Clitorectomy

Authored by

mohammad looti

September 25, 2025

ARABPSYCHOLOGY.COM

RECOMMENDED CITATION

mohammad looti (2025). *Clitorectomy*. PSYCHOLOGICAL SCALES. Retrieved from https://scales.arabpsychology.com/?p=27617

Clitorectomy

Primary Disciplinary Field(s): Medicine, Public Health, Anthropology, Sociology, Human Rights

1. Core Definition

Clitorectomy, also known as clitoridectomy, refers to the surgical removal of all or part of the clitoris. This procedure encompasses a spectrum of practices, ranging from partial excision of the clitoral prepuce (hood) to the complete removal of the clitoris and surrounding labial tissue. While the term fundamentally describes a physical alteration to the female genitalia, its implications and contexts are profoundly diverse, necessitating a clear distinction between medically indicated procedures and those performed for non-medical reasons. The non-medical forms of clitorectomy are universally recognized as a severe violation of human rights and a significant public health issue, primarily manifesting as a type of female genital mutilation (FGM).

In its broadest sense, clitorectomy denotes the physical act of excising clitoral tissue. However, the critical differentiation lies in the intent and context of the procedure. When performed without medical necessity, often as part of cultural or traditional practices, it falls under the umbrella of FGM. This non-medical practice is driven by various social norms, beliefs, and cultural pressures, frequently aimed at controlling female sexuality and ensuring premarital virginity or marital fidelity. Conversely, clitorectomy can also be a medically necessary intervention, albeit in extremely rare circumstances, performed by qualified medical professionals to address specific, grave health concerns. Understanding this duality is crucial for comprehending the complex challenges associated with eradicating harmful practices while acknowledging legitimate medical care.

2. Etymology and Historical Development

The term "clitorectomy" is derived from the Greek word "kleitoris," referring to the clitoris, and "ektom?," meaning excision or cutting out. Similarly, "clitoridectomy" uses the same root with a slightly different suffix, both terms accurately describing the surgical removal of the clitoris. Historically, the practice of altering female genitalia, including the clitoris, has existed in various forms across different cultures and epochs. Anthropological studies indicate that these practices often predate modern medical understanding and were deeply embedded in social structures, religious beliefs, and rites of passage within specific communities.

Throughout history, the motivations behind non-medical clitorectomy have been multifaceted, reflecting a complex interplay of cultural, social, and sometimes misguided religious interpretations. Early accounts from ancient civilizations and ethnographic records suggest that such procedures were sometimes associated with beliefs about hygiene, aesthetics, or the control of female sexuality. In some historical contexts, medical literature even documented clitorectomy as a purported cure for various "female ailments," including hysteria, masturbation, and nymphomania,

ARABPSYCHOLOGY.COM

reflecting a deeply patriarchal understanding of women's bodies and health. These historical medical justifications, now universally discredited, highlight a disturbing past where scientific authority was sometimes misused to legitimize harmful practices, paving the way for the later emergence of robust ethical guidelines in medical practice.

3. Key Characteristics: Female Genital Mutilation (FGM)

The non-medical cutting of the clitoris is predominantly categorized as Female Genital Mutilation (FGM), a term adopted by international bodies to emphasize the severe human rights violation and health risks associated with these procedures. FGM encompasses all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The World Health Organization (WHO) classifies FGM into four main types, with clitorectomy most commonly falling under Type I (clitoridectomy: partial or total removal of the clitoris and/or the prepuce) and Type II (excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora) (WHO, 2023). These classifications underscore the varying degrees of tissue removal and the extensive nature of some of these practices.

The cultural rationales underlying non-medical clitorectomy are diverse and deeply entrenched within practicing communities. Many societies believe that removing the clitoris is essential for a girl's social acceptance, marriageability, and moral uprightness. It is often linked to traditions that aim to suppress female sexual desire, ensuring virginity before marriage and fidelity thereafter. Other purported reasons include notions of cleanliness and aesthetics, believing that the external female genitalia are "unclean" or "unmanly" if left intact. These beliefs are frequently reinforced by community elders, traditional practitioners, and sometimes even women themselves, who may perpetuate the practice due to perceived social benefits or fear of ostracism, illustrating the complex web of social pressures and gender norms that sustain FGM.

4. Health Consequences and Human Rights Implications

The health consequences of non-medical clitorectomy are severe and far-reaching, impacting both the physical and psychological well-being of women and girls throughout their lives. Immediately after the procedure, victims often experience excruciating pain, hemorrhage, shock, infection (including tetanus and HIV if unsterile instruments are used), and urinary retention. Long-term physical complications can include chronic pain, recurrent urinary tract infections, difficulties with menstruation, formation of cysts and abscesses, keloids, severe pain during intercourse (dyspareunia), and infertility. Childbirth can also become significantly more complicated, leading to prolonged labor, severe tearing, hemorrhage, and increased risk of stillbirth or maternal death (UNFPA, 2024).

ARABPSYCHOLOGY.COM

Beyond the physical trauma, the psychological and emotional impact of clitorectomy is profound and enduring. Many survivors suffer from anxiety, depression, post-traumatic stress disorder (PTSD), and a pervasive sense of betrayal or mutilation. The loss of clitoral tissue often results in a significant reduction or complete absence of sexual pleasure, fundamentally altering their experience of intimacy and sexual health. These psychological scars can affect self-esteem, relationships, and overall quality of life for decades. From a human rights perspective, non-medical clitorectomy is recognized as a violation of fundamental rights, including the right to health, the right to bodily integrity, freedom from torture and cruel, inhuman, or degrading treatment, and the right to non-discrimination. International bodies, notably the United Nations, vigorously advocate for its abandonment, recognizing it as a form of gender-based violence that disproportionately affects women and girls.

5. Medical Indications and Ethical Considerations

In stark contrast to the harmful non-medical practices, clitorectomy can, in rare and specific cases, be a legitimate medical procedure performed by qualified healthcare professionals. These instances are strictly limited to situations where the clitoris or surrounding tissues pose a grave threat to a person's health or well-being. Primary medical indications include the presence of malignancy (cancer) affecting the clitoris, which may necessitate partial or total removal of the organ as part of life-saving treatment. In such instances, the procedure is a critical component of oncological care, aiming to eradicate cancerous tissue and prevent its spread.

Another rare medical indication for clitoral alteration or reduction can arise in individuals who are intersex, meaning they are born with sex characteristics, including genitals, gonads, and chromosome patterns, that do not fit typical binary notions of male or female bodies. In some intersex conditions, such as congenital adrenal hyperplasia (CAH), individuals may present with atypical genital development, including clitoral hypertrophy (enlargement). While historically, early clitoral reduction surgeries were performed on intersex infants often without their consent, driven by societal pressure to assign a "normal" gender, modern medical ethics strongly advocates for deferred intervention, prioritizing the individual's autonomy and avoiding irreversible procedures until they are old enough to participate in decision-making. Current ethical guidelines emphasize preserving sensation and function, and any surgical intervention is considered only after careful consultation and when deemed medically necessary for health, not merely for cosmetic or social normalization purposes.

6. Global Efforts for Eradication

The global community, led by organizations such as the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO), has launched extensive campaigns and initiatives to eradicate female genital mutilation, including non-

ARABPSYCHOLOGY.COM

medical clitorectomy. These efforts are multifaceted, combining legal prohibitions, public awareness campaigns, community engagement, and provision of support services for survivors. The UN General Assembly adopted resolutions condemning FGM, and many countries have enacted national laws criminalizing the practice, underscoring a global commitment to ending this human rights violation. International protocols and conventions, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), provide legal frameworks for advocating against FGM and protecting vulnerable populations.

Community-led approaches are central to the success of eradication efforts, recognizing that sustained change must come from within the practicing communities themselves. These initiatives focus on educating communities about the severe health risks of FGM, promoting alternative rites of passage that do not involve cutting, and engaging religious leaders, traditional practitioners, and men as allies in the movement. Economic empowerment for women and girls, improved access to education, and strengthening healthcare systems are also vital components, as they address the underlying socio-economic factors that often perpetuate the practice. Despite significant progress in raising awareness and reducing prevalence rates in some areas, the practice persists in many parts of Africa, the Middle East, and Asia, and among diaspora communities worldwide, necessitating ongoing, concerted global action.

7. Debates and Criticisms

The primary debates surrounding clitorectomy unequivocally condemn its non-medical performance as female genital mutilation. There is broad international consensus among human rights organizations, medical professionals, and governmental bodies that FGM is a barbaric practice with no health benefits, only profound harms. Criticisms are primarily directed at the cultural, social, and religious justifications often used to perpetuate the practice, highlighting their incompatibility with modern human rights principles and public health standards. Efforts to eradicate FGM face challenges stemming from deeply entrenched cultural traditions, patriarchal power structures, and the fear of social ostracization for those who defy the practice. Debates often revolve around the most effective strategies for eradication, balancing respect for cultural diversity with the imperative to protect human rights, and ensuring that interventions are culturally sensitive yet firm in their opposition to FGM.

Within the medical community, ethical debates also arise concerning clitoral interventions in intersex individuals. While purely cosmetic or "normalizing" surgeries on intersex infants are increasingly criticized as unethical and a violation of bodily autonomy, the nuanced discussion pertains to interventions that may be medically necessary to prevent future health complications or alleviate functional issues, always with an emphasis on informed consent from the individual when they are able to provide it. The challenge lies in distinguishing between interventions driven by

ARABPSYCHOLOGY.COM

medical necessity versus those driven by societal pressures to conform to binary gender norms. Furthermore, there are ongoing discussions about the provision of care for FGM survivors, including access to reconstructive surgery and psychological support, and the ethical obligations of healthcare systems to address the long-term consequences of this harmful practice.

Further Reading

World Health Organization (WHO). (2023). *Female Genital Mutilation.*
United Nations Population Fund (UNFPA). (2024). *Female Genital Mutilation.*
United Nations Children's Fund (UNICEF). (2024). *Female Genital Mutilation.*
Office of the United Nations High Commissioner for Human Rights (OHCHR). *Female Genital Mutilation.*
Amnesty International. *Female Genital Mutilation.*

ARABPSYCHOLOGY.COM