

Citizen Participation and Public Petitions Committee

1st Meeting, 2024 (Session 6), Wednesday 24
January 2024

PE2052: Ban child circumcision unless it is medically necessary with no less invasive solutions available

Petitioner	Taylor Rooney
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to give boys the same level of bodily autonomy and protection that was given to girls in the Prohibition of Female Genital Mutilation (Scotland) Act 2005 which banned all forms of female circumcision.
Webpage	https://petitions.parliament.scot/petitions/PP3938

Introduction

1. This is a new petition that was lodged on 3 October 2023.
2. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. Every petition collects signatures while it remains under consideration. At the time of writing, 375 signatures have been received on this petition.
5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and is included at **Annexe C** of this paper.
6. A submission has been provided by the petitioner. This is included at **Annexe D**.

7. The Committee has also received submissions from the Scottish Council of Jewish Communities and the Scottish Ahlul Bayt Society which can be found at **Annexe E**.

Action

The Committee is invited to consider what action it wishes to take on this petition.

Clerk to the Committee

Annexe A

PE2052: Ban child circumcision unless it is medically necessary with no less invasive solutions available

Petitioner

Taylor Rooney

Date Lodged:

3 October 2023

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to give boys the same level of bodily autonomy and protection that was given to girls in the Prohibition of Female Genital Mutilation (Scotland) Act 2005 which banned all forms of female circumcision.

Previous action

I have contacted and raised the issue with Jenny Gilruth MSP and Peter Grant MP during phone calls in previous years and both seemed to agree that boys and girls deserved protection from forced genital cutting.

Background information

There are many men who dislike/hate that their genitalia were altered/damaged unnecessarily in an irreversible manner against their will.

We deemed that girls deserve protection from all forms of forced genital cutting regardless of their parents' religious/cultural beliefs or aesthetic preferences, boys deserve this same level of protection from forced genital cutting.

The foreskin is a structure of the penis that has both mechanical and biological functions that are beneficial, all of which are lost during circumcision. The vast majority of men who don't have circumcision forced on them would never opt to cut off their foreskin. If adult males would never want to lose their foreskin then why should it be legal to cut

it off minors just because they aren't capable of saying "no"? There is also nothing stopping the very small minority of men who might want to be circumcised from getting circumcised when they are old enough to consent for themselves.

Annexe B

The logo for SPICe is a purple rounded rectangle with a gradient from light purple on the left to dark blue on the right. The text 'SPICe' is written in white, bold, sans-serif font on the left side of the rectangle.

The Information Centre
An t-Ionad Fiosrachaidh

Briefing for the Citizen Participation and Public Petitions Committee on petition PE2052: Ban child circumcision unless it is medically necessary with no less invasive solutions available, lodged by Taylor Rooney

Brief overview of issues raised by the petition

The petitioner is calling on the Scottish Parliament to urge the Scottish Government to give boys the same level of bodily autonomy and protection that was given to girls in the Prohibition of Female Genital Mutilation (Scotland) Act 2005 which banned all forms of female circumcision.

It is argued that boys deserve the same level of protection as girls do from female genital mutilation (FGM), regardless of the parents' religious/cultural beliefs or aesthetic preferences.

What is FGM?

FGM is a term used to describe all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons.

FGM has no health benefits for girls and women, and procedures can cause immediate and long term physical and psychological harm.

FGM is a form of violence against women and girls, and it is recognised internationally as a violation of their human rights.

FGM is also referred to as 'cutting' or 'female circumcision', as well as a wide range of traditional terms in different languages.

For further background, see [World Health Organisation page on FGM](#).

The law on FGM in Scotland

FGM has been a criminal offence in the UK for nearly 40 years, since the Prohibition of Female Circumcision Act 1985.

The [Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#) repealed and re-enacted the existing offences in the 1985 Act. It also made it an offence to have FGM carried out abroad, and increased the maximum penalty from five to 14 years imprisonment. The aim was to ensure equal legal protection in Scotland with the rest of the UK which had made similar changes under the Female Genital Mutilation Act 2003. The 2005 Act also changed the terminology from circumcision to FGM, removing any form of acceptability the term 'circumcision' might imply.

The [Female Genital Mutilation \(Protection and Guidance\) \(Scotland\) Act 2020](#) aims to strengthen the legal protection for those at risk of FGM. It does this by making provision for:

- FGM Protection Orders, a form of civil order that can impose conditions or requirements on a person, with the aim of protecting a person from FGM, safeguarding them from harm if FGM has already happened, or reducing the likelihood that FGM offences will happen. It will be a criminal offence to breach an FGM Protection Order.
- Statutory guidance on matters relating to FGM, as well as statutory guidance on FGM Protection Orders.

To date, these provisions have not been brought into force.

What is male circumcision?

The BMA have guidance for doctors on [Non-therapeutic male circumcision \(NTMC\) of children](#) (2019).

It provides that:

- NTMC is the “removal of part or all of the foreskin (prepuce) that covers the penile glans.” If undertaken for any reason other than clinical need, it is termed non-therapeutic circumcision. (The NHS provides some detail on the [limited circumstances](#) for medical male circumcision.)

- NTMC is common among the Jewish and Muslim religions and is seen as a defining feature of their identity and/or faith. However, it should not be assumed that because a child is born into a practising community, the parents will automatically seek NTMC and are supportive of the practice.
- The circumcision of male infants and children has been practised across the globe for centuries. The WHO estimates that 30% of males aged 15 years and over are circumcised worldwide.

The World Health Organisation describes FGM as a harmful practice and is strongly opposed to it. There is no similar opposition to male circumcision. Voluntary medical male circumcision is promoted as a strategy for the prevention of heterosexually acquired HIV in men where the prevalence of heterosexually transmitted HIV is high.

Prevalence

The BMA guidance says that prevalence in the UK is unknown. Hospital Episodic Statistics showed in 2016-17 that just under 10,000 males under the age of 18 underwent circumcision on the NHS in England. But it is not known how many of these were for non-therapeutic reasons.

The rate of circumcisions carried out privately or by religious practitioners is not recorded. WHO estimates that 99% of Jewish males in the UK have undergone NTMC and the rate is likely similar for Muslim males.

Who carries out NTMC?

The BMA guidance states that male circumcision does not require a medical professional, and “is often done by special practitioners within religious groups who are not medically qualified.”

Doctors do carry out NTMC. The BMA states that this is rarely done on the NHS but is done privately or primarily as a religious practitioner. All doctors who do perform NTMC must adhere to professional standards.

However, information from the [RefHelp](#) website of NHS Lothian suggests that circumcision for religious reasons is currently funded by NHS Scotland. The procedure will not take place before six months of age and there is a waiting list.

The [Royal Hospital for Children in Glasgow](#) undertakes NTMC, and provides two different services, depending on whether an infant is under eight weeks old or over eight weeks. If over eight weeks, the procedure is only undertaken when the child is over the age of one. The former involves a process using local anaesthetic, the latter uses a general anaesthetic.

The law

The BMA guidance for doctors provides some background on the law.

NTMC is generally assumed lawful if:

- It is believed to be in the child's best interests. Where a child lacks competence, there is a presumption that the parents will have the child's best interests at heart. As well as health interests, social and cultural interests will be taken into account. Where a child has competence, their views should be taken into account. The BMA cannot envisage a situation where it is ethically acceptable to circumcise a child, with or without competence, where the child refuses the procedure, irrespective of the parents' wishes.
- There is valid consent. Where it is agreed that NTMC is in the child's best interest, consent can come from the parents, the child if they have competence, a court, or an appointed proxy.
- It is performed competently. The GMC makes clear that where a doctor agrees to perform any procedure for religious or cultural reasons, they must meet the same standards of practice required for therapeutic procedures.

Views on male circumcision

[Humanists UK](#) and the [National Secular Society](#) (NSS) oppose non-therapeutic male circumcision. They argue that people should be able to maintain bodily autonomy and make their own choices about permanent bodily modifications. They do not see any medical benefits and suggest there are risks that could lead to psychological and sexual problems.

NSS states:

“When performed on babies, little to no anaesthesia is used. Even when performed under anaesthesia on older children, the recovery entails weeks of pain and discomfort.”

The BMA guidance refers to overseas medical organisations that have updated their statements on NTMC which illustrate a diversity of opinion. For example:

- The Danish Medical Association (Lægeforeningen) 2016 statement outlines its view that NTMC is ethically unacceptable if the procedure is performed without the informed consent of the person undergoing it.
- The American Academy of Pediatrics (AAP) 2012 statement notes that the current evidence suggests that the health benefits of NTMC outweigh the risks. Although, the analysis of the benefits and risks has been heavily criticised by some.
- The Royal Dutch Medical Association's (KNMG) 2010 statement outlines its view that NTMC 'conflicts with the child's right to autonomy and physical integrity'. It seeks to minimise NTMC in minors.

Nicki Georghiou
Senior Researcher
31 October 2023

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe C

Scottish Government submission of 19 December 2023

PE2052/A: Ban child circumcision unless it is medically necessary with no less invasive

Whilst Scottish Ministers are responsible for determining the strategic policy of the NHS in Scotland, neither Scottish Ministers or officials are able to intervene directly in matters relating to clinical decision making as this is the sole responsibility of Healthcare professionals.

The Scottish Government recognises non-therapeutic male infant circumcision on religious grounds. There are NHS guidelines in place regarding how male circumcision should be performed. Religious circumcision is included in the routine waiting list arrangements in NHS Scotland. It should be carried out in hospital by trained paediatric surgeons under general anaesthesia, when the male child is between six and nine months old, and as part of a regulated NHS system.

This policy has not changed since the 2008 joint letter from the Chief Medical Officer and Chief Nursing Officer to NHS Board Medical and Nursing Directors, copied to Chief Executives NHS Boards and Special Health Boards; Medical Royal Colleges; BMA; GMC; RCN; and British International Doctors Association. The letter sets out, following stakeholder engagement with medical, nursing and midwifery unions as well as faith-based communities, an agreement and process for incorporating male circumcision for religious reasons into routine waiting list arrangements.

As with all medical procedures, doctors are required to act in accordance with good medical practice. This includes discussing the risks to enable informed consent from parents/carers, having the expertise to undertake the procedure safely and to a high standard, and ensuring adequate hygienic conditions, pain control and aftercare. If non-therapeutic male circumcision is undertaken in the private/independent healthcare sector, the regulator is Healthcare Improvement Scotland (HIS). HIS has been regulating independent

hospitals for a number of years and, since 2016, has responsibility for regulating independent clinics.

The Scottish Government is clear that it does not regard male circumcision as comparable to Female Genital Mutilation (FGM). Male circumcision is not against the law and may be carried out for medical, hygiene and religious reasons. The government identifies FGM as an unacceptable and illegal practice; it constitutes a severe form of discrimination against women and girls and reflects deep-rooted gender inequality. FGM has no known health benefits, and is an extremely harmful practice that always carries devastating short and long-term health consequences for victims.

I trust this response is helpful to the Committee.

Annexe D

Petitioner submission of 9 January 2024 PE2052/B: Ban child circumcision unless it is medically necessary with no less invasive

There are many more arguments that can be made against child circumcision but due to the 1000 word count limit I will only be making arguments directly that relate to the Scottish Government's response at this time.

Forced circumcision of minors without medical necessity should be criminalised. There is currently no requirement in law for professionals undertaking male circumcision to be medically trained or to have proven expertise. The children's bodily autonomy and religious rights should take precedence over the beliefs of the parents. The child isn't guaranteed to follow the parent's religion in adulthood and we wouldn't accept any other body parts being cut off (we wouldn't allow a child's ear/earlobe to be cut off for a parent's religious beliefs). If the child grows up and decides that they want to cut parts off of their sexual organ then they could easily do so for any reason, including religious or cosmetic. A child's bodily autonomy and religious rights supersede a parent's religious or cultural desire to cut parts off of their child's genitalia (currently the Scottish government recognises this for girls). An individual's religious rights don't extend past their own body and certainly not onto another's body. There are many males that grow up disliking or hating that parts of their genitalia were cut off in a way that they would have never consented to if their choice was protected. A question that needs to be asked: Which does the Scottish government deem a greater injustice - a parent being upset that they can't cut parts off of their child's genitalia, or a child growing up and hating that their genitalia was altered/damaged in an irreversible way without their consent?

The majority of male circumcision is forced on healthy infants/children that have no relevant issues whatsoever. This petition is primarily targeting the majority so that healthy children are protected and can grow up to make their own decisions, but also it focuses on trying to get "medical" circumcision to follow current medical standards.

Circumcision is sometimes recommended for conditions that can be solved with non-invasive methods (phimosis - use of steroid creams for

4-8 weeks), this is not in accordance with good medical practice as the most invasive method has been selected when non/less-invasive methods have been proven to be effective

The following applies to all aspects of medical practice, including circumcision, and can be outlined as follows:

- If a condition can effectively be treated conservatively, it is accepted good practice to do so. Even limited procedures should only be carried out where there is good reason, and then only after adequate conservative treatment. The BMA opposes unnecessarily invasive procedures being used where alternative, less invasive techniques, are equally efficient and available.
- Doctors have a duty to keep up to date with developments in medical practice. Therefore, to circumcise for therapeutic reasons where medical research has shown other techniques to be at least as effective and less invasive would be unethical and inappropriate.

The Scottish Government's current view on female and male circumcision is irrelevant since this petition is calling for boys to be given the same level of protection as girls, as currently there is a severe form of discrimination against boys in this country with regards to forced genital cutting.

Male circumcision - it is currently legal to cut off around 30-50% of the motile skin of a boy's genitalia (very few adult males choose to do this, so this isn't something most males want, given the choice) for any reason including the parent's aesthetic preference, what the parent thinks the child's future partner might want or even malicious reasons like intentionally try to make it as tight and uncomfortable as possible (reduce sensitivity, make masturbation more difficult in adulthood, etc). All of this is done outside of a medical setting even though it has negative effects, eliminates several beneficial functions and changes how the penis works during masturbation/sexual acts, greatly increases friction and causes sensitivity loss.

Female circumcision - is currently illegal (which it should be) including the types that are equal in harm as well as those less invasive and less harmful than male circumcision (ritual nick which is a pinprick or nick to the female equivalent of the foreskin [the clitoral hood], hoodectomy [cutting off the clitoral hood], etc) with no religious or cultural exceptions (which there shouldn't be, it's the child's genitalia, not the parent's. The

child will grow up and be able to make their own decision).

The Scottish Government paints all FGM and the effects of FGM as type 3/infibulation (which is the most harmful and has the most severe negative effects as well as it being one of the rarer forms of FGM accounting for less than 10%). Male circumcision shares many of the negative effects of the most common forms of FGM including loss of sensitivity which was one of the main arguments for banning female circumcision.

There are studies showing that female circumcision has similarly claimed health benefits to the highly contested benefits claimed for male circumcision, as well as evidence that things such as labiaplasties can have health benefits and make hygiene easier. We rightfully recognise that none of this would ever justify the forced genital cutting of girls so we should recognise that it isn't justification for the forced genital cutting of boys. Regardless of potential benefits, it is still unethical to cut into healthy children's genitalia. If the Scottish Government views the ritual nick as "an extremely harmful practice" then there is no reason why infant/child male circumcision shouldn't also be considered as an extremely harmful practice.

This shows the insane double standards we currently have. Defenceless young boys have died because this practice was forced upon them.

All children deserve protection.

Annexe E

Scottish Council of Jewish Communities (SCoJeC) submission of 16 January 2024 PE2052/C: Ban child circumcision unless it is medically necessary with no less invasive solutions available

Background information

In preparing this response we have consulted widely among members of the Scottish Jewish community, Milah UK¹, and the Board of Deputies of British Jews², and this response reflects the views of all branches of Judaism that have communities in Scotland.

The importance of neonatal male circumcision in Judaism

Brit milah, literally the “covenant of circumcision”, of a baby boy is one of the most fundamental tenets of Judaism. It dates back to God’s command to Abraham in the *Torah*, the Jewish Bible, and is practiced almost universally amongst Jewish people worldwide, no matter what their level of religious commitment. UK-wide research has found that “Over 80% of respondents would consider a prohibition of *brit milah* to be at least “a fairly big problem”, and close to two-thirds said it would be “a very big problem.” Only 10% said it would not be a problem at all.³

Orthodox Judaism explains that *milah*, “is part of Jewish cultural identity – a sense of belonging to a religious and cultural group.”⁴ Dr Josh Plaut, a Movement for Reform Judaism *mohel* (specially trained circumcision practitioner), comments movingly that “*Reform Judaism views brit*

¹ Milah UK
<https://milahuk.org/>

² The Board of Deputies of British Jews
<https://bod.org.uk/>

³ The Exceptional Case? Perceptions and experiences of antisemitism among Jews in the United Kingdom (Jewish Policy Research, 2014)
https://www.jpr.org.uk/sites/default/files/attachments/Perceptions_and_experiences_of_antisemitism_among_Jews_in_UK.pdf

⁴ <https://milahuk.org/faqs/>

*milah as an integral lifecycle event*⁵, and Liberal Judaism observes that “*For many Liberal Jews the observation of this practice is confirmation of a particularly ancient Jewish practice, deeply embedded in Jewish emotion.*”⁶

The importance of *milah* is, however, more than emotion, however integral and deeply embedded. Because of its centrality to Jewish life, denying *milah* to a Jewish boy undermines his sense of wellbeing, and his right to cultural heritage and identity.

Health implications of male circumcision

It is important to emphasise that the Jewish community carries out *milah* for religious, social, and cultural reasons. However independent research has shown that circumcised men receive significant health benefits from the procedure. In fact, research from Johns Hopkins University in America “*warn[ed] that steadily declining rates of U.S. infant male circumcision could add more than \$4.4 billion in avoidable health care costs if rates over the next decade drop to levels now seen in Europe.*”⁷ According to their research, this

is due to “*higher rates of sexually transmitted infections and related cancers among uncircumcised men and their female partners ... including HIV/AIDS, herpes and genital warts, as well as cervical and penile cancers.*”

It is also reported in the British Journal of Midwifery that “*There is, however, an important paradox, in that while non-religious neonatal circumcision has declined in the UK, recent scientific evidence has demonstrated that the procedure has important health benefits.*”⁸

⁵ <https://www.youtube.com/watch?v=TFhwFnb5-DU>

⁶ <https://www.liberaljudaism.org/lifecycle/children/>

⁷ Declining Rates of U.S. Infant Male Circumcision Could Add Billions to Health Care Costs, Experts Warn (Johns Hopkins, 2012)
https://www.hopkinsmedicine.org/news/media/releases/declining_rates_of_us_infant_male_circumcision_could_add_billions_to_health_care_costs_experts_warn
and

Costs and Effectiveness of Neonatal Male Circumcision (Seema Kacker, Kevin D. Frick, Charlotte A. Gaydos, and Aaron A. R. Tobian; JAMA [Journal of the American Medical Association] Pediatrics, 2012)

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/1352167>

⁸ Helping parents achieve safer male infant circumcision (Michael J Harbinson, British Journal of Midwifery, 2008)

The mohel – professional milah practitioner

The Jewish community trains its own experts to carry out *milah*. These highly trained professionals are called *mohalim* (singular: *mohel*). Currently there are no *mohalim* based in Scotland, but two London-based organisations provide this service for the Jewish community throughout the UK, the (Orthodox) Initiation Society⁹, and the Association of Reform and Liberal *Mohalim*.¹⁰

A *mohel* must be committed to his Jewish identity. *Mohalim* registered with the Association of Reform and Liberal *Mohalim* must also be qualified doctors but this is not a requirement for those registered with the Initiation Society, although many of its *mohalim* are doctors. The Initiation Society's detailed *Guidelines for the Practice of Brit Milah*¹¹ summarise the requirements: "*The student Mohel must become competent in all practical aspects of circumcision including surgery, consent, communication with parents and awareness of legal requirements. The student Mohel must also study theoretical aspects including Jewish Religious (Halakhic) knowledge of Brit Milah, surgical anatomy, safe use of anaesthesia and analgesia, hygiene, and child protection.*"

According to Jewish law, *milah* must be carried out on the eighth day after birth. If, however, there is any question whatsoever as to the baby's health, Jewish law is adamant that the circumcision must (not "may") be postponed until the child is completely well. This is applied rigorously; if the *mohel* has the slightest doubt about the baby's health, the *milah* will be deferred even if a doctor advises that it could take place. A frequent example of this is neonatal physiological jaundice – Jewish law forbids *milah* when a baby is suffering from visible jaundice, whereas most doctors do not consider mild to moderate jaundice a contra-indication to circumcision.

Milah and the medical professions

<https://www.britishjournalofmidwifery.com/content/clinical-practice/helping-parents-achieve-safer-male-infant-circumcision/>

⁹ The Initiation Society
<http://www.initiationsociety.net/>

¹⁰ No website

¹¹ Guidelines for the Practice of *Brit Milah* (Initiation Society, revised May 2022)
See attached

General Medical Council guidance states that doctors should “*take account of spiritual, religious, social and cultural factors*”,¹² and British Medical Association guidance states “*In addition to considering the child’s health interests ... it is important that doctors consider other matters including the child’s social and cultural circumstances, as part of an overall best interests assessment. Where a child is living in a culture in which circumcision is perceived to be required for all males, the increased acceptance into a family or society that circumcision can confer, is considered to be a strong social or cultural benefit. Exclusion may cause harm by, for example, complicating the individual’s search for identity and sense of belonging. Some religions require circumcision to be undertaken within a certain time limit, and so a decision to delay circumcision may also be harmful.*”¹³

In the same article quoted above, the British Journal of Midwifery references the American Academy of Pediatrics that “*The health benefits of newborn male circumcision outweigh the risks and justify access to this procedure for those families who choose it.*” and further comments that “*The neonatal period is recognised as the safest time for circumcision and, in experienced hands, the risks are minimal.*”⁶

FGM

As in petition PE2052, *milah* is sometimes wrongly thought to be the male equivalent of FGM. On the contrary, as also stated in the Scottish Government submission to this petition¹⁴, there is no comparison, and FGM is not only a criminal offence but also an extremely serious breach of Jewish law.

Summary

Milah, male neonatal Jewish religious circumcision, is a fundamental part of Jewish religious life today as it has been since *Torah* times. It is a well-established, legal, and safe practice.

¹² Personal Beliefs and Medical Practice (General Medical Council, 2013)
https://www.gmc-uk.org/-/media/documents/personal-beliefs-and-medical-practice-20200217_pdf-58833376.pdf

¹³ Non-therapeutic male circumcision (NTMC) of children – practical guidance for doctors, Card 6 (British Medical Association, 2019)
<https://www.bma.org.uk/media/1847/bma-non-therapeutic-male-circumcision-of-children-guidance-2019.pdf>

¹⁴ Scottish Government submission of 19 December 2023
https://www.parliament.scot/-/media/files/committees/citizen-participation-and-public-petitions-committee/correspondence/2023/pe2052/pe2052_a.pdf

Opponents of *milah* often argue that as an eight-day-old boy cannot give consent, it infringes the rights of the child. However, as also stated in the British Medical Association guidance quoted above, “*Where a child lacks competence, there is a presumption that the child’s parents have the child’s best interests at heart.*”⁹ Society trusts parents to make many choices for their children that may have a profound impact on their lives, such as about immunisation and diet. Society also trusts parents to affirm the religious identity of their son, enabling him to participate fully in his social, cultural, and religious heritage. We urge the Committee to confirm this right, trusting in the knowledge that, in giving their son *milah*, they are indeed acting in their child’s best interests.

Scottish Ahlul Bayt Society submission of 17 January 2024

PE2052/D: Ban child circumcision unless it is medically necessary with no less invasive solutions available

Introduction

We, the Scottish Ahlul Bayt Society, are a faith-based (Shī’a Ithnā ‘Asharī) organisation working to meet the needs, and represent the interests, of the Scottish Shia Muslim community, whilst serving the breadth of society in general across the cultural, social, political, and religious spectra. We work to engage with other communities and faiths; strengthening ties in an effort to create a setting for religious and racial harmony, equality, and diversity in the nation.

We write to offer our perspective on the petition proposing a ban on male child circumcision unless medically required. We understand the complexities surrounding this issue and the need for careful consideration in light of both exercising religious freedom and safeguarding the right to self-determination and choice. We bring forward the hope of our community that your committee shall uphold the right of the people to exercise religious and parental autonomy, with the best interests of our children in mind, within the established legal and medical frameworks.

Religious Significance

For over a millennium, male circumcision [ختنة, khatnah] has held deep religious significance in Shia Islam, serving as a symbol of our faith, a cornerstone of our covenant with God, and a marker of religious identity. We acknowledge that this practice, like any deeply ingrained custom, may evoke differing opinions. But to prohibit this practice in totality, we believe, would be deemed an infraction upon our right to live according to our faith precepts.

Medical Considerations

We as Shia Muslims, guided by our faith's ordinances and law, recognise the legitimate and absolute need to protect children from harmful practices, at all costs. Moreover, we recognise that male child circumcision, when performed by qualified medical professionals in-line with requisite guidelines (as it is in the UK for our communities), is a safe and well-established procedure. Recent medical research suggests health benefits associated with the practice. Jurisprudentially, it is imperative that this procedure be conducted ethically and safely. If the overall safety of the child is compromised in any way, then the injunction, too, is compromised. We are committed to engaging in open dialogue with the medical community and public health authorities to ensure that the safest and most ethical practices are always observed. Worth noting here is the crucial distinction between this practice and other forms of genital mutilation, which inflict permanent, detrimental effects on girls and boys. Shia Islam categorically condemns such damaging mutilation to all humans, and especially children.

Choice and Parental Autonomy

We strongly believe that informed parental consent is paramount to decisions concerning the well-being of children. Just as society trusts parents to make essential decisions regarding their children's safety, education, upbringing, and physical, emotional and mental health, we believe they should also be entrusted with the crucial responsibility of nurturing their children's spiritual development and religious identity in a healthy manner. The practice of responsible circumcision, within established guidelines, falls within this bracket.

Conclusion

Finding a balanced approach to this complex issue requires navigating religious sensitivities, upholding child protection unequivocally, and respecting parental rights. We believe a blanket ban on circumcision is

not the answer. Instead, we urge you to accept the alternative solution that allows for circumcision within the framework of existing medical and legal safeguards, and which prioritises the well-being of children while respecting the religious freedoms and cultural traditions of our community, and others'.