

The problem with Iceland's proposed ban on circumcision



A proposal to ban circumcision for non-medical reasons in Iceland has generated a heated debate over whether banning the practice would amount to an attack on religious freedom. [Iddo Porat](#) argues that we should be suspicious of any majority proposed legislation which affects only minority groups.

This article is one of two pieces published by EUROPP on this topic. For an alternative view on the issue, see the other article [here](#).

When the majority in a society suddenly gets an overwhelming paternalistic urge to protect its minorities from their own practices, one should be suspicious. When what is believed to be morally wrong and worthy of moral condemnations aligns perfectly with what only ethnic and religious minorities do, one should be suspicious. When majority proposed legislation detrimentally affects only minority groups while imposing zero costs on the majority, one should be suspicious.

This is exactly why we should be extremely suspicious of current proposals to ban male circumcision in Iceland and in other European countries. In these countries an overwhelming Christian majority wishes to ban the practices of two religious and ethnic minorities – Muslims and Jews. In Iceland, for example, Jews form only 0.1% of the population and Muslims only slightly more than that. Moreover, unlike in other countries, such as the US or Australia, in Iceland as well as in all the other countries in which circumcision ban campaigns have reached serious parliamentary hearings, circumcision is very rarely practiced outside of these two minorities.

Therefore, a ban on male circumcision in those societies would affect only minorities, and majority members would not internalise any of its costs. Finally, unlike practices such as wearing the veil which are done in public and one could argue (although quite tenuously) might affect the majority as well, male circumcision is done entirely privately and has no externalities with regards to the majority. Therefore, motivations for its banning coming from the majority are strictly paternalistic – thinking one can take better care of the children of the minority than the minority itself.

Why do such minority-majority situations raise suspicion? The reason is, that such decisions are made *for* the minority by the majority, in a context where the deliberative democratic process does not work. There is no deliberative process of figuring out what is good for *us* in society. Rather the majority decides what is good for the minority, which has no electoral power to affect the decision. The Icelandic example is again illuminating, as the MP that promoted the ban was [quoted](#) saying that he “didn’t think it was necessary to consult” Jewish and Muslim groups.

In that respect there is a crucial difference between male circumcision and female circumcision – for two reasons. First, because Muslim majorities also ban female circumcision. When Muslims get to decide their own fate, and have the power to regulate their own members, they invariably choose to ban female circumcision, but not male circumcision. In most Muslim countries in which female circumcision is prevalent (almost all are in Africa) there is a legal ban on it, including [Egypt, Sudan, and Djibouti](#).

This means that when European majorities apply the ban in their societies they do not impose it on Muslims, but rather endorse a similar concern for the wellbeing of some Muslims (Muslim women) that most Muslims share in their own societies. Indeed, there is no objection to the ban on female circumcision from any mainstream Muslim organisations in Europe. This is in stark contradiction to attempts to ban male circumcision, which are strongly opposed to by all Jewish and Muslim organisations in Europe, and which are not present in any Muslim or Jewish country (or, for that matter, in any other country across the world).

Secondly, unlike male circumcision, female circumcision affects only women, which are a minority group in terms of power relations and a subjugated and dominated group (still) in most countries, including in those societies in which female circumcision is practiced. A practice that affects only women, and towards which there are claims of detrimental effects, should be suspected of emanating from majority-minority relations in which men decide *for* women. Indeed, this is the way female circumcision is reasoned many times, even by those who practice it – as a way of regulating, and even eliminating, female sexual desire.

There is no such equivalent suspicion in the case of male circumcision in which men basically decide for themselves. The fact that these are men deciding for boys does not change that picture. Male children are the most cherished asset of any male dominated society. They will become men, who will rule society, and all men were once boys, so that boys, for all intents and purposes are viewed by men as their own extensions. There is no reason therefore to believe that men, deciding for their own male descendants, would not internalise any danger or detriment that might befall them, or treat them in any way differently than the way they would have wished to be treated themselves as children. In particular, no male dominated society could reasonably be suspected of wishing to harm future males' sexuality, and definitely this is not the way male circumcision is reasoned or understood in the societies that practice it.

For these two reasons we should suspect that attempts to ban male circumcision in Europe are affected by minority-majority relations and are the result of majoritarian paternalism and moralism, while bans on female circumcision are not.

A final worry might be brought up in response. What if all (or most) men in the relevant societies think they are doing something good for themselves and for their children, but are simply wrong? What if they simply make a factual mistake, which keeps affecting themselves detrimentally over centuries and millennia? In such cases paternalism, by those who can see the mistake and have a better ability to identify and assess it, can (maybe) be justified. But do we have any reason to assume this is the case with regards to male circumcision?

We might have had a reason to believe so if the only societies that allowed circumcision were societies with an underdeveloped medical profession and without freedom of speech and information, and all countries with proper medical research and free speech would ban it. The situation, however, is quite different. The US is not particularly weak on medicine nor on free speech. It defies all logic to assume that in such a country 81% of all men (and scores of millions more over the past decades) were subjected to a procedure causing serious detrimental health effects and serious harm to sexuality, and yet the entire mainstream medical community, having researched the issue once and again on a very [large data base](#), with its members willing to subject their own sons to the procedure, is blind to these effects, and only Icelandic doctors are able to see them. One should adopt very far-reaching assumptions about the ability to silence information and manipulate medical research in a free society, and about the nonchalant way in which millions of people in a liberal free society treat the safety and health of their own children, to think this probable. The same could be argued of the UN [World Health Organization](#), who strongly recommend male circumcision.

The only medical communities in which there is mainstream objection and calls for banning circumcision are in countries (currently only Nordic countries) where doctors are not concerned about the health of their own children, but about the health of their minority's children. I would like to discuss as a final anecdote recent [research](#) published in the Danish Royal Society of Medicine Journal that found correlation between circumcision and autism, and also between circumcision and learning disabilities – the same doctor previously found correlation between circumcision and complaints of immature ejaculation. The study was conducted only in Denmark, which means that it basically compared the prevalence of autism and learning disabilities between Muslim and Jewish Danes and all other Danes. Such studies, to my mind, should be ethically prohibited, and definitely should not receive governmental funding. A similar study could have probably found correlation between circumcision and voting to the right (or the left), high (or low) levels intelligence, and an inclination to grow beards. Not only is it scientifically questionable (as several researchers have [commented](#)), it enhances stereotyping and prejudice.

Circumcision ban campaigns are misguided and lack scientific support. They are however also dangerous, whatever the motivations behind them. They target and demonise vulnerable minorities, touching on some of the most primeval fears from the foreign and the other – mistreatment of children, blood, cruelty, and sexual perversion. And, their popularity is on the rise. It is my opinion that liberal Europe should denounce them in the strongest of terms, before it is too late.

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Note: This article gives the views of the author, not the position of EUROPP – European Politics and Policy or the London School of Economics. Featured image: Iceland's parliament building (The Alþingi), Credit: [Stefán Birgir Stefáns](#) (CC BY-ND 2.0)

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