). The CRC (Articles 17 and 24) grants this right to children, facilitating the child's optimal development. Article 6(2) of the CRC also ensures the 'maximum extent possible the survival and development of the child.' Optimal health includes the maximisation of physical, sexual, and psychological development. Circumcision hinders maximum development by amputating vital genital tissue, and by producing short and long-term psychological affects (Denniston, 2013; Goldman, 1997). 'Children must be guaranteed the opportunity to develop physically in a healthy and normal way' (Boulware-Miller, 1985, p. 164-65). Amputation of genital tissue has irreversible consequences whereas remaining genitally intact does not; an intact person may elect for circumcision later in life, but circumcision cannot be undone (Fox and Thomson, 2010a, p. 26-7). This irreversibility limits choice and does not allow complete development of the genitals.

The CRC (Article 6(1)) ensures the inherent right to life, and mandates prevention of infant and child mortality (Article 24(2)). As death by genital cutting is a risk, unnecessary circumcision places the child at avoidable risk of death, which violates Articles 6(1) and 24 (Svoboda, 1997, p. 207; Scurlock and Pemberton, 1977; Baker, 1979; 'Circumcision Deaths,' 2013). The right to life 'overlaps with the right to security of person,' which in a broader context, 'also addresses injuries that are not life-threatening' (CCPR, 2013, [GC 35], Para. 58). Genital cutting which does not result in death violates the right to security of person, and the child inevitably sustains injuries in the form of diminished genital tissue and function.

Exposure to the risks of non-therapeutic interventions would also indicate a violation of the UDBHR (Article 3(1)), which mandates that 'human rights and fundamental freedoms [be] fully respected.' As the CmtRC reminds, children may lack the full autonomy of adults, but are still subjects of rights (CmtRC, 2009, [GC 12], Para. 1). The interests and welfare of the child must be prioritised (UDBHR, Article 3(2)), which contraindicate irreversible interventions without clear medical exigency. Such interests include the opportunity to reach normal physical and psychological development. This is in accordance with the GDRC, which mandates that children 'must be given the means requisite' for their natural development (Para. 1). The CmtRC notes, 'the advantages of all possible treatments must be weighed against all possible risks and side effects…' (CmtRC, 2013b, [GC 14], Para. 77). Van Howe and Svoboda (2008, p. 807) note, '…even with pain relief, the inherent risks and burdens of the circumcision, including loss of the functions of the foreskin, outweigh any benefits.' In cases of genital pathology and infection, the least invasive and irreparable methods of treatment must be utilised. Children are entitled to the enjoyment of their rights set forth by these instruments, and the potential benefits that the child may or may not receive are not justifiable to undermine their human rights.

Regional Instruments and Bodily Integrity

The *Vienna Declaration and Programme of Action* (VDPA) reaffirms the universality, interdependence, and interrelatedness of the international human rights regime (Rehman, 2010, p. 69, 140). It is, therefore, important to test male genital cutting against American, European, African, and Arab regional instruments, which strengthen the international system, by providing distinctive norms, and adding to knowledge 'about

possible methods for protecting and promoting human rights' (Steiner et al., 2007, p. 925).

American Instruments

The *American Convention on Human Rights* (ACHR) prohibits cruel, inhuman, and degrading treatment, and secures the right to 'physical, mental, and moral integrity' (Article 5). *The Inter-American Commission on Human Rights* (IACHR) notes:

> The right to humane treatment cannot be suspended under any circumstance. Securing respect for the basic human integrity of all individuals… is a central purpose of the Convention… and of… Article 5 in particular (IACHR, 2011c, p. 119).

This indicates the inalienability and inviolability of the right to integrity, which is applicable to forced genital cutting in the healthy child. The ACHR (Article 7) and the *American Declaration on the Rights and Duties of Man* (ADRDM) (Article 1) guarantee the right to liberty and security of person. 'An essential aspect of the right to personal security is the absolute prohibition of torture' (IACHR, 2011c, p. 119). This protects personal security, which, as a group of rights, includes 'the right to life, the right to physical integrity, [and] the right to freedom' (IACHR, 2009, p. 6). Medically unnecessary genital cutting violates these provisions, by inflicting degrading treatment and by placing the healthy child at avoidable risk of serious complications, including fatality (Snyder, 2009). The ACHR (Article 11) and ADRDM (Article 5) maintain the right to privacy. This 'prohibits any arbitrary or abusive interference in the private life of persons, and specifies a number of realms of privacy, [including] the private life of the family, domicile and correspondence' (IACHR, 2009, Section E-174). The most private

aspect within this sphere is the body, and the reproductive organs, which circumcision violates.

The ACHR (Article 19) and the ADRDM (Article 7) guarantee that children are entitled to special protection, care, and aid. These provisions 'view children as human beings that deserve assistance and care due to their status as minors' (IACHR, 2008, Chapter 1-C). Such care extends to protecting children from circumcision, for which proxy consent is invalid without medical indication. The ADRDM (Article 11) secures the right to preservation of health. To achieve this right requires informed consent for medical treatments and the capability to attain the highest attainable standard of health. Medical intervention without the consent of the patient 'may constitute a violation of the patient's human rights,' including the 'violation of the person's right to personal integrity protected by Article 5 of the [ACHR]' (IACHR, 2011a, p. 18-19). Genital cutting violates each of these provisions, and in order to respect human rights, intervention must be postponed upon apparent exigency.

European Instruments

The *Declaration on the Promotion of Patients' Rights In Europe* (DPPRE) (Article 3) affirms that informed consent 'is a prerequisite for any medical intervention,' and that all patients have a right to consent to, or refuse, any medical treatment (WHO, 1994). This is in accordance with the *European Convention on Human Rights and Biomedicine* (ECHRB) (Article 5), which requires informed consent for medical interventions. The *European Charter of Patients' Rights* (ECPR) (Articles 4 and 5) guarantees the right of access to information, which otherwise facilitates an informed decision about medical intervention, and the right to freely choose the preferred treatment

(ACN, 2002). The *European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment* (CPT) noted in their General Report:

> Patients should, as a matter of principle, be [able] to give their free and informed consent to treatment… Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances (CPT, 1998, Para. 41).

The *Charter of the Fundamental Rights of the European Union* (CFREU) (Article 35) indicates that people have the right to access preventative health care and to benefit from medical treatment. This would include circumcision insofar as it is medically indicated, but unnecessary interventions violate Article 35, in addition to the *European Charter for Children in Hospital* (ECCH) (Article 5), which maintains that 'every child shall be protected from unnecessary medical treatment and investigation.' This is in accordance with the CFREU (Article 24), which grants protection to children to maintain their best interests and well-being. The ECHRB ensures 'equitable access to health care of appropriate quality' (Article 3) whilst the *European Social Charter* (ESC) (Article 11) secures the right to the highest attainable standard of health. In cases of genital pathology, conservative methods of treatment must be employed prior to therapeutic circumcision (Van Howe, 1998). Genital cutting as a prophylactic is indefensible, and the effects of circumcision prohibit the child's ability to reach the highest attainable standard of health (Hodges et al., 2002).

The CFREU (Article 6) and the *European Convention on Human Rights* (ECHR) (Article 5(1)) mandate a right to liberty and security of person. These provisions (CFREU, Article 7; ECHR, Article 8) ensure the right to privacy within the domestic sphere. The European Court of Human Rights (ECtHR) has conceptualised private life broadly, to

include physical and moral integrity, self-determination, and personal autonomy (Roagna, 2012, p. 12). Personal autonomy, then, 'must be interpreted as including the right to make choices concerning one's body,' which may include questions of the genitals (Roagna, 2012, p. 16). This coincides with the CFREU (Article 3), which grants integrity of the person, including physical and mental integrity. 'Non-consensual or compulsory medical treatment or examination, regardless of how minor, will certainly fall within the protective scope of private life under Article 8' (Roagna, 2012, p. 24). Nontherapeutic genital cutting violates rights to liberty and security of person by invalidating the child as an autonomous being and ignoring the child's preferences, wants, and needs (Goldman, 1997, p. 197). Autonomy in matters of the body includes those affecting the genitals, and in particular, those which sacrifice healthy genital tissue.

The CFREU (Article 4) and ECHR (Article 3) secure the right to freedom from torture and cruel, inhuman, and degrading treatment. Infant genital cutting complies with the definition of torture (CAT, Article 1) in that 'it can cause severe pain and it is intentionally inflicted' (Svoboda, 2013b, p. 5) Non-consensual, nontherapeutic interventions with or without anaesthetic can be recognised as degrading and inhuman treatment, which place the child at avoidable risks. The *Council of the European Union* (CEU) notes:

> …Violence against children represents a particularly widespread violation of children's rights, also compromising children's developmental needs. Different forms of violence continue to affect the lives of children of all ages in every region of the world, including physical, mental, psychological and sexual violence… (CEU, 2009, p. 56).

The *Royal Dutch Medical Association* (RDMA) (2010, p. 5), has condemned the practise of male genital cutting, indicating that 'non-therapeutic circumcision of male minors conflicts with the child's right to autonomy and physical integrity.' The RDMA also notes that genital cutting can be delayed 'until the age at which such a risk is relevant and the boy himself can decide about the intervention, or can opt for any available alternatives' (RDMA, 2010, p. 5). The *German Academy for Pediatrics and Adolescent Medicine* (DAKJ) has also condemned genital cutting as medically unnecessary and beset by various complications and risks (DAKJ in 'German Pediatric Association,' 2013). *British Association of Paediatric Surgeons* et al. (2001) list three indications for circumcision, which is indicative of its futility in the majority of children. Genital cutting constitutes violence to children, which places them at preventable risk to life-long complications (Fletcher, 2013). Circumcision of minors is unnecessary, which, to sustain compliance with regional instruments, should be deterred until the child can provide consent.

African Instruments

The *African Charter on Human and People's Rights* (ACHPR) (Article 4) confirms the inviolability of human rights, and notes that 'every human being shall be entitled to respect for his life and the integrity of his person. The *Organisation of African Unity* (OAU) (1996) confirms the universal right to protection from all forms of exploitation. The *African Charter on the Rights and Welfare of the Child* (ACRWC) (Article 5(2)) ensures the 'maximum… survival, protection, and development' of children. All persons, including children, have the right to achieve the 'best attainable state' of health (ACRWC, Article 14; ACHPR, Article 16). The Commission

acknowledges that the right to health must be 'fully realised in all its aspects without discrimination of any kind' (Nolan, 2010, p. 153). Genital cutting violates these provisions, by disallowing the development of the child to the fullest capacity. This indicates that the best course of action would be to refrain from unnecessary modifications in order to respect the child's bodily integrity. Children must be protected from harmful traditional practises, and in particular, those that are prejudicial to their health or life (ACRWC, Article 21(1)). The CmtRC received the state report of Lesotho, which acknowledges 'the problems arising from circumcision' (CmtRC, 2001b). Lesotho's 1998 Addendum report noted, 'children should be allowed to decide at 21 years of age whether or not they want to be circumcised' (CmtRC, 1998, p. 47). Guinea-Bissau noted in its report:

> Traditional practices… are causing serious problems for children and women. The circumcision of boys aged 9-13 years and the partial or total excision of the clitoris in girls aged 7-12 years… are the most cruel and harmful practices. Notwithstanding the harm caused by these practices, which have been strongly condemned, there are no effective measures at the national level to eliminate them (CmtRC, 2001a, Para. 52).

Regional mechanisms acknowledge that consciousness must be raised to eradicate sociocultural practises that hinder the health of the child (African Committee, 2010, p. 2; African Unity, 2008). The *African Commission's Working Group* has indicated that practises interfering with the right to health must be discouraged, and child mortality should be reduced (Working Group, 2012, p. 4). Non-therapeutic genital cutting is contraindicated as a custom inconsistent with the rights set forth in the ACRWC (Article 3), which should be prevented. The Commission has noted 'that the promotion and

defense of the rights of the child is the only way of safeguarding the future of the African continent' (African Commission, 1999).

Arab and Islamic Instruments

The *Revised Arab Charter on Human Rights* (RACHR) (Articles 33(2) and 39) declares the protection of children to ensure the maximisation of optimal physical and mental development and health. This coincides with the *Covenant on the Rights of the Child in Islam* (CRCI) (Article 6(2)), which guarantees the 'basics necessary for the… development of the child.' The *Tehran Declaration* (2009) confirms that the 'enjoyment of the highest attainable standard of health' is a universal human right. Genital cutting violates these provisions by prohibiting the child's body to develop to its fullest capacity. The *Cairo Declaration on Human Rights in Islam* (CDHRI) (Article 2(d)) guarantees protection from bodily harm. The CDHRI (Article 18(a)) also mandates a right to security of the person, including one's property, and the *Universal Islamic Declaration of Human Rights* (UIDHR) (Article 2(b)) guarantees the inalienable right to freedom in all of its forms including physical. These are applicable to non-therapeutic genital cutting, which breaches the rights to freedom from bodily harm, personal security, and physical freedom. The *Rabat Declaration* (Article 9) prohibits 'all forms of exploitation, abuse, torture and violence, including physical, mental, sexual and domestic violence.' The *Islamic Conference of Ministers in Charge of Childhood* affirmed that children are entitled to the optimal development and 'fulfilment of their hopes and aspirations' (Resolution, 2011). Parents should protect their children from harmful traditional practises to ensure that they have the opportunity to enjoy these rights (CRCI, Article 20(2)), and achieve their aspirations, which may include the desire to live genitally intact.

Regional discourses of human rights are anchored in an infallible Islamic ethos, which dictates that rights are provided by Allah and are acquiescent to the Shar'ia (El Sayed Said, 1997; Rehman, 2010, Chapter 11:2). Resolution 1 of the Islamic Conference of Health Ministers emphasises that 'Islam provides solutions to all problems that are faced by humanity' (Resolutions, 2009, p. 1). The CRCI (Article 15(2)) specifically mandates the 'right of a male child to circumcision,' and appears to be the only human rights provision to do so. This article appears under a web of rights to health, and is omitted under rights of religion and culture. This may suggest that discourses of religious and cultural rights are inconsequential, and that discourses of health are most pertinent to Article 15(2). The wording of this provision also suggests autonomy of behalf of the child to freely choose to enjoy the right to circumcision, as opposed to a parent obliging the child to undergo genital cutting. Obligation without medical indication appears to violate the CDHRI (Article 11(a)), which states that all 'human beings are born free,' in addition to violation of the Qur'an, which proclaims no compulsion in religion (2:256), and perfection of Allah's creation (See: 95:4; 27:88; 32:7; 67:3).

Genital Autonomy

Several declarations have been drafted which attempt to universalise all practises of genital cutting as a violation of international standards. These provisions emphasise the universal right to genital autonomy, which emerged as an international response to female genital cutting (Mason, 2010). Genital autonomy, similar to the right of bodily integrity, concentrates on integrity of the genitals, which protects against medically unnecessary and involuntary modifications.

The *Universal Declaration on Circumcision, Excision, and Incision* (UDCEI) (Para. 5) identifies anaesthetised genital cutting as cruel and inhuman treatment, and unanaesthetised genital cutting as an act of torture. The *Declaration of Genital Integrity* (DGI) (Para. 1, 11) affirms the 'inherent right of all human beings to an intact body,' and recognises genital cutting as a form of torture, which violates the UDHR (Article 5).

The *Ashley Montagu Resolution to End the Genital Mutilation of Children Worldwide* (AMR), which has been endorsed by several Nobel laureates and non-governmental organisations (NGOs), affirms the UDHR and CRC to oppose all forms of genital cutting (See: Prescott, 1997, 2002; Lewis, c.2003; Salk, 1995; Crick, 1995; 'Humanist Voices,' n.d.). The *Universal Covenant of Ecumenics International* (UCEI) (Para. 1) calls on humanity '…to challenge the bloody trajectory of female and male genital mutilation' (Zavales, 1996). The *Oxford Declaration* (Article 2) calls upon the international community to adopt a resolution to prohibit genital cutting of children, giving exception only to medically indicated procedures (Bonner, 1999).

The *Helsinki Declaration of the Right to Genital Autonomy* (HDRGA) (Para. 2), unlike the previous provisions, provides the most detailed account of the right to genital autonomy, which is the right to 'personal control of [one's] own genital and reproductive organs; and protection from medically unnecessary genital modification and other irreversible reproductive interventions.' Para. 3 stipulates that only competent and informed patients may provide consent, and in the case of incompetent persons, a public authority should be appointed to balance human rights concerns, best interests of the person, and the family's opinions. The HDRGA (Para. 4) also affirms the human right to freedom of thought, conscience, and religion, which will be discussed in Chapter 4. The

HDRGA utilises language of rights rather than violations, and recognises violations as 'medically unnecessary interventions.' This might serve useful in order to gain support within the international community, which is currently lacking and is unlikely to arise with the previous sensationalist instruments that do not allow for regional interpretation.

Each of these provisions streamlines all forms of genital cutting as a violation of human rights irrespective of sex and severity. The VDPA (Article 5) and the *Proclamation of Tehran* (PT) (Article 2) reaffirm the universality of human rights. The PT (Article 5) also emphasises the aim of the regime to maximise individual freedoms. With that in mind, the right to bodily integrity, or genital autonomy, is inalienable, to which all children are entitled (Otoo-Oyortey in Smith, 2010, p. 212; el-Salam Mohamed, 2001; Abu-Sahlieh, 1997, p. 55). The denial of this right to boys, but not to girls, indicates disrespect of human rights inviolability and undermining of their universality, which proclaims that only females are worthy of enjoying this freedom. This is unconscionable. If bodily integrity is recognised as a human right, it must be universally recognised irrespective of sex (Abu-Sahlieh, 1997, p. 59).

Equality

Rights to equality and non-discrimination are universally recognised in the International Bill of Rights (UDHR 1, 2; ICCPR 2(1), 3(1); ICESCR 2(1), 3)). Regional systems also secure rights to equality and non-discrimination in American (ADRDM 2, ACHR 1(1)), European (ECHR 14), African (ACHPR 2), and Arab instruments (UIDHR 3, RACHR 3, CDHRI 1(a)). The CCPR notes:

> …All human beings should enjoy the rights provided for in the Covenant, on an equal basis and in their totality. The full effect of this provision is impaired

> whenever any person is denied the full and equal enjoyment of any right (CCPR, 2000, [GC 28], Para. 2).

Male genital cutting violates numerous international standards, prohibiting males from enjoying these rights equally alongside females. The UDBHR (Article 10) mandates respect of the equality of all human beings. Equality in rights includes 'equality of opportunity for people to enjoy the highest attainable level of health' (CESCR, 2000, [GC 14], Para. 8). Conservative interventions are used to treat genital pathology and infection in females, but males are treated with circumcision, an irreversible and radical intervention (See: McCracken, 1989; AAP, 1999; Svoboda et al., 2000a, p. 96). This differential treatment violates equality in rights by disallowing males the same opportunity to enjoy the highest attainable level of health.

Children are also entitled to rights of equality and non-discrimination, which are guaranteed in the CRC (Article 2) and in regional instruments (CRCI 3(4); ACRWC 3). The ACRWC (Article 2(b)) notes that children are entitled to protection against harmful traditional practises including 'those customs and practises discriminatory to the child on the grounds of sex or other status.' Males are not protected against genital alternations whilst girls are protected. The UDBHR (Article 11) prohibits discrimination and stigmatisation 'on any grounds,' including the violation of human rights and fundamental freedoms. Laws which prohibit some forms of genital cutting but not others, based on sex, violate the UDHR (Article 7), which ensures equality and equal protection of the law. Svoboda (1999, p. 457) notes the importance of resisting 'any temptation to create hierarchies of rights and then to argue that we need not or cannot now address the abuses we have placed lower in our hierarchy.' This is apropos to the legal classification of

genital cutting, which takes a strong position against female genital cutting, but does not recognise the violations of male genital cutting. The 'differential terminology… facilitates differential treatment. We do not speak of male rape and female rape… There is no reason (and no justification) for this gender-stratified taxonomy' (Svoboda, 2010a, p. 3). The resulting ranking of oppressions privileges some experiences over others (Moraga, 1979, p. 29). By recognising and applying international standards to members of one sex, but not the others, the international community stratifies norms by sex, delegating that one group is entitled to human rights, but not the others. The 'hypocritical condemnation of one form of circumcision… merely because the act is considered 'more' extreme demonstrates a basic denial and ignorance of human rights law' (Svoboda, 1999, p. 457). All children are entitled to the full enjoyment of their rights, and the international community must ensure that the protection and enforcement of their rights are realised.

Conclusion

This chapter has examined international and regional standards, indicating that male genital cutting is incompatible with, and violates, human rights.

The international community recognises and secures rights to liberty, security of person, and privacy, freedom from inhuman treatment, and the right to highest attainable standard of health. This corpus of rights secures the right to bodily integrity, which protects against assault and involuntary contact, and by extension, genital autonomy, which insures integrity of the genitals and freedom from medically unnecessary modifications.

Male genital cutting, as a medically unnecessary, harmful, and involuntary custom, violates rights to bodily integrity and self-determination, as well as the principle of consent, which only the informed patient may provide. Proxy consent is

contraindicated, and therefore invalid, for unnecessary treatments. International standards must be applied and enforced equally so that all children may enjoy their rights and freedoms including rights to equality and freedom from discrimination. Sex-stratified standards violate the very provisions which attempt to protect against sex inequalities.

'Human rights are heavily influenced by prevailing cultural norms,' and consequently, culture is often a robust obstacle to their enforcement (Svoboda, 1999, p. 459). Obstacles to human rights include religious, sociocultural, and medical paradigms, and raises concerns of impeding rights, such as the right to freedom of thought, conscience, and religion. These obstacles, in addition to the ensemble of mechanisms for the enforcement of human rights, will be discussed in chapter 4.

CHAPTER IV

MECHANISMS OF ENFORCEMENT AND OBSTACLES TO HUMAN RIGHTS

Introduction

Chapter 4 seeks to answer 'what are the mechanisms of enforcement and obstacles to human rights related to male genital cutting?' International and regional mechanisms are examined as well as the concern of non-ratification amongst States. Obstacles to human rights include religious, medical and sociocultural paradigms in addition to gender archetypes and confinement to ideology. This dissertation argues that the right to freedom of belief is a universal human right, which must be protected for everyone, but parental religious freedom is not compelling to override the rights of the child. Chapter 4 enhances the human rights investigation of male genital cutting by addressing what action can be taken to combat the violation of international standards and which barriers are in place to disrupt the programme of action.

Mechanisms of Enforcement and Non-Ratification

The international community provides an ensemble of mechanisms to enforce human rights standards, some of which are useful for the protection of children from genital cutting. The UN General Assembly issues resolutions concerning various matters, which carry significant weight in the international regime (Rehman, 2010, p. 31-4). UN bodies should immediately issue press conferences and resolutions calling for investigations and condemnation of male genital cutting, as they have done with similar abuses, such as female genital cutting (See: UN Department Public Information, 2012a,b). The HRC provides recommendations, facilitates interstate dialogue, and issues universal periodic reviews, which incorporate UN branches, NGOs, and observing States,

to monitor State compliance (Harrington, 2009, p. 91; Rehman, 2010, p. 50-2; Rivlin, 2008, p. 354-5; McMahon & Ascherio, 2012, p. 234). The HRC should investigate the geographical prevalence of genital cutting and pressure states to address methods of eradication. State reports which do not address known prevalence of genital cutting should be condemned, and States which do acknowledge the incidence in their jurisdiction must be held accountable for the human rights violations (See: CmtRC, 2001a,b). The appointed Special Rapporteurs, which investigate thematic mandates of human rights, and in particular, Rapporteurs concerning freedom of religion or belief, prevention of torture, and achieving the highest attainable standard of health, should immediately investigate and condemn male genital cutting (Rehman, 2010, p. 61-5; Rivlin, 2008, p. 355). Monitoring bodies, and in particular, the CmtRC, CCPR, and CmtAT, should swiftly produce resolutions which investigate and condemn the endemic practise of male genital cutting, in compliance with the CRC (Articles 43-5), ICCPR (Articles 40-1), and CAT (Articles 19-20), respectfully.

Reporting and complaints procedures of regional mechanisms should be utilised to pressure states to enforce human rights within American, European, and African jurisdictions (Rehman, 2010, Part 3; Leckie, 1988). The Rapporteurship on the Rights of the Child must be called upon to investigate and condemn male genital cutting within American states (IACHR, 2008, Chapter 1). The European Committee of Social Rights and the Governmental Committee should call upon States to investigate the prevalence of male genital cutting and report the findings so that recommendations for enforcement can be made (Council of Europe, 2012a,b; Rehman, 2010, p. 237-8). The Fundamental Rights Agency should begin investigating male genital cutting, and in particular, the rights of the

child and discriminatory implementation of rights based on sex, with European jurisdiction (Rehman, 2010, p. 261). The Special Rapporteur on Human Rights Defenders as well as the Working Group on Economic, Social, and Cultural Rights should begin researching male genital cutting within African States (ACHPR, 2013a,b). Statutory bodies, including the Organisation of Islamic Conference, should call upon Arab States to investigate male genital cutting, and they should appoint a Rapporteur who is knowledgeable in human rights, genital cutting, and Islam to address the endemic in the region (Rehman, 2010, p. 363; Vitkauskaite-Meurice, 2010).

State non-compliance and failure to ratify human rights provisions is an obstacle to enforcement, such is the case with the United States and its failure to ratify the CRC. However, 'human rights agreements and other international laws may be widely enough observed by the community of nations to acquire the status of customary law,' which is 'applicable to all states' (Svoboda, 1997, p. 205). Non-compliant States must be held accountable for the violations of internationally recognised provisions within their jurisdictions (Rehman, 2010, p. 20-3).

NGOs operate within local, national, and global sectors and maintain an influential role in pressuring states to enforce human rights (Lewis & Kanji, 2009). Genital autonomy NGOs largely function to promote and protect human rights by shifting sociocultural paradigms, and to enable social change. Several NGOs have submitted statements and written interventions to the international community, which have produced very little response (See: ARC, 1999; CHR, 2002; HRC, 2013). In addition to their grassroots advocacy, NGOs should improve their visibility and participation within the international regime, and continue to exert pressure on states to enforce human rights.

NGOs should make use of the international as well as regional mechanisms in place for the implementation of human rights, by calling upon the appropriate monitoring and statutory bodies and by participating in reporting and complaints procedures.

Obstacles to Human Rights

The Right to Freedom of Belief and Obstacles to Human Rights

The freedom of thought, conscience, and religion (hereafter 'freedom of belief') is one of the oldest and most widely recognised human rights (Humphrey, 1985, p. 174; Adhar and Leigh, 2013; Lillich, 1985, p. 158; Evans, 2000; Van Bijsterveld, 2000). The UDHR and ICCPR (Articles 18) secure the right to freedom of belief, which includes the right to freely change belief systems and the freedom to manifest belief in the private and public spheres. The CCPR emphasises that this right is 'far-reaching and profound' and the manifestation of belief 'extends to ritual and ceremonial acts giving direct expression to belief' (CCPR, [GC 22], 1993, Para. 1, 4). The ICCPR (Article 18(3)) stipulates that this right is subject to limitations 'necessary to protect public safety, order, health, or morals or the fundamental rights and freedoms of others.' The Commission on Human Rights (CHR) clarifies that such restrictions must not vitiate the right to freedom of belief (CHR, Resolution 54, 2003, Para. 5). The International Humanist and Ethical Union (IHEU), in its correspondence to the HRC (2013, p. 2-3), notes that the freedom of belief is not compelling to override the rights of the child, and that genital cutting violates '…the child's health and its bodily integrity, and… is not the subject of protection of Article 18 but rather is legitimately to be restricted by the limitations of 18(3).'

Children possess rights independent of their parents, including the right to freedom of belief, which the CRC (Article 14) guarantees (Svoboda, 1997, p. 207).

Children are incapable of professing religious ideologys because they are unable to comprehend their value systems, dogma and practises (Jenkins, 2012). Dawkins (2008, p. 524) notes:

> Our society… has accepted the preposterous idea that it is normal and right to indoctrinate tiny children in the religion of their parents, and to slap religious labels on them – 'Catholic child'… 'Jewish child', 'Muslim child'… – although no other comparable labels: no conservative children, no liberal children…. A child is not a Christian child… but a child of Christian parents… A child who is told she is a 'child of Muslim parents' will immediately realise that religion is something for her to choose – or reject – when she becomes old enough to do so' (Dawkins, 2008, p. 524).

No infant or child is able to consent to religious rituals based on his or her own religion (Svoboda, 1997, p. 207). Baptismal rituals, which are symbolic professions of faith, differ from genital cutting, which incur physical damage and result in irreversible and harmful alterations to the child's body. Religious excision is based on the ideology of the parents as opposed to the ideology of the child, whose genitals will be permanently disfigured by the ritual acquiescent to the parent's dogmatic convictions. Whilst parents (and children) have an unlimited right to freedom of belief, the manifestation of this belief is not unconditional, and religious practises which violate the human rights of others, must not be left unquestioned. As Svoboda (1997, p. 207) notes: 'a traumatic disfigurement of a

nonconsenting baby's sexual organs should qualify as such a violation under this exception. Therefore, human rights principles forbid the mutilation.'

The VDPA (Article 22) and PT (Article 11) reaffirm the right to freedom of belief and condemn anti-religious prejudice. The *Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief* (Article 3) calls upon the international community to condemn anti-religious discrimination. Advocacy to protect children from genital cutting is not, however, rooted in anti-religious discrimination, which seeks to protect children from all forms of involuntary and medically unnecessary interventions. People may be reluctant to criticise or condemn genital cutting, fearing the charge of 'anti-Semitism,' despite the fact that Jewish rituals constitute only 2-3.3% of the circumcisions in the US (See: Young, 2009, p. 241; Van Howe, 1997, p. 114; Goodman, 1997, p. 177; Goldman, 2004, p. 183-5; Abu-Sahlieh, 1999, p. 140; Fletcher, 1999, p. 259; Garber, 2013, p. 85-6). For instance, an American medical body noted: 'any attempt by any public agency to discourage non-medical circumcision could be misinterpreted as an attack on those religious groups which practise it'; and 'it is not proper for our government to adopt a policy that is directly or indirectly critical of a religious practise' ('Department of Health' cited in Van Howe, 1997, p. 114). Religious apology is a virulent obstacle to human rights, and the charge of anti-Semitism paralyses discourses which question male genital cutting (Abu-Sahlieh, 1997, p. 55; Somerville, 1999, p. 414). Activists should recognise that opposition to genital cutting has been historically engrained in anti-Semitic rhetoric (Pollack, 1997, p. 171). However, genital autonomy scholarship is not 'anti-Semitic' as it is also not 'Islamophobic,' or 'anti-Aborigine,' because the scholarship advocates universal human

rights for everyone – not just those who are not Jewish, Muslim or Aborigine. The CHR encourages, 'through education and other means, understanding, tolerance and respect in all matters relating to freedom of religion or belief' (CHR, Resolution 54, 2003, Para. 4(g)). Inter-faith and inter-activist initiatives should be established to discuss the paradigms of male genital cutting, which must include religious scholars knowledgeable about bioethics, human rights, and alternatives to religious excision.

The CRC (Article 19) requires that States take all necessary action to protect the child from all forms of violence, abuse, and exploitation, including legislative, administrative, social and educational measures.' The majority of parents very likely elect for genital cutting out of the best of intentions. Regardless of these intentions, the parents who choose circumcision for their children are nevertheless perpetuators of violence. Whilst parents have no deliberate desire to harm, parental acquiescence to genital cutting prohibits optimal care for the child, and results in impairment of child development. Although perhaps not 'child neglect' *de jure*, genital cutting is a socially conditioned behaviour, which does in fact result in harm, and may resemble neglect (Van Bueren, 1995, p. 88). Parents justify religious genital cutting based on their own religion, which may or may not be the religion to which the child wishes to ascribe upon fully comprehending the nature of the faith. Parents have a right to teach and guide their children within their own faith and a right to 'pass their religion to their children' (Gurfinkiel, 2012, p 3). This right, however, does not permit violating the rights of the child in the form of permanently excising healthy tissue from their bodies (CHR, Resolution 54, 2003, Para. 8). Parents must resist religious temptations to circumcise, so that they may become agents of change as opposed to perpetuators of violence.

Regional Mechanisms and The Right to Freedom of Belief

Regional mechanisms also secure the right to freedom of belief. Within the American states, the ACHR (Articles 12 and 13) secures the right to freedom of conscience and religion, and the right to freedom of thought and expression. The ACHR (Article 12(3)) also recognises the authority of the State to restrict the manifestation of belief in order to protect the rights or freedoms of others (Rehman, 2010, p. 284). The ADRDM (Article 3) secures the right to religious freedom and worship. Article 13 secures the right to cultural participation, which might include participation in a religious community.

Within the European states, the CFREU (Article 22) mandates respect for religious diversity, and recognises the right to freedom of belief (Article 10). The ECHR (Article 9) secures the right to freedom of belief, and limits its manifestation to protect the fundamental freedoms of others. States 'must ensure the free exercise of religious beliefs… subject to the restrictions permitted… and combat religiously motivated intolerance, discrimination and violence' (CDDH, 2013, p. 11). The DPPRE (Article 1(5)) requires that medical bodies respect the cultural and religious values of their patients, who are the recipients of proposed interventions. In the case of genital cutting, children are the patients, not the parents. Healthcare professionals must make every attempt to balance the wishes of the parents whilst remaining compliant with medical ethics and respecting the rights of the child.

The Cologne (*Köhn*, See: Chapter 3) court ruling in favour of rights to bodily integrity for boys held that 'medical ethics requires that the child must in such cases be allowed to make his own decision upon reaching an appropriate age' (Svoboda and Van

Howe, 2013, p. 5). This, however, created an expected controversy within religious communities, prompting legislation to provide religious exemption (Geisheker, 2013, p. 19; Shweder, 2013, p. 3; Goldman et al., 2013). The Cologne ruling raises broader questions about liberal autonomy, the limits to religious freedom, and the rights of the child (Levey, 2013). However, the subsequent controversy initiated an inter-faith, transnational and trans-scholar dialogue about the paradigms of medically unnecessary genital cutting.

The CDDH notes the need for inter-faith dialogue, and has also recognised that religious genital cutting raises 'concerns of physical integrity;' however, the Committee has not established sufficient inter-faith dialogue or discussion about the bioethics and human rights of genital cutting of children as of yet (CDDH, 2013, p. 7). The Committee also notes that freedom of belief is 'a universal and inalienable right,' which is necessary to respect 'everyone's rights and beliefs' (CDDH, 2013, p. 10). States should 'take into consideration the meaning of the practise… and… look for a solution which would be able to save the religious good at stake' (Heimbach-Steins, 2013, p. 13). This should include addressing religious principles and the available alternatives to religious excision including scriptural interpretations that incite spiritual holiness instead of genital cutting (See: Chapter 2). States cannot protect human rights and ensure respect and tolerance by assuaging religious dogma for the sake of assuaging religious dogma. The right to freedom of belief cannot be appropriated and protected for some – the right to freedom of belief must be protected for all, including the children who have to endure the effects of a religious ritual which may or may not be a ritual of their own. Whilst prejudicial and discriminatory criticisms are unconscionable, religious ideology must not be viewed

above reproach (Earp, 2013b). All practises prejudicial to human rights and fundamental freedoms must be adjudicated against international norms.

Within African States, the ACHPR (Article 8) secures the right to profess and freely practise religion. The ACRWC (Article 9) notes that 'any custom, tradition, cultural or religious practise' inconsistent with rights set forth in the Charter may be 'discouraged' (Article 1(3)). The African Commission notes that '…[limitations] on the right to practise religion… must be based on exceptionally good reasons,' and such restrictions 'should be negligible' (ACHPR, [Activity Report] 2009, Para. 172). Non-therapeutic genital cutting is inconsistent with the rights in the African Charter, and States must become instrumental in establishing initiatives to educate communities to reduce the practise. Parents should be able to freely manifest their faith in ways that do not harm their children, and prohibiting genital cutting is necessary to respect the rights of the child.

The CDHRI of Arab and Islamic jurisdictions does not stipulate a right to freedom of belief, but mandates a right to 'live in security for himself, his religion, his dependents, his honour and his property' (Article 18), and prohibits renunciation of faith by means of manipulation or force (Article 10). The RACHR (Articles 30, 25) stipulates the right to freedom of belief, and the right to religious participation. The manifestation of this right, however, may be restricted to preserve the rights and freedoms of others (Article 30(2)). The CRCI (Articles 2(4) and 5) does not secure the child's right to freedom of religion, and acknowledges religion vis-à-vis protection from discrimination. This may indicate a more challenging obstacle to human rights within Arab and Islamic regions. These provisions are drafted in complete sycophancy to Allah and Shari'a

principles, suggesting that there might not be a freedom of belief for it is assumed that everyone obliges to Islamic principles within these jurisdictions. Initiatives to overcome obstacles to human rights, then, might need to conform to Islamic principles in some way in order to be successful. States should draw upon genital autonomy scholars who study Islamic human rights in order to enforce the rights of the child.

Activist declarations are generally weak on the recognition of the right to freedom of belief (See: AMR; UCEI; DGI, Para. 1; UDCEI, Para. 10). However, the HDGRA (Para. 1, 4) stipulates the universal right to genital autonomy, and notes that the manifestation of the right to freedom of belief is not unlimited, and parental religious beliefs are not compelling to override the rights of the child. This declaration is the most useful for genital autonomy scholarship and to the human rights regime. Its recognition of impeding rights enables compliance with international norms, which protect an unlimited right to freedom of belief, but limits its manifestation to protect the fundamental freedoms of others. Immediate prohibition of religious excision, whilst attempting to enforce human rights, would very likely prove ineffective and counterproductive (Earp, 2013a, p. 2; Fateh-Moghadam, 2012). Although such prohibitions may be tempting, sociocultural and medical paradigms must continue to shift in order to establish and maintain effective human rights compliance (Garber 2013, p. 85). Every effort should be made to protect the right to freedom of belief, including the right of the child to freely choose a faith (Uhlig, 2012).

Medical

The medicalisation of genital cutting remains a robust obstacle to human rights, which has resulted in misconceptions about male anatomy, genital function, hygiene,

disease, and the denial of pain experienced by the infant (See: Chapter 2, Milos and Macris, 1992). The denial of pain during infant circumcision serves a particularly important role in the perpetuation of male genital cutting. It is commonly purported that circumcision is minimally, if at all, painful (Anders et. al., 1970; Anders and Chalemian, 1974; Cope, 1998; Emde et. al., 1971; Tennes and Carter, 1973). However, male genital cutting is very painful and causes greater pain intensity in infants than in adults (Lander et. al, 1997; Sara and Lowry, 1985; Berens and Pontus, 1990; Snellman and Stang, 1995; Taddio et. al., 1997, 1995; Anand and Hickey, 1987). Anaesthetics are not fully effective, and some are contraindicated for use shortly after birth (Lander et al., 1997; Fontaine et al., 1994; Benini et al., 1993). Some infants may withdraw into neurogenic shock due to the sudden massive state of pain, seemingly resembling 'sleeping' through circumcision (Milos and Macris, 1992; Anand & Hickey, 1987; Denniston, 2006).

Physicians provide insufficient resources to parents about the functions of the foreskin and the complications and harms of genital cutting (Fletcher, 1999, Section 3; Zoossmann-Diskin and Blustein, 1999; Warren, 1997; Denniston, 1997). This may be the result of physicians' ignorance of normal genital anatomy, and the absence of this knowledge within medical literature (Harryman, 2004; Scott, 1999; Hodges, 1999b, Section 4.2, 6; Fletcher, 1999, p. 260; Llewellyn, 1999, p. 477; Warren, 1997, p. 86). States must investigate and assess the level of care that medical bodies provide to its patients, including the literature disseminated to parents and the adequacy of parental 'informed' consent (Geisheker, 2008, p. 211; Longley, 2009; Sardi Ross, 2009).

Medical bodies remain zealously partial to the advocacy of circumcision, and tend to overlook bioethics, human rights, and literature which outlines the functions of the

foreskin and complications of circumcision (See: Denniston, 1999, p. 234; 2004, p. 50; 2006, p. 192; Reiss, 2004, p. 200; Fletcher, 1999, Section 4; Sorrells, 1999; Van Howe, 2013; 1999c; 1997b, p. 113-4; Fleiss, 1999; Whitfield, 1999; Chapin, 2009; Frisch, et al., 2013). States must investigate and condemn diagnoses of 'pathologic indications' for circumcision, including fraudulent misdiagnoses and hasty indications which can be treated conservatively (Geisheker, 2006). States must condemn the prevalence of forcible foreskin retractions, which are traumatic and avoidable (Geisheker, 2006; Geisheker and Travis, 2008). States must also investigate and condemn financial billing abuses, including fraudulent diagnostic codes, which allow physicians to perform circumcision for 'congenital phimosis' and 'redundant prepuce' – rubbish pathologisations of normal male anatomy (Craig and Bollinger, 2006; Craig et al., 2001; Geisheker, 2006, p. 208; 'Disorders of Prepuce,' 2013).

Socio-Cultural

The compulsion to stratify human rights and the types of genital cutting is a robust obstacle to human rights enforcement. The international community identifies four types of female genital cutting (which compress a diverse range of practises), but acknowledges only one form of male genital cutting (excision), even though several types are clearly documented (See: Chapter 2; WHO, 2007a, 2013). Common taxonomy stratifies genital cutting based on sex to claim that cutting of the female is 'worse' than cutting of the male (WHO, 2007a). This typology, however, represents a variety of cutting practises.

The international community categorises *all* types of female genital cutting as 'genital mutilation' (WHO, 2008). If 'mutilation' is defined by the impairment of

function, then incising, scraping, pricking, and/or piercing the female genitalia (Type IV female genital cutting) would not constitute 'mutilation' and might be exempt from the 'genital mutilation' classification. The AAP recently purported that 'minor' forms of female genital cutting are 'permissible', most specifically, nicking the clitoris (Van Howe, 2011). The attempt to medicalise female genital cutting to appease cultural and religious justifications was incredulously and stridently opposed, and very quickly, rescinded (Van Howe, 2011). According to Davies (2001, p. 487):

> When… the normative status of [male genital cutting]… in the West [is questioned], and when one thinks of female alteration as including… [an] administered "nick," one begins to see that these two practices, dramatically separated in the public imagination, actually have significant areas of overlap (Davies, 2001, p. 487).

The human rights regime, however, takes a universalist position against female genital cutting, indicating that all forms of female genital cutting constitute mutilation, and are harmful traditional practises, prejudicial to the health and wellbeing of women and girls (CEDAW, General Recommendation 14, 1990). Male genital cutting is also a harmful traditional practise, which affects the health and wellbeing of men and boys; however, the regime has failed to recognise this (See: Chapter 3; Svoboda, 1999).

The perceived differences in harm between female and male genital cutting are 'often claimed to excuse human rights interpretations that only bar female genital mutilation and do not explicitly protect the male's right to genital integrity' (Svoboda,

1999, p. 456). This is based on false comparisons of the most severe form of female genital cutting (infibulation) to male excision, which do not take into account differences in local contexts, including conditions under which the cutting takes place and the training of the operators (Svoboda, 1999, p. 456). Whilst female genital cutting causes a variety of serious health complications (WHO, 2007a, p. 27), male genital cutting also causes short- and long-term health complications, which are well documented (See: Chapter 2). Male and female genital cutting 'carried out under similar conditions have similar rates of long-term and shot-term complication,' and the true distinction between these two practises 'appears likely to be one of degree rather than kind' (Svoboda, 1999, p. 456). This can be illustrated by disrupting sex taxonomy, to reorganise the practises based on *estimated* severity (Table 4.1). In doing so, the inefficiency of stratifying based on sex becomes clear, as not all forms of female genital cutting are 'worse' than all forms of male genital cutting.

Table 4.1 – Male and Female Genital Cutting: Estimated Severity Spectrum[16]

MGC	Castration
FGC	Infibulation and Clitoridectomy
MGC	Testicular Extirpation and Excision
MGC	Testicular Extirpation
FGC	Infibulation
FGC	Complete Clitoridectomy and Excision of Labia Minora and Majora
FGC	Partial Clitoridectomy and Excision of Labia Minora and Majora
MGC	Skin Stripping (Flaying)
FGC	Complete Clitoridectomy and Excision of Labia Minora
FGC	Complete Clitoridectomy
FGC	Partial Clitoridectomy and Excision of Labia Minora
FGC	Cauterisation
FGC	Partial Clitoridectomy
MGC	Excision
MGC	Subincision
MGC	Incision of Tapered Prepuce and Superincision
FGC	Excision of Prepuce
MGC	Incision of Tapered Prepuce
MGC	Infibulation
MGC/FGC	Incising
MGC/FGC	Scraping
MGC/FGC	Pricking
MGC/FGC	Piercing

According to WHO (2007b, p. 27), there are no known health benefits to female genital cutting, or 'research evidence to suggest that such procedures could reduce the risk of HIV transmission.' However, Stallings and Karugendo (2005) presented at the 3rd International AIDS Conference findings from a Tanzanian study, which suggested that female circumcision might provide a protective effect against HIV. Kanki et al. (1992) noted a decreased prevalence rate of HIV-2 infection among women who had undergone female genital cutting. Nazaar El-Duqr (2007) notes that female genital cutting prevents

[16] Adapted from Peaceful Parenting (2011).

preputial infections and painful clitoral erections. El-Banaat Khaled (2003) notes that female genital cutting improves genital hygiene. Mohammed Ali (2003) suggests various physical and sexual benefits, including reduced UTIs, improved genital hygiene and pheromones, and better orgasms. Catania et al. (2007) reported that, contrary to popular belief, female genital cutting does not fully reduce women's sensitivity and ability to orgasm.

Medical arguments are not compelling to undermine human rights. Milos and Macris (1992, p. 94S) note: 'if it could be unequivocally proven that women' could gain medical and sexual benefits 'as a result of performing neonatal labiectomy, would… medical … communities approve routine, unanaesthetised neonatal labial amputation as a prophylactic measure?' The international community should act immediately to condemn medical rationalisations of unnecessary and harmful interventions in healthy children.

Reducing entitlements to human rights based on perceptions of harm is unconscionable, and undermines human rights and their universality. This creates a hierarchy of human experience and rights, which suggests some human beings are worthy and entitled to the enjoyment of their rights and to live a life of dignity, but not others. Sex-segregated taxonomies, which claim harm differences based on sex and not practise, imply that males are unworthy to enjoy the human rights that females are worthy to enjoy. From a human rights perspective, the most important 'similarity between male and female [genital cutting] is that both are perpetuated by force on the generally unanaesthetised, helpless bodies of unconsenting infants and children' (Lightfoot-Klein, 1997, p. 131). Every child has a 'right to protection from all forms of violence without discrimination of any kind,' irrespective of sex (CmtRC, 2011, [GC 13], Para. 60). All

children possess this right and must be protected equally from any harm, including those at risk of 'less severe' forms of genital cutting. 'The focus must be placed on the children who are forced to suffer without consent' (Smith, 1998, p. 473). This requires maintaining compliance with international standards, which state that human rights are 'universal, indivisible and interdependent and interrelated' (VDPA, Article 5).

Discussions of male genital cutting vis-à-vis female genital cutting are usually fraught with specious inaccuracies about genital function, and trivialisations of complications and harm (Steinem, & Morgan, 1995; Nussbaum, 1999; Bashir, 1996; Seelinger and Reyes, 2013). According to Assaad (cited in Smith, 1998, p. 496), 'no parts of the male sex organs are being mutilated,' during circumcision; 'only the foreskin – the outer cover of the male sex organs – is being removed, without touching the male sex organ itself.' According to French (1992, p. 106):

> Male circumcision does no good but usually does no harm. On rare occasions, the surgeon's hand slips and cuts a baby's penis or a baby dies from the operation... However, circumcision does not deform a male's genital organs or impede sexual pleasure or any penile function (French, 1992, p. 106).

These seemingly common statements indicate colossal ignorance of genital function, and the effects and complications of male genital cutting. They invalidate and dehumanise men and boys in a methodological attempt to advocate only for the human rights of women and girls.

Gender Paradigms and Confinement to Ideology

Female genital cutting operates within deeply embedded sociocultural frameworks, which confine women to various roles (WHO, 2007b, p. 27). This is also true of male genital cutting. According to Thomson (1998, p. 35-36), 'gender is an important component of the subjective construction of harm…. [and] is crucially implicated in [the] failure to publically recognise the pain and risks experienced by male neonates.' Female genital cutting is said to reduce sexual desire and functioning, which 'many women value highly' (WHO 2007b, p. 27). Whilst this is true, it is also true that many men lament over the irreversible modifications of their bodies, which has resulted in a loss of a genital function, they too value highly (Hammond, 1997). However, this recognition is met with great cultural resistance. Acknowledging the harm of male genital cutting requires acknowledging that the practise victimises men, which subsequently challenges dominant conceptions of gender and masculinity, and disrupts the narrative that women are victims whilst men are perpetuators of violence.

For many, genital cutting marks ideology in the flesh, which 'involves signs separating an "us" from a "them" entangled in various discourses of identity and distancing' (Boon, 1994, p. 556). This is particularly true with religious and cultural rituals, but medicalised genital cutting also participates in demarcation (Bouhdiba, 2000, p. 20; Tractenberg, 2010, 110-1). '…Circumcision is understood as sexing the infant body in two related ways. The first [is] the removal of feminised tissue. The second concerns the relationship between pain, risk, and the process of defining the male body and masculinity' (Thomson, 1998, p. 34). Genital cutting amputates the tissue 'that both disrupts the aesthetic of the phallic body and disrupts an ideal of permeability' (Thomson,

1998, p. 34). Genital cutting 'transforms the male body into a kind of body that it may consider masculine'; and whilst the ritual is itself momentary, 'the cultural discourse that makes it seem masculine, erotic, or beautiful operates over a long period of time' (Reeser, 2010, p. 95). This embodies penile beautification and constructs female desirability to reinforce the cultural discourse that circumcision makes the penis beautiful, and that women prefer the penis in this condition (Fink et. al, 2002; Williamson & Williamson, 1988; Richters, 2006; Young, 2006; Darby, 2005; Fox & Thomson, 2009). Genital cutting, then, enables the genesis of masculine performance (Butler, 1990). Resisting male genital cutting would require redefining the boundaries of the male body, by destigmatising the foreskin as both feminine and pathological, and by reconstructing masculine aesthetic and identity.

Whether as a mark of defilement, religious or cultural identification, or hegemonic masculinity, genital cutting symbolises subjugation of person (Dunsmuir and Gordon, 1999; Abu-Sahlieh, 2012, p. 16). It transforms the body into an identifiable being, distinguishable from other beings (Abu-Sahlieh, 2012, p. 348). Children are permanently confined to the unfortunate ideologies of their parents who, in the name of religion or culture, carve their values into their flesh. They 'can never rid themselves of the mark,' which they may never have desired (Abu-Sahlieh, 2012, p. 531). 'All societies have found the arguments that best fit their local cultural traditions and environments' to maintain genital cutting – the foundation of which is the permanent confinement to ideology (Hellsten, 2004, p. 253).

It is imperative that those participating in the discourses surrounding male genital cutting adopt a social justice framework to resist dominant discourses including

medicalisation, which propagate violations of human rights (Fox and Thomson, 2012a,b; Wisdom, 2012). Shulman (1972, p. 388) notes: 'it is the quality of our response… and our capacity to enter into the lives of others that help us to make their lives and experiences our own.' Many men are dismayed by their circumcised status – their voices and experiences must be heard and validated in order to resist human rights violations (Wisdom, 2013; Griffiths, 1999; 'Global Survey,' 2013). This requires a deconstruction of medicalisation and resistance to the illusion of 'parental choice' to become a child's advocate and defender of human rights. As previously indicated in chapter 3, 'parents do not posses rights over their children, but rather have duties towards them, which give them certain defined powers to discharge those duties' (Price, 1999, p. 443). Parents rationalise circumcision as a 'personal choice' in order to maintain 'cleanliness' and to prevent infections – as opposed to fulfilling their duty to teach their child how to wash himself. Most of these parents do not elect for unfounded interventions on any other part of the body to maintain cleanliness, and instead they teach their child how to care for his body in commonplace ways. Parents' proxy consent powers are legally invalid for medically unnecessary procedures, and cannot override the child's rights to bodily integrity and freedom of belief.

A social justice framework must include sensitivity to local, sociocultural and religious contexts. Genital cutting 'dovetails with deeply embedded associations between the endurance of pain or distress and proving or defining masculinity' (Thomson, 2008, p. 36). Rites of pain endurance and initiation serve to transform boys into men through masculinisation (Kiwuuwa and Masaba, 2013; SAPA, 2013). Embodiment of masculinity and adulthood brings improved social status, and loss of this privilege may lead to social

ostracisation, which can potentially have detrimental effects on the quality of men's lives (Okoloko and Majivolo, 2013; Fihlani, 2002). Educative initiatives must be employed, as opposed to swift methods to eradication to enforce human rights, which are likely to prove injurious, and may very well complicate the already complicated human rights violation of forced genital cutting.

Conclusion

Chapter 4 has examined the appropriate programme of action to combat and eradicate male genital cutting, and has identified an ensemble of mechanisms available to enforce international standards. International and regional bodies must begin to investigate, criticise, and condemn male genital cutting within their appropriate jurisdictions. NGOs should utilise the mechanisms available to them to improve their participation within the human rights regime in order to protect and enforce human rights. The right to freedom of belief is a universal human right, which must be protected for both parents and children, but also serves as an obstacle to human rights and, specifically, the rights of the child. Various medical and sociocultural obstacles are in place, including gender and ideological paradigms, which prohibit adequate enforcement of human rights standards. Socio-legal and medical bodies as well as the international community should act swiftly to criticise and condemn male genital cutting to respect, promote, and defend universal human rights, in compliance with international provisions.

CHAPTER V

CONCLUSION

The international community has investigated and condemned female genital cutting as a violation of human rights, but has produced very little analysis of male genital cutting from the same perspective. This dissertation has shifted the investigative scope to examine male genital cutting from a human rights perspective.

Male genital cutting has been practised since antiquity and carries significant sociocultural and religious importance throughout various regions of the world. Only recently has the sacrosanct ritual become medicalised, which arguably plays an important role in public health. The medical literature, however, has identified an alarming trend of pathologising intact genitals and has indicated that medical 'benefits' are spurious, which are not compelling to undermine human rights concerns.

International standards stipulate clear provisions on patient consent and the limits to parental proxy consent; they also mandate rights to self-determination, health, bodily integrity, and equality. Male genital cutting violates international norms by undermining the rights of the child and the universality of human rights. An ensemble of mechanisms is in place within the human rights regime, which may be utilised to enforce international standards. However, robust obstacles to human rights delay their implementation, which include various sociocultural, medical, and religious paradigms. The right to freedom of belief is a universal human right, which must be protected for everyone, and parental religious freedoms are not compelling to override the rights of the child and undermine universal human rights.

International and regional bodies as well as Member States must act swiftly to investigate and condemn the practise of male genital cutting within their jurisdictions. NGOs should improve their visibility and participation within the human rights regime to help enforce internationals standards. The international community should call upon monitoring bodies and Rapporteurs to begin researching the practise of male genital cutting throughout Member States, and develop programmes of action in order to begin eradication. Actors in the human rights regime, and participants in the discourses surrounding male genital cutting, must adopt a social justice framework to resist the dominant discourses, which perpetuate violations of human rights. The disruption of the normalisation of male genital cutting, in addition to the development of a transnational programme of action, will facilitate the necessary catalyst to reduce and eradicate the human rights violations which arise from genital cutting.

APPENDIX

APPENDIX I:

SOURCES FOR 'TABLE 2.1 – PREVALENCE OF MALE GENITAL CUTTING'

Americas	Abu-Sahlieh, 2012, p. 22-3; CDC, 2011; Task Force on Circumcision, 2010; 'US Circumcision Incidence,' 2012; 'Canada Circumcision Statistics,' 2008; Wirth, 1980; Waldeck, 2003, p. 23; Leitch, 1970; Outerbridge, 1996; WHO, 2007a,b; Drain et al., 2006; Castellsagué et al., 2002; Lajous and Mueller, 2006
Europe	Frisch, et al., 2011; Viviani, et al., 2010; Hofvander, 2001; WHO, 2007a,b; Rickwood et al., 2000; 'UK: Incidence of Male Circumcision,' 2006; Leitch, 1970; The Case against Circumcision, 1979; Warren, 1997, p. 86
Africa	Drain et al., 2006; Kottak, 1982, p. 304-5; Bloch, 1986; WHO, 2007a,b
Asia	Özdemir, 1997; WHO, 2007a; Lee, 2005; Hull and Budiharsana, 2001; Drain et al., 2006; Schmitz et al., 2001; Violante and Potts, 2004; Mastro et al., 1994
Oceania	Richters et al, 2006; Wirth, 1986; Leitch, 1970; Afsari et al., 2002; Darby, 2011; Circumcision and

Non-Circumcision in Australia,' 2012; Royal Australasian College of Physicians, 2010, p. 5

APPENDIX II:

SOURCES FOR 'TABLE 2.2 – INDICATIONS FOR GENITAL CUTTING, NINETEENTH CENTURY'

Alcoholism	Remondino in Miller, 2002, p. 527 and Whitfield, 1999, p. 406
Asthma	Remondino, 1891, p. 291
Blindness	Gentry, 1890
Chorea	Heckford, 1865; Fisher, 1895
Clubfoot	Sayre, 1875
Constipation	Hofheimer, 1893
Convulsions	Rickets, 1888; Fisher, 1895
Curvature of the Spine	Sayre, 1875
Deafness	Gentry, 1890
Dumbness	Gentry, 1890
Eczema	Rickets, 1888
Enuresis (Bed Wetting)	Remondino, 1891, p. 275
Epilepsy	Heckford, 1865; Sayre et al., 1870; Heckford, 1865
Eye Problems	Landesberg, 1881; Eggleston, 1886
Forgetfulness	Remondino in Darby, 2003a
Gangrene	Remondino, 1891, p. 236
Gout	Remondino, 1891, p. 291
Headache	Remondino, 1891, p. 271-2
Hernia	Sayre, 1870

Homosexuality	Dunsmuir and Gordon, 1999, 'Mid-19th to Early 20th Century'; Wallerstein, 1980, p. 19, 33, 222
Hysteria	Jacobi, 1876
Idiocy	Remondino, 1891, p. 265, 69
Incontinence	Bell, 1873; Rosenberry, 1894; Hofheimer, 1893
Indigestion	Gollaher, 1994, note 50
Insanity	Beard, 1882
Irritability	Remondino, 1891, p. 269; Fisher, 1895
Joint problems	Sayre, 1875
Kidney disease	Remondino in Whitfield, 1999, p. 406
Malnutrition	Jacobi, 1876
Masturbation	Dixon, 1845; Kellogg, 1888; Moses, 1871; Landesberg, 1881; Hutchinson, 1890, 1891; Spratling, 1895
Mental Retardation	Rickets, 1888
Neurasthenia (Chronic Fatigue)	Beard, 1882
Neuralgia	Kane, 1879
Nocturnal Emissions	Lallemand, 1836, 39, 42; Kane, 1879
Paralysis	Sayre, 1870, 1875; Jacobi, 1876; Fisher, 1895
Phimosis	Dixon, 1845; Dunsmuir and Gordon, 1999, 'Mid-19th to early 20th century'; Gollaher, 1994; Darby, 2003b, p. 58-60; 2005, p. 4; Hodges, 1999a
Polio	Darby, 2001, p. 155

Promiscuity	Hutchinson, 1890
Rheumatism	Remondino, 1891, p. 291
Syphilis	Hutchinson, 1855, 1890; Darby, 2003b

APPENDIX III:

SOURCES FOR 'TABLE 2.3 – INDICATIONS FOR GENITAL CUTTING, TWENTIETH CENTURY'

Bacterial Vaginosis	Cherpes et al., 2008; Fethers et al., 2008; Gray et al., 2009; Tobian et al., 2010
Balanitis	Herzog & Alvarez, 1986; Fergusson et al., 1988; Fakjian et al., 1990
Balanoposthitis	Fakjian et al., 1990; Mallon et al., 2000
Balanitis Xerotica Obliterans	Kiss et al., 2005; Yardley et al., 2007; Sandler et al., 2008; Gargollo et al., 2005
Bladder Cancer	Ravich, 1971
Breast Cancer in Women	Morris, 2013
Cancer of the Tongue	Hand, 1949
Chastity	Cockshut, 1935
Chlamydia in Women	Castellsagué et al., 2005
Crying in Infants	Chamberlain, 2009, p. 7
Desensitisation	Hutchinson, 1900; Mark 1901; Cockshut, 1935; Guttmacher, 1941
Dropsy	Chamberlain, 2009, p. 7
Epistaxis	Campbell, 1970
Female Cervical Cancer	Ravich, 1951; Wynder et al., 1954; Agarwal et al., 1993; Hodges, 1997, p. 29; Svare et al., 2002; Castellsagué et al., 2002;

	Schoen, 2007, 2005a, p. 55-61; Drain et al., 2006
Group B Streptococcal Disease	Fink, 1988
HIV/AIDS	Fink, 1986; Hodges, 1997, p. 43-5; Cameron et al., 1989; Schoen, 2003, 2008, 2005a, p. 36-43; Bailey, 2007; Morris et al., 2009; Nagelkerke et al., 2007; Wawer at al., 2009; Gebremedhin, 2010
Herpes Simplex Type 2	Cherpes et al., 2003
Human Papillomavirus	Svare et al., 2002; Castellsagué et al., 2002; Schoen, 2008; Tobian et al., 2011
Hydrocephalus	Chamberlain, 2009, p. 7
Infant Kidney Infection	Schoen, 2005a, p. 24-30
Malnutrition	Campbell, 1970
Moral Hygiene	Hutchinson, 1900; Hodges, 1997
Nervousness	Fishbein, 1969
Night terrors	Campbell, 1970
Penile Cancer	Wolbarst, 1926, 1932; Ravich, 1951; Chamberlain, 2009, p. 7; Schoen, 2005a, p. 50-4; Schoen et al., 2006; Micali et al., 2006
Phimosis	Hodges, 1999b; Schoen, 2005a, p. 32; Letendre et al., 2009; Fussell et al., 1988
Posthitis	Fakjian et al., 1990; Köhn et al., 1999
Prostate Cancer	Ravich, 1942, 1951; Wright et al., 2012;

	Abomelha, 2004
Rectal Cancer	Ravich, 1971
Rectal Prolapse	Campbell, 1970; Chamberlain, 2009, p. 7
‘Sand Balanitis’	Fink, 1991; Gardner, 1991
Sexually Transmitted Infections	Hand, 1949; Schoen, 2005a, p. 44-9; Morris and Castellsagué, 2010; Tobian et al., 2010; Golden and Wasserheit, 2009
Trichomonas	Gray et al., 2009
Tuberculosis	Wolbarst, 1914
Urinary Tract Infection	Hodges, 1997, p. 33-4; Wiswell et al., 1985; Kinkade and Meadows, 2005; Morris et al., 2009; Morris and Cox, 2010; Schoen, 2008, 2005b; Orrette, 2001

REFERENCES

ACTIVIST DECLARATIONS

Declaration of Genital Integrity, Adopted by the General Assembly, First International Symposium on Circumcision, Anaheim, California, 3 March 1989, Retrieved from http://www.icgi.org/information/declaration/

Ecumenics International. (1995). 'Ad Hoc Working Group Of International Experts On Violations Of Genital Mutilation,' In CIN [Circumcision Information Network] CompuBulletin 1995, Retrieved from http://www.cirp.org/news/cin/1995.07.10/

Helsinki Declaration of the Right to Genital Autonomy, Adopted, 3 October 2012 at the 12th International Symposium on Law, Genital Autonomy and Children's Rights, Retrieved from: http://www.doctorsopposingcircumcision.org/pdf/2012-10-03_HelsinkiDeclaration.pdf

Universal Covenant of Ecumenics International on the Abolishment of Female and Male Genital Mutilation, Painfully Commemorating Billions of Victims, and Honoring All Martyrs of Human Rights, Justice, Peace, and the Integrity of the Ecuméne, 10 December 1993, Retrieved from http://www.sexuallymutilatedchild.org/ecumenic.htm

Universal Declaration on Circumcision, Excision, and Incision, Adopted by the General Assembly, The First International Symposium on Circumcision**,** March 1-3, 1989, Anaheim, California, Retrieved from http://www.montagunocircpetition.org/univ_declaration.pg

BOOKS

Abou-Samra, S. (2011). 'Family Life,' In *Modern Muslim Societies*, ed. Felicity Crowe, Jolyon Goddard, Ben Hollingum, Sally MacEachern, and Henry Russell, (New York: Marshall Canvedish Cooperation), 8-35.

Abu-Sahlieh, S.A.A. (1997), 'Jehovah, His Cousin Allah, and Sexual Mutilations,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 41-62.

Abu-Sahlieh, S.A.A. (1999). 'Muslims' Genitalia in the Hands of the Clergy: Religious Arguments about Male and Female Circumcision,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 131-171.

Abu-Sahlieh, S.A.A. (2006). 'Male and Female Circumcision: The Myth of the Difference,' In *Female Circumcision: Multicultural Perspectives*, ed. Rogaia Mustafa Abusharaf, (Philadelphia: University of Pennsylvania Press), 47-72.

Abu-Sahlieh, S.A.A. (2012). *Male and Female Circumcision: Religious, Medical, Social and Legal Debate*. (2 ed., pp. 1-647). St-Sulpice, Switzerland: Centre of Arab and Islamic Law. DOI: www.sami-aldeeb.com

Abusharaf, R.M. (2006). 'Introduction: The Custom in Question,' In *Female Circumcision: Multicultural Perspectives*, ed. Rogaia Mustafa Abusharaf, (Philadelphia: University of Pennsylvania Press), 1-24.

Adams, G., and Adams, K. (2012). 'Circumcision in the Early Christian Church: The Controversy That Shaped a Continent,' In *Surgical Guide to Circumcision*, ed. David A. Bolnick, Martin Koyle, Assaf Yosha, (London: Springer-Verlag), 291-298.

Ahdar, R., and Leigh, I. (2013). *Religious Freedom in the Liberal State*, 3rd ed., (Oxford: Oxford University Press).

Atkinson, J.M. (1990). 'How Gender Makes a Difference in Wana Society,' In *Power and Difference: Gender in Island Southeast Asia*, ed. Jane Monnig Atkinson and Shelly Errington, (Stanford: Stanford University Press), 59-94.

Atkinson, M. (1941). *Behind the Mask of Medicine*, (New York: Scribners), 181.

Attorneys for the Rights of the Child, (1999). 'Text of Proposed Written Intervention,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 465-469.

Ayisi, E.O. (1972). *An Introduction to the Study of African Culture*, (London: Heinemann), 36.

Baer, Z. (1997). 'Circumcision: Are Baby Boys Entitled to the Same Protection as Baby Girls Regarding Genital Mutilation?' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 197-203.

Bainham, A. (2000). 'Children Law at the Millennium' In *Family Law: Essays of the New Millennium*, ed. S. Cretney, (London: Family Law).

Baker, J.P. (1997). 'The Wound Reveals the Cure: A Utah Model for Ending the Cycle of Sexual Mutilation,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press),179-183.

Bates, D. (1952). *The Passing of the Aborigines: A Lifetime spent among the Natives of Australia*, (Melbourne: Specialty Press Limited), 30-39.

Berndt, R. (1951). *Kunapipi: A Study of an Australian Aboriginal Religious Cult*, (Melbourne: Cheshire), 16.

Berndt, R.M., and Berndt, C.H. (1982). *The World of the First Australians*. (Sydney, Australia: Lansdowne).

Bettelheim, B. (1962). *Symbolic Wounds: Puberty Rites and the Envious Male*, (New York: Collier), 101.

Bigelow, J. (1995). *The Joy of Uncircumcising: Exploring Circumcision: History, Myths, Psychology, Restoration, Sexual Pleasure and Human Rights*, 2nd ed., (Aptos, CA: Hourglass).

Bonner, C.A. (1999). 'Oxford Declaration: A Call for the World-Wide Prohibition of the Genital Mutilation of Children,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 495-503.

Boon, J.A. (1977). The Anthropological Romance of Bali, 1597-1972: Dynamic Perspectives in Marriage & Caste, Politics & Religion, (Cambridge: Cambridge University Press), 210.

Boon, J.A. (1994). 'Circumscribing Circumcision/Uncircumcision: An Essay Amidst the History of Difficult Description,' In *Implicit Understanding*, ed. S. Schwartz, (New York: Cambridge University Press), 556.

Bouhdiba, A. (2006). 'Sexuality in Islam,' In *Imagined Masculinities: Male Identity and Culture in the Modern Middle East*, ed. Mai Ghoussoub and Emma Sinclair-Webb, (London: Saqi), 20-29.

Bowes, A.M. (1982). 'Atheism in a Religious Society: The Culture of Unbelief in an Israeli Kibbutz,' In *Religious Organization and Religious Experience*, ed. J. Davis, (London: Academic Press), 33-49.

Bowker, J. (1983). *Worlds of Faith: Religious Belief and Practice in Britain Today*, (London: Ariel Books, British Broadcasting Corporation), 186.

Boyce, M., and Grenet, F. (1991). *Handbuch der Orientalistik: Der Nahe und der Mittlere Osten (A History of Zoroastrianism), Volume 3*, (Leiden, E.J. Brill), 363.

Boyd, B.R. (1990). *Circumcision: What it Does*, (San Francisco: Taterhill Press).

Boyle, G.J. (2001). 'Ending the Forced Genital Cutting of Children and the Violation of their Human Rights,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem,* ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 1-18.

Brems, Eva. (2001). *Human Rights: Universality and Diversity*. (The Hague: Martinus Nijhoff Publishers, 2001).

Bridgeman, J., and Monk, D. (2000). 'Introduction' In *Feminist Perspectives on Child Care Law*, ed. J. Bridgeman and D. Monk, (London: Cavendish).

Brooke, H. (1988). 'Consent to Treatment or Research: The Incapable Patient,' In *Consent and the Incompetent Patient*, ed. S.R. Hirsch and J. Harris, (London: Gaskell).

Brownlie, I. (1992). *Basic Documents on Human Rights*, 3rd ed., (Oxford: Clarendon Press).

Bruce, J. (1790). *Travels to Discover the Source of the Nile in the Years 1768-1773, Volume 3*, (London: Robinson), 341-42.

Bryk, F. (1934). *Circumcision in Man and Woman*, (D. Berger, Trans.). New York: American Ethnological Press. (Original work published 1931), Retrieved from http://www.male-initiation.net/anthropology/bryk/bryk_eng3.html

Bryk, F. (1967). *Sex & Circumcision*, (North Hollywood, California: Brandon House), 49-50.

Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*, (London: Routledge).

Byrnes, A. (1992). 'The Committee against Torture,' In, *The United Nations and Human Rights: A Critical Appraisal*, Philip Alston, ed., (Oxford: Clarendon Press), 509-46.

Campbell, M.F. (1970). 'The Male Genital Tract and the Female Urethra,' In *Urology*, Volume 2, ed. M.F. Cambell and J.H. Harrison, 3rd ed, (Philadelphia: W.B. Saunders), 1836.

Cantrell, G. (2003). *Wiccan Beliefs and Practices: With Rituals for Solitaries and Covens*, 4th ed. (St. Paul: Llewellyn Publications).

Cartry, M. (1992). 'From One Rite to Another: The Memory in Ritual and the Ethnologist's Recollection,' In *Understanding Rituals*, ed. Daniel de Coppet, (London and New York: Routledge), 26-36.

Chamberlain, D.B. (2009). 'Delusional Psychologies of Circumcision and Civilization,' In *Circumcision and Human Rights*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer Science + Business Media B.V.), 1-14.

Chapin, G. (2009). 'Garbage In, Garbage Out: Coding, Reporting, and Analyzing Circumcision Data in the United States,' In *Circumcision and Human Rights*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer Science + Business Media B.V.), 195-200.

Chidester, D. (1992). *Religions of South Africa,* (London and New York: Routledge), 22-4, 64, 89-90.

Chryssides, G.D. (2001). *Exploring New Religions*, 2nd ed., (London: The Tower Builsing), 256.

Cox, G., and Morris, B.J. (2012). 'Why Circumcision: From Prehistory to the Twenty-First Century, In *Surgical Guide to Circumcision*, ed. David A. Bolnick, Martin Koyle, Assaf Yosha, (London: Springer-Verlag), 243-260.

Craig, A., and Bollinger, D. (2006). 'Of Waste and Want: A Nationwide Survey of Medicaid Funding for Medically Unnecessary, Non-Therapeutic Circumcision,' In *Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change*, ed. George C. Denniston, Pia Grassivaro Gallo, Frederick Mansfield Hodges, Marilyn Fayre Milos, and Franco Viviani, (New York: Springer), 233-246.

Curtis, N. (2000). 'The Body as Outlaw: Lyotard, Kafka, and the Visible Human Project,' In *Body Modification*, ed. Mike Featherstone, (London: Sage Publications), 249-266.

Darby, R. (2001). '"A Source of Serious Mischief" The Demonization of the Foreskin and the Rise of Preventative Circumcision in Australia,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem,* ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 153-197.

Darby, R. (2005). *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain*, (Chicago: University of Chicago Press).

Davis, E.G. (1972). *The First Sex*. (New York: Penguin Books), 155, Retrieved from http://the-goddess.org/Wicce/TheFirstSex.pdf

Dawkins, R. (2008). *The God Delusion*. 2nd ed., Electronic Version, (New York: Houghton Mifflin Company).

DeMeo, J. (1997). 'The Geography of Male and Female Genital Mutilations,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 1-16.

Denniston, G.C. (1997). 'Circumcision: An Iatrogenic Epidemic,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 103-109.

Denniston, G.C. (1999). 'Tyranny of the Victims: An Analysis of Circumcision Advocacy,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 221-240.

Denniston, G.C. (2004). 'Circumcision and Sexual Pleasure,' In *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 45-53.

Denniston, G.C. (2006). 'Human Rights Advances in the United States,' In *Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change*, ed. George C. Denniston, Pia Grassivaro Gallo, Frederick Mansfield Hodges, Marilyn Fayre Milos, and Franco Viviani, (New York: Springer), 189-201.

Denniston, G. (2013). 'The Harm of Circumcision,' In *Genital Cutting: Protecting Children from Medical, Cultural, and Religious Infringements*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 59-68.

Denniston, G.C. and Milos, M.F. (1997). *Sexual Mutilations: A Human Tragedy*, (New York and London: Plennum Press).

Dhillon, D.S. (1988). Sikhism Origin and Development, (New Delhi: Atlantic Publishers and Distributors), 297.

Diers, D. and Valla, X. (1997). 'The Skoptzy: The Russian Sect of the Castrated,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 63-66.

Dixon, E.H. (1845). *A Treatise on Diseases of the Sexual Organs*, (New York: Burgess, Stringer & Co.).

Donnelly, J. (2007). *International Human Rights,* 3rd ed., (Boulder: Westview).

Edwardes, A. (1967). *Erotica Judiaca,* (New York: The Julian Press), 111-114.

Elkin, A.P. (1993). *Aboriginal Men of High Degree: Initiation and Sorcery in the World's Oldest Tradition*, (United States: Inner Traditions Bear and Company), 20-29.

Ellison, P.T. (2001). *On Fertile Ground: A Natural History of Human Reproduction*, (Cambridge: Harvard University Press), 262.

Ekwe-Ekwe, H. (2011). *Readings from Reading: Essays on African Politics, Genocide, Literature*, (Dakar and Berkshire, African Renaissance), 8-9.

Evans, M.D. (2000). 'The United Nations and Freedom of Religion: The Work of the Human Rights Committee,' In *Law and Religion*, ed. Rex J. Ahdar, (Aldershot: Ashgate Dartmouth), 35-61.

Favazza, A.R. (1996). *Bodies Under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry*, 2nd ed, (Baltimore: John Hpokins University Press), 190-1.

Ferguson, E., (2009). *Baptism in the Early Church: History, Theology, and Liturgy in the First Five Centuries*, (Grand Rapids: Wm. B. Eardmans Publishing Company), 214.

Fernandez, J.W. (1982). *Bwiti: An Ethnography of the Religious Imagination in Africa*, (Princeton: Princeton University Press), 92, 165, 200.

Field, S. (2001). 'Disappointed Men: Masculine Myths and Hybrid Identities in Windermere,' In *Changing Men in Southern Africa*, ed. Robert Morrell, (London and New York: Zed Books, Ltd.), 211-224.

Firth, R. (1963). *We the Tikopia: A Sociological Study of Kinship in Primitive Polynesia*. (Boston: Beacon).

Fishbein, M. (1969). 'Sex Hygiene,' In *Modern Home Medical Adviser*, ed. M. Fishbein, (Garden City, New York: Doubleplay & Company).

Fisher, C.E. (1895). 'Circumcision,' In *A Hand-Book on the Diseases of Children and their Homeopathic Treatment*, (Chicago: Medical Century Co.), 875.

Fleiss, P.M. (1999). 'An Analysis of Bias Regarding Circumcision in American Medical Literature,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 379-402.

Fletcher, C. (2013). 'Penile Wounding: Complications of Routine Male Circumcision in a Typical American Family Practice,' In *Genital Cutting: Protecting Children from Medical, Cultural, and Religious Infringements*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 85-99.

Fletcher, C.R. (1999). 'Circumcision in America in 1998: Attitudes, Beliefs, and Changes of American Physicians,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 259-271.

Ford, M.W. (2007). The Bible of the Adversary, (Houston: Succubus Productions).

Foster, P. (1998). 'Informed Consent in Practice,' In *Feminist Perspectives on Health Care Law*, ed. Sally Sheldon and Michael Thomson, (London: Cavendish Publishing Limited), 53-71.

Fox, M., and Thomson, M. (2010a). 'Older Minors and Circumcision: Questioning the Limits of Religious Actions,' In *Genital Autonomy: Protecting Personal Choice*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, (New York: Springer), 15-38.

Fox, R. (1972). 'Alliance and Constraint: Sexual Selection in the Evolution of Human Kinship Systems,' In *Sexual Selection and the Descent of Man 1871-1971*, ed. Bernard Campbell, (London: Heinemann), 292-331.

Freeman, M. (2002). *Human Rights*, (Cambridge: Polity).

French, M. (1992). *The War against Women*. (New York: Ballantine Books).

Geisheker, J.V. (2006). 'Toward Regulation of Non-Therapeutic Genital Surgeries upon Minors: A Preliminary Legal Strategy,' In *Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change*, ed. George C. Denniston, Pia Grassivaro Gallo, Frederick Mansfield Hodges, Marilyn Fayre Milos, and Franco Viviani, (New York: Springer), 203-217.

Gibb, H.A.R. (1953). *Mohammedanism: A Historical Survey,* 2nd ed., (London: Oxford University Press), 64.

Glick, L.B. (2009). 'Real Men: Foreskin Cutting and Male Identity in the Philippines,' In *Circumcision and Human Rights*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, (Springer Science + Business Media, B.V.), 155-174.

Glick, L.B. (2001). 'Jewish Circumcision: An Enigma in Historical Perspective,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 19-54.

Goldman, R. (1997a). *Circumcision: The Hidden Trauma*, (Boston: Vanguard Publications).

Goldman, R. (1997b). *Questioning Circumcision: A Jewish Perspective*, (Boston: Vanguard Publishers).

Goldman, R. (2004). 'The Growing Jewish Circumcision Debate,' In *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 171-194.

Gollaher, D.L. (2000). *Circumcision: A History of the World's Most Controversial Surgery*, (New York: Basic Books), 33.

Goodman, J. (1997). 'Challenging Circumcision: A Jewish Perspective,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 175-178.

Griffiths, W.R. (1999). 'Current Practices in Foreskin Restoration: The State of Affairs in the United States, and Results of Survey of Restoring Men,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 295-302.

Hammond, T. (1997). 'Long-Term Consequences of Neonatal Circumcision: A Preliminary Poll of Circumcised Men,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 125-129.

Harryman, G.L. (2004). 'An Analysis of the Accuracy of the Presentation of the Human Penis in Anatomical Source Materials,' In *Flesh and Blood: Perspectives on the*

Problem of Circumcision in Contemporary Society, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 17-26.

Hemson. C. (2001). '*Ukubekezela* or *Ukuzithemba*: African Lifesavers in Durban,' In *Changing Men in Southern Africa*, ed. Robert Morrell, (London and New York: Zed Books, Ltd.), 57-74.

Henninger, J. (1989). 'Eine eigenartige Beschneidungensform in Südwestarabien,' In *Arabica Varia*, (Universitätsverlag, Fribourg), 393-432.

Hiatt, L.R. (1965). *Kinship and Conflict: A Study of an Aboriginal Community in Northern Arnhem Land,* (Sydney: Halstead Press).

Hiatt, L.R. (1996). *Arguments about Aborigines: Australia and the Evolution of Social Anthropology*, (Cambridge: Cambridge University Press), 53.

Hodges, F. (1997). 'A Short History of the Institutionalization of Involuntary Sexual Mutilation in the United States,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 17-40.

Hodges F.M. (1999b). 'The History of Phimosis from Antiquity to the Present,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 37-62.

Hoebel, E.A. (1949). *Man in the Primitive World: An Introduction to Anthropology*, (New York: McGraw-Hill Book Company, Inc.), 160, 285.

Hoffman, L.A. (1995). *Covenant of Blood*, (Chicago: University of Chicago Press), 1-26.

Hofvander, Y. (2001). 'Circumcision of Boys in Sweden: Proposal for Government Regulation,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem,* ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 147-152.

Hogbin, I.(1970). *The Island of Menstruating Men: Religion in Wogeo, New Guinea*. (Prospect Heights, Illinois, Waveland).

Hoskins, J. (1990). 'Doubling Deities, Descent, and Personhood: An Exploration of Kodi Gender Categories,' In *Power and Difference: Gender in Island Southeast Asia*, ed. Jane Monnig Atkinson and Shelly Errington, (Stanford: Stanford University Press), 273-306.

Humphrey, J.P. (1985). 'Political and Related Rights,' In *Human Rights in International Law: Legal and Policy Issues*, ed. Theodor Meron, 2nd ed, (Oxford: Clarendon Press), 171-203.

Jacobs, S. (2011). 'Expendable Signs: The Covenant of the Rainbow and Circumcision at Qumran' In *The Dead Sea Scrolls in Context: Integrating the Dead Sea Scrolls in the Study of Ancient Texts, Languages, and Cultures: Volume Two*, ed. Armin Lange, Emanuel Tov, and Matthias Weigold, (Leiden and Boston: Brill), 563-575.

James, P. (1979). *Population Malthus: His Life and Times*, (London: Routledge and Kegan Paul), 365.

Jamous, R. (1992). 'The Brother-Married Sister Relationship and Marriage Ceremonies as Sacrificial Rites: A Case Study from Northern India,' In *Understanding Rituals*, ed. Daniel de Coppet, (London and New York: Routledge), 52-73.

Janowitz, N. (2002). *Icons of Power: Ritual Practices in Late Antiquity*, (Pennsylvania: Pennsylvania State University Press), 80.

Johnson, S.E. (1975). 'Asia Minor and Early Christianity,' In *Christianity, Judaism, and Other Greco-Roman Cults, Part Two: Early Christianity*, ed. Jacob Neusner, (Leiden: E.J. Brill), 77-145.

Katz, M. (2001). 'The Compulsion to Circumcise is Constant: The Reasons Keep Changing,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem,* ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 55-59.

Kellogg, J.H. (1888). 'Treatment for Self-abuse and its Effects,' In *Plain Fact for Old and Young*, Retrieved from http://www.gutenberg.org/files/19924/19924-h/19924-h.htm

Kempf, W. and Hermann, E. (2003). 'Dreamscapes: Transcending the Local in Initiation Rites among the Ngaing of Papua New Guinea,' In *Dream Travelers: Sleep Experiences and Culture in the Western Pacific*, ed. Roger Ivar Lohmann, (New York: Palgrave MacMillan), 61-85.

Kennedy, I. (1991). *Treat Me Right: Essays in Medical Law and Ethics*, (Oxford: Clarendon Press), 178.

Knight, C.D. (1991). *Blood Relations: Menstruation and the Origins of Culture*, (New Haven and London: Yale University Press).

Kottak, C.P. (1982). *Anthropology: The Exploration of Human Diversity*, 3rd ed, (New York: Random House), 304-5.

Kueny, K. (2004). 'Islamic Male Circumcision as Anti/Ante-Covenantal Practice,' In *Bible and Qur'an: Essays in Scriptural Intertextuality*, ed. John C. Reeves, (Boston: Brill), 161-182.

Lallemand, C.F. (1836, 39, 42). *Des Pertes Seminales Involontaires*. 3 vols. Paris: Becht, Jeune, vol. 1, 463- 7; vol. 2, 70-162; vol. 3, 266-7, 280-9.

Lamb, C. (2001). 'Rites of Passage,' In *Buddhism*, ed. Peter Harvey, (Cornwall: TJ International, Ltd.), 151-180.

Lander, M.M. (1997). 'The Human Prepuce,' In *Sexual Mutilations: A Human Tragedy*, (New York: Plenum Press, 1997), 77-83.

Lantier, J. (1972). *La Cité Magique et Magie en Afrique Noire*, (Paris: Fayard).

LaVey, A.S. (1972). *The Satanic Rituals: Companion to the Satanic Bible*, (New York: Avon Books), Retrieved from http://darkbooks.org/pp.php?v=1996027432

LaVey, A.S. (1992). *The Satanic Bible*, New Edition ed. (New York: Avon Books), Retrieved from http://www.thesatanicbiblefree.com/files/Download/The%20Satanic%20Bible%20Ebook.pdf

LaVey, A.S. (1993). *The Devil's Notebook*, (Port Townsend, Feral House), Retrieved from http://darkbooks.org/pp.php?v=233544949

Lebreton, J., and Zeiller, J. (1948). *The History of the Primitive Church, Volume IV: The Church in the Third Century – Part II*, (E.C. Messenger, Trans.) London: Burns Oates and Washbourne, Ltd. (Original work published 1947).

Lebreton, J., and Zeiller, J. (1949a). *The History of the Primitive Church, Volume I: The Church in the New Testament*, (E.C. Messenger, Trans.) London: Burns Oates and Washbourne, Ltd. (Original work published 1942).

Lebreton, J., and Zeiller, J. (1949b). *The History of the Primitive Church, Volume II: From the Death of St. John to the End of the Second Century*, (E.C. Messenger, Trans.) London: Burns Oates and Washbourne, Ltd. (Original work published 1944).

Lebreton, J., and Zeiller, J. (1949c). *The History of the Primitive Church, Volume III: The Church in the Third Century – Part I*, (E.C. Messenger, Trans.) London: Burns Oates and Washbourne, Ltd. (Original work published 1946).

Leslau, W. (1957). *Coutumes et croyances des Falachas (Juifs d'Abyssinie)*, Institut d'Ethnographie, Paris, 93.

Lewinsohn, R. (1958). *Belief in Beauty. A History of Sexual Customs*. 1st ed. Chapter 3. (London: Longmans, Green), 31-2.

Lewis, D. and Kanji, N. (2009). *Non-governmental Organizations and Development,* (Oxford: Routledge).

Lewis, J. (2003). *In the Name of Humanity: Speaking Out against Circumcision*, 2nd ed., San Diego: The Book Tree, (Originally Published 1949, Eugenics Publishing, Co.).

Lietzmann, H. (1958). *The Founding of the Church Universal: A History of the Early Church, Volume II*, (B.L. Woolf, Trans.) London: Lutterworth Press. (Original work published 1938).

Lightfoot-Klein, H. (1997). 'Similarities in Attitudes and Misconceptions about Male and Female Sexual Mutilations,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 131-135.

Lillich, R.B. (1985). 'Civil Rights,' In *Human Rights in International Law: Legal and Policy Issues*, ed. Theodor Meron, 2nd ed, (Oxford: Clarendon Press), 115-170.

Llewellyn, D.J. (1999). 'Some Thoughts on Legal Remedies,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 471-483.

Macdonald, J. (1964). *The Theology of the Samaritans*, (London: SCM Press, Ltd.).

MacEoin, D. (1994). Rituals in Babism and Baha'ism, (London: British Academic Press), 54.

Mason, P. (2010). 'These Goalposts Don't Move: Non-Medical Circumcision of Boys in the Tasmanian and Australian Context,' In *Genital Autonomy: Protecting Personal Choice*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, (New York: Springer), 39-47.

Mason, P. (2013). 'Intersex Genital Autonomy: A Rights-Based Framework for Medical Intervention with Intersex Infants,' In *Genital Cutting: Protecting Children from Medical, Cultural, and Religious Infringements*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 149-184.

Massie, L. (1999). 'Genital Mutilation in Ireland,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed.

George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 339-341.

McGrath, K. (2001). 'The Frenular Delta: A New Preputial Structure,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem,* ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 199-206.

McGrath, K. and Young, H. (2001). 'A Review of Circumcision in New Zealand: "I Never Liked Doing Them and I Was Pleased to Give Them Up,"' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem,* ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 129-146.

McHale, J., Fox, M., Gunn, M., and Wilkinson, S. (2007). *Health Care Law: Text and Materials*, 2nd ed., (London: Sweet & Maxwell).

Martin, J. (1981). *Tonga Islands: William Mariner's Account*. (Tonga: Vava'u Press).

Melendy, M.D. (1903). *The Ideal Woman - For Maidens, Wives and Mothers*. (Chicago: Monarch Book Company), 33, Retrieved from http://archive.org/details/perfectwomanhoo00melegoog

Meyers, D.W. (1990). *The Human Body and the Law*, 2nd ed, (Stanford: Stanford University Press).

Montagu, M.F.A. (1960). *Anthropology and Human Nature*, (London: Merlin Press), Chapter 13: The Origin of Subincision in Australia, 183-193.

Montagu, A. (1974). *Coming into Being among the Australian Aborigines: The Procreative Beliefs of the Australian Aborigines.* 2nd ed. (London: Routledge and Kegan Paul).

Moraga, C.L. (1979). 'La Güera,' In *This Bridge Called My Back: Writings by Radical Women of Color*, ed. Cherríe L. Moraga and Gloria Anzaldúa, (New York: Kitchen Table Press), 27-34.

Morris, B.J., and Castellsagué, X. (2010). 'The Role of Circumcision in Prevention of Sexually Transmitted Infections,' In *Sexually Transmitted Diseases*, ed. G.E. Gross and S. Tyring, (Heidelberg: Springer).

Morris, B.J., & Cox, G. (2010). 'Current Medical Evidence Supports Male Circumcision,' In *Surgical Guide to Circumcision*, ed. David A. Bolnick, Martin Koyle, Assaf Yosha, (London: Springer-Verlag), 201-234.

Morrison, M. (2003). *Sabbath, Circumcision, and Tithing: Which Old Testament Laws Apply to Christians?*. (4th ed.). Arcadia, CA: Michael Morrison. Retrieved from http://www.gci.org/law/sct

Mosucci, O. (1996). 'Clitoridectomy, Circumcision, and the Politics of Sexual Pleasure in Mid-Victorian Britain,' In *Sexualities in Victorian Britain,* ed. A.H. Miller and J.E. Adams, (Bloomington: Indiana University Press), 65-9.

Muir, W.S. (1912). *The Life of Mohammad: From Original Sources*, (T.H. Weir, Revised and Edited), Edinburgh; John Grant, (Original work published 1861), 191.

Nolan, A. (2010). 'The Child's Right to Health and the Courts,' In *Global Health and Human Rights: Legal and Philosophical Perspectives*, ed. John Harrington and Maria Stuttaford, (London: Routledge), 135-162.

Nussbaum, M. (1999). *Sex and Social Justice*. (New York: Oxford University Press).

O'Hara, K. (2001). *Sex as Nature Intended It: The Most Important Thing You Need to Know about Making Love but No One Could Tell You Until Now*, (Hudson, Massachusetts: Turning Point Publications).

Pang, M.G., Kim, S.C., and Kim, D. (2001), 'Male Circumcision in South Korea: History, Statistics, and the Role of Doctors in Creating a Circumcision Rate of Over 100%,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (Kluwer Academic/Plenum Publishers, New York), 61-81.

Parkin, D. (1992). 'Ritual as Spatial Direction and Bodily Division,' In *Understanding Rituals*, ed. Daniel de Coppet, (London and New York: Routledge), 11-25.

Peterson, S.E. (2001). 'Assaulted and Mutilated: A Personal Account of Circumcision Trauma,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem,* ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 271-289.

Pollack, M. (1995). 'Circumcision: A Jewish Feminist Perspective,' In *Jewish Women Speak Out: Expanding the Boundaries of Psychology*, ed. Kayla Weiner and Arinna Moon, (Seattle: Canopy Press).

Pollack, M. (1997). 'Redefining the Sacred,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 163-174.

Pollack, M. (2009). 'Circumcision: If it isn't Ethical, Can it Be Spiritual?' In *Circumcision and Human Rights*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, (Springer Science + Business Media, B.V.), 189-194.

Prescott, J.W. (1997). 'The Ashley Montagu Resolution to End the Genital Mutilation of Children Worldwide: A Petition to the World Court, the Hague' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 217-220.

Pruthi, R.K. (2004). *Sikhism and Indian Civilization*, (New Delhi: Discovery Publishing House), 198.

Ramos, S. and Boyle, G.J. (2001). 'Ritual and Medical Circumcision among Filipino Boys: Evidence of Post-Traumatic Stress Disorder' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem,* ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 253-270.

Reeser, T.W. (2012). *Masculinities in Theory: An Introduction*, (West Sussex: Wiley-Blackwell).

Rehman, J. (2010). *International Human Rights Law*, 2nd ed., (Essex: Pearson Education Limited).

Reiss, M.D. (2004). 'My Painful Journey: A Retired Jewish Physician's Acknowledgment of Circumcision Trauma Leads Him to Activism,' In *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 195-206.

Remondino, P.C. (1891). *History of Circumcision from the Earliest Times to the Present,* Popular Edition Unabridged, (Philadelphia and London, FA Davis).

Robertson, A.H. and Merrills, J.G. (1996). *Human Rights in the World: An Introduction to the Study of the International Protection of Human Rights*, (Manchester: Manchester University Press).

Robson, J. (1970). 'Circumcision,' In *A Dictionary of Comparative Religion*, ed. S.G.F. Brandon, (London and Prescot: C. Tinling and Company, Ltd.), 197-198.

Rogers, S.L. (1956) 'Sex Organ Mutilation.' In *Primitive Surgery – Skills before Science*, ed. S.L. Rogers, (Springfield, Illinois, Charles C. Thomas), 56–60.

Roth, A.M., (1991). *Egyptian Phyles in the Old Kingdom: The Evolution of a System of Social Organization*, (Chicago: Oriental Institute of the University of Chicago), 62–75.

Saint-Aubin, A.F. (2005). 'A Grammar of Black Masculinity: A Body of Science,' In *African Masculinities: Men in Africa from the Late Nineteenth Century to the Present,* ed., Lahoucine Ouzgane and Robert Morrell, (New York: Palgrave MacMillan), 25.

El-Salam Mohamed, S.A. (2001). 'Attitudes of Egyptian Intellectuals Towards Genital Integrity for All,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem,* ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 83-97.

El Sayed Said, M. (1997). 'Islam and Human Rights,' In *Human Rights and Humanitarian Law: The Quest for Universality*, ed. Daniel Warner, (London: Martinus Nijhoff Publishers), 3-28.

Schendel, G., Alvaraz Amezquita, J., and Bustamante Vasconcelos, M.E.B. (1968). *Medicine in Mexico: From Aztec Herbs to Betatrons,* (Austin: University of Texas Press).

Schmidt, M. (2004). *The First Poets*, (New York: Weidenfeld & Nicolson), 263.

Schoen, E.J. (2005a). *Circumcision: Timely Information for Parents and Professionals from America's #1 Expert on Circumcision*, (Berkeley, California: RDR Books).

Schoen, E.J. (2008). *Circumcision, Sex, God and Science*. (San Francisco, Self-published).

Schultheiss. D. (1999). 'The History of Foreskin Restoration,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos (New York: Kluwer): 285-294.

Scott, S. (1999). 'The Anatomy and Physiology of the Human Prepuce,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 9-18.

Shulman, A.K. (1972). *Red Emma Speaks*, (New York: Random House).

Singh, N.G.K. (2011). *Sikhism: An Introduction*, (New York: I.B. Tauris and Company, Ltd.), 11.

Smith, D. (2010). 'Genital Autonomy: The Way Forward,' In *Genital Autonomy: Protecting Personal Choice*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, (New York: Springer), 211-215.

Smith, I.K. (2006). *Heavenly Perspective: A Study of the Apostle Paul's Response to a Jewish Mystical Movement at Colossae*, (London: T&T Clark International), 95.

Smith, J. (1998). 'Male Circumcision and the Rights of the Child,' In *To Baehr in Our Minds: Essays in Human Rights from the Heart of the Netherlands*, ed. Mielle Bulterman, Aart Hendriks and Jacqueline Smith, (Netherlands Institute of Human Rights, University of Utrecht, Utrecht, Netherlands), 465-498.

Snyder, J.L. (2009). 'The Normal, Natural Penis and the Effects of Circumcision,' In *Circumcision and Human Rights*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer Science + Business Media B.V.), 109-119.

Somerville, M.A. (1999). 'Respect in the Context of Infant Male Circumcision: Can Ethics and Law Provide Insights?,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 413-424.

Sorrells, M.L. (1999). 'The History of Circumcision in the United States: A Physician's Perspective,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 331-338.

Soubhy, S. (1894). *Pèlerinage à la Mecque et à Médine*, (Cairo: Imprimerie Nationale).

Steiner, H., and Alston, P. (2000). *International Human Rights in Context: Law, Politics, Morals,* 2nd ed., (Oxford: Oxford University Press).

Steiner, H., Alston, P., and Goodman, R. (2007). *International Human Rights in Context: Law, Politics, Morals*, 3rd ed., (Oxford: Oxford University Press).

Strabon: *Géographie de Strabon*, trad. par Amédée Tardieu, vol. 3, Hachette, Paris 1909, vol. 3, pp. 367 et 465.

Steinem, G., and Morgan, R. (1992). 'The International Crime of Genital Mutilation,' In Outrageous Acts and Everyday Rebellions, ed. Gloria Steinem, (New York: Owl Books), 317-327.

Svoboda, J.S. (1997). 'Routine Infant Male Circumcision: Examining the Human Rights and Constitutional Issues,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 205-216.

Svoboda, J.S. (1999). 'Attaining International Acknowledgement of Male Genital Mutilation as a Human Rights Violation' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 455-464.

Svoboda, J.S. (2001). 'The Limits of the Law: Comparative Analysis of Legal and Extralegal Methods to Control Child Body Mutilation Practices,' In *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 297-365.

Svoboda, J.S. (2004). 'Educating the United Nations about Circumcision' In *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishers), 89-108.

Svoboda, J.S. (2006). 'Genital Integrity and Gender Equity' In *Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change*, ed. George C. Denniston, Pia Grassivaro Gallo, Frederick Mansfield Hodges, Marilyn Fayre Milos, and Franco Viviani, (New York: Springer), 149-164.

Svoboda, J.S. (2009). 'A Treatise from the Trenches: Why Are Circumcision Lawsuits So Hard to Win?' In *Circumcision and Human Rights*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, (Springer Science + Business Media, B.V.), 201-218.

Svoboda, J.S. (2010a). ' "Three-Fourths Were Abnormal" – Misha's Case, Sick Societies, and the Law,' In *Genital Autonomy: Protecting Personal Choice*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, (New York: Springer), 1-14.

Svoboda, J.S. (2013a). 'Tortured Bodies, Tortured Doctrines: Informed Consent As a Legal Fiction Inapplicable to Male Circumcision,' In *Genital Cutting: Protecting Children from Medical, Cultural, and Religious Infringements*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 1-28.

Taylor, G. (2000). *Castration: An Abbreviated History of Manhood*, (New York: Routledge).

Thesiger, W. (1959). *Arabian Sands*, (London: Longmans).

Thomson, M. (2008). *Endowed: Regulating the Male Sexed Body*, (New York: Routledge).

Tischler, N.M.P. (2006). *All Things in the Bible*, (Westport, Greenwood Press), 144.

Tractenberg, M. (2010). Judaism, Christianism, Islamism, Animism, and Circumcision: A Psychoanalytic Study on Genital Mutilations in Children and Adolescents,' 3rd ed., (Câmara Brasileira do Livro, SP, Brasil: FUNPEC-Editora).

United Nations. (1995). *The United Nations Blue Book Series, Volume VII: The United Nations and Human Rights, 1945-1995*, (New York: Department of Public Information).

Valeri, V. (1990). 'Both Nature and Culture: Reflections on Menstrual and Parturitional Taboos in Huaulu (Seram),' In *Power and Difference: Gender in Island Southeast Asia*, ed. Jane Monnig Atkinson and Shelly Errington, (Stanford: Stanford University Press), 235-272.

Van Bijsterveld, S.C. (2000). 'Religion, International Law and Policy in the Wider European Arena: New Dimensions and Developments,' In *Law and Religion*, ed. Rex J. Ahdar, (Aldershot: Ashgate Dartmouth), 163-180.

Van Bueren, G. (1995). *The International Law on the Rights of the Child*, (Martinus Nijhoff Publishers).

Van Gennep, A. (1960). *The Rites of Passage: A Classic Study of Cultural Celebrations*, (Chicago: University of Chicago Press), 70-3.

Van Howe, R.S. (1997b). 'Why Does Neonatal Circumcision Persist in the United States?' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 111-119.

Van Howe, R.S. (1999c). 'Peer-Review Bias Regarding Circumcision in American Medical Publishing: Subverting the Dominant Paradigm,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 357-378.

Van Howe, R.S. (2013). 'Routine Infant Circumcision: Vital Issues that the Circumcision Proponents May Be Overlooking' In *Genital Cutting: Protecting Children from Medical, Cultural, and Religious Infringements*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 29-54.

Verghese, P. (1969), 'The Ethiopian Orthodox Church and the Syrian Orthodox Church,' In *Religion in the Middle East: Three Religions in Concord and Conflict, Volume 1: Judaism and Christianity*, ed. A.J. Arberry, (Cambridge: Cambridge University Press), 454-481.

Viviani, F., Bobbo, S., Malaguti, S., and Paolini, D. (2010). 'NOCIRC of Italy: Scientific Activities, 2006-2009,' In *Genital Autonomy: Protecting Personal Choice*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, (New York: Springer), 85-94.

Vucinich, W.S. (1969). 'Islam in the Balkans' In *Religion in the Middle East: Three Religions in Concord and Conflict, Volume 2: Islam*, ed. A.J. Arberry, (Cambridge: Cambridge University Press), 236-252.

Waite, G.K. (2003). *Heresy, Magic, and Witchcraft in Early Modern Europe*, (New York: Palgrave MacMillan), 98.

Wallerstein, E. (1980). *Circumcision: An American Health Fallacy*, (New York: Springer), 19, 33, 122-3, 222.

Walter, M. (1988). 'Fetal Symbols: Circumcision, Subincision, Superincision' In *Choice and Morality in Anthropological Perspective: Essays in Honor of Derek Freeman*, ed. George Appell and Triloki Madan, (Albany: State University of New York Press), 212, 227-228.

Warren, J.P. (1997). 'NORM UK and the Medical Case against Circumcision,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 85-101.

Warren, J. (2010). 'Physical Effects of Circumcision,' In *Genital Autonomy: Protecting Personal Choice*, ed. George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos, (New York: Springer), 75-79.

Weiser, S. (1978). *A Book of Pagan Rituals*, (York Beach: Red Wheel).

Whitfield, H.N. (1999). 'Publication on Circumcision in the Medical Literature: The Role of an Editor,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic / Plenum Publishers), 403-408.

Whitehouse OC. (1952). 'The Religious Institutions of Israel,' In *Peake's Commentary on the Bible,* Nelson (Edinburgh), 99.

Williams, G. (1997). 'NOCIRC of Australia,' In *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos, (New York: Plenum Press), 189-195.

Wisdom, T. (2013). 'Constructing Phallic Beauty: Foreskin Restoration, Genital Cutting, and Circumcisionism,' In *(Re)Possessing Beauty: Politics, Poetics, Change*, Interdisciplinary Press, Oxford University, (Forthcoming Publication).

Wood, K., and Jewkes, R. (2001). '"Dangerous" Love: Reflections on Violence among Xhosa Township Youth,' In *Changing Men in Southern Africa*, ed. Robert Morrell, (London and New York: Zed Books, Ltd.), 317-336.

Wright, W.D. (2007). *Crisis of the Black Intellectual*, (Third World Press), 305.

Young. H. (2006). 'Circumcision as a Memeplex,' In *Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change*, ed. George C. Denniston, Pia Grassivaro Gallo, Frederick Mansfield Hodges, Marilyn Fayre Milos, and Franco Viviani, (New York: Springer), 1-16.

Young. H. (2009). '"That Thing": Portrayal of the Foreskin and Circumcision in Popular Media,' In *Circumcision and Human Rights*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer Science + Business Media B.V.), 239-250.

Young, H. (2013). 'Evolution of Circumcision Methods: Not: Just a Snip",' In *Genital Cutting: Protecting Children from Medical, Cultural, and Religious Infringements*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Springer), 69-83.

Zanker, P., and Shapiro, A. (1996). *The Mask of Socrates: The Image of the Intellectual in Antiquity*. (Berkeley, University of California Press), 28–29.

Zoossmann-Diskin, A., and Blustein, R. (1999). 'Challenges to Circumcision in Israel: The Israeli Association against Genital Mutilation,' In *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos, (New York: Kluwer Academic/Plenum Publishing, 1999), 343-350.

JOURNAL ARTICLES

Abomelha, M.S. (2004). 'Genito-Urinary Cancer in Saudi Arabia,' *Saudi Medical Journal*, 5, 552-556, Retrieved from http://www.smj.org.sa/DetailArticle.asp?ArticleId=1848

Abu-Sahlieh, S.A.A. (1994). 'To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision,' *Medicine and Law,* 13(7-8), 575-622.

Abu-Sahlieh, S.A.A. (2002). *Male and Female Circumcision: The Religious Debate among Jews, Christians and Muslims*. Informally published manuscript, Centre of Arab and Islamic Law, St-Sulpice, Switzerland. Retrieved from http://www.sami-aldeeb.com

Abu-Sahlieh, S.A.A. (2004). *Male and Female Circumcision: Is There any Difference*? Informally published manuscript, Centre of Arab and Islamic Law, St-Sulpice, Switzerland. Retrieved from http://www.sami-aldeeb.com

Afsari, M., Beasley, S.W., Maoate, K., and Heckert, K. (2002). 'Attitudes of Pacific Parents to Circumcision of Boys,' *Pacific Health Dialog*, 9(1), 29-33, Retrieved from http://www.pacifichealthdialog.org.fj

Agarwal, S.S., Sehgal, A., Sardanam S., Kumar, A., and Luthra, U.K. (1993). 'Role of Male Behaviour in Cervical Carcinogenesis among Women with One Lifetime Sexual Partner,' *Cancer*, 72, 1666-1669.

Aggleton, P. (2007). '"Just a Snip"?: A Social History of Male Circumcision,' *Reproductive Health Matters*, 15(29), 15-21.

Alderson, P. (1993). 'European Charter of Children's Rights,' *Bulletin of Medical Ethics*, 13-15.

Altschul, M.S. (1990). 'The Circumcision Controversy (Editorial),' *American Family Physician*, 41, 817-820.

Amato, D., and Garduno-Espinosa, J. (1992). 'Circumcision of the Newborn Male and the Risk of Urinary Tract Infection during the First Year: A Meta-Analysis,' *Boletino Medico Infante Mexicano (Octubre)*, 49(10), 652-658.

American Academy of Pediatrics Committee on Quality Improvement, Subcommittee on Urinary Tract Infection. (1999). 'Practice Parameter: The Diagnosis, Treatment, and Evaluation of the Initial Urinary Tract Infection in Febrile Infants and Young Children,' *Pediatrics*, 103, 843-852.

American Academy of Pediatrics Task Force on Circumcision. (1999). 'Circumcision Policy Statement,' *Pediatrics,* 103(3), 686-93.

Anand, K.J.S., and Hickey, P.R. (1987). 'Pain and its Effects in the Human Neonate and Fetus,' *New England Journal of Medicine*, 317(21), 1321-9.

Anders, T., Sachar, E., Kream, J., Sachar, E., Kream, J., Roffwarg, H., and Hellman, L. (1970). 'Behavioral State and Plasma Cortisol Response in the Human Neonate,' *Pediatrics*, 46(4), 532-537.

Anders, T.F., and Chalemian, R.J. (1974). 'The Effects of Circumcision on Sleep-Wake States in Human Neonates,' *Psychosomatic Medicine*, (36), 174-9.

Angulo, J., and García-Díez, M. (2009). Male Genital Representation in Paleolithic Art: Erection and Circumcision Before History. *Urology*, 74 (1), 10-14.

Atilla, M.K., Dundaroz, R., Odabas, O., Ozturk, H., Akn, R., and Gokcay, E. (1997). 'A Nonsurgical Approach to the Treatment of Phimosis: Local Nonsteroidal Anti-Inflammatory Ointment Application,' *Journal of Urology*, 158, 196–7.

Aynaud, O., Piron, D., Bijaoui, G., and Casanova, J.M. (1999). 'Developmental Factors of Urethral Human Papillomavirus Lesions: Correlation with Circumcision,' *BJU International,* 84(1), 57-60.

Babu, R., Harrison, S.K., and Hutton, K.A. (2004). 'Ballooning of the Foreskin and Physiological Phimosis: Is There Any Objective Evidence of Obstructed Voiding?' *BJU International*, 94(3), 384-7.

Baeten, J.M., Donnell, D., Kapiga, S.H., Ronald, A., John-Stewart, G., Inambao, M., Manongi, R., Vwalika, B., and Celum, C. (2010). 'Male Circumcision and Risk of Male-to-Female HIV-1 Transmission: A Multinational Prospective Study in African HIV-1-Serodiscordant Couples,' *AIDS*, 24, 737-744.

Bailey, R.C. (2007). 'Male Circumcision for HIV Prevention for Young Men in Kisumu, Kenya,' *Lancet*, 369(9562), 643-56.

Baker, R.B. (1979). 'Newborn Male Circumcision: Needless and Dangerous,' *Sexual Medicine Today*, 3.

Bare, N.H. (1930). 'Surgical Treatment of Epilepsy with Report of Case,' *The China Medical Journal*, 4(11):1109-13.

Basedow, H. (1927). 'Subincision and Kindred Rites of the Australian Aboriginal,' *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, 57*(*123), 131-3.

Bashir, L.M. (1996). 'Female Genital Mutilation in the United States: An Examination of Criminal and Asylum Law,' *American University Journal of Gender and the Law*, (4), 415-54.

Bassett, I., Donovan, B., Bodsworth, N.J., Field, P.R., Ho, D.W.T., Jeansson, S., and Cunningham, A.L. (1994). 'Herpes Simplex Virus Type-2 Infection of Heterosexual Men Attending a Sexual Health Centre,' *Medical Journal of Australia,* 160(11), 697-700.

Beard, G.M. (1882). 'Circumcision as a Cure for Nervous Symptoms,' *Philadelphia Medical Bulletin*, 4(248), 248-49.

Bell, J. (1873). 'Nocturnal Incontinence of Urine Cured by Circumcision,' *Edinburgh Medical Journal*, 1(9), 1034.

Bellmaker, R.H. (2012). 'Successful Cultural Change: the Example of Female Circumcision among Israeli Bedouins and Israeli Jews from Ethiopia,' *Israel Journal of Psychiatry & Related Sciences*, 49(3), 178-83, ISSN: 0333-7308, PMID: 23314088, Retrieved from http://doctorsonly.co.il/wp-content/uploads/2012/11/Successful-Cultural-Change.pdf

Benini, F., Johnston, C.C., Faucher, D., and Aranda, J.V. (1993). 'Topical Anesthesia during Circumcision in Newborn Infants,' *Journal of the American Medical Association*, (270), 850-3.

Berens, R., and Pontus, S.P. (1990). 'A Complication Associated with Dorsal Penile Nerve Block,' *Regional Anesthesia and Pain Medicine*, 15(6), 309-10.

Bhimji, A., and Harrison, D. (2003). 'Evidence Sketchy on Circumcision and Cervical Cancer Link,' *Canadian Family Physician*, 49, 1591.

Birley, H.D.L., Luzzi, G.A., and Bell, R. (1993). 'Clinical Features and Management of Recurrent Balanitis: Association with Atopy and Genital Washing,' *Genitourinary Medicine,* 69(5), 400-3.

Boczko, S., and Freed, S. (1979). 'Penile Carcinoma in Circumcised Males,' *New York State Journal of Medicine,* 79(12), 1903-4.

Bollgren, I., and Winberg, J. (1991). 'Letter,' *Acta Paediatrica Scandinavica*, 80, 575-7.

Bonner, K. (2001). 'Male Circumcision as an HIV Control Strategy: Not a 'Natural Condom,' *Reproductive Health Matters*, 9(18), 143-155.

Boukari, S.A. (2011). Circumcision Revisited: A Universal Practice, *International Journal of Humanities and Social Science,* 1(14), 51-67.

Boulware-Miller, K. (1985). 'Female Circumcision: Challenges to the Practice as a Human Rights Violation,' *Harvard Women's Law Journal*, 8, 155-77.

Boyle, G. (2004). 'Male Circumcision and Risk of HIV-1 Infection,' *Lancet*, 363(9425), 1997-1998; author reply 1997.

Boyle, G.J., and Hill, G. (2011). 'Sub-Saharan African Randomised Clinical Trials into Male Circumcision and HIV Transmission: Methodological, Ethical and Legal Concerns, *Journal of Law and Medicine*, 19, 316-334.

Boyle, G.J., Goldman, R., Svoboda, J.S., and Fernandez, E. (2002). 'Male Circumcision: Pain, Trauma and Psychosexual Sequelae,' *Journal of Health Psychology*, 7(3), 329-343, Retrieved from http://epublications.bond.edu.au/hss_pubs/36

Boyle, G.J., Svoboda, J.S., Price, C.P., and Turner, J.N. (2000). 'Circumcision of Healthy Boys: Criminal Assault?,' *Journal of Law & Medicine*, 7, 301-310, Retrieved from www.cirp.org/library/legal/boyle1/

Bradley, S.J., Oliver, G.D., Chernick, A.B., and Zucker, K.J. (1998). Experiment of Nurture: Ablatio Penis at 2 Months, Sex Reassignment at 7 Months, and a Psychosexual Follow-up in Young Adulthood,' *Pediatrics*, 102(1), e9, ISSN: 1098-4275, PMID: 965146.

Brandazzi, G.F. (2008). 'The European Association for Children in Hospital (EACH) Charter' *Pediatrics*, 121, S97, Retrieved from http://pediatrics.aappublications.org/content/121/Supplement_2/S97.1

Brandes, S.B., and McAninch, J.W. (1999). 'Surgical Methods of Restoring the Prepuce: A Critical Review,' *BJU International*, 83(1), 109-113.

Brigman, W.E. (1985). 'Circumcision as Child Abuse: The Legal and Constitutional Issues,' *Journal of Family Law*, 23(3), 337.

British Association of Paediatric Surgeons, The Royal College of Nursing, The Royal College of Paediatrics and Child Health, The Royal College of Surgeons of England and The Royal College of Anaesthetists. *Statement on Male Circumcision*. London: Royal College of Surgeons of England, 6 March 2001.

Bronselaer, G.A., Schober, J.M., Meyer-Bahlburg, H.F.L., T'Sjoen, G., Vlietinck, R., and Hoebeke, P.B. (2013). 'Male Circumcision Decreases Penile Sensitivity as Measured in a Large Cohort,' *BJU International*, doi:10.1111/j.1464-410X.2012.11761.x.

Brown, J.E., Micheni, K.D., Grant, E.M., Mwenda, J.M., Muthiri, F.M., and Grant, A.R. (2001). 'Varieties of Male Circumcision: A Study from Kenya.' *Sexually Transmitted Disease,* 28(10), 608–612.

Burki, T. (2010). Reports Focus on Female Genital Mutilation in Iraqi Kurdistan: Campaigns against Female Genital Mutilation Have Mainly Targeted African Nations, where Most Mutilations Occur. Now Two Reports Hope to Highlight the Issue Further Afield, *Lancet*, 375, 794.

Cameron, D.W., Simonsen, J.N., D'Costa, L.J., Ronald, A.R., Maitha, G.M., Gakinya, M.N., Cheang, M., Ndinya-Achola, J.O., Piot, P., Brunham, R.C., Plummer, F.A. (1989). 'Female to Male Transmission of Human Immunodeficiency Virus Type I: Risk Factors for Seroconversion in Men,' *Lancet*, 2, 403-7.

Camille, C.J., Kuo, R.L., and Wiener, J.S. (2002). 'Caring for the Uncircumcised Penis: What Parents (and You) Need to Know,' *Contemporary Pediatrics*, 11, 61.

'The Case against Circumcision,' (1979), *BMJ*, 6172, 1163-4.

Castellsagué, X., Peeling, R.W., Franceschi, S., de Sanjose, S., Smith, J.S., Albero, G., Diaz, M., Herrero, R., Munoz, N., and Bosch, F.X. (2005). 'Chlamydia Trachomatis Infection in Female Partners of Circumcised and Uncircumcised Adult Men,' *American Journal of Epidemiology*, (162), 907-916.

Castellsagué, X., Xavier Bosch, F., Muñoz, N., Meijer, C.J.L.M., Shah, K.V., de Sanjosé, S., Eluf-Neto, J., Ngelangel, C.A., Chichareon, S., Smith, J.S., Herrero, R., and Franceschi, S. (2002). 'Male Circumcision, Penile Human Papillomavirus Infection, and Cervical Cancer in Female Partners,' *The New England Journal of Medicine* 346(15), 1105–12.

Catania, L., Abdulcadir, O., Puppo, V., Verde, J.B., Abdulcadir, J., and Abdulcadir, D. (2007). 'Pleasure and Orgasm in Women with Female Genital Mutilation/Cutting (FGM/C),' *Journal of Sexual Medicine*, 4, 1666-1678, Retrieved from http://www.the-clitoris.com/n_html/fgm_orgasm.pdf

Catterall, R.D., and Oakes, J.K. (1962). 'Treatment of Balanitis Xerotica Obiterans with Hydrocortisone Injections,' *British Journal of Venereal Disease,* 38, 75-77.

Chabukswar, Y.V. (1921). 'A Barbaric Method of Circumcision amongst Some of the Arab Tribes of Yemen,' *Indian Medical Gazette, 56(2),* 48-49, Retrieved From http://www.circumstitions.com/yemen.html

Cherpes, T.L., Hillier, S.L., Meyn, L.A., Busch, J.L., and Krohn, M.A. (2008). 'A Delicate Balance: Risk Factors for Acquisition of Bacterial Vaginosis Include Sexual Activity, Absence of Hydrogen Peroxide-producing Lactobacilli, Black Race, and Positive Herpes Simplex Virus Type 2 Serology,' *Sexually Transmitted Diseases,* 35, 78-83.

Cherpes, T.L., Meyne, L.A., Krohn, M.A., and Hiller, S.L. (2003). 'Risk Factors for Infection with Herpes Simplex Virus Type 2: Role of Smoking, Douching, Uncircumcised Males, and Vaginal Flora,' *Sexually Transmitted Disease*, 30, 405-410.

Chessler, A.J. (1997). 'Justifying the Unjustifiable: Rite v. Wrong,' *Buffalo Law Review*, 45, p. 555.

Choe, J.M. (2000). 'Paraphimosis: Current Treatment Options,' *American Family Physician*, 62, 2623-2628.

Cockshut, R.W. (1935). 'Circumcision,' *British Medical Journal*, 2(3902), 764.

Cohen, H., Drucker, M.M., Vainer S., Ashkenasi, A., Amir, J., Frydman, M., and Varsano, I. (1992). 'Postcircumcision Urinary Tract Infection,' *Clinical Pediatrics*, 31(6), 322-4.

Cold, C.J., and Taylor, J.R. (1999). 'The Prepuce,' *British Journal of Urology.* 83(1), 34-44.

Cold, C.R., Storms, M.R., and Van Howe, R.S. (1997). 'Carcinoma in Situ of the Penis in a 76-Year-Old Circumcised Man,' *Journal of Family Practice,* 44, 407-10.

Committee on Bioethics. (1995). 'Informed Consent, Parental Permission, and Assent in Pediatric Practice,' *Pediatrics*, 95(2), 314-317.

Cook, L.S., Koutsky, L.A., and Holmes, K.K. (1994). 'Circumcision and Sexually Transmitted Diseases,' *American Journal of Public Health*, 84(2), 197-201.

Cooper, E.S. (1862). 'Excision of the Clitoris as a Cure for Masturbation,' *Boston Medical and Surgical Journal*, 66, 164.

Coppa, G.V., Gabrielli, O., Giorgi, P., Catassi, C., Montanari, M.P., Varaldo, P.E., and Nichols, B.L. (1990). 'Preliminary Study of Breastfeeding and Bacterial Adhesion to Uroepithelial Cells,' *Lancet*, 335, 569-571.

Craig, A., Cruz, R., Denniston, G., Svoboda, J.S., and Travis, J.W. (2001). 'Tax Dollar Funding of Medically Unnecessary Circumcisions through Medicaid,' *International Coalition for Genital Integrity*, 1-23.

Creighton, S.M., and Liao, L.M. (2004). 'Changing Attitudes to Sex Assignment in Intersex,' *BJU International*, 93, 659-664.

Cronin-Furman, K.R. (2009). '60 years of the Universal Declaration of Human Rights: Towards an Individual Responsibility to Protect,' *American University International Law Review*, 25(175), 175-198.

Crowley, I.P., and Kesner, K.M. (1990). 'Ritual Circumcision (Umkhwetha) amongst the Xhosa of the Ciskei,' *BJU*, 66, 318-21.

Cuckow, P.M., Rix, G., and Mouriquand, P.D.E. (1994). 'Preputial Plasty: a Good Alternative to Circumcision,' *J Pediatr Surg*, 29(4), 561-3.

Cunningham, N. (1986). 'Circumcision and Urinary Tract Infections,' *Pediatrics*, 77(2), 267.

Dalton, J. (2012). 'Conclusions about Circumcision and Prostate Cancer are Dubious,' *Nursing Standard*, Letter, 26(34), 33.

Darby, R. (2003a). 'The Masturbation Taboo and the Rise of Routine Male Circumcision: A Review of the Historiography – Review Essay,' *Journal of Social History*, 27, 737-757.

Darby, R. (2003b). '"Where Doctors Differ:' The Debate on Circumcision as a Protection against Syphilis: 1855-1914,' *The Journal of the Society for the Social History of Medicine*, 16(1), 57-78.

Darby, R. (2004). 'Male Circumcision and Risk of HIV-1 Infection,' *Lancet*, 363(9425), 1997-1998; author reply 1997-1998.

Darby, R. (2011). 'Infant circumcision in Australia: A Preliminary Estimate, 2000-10,' *Australian and New Zealand Journal of Public Health*, letter, 35(4), 391-2.

Darby, R., and Svoboda, J.S. (2007). 'A Rose by any other Name: Rethinking the Similarities and Differences between Male and Female Genital Cutting,' *Medical Anthropology Quarterly*, 21(3), 301-323.

Darby, R., and Van Howe, R. (2011). 'Not A Surgical Vaccine: There is No Case for Boosting Infant Male Circumcision to Combat Heterosexual Transmission of HIV in Australia,' *Australian and New Zealand Journal of Public Health*, 35(5), 459-465.

Dave, S., Johnson, A., Fenton, K., Mercer, C., Erens, B., and Wellings, K. (2003). 'Male Circumcision in Britain: Findings from a National Probability Sample Survey,' *Journal of Sexually Transmitted Infections*, 79(6), 499-500.

Davenport, M. (1996). 'Problems with the Penis and Prepuce: Natural History of the Foreskin,' *British Medical Journal*, 312, 299-301.

Davies, D. (2001). 'Male and Female Genital Alteration: A Collision Course with the Law,' *Health Matrix: Journal of Law-Medicine*, 11, 487-570.

Dawson, B.E. (1915). 'Circumcision in the Female: Its Necessity and How to Perform It,' *American Journal of Clinical Medicine*, 22(6), 520-523.

DeLaet, D.L. (2009). Framing Male Circumcision as a Human Rights Issue? Contributions to the Debate Over the Universality of Human Rights, *Journal of Human Rights*, 8, 405-426.

Denniston, G.C., and Geisheker, J.V. (2007). 'To Circ or Not to Circ,' *Urologic Nursing*, 27(1), author reply, 99.

Diamond, M. (2004). 'Sexual Behavior in Pre Contact Hawai'i: A Sexological Ethnography, *Revista Española del Pacifico*, 16, 37-58, Retrieved from:

http://www.hawaii.edu/PCSS/biblio/articles/2000to2004/2004-sexual-behavior-in-pre-contact-hawaii.html

Dickson, N., Van Roode, T., and Paul, C. (2005). 'Herpes Simplex Virus Type 2 Status at Age 26 is Not Related to Early Circumcision in a Birth Cohort,' *Sexually Transmitted Diseases,* 32(8), 517-9.

Dickson, N.P., Van Roode, T., Herbison, P., and Paul, C. (2008). 'Circumcision and Risk of Sexually Transmitted Infections in a Birth Cohort,' *Journal of Pediatrics*, 152(3), 383-7.

Doctors Opposing Circumcision. (2012). 'Commentary on American Academy of Pediatrics 2012 Circumcision Policy Statement,' Retrieved from http://www.doctorsopposingcircumcision.org/pdf/2013-04-24_Commentary.pdf

Donovan, B., Bassett, I., and Bodsworth, N.J. (1994). 'Male Circumcision and Common Sexually Transmissible Diseases in a Developed Nation Setting,' *Genitourinary Medicine (UK)*, 70, 317-320.

Doyle, D. (2005). Ritual Male Circumcision: A Brief History. *Journal of the Royal College of Physicians of Edinburgh*, 35, 279-285.

Drain, P.K., Halperin, D.T., Hughes, J.P., Klausaner, J.D., and Bailey, R.C. (2006). 'Male Circumcision, Religion, and Infectious Diseases: An Ecologic Analysis of 118 Developing Countries,' *BMC Infectious Diseases*, 6(172), DOI: 10.1186/1471-2334-6-172.

Dunn, H.P. (1989). 'Non-Surgical Management of Phimosis,' *Australian and New Zealand Journal of Surgery*, 59(12), 963.

Dunsmuir, WD, and Gordon, EM. (1999). The History of Circumcision. *British Journal of Urology International*, 83(1), 1-12.

Earp, B.D. (2013a). 'The Ethics of Infant Male Circumcision,' *Journal of Medical Ethics*, Editorial, 1-3.

Eason, J.D., McDonnell, M., and Clark, G. (1994). 'Male Ritual Circumcision Resulting in Acute Renal Failure,' *BMJ,* 309(6955), 660-661.

Ebert, A.K., Vogt, T., and Rösch, W.H. (2007). '[Topical Therapy of Balanitis Xerotica Obliterans in Childhood: Long-Term Clinical Results and An Overview],' *Der Urologe. Ausg. A (Germany),* 46(12), 1682-6, Abstract Retrieved from http://www.cirp.org/library/treatment/BXO/ebert2007/

Edwards, S. (1996). 'Balanitis and Balanoposthitis: A Review,' *Genitourinary Medicine,* 72(3), 155-9.

Eggleston, W. (1886). 'Two Cases of Reflex Paraplegia (One with Aphasia) from Tape-worm and Phimosis,' *Journal of the American Medical Association*, 6(19), 511-5.

Emde, R.N., Harmon, R.J., Metcalf, D., Koenig, K.L., and Wagonfeld., S. (1971). 'Stress and Neonatal Sleep,' *Psychosomatic Medicine*, 33(6), 491-497.

Engelbrecht, A., and Smith, S. (2004). 'Why do Male Patients Request Circumcisions?' *SA Fam Pract*, 46(2), 25-28.

Escala, J.M., and Rickwood, A.M.K. (1989). 'Balanitis,' *British Journal of Urology,* 63, 196-7.

Eskridge, B. (1918). 'Why Not Circumcise the Girl as well as the Boy?', *Texas State Journal of Medicine*, 14, 17-19.

Fakjian, N., Hunter, S., Cole, G.W., and Miller, J. (1990). 'An Argument for Circumcision. Prevention of Balanitis in the Adult,' *Arch Dermatol,* 126, 1046-1047.

Fateh-Moghadam, B. (2012). 'Criminalizing Male Circumcision? Case Note: Landgericht Cologne, Judgment of 7 May 2012 – No. 151 Ns 169/11,' *German Law Journal*, 13(9), 1131-1145.

Fergusson, D.M., Lawton, J.M., and Shannon, F.T. (1988). 'Neonatal Circumcision and Penile Problems: An 8-year Longnitudinal Study,' *Pediatrics*, 81, 537-541.

Ferris, J.A., Richters, J., Pitts, M.K., Shelley, J.M., Simpson, J.M., Ryall, R., and Smith, A.M.A. (2010). 'Circumcision in Australia: Further Evidence on its Effects on Sexual Health and Wellbeing,' *Australian and New Zealand Journal of Public Health*, 34(2), 160-4.

Fethers, K.A., Fairley, C.K., Hocking, J.S., Gurrin, L.C., and Bradshaw, C.S. (2008). 'Sexual Risk Factors and Bacterial Vaginosis: A Systematic Review and Meta-Analysis,' *Clin Infect* Dis, 47, 1426-1435.

Fink, A.J. (1986). 'A Possible Explanation for Heterosexual Male Infection with AIDS,' *New England Journal of Medicine,* 31(18), 1167.

Fink, A.J. (1988). 'Is Hygiene Enough? Circumcision as a Possible Strategy to Prevent Group B Streptococcal Disease,' *American Journal of Obstetrics and Gynecology*, 159 (2), 534-5.

Fink, A.J. (1991). 'Circumcision and Sand,' *Journal of the Royal Society of Medicine*, 84(11), 696.

Fink, K.S. Carson, C.C., & DeVillis, R.F. (2002). 'Adult Circumcision Outcomes Study: Effect on Erectile Function, Penile Sensitivity, Sexual Activity and Satisfaction,' *Journal of Urology*, 167(5), 2113–6.

Fleet, M.S., Venyo, A.K.G., and Rangecroft, L. (1995). 'Dorsal Relieving Incision for the Non-Retractile Foreskin,' *The Royal College of Surgeons of Edinburgh*, 40, 243-5.

Fleiss, P.M., and Hodges, F. (1996). 'Neonatal Circumcision Does Not Protect against Cancer,' *BMJ*. 312(7033), 779-80.

Fleiss, P., Hodges, F., and Van Howe, R.S. (1998). 'Immunological Functions of the Human Prepuce,' *Sexually Transmitted Infections,* 74(5), 364-7.

Flood, C.M. (2000). 'Conundrums in Causation and Informed Medical Consent,' *Advocates Quarterly*, 23, 217-233.

Fontaine, P., Dittberner, D., and Scheltema, K.E. (1994). 'The Safety of Dorsal Penile Nerve Block for Neonatal Circumcision,' *The Journal of Family Practice*, 39, 243-8.

Fox, M., and Thompson, M. (2009). 'Foreskin is a Feminist Issue,' *Australian Feminist Studies*, 24(60), 195- 210.

Fox, M., and Thomson, M. (2010b). 'HIV/AIDS and Circumcision: Lost in Translation,' *Journal of Medical Ethics*, 36, 798-801.

Fox, M., and Thomson, M. (2012a). 'The New Politics of Male Circumcision: HIV/AIDS, Health Law and Social Justice, *Legal Studies*, 32(2), 255-281.

Fox, M., and Thomson, M. (2012b). 'Realising Social Justice in Public Health Law,' *Medical Law Review*, 1–32, doi:10.1093/medlaw/fws036

Frisch, M., Aigrain, Y., Barauskas, V., Bjarnason, R., Boddy, S., Czauderna, P., de Gier, R.P.E., de Jong, T.V.P.M., Fasching, G., Fetter, W., Gahr, M., Graugaard, C., Greisen, G., Gunnarsdottir, A., Hartmann, W., Havranek, P., Hitchcock, R., Huddart, S., Janson, S., Jaszczak, P., Kupferschmid, C., Lahdes-Vasama, T., Lindahl, H., MacDonald, N., Markestad, T., Märtson, M., Marianne Nordhov, S., Pälve, H., Petersons, A., Quinn, F., Qvist, N., Rosmundsson, T., Saxen, H., Söder, O., Stehr, M., von Loewenich, V.C.H., Wallander, J., and Wijnen, R. (2013). 'Cultural Bias in the AAP's 2012 Technical Report and Policy Statement on Male Circumcision,' *Pediatrics*, 131(4), 1-5.

Frisch, M., Lindholm, M., and Grønbæk, M. (2011). 'Male Circumcision and Sexual Function in Men and Women: A Survey-Based, Cross-Sectional Study in Denmark,' *International Journal of Epidemiology*, 1-15.

Fussell, E.N., Kaak, B.M., Cherry, R., and Roberts, J.A. (1988). 'Adherence of Bacteria to Human Foreskin,' *Journal of Urology*, 140, 997-1001.

Garber, S.T. (2013). 'The Circular Cut: Problematizing the Longevity of Civilization's Most Aggressively Defended Amputation,' Wesleyan University, Honors College, Middletown, Connecticut, Bachelor Thesis Paper 1137, Retrieved from http://wesscholar.wesleyan.edu/etd_hon_theses/1137/

Gardner, A.M.N. (1991). 'Circumcision and Sand,' *J Roy Soc Med*, 84: 387.

Gargollo, P.C., Kozakewich, H.P., Bauer, S.B., Borer, J.G., Peters, C.A., Retik, A.B., and Diamond, D.A. (2005). 'Balanitis Xerotica Obliterans in Boys,' *Journal of Urology*, 174, 1409-1412.

Gebremedhin, S. (2010). 'Assessment of the Protective Effect of Male Circumcision from HIV Infection and Sexually Transmitted Diseases: Evidence from 18

Demographic and Health Surveys in Sub-Saharan Africa,' *African Journal of Reproductive Health*, 14(2), 105-113.

Gee, W.F., and Ansell, J.S. (1976). 'Neonatal Circumcision: A Ten-Year Overview: With Comparison of the Gomco Clamp and the Plastibell Device,' *Pediatrics*, 58, 824-7.

Geisheker, J.V. (2013). 'The Completely Unregulated Practice of Male Circumcision: Human Rights' Abuse Enshrined in Law?,' *New Male Studies: An International Journal*, 2(1), 18-45, ISSN: 1839-7816.

Gellis, S.S. (1978). 'Circumcision,' *American Journal of Diseases of Children*, 132, 1168.

Gentry, W.D. (1890). 'Nervous Derangements Produced by Sexual Irregularities in Boys,' *Medical Current*, 6(7), 268-74.

Gibson, B. (2010). 'Care of the Child with the Desire To Change Genders – Part II: Female-to-Male Transition,' *Pediatric Nursing*, 36(2), 112-117.

Gibson, B., and Catlin, A.J. (2010a). 'Care of the Child with the Desire To Change Genders – Part I,' *Pediatric Nursing*, 36(1), 53-59.

Gibson, B., and Catlin, A.J. (2010b). 'Care of the Child with the Desire To Change Genders – Part III: Male-to-Female Transition,' *Pediatric Nursing*, 36(5), 268-272.

Ginsburg, C.M., and McCracken, G.H. (1982). 'Urinary Tract Infections in Young Infants,' *Pediatrics,* 69, 409-12.

Golden, M.R., & Wasserheit, J.N. (2009). 'Prevention of Viral Sexually Transmitted Infections – Foreskin at the Forefront,' *New England Journal of Medicine*, 360, 1349-1351.

Goldish, J.C. (2003). 'Nineteenth-Century Caribbean Circumcisions: An Analysis of the Journal of Births and Circumcisions Performed by Moises Frois Ricardo.' *American Jewish History,* 91(2), 315–323.

Goldman, M., Barr, J., Bistritzer, T., and Aladjem, M. (1996). 'Urinary Tract Infection Following Ritual Jewish Circumcision,' *Israel Journal of Medical Sciences,* 32(11), 1098-102.

Gollaher, D.L. (1994). 'From Ritual to Science: The Medical Transformation of Circumcision in America,' *Journal of Social History*, 28(1), 5-36.

Gordon, A., and Collin, J. (1993). 'Saving the Normal Foreskin,' *BMJ*, 306, 1-2.

Gray, R.H., Kigozi, G., Serwadda, D., Makumbi, F., Nalugoda, F., Watya, S., Moulton, L., Chen, M.Z., Sewankambo, N.K., Kiwanuka, N., Sempijja, V., Lutalo, T., Kagayii, J., Wabwire-Mangen, F., Ridzon, R., Bacon, M., and Wawer, M.J. (2009). 'The Effects of Male Circumcision on Female Partners' Genital Tract Symptoms and Vaginal Infections in a Randomized Trial in Rakai, Uganda,' *American Journal of Obstetrics and Gynecology*, 200, e1-e7.

Green, L.W., McAllister, R.G., Peterson, K.W., and Travis, J.W. (2009). 'Medicaid Coverage of Circumcision Spreads Harm to the Poor,' *American Journal of Public Health*, letter, 99(4), 1.

Griffiths, D., and Frank, J.D. (1992). 'Inappropriate Circumcision Referrals by GPs,' *J R Soc Med*, 85, 324-325.

Grimes, D.A. (1978). 'Routine Circumcision of the Newborn Infant: A Reappraisal,' *American Journal of Obstetrics and Gynecology*, 130, 125-9.

Gurney, K. (2007). 'Sex and the Surgeon's Knife: The Family Court's Dilemma… Informed Consent ands the Specter of Iatrogenic Harm to Children with Intersex Characteristics,' *American Journal of Law and Medicine*, 33, 625-661.

Guttmacher, A.F. (1941). 'Should the baby be circumcised?' *Parents Magazine*, 16(9), 76-8.

Hammond, T. (1999). 'A Preliminary Poll of Men Circumcised in Infancy or Childhood,' *BJU International*, 83(Suppl 1), 85-92.

Hand, E.A. (1949). 'Circumcision and Venereal Disease,' *Arch Derm Syphilol*, 60(3), 341-346.

Harrington, J. (2009). 'Canada and the United Nations Human Rights Council: Dissent and Division,' *University of New Brunswick Law Journal,* 60, 78-162.

Heckford, N. (1865). Circumcision as a Remedial Measure in Certain Cases of Epilepsy and Chorea,' *Clinical Lectures and Reports by the Medical and Surgical Staff of the London Hospital*, 2, 58-64.

Heimbach-Steins, M. (2013). 'Religious Freedom and the German Circumcision Debate,' European University Institute, Robert Schuman Centre for Advanced Studies RELIGIOWEST, EUI Working Paper RSCAS 2013/18, ISSN 1028-3625, 1-17.

Hellsten, S.K. (2004). 'Rationalising Circumcision: From Tradition to Fashion, From Public Health to Individual Freedom – Critical Notes on Cultural Persistence of the Practice of Genital Mutilation,' *Journal of Medical Ethics*, 30, 248-253.

Henerey, A. (2004). 'Evolution of Male Circumcision as Normative Control,' *Journal of Men's Studies*, 12(3), 265-276.

Hermer, L.D. (2007). 'A Moratorium on Intersex Surgeries?: Law, Science, Identity, and Bioethics at the Crossroads, *Cardozo Journal of Law and Gender*, 13(2), 255-272.

Herzog, L.W., and Alvarez, S.R. (1986). 'The Frequency of Foreskin Problems in Uncircumcised Children,' *Am J Dis* Child, 140, 254-256.

Hill, G. (2007). 'The Case against Circumcision,' *Journal of Men's Health and Gender,* 4(3), 318-323.

Hodges, F.M. (1999a). Phimosis in Antiquity,' *World Journal of Urology*, 17(3), 133-136.

Hodges, F. (2005). The Antimasturbation Crusade in Antebellum American Medicine. *Journal of Sexual Medicine*, 2, 722-731.

Hodges, F.M. (2001). 'The Ideal Prepuce in Ancient Greece and Rome: Male Genital Aesthetics and their Relation to *Lipodermos,* Circumcision, Foreskin Restoration, and the *Kynodesme*.' *Bull Hist Med*, 75(3), 375-405.

Hodges, F.M., Svoboda, J.S., and Van Howe, R.S. (2002). 'Prophylactic Interventions on Children: Balancing Human Rights with Public Health,' *J Med Ethics*, 28(1), 10-16, Retrieved from http://www.cirp.org/library/ethics/hodges3/

Hoffman, S., Metz, P., and Ebbehøj, J. (1984). 'A New Technique for Phimosis: Prepuce-Saving Technique with Multiple Y-V-Plasties,' *British Journal of Urology,* 56, 319-21.

Hofheimer, J.A. (1893). 'Phimosis; A Plea for Its Relief by Early Operation,' J*ournal of the American Medical Association,* 21, 890-91.

Hossain, A. (2012), 'Beyond Emasculation: Being Muslim and Becoming Hijra in South Asia,' *Asian Studies Review*, 36, 495-513.

Hughes, I.A. (2002). 'Intersex,' *BJU International*, 90, 769-776.

Hull, T.H., and Budiharsana, M. (2001). 'Male Circumcision and Penis Enhancement in Southeast Asia: Matters of Pain and Pleasure,' *Reproductive Health Matters,* 9(18), 60–67.

Hutchinson, J. (1855). On the Influence of Circumcision in Preventing Syphilis,' *Medical Times and Gazette*, 32(844), 542-543.

Hutchinson, J. (1890). 'A Plea for Circumcision,' *British Medical Journal*, 769.

Hutchinson, J. (1891). 'On Circumcision as Preventative of Masturbation,' *Archives of Surgery*, 2(7), 267-9.

Hutchinson, J. (1900). 'The Advantages of Circumcision,' *The Polyclinic*, 3(9), 129-31.

Hyman, A.B., and Brownstein, M.H. (1969). 'Tyson's "Glands,"' *Archives of Dermatology*, 99(1), 31-37.

Iovane, M. (2007). 'The Universality of Human Rights and the International Protection of Cultural Diversity: Some Theoretical and Practical Consideration,' *International Journal on Minority and Group Rights,* 14, 231-262.

Jackson, M.A., Kovi, J., Heshmat, M.Y., Ogunmuyiwa, T.A., Jones, G.W., Williams, A.O., Christian, E.C., Nkposong, E.O., Rao, M.S., Jackson, A.G., and Ahluwalia, B.S. (1980). 'Characterization of Prostatic Carcinoma among Blacks: A

Comparison between a Low Incidence Area, Ibadan, Nigeria and a High Incidence Area, Washington, DC.,' *Prostate*, 1(2), 185-205.

Jacobi, A. (1876). 'On Masturbation and Hysteria in Young Children,' *American Journal of Obstetrics*, 8, 595-606.

Jacobs, A.S. (2008). 'Blood Will Out: Jesus' Circumcision and Early Christian Readings of Exodus 4:24-26,' *Theme Section / Sezione monografica*, 30, 311-332.

Jacobs, A.S. (2009). 'The Kindest Cut: Christ's Circumcision and the Signs of Early Christian Identity,' *Jewish Studies Quarterly*, 16, 97-117.

Jeffers, W.N. (1958). 'The Quarter-Million-Dollar Malpractice Suit,' *Insurance Counsel Journal*, 25, 244-256.

Jenei, P. (2009). 'Circumcision and Baptism in Culture: The "Plausibility" of Judeo-Christian Ritual Symbols in Changing Cultural Contexts.' Unpublished Paper, Delivered at *PThU – DRHE 4th Symposium: Baptism – Traditional Concepts and Emerging Questions*, Kampen, May 14-18. Retrieved From: http://www.academia.edu/480530/Circumcision_and_Baptism_in_Culture._The_Plausibility_of_Judeo-Christian_Ritual_Symbols_in_Changing_Cultural_Contexts

Kempf, W. (2002). 'The Politics of Incorporation: Masculinity, Spatiality and Modernity among the Ngaing of Papua New Guinea', *Oceania,* 73(1), 56–78.

Kane, H.H. (1879). 'Seminal Emissions, Abdominal Neuralgia: Circumcision: Cure,' *Southern Clinic*, 2(1), 8-11.

Kanki, P., M'Boup, S., Marlink, R., Travers, K., Hsieh, C.C., Gueye, A., Boye, C., Sankale, J.L., Donnelly, C., Leisenring, W., Siby, T., Thior, I., Dia, M., Gueye, E.H., N'Doye, I., and Essex, M. (1992). 'Prevalence and Risk Determinants of Human

Immunodeficiency Virus Type 2 (HIV-2) and Human Immunodeficiency Virus Type 1 (HIV-1) in West African Female Prostitutes,' *American Journal of Epidemiology*, 136(7), 895-907.

Kaplan, G.W. (1983). 'Complications of Circumcision,' *Urology Clinic of North America,* 10, 543-9.

Kartamaa, M., and Reitamo, S. (1997). 'Treatment of Lichen Sclerosus with Carbon Dioxide Laser Vaporization,' *British Journal of Dermatology,* 136(3), 356-9.

Kayaba, H., Tamura, H., Kitajima, S., Fujiwara, Y., Kato, T., and Kato, T. (1996). 'Analysis of Shape and Retractability of the Prepuce in 603 Japanese Boys,' *Journal of Urology*, 156(5), 1813-1815.

Kiffin, C., Porcelli, M., Prychyna, O., Pazmino, B., Pust, D., and DeCostanza, J. (2012). 'Penile Degloving Injury in an Adolescent with Congenital Hypothyroid,' Case Reports in Medicine, ISSN: 1687-9635, PMID: 22489243.

Kim, D., Koo, S.A., Pang, M.G. (2012). 'Decline in Male Circumcision in South Korea,' *BMC Public Health*, 12(1067), DOI: 10.1186/1471-2458-12-1067.

Kim, D.S., and Pang, M.G. (2007). 'The Effect of Male Circumcision on Sexuality,' *BJU International*, 99(3), 619-22.

Kinkade, S., and Meadows, S. (2005). Does Neonatal Circumcision Decrease Morbidity? *The Journal of Family Practice*, 54(1), 81-82.

Kiss, A., Csontai, A., Pirot, L., Nyirady, P., Merksz, M., and Kiraly, L. (2001). 'The Response of Balanitis Xerotica Obliterans to Local Steroid Application Compared with Placebo in Children,' *Journal of Urology*, 165(1), 219-20.

Kiss, A., Kiraly, L., Kutasy, B., and Merksz, M. (2005). 'High Incidence of Balanitis Xerotica Obliterans in Boys with Phimosis: Prospective 10-Year Study,' *Pediatr Dermatol*, 22, 305-308.

Köhn, F.M., Pflieger-Bruss S., and Schill, W.B. (1999). 'Penile Skin Diseases,' *Andrologia*, 31(suppl 1), 3-11.

Knight, C.D. (1983). 'Lévi-Strauss and the Dragon: *Mythologiques* Reconsidered in the Light of an Australian Aboriginal Myth,' *Man* (n.s.), 18, 21-50.

Koriech, O.M. (1987). 'Penile Shaft Carcinoma in Pubic Circumcision' (Case Reports from Saudi Arabia), *BJU*, 60(1), 77.

Krása, K. (2010). 'Human Rights for Women: The Ethical and Legal Discussion about Female Genital Mutilation in Germany in Comparison with other Western European Countries, Medical Health Care and Philosophy, 13, 269–278, DOI 10.1007/s11019-010-9245-4.

Lajous, M., Mueller, N. (2006). 'Human Papillomavirus Link to Circumcision is Misleading (Author's Reply),' *Cancer Epidemiology, Biomarkers & Prevention,* 15(2), 405–6.

Lakshmanan S., and Prakash, S. (sic, Parkash). (1980). 'Human Prepuce: Some Aspects of Structure and Function,' *Indian Journal of Surgery,* 44, 134-7.

Lander, J., Brady-Fryer, B., Metcalf, J.B., Nazarali, S., and Muttitt, S. (1997). 'Comparison of Ring Block, Dorsal, Penile Nerve Block, and Topical Anesthesia for Neonatal Circumcision: A Randomized Controlled Trial,' *Journal of the American Medical Association*, 278(24), 2157-62.

Landesberg, M. (1881). 'On Affections of the Eye Caused by Masturbation.' *Medical Bulletin*, 3(4), 79-81.

Lang, D. (2012). 'Elective Child Circumcision and Catholic Moral Principles,' *The National Catholic Bioethics Quarterly*, 12(Spring), 649-677.

Laumann, E.O., Masi, C.M., and Zuckerman, E.W. (1997). 'Circumcision in the United States,' *JAMA*, 277(13), 1052-1057.

Lavee, M. (2011). 'The 'Tractate' of Conversion – Bt Yeb. 46-48 and the Evolution of Conversion Procedure,' *EJJS* 4, 169-213.

Leckie, S. (1988). 'The Inter-State Complaint Procedure in International Human Rights Law: Hopeful Prospects or Wishful Thinking?,' *Human Rights Quarterly*, 10(2), 249-303.

Lee, R.B. (2005). 'Circumcision Practice in the Philippines: Community Based Study.' *Sexually Transmitted Infections,* 81(1), 91.

Lehtinen, M., and Paavonen, J. (2004). 'Vaccination against Human Papillomaviruses Shows Great Promise,' *Lancet*, 364, 1731-2.

Leitch, I.O.W. (1970). 'Circumcision: A Continuing Enigma,' *Australian Paediatric Journal*, 6, 59-65.

Letendre, J., Barrieras, D., Franc-Guimond, J., Abdo, A., and Houle, A.M. (2009). 'Topical Triamcinolone for Persistent Phimosis,' *Journal of Urology*, 182(Suppl 4), 1759-1763.

Levey, G.B. (2013). 'Thinking about Infant Male Circumcision after the Cologne Court Decision,' *Global Discourse: An Interdisciplinary Journal of Current Affairs and*

Applied Contemporary Thought, DOI: 10.1080/23269995.2013.804765, Retrieved from http://dx.doi.org/10.1080/23269995.2013.804765

Levy, B.D. (2011). 'Fate and Faith: The Ongoing Covenants,' *Meorot 9 Tishrei 5772*.

Longley, G. (2009). 'Framing the Foreskin: A Content Analysis of Circumcision Information Handouts for Expectant Parents,' Coursework Master Thesis, University of Colorado Denver.

Lyons, B. (2013). 'Male Infant Circumcision as a 'HIV Vaccine',' *Public Health Ethics*, doi:10.1093/phe/phs039.

Maeda, J.L., Chari, R., Elixhauser, A. (2012). 'Circumcisions Performed in U.S. Community Hospitals, 2009,' HCUP Statistical Brief #126. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved From: http://www.hcup-us.ahrq.gov/reports/statbriefs/sb126.pdf

Magoha, G.A., and Ngumi, Z.W. (2000). 'Cancer of the Penis at Kenyatta National Hospital,' *East African Medical Journal*, 77(10), 526-30.

Maiche, A.G. (1992). 'Epidemiological Aspects of Cancer of the Penis in Finland,' *European Journal of Cancer Prevention,* 1(2), 153-8.

Mallon, E., Hawkins, D., Dinneen, M., Francis, N., Fearfield, L., Newson, R. and, Bunker, C. (2000). 'Circumcision and Genital Dermatoses,' *Arch Dermatol*, 136, 350-354.

Marck, J. (1997). Aspects of Male Circumcision in Sub-Equatorial African Culture History. *Health Transition Review, Supplement to Volume 7, 1997, 337-359.*

Mark, E.G. (1901). 'Circumcision,' *American Practitioner and News*, 31(4), 122-6.

Marshall, W. (2011). *Circumcision in Australia: Reforming the Law.* Coursework Master Thesis, University of Tasmania. Retrieved from: http://eprints.utas.edu.au/11729/

Mastro, T.D., Satten, G.A., Nopkesorn, T., Sangkharomya, S., and Longini, I.M. Jr. (1994). 'Probability of Female-to-Male Transmission of HIV-1 in Thailand.' *Lancet,* 343(8891), 204–207.

McCracken, G.H. (1989). 'Options in Antimicrobial Management of Urinary Tract Infections in Infants and Children,' *The Pediatrics Infectious Disease Journal,* 8(8), 552-555.

McDonald, C.F. (1958). 'Circumcision of the Female,' *General Practitioner*, 18(3), 98-99.

McMahon, E. and Ascherio, M. (2012). 'A Step Ahead in Promoting Human Rights? The Universal Periodic Review of the UN Human Rights Council,' *Global Governance,* 231-248.

Megafu, U. (1979). 'Cancer of the Genital Tract among the Ibo Women in Nigeria,' *Cancer*, 44(5), 1875-8.

Mehta, S.D., Moses, S., Agot, K., Parker, C., Ndinya-Achola, J.O., Maclean, I., and Bailey, R.C. (2009). 'Adult Male Circumcision Does Not Reduce the Risk of Incident *Neisseria Gonorrhoeae*, *Chlamydia Trachomatis*, or *Trichomonas Vaginalis* Infection: Results from a Randomized, Controlled Trial in Kenya,' *Journal of Infectious Diseases*, 200(3), 370-378.

Menczer, J. (2003). 'The Low Incidence of Cervical Cancer in Jewish Women: Has the Puzzle Finally Been Solved?' *The Israel Medical Association Journal*, 5,120-3.

Meuli, M., Briner, J., Hanimann, B., and Sacher, P. (1994). 'Lichen Sclerosus et Atrophicus Causing Phimosis in Boys: A Prospective Study with 5-Year Followup after Complete Circumcision,' *Journal of Urology*, 152(3), 987-9.

Micali, G., Nasca, M.R., Innocenzi, D., and Schwartz, R.A. (2006). 'Penile Cancer,' *J Am Acad Dermatol*, 54, 369-391.

Miller, G.P. (2002). 'Circumcision: Cultural-Legal Analysis,' *Virginia Journal of Social Policy and the Law*, 9, 497-585.

Miller, R.L., and Snyder, D.C. (1953). 'Immediate Circumcision of the Newborn Male,' *American Journal of Obstetrics and Gynecology*, 6(1):1-11.

Milos, M.F. (2010). 'Re: Provencio-Vasquez, E., & Rodriguez, A. (2009). Collaborative practice: Circumcision revisited. Journal for Specialists in Pediatric Nursing, 14(4), 295–297.jspn_234 97,' *JSPN*, 15(2), author reply, 97-8.

Milos, M.F., and Macris, D. (1992). 'Circumcision: A Medical or a Human Rights Issue?' *Journal of Nurse-Midwifery*, 37(2), 87S-96S.

Min, K.J., Lee, C.K., and Park, H.N. (2012). 'The Lifespan of Korean Eunuchs,' *Current Biology*, 22(18), R792-793.

Mohammed Ali, S.E.B.K. (2003). 'A Booklet on Female Circumcision from a Medical Perspective.' Translated from the Arabic by Seham Saneya-Abd El Salam, BSc., MA.

Moldwin, R.M., and Valderrama, E. (1989). 'Immunochemical Analysis of Nerve Distribution Patterns within Prepucial Tissue,' *Journal of Urology*, 141(4), Part 2, 499A.

Money, J., and Davidson, J. (1983). 'Adult Penile Circumcision. Erotosexual and Cosmetic Sequelae,' *The Journal of Sex Research*, 19, 289–92.

Montagu, A. (1937). 'The Origins of Subincision in Australia,' *Oceania*, 8, 193-207.

Morgan, W.K.C. (1965). 'The Rape of the Phallus,' *Journal of the American Medical Association*, 193(3), 123-124.

Morgan, W.K.C. (1967). 'Penile Plunder,' *Medical Journal of Australia*, 1, 1102-03.

Morris, B.J., Bailis, S.A., Waskett, J.H., Wiswell, T.E., and Halperin, D.T. (2009). 'Medicaid Coverage of Newborn Circumcision: A Health Parity Right of the Poor,' *American Journal of Public Health*, 99, 969-971.

Morse, H.W. (1968). 'Ritual Circumcision,' *JAMA*, 203(12), 257-258.

Moses, M.J. (1871). 'The Value of Circumcision as a Hygienic and Therapeutic Measure,' *New York Medical Journal*, 14(4), 368-74.

Murphy, W.J. (1976). 'Cantebury v Spence – The Case and a Few Comments,' *Forum*, 11, 716-726.

Nagelkerke, N., Moses, S., de Vlas, S., and Bailey, R. (2007). 'Modelling the Public Health Impact of Male Circumcision for HIV Prevention in High Prevalence Areas in Africa,' *BMC Infectious Diseases*, 7(16).

Nahon, I., Waddington, G., Dorey, G., and Adams, R. (2011). 'The History of Urologic Surgery: From Reeds to Robotics, *Urologic Nursing*, 31(3), 173-180.

Nazaar El-Duqr, M. (2007). 'Circumcision Between Medical and Religious Measures.' Translated from the Arabic by Seham Saneya-Abd El Salam, BSc., MA.

Ngodji, T. (2010). *Knowledge, Attitudes And Practices Of Male Circumcision For HIV Prevention Among Voluntary Counselling And Testing Clients In Onandjokwe District Hospital, Namibia*. (Unpublished master thesis). University of the Western Cape, South Africa. Retrieved from http://etd.uwc.ac.za/usrfiles/modules/etd/docs/etd_gen8Srv25Nme4_1724_1307446057.pdf

Nicoll, A. (1997). 'Routine Male Neonatal Circumcision and Risk of Infection with HIV-1 and Other Sexually Transmitted Diseases,' *Archives of Disease in Childhood (UK)*, 77, 194-5.

Nnko, S., Washija, R., Urassa, M., and Boerma, J.T. (2001). 'Dynamics of Male Circumcision Practices in Northwest Tanzania.' *Sexually Transmitted Disease,* 28(4), 214–218.

Offord, J. (1913), 'Restrictions Concerning Circumcision under the Romans,' *Proceedings of the Royal Society of Medicine*, 6(6), (Sect Hist Med), 102-7.

Ole Manger, L. (2002). 'Religion, Identities, and Politics: Defining Muslim Discourses in the Nuba Mountains of the Sudan,' *Journal of Arabic and Islamic Studies 4*, 132-152.

Oliver, J.C., Oliver, R.T., and Ballard, R.C. (2001). 'Influence of Circumcision and Sexual Behaviour on PSA Levels in Patients Attending a Sexually Transmitted Disease (STD) Clinic,' *Prostate Cancer and Prostatic Diseases*, 4(4), 228-31.

Orrette, F.A. (2001). 'Urinary Tract Infections in General Practice in a Rural Community in South Trinidad,' *Saudi Medical Journal*, 6, 537-540, Retrieved from http://www.smj.org.sa/DetailArticle.asp?ArticleId=326

Osborn, L.M., Metcalf, T.J., and Mariani, E.M. (1981). 'Hygienic Care in Uncircumcised Infants,' *Pediatrics,* 67, 365-7.

Øster, J. (1968). 'Further Fate of the Foreskin: Incidence of Preputial Adhesions, Phimosis, and Smegma among Danish Schoolboys,' *Archives of Disease in Childhood (BMA)* (published by the British Medical Association), 200-202.

Outerbridge, E. (1996). 'Neonatal Circumcision Revisited (Canadian Paediatric Society, Fetus and Newborn Committee),' *CMAJ*, 154(6), 769-80.

Özdemir, E. (1997). 'Significantly Increased Complication Risk with Mass Circumcisions,' *British Journal of Urology*, 80, 136-139.

Paicheler, G.H. (n.d.). 'Male Circumcision as HIV Prevention in Africa: Debates and Resistance,' *Unpublished manuscript*, Retrieved from http://academia.edu/1211958/Male_circumcision_as_HIV_prevention_in_Africa_debates_and_resistance

Pang, M.G. and Kim, D.S. (2002). 'Extraordinarily High Rates of Male Circumcision in South Korea: History and Underlying Causes.' *BJU International,* 89(1), 48–54.

Papu, J. and Verster, P. (2006). 'A Biblical, Cultural and Missiological Critique of Traditional Circumcision among Xhosa-Speaking Christians,' *Acta Theologica*, 2, 178-198.

Park, R. (1902). 'The Surgical Treatment of Epilepsy,' *American Medicine*, 4(21), 807-9.

Pasieczny, T.A.H. (1977). 'The Treatment of Balanitis Xerotica Obliterans with Testosterone Propionate Ointment,' *Acta Dermato-Venerologica (Stockholm)*, 57, 275-277.

Patel, H. (1966). 'The Problem of Routine Infant Circumcision,' *Canadian Medical Association Journal,* 95, 576-81.

Pavlovitch, P. (1999). 'Qad kunna lā na'budu 'llāha wa-lā na'rifuhu. On the Problem of the Pre-Islamic Lord of the Ka'ba,' *Journal of Arabic and Islamic Studies 2,* 49-74.

Peterson, N. (2000) 'An Expanding Aboriginal Domain: Mobility and the Initiation Journey,' *Oceania,* 70(3), 205–219.

Picard, E. (1981). 'Notes,' *Oxford Journal of Legal Studies*, 1, 446.

Pisacane, A., Graziano, L., Mazzarella, G., Scarpellino, B., and Zona, G. (1992). 'Breast-Feeding and Urinary Tract Infection,' *Journal of Pediatrics,* 120, 87-89.

Poland, R.L. (1990). 'The Question of Routine Neonatal Circumcision,' The *New England Journal of Medicine,* 322, 1312-5.

Pounder, D.J. (1983). 'Ritual Mutilation: Subincision of the Penis in Australian Aborigines,' *American Journal of Forensic Medicine and Pathology,* 4(3), 227**.**

Poynter, J.H., and Levy, J. (1967). 'Balanitis Xerotica Obliterans: Effective Treatment with Topical and Sublesional Corticosteroids,' *British Journal of Urology*, 39(4), 420-5.

Prais, D., Shoov-Furman, R., and Amir, J. (2009). 'Is Ritual Circumcision a Risk Factor for Neonatal Urinary Tract Infections?,' *Arch Dis Child*, 94, 191–94.

Prakash (*sic*, Parkash). S. (1972). 'Phimosis and its Plastic Correction,' *Journal of the Indian Medical Association,* 58, 389-90.

Prakash (*sic*, Parkash), S., Raghuram, R., Venkatesan, K., and Ramakrishnan, S. (1982). Sub-Preputial Wetness - Its Nature, *Annals of National Medical Science (India)*, 18(3), 109-112.

Preston, E.N. (1970). 'Whither the Foreskin,' *JAMA*, 213(11), 1853-8.

Queensland Law Reform Commission. (1993). *Circumcision of Male Infants Research Paper*, Brisbane, Retrieved (2013, May 24) Retrieved from http://www.cirp.org/library/legal/QLRC/

Queensland Law Reform Commission. (1995). *Consent to Medical Treatment of Young People*. Discussion Paper WP44, 34-5.

Rathmann, W.G. (1959). 'Female Circumcision, Indications and a New Technique,' *General Practitioner,* 20(9), 115-20.

Ratz, J.L. (1984). 'Carbon Dioxide Laser Treatment of Balanitis Xerotica Obliterans,' *Journal of the American Academy of Dermatology,* 10, 925-28.

Ravich, A. (1942). 'The Relationship of Circumcision to Cancer of the Prostate,' *Journal of Urology*, 48(3), 298-9.

Ravich, A. (1951). 'Prophylaxis of Cancer of the Prostate, Penis, and Cervix by Circumcision,' *New York State Journal of Medicine*, 51(12), 1519-20, 28.

Ravich, A. (1971). 'Viral carcinogenesis in Venereally Susceptible Organs,' *Cancer*, 27(6), 1493-6.

Reddy, D.G, and Baruah, I.K. (1963). 'Carcinogenic Action of Human Smegma,' *Archives of Pathology*, 75(4), 414-420.

Richters, J. (2006). 'Circumcision and the Socially Imagine Sexual Body,' *Health Sociology Review*, 15, 248- 257.

Richters, J., Smith, A.M.A., de Visser, R.O., Grulich, A.E., and Rissel, C.E. (2006). 'Circumcision in Australia: Prevalence and Effects on Sexual Health,' *International Journal of STD and AIDS*, 17, 547-554.

Rickets, B.M. (1888). 'Circumcision from a Dermatological Standpoint,' *Cincinnati Lancet-Clinic*, 20(40), 42.

Rickwood, A.M.K. (1999). 'Medical Indications for Circumcision,' *BJU International,* 83(Suppl 1), 45-51.

Rickwood, A.M.K., Hemalatha, V., Batcup, G., and Spitz, L. (1980). 'Phimosis in Boys,' *British Journal of Urology*, 52, 147-150.

Rickwood, A.M.K., Kenny, S.E., and Donnell, S.C. (2000). 'Towards Evidence Based Circumcision of English Boys: Survey of Trends in Practice,' *BMJ*, 321, 792-3.

Rickwood, A.M.K., and Walker, J. (1989). 'Is Phimosis Overdiagnosed in Boys and Are too Many Circumcisions Performed in Consequence?' *Ann R Coll Surg Engl*, 71(5), 275-7.

Risser, J.M., Rissel, W.L., Eissa, M.A., Cromwell, P.F., Barratt, M.S., Bortot, A. (2004). 'Self-Assessment of Circumcision Status by Adolescents,' *Am J Epidemiol,* 159(11), 1095–1097.

Rivlin, B. (2008). 'The United Nations Human Rights Council: A US Foreign Policy Dilemma,' *American Foreign Policy Interests,* 30, 347-372.

Roagna, I. (2012). 'Protecting the Right to Respect for Private and Family Life Under the European Convention on Human Rights,' Council of Europe Human Rights

Handbooks, Strasbourg, Retrieved from http://www.coe.int/t/dghl/cooperation/capacitybuilding/Source/documentation/hb11_privatelife_en.pdf

Robertson, G. (1984). 'Informed Consent in Canada: An Empirical Study,' *Osgoode Hall Law Journal*, 22, 139-161.

Rodriguez-Diaz, C.E., Clatts, M.C., Jovet-Toledo, G.G., Vargas-Molina, R.L., Goldsamt, L.A., García, H. (2012). 'More than Foreskin: Circumcision Status, History of HIV/STI, and Sexual Risk in a Clinic-Based Sample of Men in Puerto Rico,' *Journal of Sexual Medicine*, doi: 10.1111/j.1743-6109.2012.02871.x.

Roheim, G. (1949). 'The Symbolism of Subincision,' *The American Iago,* 6, 321–328.

Rosemberg, S.K. (1985). 'Carbon Dioxide Laser Treatment of External Genital Lesions,' *Urology*, 25(6), 555-8.

Rosemberg, S.K., and Jacobs, H. (1982). 'Continuous Wave Carbon Dioxide Treatment of Balanitis Xerotica Obliterans,' *Urology*, 19(5), 539-41.

Rosenberry, H.L. (1894). 'Incontinence of Urine and Faeces, Cured by Circumcision,' *Medical Record*, 4(6), 173.

Royal Dutch Medical Association. (2010). 'Non-Therapeutic Circumcision of Male Minors,' Utrecht, Netherlands, Retrieved from http://knmg.artsennet.nl/Publicaties/KNMGpublicatie/Nontherapeutic-circumcision-of-male-minors-2010.htm

Sandler, G., Patrick, E., and Cass, D. (2008). 'Long Standing Balanitis Xerotica Obliterans Resulting in Renal Impairment in a Child,' *Pediatr Surg Int*, 24, 961-964.

Sara, C.A., and Lowry, C.J. (1985). 'A Complication of Circumcision and Dorsal Nerve Block of the Penis,' *Anaesthesia and Intensive Care Journal*, 13(1), 79-82.

Sardi Ross, L.M. (2009). 'Contradictions in Power, Sexuality, and Consent: An Institutional Ethnography of Male Neonatal Circumcision,' Doctor of Philosophy Dissertation, University of Connecticut.

Sarin, Y.K., Sinha, A., and Ojha, S. (2004). '"Snapped in" Penis: An Unusual Presentation of Degloving Injury of the Penis,' *Indian Journal of Urology*, 20, 56-7. Available from: http://www.indianjurol.com/text.asp?2004/20/2/56/37172

Sayre, L.A. (1870). 'Partial Paralysis from Reflex Irritation, Caused by Congenital Phimosis and Adherent Prepuce,' *Transactions of the American Medical Associations*, 21, 205-11.

Sayre, L.A. (1875). 'Spinal Anaemia with Partial Paralysis and Want of Coordination, from Irritation of the Genital Organs,' *Transactions of the American Medical Association*, 26, 255-74.

Sayre, L.A., Detmold, J.C., & Hutchinson, R. (1870). 'Circumcision versus Epilepsy, etc.' Transcription of the New York Pathological Society meeting of June 8, 1870. *Medical Record*, 5(10), 231- 4.

Schmitz, R.F., Abu Bakar, M.H., Omar, Z.H., Kamalanathan, S., Schulpen, T.W., and van der Werken, C. (2001). 'Results of Group-Circumcision of Muslim Boys in Malaysia with a New Type of Disposable Clamp,' *Trop Doct,* 31(3), 152–154.

Schoen, E.J. (2003). 'It's Wise to Circumcise: Time to Change Policy,' *Pediatrics*, 111(6 Pt 1), 1490-1.

Schoen, E.J. (2005b). 'Circumcision for Preventing Urinary Tract Infections in Boys: North American View,' *Archives of Disease in Childhood*, 90, 772-773.

Schoen, E.J., Colby, C.J., and To, T.T. (2006). 'Cost Analysis of Neonatal Circumcision in a Large Health Maintenance Organization,' *Journal of Urology*, 175, 1111-1115.

Schoen, E.J. (2007). 'Circumcision as a Lifetime Vaccination with Many Benefits,' *Journal of Men's Health & Gender*, 4, 306-311.

Schultheiss, D., Mattelaear, J.J., and Hodges, F.M. (2003). 'Preputial Infibulation: From Ancient Medicine to Modern Genital Piercing,' *BJU International*, 92, 758-763.

Schwebke, J.R., and Desmond, R. (2005). 'Risk Factors for Bacterial Vaginosis in Women at High Risk for Sexually Transmitted Diseases,' *Sexually Transmitted Diseases*, 32(11), 654–658.

Scurlock, J., and Pemberton, P. (1977). 'Neonatal Meningitis and Circumcision,' *Medical Journal of Australia*, 1(10), 332-4.

Selvan, S.S., Alagu, G.S., and Gunasekaran, R. (2009). 'Use of a Hypogastric Flap and Split-Thickness Skin Grafting for a Degloving Injury of the Penis and Scrotum: A Different Approach,' *Indian Journal of Plastic Surgery*, 42(2), 258-260.

Sevier, F.A.C. (1967). 'The Hazards of Medical Treatment: The Duty to Inform and the Right to Know,' *A.B.A. Section of Insurance, Negligence & Compensation Law*, 396-412.

Seyam, R.M., Bissada, N.K., Mokhtar, A.A., Mourad, W.A., Aslam, M., Elkum, N., Kattan, S.A., and Hanash, K.A. (2006). 'Outcome of Penile Cancer in Circumcised Men,' *Journal of Urology*, 175(2), 557-61.

Shahid, S. (2012). Phimosis in Children. *ISRN Urology*, Article ID 707329, 1-6.

Shankar, K.R., and Rickwood, A.M. (1999). 'The Incidence of Phimosis in Boys,' *BJU International,* 84(1), 101-2.

Shelley, W.B., Shelley, E.D., Gruenwald M.A., Anders, T.J., and Ramnath, A. (1999). 'Long-Term Antibiotic Therapy for Balanitis Xerotica Obliterans,' *Journal of the American Academy of Dermatology,* 40, 69-72.

Shweder, R.A. (2013). 'The Goose and the Gander: the Genital Wars,' *Global Discourse*, Retrieved from: http://dx.doi.org/10.1080/23269995.2013.811923

Siebrasse, N. (1989). 'Malette v. Shulman: The Requirement of Consent in Medical Emergencies,' *McGill Law Journal*, 34, 1080-1098.

Siegler, A.J., Mbwambo, J.K., and DiClemente, R.J. (2012). 'Acceptability of Medical Male Circumcision and Improved Instrument Sanitation Among a Traditionally Circumcising Group in East Africa,' *AIDS and Behavior*, 16, 1846-1852.

Simpson, E.T., and Barraclough, P. (1998). 'The Management of the Paediatric Foreskin,' *Australian Family Physician*, 27(5), 381-3.

Smith, R.M. (1916). 'Recent Contributions to the Study of Pyelitis in Infancy,' *American Journal of Disease of Children*, XII, 235-43.

Snellman, L.W., and Stang, H.J. (1995). 'Prospective Evaluation of Complications of Dorsal Penile Nerve Block for Neonatal Circumcision,' *Pediatrics*, 95(5), 705-8.

Sorrells, M.L., Snyder, J.L., Reiss, M.D., Eden, C., Milos, M.F., Wilcox, N., and Van Howe, R.S. (2006). 'Fine-Touch Pressure Thresholds in the Adult Penis, *BJU International*, 99, 864-869.

Spilsbury, K., Semmens, J.B., D'Arcy, C., Holman, J., and Wisniewski, Z.S. (2003). 'Circumcision for Phimosis and Other Medical Indications in Western Australian Boys,' *Medical Journal of Australia,* 178(4), 155-158.

Spratling, E.J. (1895). 'Masturbation in the Adult,' *Medical Record*, 48(13), 442-3.

Steadman, B. and Ellsworth, P. (2006). 'To Circ or Not to Circ: Indications, Risks, and Alternatives to Circumcision in the Pediatric Population with Phimosis,' *Urologic Nursing*, 26(3), 181-194.

Stein, M.T., Sandberg, D.E., Mazur, T., Eugster, E., and Daaboul, J. (2004). 'A Newborn Infant With a Disorder of Sexual Differentiation,' *Pediatrics*, Supplement Part 3 of 3, 114, 1473-1477.

Stern, E., and Neely, P.M. (1962). Cancer of the Cervix in Reference to Circumcision and Marital History,' *Journal of the American Medical Women's Association*, 17(9), 739-40.

Stinneford, J.F. (2006). 'Incapacitation through Maiming: Chemical Castration, the Eighth Amendment, and the Denial of Human Dignity,' *University of St. Thomas Law Journal*, 3(3), Article 10, Retrieved from: http://ir.stthomas.edu/ustlj/vol3/iss3/10

Storms, M.R. (1996). 'AAFP Fact Sheet on Neonatal Circumcision: A Need for Updating,' *American Family Physician*, 54(4), 1216-1217.

Storms, M.R. (2009). 'Male Circumcision for the Prevention of HSV-2 and HPV Infections,' *New England Journal of Medicine*, 361(3), author reply, 307.

Sumithran, E. (1977). 'Rarity of Cancer of the Cervix in the Malaysian Orang Asli Despite the Presence of Known Risk Factors,' *Cancer*, 39(4), 1570-72.

Svare, E.I., Kjaer, S.K., Worm, A.M., Osterlind, A., Meijer, C.J., and van den Brule, A.J. (2002). 'Risk Factors for Genital HPV DNA in Men Resemble Those Found in Women: A Study of Male Attendees at a Danish STD Clinic,' *Sexually Transmitted Infections*, 78, 215-218.

Svoboda, J.S. (2003a). 'Circumcision – A Victorian Relic Lacking Ethical, Medical, or Legal Justification,' *American Journal of Bioethics*, 3(2), 52-54.

Svoboda, J.S. (2003b, Summer). "Circumcision a Human Rights, not Religious Issue," *Harvard Law Bulletin*, 55, Retrieved from http://www.law.harvard.edu/news/bulletin/2003/summer/letters_main.html

Svoboda, J.S. (2010b). "Please Focus on Stopping FGC and MGC; Keep Our Children Safe," Letter to *Pediatrics*, Retrieved from http://pediatrics.aappublications.org/content/125/5/1088/reply

Svoboda, J.S. (2010c). 'Genital Integrity and Gender Equity,' *Thymos: Journal of Boyhood Studies,* 4(1), 71-77, Retrieved from http://www.arclaw.org/sites/default/files/documents/THYMOS0401_5_svoboda_MSP.pd

Svoboda, J.S. (2010d). [Review of the book *Transcultural Bodies: Female Genital Cutting in Global Context,* ed. Ylva Hernlund and Bettina Shell-Duncan]. *Social and Legal Studies*, 19(2), 258-260.

Svoboda, J.S. (2012a). 'Financially, Ethically and Legally, Circumcision is Unsuitable to Combat AIDS and HIV,' *Pediatrics*, Reply to M.R. Young et al., "Factors Associated With Uptake of Infant Male Circumcision for HIV Prevention in Western Kenya," Retrieved from http://pediatrics.aappublications.org/content/130/1/e175.abstract/reply#pediatrics_el_540

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Svoboda, J.S. (2012b) 'Promoting Genital Autonomy by Exploring Commonalities between Male, Female, Intersex, and Cosmetic Female Genital Cutting', *Global Discourse* [Online], 3(I), Available from: <http://global- discourse.com/contents>.

Svoboda, J.S. (2013b). 'Circumcision of Male Infants as a Human Rights Violation' *Journal of Medical Ethics*, 1-6, Doi:10.1136.

Svoboda, J.S., and Van Howe, R.S. (2013). 'Out of Step: Fatal Flaws in the Latest AAP Policy Report on Neonatal Circumcision,' *Journal of Medical Ethics*, 1-8.

Svoboda, J.S., Van Howe, R.S., and Dwyer, J. (2000a). 'Informed Consent for Neonatal Circumcision: An Ethical and Legal Conundrum,' *Journal of Contemporary Health Law and Policy*, 17, 61-133.

Szyska, C. (1999). 'Desire and Denial: Sacred and Profane Spaces in 'Abd Al-Hamīd Jawdat Al-Sahhār's Novel *In the Caravan of Time*,' *Journal of Arabic and Islamic Studies 2*, 75-109.

Taddio, A., Goldback, M., Ipp, M., Stevens, B., and Koren, G. (1995). 'Effect of Neonatal Circumcision on Pain Responses at Vaccination in Boys,' *The Lancet*, 345(8945), 291-292.

Taddio, A., Katz, J., Ilersich, AL., and Koren, G. (1997). 'Effect of Neonatal Circumcision on Pain Response during Subsequent Routine Vaccination,' *The Lancet*, 349(9052), 599-603.

Talarico, R.D., and Jasaitis, J.E. (1973). 'Concealed Penis: A Complication of Neonatal Circumcision,' *Journal of Urology*, 110, 732-733.

Tanne, J.H. (1998). 'US Has Epidemic of Sexually Transmitted Disease,' *BMJ*,

317, 1616.

Task Force on Circumcision. (2010). 'Male Circumcision,' *Pediatrics,* 130, e756, DOI: 10.1542/peds.2012-1990.

Taylor, J.R., Lockwood, A.P., and Taylor, A.J. (1996). 'The Prepuce: Specialized Mucosa of the Penis and its Loss to Circumcision,' *British Journal of Urology*, 77, 291-295.

Templeton, D.J., Jin, F., Prestage, G.P., Donovan, B., Imrie, J.C., Kippax, S.C., Cunningham, P.H., Kaldor, J.M., Mindel, A., Cunningham, A.L., Grulich, A.E. (2009). 'Circumcision and Risk of Sexually Transmissible Infections in a Community-Based Cohort of HIV-Negative Homosexual Men in Sydney, Australia,' *Journal of Infectious Diseases*, 200, 1813-1819.

Tennes, K., and Carter, D. (1973). 'Plasma Cortisol Levels and Behavioral States in Early Infancy,' *Psychosomtic Medicine*, 35, 121-128.

Terris, M., Wilson, F., and Nelson, J.H. (1973). 'Relation of Circumcision to Cancer of the Cervix,' *American Journal of Obstetrics and Gynecology*, 117(8), 1056-66.

Thompson, H.C., King, L.R., Knox, E., and Korones, S.B. (1975). 'Report of the Ad Hoc Task Force on Circumcision,' *Pediatrics,* 56(4), 610-1.

Thompson, R.S. (1990). 'Routine Circumcision in the Newborn: An Opposing View,' *Journal of Family Practice,* 31(2), 189-96.

Tobian, A.A., Gray, R.H., and Quinn, T.C. (2010). 'Male Circumcision for the Prevention of Acquisition and Transmission of Sexually Transmitted Infections: The Case for Neonatal Circumcision,' *Archives of Pediatrics and Adolescent Medicine*, 164, 78-84.

Tobian, A.A., Kigozi, G., Redd, A.D., Serwadda, D., Kong, X., Oliver, A., Nalugoda, F., Quinn, T.C., Gray, R.H., and Wawer, M.J. (2012). 'Male Circumcision and Herpes Simplex Virus Type 2 Infection in Female Partners: A Randomized Trial in Rakai, Uganda,' *Journal of Infectious Diseases*, 205(3), 486-90.

Tobian, A., Xiangrong , K., Wawer, M., Kigozi, G., Gravitt, P., Serwadda, D., Eaton, K., Nalugoda, F., Quinn, T., and Gra, R. (2011). 'Circumcision of HIV-Infected Men and Transmission of Human Papillomavirus to Female Partners: Analyses of Data from a Randomised Trial in Rakai, Uganda,' *The Lancet*, *11*, 604-612.

Turner, A.N., Morrison, C.S., Padian, N.S., Kaufman, J.S., Behets, F.M., Salata, R.A., Mmiro, F.A., Mugerwa, R.D., Chipato, T., Celentano, D.D., Rugpao, S., and Miller, W.C. (2008). 'Male Circumcision and Women's Risk of Incident Chlamydial, Gonococcal, and Trichomonal Infections,' *Sexually Transmitted Diseases*, 35(7), 689-695.

Tushmet, L. (1965). "Uncircumcision." *Medical Times*, 93(6), 588-593.

Uhlig, K. (2012). 'Circumcision in Cologne: Protecting a Boy's Freedom of Religion and Bodily Integrity – Cologne's Regional Court Rules that Circumcision Violates a Boy's Right to Physical Integrity and Freedom to Choose a Religion, Marking it as a Criminal Religious Act,' *The Law and Global Justice Forum*, Retrieved from http://www.lgjf.org/2012/11/circumcision-in-cologne-protecting-a-boys-freedom-of-religion-and-bodily-integrity/

Urassa, M., Todd, J., Boerma, J.T., Hayes, R., and Isingo, R. (1997). 'Male Circumcision and Susceptibility to HIV Infection among Men in Tanzania.' *AIDS,* 11(3), 73–80.

Van Howe, R.S. (1997). 'Variability in Penile Appearance and Penile Findings: A

Prospective Study,' *British Journal of Urology*, 80, 776-782.

Van Howe, R.S. (1998). 'Cost-Effective Treatment of Phimosis,' *Pediatrics,* 102(4), e43.

Van Howe, R.S. (1999a). 'Does Circumcision Influence Sexually Transmitted Diseases?: A Literature Review,' *BJU International*, 83(Suppl 1), 52-62.

Van Howe, R.S. (1999b). 'Circumcision and HIV Infection: Review of the Literature and Meta-Analysis,' *International Journal of STD & AIDS*, 10, 8-16.

Van Howe, R.S. (2005). 'Effect of Confounding in the Association between Circumcision Status and Urinary Tract Infection,' *Journal of Infection*, 51(1), 59-68.

Van Howe, R.S. (2007a). 'Case Number and the Financial Impact of Circumcision in Reducing Prostate Cancer,' *BJU International*, 100(5), 1193-1194.

Van Howe, R.S. (2007b). 'Human Papillomavirus and Circumcision: A Meta-Analysis,' *Journal of Infection,* 54, 490-96.

Van Howe, R.S. (2011). 'The American Academy of Pediatrics and Female Genital Cutting: When National Organizations are Guided by Personal Agendas,' *Ethics & Medicine*, 27(3), 165-173.

Van Howe, R.S., Cold, C.J., and Storms, M.R. (2000). 'Male Circumcision and HIV Prevention,' *BMJ International*, 321, 1467-8; author reply.

Van Howe, R.S., and Hodges, F.M. (2006). 'The Carcinogenicity of Smegma: Debunking a Myth,' *Journal of the European Academy of Dermatology and Venereology*, 20(9), 1046-1054.

Van Howe, R.S., & Storms, M. (2009). 'Circumcision to Prevent HPV Infection,' *Lancet*, 10, 746-747.

Van Howe, R.S., and Svoboda, J.S. (2008). 'Neonatal Pain Relief and the Helsinki Declaration,' *Journal of Law, Medicine, and Ethics*, 803-823.

Van Howe, R.S., Svoboda, J.S., Dwyer, J.G., and Price, C.P. (1999). 'Involuntary Circumcision: The Legal Issues,' *British Journal of Urology International,* 83, Supplement 1, Retrieved from http://www.cirp.org/library/legal/vanhowe5/

Van Howe, R.S., Svoboda, J.S., and Hodges, F.M. (2005). 'HIV Infection and Circumcision: Cutting through the Hyperbole,' *JRSH*, 125(6), 259-265.

de Vincenzi, I., and Mertens, T. (1994). 'Male Circumcision: A Role in HIV Prevention?' *AIDS,* 8(2), 153-60.

Vitkauskaite-Meurice, D. (2010). 'The Arab Charter on Human Rights: The Naissance of New Regional Human Rights System or a Challenge to the Universality of Human Rights?,' *Jurisprudencija / Jurisprudence*, 1(119), 165-180.

Wahlin, N. (1992). '"Triple Incision Plasty". A Convenient Procedure for Preputial Relief,' *Scand J Urol Nephrol,* 26(2), 107-10.

Waldeck, S.E. (2003). 'Using Male Circumcision to Understand Social Norms as Multipliers,' *University of Cincinnati Law Review*, 72(3), 455-526, Retrieved From: http://ssrn.com/abstract=1024777

Wallerstein, E. (1985). 'Circumcision, The Uniquely American Medical Enigma,' *Urology Clinic of North America*, 12(1), 123-32.

Wamai, R.G., Morris, B.J., Waskett, J.H., Green, E.C., Banerjee, J., Bailey, R.C., Klausner, J.D., Sokal, D.C., and Hankins, C.A. (2012). 'Criticisms of African Trials Fail to Withstand Scrutiny: Male Circumcision *Does* Prevent HIV Infection,' *Journal of Law and Medicine*, 20, 93-123.

Ward, M.A., Burgess, P.L., Williams, D.H., Herrforth, C.E., Bentz, M.L., and Faucher, L.D. (2010). 'Threatened Fertility and Gonadal Function after a Polytraumatic, Life-Threatening Injury,' *Journal of Emergencies, Trauma, and Shock*, 3, 199-203.

Watson, S.J. (1987). 'Care of Uncircumcised Penis,' *Pediatrics,* 80(5), 765.

Wawer, M., Makumbi, F., Kigozi, G., Serwadda, D., Watya, S., Nalugoda, F., Buwembo, D., Ssempijja, V., Kiwanuka, N., Moulton, L., Sewankambo, N., Reynolds, S., Quinn, T., Opendi, P., Iga, B., Ridzon, R., Laeyendecker, O., and Gray, R. (2009). 'Circumcision in HIV-Infected Men and its Effect on HIV Transmission to Female Partners in Rakai, Uganda: A Randomised Controlled Trial,' *Lancet,* 374, 229–37.

Welty, G. (2006, June). 'From Circumcision to Baptism: A Baptist Covenantal Rejoinder to John Calvin,' White Paper 5, Fort Worth, Texas: The Center for Theological Research: Southwestern Baptist Theological Seminary, Retrieved from http://www.baptisttheology.org/documents/FromCircumcisiontoBaptism.pdf

Westreich, D., Rennie, S., and Muula, A. (2007). 'Comments on Brewer et al., "Male and Female Circumcision Associated With Prevalent HIV Infection in Virgins and Adolescents in Kenya, Lesotho, and Tanzania,"' AEP, 17(11), 926-927.

Williams, B.G., Lloyd-Smith, J.O., Gouws, E., Hankins, C., Getz, W.M., Hargrove, J., de Zoysa, I., Dye, C., and Auvert, B. (2006). 'The Potential Impact of Male Circumcision on HIV in Sub-Saharan Africa.' *PLoS Med* 3(7): e262. DOI: 10.1371/journal.pmed.0030262

Williams, N., Chell, J., and Kapila, L. (1993). 'Why Are Children Referred for Circumcision?' *British Medical Journal*, 306, 28.

Williamson, M.L., and Williamson, P.S. (1988). 'Women's Preference for Penile

Circumcision in Sexual Partners,' *Journal of Sex Education and Therapy*, 14(2), 8-12.

Wilson, C.G., (2008). 'Male Genital Mutilation: An Adaption to Sexual Conflict,' *Evolution and Human Behavior*, 29, 149-164.

Windahl, T., and Hellsten, S. (1993). 'Carbon Dioxide Laser Treatment of Lichen Sclerosus et Atrophicus,' *Journal of Urology,* 150(3), 868-70.

Winkelmann, R.K. (1956). 'The Cutaneous Innervation of the Human Newborn Prepuce,' *Journal of Investigative Dermatology*, 26(1), 53-67.

Winkelmann, R.K. (1959). 'The Erogenous Zones: Their Nerve Supply and Significance,' *Proceedings of the Staff Meetings of the Mayo Clinic*, 34(2), 39-47.

Wirth J.L. (1980). 'Current circumcision practices: Canada.' *Pediatrics*, 66, 705–8.

Wirth J.L. (1986). 'Circumcision in Australia: An Update,' *Journal of Australian Paediatrics,* 22(3), 225–226.

Wiswell, T.E., Smith, F.R., and Bass, J.W. (1985). 'Decreased Incidence of Urinary Tract Infections in Circumcised Male Infants,' *Pediatrics*, 75(5), 901-3.

Wolbarst, A.L. (1914). 'Universal circumcision as a sanitary measure,' *Journal of the American Medical Association*, 62(2): 92-7.

Wolbarst, A.L. (1926). 'Is Circumcision a Prophylactic against Penis Cancer?' *Cancer*, 3(4), 301-10.

Wolbarst, A.L. (1932). 'Circumcision and Penile Carcinoma,' *Lancet*, 1, 150-3.

Wollman, L. (1973). 'Female Circumcision,' *Journal of the American Society of Psychosomatic Dentistry and Medicine*, 20, 130-1.

Wright, J. (1970). 'How Smegma Serves the Penis,' *Sexology (New York)*, 37(2),

50-3.

Wright, J.E. (1994). 'The Treatment of Childhood Phimosis with Topical Steroid,' *The Australian and New Zealand Journal of Surgery*, 64(5), 327-8.

Wright, J.E. (1994). 'Further to the "Further Fate of the Foreskin"' *Medical Journal of Australia,* 160, 134-5.

Wright, J.L., Lin, D.W., and Stanford, J.L. (2012). 'Circumcision and the Risk of Prostate Cancer,' *Cancer,* 118(18), 4437-43.

Wynder, E.L., Cornfield, J., Schroff, P.D., and Doraiswami, K.R. (1954). 'A Study of Environmental Factors in Carcinoma of the Cervix,' *American Journal of Obstetrics and Gynecology*, 68(84), 1016-46.

Wynder, E.L., Mabuchi, K., and Whitmore, W.F. (1971). 'Epidemiology of Cancer of the Prostate,' *Cancer*, 28(2), 344-60.

Yardley, I.E., Cosgrove, C., and Lambert, A.W. (2007). 'Paediatric Preputial Pathology: Are We Circumcising Enough?' *Ann R Coll Surg Engl*, 89, 62-65.

Yilmaz, E., Batislam, E., Basar, M.M., and Basar, H. (2003). 'Psychological Trauma of Circumcision in the Phallic Period Could Be Avoided by Using Topical Steroids,' *International Journal of Urology,* 10(12), 651-6.

Zayed, A.A., and Abdelrahman A.A. (2012). 'Abusing Female Children by Circumcision is Continued in Egypt,' *Journal of Forensic and Legal Medicine*, 19(2012), 196-200.

Zeiler, K., and Wickström, A. (2009). 'Why Do "We" Perform Surgery on Newborn Intersexed Children? The Phenomenology of the Parental Experience of Having a Child with Intersex Anatomies,' *Feminist Theory*, 10(3), 359-377.

Zenilman, J.M., Fresia, A., Berger, B., and McCormack, W.M. (1999). 'Bacterial Vaginosis is Not Associated with Circumcision Status of the Current Male Partner,' *Sexually Transmitted Infections*, 75(5), 347-348.

Zucker, K.J. (2002). 'Evaluation of Sex- and Gender-Assignment Decisions in Patients with Physical Intersex Conditions: A Methodological and Statistical Note,' *Journal of Sex and Marital Therapy*, 28, 269-274.

LEGAL CASES

Canterbury v William Thornton Spence and the Washington Hospital Center 464 F 2d 772 (DC, 1972).

Christian Lawyers' Association v National Minister of Health and Others, 2004 (10) BCLR 1086 (T).

Ciarlariellov. Schacter, [1993] 2 S.C.R. 119 at p. 135, 100 D.L.R. (4th) 609, 62 O.A.C. 161.

Collins v Wilcock [1984] 3All ER 374 at 378

E. (Mrs.) v. Eve 2 SCR 388 (1986)

Gillick v West Norfolk and Wisbech Area Health Authority [1985] 3 All ER 402 at 420

Langericht Köln. (7 Mai 2012) Urteil 151 Ns 169/11

Malette v. Shulman (1990), 72 O.R. (2d) 417, 67 D.L.R. (4th) 321, 37 O.A.C. 281 (C.A.).

Parham v. J.R., 442 US 584, 602-606 (1979)

Prince v Massachusetts, 321 US 158 (1944)

Re T [1992] 4 All ER 649, *per* Lord Donaldson MR

Reibl v Hughes [1980] 2 SCR 880.

Salgo v Leland Stanford Junior Board of Trustees 317 P 2d 170 (Cal, 1957), per Bray J.

Secretary, Department of Health and Community Services v JWB and SMB (Marion's Case) (1992) 175 CLR 218 FC 92/010

Sidaway v Bethlem RHG [1985] 1 All ER 643.

LEGAL AND MEDICAL TEXTS

Active Citizen Network. (2002). 'European Charter of Patients' Rights,' Retrieved from http://www.ehltf.info/joomla/index.php/en/ehltf/patients-rights

African Charter on Human and People's Rights, Adopted 27 June 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), entered into force 21 October 1986, Retrieved from http://www.africa-union.org/Official_documents/Treaties_%20Conventions_%20Protocols/Banjul%20Charter.pdf

African Charter on the Rights and Welfare of the Child, OAU Doc. CAB/LEG/24.9/49 (1990), entered into force Nov. 29, 1999, Retrieved from http://www.africa-union.org/Official_documents/Treaties_%20Conventions_%20Protocols/A.%20C.%20ON%20THE%20RIGHT%20AND%20WELF%20OF%20CHILD.pdf

African Commission on Human and People's Rights. (1999). *Resolution on the Ratification of the African Charter on the Rights and Welfare of the Child*. Retrieved from:

http://www1.chr.up.ac.za/images/files/documents/ahrdd/theme06/children_resolution_ratification_charter_1999.pdf

African Commission on Human and People's Rights. (2009). '27th Activity Report of the African Commission on Human and Peoples' Rights (ACHPR) Submitted in Accordance with Article 54 of the African Charter on Human and Peoples' Rights,' Retrieved from http://www.achpr.org/activity-reports/27/

African Committee of Experts on the Rights and Welfare of the Child. African Union. (2010). *Recommendations and Observations Sent to the Government of the Republic of Uganda by the African Committee of Experts on the Rights and Welfare of the Child on the Initial Implementation Report of the African Charter of the Rights and Welfare of the Child*. Retrieved from http://www1.chr.up.ac.za/images/files/documents/ahrdd/theme06/children_uganda_concluding_obs_2010.pdf

African Unity Assembly of Heads of State and Government. (2008). Decision on the Report on the Promotion of Maternal, Infant and Child Health and Development In Africa. (DOC.Assembly/AU/6 (XI)/Dec.195). Retrieved from http://www1.chr.up.ac.za/images/files/documents/ahrdd/theme06/children_decision_report_promotion_maternal_infant_child_health_dev_2008.pdf

American Convention on Human Rights, Pact of San Jose, Costa Rice, Retrieved from http://www.oas.org/dil/treaties_B-32_American_Convention_on_Human_Rights.pdf

American Declaration on the Rights and Duties of Man, AG/RES. 1591 (XXVIII-O/98), Retrieved from http://www.hrcr.org/docs/OAS_Declaration/oasrights.html

Australian Human Rights Commission. (2009). 'Surgery on Intersex Infants and Human Rights,' Retrieved from http://www.humanrights.gov.au/surgery-intersex-infants-and-human-rights-2009

Cairo Declaration on Human Rights in Islam, Aug. 5, 1990, U.N. GAOR, World Conf. on Human Rights, 4th Sess., Agenda Item 5, U.N. Doc. A/CONF.157/PC/62/Add.18 (1993) [English translation], Retrieved from http://www1.umn.edu/humanrts/instree/cairodeclaration.html

Charter of Fundamental Rights of the European Union, 2000/C, 364/01, Retrieved from http://www.europarl.europa.eu/charter/pdf/text_en.pdf

Children Act 1989, Chapter 41, 16 November 1989, Retrieved from http://www.legislation.gov.uk/ukpga/1989/41/contents

Commission on Human Rights. (2002). 'Written Statement Submitted by the National Organization of Circumcision Information Resource Centers (NOCIRC), a Non-Governmental Organization on the Roster,' E/CN.4/Sub.2/2002/NGO/1, 23 March 2002, Retrieved from http://www.unhchr.ch/Huridocda/Huridoca.nsf/(Symbol)/E.CN.4.Sub.2.2002.NGO.1.En?Opendocument

Commission on Human Rights. (2003). *Elimination of All Forms of Religious Intolerance*, Resolution 2003/54, Retrieved from http://www.unhchr.ch/Huridocda/Huridoca.nsf/(Symbol)/E.CN.4.RES.2003.54.En

Committee against Torture, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Forty-second session 27 April – 15

May 2009, Retrieved from http://www2.ohchr.org/english/bodies/cat/docs/CAT.C.PHL.Q.2.Add.1.pdf

Committee on the Elimination of Discrimination against Women. (1990). General Recommendation No. 14: FC, Ninth session, Retrieved from http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/Recommendations.aspx

Committee on the Elimination of Racial Discrimination. (2012). 'Reports submitted by States parties under article 9 of the Convention (Finland),' CERD/C/FIN/20-22 (GE.12-40796), 14 February 2012, Retrieved from http://www2.ohchr.org/english/bodies/cerd/docs/CERD.C.FIN.20-22.pdf

Committee on the Rights of the Child. (1998). 'Consideration of Reports Submitted by States Parties under Article 44 of the Convention,' CRC/C/11/Add.20, 20 July 1998, GE.98-17230.

Committee on the Rights of the Child (2001a). Consideration of Reports Submitted by States Parties Under Article 44 of the Convention, (CRC/C/3/Add.63, 26 July 2001).

Committee on the Rights of the Child. (2002). 'General Comment No. 2: The Role of Independent National Human Rights Institutions in the Promotion and Protection of the Rights of the Child,' CRC/GC/2002/2, Thirty-second session, 13-31 January 2003, Retrieved from http://www2.ohchr.org/english/bodies/crc/comments.htm

Committee on the Rights of the Child. (2003). 'General Comment No. 5 (2003): General Measures of Implementation of the Convention on the Rights of the Child (Arts. 4, 42 and 44, Para. 6),' 34th session, 19 September – 3 October 2003, Retrieved from http://www2.ohchr.org/english/bodies/crc/comments.htm

Committee on the Rights of the Child. (2006). 'General Comment No. 8 (2006): The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment (Arts. 19; 28, Para. 2; and 37, *inter alia*),' CRC/C/GC/8, Forty-second session, Geneva, 15 May-2 June 2006, Retrieved from http://www2.ohchr.org/english/bodies/crc/comments.htm

Committee on the Rights of the Child (2009). 'General Comment No. 12: The Right of the Child to Be Heard,' CRC/C/GC/12, Fifty-first session, 25 May-12 June 2009, Retrieved from http://www2.ohchr.org/english/bodies/crc/comments.htm

Committee on the Rights of the Child. (2011). 'General Comment No. 13 (2011): The Right of the Child to Freedom from all Forms of Violence,' CRC/C/GC/13, GE.11-42387, 18 April 2011, Retrieved from http://www2.ohchr.org/english/bodies/crc/comments.htm

Committee on the Rights of the Chid. (2013b). 'General Comment No. 14 (2013) on the Right of the Child to Have His or Her Best Interests Taken as a Primary Consideration (Art. 3, Para. 1),' CRC/C/GC/14, Sixty-Second Session, 29 May 2013, Retrieved from http://www2.ohchr.org/english/bodies/crc/comments.htm

Consideration of Reports Submitted by States Parties under Article 19 of the Convention, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, CAT/C/4/Rev.3 18 July 2005, GE.05-42837 (E) 200705, Retrieved from http://www2.ohchr.org/english/bodies/cat/docs/CAT.C.PHL.2.pdf

Convention on the Rights of the Child, GA Res. 44/25, 20 November 1989, *entered into force* 2 September 1990, Retrieved from http://www.un.org/documents/ga/res/44/a44r025.htm

Council of the European Union. (2009). 'EU Guidelines: Human Rights and International Humanitarian Law,' Bruxelles, European Communities, Retrieved from http://eeas.europa.eu/human_rights/docs/guidelines_en.pdf

Covenant on the Rights of the Child in Islam, Organization of the Islamic Conference, OIC/9-IGGE/HR1/2004, Retrieved from http://www.oic-oci.org/english/convenion/Rights%20of%20the%20Child%20In%20Islam%20E.pdf

Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief, General Assembly resolution 36/55 of 25 November 1981, Retrieved from http://www.wunrn.com/reference/pdf/Declaration_Elimination_Intolerance_Discrimination.PDF

Declaration of Geneva, Adopted by the General Assembly of World Medical Association at Geneva Switzerland, September 1948, Retrieved from http://www.wma.net/en/30publications/10policies/g1/index.html

Declaration of Helsinki, Adopted by the 18th World Medical Assembly, Helsinki, Finland, June 1964, Amended by the 29th World Medical Assembly, Tokyo, Japan, October 1975, and the 35th World Medical Assembly, Venice, Italy, October 1983, Retrieved from http://www.cirp.org/library/ethics/helsinki/

European Charter for Children in Hospital, First European Conference in Leiden, Netherlands, May 1988, Retrieved from http://www.childreninhospital.ie/system/assets/28/original/each-charter.pdf

European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. (1998). '8th General Report on the CPT's Activities Covering

the Period 1 January to 31 December 1997,' Ref.: CPT/Inf (98) 12 [EN], 31 August 1998, Retrieved from http://www.cpt.coe.int/en/annual/rep-08.htm

European Convention on Human Rights, Entered into force on 3 September 1953, Retrieved from http://www.hrcr.org/docs/Eur_Convention/euroconv.html

European Convention on Human Rights and Biomedicine, Oviedo, 4.IV.1997, Retrieved from http://www.conventions.coe.int/Treaty/en/Treaties/Html/164.htm

European Social Charter, Turin, 18.X.1961, Retrieved from http://www.essex.ac.uk/armedcon/story_id/000536.html

Geneva Declaration of the Rights of the Child, Adopted 26 September, 1924, League of Nations, Retrieved from http://www.un-documents.net/gdrc1924.htm

The Global Network of People Living with HIV/AIDS (GNP+). (2009). 'Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package,' Amsterdam, Retrieved from http://www2.ohchr.org/english/issues/women/docs/WRGS/UN%20Agencies/UNAIDS3.pdf

Human Rights Committee. (1993). 'General Comment No. 22 (48) (Art. 18),' CCPR/C/21/Rev.1/Add.4, 27 September 1993, Retrieved from http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2f21%2fRev.1%2fAdd.4&Lang=en

Human Rights Committee. (2000). 'General Comment No. 28 Article 3 (The Equality of Rights between Men and Women),' Sixty-eighth session, Adopted: 29 March 2000 (1834th meeting), HRI/GEN/1/Rev.9 (Vol. I), Retrieved from

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=8&DocTypeID=11

Human Rights Committee. (2013b). 'Draft General Comment No. 35: Article 9: Liberty and Security of Person,' CCPR/C/107/R.3, 107th session, Geneva, 11 – 28 March 2013, Retrieved from http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=8&DocTypeID=11

Human Rights Council. (2012). 'Written Statement Submitted by the International Humanist and Ethical Union, a Non-Governmental Organization in Special Consultative Status,' A/HRC/21/NGO/21, Distr.: General 30 August 2012, Retrieved from http://www.humanistischverbond.nl/doc/iheucircumscisionofmalechildren_1.pdf

Human Rights Council. (2013). 'Written Statement Submitted by the International Humanist and Ethical Union, a Non-Governmental Organization in Special Consultative Status,' 21st Session Agenda 4, 30 August 2012, A/HRC/21/NGO/21, GE.12-16256

Human Rights Council Advisory Committee. (2012). 'Written Statement Submitted by the Nonviolent Radical Party, Transnational and Transparty, a Non-Governmental Organization in General Consultative Status,' A/HRC/AC/9/NGO/2 (GE.12-15618), 9th Session, 6-10 August 2012, Retrieved from http://www.ohchr.org/Documents/HRBodies/HRCouncil/AdvisoryCom/Session9/A-HRC-AC-9-NGO-2_en.pdf

Inter-American Commission on Human Rights. (2008). *The Rights of the Child in the Inter-American Human Rights System*. 2nd ed. (OEA/Ser.L/V/II.133, Doc. 34).

Retrieved from website:
http://www.cidh.org/countryrep/Infancia2eng/Infancia2Toc.eng.htm

Inter-American Commission on Human Rights. (2009). *Report on Citizen Security and Human Rights* (OEA/Ser.L/V/II. Doc.57). Retrieved from website: http://www.oas.org/en/iachr/docs/pdf/CitizenSec.pdf

Inter-American Commission on Human Rights. (2011a). *Access to Information on Reproductive Health from a Human Rights Perspective*. (OEA/Ser.L/V/II. Doc. 61). Retrieved from website:
http://www.oas.org/en/iachr/women/docs/pdf/womenaccessinformationreproductivehealth.pdf

Inter-American Commission on Human Rights. (2011b). *Legal Standards Related to Gender Equality and Women's Rights in the Inter-American Human Rights System: Development and Application*. (OEA/Ser.L/V/II. 143 Doc. 60). Retrieved from website: http://www.oas.org/en/iachr/women/docs/pdf/REGIONALst.pdf

Inter-American Commission on Human Rights. (2011c). *Report on the Human Rights of Persons Deprived of Liberty in the Americas*. (OEA/Ser.L/V/II. Doc. 64). Retrieved from website: http://www.oas.org/en/iachr/pdl/docs/pdf/PPL2011eng.pdf

International Code of Medical Ethics, Adopted by the Third General Assembly of the World Medical Association, London, 1(3), October 1949, Retrieved from http://www.cirp.org/library/ethics/intlcode/

International Covenant on Civil and Political Rights, UN GA Res. 2200A (XXI), 21 UN GAOR Supp. (No. 16) at 52, UN Doc. A/6316 (1966), 999 UNTS 171, *entered into force* 23 March 1976, Retrieved from http://www.hrweb.org/legal/cpr.html

International Covenant on Economic, Social, and Cultural Rights, GA Res. 2200A (XXI), 21 UN GAOR Supp. (No. 16) at 49, UN Doc. A/6316 (1966), 993 UNTS 3, *entered into force* 3, January 1976, Retrieved from http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx

Khartoum Declaration, 7-8 Safar 1430AH (2-3 February 2009), Retrieved from: http://www.oic-oci.org/english/conf/child/2/2nd_Khartoum_Declaration_en.pdf

María Arana, M. (2005). 'A Human Rights Investigation into the Medical "Normalization" of Intersex People: A Report of a Public Hearing by the Human Rights Commission of the City & County of San Francisco,' Retrieved from http://www.isna.org/files/SFHRC_Intersex_Report.pdf

Organization of African Unity Assembly of Heads of State and Government. (1996). *Resolution on Bioethics*. (AHG/Res. 254 (XXXII) 1996). Retrieved from http://www1.chr.up.ac.za/images/files/documents/ahrdd/theme19/health_resolution_bioethics_1996.pdf

The Praesidium. (2000). '*Draft Charter of Fundamental Rights of the European Union*,' Brussels, 11 October 2000 (18.10) (OR. fr), Charter 4473/00, Convent 49, Retrieved from http://www.europarl.europa.eu/charter/pdf/04473_en.pdf

Proclamation of Tehran, Final Act of the International Conference on Human Rights, Teheran, 22 April to 13 May 1968, U.N. Doc. A/CONF. 32/41 at 3 (1968), Retrieved from http://www1.umn.edu/humanrts/instree/l2ptichr.htm

Rabat Declaration on Child's Issues in the Member States of the Organization of the Islamic Conference, 7-9 November 2005, Retrieved from: http://www.oic-oci.org/english/conf/child/1/1st_Rabat_Declaration_en.pdf

Resolution on The Conference's Main Document 'Accelerating Early Childhood Development in the Islamic World' (Resolution ICMCC-3/2011/R.2.2) In *Tripoli Declaration on Accelerating Early Childhood Development in the Islamic World, Third Islamic Conference of Ministers in Charge of Childhood: Reinforcing Development: Meeting the Challenge of Early Childhood Promotion in the Islamic World*, 10-11 February 2001 (Annouar), Retrieved from: http://www.oic-oci.org/english/conf/child/3/3rd_Tripoli_Declaration_en.pdf

Resolutions Adopted by the Second Islamic Conference of Health Ministers, Tehran –Islamic Republic Of Iran 1-4 March 2009 (3-6 Rabi Al-Awal 1430H), OIC/2-ICHM/2009/RES-FINAL, Retrieved from: http://www.oic-oci.org/english/conf/health/2/2-ICHM-RES-E.pdf

Revised Arab Charter on Human Rights, League of Arab States, May 22, 2004, *entered into force* March 15, 2008, Retrieved from http://www.cartercenter.org/resources/pdfs/peace/democracy/des/revised_Arab_charter_human_rights.pdf

Special Rapporteur on Freedom of Religion or Belief. (c.2007). 'Framework for Communications,' Retrieved from http://www2.ohchr.org/english/issues/religion/I3d.htm

Steering Committee for Human Rights (CDDH) (2013). 'Committee of Ministers' Thematic Debate on "Freedom of Religion and the Situation of Religious Minorities" – 13 December 2012 – Information Document by the Secretary General and Chairperson's Summing Up,' Strasbourg, 21 February 2013, Information Document SG/Inf(2012)31, CDDH(2013)009, Retrieved from http://www.coe.int/t/dghl/standardsetting/cddh/List%20CDDH%20documents_en.asp

Tehran Declaration, Second Islamic Conference Of The Ministers Of Health, 1-4 March 2009 (3-6 Rabi Al-Awal 1430 H), OIC/2-ICHM/2009, Retrieved from http://www.oic-oci.org/english/conf/health/2/2-ICHM-TEH-DEC-E.pdf

Universal Declaration on Bioethics and Human Rights, adopted by UNESCO, 19 October 2005, Retrieved from http://unesdoc.unesco.org/images/0014/001461/146180E.pdf

Universal Declaration on Human Rights adopted by the UN GA Res. 217 A (III), UN Doc. A/810 at 71, 10 December 1948, Retrieved from http://www.un.org/en/documents/udhr/index.shtml

Universal Islamic Declaration of Human Rights, 21 Dhul Qaidah 1401, 19 September 1981, Retrieved from http://www.alhewar.com/ISLAMDECL.html

United Nations General Assembly (2011). 'Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS,' A/65/L.77, 65th Session, Distr.: Limited 8 June 2011, Retrieved from http://www.ohchr.org/Documents/Press/2011PoliticalDeclaration_A-65-L77.pdf

Vienna Declaration and Programme of Action, Adopted by the World Conference on Human Rights, UN Doc. A/CONF.157/23, 12 July 1993, Retrieved from http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/A.CONF.157.23.En

Working Group on Economic, Social and Cultural Rights. African Commission on Human and People's Rights, (2012). *State Party Reporting Guidelines for Economic, Social and Cultural Rights in the African Charter on Human and Peoples' Rights*. Retrieved from website: http://www.achpr.org/files/instruments/economic-social-cultural-guidelines/achpr_instr_tunis_reporting_guidelines_esc_rights_2012_eng.pdf

World Health Organization. (1994). 'A Declaration On The Promotion Of Patients' Rights In Europe,' ICP/HLE 121 28 June 1994, European Consultation On The Rights Of Patients Amsterdam 28 - 30 March 1994, Retrieved from http://www.who.int/genomics/public/eu_declaration1994.pdf

World Health Organization. (2001). 'Female Genital Mutilation: The Prevention and the Management of the Health Complications: Policy Guidelines for Nurses and Midwives,' WHO/FCH/GWH/01.5 WHO/RHR/01.18 Dist: General Original: English, Department of Gender, Women and Health Department of Reproductive Health and Research Family and Community Health World Health Organization Geneva.

World Health Organization. (2008). 'Eliminating Female Genital Mutilation: An Interagency Statement: OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO,' Retrieved from http://www.unfpa.org/upload/lib_pub_file/756_filename_fgm.pdf

PERIODICALS

SAPA. (2013, 23 May). 'Initiation A Touchy Topic in Mpumalanga.' *News24*. Retrieved from http://www.news24.com/SouthAfrica/News/Initiation-a-touchy-topic-in-Mpumalanga-20130523

Baker, R.B. (1979). 'Newborn Male Circumcision: Needless and Dangerous,' *Sexual Medicine Today*, 3.

Berkman, S. (2013, April 1). Are New York Hospitals Hiding Herpes From Metzitzah B'Peh Circumcision Rite? *Forward*, Retrieved from http://forward.com/articles/174081/are-new-york-hospitals-hiding-herpes-from-metzitza/

Bigelow, J. (1994). “Uncircumcising: Undoing the Effects of an Ancient Practice in a Modern World.” *Mothering*, Summer, 56-61.

Brady, B. (2013, April 8). ‘Babies' Herpes Linked to Circumcision Practice.’ *CNN News*. Retrieved from http://edition.cnn.com/2013/04/07/health/new-york-neonatal-herpes

Breaking! Another NYC Baby Gets Herpes from Dangerous Haredi Circumcision Ritual. (2013, January 7). *Failed Messiah*, Retrieved from http://failedmessiah.typepad.com/failed_messiahcom/2013/01/breaking-another-nyc-baby-gets-herpes-from-haredi-circumcision-penis-sucking-ritual-234.html

Colorado NOCIRC. (n.d.). *Circumcision: Techniques, Results, and Complications*. Retrieved from http://www.coloradonocirc.org/files/handouts/Circumcision_Techniques_and_Complications.pdf

Cope, D.K. (1998). ‘Neonatal Pain: The Evolution of an Idea,’ *The American Association of Anesthesiologists Newsletter*.

Cruz, R., Denniston, G., Harryman, G.L., Hill, G., Svoboda, J.S., Travis, J.W., Van Howe, R., and Wayne, E.M. (2001). ‘Full Disclosure: Circumcision Information for Health Professionals and Parents,’ *International Coalition for Genital Integrity*, Retrieved from http://www.icgi.org/Downloads/Full_Disclosure.pdf

Dietzen, F.J. (2004). “The Morality of Circumcision.” *The Tablet*, October, 33.

Earp, B.D. (2013b). ‘It’s OK to Criticize Religious Practices,’ *The Philosophers’ Magazine*, Retrieved from: http://www.academia.edu/2589570/Islamophobia_or_fair_critique

Fauntleroy, G. (2005). “The Truth about Circumcision and HIV.” *Mothering Magazine*, (149).

Fihlani, P. (2002, 15 August). ‘Why South Africans Risk Death and Injury to Be Circumcised.’ *BBC News*. Retrieved from http://www.bbc.co.uk/news/world-africa-19256839

Fleiss, P.M. (2000). “Protect Your Uncircumcised Son: Expert Medical Advice for Parents.” *Mothering,* Winter, 41-44.

Foley, J.M. (1966, July/August). The Unkindest Cut of All. *Fact Magazine*, 3(4), 2-9.

Geisheker, J.V., and Travis, J.W. (2008, May 30). Only Clean What is Seen – Reversing the Epidemic of Forcible Foreskin Retractions. *Kindred Community*, 28-33.

Goldman, A.J., Snyder, D., and Jeffay, N. (2013, May 6). ‘Circumcision Controversy: Endangers Fight To Keep Rite Legal in Germany - Lawsuits Cite Rabbi’s Videotape of Metzizah B’Peh.’ *Forward*. Retrieved from: http://forward.com/articles/175915/circumcision-controversy-endangers-fight-to-keep-r/?p=all

Gurfinkiel, M. (2012, 12 August). ‘No Future in France: Dire Times for French Jews.’ *PJ Media*. Retrieved from http://www.meforum.org/3304/french-jews

Hall, R.G. (1992). “Epispasm: Circumcision in Reverse.” *Bible Review*, August, 52-7.

Halperin, M. (2006, Winter 5767). Controversy: The View from Israel. *Jewish Action*, 25.

Jenkins, L. (2012, 20 December). 'The One Cut Libertarians Should Oppose: Infant Circumcision.' *Back Bencher*. Retrieved from http://thebackbencher.co.uk/the-one-cut-libertarians-should-oppose-infant-circumcision/

Jews against Circumcision. (n.d.). *Brit Shalom: Covenant of Peace*. Retrieved from http://www.jewsagainstcircumcision.org/brisshalom.htm

Kimmel, M.S. (2001, May/June). The Kindest Un-Cut: Feminism, Judaism, and My Son's Foreskin. *Tikkun*, 16(3), Retrieved from http://www.cirp.org/pages/cultural/kimmel1/

Kirsch, A. (2013, February 19). Birth Right: You Wouldn't Expect that the Tractate on Shabbat would be the Place to Discuss Circumcision. You'd Be Wrong. *Tablet Magazine*, Retrieved from http://www.tabletmag.com/jewish-life-and-religion/124412/birth-right-3?all=1

Kiwuuwa, P., and Masaba, S. (2013, 16 July). 'Man Loses Penis in Medical Circumcision.' *New Vision*. Retrieved from http://www.newvision.co.ug/news/645118-man-loses-penis-in-medical-circumcision.html

Korobkin, N.D. (2006, Winter 5767). Metzizah B'Peh, Rabbinic Polemics, and Applying the Lessons of History. *Jewish Action*, 24.

Larue, G. A. (1989, July/August). Religious Traditions and Circumcision. *The Truthseeker*, 4-8. Retrieved from http://nocirc.org/symposia/second/larue.html

Montagu, A. (1946, October). *Ritual Mutilation among Primitive Peoples*. Ciba Symposium, 8(7), 421-36.

Nathan-Kazis, J. (2012, August 24). Orthodox Mobilize To Defend Circumcision Rite. *Forward*, Retrieved from http://forward.com/articles/161082/orthodox-mobilize-to-defend-circumcision-rite/

Okoloko, E., and Majivolo, T. (2013, 24 July). 'South Africa: Initiation Deaths Can Be Stopped.' *All Africa*. Retrieved from http://allafrica.com/stories/201307241340.html

Peron, J.E. (1991, November). "Care of the Intact Penis." *Midwifery Today,* 17:24.

Rabin, R.C. (2010, August). Steep Drop Seen in Circumcisions in U.S. *New York Times*, Retrieved from http://www.nytimes.com/2010/08/17/health/research/17circ.html?_r=4&

Rosenberg, S. (2012, June 27). Another Baby Hospitalized with Herpes from Metzitzah B'Peh. *Failed Messiah*, Retrieved from http://failedmessiah.typepad.com/failed_messiahcom/2012/06/another-baby-hospitalized-with-herpes-from-metzitzah-bpeh-345.html

Rosenberg, S. (2013, April 23). Metzitza B'Peh is a Part of the Circumcision Procedure and Must Be Done, Israel's Haredi Chief Rabbis Now Say. *Failed Messiah*, Retrieved from http://failedmessiah.typepad.com/failed_messiahcom/2013/04/metzitza-bpeh-is-a-part-of-the-circumcision-procedure-israels-chief-rabbis-now-say-345.html

Seelinger, K.T., and Reyes, H. (2013, 28 August). 'Ending 'Female Circumcision' in Practice and Name.' *Huffington Post*. Retrieved from http://www.huffingtonpost.com/kim-thuy-seelinger-jd/female-circumcision_b_3829467.html

Stern, M. (2013, March 29). Opposing NYC Circumcision Rule Does More Harm Than Good. *The Jewish Week*, Retrieved from http://www.thejewishweek.com/editorial-opinion/opinion/opposing-nyc-circumcision-rule-does-more-harm-good

Sterne, P. (2012, 13 October). 'East versus West: Circumcision Wars.' *Ground Report*. Retrieved from http://www.groundreport.com/World/Circumcision-Is-In-The-Headlines-Again/2948555

Svoboda, J.S. (2008, May). 'Is Infant Circumcision a Violation of a Child's Rights?' *Psychology Today*, 41(3), 25.

Svoboda, J.S., Boyle, G.J., and Price, C.P. (2000b, May/June). 'Circumcision of Boys: A Serious Male Health Problem.*' Everyman*, Retrieved from http://nocircumcision.blogspot.co.uk/2007/05/circumcision-of-boys-serious-male.html

Tandavan, D. (1989, February 1). Routine Circumcision is Unnecessary. *Hinduism Today*, Retrieved from http://www.hinduismtoday.com/modules/smartsection/item.php?itemid=600

US Rabbis Approve Mohel's Use of Tube. (2005). *NOCIRC Annual Newsletter*, 19, ISSN: 1070-3721, 1-8. Retrieved from http://www.nocirc.org/publish/nocirc-2005newsletter.pdf

Zambito, T. (2012, March 3). Infant's Death at Maimonides Hospital Linked to Circumcision. *New York Daily News*, Retrieved from http://www.nydailynews.com/new-york/infant-death-maimonides-hospital-linked-circumcision-article-1.1032432

MISCELLANEOUS

AIDS Committee of the General Conference of Seventh-Day Adventists (1990). *AIDS – A Seventh-day Adventist Response*. Retrieved from http://www.adventist.org/beliefs/other-documents/other-doc1.html

UNICEF. (2007). Progress against Abuse, Exploitation, and Violence: Female Genital Mutilation/Cutting. Retrieved from http://www.unicef.org/progressforchildren/2007n6/index_41847.htm

African Commission on Human and Peoples' Rights. (2013a). 'Special Rapporteur on Human Rights Defenders.' Retrieved from http://www.achpr.org/mechanisms/human-rights-defenders/

African Commission on Human and Peoples' Rights. (2013b). 'Working Group on Economic, Social, and Cultural Rights.' Retrieved from http://www.achpr.org/mechanisms/escr/

American Academy of Pediatrics (1984). *Care of the Uncircumcised Penis: Guidelines for Parents* (Pamphlet), Elk Grove Village, Illinois.

American Cancer Society (1996). 'Letter to American Academy of Pediatrics,' Retrieved from http://www.nocirc.org/position/acs.php

American Cancer Society (2012). 'Penile Cancer.' Retrieved from http://www.cancer.org/acs/groups/cid/documents/webcontent/003132-pdf.pdf

Attorneys for the Rights of the Child (2013). *List of Legal Victories Proving Harm Caused by Circumcision*, Retrieved from http://arclaw.org/resources/settlements

El-Banaat Khaled, S. (2003, 27 August). 'Female Circumcision: A Medical Perspective.' Translated from the Arabic by Seham Saneya-Abd El Salam, BSc., MA., Retrieved from Retrieved from http://islamport.com/w/amm/Web/5140/1.htm

Benedict XVI. (2007a). *General Audience: Wednesday, 31 January 2007*. Retrieved (2013, June 10) From http://www.vatican.va/holy_father/benedict_xvi/audiences/2007/documents/hf_ben-xvi_aud_20070131_en.html

Benedict XVI. (2007b). Pastoral Visit of His Holiness Benedict XVI to Assisi on the Eighth Centenary of the Conversion of Saint Francis: Eucharistic Concelebration: *Homily Of His Holiness Benedict XVI*, *Square Outside The Lower Basilica Of St Francis Sunday, 17 June 2007*. Retrieved (2013, June 10) From http://www.vatican.va/holy_father/benedict_xvi/homilies/2007/documents/hf_ben-xvi_hom_20070617_assisi_en.html

Bollinger, D. (2006, September 24). *HGM Classification*. Retrieved from http://www.icgi.org/information/hgm-classification

'Brit without Milah.' (n.d.). Retrieved from http://www.circumstitions.com/Docs/britwm.pdf

Canada Circumcision Statistics. (2008, September 13). Retrieved from http://www.cirp.org/library/statistics/Canada/

Catholics against Circumcision (n.d.). 'Catholic Teachings on Circumcision: Respecting the Bodily Integrity of All God's Children.' Retrieved from http://www.catholicsagainstcircumcision.org/Catholic_Brochure.pdf

Centers for Disease Control and Prevention. (2011, September 2). Trends in In-Hospital Newborn Male Circumcision — United States, 1999–2010. *Morbidity and Mortality Weekly Report*, 60(34), 1167-8.

Child Rights International Network. (2012). 'Submission of the Child Rights International Network (CRIN) to the OHCHR Study on Children's Right to Health (Human Rights Council Resolution 19/37).' Retrieved from http://www.ohchr.org/Documents/Issues/Children/Study/RightHealth/Child_Rights_International_Network_CRIN.pdf

Circumcision. In (2013). *Insight on the Scriptures* (Vol. 1, pp. 469-70). Watchtower Bible and Tract Society of Pennsylvania. Retrieved from http://wol.jw.org/en/wol/d/r1/lp-e/1200000977

Circumcision Deaths. (2013). Circumcision Information Resource Pages, Retrieved from http://www.cirp.org/library/death/

Circumcision Information Resource Pages (CIRP), (2005). 'Anatomy of the Penis, Mechanics of Intercourse.' Retrieved from http://www.cirp.org/pages/anat/

Circumcision and Non-Circumcision in Australia. (2012). Retrieved (2013, May 22) From: http://www.cirp.org/library/statistics/CandNon-C/

Circumcision Statement. (1983). Parkville: Australian College of Paediatrics. Retrieved From: http://www.cirp.org/library/statements/acp1983/

Circumstitions. (n.d.). 'Christianity and Circumcision.' Retrieved (2013, June 10) From http://www.circumstitions.com/Docs/xy.pdf

Committee on the Rights of the Child. (2001b, January). 'Recommends, In Preliminary Remarks, that Lesotho Build Partnerships with International Organizations to

Fight HIV/AIDS and Poverty,' 26th Session, Retrieved from http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=2528&LangID=E

Committee on the Rights of the Child. (2013, June). 'Committee on the Rights of the Child Reviews Report of Israel.' Retrieved from http://www.unog.ch/80256EDD006B9C2E/(httpNewsByYear_en)/F75D7CD519DD14A4C1257B7F005B9BC9?OpenDocument

Costello, R. (2010, December 5). Ready to Talk: A Jewish Mother's Change of Heart. [Web log message]. Retrieved from http://www.drmomma.org/2010/12/ready-to-talk-jewish-mothers-change-of.html

Council of Europe. (2012a). 'European Committee of Social Rights (ECSR).' Retrieved from http://www.coe.int/t/dghl/monitoring/socialcharter/ecsr/ecsrdefault_EN.asp

Council of Europe. (2012b). 'Governmental Committee of the European Social Charter and the European Code of Social Security.' Retrieved from http://www.coe.int/t/dghl/monitoring/socialcharter/governmentalcommittee/gcdefault_EN.asp

Crick, F.HC. (1995). 'The Salk Institute for Biological Studies (Letter),' Retrieved from http://www.nocirc.org/symposia/fourth/endorse1.pdf

Disorders of Prepuce N47. (2013). Retrieved from http://www.icd10data.com/ICD10CM/Codes/N00-N99/N40-N53/N47-

Ellwood, R.S. and Alles, G.D. (2007). The Encyclopedia of World Religions, Revised Edition, (New York: DWJ Books, LLC), 95-6.

Fox Internet Services. (2013). 'Clitoral Adhesions: May Decrease Female Sexual Pleasure and Enjoyment.' Retrieved from http://www.the-clitoris.com/n_html/clitoral_adhesions.htm#.Udh8kBa3pTN

General Conference Christian View of Human Life Committee. (2000, April). *Seventh-Day Adventist Statement of Consensus Concerning Female Genital Mutilation*. Retrieved from http://www.adventist.org/beliefs/other-documents/fgm.html

'German Pediatric Association Condemns Circumcision: Expert Statement.' (2013). Retrieved from http://www.intactamerica.org/german_pediatrics_statement, Original Report in the German: http://www.kinderaerzte-im-netz.de/bvkj/kinpopup/psfile/pdf/70/121126_Ste50aa5e211e6a6.pdf

Global Health Rights, (2013). 'Rights to Bodily Integrity,' Retrieved from http://www.globalhealthrights.org/category/human-rights/right-to-bodily-integrity/

Global Survey of Circumcision Harm. (2013). Retrieved from http://circumcisionharm.org/testimony.htm

Grace Communion International. (n.d.). *Circumcision: A Test Case for Evaluating Old Testament Laws*. Retrieved (2013, January 19) From http://www.gci.org/law/circumcision

Greenberg, S. (2009, August 31). My Son: The Little Jew with a Foreskin. [Web log message]. (Original work published 2004, *Mothering Magazine*, 125). Retrieved from http://www.drmomma.org/2009/08/my-son-little-jew-with-foreskin.html

Hill, G. (2004, August 29). *The Holy Bible, Circumcision, False Prophets, and Christian Parents*. Retrieved (2013, January 19) From: http://www.cirp.org/pages/cultural/christian.html

His By Grace. 'The Covenant of Circumcision: No Just Plea For Infant Baptism,' (Original work published W.T. Brantly, 1843), Retrieved (2013, June 10) From http://gracesermons.com/robbeeee/circumcision.html

Human Rights Committee. (2013, July). 'Human Rights Committee Considers Initial Report of Indonesia.' Retrieved from http://www.unog.ch/80256EDD006B9C2E/(httpNewsByYear_en)/3A9031C0DBBD9A59C1257BA5005FFB1D?OpenDocument

Human Rights Committee. (2012, October). 'Human Rights Committee Considers Report of Germany.' Retrieved from http://www.unog.ch/80256EDD006B9C2E/(httpNewsByYear_en)/C840554EEB552B62C1257A9C00434548?OpenDocument

Human Rights Council. (2012, September). 'Council Starts Dialogue with Special Rapporteur on Indigenous Peoples and Expert Mechanism on Rights of Indigenous Peoples: Concludes General Debate on Human Rights Situations Requiring the Council's Attention.' Retrieved from http://www.unog.ch/80256EDD006B9C2E/(httpNewsByYear_en)/10A57E5F43EB34ABC1257A7D003E1860?OpenDocument

'Humanist Voices against the Genital Mutilation of Children.' (n.d.). Retrieved from http://www.nocirc.org/symposia/fourth/hac1.pdf

'Islam and Circumcision.' (n.d.). Retrieved from http://coloradonocirc.org/files/handouts/Islam_and_Circumcision.pdf

John XXIII. (1963). *Pacem in Terris. Encyclical Of Pope John XXIII On Establishing Universal Peace In Truth, Justice, Charity, And Liberty: April 11, 1963*.

Retrieved (2013, January 22) From http://www.vatican.va/holy_father/john_xxiii/encyclicals/documents/hf_j-xxiii_enc_11041963_pacem_en.html

Leditshke, J.F. (1996). '*Guidelines for Circumcision*,' Australasian Association of Paediatric Surgeons. Herston, Queensland.

Lewis, V. (c.2003). *Nobel Laureates for Genital Integrity: Francis Crick - George Wald*. Retrieved from: http://www.stopinfantcircumcision.org/crick-wald.htm

Macalastair, T. (2013). *Foreskin Incision and Circumcision in the Pacific Region*. Retrieved from http://www.circlist.com/rites/pacific_islands.html

'Mormonism and Circumcision.' (n.d.). Retrieved from http://coloradonocirc.org/files/handouts/Mormonism_and_Circumcision.pdf

Morris, B.J. (2013). 'Breast Cancer in Female Partners of Uncircumcised Men.' Retrieved (2013, June 17) from http://www.circinfo.net/breast_cancer_in_female_partners_of_uncircumcised_men.html

National Organization of Circumcision Information Resource Centers (NOCIRC), (2007). 'NOCIRC Information Series 4: Answers to Your Questions about Your Young Son's Intact Penis,' Retrieved from http://nocirc.org/publish/4pam.pdf

Office of the High Commissioner for Human Rights. (2002, May). 'Committee on the Rights of the Child Considers Initial Report of Guinea-Bissau,' Retrieved from http://www.ohchr.org/CH/NewsEvents/Pages/DisplayNews.aspx?NewsID=2061&LangID=E

Open Society Foundations. (2013). 'Which are the Most Relevant International and Regional Human Rights Standards Related to Patient Care?' Retrieved from http://www.equalpartners.info/Chapter1/ch1_3Which.html

Pais, M.S., M'jid, N.M., and Zermatten, J. (2012, December). 'Joint Statement by the Special Representative of the Secretary-General on Violence against Children, Marta Santos Pais, the Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography, Najat Maalla M'jid and the Chair of the Committee on the Rights of the Child, Jean Zermatten.' Retrieved from http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=11740&LangID=E

Peaceful Parenting. (2011, April 15). Male and Female Circumcision [Web log message]. Retrieved from http://www.drmomma.org/2011/04/male-and-female-circumcision.html

Peron, J.E. (2000). '*Christian Parents and the Circumcision Issue*.' Retrieved From http://coloradonocirc.org/files/handouts/Christian_Parents_and_the_Circumcision_Issue.pdf

Position Statement: Routine Circumcision of Normal Male Infants and Boys. (1996). Australian College of Paediatrics. Parkville, Victoria. Retrieved From: http://www.cirp.org/library/statements/acp1996/

Prescott, J. (2002, June). *Genital Mutilation of Children: Failure of Humanity and Humanism*. Presentation Delivered at Society for the Scientific Study of Sex: "Sex and

the Brain" Midcontinent & Eastern Regions, Big Rapids, MI. Retrieved from http://www.violence.de/prescott/letters/CIRC_CONGRESS_MONTAGUE_9.30.05.html

Price, M. (2001). '*Culture of Iran: Rituals of Circumcision*.' Retrieved from http://www.iranchamber.com/culture/articles/rituals_of_circumcision.php

Public Health Agency of Canada. (2009). Data Tables - The Maternity Experiences Survey (MES) 2006-2007. Ottawa, 267-269, Retrieved From: http://www.phac-aspc.gc.ca/rhs-ssg/pdf/tab-eng.pdf

The Royal Australasian College of Physicians. The Royal Australasian College of Physicians, Paediatrics & Child Health Division. (2010). *Circumcision of Infant Males*. Retrieved from website: www.racp.edu.au

Rudolph, D.J. (2008, November 3). Paul's "Rule in all the Churches" (1 Cor 7:17-24) and Torah-Defined Ecclesiological Variegation. In *Studies in Christian-Jewish Relations*, Vol. 5, Presented at the American Academy of Religion Conference. Retrieved From: http://escholarship.bc.edu/scjr/vol5

Rumpleforeskin, N. (n.d.). 'Circumcision and Satanism: An Oxymoron.' Retrieved from http://www.reocities.com/allaxul9/circumcision.html

Šakūrzāda, E., & Omidsalar, M. (1991, December). Circumcision. In *Encyclopædia Iranica*, (Vol. 5, pp. 596-600). Retrieved from http://www.iranicaonline.org/articles/circumcision

Salk, J. (1995). 'The Salk Institute for Biological Studies (Letter),' Retrieved from http://www.nocirc.org/symposia/fourth/endorse2.pdf

Sous-Commission de la promotion et de la protection des droits de l'homme. (2001, Août). 'Sous-Commission des Droits de L'homme: Débat sur les Formes

Contemporaines D'esclavage et les Pratiques Traditionnelles Affectant la Santé des Femmes.' 53ème Session. Retrieved from http://www.unhchr.ch/huricane/huricane.nsf/view01/32F5244BF45A06A1C1256AA90044737A?opendocument

Stallings, R.Y., and Karugendo, E. (2005). 'Female Circumcision and HIV Infection in Tanzania: For Better or for Worse?' Third International AIDS Society Conference on HIV Pathogenesis and Treatment, Rio de Janeiro - July 24 - 27, 2005 (IAS Conf HIV Pathog Treat 2005 Jul 24-27; 3rd: Abstract No. TuOa0401), Abstract retrieved from: http://hyperimmuneegg.org/studies/AIDSMoPe11-2C43.pdf, Presentation retrieved from: http://www.tzonline.org/pdf/femalecircumcisionandHIVinfectionintanzania.pdf

Star, D. (2006, November 2). The Church of Jesus Christ of Latter Day Saints and Circumcision. Retrieved from http://www.cirp.org/library/cultural/LDS/

'Tehran Times - Violence against children is underestimated: UNICEF.' (2011, July). Retrieved from http://srsg.violenceagainstchildren.org/story/2011-07-06_365

Tierney, J. (2003). Circumcision. In: *The Catholic Encyclopedia.* Robert Appleton Company, New York, Retrieved (2013, May 22) From: http://www.newadvent.org/cathen/03777a.htm

Title 5: The Parent-Child Relationship and the Suit Affecting the Parent-Child Relationship. (1999). Retrieved from http://www.statutes.legis.state.tx.us/Docs/FA/htm/FA.151.htm

Thomas, A.G., Bakhireva, L.N., Brodine, S.K., and Shaffer, R.A. (2004, July 11-16). *Prevalence of Male Circumcision and its Association with HIV and Sexually*

Transmitted Infections in a U.S. Navy Population. Abstract no. TuPeC4861. Delivered at the XV International AIDS Conference, Bangkok, Thailand.

United Kingdom: Incidence of Male Circumcision. (2006, August 8). Retrieved (2013, May 22) From: http://www.cirp.org/library/statistics/UK/

United Nations Department of Public Information. (2012a, 26 November). 'Third Committee Approves Draft Resolution Aimed at Intensifying Global Effort to Eliminate Female Genital Mutilation: Another Approved Resolution Welcomes Positive Developments in Myanmar; Nine Other Texts Approved, with Indigenous Rights, Obstetric Fistula Among Issues,' GA/SHC/4061, Retrieved from http://www.un.org/News/Press/docs/2012/gashc4061.doc.htm

United Nations Department of Public Information. (2012b, 20 December). 'Press Conference on Adoption of General Assembly Resolution on Global Efforts to Eliminate Female Genital Mutilation.' Retrieved from http://www.un.org/News/briefings/docs/2012/121220_FGM.doc.htm

United States Circumcision Incidence. (2012, January 14). Retrieved (2013, May 22) From: http://www.cirp.org/library/statistics/USA/

Violante, T., Potts, M.D. (2004). Would Thai Men Want Circumcision to Reduce the Risk of HIV/STIs? In: *XV International AIDS Conference, Bangkok, Thailand,* (Abstract ThPeC7392).

Vogeler (n.d.). 'Human Geography: Films and Regions.' Retrieved from http://www.uwec.edu/geography/ivogeler/w111-films/regions.html

World Health Organization. (2007a). *Male Circumcision, Global Trends and Determinants of Prevalence, Safety, and Acceptability*. Geneva, Switzerland: WHO Press.

World Health Organization. (2007b). *Information Package on Male Circumcision and HIV Prevention: Insert 2*. Geneva, Switzerland, WHO Press.

World Health Organization. (2013, February). Female Genital Mutilation: Fact sheet N°241, Retrieved from http://www.who.int/mediacentre/factsheets/fs241/en/

Zavales, A. (1996, August). *Genital Mutilation and the United Nations: Male and Female Circumcision, Human Rights, and the Restoration of Spiritual Integrity and Freedom.* Presented at: The Fourth International Symposium on Sexual Mutilations, University of Lausanne, Lausanne, Switzerland. Retrieved from http://www.nocirc.org/symposia/fourth/zavales4.html