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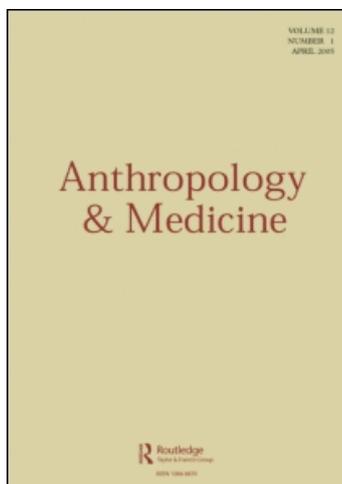
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### Medical ethics and rites involving blood

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## Medical ethics and rites involving blood

*(Accepted date: 11 February 2003)*

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**ABSTRACT** *Although the discussions in the Netherlands on ritual circumcision of girls, ritual circumcision of boys and hymen construction started more than ten years ago, these discussions about rituals of blood are not connected and offer a range of very diverging views. The significance of this article is to make clear that these diverging views and separated discussions fail to make distinctions. As a result, strategies to achieve abolition of these practices are not well thought through. The objective is to connect and to deepen these discussions by a practical method, starting with the dilemmas aid workers are confronted with. The conclusion is that other issues play a role, the issue of the space we allow others to be different and the manner in which the juxtaposition of “individual versus the group” influences this issue.*

### Introduction

What do you do, as a medical aid worker, when you are asked for help in performing rites that involve blood? With the phrase “rites involving blood”, I mean ritual girls’ circumcision, ritual boys’ circumcision and the rite of deflowering. There is a wide difference of opinion on these rites. The emotions involved in the discussion of the subject also vary widely in their intensity. At first glance, it is therefore perhaps odd to consider these rites as a single group. But if we look into the backgrounds and significance of each of these rites, we will see that aid workers and medical practitioners are faced with similar dilemmas.<sup>a</sup>

A Dutch female doctor, Wies Obdeijn, who has worked in North Africa for a long time, now living in the Netherlands again, opposes the ritual circumcision of boys because the procedure is performed at a young age and causes many problems (fear, pain, bleeding, damage to the head of the penis and to the urinary passages). She supports hymen construction (in close consultation), but the circumcision of girls she unequivocally rejects, although in special circum-

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stances (that is to say “in emergencies”), she is willing to perform the mildest form—a puncture in the clitoris or foreskin of the clitoris. In this article on “rites involving blood”, I adopt her view as a point of departure. It is based on practical experience within health care in North Africa and the Netherlands and can therefore be characterised as a bottom-up viewpoint that is seldom expressed in a medical ethics or legal discourse. Medical ethics considerations, of course, play a role for the Dutch doctor; the child may not suffer harm and must be supported by his or her own group. In the following discussion, I shall briefly explain the rituals concerned and indicate how they are similar. Then I shall review the discussion concerning medical assistance in these rites and the ethical dilemmas that play a role in giving assistance.

### **Circumcision of girls**

The number of circumcised women in the world is estimated to be over 70 million. Until recently, female circumcision was non-existent in Europe. This has changed. With the arrival of immigrants and refugees from Africa, circumcised women now live in the Netherlands and other Western European countries, and girls now are actually circumcised in Western Europe. The last fact in particular has led to considerable discussion. Female circumcision is considered as mutilation and amputation. In England, Sweden and France, the circumcision of girls has been prohibited by law. In the Netherlands it is now clear that performing circumcision on girls is punishable by law according to the Minister of Justice.<sup>b</sup> In this discussion about penalisation, the recommendation to allow the mildest form of circumcision of girls (puncturing or making an incision in the clitoris) and having it performed under medical supervision played a central role. This recommendation, made on the basis of a study among Somali refugee women in the Netherlands (Bartels & Haaijer, 1992), elicited strong reactions. The researchers were accused of condoning the circumcision of girls, even though they were actually interested in looking for new ways to combat this type of circumcision. A study of proposals and ideas from Somali women in the Netherlands and of developments in their countries of origin revealed that this alternative could persuade the people involved to reject more radical forms of circumcision (under medically unsound circumstances). From the manner in which the discussion was carried out, it was apparent how emotionally charged this subject is. This discussion was actually not about the reason for circumcising girls or its consequences, but only about the manifestation of its rejection. So the different forms of circumcision were not discussed.<sup>c</sup> The form of girls’ circumcision that the named authors proposed is, for instance, less damaging and injurious than the accepted circumcision of boys.

### **Circumcision of boys**

In an article that appeared in the *NRC/Handelsblad*, Mantel (1997a) stated that the circumcision of boys without there being a medical necessity to do so was

against the constitution. When this position was challenged from a medical, Jewish and Islamic standpoint (El Biyar, 1997; Kater & Evers, 1997), Mantel explained his opposition again (Mantel, 1997b). After another written submission by a local reporter was published in the newspaper *Utrechts Nieuwsblad* (24 June 1997), the discussion appeared to subside. Mantel is not the first person in the Netherlands to express opposition to the circumcision of boys. "Protest" had been expressed earlier. In 1995, for instance, an article appeared in which not only the circumcision of girls but also the circumcision of boys was tested against basic human rights (Veerman *et al.*, 1995), and as early as 1991 the question of whether there should be a prohibition on circumcision was discussed in *Medisch Contact* (Van den Burg, 1991).

Within Christendom, the circumcision of boys is not prescribed as a rite. Paul stated that circumcision was unnecessary and that the rite of baptism could be seen as a mark of a person being received into the religious community.<sup>4</sup> None the less, the circumcision of boys has been accepted in Western civilisation. Christians are familiar with the practice through the Bible, and because of the presence of Jewish communities in Europe, boys have been circumcised in Europe for centuries. The arrival of Moslems in the West has not elicited a new discussion on the subject. In Canada and the United States boys are circumcised for non-religious reasons. More than 60% of boys are circumcised after birth as a preventative and hygienic measure (Civard-Racinais, 1998; Kater & Evers, 1997). Other arguments are also named. The circumcision of boys was meant to prevent them from masturbating (Schneider, 1991). But this argument is untenable (Drenth, 1998).

In the Netherlands, boys are circumcised in a traditional manner and under medical supervision, but not on a massive scale. The procedure is performed on Jewish and Islamic boys and on boys of parents from African countries. It is seen as an expression of a multicultural society. The Utrecht professor of paediatrics, Schulpen (1997), stated in the newspaper *Trouw*, for instance: "In a multicultural society you cannot reason only from a Calvinistic viewpoint ... . If religion prescribes the practice, then we have to respect it. What has it actually got to do with us?" The traditional Jewish circumcision of boys in the Netherlands is organised differently from the traditional Islamic circumcision of boys. Jewish circumcisers can be certified by taking a course and earning a certificate. This makes supervision possible. Moslem circumcisers do not have this opportunity. Only when problems arise is the health inspector called in. For this reason, Hoffer (1990) recommends setting up a similar organisation of courses for Islamic circumcisers. Up to now they have not been supervised in any way. Moslem circumcisers would welcome a regulation similar to the one for Jewish circumcisers (Hoffer, 1990, Van der Dungen, 1993).

Although the protest of Mantel elicited little reaction, he does not stand alone in his objection to the circumcision of boys. Haroche (1998, p. 21) uses similar arguments to Mantel's. In 1989, the AME (Association Contre les Mutilations des Enfants) was established in France. This organisation appeals to a law of 2 February 1981 that prohibits *violence ou voies de fait* (violence or marks) with

children younger than 15 years old. In the United States, advisory centres have been set up (called NOCIRC) that collect statements from circumcised boys who are proud that they are circumcised, or boys who have problems with the breaching of their body's integrity. Action groups were also formed that advocate the surgical restoration of the foreskin, the Circumcision/Foreskin Restoration Resource.

There are even changes afoot among Jews and Moslems with respect to the circumcision of boys. In France, for example, non-practising Jews and Moslems are generally continuing to have their sons circumcised, but they argue against *circoncisions sauvages*, traditional circumcisions. In the Moslem young people's forum that the association Salaam conducts on the Internet, circumcision is one of the subjects discussed. Ritual circumcision is *soennah* or a custom for Moslems. This brings up the question of whether circumcision is voluntary or mandatory. And protest against the circumcision of boys among Moslems is not limited to Western countries. Nawal el Sadaawi, the Egyptian doctor and writer who has come out against the circumcision of girls in the past, also expressed opposition to the circumcision of boys in 1998. The Moroccan sociologist Serhane (1995) considers circumcision to be a symbolic castration.

### **Hymen construction and verification of virginity**

Unlike circumcision, hymen construction is not a rite for which the assistance of doctors is requested. In hymen construction, a "hymen" is constructed in order to make the rite of deflowering possible, during which blood must flow.<sup>e</sup> But the dilemmas that aid workers are faced with here are similar. Mouthaan *et al.* state that these dilemmas primarily pertain to the perceived dependent and unequal position of girls in Islamic culture, the double standard with respect to sexuality, whereby girls are punished and boys are not punished for their sexual activities before marriage, and to the restrictive attitudes towards sexuality as such. By answering the request for assistance, people in fact co-operate in maintaining the myth that something such as a hymen exists and that women bleed when they lose their virginity. From a medical standpoint, an unnecessary procedure is performed that is covered by national health insurance in the Netherlands (see Mouthaan *et al.*, 1997, p. 11).

### **Marking rites**

In the debates and standpoints on rites involving blood, the people who perform these rites are seldom spoken or listened to. Why do parents have their sons and daughters circumcised, and why do Turkish and Moroccan girls want there to be visible blood when they lose their virginity? People can come up with a series of arguments that always return when there is discussion of why these rites exist: they serve as a sign of purity, of chastity, of beauty, of tradition, etc. But what I would like to emphasise is that these are rites that require the flow of blood. Rites are symbolic actions that express a message. Anthropological studies in the 1960s and 1970s focused on circumcision and deflowering as initiation rites.

This is one possible explanation for ritual deflowering, but it is too limited for circumcision. This is why I prefer to speak of “designation rites” (Bartels, 1993). In a designation rite the typical characteristics or identities of people are expressed through ritual. Through circumcision and deflowering children move from being a sexually neutral creature (not yet a person) to a sexual creature (a whole person) and acquire a place within the social categories of their own community or group. This pertains, therefore, to a characterisation and designation of a full person and of gender categories.

Categorising also implies identification. When children are categorised as not yet having full personhood, and when people are then divided into the categories of men and women, they start feeling and experiencing themselves as such. They develop an identity as a man or a woman. These identities differ from the identities that people develop in societies that do not practise circumcision. Circumcision marks the entrance into one’s own community or society. Rejecting circumcision means rejecting that community or society (Van der Grijp, 1992).

A designation rite not only expresses identity. At the same time it makes a distinction (we and them), and therefore serves to mark the differences between people, the group boundaries or the category boundaries. The positions with respect to other groups are determined; the people concerned become members of the group in question and develop an ethnic awareness. The designation rite points to human existence, to matters that are not only conditions for human existence but also express the essence of existence. The thing that is designated or marked (becoming a person in solidarity with others, via gender and one’s own group) finds confirmation in the flow of blood. It is this symbolic character that makes these phenomena so complex and deeply rooted, and that makes combating them so difficult. This perhaps sounds strange to Dutch and English ears, but the people that perform these rites endeavour through them to emphasise the value of people.

### **Collective versus individual**

How do I translate these debates on the circumcision of girls, circumcision of boys and deflowering into medical ethics and assistance? I have shown that the discussion on the circumcision of girls is often emotional and over-simplified. *All* forms of girls’ circumcision are considered as mutilation, including the mild non-mutilating form proposed by Bartels & Haaijer (1992; the puncture in the clitoris). This appears to be the end of the discussion about this recommendation. But, since 1992, literature has appeared on this subject (Bartels, 1993, 1994; Defence for Children International, 1992; Reyners, 1992, 1993; Struijs, 1995; Veerman *et al.*, 1995), but it has not elicited much discussion. This is not surprising since the opponents of female circumcision dominate the discussion. The women that practise circumcision are not given a hearing. Even pleas to at least listen to them are still misinterpreted (Bartels, 1994; Van der Zwaard, 1994).

But in order to achieve its abolition, this appears, none the less, to be required.

The discussion on the circumcision of boys has actually only just begun, but appears to have ended in the Netherlands before it really began. Even the intriguing case brought before the court in Groningen at the end of 1996—a Hindu father of a male baby asked the court to prohibit the Moslem mother from having the child circumcised—did not elicit much reaction (Van der Ploeg, 1997). Hymen construction has prompted discussion but, in view of several articles in *Opzij* and *Onze Wereld*, this discussion appears to be limited to medical aid workers. In other words: on the abolition of female circumcision there is a consensus in the Netherlands; on allowing the circumcision of boys we also agree, and the problems surrounding hymen construction and verification of virginity seem manageable and will in the future perhaps even be a thing of the past.

But is it all really so clear cut? Are not the underlying questions of a different nature? Does the discussion not pertain to questions that we are only now beginning to consider, questions about the way we handle differences? How, in what manner, under what conditions and with which arguments do we make room for others and their customs? What does this say about our own vision of reality? Additional concrete questions include: Why do we accept the circumcision of boys and not the non-mutilating circumcision of girls? Why aren't the newspapers full of letters sent in protesting against body piercing, for instance, in the clitoris, such as those written in 1992 opposing a puncture in the clitoris? Why do we have such great difficulty with hymen construction, while countless Western women undergo cosmetic breast surgery because otherwise they wouldn't feel "normal" (Richters, 1997)? Why do we finally accept the circumcision of boys and people's refusal of polio vaccination, but not the mild form of girls' circumcision (Struijs, 1995)? Doesn't this discussion also concern the relationship between collective and individual rights? Which groups may claim group rights and which groups not (Thompson, 1997)? Are we making a distinction here between men and women, native people and foreigners, Western or non-Western groups?

Van der Ploeg (1997, p.117) states that ritual circumcision is just the subject to elicit these questions. In the case of circumcision, including the circumcision of boys, the rights of children (right to maintain physical integrity) conflict with the rights of the groups to which they belong (right to cultural self-determination, right to religious freedom). Van der Ploeg makes a distinction between religious freedom in the classical sense (the right to hold, profess and practise a religious belief without being restricted or obstructed in this by others or by government) and religious freedom as freedom of choice (the choice to choose one's own religion). Religious freedom in the classical sense, for Jews and Moslems, also includes raising their children in (and in the spirit of) their faith. For them this is a sacred duty. In the case of boys, circumcision is a part of this duty. Non-believers or people on the outside, on the other hand, have a tendency to understand religious freedom as being freedom of choice,

which excludes circumcision at such a young age. When we see religious freedom in the classical sense as a group right, and see religious freedom as being a freedom of choice and an individual's right, then the discussion on circumcision and the request for hymen construction can be understood. In the case of circumcision, it pertains to the question of which rights prevail. Do collective rights take precedence over individual rights or vice versa, or are they equal? In Dutch law significant statements have been made on this question. The Supreme Court of the Netherlands leans towards allowing the protection of the child's rights to prevail over the right—of the parents—to cultural identity (HR Court of Cassation 1 July 1982; *Nederlands Juristenblad*, 1983, p. 201; cf. Veerman *et al.*, 1995, p. 152). Is a different view taken here of boys' circumcision from girls' circumcision? Do collective rights prevail in the case of a positive image (circumcision of boys) and individual rights prevail in the case of a negative image (circumcision of girls and hymen construction)? The question concerning individual rights in the case of boys' circumcision seldom comes up, while an appeal to these rights in the case of girls' circumcision is decisive in securing its rejection. Van der Ploeg (1997) searches here for a pragmatic solution to the dilemma. He is undecided on the question of whether circumcising boys does reprehensible harm to their physical integrity. He does state that when the circumcision of boys is accepted, the circumcision of girls cannot then be judged out of hand. He looks for the justification for this discrimination in the argument that the consequences of circumcising boys are less serious than those ensuing from circumcising girls. The circumcision of girls has far greater consequences and limits their future perspectives. This was said to be much less so when boys are circumcised. But in light of the previous statements, this view no longer appears to be tenable. Circumcising boys can also have far-reaching consequences. According to this line of reasoning, circumcising boys and the more radical forms of girls' circumcision should be prohibited and the mild, non-mutilating form of female circumcision (recommended by Bartels & Haaijer, 1992) should be accepted.

In the case of hymen construction, the relationship between collective and individual rights is clearer. A study conducted by Mouthaan *et al.* (1997) showed that girls who ask for hymen reconstructive surgery do so to show respect for their parents and because they wish to remain a member of their group, which requires virginity for marriage. The lifestyle of the group becomes an issue when girls lose their virginity before marriage. Research also shows that this particularly pertains to girls between the ages of 15 and 24 years, who are able to make this decision for themselves. There is perhaps some social pressure, but many girls experience coping with the virginity standard as a responsibility in which respect and affection for the parents play prominent roles. The environment also plays a role, but the people concerned do not experience this as social pressure (Mouthaan *et al.*, 1997, p. 125). These girls "choose" consciously to meet the conditions that are laid down. In the end it comes down to an individual right: the right to choose to be (remain) a member of one's own ethnic group.<sup>f</sup>

## Conclusion

What does my bottom-up approach produce? First, it becomes clear that the circumcision of boys and the circumcision of girls are judged very differently. Circumcising boys is seen as harmless and in the worst case as being unnecessary, while circumcising girls is seen as mutilation and amputation. The fact that the circumcision of boys occurs without problems is seen as an achievement of the multi-cultural society. The circumcision of girls, on the other hand, is seen to be an outdated custom from barbaric times and areas that doesn't fit in with the mores of our society. By juxtaposing both forms of circumcision in this manner, important aspects are overlooked. For instance the circumcision of boys appears to be more harmful than most people think. In addition to legal objections, depending on the context, emotional and medical problems also play a role. On the other side, all forms of circumcision for girls are lumped together and a generalised judgement is made based on the most radical type. As a result, differences remain unnoticed and strategies to achieve a limitation or even abolition are brushed aside without discussion (Bartels, 1993).

It also becomes clear that other questions play a role in the background. In fact, it is all about the space we allow to others to be different and how the contrast between the individual and the group affects it. In connection with this, there are also questions about the relationship between collective or group rights and individual rights. In Dutch law priority is given to individual rights. None the less, a different view of this priority is taken when it pertains to a man as opposed to a woman, or to a native as opposed to a foreigner, to Westerners as opposed to non-Westerners. The circumcision of boys is something that affects men, which is not unfamiliar to Western culture. The circumcision of girls affects women and is a custom that originates in the Third World. The same is true for hymen construction. However, we cannot ignore hymen construction because group rights and individual rights coincide in this case.

## Notes

- (a) I thank Lenie Brouwer and Wies Obdeijn for their comments and Donna Winslow for several suggestions.
- (b) In answer to questions posed in Parliament, the Minister stated: "If it became known that circumcision had been performed in the Netherlands and there were concrete indications about who the possible perpetrator was, then the Public Prosecutor would institute legal action for abuse or the unqualified practice of medicine" (Nederlands Juristenblad, 1992, p. 1315).
- (c) Girls are circumcised in a number of different ways: incision—a small incision in the clitoris or in the foreskin of the clitoris; sunna—the foreskin above the clitoris is cut away; excision or clitoridectomy—the clitoris and a small part of the labia are made rough or partially cut away, after which the cut edges are attached to one another; reinfibulation is simply performed after a woman has given birth, whereby the enlarged opening of the vagina is reduced in size through reinfibulation.
- (d) The reception into the community is repeated by the child himself at a later age, 12 years or older.

- (e) I use the word “construction” here because, medically speaking, there is no such thing as a hymen. The concepts of hymen “reconstruction” and “recovery operation” are, therefore, incorrect from a technical perspective.
- (f) An argument for not including piercing in the discussion is that in this case it is not a group matter and there is no social pressure. Piercing is entirely a matter of choice for the individual. Although piercing does not involve collective rights, does this exclude the presence of social pressure? The *Nieuwe Revu* of 2 and 9 September 1998 published reports that showed that anyone who wishes to belong to a particular group will undergo piercing (in nipples, the nose, tongue, ear parts, navel, clitoris, etc.) or will have silicon injected into their lips and breasts. Piercing is not discussed. There is no control over the practice or over the age at which it is done. Parents can decide to have their child be given a piercing. It is recommended that there be a minimum age set for at least some forms of piercing, such as the piercing of nipples, clitoris and penis.

## References

- BARTELS, E. 1993. Vrouwenbesnijdenis als markeringsritueel [Female circumcision as a designation ritual]. *Antropologische Verkenningen*, 12(1), 1–19.
- BARTELS, E. 1994. Vrouwenbesnijdenis en spreekplicht [Female circumcision and duty to speak out]. *Tijdschrift voor Vrouwenstudies*, 12(1), 114–122.
- BARTELS, K. & HAAIJER, I. 1992. 's Lands wijs 's lands eer? *Vrouwenbesnijdenis en Somalische Vrouwen in Nederland* [A Nation's Wisdom, a Nation's Honour? Female Circumcision and Somali Women in the Netherlands]. Rijswijk: WVC.
- CIVARD-RACINAIS, A. 1998. Circoncision: Rites et Réalités. *Univers Santé*, Nanterre, June: 17–21.
- DEFENCE FOR CHILDREN INTERNATIONAL. 1992. Visions and discussions concerning genital mutilation of girls. An inventory in international perspective. Jacqueline Smith and Hermine van der Weide. Amsterdam: Department for the Netherlands.
- DRENTH, J. J. 1998. De voorhuid: fimosis, smegma en circumsisie [The foreskin: himosis, smegma and circumcision]. *Tijdschrift voor seksuologie*, 22, 99–105.
- EL BIYAR, M. 1997. Een goede besnijdenis is geen verminking [A good circumcision is not mutilation]. *NRC/Handelsblad*, 1 May, 4.
- HOFFER, C. 1990. *Moslimbesnijdenissen in Nederland* [Moslem Circumcision in the Netherlands]. Leiden: Leiden Institute of Development Studies and Consultancy Services (LIDESCO).
- KATER, L. & EVERS, R. 1997. Besnijden is zonder risico's [Circumcision has no risks]. *NRC/Handelsblad*, 1 May, 4.
- MANTEL, A. F. 1997a. Verbied het besnijden van jonge jongens [Abolish the circumcision of young boys]. *NRC/Handelsblad*, 28 April, 2.
- MANTEL, A. F. 1997b. Besnijdenis is inbreuk op integriteit [Circumcision is an infringement on integrity]. *NRC/Handelsblad*, 13 May, 6.
- MOUTHAAN, I., DE NEEF, M. 1997. *Twee Levens. Dilemma's van islamitische meisjes rondom maagdelijkheid* [Two Lives. Dilemmas faced by Islamic girls with respect to virginity]. Delft: Uitgeverij Eburon, Nederlands Instituut voor Sociaal Sexuologisch Onderzoek.
- NEDERLANDS JURISTENBLAD 1992, 1315.
- REYNERS, M. 1992. Besnijdenis van meisjes. Na de storm actie [Circumcision of girls. After the storm action]. In VAN DIJK, R. ed. *Medische Antropologie. Tijdschrift over gezondheid en cultuur. Theme number: Migranten en Gezondheidszorg* [Migrants and Health Care], 4(2), 251–255.
- REYNERS, M. M. J. 1993. *Het besnijden van meisjes. Een levenlang leed en pijn* [The circumcision of girls. Lifelong suffering and pain]. Amsterdam: Boom.
- RICHTERS, A. 1997. Lichaamsbeleving als sociaal-culturele constructie [Body awareness as a social-cultural construction]. In LAGRO-JANSEN, T. & NOORDENBOS, G. eds. *Seksverschillen in ziekte en gezondheid* [Sex differences in disease and health]. Nijmegen: Sun.
- SCHNEIDER, M. 1991. *Boys Circumcision*. Holbaek (CSFR): Gays Pub Verlag.

- SCHULPEN, T. 1997. Besnijdenis is meer ceremonie dan operatie [Circumcision is more ceremony than operation]. *Trouw* 23 June, 3.
- SERHANE, A. 1995. *L'amour circoncis*. Casablanca: Editions EDDIF.
- STRUJIS, A. 1995. Neutraliteit en gelijkheid. Liberaal overheidsbeleid ten aanzien van minderheidsgroepen [Neutrality and equality. Liberal government policy with respect to minority groups]. In KRANENBORG, R. & STOKER, W. eds. *Religies en (on)gelijkheid in een plurale samenleving* [Religions and (in)equality in a plural society]. Leuven-Apeldoorn: Garant.
- THOMPSON, R. H. 1997. Ethnic minorities and the case for collective rights. *American Anthropologist*, **99**(4), 786–798.
- VAN DER BURG, A. P. J. 1991. Over het besnijden van meisjes, vrouwen en jongens. Is een verbod op zijn plaats? [Concerning the circumcision of girls, women and boys. Is prohibition called for?] *Medisch Contact*, **46**(31/32), 921–922.
- VAN DEN DUNGEN, N. 1993. Masallah, een exploratief onderzoek naar de ontwikkeling van moslimbesnijdenissen onder Turkse migranten in Nederland [Masallah, an exploratory study of the development of Moslem circumcision among Turkish immigrants in the Netherlands]. Masters thesis, Vrije Universiteit Amsterdam, Department of Cultural Anthropology.
- VAN DER GRIJP, P. 1992. De paradox van de besnijdenis [The paradox of circumcision]. On the introduction of an extra distinction between the sexes. In CORBEY, R. & VAN DER GRIJP, P. eds. *Natuur en cultuur; Beschouwingen op het raakvlak van antropologie en filosofie* [Nature and Culture; Considerations on the tangents between anthropology and philosophy]. Baarn: AMBO.
- VAN DER PLOEG, P. 1997. Moet besnijdenis mogen? [Should circumcision be allowed?]. *Comenius. Scientific Forum for child-rearing, education and culture*, **17**(2), 117–129.
- VAN DER ZWAARD, J. 1994. Een spreekbeurt over vrouwenbesnijdenis en cultuur [A lecture on female circumcision and culture]. *Tijdschrift voor Vrouwenstudies*, **12**(1), 101–110.
- VEERMAN, T., HENDRIKS, A. & SMITH, J. 1995. Recht doen aan de gezondheid(sbelangen) van kinderen [Doing justice to the health (interests) of children]. The government policy concerning polio vaccination and girls and boys circumcision, tested against the constitution. *Recht en kritiek*, **21**, 136–165.