

(Im)perishable Pleasure, (In)destructible Desire: Sexual Themes in U.S. and English News Coverage of Male Circumcision and Female Genital Cutting

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Under what conditions do sexual pleasure and desire get addressed in news coverage of sexual health issues like female genital cutting (FGC) and male circumcision (MC)? In this study we employed an embodied ethnosexuality approach to analyze sexual themes in 1,902 items published from 1985 to 2009 in 13 U.S. and 8 English newspapers and news magazines. Journalists' discussions of sexual pleasure, desire, control, problems, and practices differed in quantity and quality depending on the practice and nation to which they pertained. News coverage in both nations presented FGC as impeding female sexual pleasure, desire, and activity in ways that reinforce (hetero)sexist understandings of sexuality. The English press depicted MC as diminishing male sexuality, whereas U.S. papers showed it as enhancing male sexuality. These patterns are influenced by, and serve to reinforce, cultural norms of embodiment and ethnosexual boundaries based on gender, race, and nationality. They may, in turn, shape public understandings of FGC and MC as social problems.

Under what conditions and to what ends do female and male sexual pleasure and desire get incorporated into public debates about sexual health—for instance, in ongoing controversies about female genital cutting and male circumcision? In 2002, the World Health Organization (WHO) defined sexual health as “a state of physical, emotional, mental and social well-being related to sexuality” and declared that “[s]exual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences.” Pleasure, agency (i.e., the ability to act, or not, on sexual desire), and freedom from physiological and psychological disorders are central components of many governmental, medical, and lay definitions of sexual health (Carpenter, 2007), and sexual health has become a pervasive way to frame research and public policy (though the concept is not without shortcomings; see Epstein & Mamo, 2012). Yet research and public debates about sexual health tend to neglect pleasure, focusing instead on problems, such as sexually transmitted infections (STIs), unintended pregnancy, and sexual dysfunction.

Popular (and scholarly) understandings of sexuality are highly gendered. Beliefs in men’s sexual agency and women’s sexual passivity are widespread and remarkably durable, as are beliefs in the greater importance of sexual pleasure to men and greater intensity of male sexual

desire (Fugere, Escoto, Cousins, Riggs, & Haerich, 2008; Meana, 2010). Male sexuality is popularly understood as biologically driven and focused on coitus (Weeks, 1986), whereas women are thought to be less “naturally” sexual than men, their sexuality reactive to male cues and closely associated with reproduction (Farvid & Braun, 2006). The growing literature on sexual desire focuses almost exclusively on women, assuming male desire to be abundant and unproblematic (Meana, 2010).

These gendered accounts of human sexuality are reflected, reproduced, and sometimes challenged in mass media, a major avenue through which people learn about sexual life (Carpenter, 1998; Gill, 2007). Overwhelmingly heteronormative, Anglo-American mainstream mass media generally present men as full of desire, easily aroused and sexually satisfied, and willing and able to engage in sex any time, despite worrying about performance and potential “inadequacies.” Conversely, women are depicted chiefly as objects of male desire, aroused with difficulty, and achieving sexual pleasure through indirect means (e.g., taking emotional pleasure from pleasing a man) or directly but passively (e.g., being the recipient of male-bestowed pleasure) (Hatton & Trautner, 2011; Rohlinger, 2002; Stankiewicz & Rosselli, 2008). Media images typically equate male and female sexual pleasure with orgasm, to the exclusion of other kinds of pleasure, and present orgasm as the goal of sex for both genders—although orgasm is depicted as simple and unproblematic for men and as complicated and difficult for women (Braun, 2005; Farvid & Braun, 2006; Potts, 2000).

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Male sexuality is presented as penis centered, female sexuality (since the 1970s) as clitoris centered (Bell, 2005).

Although sexuality remains traditionally gendered in the popular imagination, “active” and “emancipated” female sexuality has been a staple of women’s magazines since the 1970s (Farvid & Braun, 2006) and media images of men as sexual objects are proliferating (Bordo, 1999). These developments underscore the degree to which sexuality has come to be seen as central to successful adult life in contemporary Western societies (Giddens, 1992; Weeks, 1986). Sex “has become highly important” for men *and* women, with “frequent, pleasurable, varied, and ecstatically satisfying sex... a preeminent sign of personal happiness” (D’Emilio & Freedman, 1997, p. 340) and vital for good relationships (Farvid & Braun, 2006). Children, especially girls, are excluded from this emphasis on sexual fulfillment, however (at least in the United States and the United Kingdom). In schools and sex education curricula, and in media targeting teens, young women’s sexual desire and pleasure are so profoundly absent, even as young men’s are presumed, that Fine (1988) declared a “missing discourse of female desire” (see also Carpenter, 1998; Fields, 2008; Fine & McClelland, 2006; Lees, 1986; McRobbie, 2000). At the same time, images of highly eroticized young women abound in mainstream media (Gill, 2007; Nitz, Reichert, Aune, & Velde, 2007). Notably, these constructions of male and female sexuality are historically and culturally contingent, born in Enlightenment Europe and transported to settler colonies (Bell, 2005).

To help develop a more complete picture of when and how female and male sexual pleasure and desire—supposedly central components of sexual health—appear in public debates about sexual health, this study compared how U.S. and English newspapers cover female genital cutting (FGC) and male circumcision (MC)—two genital surgeries typically performed on children with parental consent. Studies of sexuality in mass media have generally focused on popular publications such as *Cosmopolitan* or *Playboy* magazine (e.g., Farvid & Braun, 2006; Kettrey, 2013), and most have concentrated on women’s sexuality (though see Bordo, 1999; Farvid & Braun, 2006). Lifestyle magazines attract single-gender audiences and tend to be viewed as “entertainment” (though consumers cite them as information sources), whereas news media attract broad audiences from larger age ranges and tend to be perceived as sources of “serious” information. Therefore, analyzing news media, as we do, taps at sources from which arguably more (diverse) people learn about sexual topics and are more inclined to believe what they learn.

We describe our choice of cases and countries in detail below, but a few initial comments are in order. We concentrate on FGC and MC (two similar yet distinctive surgeries) in part because they differ from the sexual health topics usually studied by media scholars (e.g., teen

pregnancy, sexual violence) and therefore may provide new insight into media coverage. Moreover, they represent obvious if extreme cases; if sexual pleasure and desire are not mentioned in relation to (nonmedical) genital surgeries, when would they be mentioned? Examining extremes is a time-honored way to shed light on everyday knowledge—here, about gender and sexuality. More pragmatically, focusing on two specific cases permits a deeper analysis than does casting a net around every aspect of sexual health. Comparing the two surgeries—one performed on certain types of males, one on certain types of females—also allows us to tap at the intersections of gender and sexuality with race, ethnicity, religion, and nationality in ways that few previous studies of sexual pleasure in the media have done.

Gender and sexuality are inextricably intertwined with race, ethnicity, nationality, and social class (Collins, 2005). According to Nagel (2003), ethnicity, gender, and sexuality are coconstructed through the creation and crossing of symbolic and material boundaries. Such ethnosexual boundaries are fluid and context dependent, but virtually every ethnic system defines some groups (“us”) as good and others (“them”) as bad, frequently in terms of gendered and sexualized characteristics. For example, Europeans used definitions of sexual morality to distinguish their “civilization” from African “savagery” and to justify the seizure of African people and land (Thomas, 2003). Women’s (and men’s) sexuality and reproduction represent sites of intense struggle over designations of societies as “modern” or “primitive” and over status among immigrants to “modern” countries (Stoler, 1995). For African, Asian, and Caribbean/Latin American immigrants, arrival in the United Kingdom or the United States means learning to navigate social life as ethnosexual “Others” and working to retain cherished cultural and family practices (Nagel, 2003). As their U.K.- or U.S.-born children approach puberty, many worry about the prospect of friendships and romance across ethnicity, race, and/or religion (Twine, 2006)—as do many of their White, nonimmigrant counterparts.

Where Nagel (2003) deliberately concentrated on assertions about physical differences between races and genders/sexes, we innovate on her work by additionally examining how material bodies are implicated in and affected by ethnosexual processes. Insofar as people “inhabit real bodies, not just cultural representations of bodies,” Elson (2003, p. 752) proposed using an “embodiment” perspective to address the simultaneous materiality and constructedness of bodies. In her research, women who had undergone hysterectomies felt that their gender identity had been altered by symbolic *and* physical aspects of losing their uterus and/or ovaries. The configuration of genitalia, whether “natural” or “created” through practices like FGC and MC, may be especially likely to affect how people view their own or others’ femininity, masculinity, and sexuality. Our

study examined how national norms for gendered and racialized embodiment influence sexuality-related claims about FGC and MC.

A close reading of news coverage of MC and FGC can provide critical insight not only into popular understandings of gendered, racialized, and embodied sexuality but also into how those understandings influence the construction of social “problems” related to sexual health (Best, 1990). Wade (2011b) found that U.S. news media framed FGC in a manner that constructed a consensus of condemnation, allowing journalists to “collaborate” with activists by writing sympathetic stories that might incite action. In practice, constructing consensus around FGC in North America and Europe often entails casting the cultures that practice it as less civilized than North American and European cultures (Wade, 2009, 2011b). U.S.-based journalists attempting to provide balanced coverage of FGC typically quote FGC proponents who, as cultural Others, are stigmatized and discredited (Wade, 2011a). In so doing, journalists deploy and reinscribe ethnosexual boundaries. Notably, neither Wade nor Boyle and Hoeschen (2001) examined how specific ethnosexual contexts might affect news and claims-making dynamics.¹ Comparing coverage of FGC to coverage of MC in one country where MC represents “normal” embodiment and is not associated with race/ethnicity or religion (the United States) and one where MC is not “normal” and is linked to race/ethnicity and religion (England) allows us to examine claims-making about sexual health in two different ethnosexual contexts.

Our analysis explored the following questions: (1) What claims about sexuality appeared in U.S. and English print news coverage of FGC and MC from 1985 to 2009? (2) In what tone and whose voices did these claims appear? (3) How did these claims-making patterns differ across practices or across nations? (4) Did these claims reproduce or challenge contemporary constructions of sexuality, gender, race, ethnicity, age, and nationality more generally? (5) What social factors, including national norms of embodiment, cultural or historical context (including ethnosexual boundaries), and journalistic practices, help explain the patterns observed?

Two Practices in Two Countries

Comparing news coverage of MC and FGC across the United States and England² makes for a fruitful

¹Boyle and Hoeschen (2001) aggregated newspaper data from multiple countries.

²Rather than analyze news from across the United Kingdom, we limited our analysis to England, thereby holding constant institutional differences (e.g., Scotland’s separate parliament), distinctive patterns of religious turmoil and immigration (e.g., Northern Ireland), and variations in news outlets (e.g., Welsh papers do not ordinarily circulate nationally). However, when citing research by others, we repeat the (sub)national designations that they used.

four-case analysis, given similarities and differences between the practices, as well as their nation-specific histories. Health policy scholars often compare the United States and the United Kingdom, insofar as they offer a sort of “natural experiment” (Nathanson, 2007). Both nations share democratic political systems, affluent capitalist economies, and highly sophisticated medical and scientific establishments; however, the U.K. health care system is national and publicly funded, while the U.S. system is local, multipayer, and for-profit. Newspapers and news magazines in both countries are privately owned, for-profit, and advertising-reliant, and they cherish broadly similar news values; however, editorial and news functions tend to be less separate in the United Kingdom than in the United States (McNair, 2000). Both nations are majority Christian but have highly “assimilated” Jewish populations, representing 2.2% of U.S. and 0.6% of U.K. residents (DellaPergola, 2002), and Muslim populations representing 2.7% of U.K. and 1% of U.S. residents (Central Intelligence Agency, 2007). About 1.7% of U.K. residents and 0.5% of U.S. residents are immigrants (or children of immigrants) from countries where FGC is traditional. The United States is rated more gender equitable than Britain (Fuwa, 2004), but U.S. sexual culture is significantly more conservative and politicized (Widmer, Treas, & Newcomb, 1998). Most important for our purposes, FGC and MC—and responses to them—have followed distinctive trajectories in the two countries.

Male circumcision, also called male genital mutilation (MGM), refers to the surgical removal of the foreskin of the penis.³ Historically a ritual practice exclusive to Jews, Muslims, and some African cultures, MC was promoted by Anglo-American physicians in the late 1800s as a means of preventing masturbation and various diseases (Darby, 2005; Gollaher, 2000). Female genital cutting, also known as female genital mutilation (FGM) or female circumcision (FC), is traditional to parts of Africa and the Middle East and refers to various modifications of external female genitalia (Rahman & Toubia, 2000). Although some activists adopt broad definitions of FGC that include cosmetic genital surgeries performed on consenting adult women in Western cultures (e.g., labiaplasty) (see Braun, 2005), we focus on the forms of genital cutting traditionally performed on girls in or from developing countries. About 80% to 85% of females affected by FGC experience either type I, removal of the clitoral hood—theoretically analogous to MC; in

³Recognizing that the terms people use for these practices imply particular positions, we employ what appear to be the least value-laden—FGC and MC—and use the abbreviation “MC” to make the terms more parallel. The term MGM is used chiefly by anti-MC activists; some anti-FGC activists prefer the term FGM while others prefer FC, a term also used by practice proponents.

practice, more flesh is often removed (Shell-Duncan & Hernlund, 2000)—or, more commonly, type II, excision of the clitoris and often labia minora (WHO, 1998). The remaining 10% to 15% experience infibulation (type III), which entails removing the clitoris, labia minora, and labia majora and suturing the edges such that only a small opening remains.

Both FGC and MC involve removal of genital tissue and are typically performed in infancy or childhood with parental consent.⁴ Both are painful (if unanesthetized) and associated with immediate complications ranging from bleeding and infection to disfigurement⁵ and death, especially lacking modern medical safeguards (American Academy of Pediatrics [AAP], 2012; WHO, 1998). FGC is associated with long-term pain due to the way cut nerves respond (Einstein, 2008); and boys circumcised without pain relief are more sensitive to pain (e.g., at vaccination) than boys who have not had the surgery (Taddio, Katz, Ilersich, & Koren, 1997). However, MC is rarely associated with long-term physical harm and appears to offer some (relatively circumscribed) health benefits (AAP, 2012), whereas FGC carries no scientifically acknowledged physical health benefits (although some groups that favor the practice claim it is health enhancing); and infibulation is associated with urinary tract infections, impeded menstruation, and difficult childbirth (WHO, 1998). Proponents of both practices stress the social (e.g., marriageability) and psychological benefits to having a body that is deemed “appropriate” in one’s culture. Traditional FGC is illegal and seen as “foreign” in both nations; MC is legal in both nations but normative only in the United States.

In Britain, MC rates decreased from about 40% in the 1930s to 6% in the 1980s due to declining support by physicians and lack of coverage by the National Health Service (Darby, 2005). The British Medical Association (BMA, 1996) stated, “It is rarely necessary to circumcise an infant for medical reasons.” The U.K. anti-MC movement began in the mid-1990s and focuses on reducing the number of medically indicated operations. In the United States, with the support of private insurers, MC rates increased from 60% in the 1940s to over 90% in the late 1960s (Laumann, Masi, & Zuckerman, 1997). Rates fell thereafter to about 65%, due to waning medical support (the AAP declared “no absolute medical indication for routine circumcision” in 1975), the natural childbirth movement, grassroots opposition (from the mid-1980s), and immigration (secular MC is rare outside the United

States; Gollaher, 2000). In 2012, pursuant to clinical trials linking MC to reduced human immunodeficiency virus (HIV) transmission rates in sub-Saharan Africa, the AAP updated its effectively neutral 1999 policy to state that “the health benefits of newborn male circumcision outweigh the risks,” but “health benefits are not great enough to recommend routine circumcision.” The BMA appears disinclined to do likewise.

Efforts by 19th-century British and other European missionaries and colonial governments to eradicate FGC were largely unsuccessful and probably served to entrench the practice further (Thomas, 2003). A second wave of anti-FGC activism began in the 1970s and expanded throughout the 1980s, led by a (sometimes uneasy) coalition of Western feminists and women from FGC-practicing cultures (Boyle, 2002). The United Kingdom banned FGC in 1985 and prohibited sending girls abroad for the procedure in 2003. The BMA (2006) described FGC as “a fundamental human rights issue with adverse health and social implications.” Several major U.S. medical associations denounced FGC in the 1990s, and the U.S. government outlawed it in 1996. It is thought that very few females experience FGC in either country, although many female immigrants experienced FGC in their native countries (Crossette, 1998; FORWARD, 2013).

How each practice affects sexuality is debated by scientists and laypeople (including grassroots activists), though there is more consensus that FGC impairs sexual response. Some Jewish scholars propose that MC became a religious mandate because it reduces sexual pleasure; many Anglo-American Victorians embraced it for that purpose (Glick, 2006). The foreskin is dense with nerve endings and prevents the skin on the glans from hardening, thereby reducing physical sensation (Taylor, Lockwood, & Taylor, 1996). Several minor, yet fairly common, complications of MC, such as curvature or “tight” erections, may also diminish men’s sexual pleasure (Kim & Pang, 2007). Yet most circumcised men have little if any trouble getting and maintaining erections or reaching sexual climax. Type I FGC may reduce women’s sexual pleasure via hardening of the clitoris, while type II and type III entail removing most or all of the pleasure-inducing clitoris (Rahman & Toubia, 2000). Still, some women report enjoying sex, and orgasms, after clitoridectomy, presumably because the clitoris and its nerves extend below the body’s surface (Shell-Duncan & Hernlund, 2000). The narrow opening left by infibulation often makes vaginal intercourse painful (WHO, 1998).

Rather than ask whether FGC or MC *should* be treated as problematic, sexually or otherwise, or whether the claims made about them accurately reflect the real world, we ask how claims about sexuality, especially sexual pleasure and desire, are used to construct the practices as problematic (or not)—constructing gender, ethnosexuality, and “normal” embodiment in turn.

⁴Ages at FGC vary across cultures from near-infancy to late adolescence (Rahman & Toubia, 2000). Routine MC is performed in infancy, MC to cure health problems (as in the United Kingdom) in childhood, Jewish MC on the eighth day of life, Muslim MC and traditional MC (in African cultures that practice it) at various times in childhood or adolescence (Gollaher, 2000).

⁵Whether either practice is inherently disfiguring is part of the debates surrounding them.

Method

Data come from 860 U.S. and 1,042 English news items published between 1985 and 2009 in 20 newspapers and four news magazines. As recommended by Earl, Martin, McCarthy, and Soule (2004), we drew our U.S. sample from three nationally circulated newspapers (*New York Times*, *Washington Post*, *USA Today*), three national news magazines (*Newsweek*, *Time*, *US News & World Report*), and seven newspapers from metropolitan areas selected for theoretical and substantive reasons (*Atlanta Journal-Constitution*, Bismarck (ND) *Tribune*, *Los Angeles Times*, *New York Daily News*, *Minneapolis Star Tribune*, *Seattle Times*, *San Francisco Chronicle*).⁶ The English sample was drawn, following McNair's (2000) advice, from national newspapers directed at different audiences across the political spectrum: the "elite" *London Times/Sunday Times* (center-right), *Guardian* (left), *Independent* (liberal), and *Telegraph* (conservative), and the prominent news magazine *The Economist*; midmarket *Daily Mail* (conservative); and the popular *The Sun* (right) and *Mirror* (left).⁷ We limited both samples to print news, which is more similar across nations than broadcast news (Skinner & Gasher, 2005), and excluded online-only sources and items because much of the period under consideration was pre-Internet.

Because people learn about topics like FGC and MC not only from items specifically about the practices but also from items that mention them only briefly (e.g., feature articles about African refugees), this study departs from most previous analyses by analyzing every news item in which MC and/or FGC appears.⁸ Our analysis includes news and feature stories, arts/media reviews, advice and other columns (e.g., *Dear Abby*, *Religion Notes*), and editorials; it excludes letters to the editor. In the U.S. sample, 310 items mentioned FGC and 581 mentioned MC (31 items span both samples). In the English sample, 470 items mentioned FGC and 585 mentioned MC (13 items span both samples; refer to Table 1).

We analyzed these data using a combination of enumerative and interpretive methods, following modified grounded theory precepts (Charmaz, 2006) and Altheide's (1996) qualitative media analysis framework,

⁶We chose to examine Los Angeles, New York, Minneapolis, San Francisco, Seattle, and Washington, DC, because they are centers for immigration from countries where FGC is prevalent and (except Minneapolis) also have large Jewish and/or Muslim communities; San Francisco and Bismarck because they are major sites of anti-MC activism; and Atlanta because it was the site of two major MC malpractice cases as well as a landmark FGC trial.

⁷The major English papers circulate nationally, in regional editions across the United Kingdom.

⁸Stories were coded as mentioning MC or FGC in passing if the practice appeared in only one or two sentences and was not essential to the import of a story. Using this definition, 29.9% (174) of MC and 36.1% (112) of FGC items in the U.S. sample mentioned MC/FGC only in passing, as did 45.8% (268) of MC and 48.7% (229) of FGC items in the English sample.

which tracks the number of times codes appear as well as thematic variations among them. Each text was coded for content categories (e.g., sexual activities mentioned), frame elements (e.g., human rights), and rhetorical presentation (e.g., humor). For the present analysis, we isolated the texts that included any codes related to sexuality (broadly defined), then read each text repeatedly to refine those codes. In some cases, we grouped similar codes together into one overarching theme (e.g., codes related to desire, arousal, and excitement became "reduces . . .," "enhances . . .," and "no effect on . . ."). In other instances, we divided a broad code into more specific codes (e.g., pleasure/enjoyment and sensitivity/sensation, each with "reduces/enhances/no effect" variants). Each author examined the texts coded by the other and we talked through any disagreements (of which there were few). When new codes were developed, we recoded all texts as needed. We believe that our comprehensive sampling process yielded the population, rather than a sample, of items mentioning FGC or MC in the selected newspapers. Insofar as our findings represent this population as a whole, the statistics we report are descriptive rather than inferential.

Findings

Five broad sexuality-related topics appeared in news coverage of MC and FGC: sexual pleasure and sensation, sexual desire, promiscuity and sexual control, sexual problems, and sexual practices, including masturbation.⁹ Subthemes within these topics appeared with different frequencies and in qualitatively distinctive ways depending on the practice and nation to which they pertained. As summarized in Table 1, in the United States, sexuality was addressed more than twice as often in relation to FGC/women than MC/men. In the U.S. sample, 15% (85 of 581) of the MC items and 36% (112 of 310) of the FGC items mentioned one or more sexuality-related themes. In the English sample, 14% (84 of 585) of the MC items and 17% (81 of 470) of the FGC items mentioned one or more sexuality-related themes. The following analysis refers to this subsample of newspaper items mentioning at least one sexuality-related theme.

Sexual Pleasure and Sensitivity

How FGC and MC affect sexual pleasure and genital sensitivity were common themes in coverage of both practices. In both cases, journalists typically neglected the possibility that conforming to norms for genital appearance might contribute to sexual pleasure (although they discussed genital conformity in the context of psychological well-being and marriageability).

⁹We omitted from our sample items that mentioned STIs but not other sexuality themes.

Table 1. *Percentage of News Items Portraying Specific MC or FGC Sexuality Themes*

Sexuality Theme	U.S. Sample			English Sample			
	MC		FGC	MC		FGC	
	<i>n</i>	Percent Sexuality Theme Items (<i>n</i> = 85)	Percent Sexuality Theme Items (<i>n</i> = 112)	<i>n</i>	Percent Sexuality Theme Items (<i>n</i> = 84)	Percent Sexuality Theme Items (<i>n</i> = 81)	
Sexual pleasure							
Reduces sexual pleasure	9	10.59	48	17	20.24	29	35.80
Enhances sexual pleasure	5	5.88	1	2	2.38	0	0
No effect on sexual pleasure	7	8.24	3	10	11.90	5	6.17
Reduces partner's pleasure	4	4.71	0	2	2.38	2	2.47
Enhances partner pleasure/partners prefer	15	17.64	3	11	13.10	15	18.52
No effect on partner's pleasure	2	2.35	0	0	0	0	0
Sexual sensitivity							
Reduces	20	23.53	6	38	45.24	4	4.94
Increases	1	1.18	0	3	3.57	0	0
No effect	1	1.18	1	2	2.38	0	0
Desire/arousal							
Reduces	3	3.53	39	2	2.38	16	19.75
Enhances	0	0	0	1	1.19	0	0
No effect	0	0	1	2	2.38	1	1.23
Promiscuity/sexual control							
Reduces promiscuity	3	3.53	70	0	0	42	51.85
Encourages promiscuity	13	15.29	0	9	10.71	0	0
No effect on promiscuity	4	4.71	1	4	4.76	3	3.70
Stops sexual violence	0	0	2	0	0	2	2.47
Causes/is sexual violence	1	1.18	0	1	1.19	0	0
Sexual problems							
Reduces sexual problems	10	11.76	1	12	14.29	1	1.23
Causes sexual problems	11	12.94	45	12	14.29	32	39.51
No effect on sexual problems	5	5.88	1	10	11.90	0	0
Sexual practices							
Diversifies	7	8.24	0	1	1.19	0	0
Minimizes	1	1.18	0	3	3.57	0	0
No effect	2	2.35	0	0	0	0	0
Masturbation							
Stops masturbation	19	22.35	3	15	17.86	4	4.94
Causes masturbation	4	4.71	0	1	1.19	0	0
No effect on masturbation	1	1.18	0	1	1.19	0	0
Total (whole sample)	85	14.63 (581)	112	84	14.36 (585)	81	17.32 (470)

Claims that FGC reduces women's sexual pleasure appeared in 43% of U.S. and 36% of English items about FGC that mentioned sexuality. Such references typically appeared in lists of FGC's outcomes and rarely specified the mechanisms through which such diminishment occurs. The rare items that elaborated gave only brief explanations of how FGC reduces pleasure. For example, a *Los Angeles Times* item paraphrased the story told by a woman who underwent FGC: "[A] Somali doctor had removed her clitoris and other genitals as a way to reduce sexual pleasure" (April 9, 1995). About 5% of both U.S. and English items noted that FGC reduces genital sensitivity or sensation; all (6) of these items in the United States and half (2) of them in England mentioned reduced sexual pleasure as well as decreased sensitivity.

In both countries, FGC was often portrayed as specifically intended to impede women's sexual pleasure, and most stories depicted FGC as rendering women completely incapable of enjoying sex. These two themes are exemplified in a *Guardian* story that quoted novelist and FGC opponent Alice Walker's opinion that FGC is "a form of gender oppression to ensure that the woman will never experience sexual pleasure" (October 13, 1992). Even so, four (4%) U.S. and five (6%) English items presented arguments, attributed to cut women, that FGC does *not* eliminate women's sexual pleasure. *Newsweek* reported that "many infibulated women who have suffered clitorectomy will vividly describe their own intense sexual pleasure" (July 5, 1999). Such reports were often presented in a skeptical tone, however, and some were accompanied by the counterclaim that FGC decreases women's pleasure. Referring to "older women... [who] deny there is any lessening on that score," one journalist wrote, "one suspects there is a strong element of adult complacency, and denial—of the 'I was flogged at school and it never did me any harm' variety" (*Independent*, August 16, 2003). Such examples provide evidence of journalists' efforts to enact the news value of objectivity by "telling both sides," albeit in a minority of stories.

Interestingly, the items that claimed FGC does not affect sexual pleasure tended to equate pleasure with orgasm, an equation that was largely absent from items that stated only that FGC reduces pleasure. As one journalist explained, "Vivid descriptions of orgasm by some women who have no clitoris should lay to rest the theory that vaginal orgasm does not exist" (*New York Times*, April 15, 1990). These items depend on the widespread notion that orgasm equals pleasure (Potts, 2000) to make the case that FGC does not eliminate women's pleasure.

In both nations, claims that FGC curbs female pleasure were attributed to FGC proponents, who cited this as a benefit (a way in which FGC safeguards women), as well as to medical experts, feminists, and state actors who framed reduction of women's pleasure

as a detriment. Several articles from both nations quoted women who dismissed concerns about reduced sexual pleasure as less compelling than the purported benefits of FGC. One such item quoted the mother of a girl undergoing FGC: "We don't care about pleasure... All we care about is that our daughter is clean, as the community wants her to be" (*New York Times*, October 5, 1996).

Claims that FGC enhances partners' sexual pleasure, or that partners preferred cut women, appeared in three (3%) U.S. and 15 (19%) English items. All partners were stated or implied to be male, hence the sex in question was assumed to be heterosexual. A typical story relayed remarks made by a prominent anti-FGC activist: "Many believe that [female] circumcision enhances fertility, increases male sexual pleasure, prevents disease and has healing power" (*San Francisco Chronicle*, September 9, 1990). Claims that FGC reduces partners' pleasure appeared in two English and no U.S. items. These items indirectly linked FGC to men's pleasure by arguing that sex is more pleasurable for men when their female partners enjoy it. For example, one journalist wrote, "[M]en were beginning to resent the practice, too, partly because they were becoming aware, by having seen so many images of couples enjoying sex together, that this was impossible with a partner who had been genitally disfigured" (*Independent*, February 4, 1999). In both countries, claims about FGC and partners' pleasure were voiced primarily by activists and/or women who had been cut (the two groups overlap considerably).

The effects of MC on men's sexual pleasure and genital sensation were pervasive themes in both nations. The claim that MC diminishes male pleasure appeared in twice as many English (20%) as U.S. items (11%) that mentioned sexuality. Typical was a *Guardian* article noting, "Doctors who oppose circumcision cite research papers showing the foreskin has special nerve endings designed for feeling pleasure" (September 23, 1997). Conversely, twice as many U.S. (5) as English (2) items claimed that MC increased men's pleasure. Four of the five U.S. stories advancing this claim were about "ordinary" pleasure in the context of HIV clinical trials in Africa. For example, a *New York Times* article described "studies in Botswana and elsewhere" finding that "Most [men] say they think circumcision improves hygiene and sexual pleasure" (April 28, 2006). In contrast, one of the two English items referred not to "ordinary" pleasure but to unusual tastes: "[T]here are those out there who request circumcision for a thrill" (*Independent*, April 28, 2003). Roughly one-tenth of U.S. and English items (7 and 10, respectively) said MC had no effect on pleasure. In both countries, relatively few items that mentioned reduced sexual pleasure presented counterarguments about increased or unaffected pleasure. Overall, MC was depicted as a procedure that might inadvertently diminish men's pleasure or sensitivity

(though a few items in both countries pointed out that this was MC's historical intent) and as reducing, but not destroying, male enjoyment (e.g., "[C]ircumcised men are deprived of the full pleasures of sex," *New York Times*, May 16, 1999). The word *orgasm* was strikingly absent from U.S. coverage, appearing only in reference to female partners' orgasm (although a few items discussed MC vis-à-vis premature ejaculation). Readers are presumably supposed to know what "pleasure" or "sexual ability" means, or how "longer-lasting sex" concludes. Six English items discussed male orgasm explicitly, linking it to sexual pleasure (and another seven discussed premature ejaculation); other items used such euphemisms as "achieve satisfaction."

Journalists discussed the effects of cutting on genital sensation much more often in relation to MC than FGC. The relationship between MC and penile sensitivity was depicted similarly in both countries, although it appeared in nearly twice as many English (41, or 49%) as U.S. (21, or 25%) items. Almost all (38) of the English items indicated that MC reduced sensation. Of these, 34 described reduced sensitivity in negative terms (e.g., "[C]ircumcision . . . removes a portion of perfectly normal tissue, put there . . . to protect the most sensitive part of the penis," *Guardian*, July 21, 1998), six described it as positive (four linking it to longer-lasting sex), and two did not specify. Similarly, all but one of the U.S. items indicated that MC reduced penile sensitivity. Of these, 20 described this reduction in negative terms and two as positive (as in England, linking it to longer-lasting sex). About 15% of items in each country balanced claims of reduced sensitivity (bad) with claims of reduced sensitivity (good), increased sensitivity (good), or no effect on sensitivity. A few stories in each nation repeated claims that MC increases penile sensation (presented less positively in England than in the United States) or that it has no effect on sensation, as in a *New York Times* item that declared, "In general, the removal of a boy's foreskin should not impair his later sexual ability and enjoyment" (March 16, 1999).

Interestingly, reporters in both countries treated sexual pleasure and sensitivity as more separable in relation to MC than to FGC. Most FGC items that discussed genital sensitivity linked it to sexual pleasure, but only a minority of MC items (15 of 41 English, 1 of 21 U.S.) did likewise. However, English coverage of MC linked sensitivity and pleasure far more often than did the U.S. press. A total of 14 (of 41) English items that discussed reduced sensitivity linked it to reduced satisfaction, and an additional item linked "too much 'bad' sensitivity" (*London Times*, March 24, 2008) to reduced pleasure; but only one (of 21) U.S. item did likewise, instead leaving readers to reach their own conclusions about what effects reduced sensitivity might have.

English items typically attributed claims about MC and diminished pleasure or sensitivity to anti-MC activists who, in turn, referenced scholarly research or

embodied experience. For example, the *Independent* quoted David Smith, director of anti-MC group NORM-UK, as saying "[R]esearch showed that the inner mucosa contains up to 40,000 nerve endings that make a man more sensitive during sex" (September 28, 2004). About half of the U.S. items alleging reduced pleasure likewise cited generic or specific MC opponents (e.g., "foes"; activist group NOCIRC); however, they seldom traced their claims to further sources, implying an anecdotal basis. In addition, U.S. (but not English) journalists often noted a paucity of scientific evidence supporting claims about reduced pleasure, as when a *Washington Post* advice columnist reassured a parent, "It's true that some experts think uncircumcised men enjoy sex more than others, but there's no real way for doctors to know" (July 4, 1985).¹⁰ In contrast, U.S. stories that repeated claims that MC does *not* affect sexual pleasure were heavily sourced. A typical article quoted urologist Dale Pollack—"I never met one man who was circumcised in adulthood and who said he experienced less sexual pleasure after than before"—as well as pediatrics professor Laurence Baskin, who cited studies from the *British Journal of Urology* and the *Journal of Urology* (*San Francisco Chronicle*, June 21, 2007). Overall, then, U.S. (but not English) journalists treated MC's effects on male sexual pleasure and sensation as controversial and unresolved—a dramatic contrast to the often vague but always emphatic references to FGC's eradication of female sexual pleasure.

Claims that MC increases pleasure for men's sexual partners or is preferred by partners—always stated or assumed to be female—appeared in 15 (18%) U.S. and 11 (13%) English items. About half of the U.S. articles referred to the African context, as in a piece reporting Chicago-based scholar Robert Bailey's finding "that most Luo men and women [in Kenya] voiced the opinion that sex would be more pleasurable if the man was circumcised" (*New York Times*, July 11, 2000). The other half referred to the U.S. context, including fictional characters (e.g., "an episode in the TV series *Sex and the City* in which the female characters are repulsed by the thought of having sex with an uncircumcised man," *Star Tribune*, August 16, 2006). Three of the English items appeared in *London Times* health columns written by pro-MC physician/author Thomas Stuttford and referenced a single "survey conducted among prostitutes" (October 15, 1992). English (but not U.S.) items often specified reasons why MC was favored by partners or alleged to enhance their pleasure, claiming that MC increases partner pleasure because sex lasts longer or fellatio "is less complicated" (albeit "manual attentions . . . a non-starter without lubrication;" *Independent*, June 20, 2004), or that partners find it aesthetically pleasing. England-based reporters'

¹⁰Of course, journalists may not hail from the country in which they work; we use this phrasing for convenience.

greater tendency to supply reasons may stem from a greater perceived need to explain phenomena that might seem counterintuitive to the (mostly intact) general public.

Four U.S. and two English items conveyed claims that MC reduces partners' pleasure—chiefly through direct, embodied means. In the United States, this view was attributed to a self-help author who personally found sex with cut men painful and to laypeople who opined that MC impeded female orgasm or made sex last “too long.” In England, it was voiced by a sexually dissatisfied woman consulting an advice column and by a man circumcised as an adult: “My experience since and . . . my wife's, is an awareness of a significant loss in sensitivity and functional performance” (*Independent*, June 19, 1994). Only two items in each country balanced positive and negative claims about partner pleasure.

Desire and Arousal

Sexual desire and arousal were common themes in coverage of FGC but rare in coverage of MC. In all, 39 (35%) U.S. and 16 (20%) English items reported that FGC reduces women's sexual desire, arousal, or interest. One item in each country balanced this claim with a claim that FGC had “no effect” on desire. Claims that FGC reduces women's sexual desire were typically relayed by journalists in a matter-of-fact, often fleeting manner, as when a *Washington Post* reporter succinctly stated that Islamic fundamentalists in Egypt believe FGC “protects women from the consequences of excessive desire” (July 12, 1997)—presumably certain potential results of heterosexual intercourse, such as unwanted pregnancies and STIs. However, a few items quoted or paraphrased FGC proponents who offered more detailed accounts of FGC's consequences vis-à-vis women's desire, generally lamenting reduced desire without explaining the mechanisms through which it was thought to occur. *Guardian* readers were told, for example, that African feminist Awa Thiam met “a young Mali woman . . . who is pleased to feel no sexual desire at all. ‘This demonstrates the function of excision: it permits a woman to be mistress of her body. This is why I don't see it as a mutilation at all’” (April 21, 1992).

In contrast, few journalists discussed desire and arousal in relation to MC. Three (4%) U.S. and two (2%) English items indicated that MC reduces sexual desire or libido: “One of the earliest purposes of circumcision was to limit sexual intercourse and to curb sexual excitement” (*New York Times*, January 23, 2003). Two U.S. items, but neither English item, presented this as an outmoded historical belief—a small but telling difference. One English item described MC as enhancing men's virility (quoting a Turkish professional circumciser), and two noted that MC has no effect on “reported sexual drive” (*Mirror*, April 11, 2007) or “exciting fantasies” (*London Times*, June 17, 2006); both of the latter stories

seemed intended to reassure adult men worried about impending operations). This lack of attention to men's desire is consistent with widespread assumptions that men's desire is all but unassailable (Farvid & Braun, 2006; Meana, 2010).

Intriguingly, most items that mentioned female or male desire treated it as determined by the presence or absence of specific body parts (clitoris or foreskin), seeming to fly in the face of the conventional (Western) belief that desire resides in the mind or brain.

Promiscuity and Sexual Control

Claims that FGC reduced “promiscuity” or otherwise facilitated the control of women's sexuality appeared in 63% of U.S. and 52% of English items about FGC that included sexual themes, making it the most common theme by far. Most items in both nations made reference to the notion that FGC keeps women chaste, either through premarital virginity or faithfulness within marriage. Attributed to FGC proponents (who saw it as positive) and opponents (who saw it as negative) alike, these comments were often presented at face value with little elaboration. Listing sexual control as one of many consequences of FGC was common:

Those who help to perpetuate the practice make many claims for it: a rite of passage, meant to build a girl's ability to withstand pain in readiness for motherhood; a curb on promiscuity, a promotion of personal hygiene. (*London Times*, May 29, 1998)

Some stories delved further, explaining why chastity was deemed so critical. One story quoted an anti-FGC activist who explained, “Female circumcision, which many Africans believe curbs aggressive female sexuality, helps guarantee male property rights” (*Washington Post*, July 13, 1985). Claims about reduced promiscuity were not associated with any particular type of FGC, suggesting a range of posited mechanisms, from bodily impediment (type III) to lack of incentive via reduced ability to feel sexual pleasure (or desire) (types I and II).

Several U.S. articles cited African immigrants who believed that America's sexually permissive culture necessitated FGC. For example, the *Seattle Times* quoted immigrant parents who proposed that FGC could reduce rates of teen pregnancy in America, where “girls 13, 14, 15 get pregnant, go wild, get welfare” (September 13, 1996). Although U.K. teens initiate sexual activity at similar ages as their U.S. peers, and the United Kingdom has the highest rates of teen pregnancy in Western Europe (UNICEF, 2001), none of the English articles depicted immigrant parents worrying about their daughters being “Anglicized” in this manner.

Three English articles repeated claims that FGC does *not* control sexuality. For example, the *Guardian* quoted London-based Somali sociologist Sadia Ahmed: “It is

total rubbish that it [FGC] safeguards virginity: the minute people become urban, it safeguards nothing at all—but it is done because people are really afraid for their children” (May 22, 1994). Journalists in both nations occasionally described the belief that FGC curbs sexual activity as mistaken. Efforts to balance claims of reduced promiscuity with other claims were rare; in both countries, only one item including the “reduces promiscuity” theme *also* included a “no effect” theme.

Promiscuity and sexual control were mentioned far less often in articles about MC. Three (4%) U.S. (and no English) items repeated claims that MC was used to reduce men’s sexual activity *in the past*, as when Victorians adopted it as a method for “curtail[ing] promiscuity and nonmainstream sexual practices” (*Daily News*, May 26, 1997). Another 13 (15%) U.S. and nine (11%) English items reproduced contemporary claims, made by scientists and others seeking to determine whether MC could reduce HIV transmission rates in Africa, that circumcised males were likely to engage in “riskier” sexual activity, especially sex with more partners. Most of these items also expressed concerns about reduced condom use. Eight of these items (four from each nation) included the counterclaim that MC does not increase risky sex or numbers of partners or declared that such claims were disputed or not supported by empirical evidence. As a *Washington Post* story (August 16, 2006) explained: “A major issue . . . is whether men who choose [circumcision] will be less apt to take other precautions, such as using condoms or forgoing casual sex. Data presented Tuesday suggest that this ‘risk compensation’ is not taking place, at least over the short term.”

In short, U.S. and English news coverage of FGC conveyed what were framed as contemporary beliefs about controlling female sexual activity in some African cultures, whereas coverage of MC treated such concerns as either historical (in Western societies) or as applying specifically to contemporary men in some African contexts.

Overlapping Themes: Pleasure, Desire, and Sexual Control

News coverage of FGC frequently presented sexual pleasure, desire, and control as connected, but coverage of MC seldom did. In stories about FGC, diminished sexual pleasure, reduced desire, and/or controlled sexuality were often depicted as causally related: Cutting, by reducing sexual desire and/or pleasure, was said to curb a woman’s sexual activity. For example, the *Daily Mail* reported that “‘uncut’ girls with the ability to enjoy love-making are considered more likely to be promiscuous, unhygienic, and prone to diseases such as AIDS” (January 3, 2008). In contrast, items about MC almost never linked claims about sexual pleasure, desire, and/or control. This is partly an artifact of so few MC items discussing desire or sexual control, but it also indicates

how men’s sexuality is presented by journalists and their sources.

Sexual Problems

Claims about sexual problems were more common in coverage of FGC than MC. In both countries, 40% of stories about FGC said it could lead to sexual problems, especially painful sex and difficult penetration. This claim was often presented with scant explanation: “Female circumcision may lead to retention of urine and injuries during sexual intercourse” (*Mirror*, September 13, 1999). Yet some items, especially those focused on infibulation, provided dramatic details, as when a journalist quoted an anthropologist who said that “two to 12 weeks are required for gradual penetration, which is essentially a process of repeated tearing” (*New York Times*, April 15, 1990). Claims that FGC causes sexual problems were almost never balanced with claims that it reduces problems or has no effect. A few stories in both samples repeated claims, attributed to FGC proponents in African contexts, that FGC either reduces sexual problems or does *not* cause sexual problems. For example, “According to myth, if it [a woman’s clitoris] is left alone, it will grow to an enormous size and be a danger to the man during intercourse and to the child at birth” (*Guardian*, October 9, 1990). Similarly, a *Los Angeles Times* reporter noted, “[M]ost . . . women . . . say it does not affect their sexuality nor cause them any discomfort” (November 17, 2002).

Claims about sexual problems were less prominent in stories about MC. Eleven (13%) U.S. items said MC caused sexual problems, eight (72%) of which referred to such “ordinary” problems as premature ejaculation, “sexual dysfunction,” erectile problems, anxiety about sex, painful sex, or low hormone levels, generally quoting anti-MC activists, and three of which (28%) reported on “horror stories,” such as a boy who “had his penis severely burned” to such an extent that “he will never be able to function sexually as a normal male” (*Atlanta Journal-Constitution*, March 12, 1991). In all, 12 (14%) English items included claims that MC caused sexual problems. Eleven (92%) of these focused on “ordinary” sexual problems caused by MC—such as a 37-year-old who has “felt discomfort ever since [being circumcised at age seven], with itching and scar tissue” (*Guardian*, July 21, 1998)—variously citing activists, scientific research, and health professionals.

Journalists in both countries were similarly apt to repeat claims that MC prevents sexual problems, typically citing medical association policies or scientific research. Ten (12%) U.S. items reproduced claims that MC solved sexual problems, especially “dysfunction,” without further specification. Seven referred to a single study, conducted by sociologist Edward Laumann and colleagues and published in *JAMA* in 1997, and two specified problems stemming from particular health

issues (e.g., recurrent urinary tract infections). A total of 12 (14%) English items included claims that MC reduces sexual problems, including painful sex, difficulties with orgasm or erection, premature ejaculation, generic “dysfunction,” and anxiety. Only one of these items cited the Laumann study, and half of them referred to problems that were caused by a torn frenulum or “phimosis, a condition where the foreskin progressively gets tighter. Talk to your GP about a circumcision—it may sound drastic but at least you’ll be able to enjoy pain-free sex” (*Mirror*, April 5, 2009). In effect, English items presented a “curative” and individualized view of MC vis-à-vis sexual problems, whereas U.S. items offered a “preventive” and universalizing view. Reporters in England were twice as likely to repeat claims that MC does *not* cause sexual problems (6% U.S., 12% England), perhaps to reassure readers alarmed by the surgery—especially reluctant men whose physicians recommended it. Only one item in each nation balanced one type of claim (“causes problems”) with counterclaims (“no effects”).

Sexual Practices, Including Masturbation

Despite their focus on sexual control, none of the items about FGC, in either country, presented claims that FGC affected specific sexual practices other than masturbation. In contrast, seven U.S. and one English items reported that circumcised men engage in more varied sexual practices than uncircumcised men. Every one referred to the Laumann study mentioned previously, in which cut men were found “more likely to report masturbating . . . and are more likely to engage in oral sex as well as anal sex” than their intact brethren (*San Francisco Chronicle*, April 2, 1997). In contrast to their treatment of genital sensitivity, journalists typically left it to the reader to decide whether more variation in sexual practices was positive, negative, or neutral (or related to pleasure or other dimensions of sexuality). A handful of items, most of them English, reproduced claims that MC truncated men’s sexual practices. For example, a *Daily Mail* story surmised that MC reduced men’s interest in fellatio: “if you’ve been snipped as an infant it might leave you averse to placing your member in close proximity to sharp objects such as teeth” (August 29, 2005).

News stories discussed masturbation more often in relation to MC than to FGC. The claim that FGC stops masturbation appeared in only three U.S. and four English items. The English articles placed the practice in historical context, noting that “at the beginning of the 19th century, doctors used to cut off the clitoris . . . to ‘cure’ masturbation” (*Guardian*, October 9, 1990). In contrast, U.S. reporters presented the relationship as a contemporary concern in some African countries, as when quoting an Egyptian “fundamentalist cleric” who argued that, after FGC, “a woman and her

husband can enjoy their married lives” without “the possibility of diseases, ‘bad smells’ and the sinful temptation to masturbate” (*Atlanta Journal-Constitution*, September 3, 1995).

The claim that MC curbs masturbation appeared in 22% of U.S. and 18% of English items mentioning sexuality. In both nations, journalists tended to discuss this putative consequence in the past tense, treating it as historical and antiquated: “Circumcision was first introduced into British medical practice by Victorian doctors keen to discourage masturbation (they thought that it reduced sexual pleasure)” (*London Times*, February 24, 1994). Several English (but no U.S.) items explained the mechanisms whereby the cessation was thought to occur (e.g., “[T]he foreskin, you see, is . . . engineered to promote stimulating friction and thus arousal,” *Daily Mail*, August 29, 2005). Conversely, four U.S. and one English articles claimed that MC promotes masturbation. All but one of the U.S. items also noted that MC was historically thought to curb masturbation. One, summarizing the Laumann and colleagues (1997) study, noted that “the data showing that circumcised men are more likely to masturbate frequently is particularly ironic . . . because circumcision was once widely thought to prevent masturbation” (*San Francisco Chronicle*, April 2, 1997).

Discussion

We began this article by asking: Under what conditions and to what ends do claims about female and male sexuality, especially pleasure and desire, get incorporated in public debates about sexual health? Using the cases of MC and FGC in the United States and England allowed us to examine claims-making about gender and bodies across ethnosexual boundaries and permitted us to disentangle the nature of the surgeries from national embodiment norms.

Given that FGC and MC both entail the surgical alteration of human genitalia, one might expect news stories about them to discuss sexuality extensively. Yet sexual themes appeared in only one-fifth of items in our sample overall. Although roughly one-third of U.S. and one-half of English items mentioned MC or FGC only in passing, necessarily limiting reporters’ ability to elaborate on the practices, many stories specifically about the practices also featured few details. This pattern may result from news outlets’ longstanding reluctance to cover sexuality in detail, pursuant to reader sensibilities and obscenity laws, or reporters may be heeding the concerns of activists, especially FGC foes, who critique sexual frames as sensationalist and as benefiting practice proponents who hold opposing views of sexuality (Gruenbaum, 2001). The greater prevalence of sexual themes in U.S. coverage of FGC suggests that English FGC opponents may hold this

position more emphatically or that journalists in England may be more responsive to their concerns.

That U.S. newspapers included sexual themes in roughly twice as many items about FGC as about MC is intriguing. Here, in contrast to typical patterns, the missing discourse involves male, rather than female, sexuality. This occurred only in the United States, suggesting cultural, historical, and political forces at work. As noted, the United States has a more restrictive sexual culture than the United Kingdom, and a long history of efforts to control (especially young) women's sexual behavior (Nathanson, 1991); such a preoccupation often leads to more public discourse rather than less (Foucault, 1979). News coverage may also gain depth when activist efforts are at their peak. Our English sample covers only the years after the United Kingdom banned FGC, whereas our U.S. sample includes 11 years of intense activism and media coverage prior to the U.S. ban (Boyle & Hoeschen, 2001).

Across nations, news coverage of FGC and MC emphasized different themes. Reporters foregrounded claims that FGC impedes female sexual pleasure and desire and repeated claims that MC reduces genital sensitivity. Where FGC was routinely presented as restricting women's sexual behavior, MC was presented (albeit less often) as loosening men's sexual control. Sexual desire, pleasure, and control were closely linked only in discussions of FGC, in contrast to research finding that sexual desire, conduct, and pleasure are more separable for women than for men (Meana, 2010). The press in both nations generally depicted MC as dampening sexual pleasure, sensation, and desire (especially in the United Kingdom) and FGC as virtually eliminating sexual pleasure, desire, and activity outside (and sometimes inside) marriage. News coverage also tended to minimize women's sexual agency while emphasizing men's. For example, MC was depicted as problematic insofar as it diminished the penis's penetrative power, thus imperiling men's traditional role as sexual initiators. In contrast, FGC was treated as problematic for causing intense pain at vaginal penetration, underlining women's traditional sexual passivity. Overall, female sexual pleasure and desire were not "missing," but they were constructed in ways that reinforce (hetero)sexist notions of gendered sexuality.

In both nations, claims about FGC, especially critical claims, were often presented without sources, suggesting that none are required. This may represent a case of claims taking on a life of their own (Best, 1990), or it may be another manifestation of Western consensus against FGC (Boyle, 2002; Wade, 2011b). When attributions were provided, Islamic clergy—whom many U.S. and English readers may view as "discredited," given pervasive stereotypes—were a common source of positive claims about FGC, while "authorities" like researchers and health professionals were regular sources of negative claims (see also Wade, 2011a). Claims about

MC were more heavily sourced, especially in England. Journalists expressed skepticism about women's claims of pleasure after FGC and (in the United States) about men's claims of pleasure reduced by MC. Whether intentionally or not, journalists thereby replicated dominant beliefs (in their papers' nations) about gender and sexuality as well as about race, ethnicity, and national origin.

In both countries and with reference to both surgeries, journalists and their sources assumed sexual activity to be heterosexual. Heteronormativity was particularly pronounced in discussions of partner pleasure: Women's and men's partners were all stated or assumed to be of the other sex. Most stories that addressed partners' pleasure repeated claims that it was enhanced by MC or FGC. However, coverage of MC tended to suggest that altering male genitals to please female partners was legitimate, whereas coverage of FGC indicated that altering female genitals to please male partners was unacceptable—similar to what Braun (2005) found regarding justifications for elective female genital surgeries. This difference may reflect the success of feminist efforts to frame women's sexuality as properly belonging under women's control, or the belief, held in both nations, that men's sexuality is so unassailable as to render ostensibly partner-pleasing bodily alterations (relatively) nonproblematic.

That coverage of FGC and MC should differ is not surprising, given physical differences between the surgeries. However, we contend that these differences are not so vast as to warrant such divergent responses (see also Bell, 2005). In many ways, claims about differences between FGC and MC represent implicit or explicit claims about gender differences in sexuality. The news items we analyzed presented women's sexual desire and pleasure as fragile and imperiled, while depicting men's as nearly indestructible (especially in the United States). This is broadly consistent with previous research; however, some unexpected findings merit further scrutiny. First, reporters' tendency to frame FGC in terms of sexual pleasure and MC in terms of genital sensitivity (which was often dissociated from pleasure) is intriguing; we know of no other analyses to report such a pattern. This divergent emphasis effectively treats male sexual pleasure as more robust than female pleasure, given how seldom (particularly in the United States) reporters linked genital sensation and pleasure. Second, although other media studies have found orgasm and pleasure virtually equated, in our sample, orgasm was seldom mentioned (especially in U.S. coverage of MC)—though when it was, it signified sexual pleasure. This finding may suggest more about what language is permissible in news as opposed to entertainment media than it does about cultural beliefs about sexual pleasure and orgasm.

The degree to which desire was treated as dependent on the presence of certain body parts—the clitoris and foreskin—indicates an underlying belief that desire depends on past bodily experiences of pleasure (to

condition anticipation) or on direct or indirect stimulation of body parts. Given that discussions of desire focused chiefly on FGC/women, treating desire as residing in the genitals may reflect (consciously or not) the theory that female desire is responsive whereas male desire is spontaneous (Meana, 2010). From an embodiment perspective, which body parts are affected by FGC and MC is critical. The latter removes part of the penis, an organ implicated not only in sexual pleasure but also in reproduction and urination and associated broadly with sexual health. In contrast, types II and III FGC remove most or all of the clitoris, an organ intended for pleasure and not broadly associated with sexual health—thereby effectively forcing female desire and pleasure into debates about FGC. Indeed, Braun (2005) noted that foregrounding sexual pleasure in discussions of female genital cosmetic surgery serves to legitimize the practice, given the degree to which a “good” sex life is viewed as necessary for fulfilled adulthood in modern Western nations (Giddens, 1992). By the same token, stressing sexual pleasure and desire in U.S. and English discussions of FGC serves to delegitimize the practice and to position cut women—who are racial/ethnic minorities and often immigrants—as inherently unable to achieve this Western cultural imperative (see also Braun, 2005).

Although coverage of FGC was broadly similar across nations, U.S. and English reporting on MC differed in some striking ways. Overall, English papers depicted FGC and MC as more alike than did their U.S. counterparts. Journalists in England linked men’s sexual pleasure and genital sensitivity more often than did journalists in the United States and were twice as likely to mention MC’s (negative) effects on sexual pleasure. The English press presented MC as causing “ordinary” sexual problems and curing specific medically indicated problems, whereas the U.S. press depicted MC as producing rare and extreme sexual problems and solving universal sexual troubles. Moreover, although reporters in both countries cited similar sources on MC—mainly scientists, health professionals, and activists—those in England generally depicted anti-MC activists as sources of “commonsense” ideas and showed them citing research to support their claims, whereas reporters in the United States presented MC foes as outside the pale and their claims as anecdotal. Insofar as the result of the operation does not differ across nation (variations in rates, typical rationales, and age of patients notwithstanding), these cross-national differences point to ethnosexuality dynamics at work.

More specifically, our analysis points to the intertwining of ethnosexual boundary making with national norms of embodiment. Understandings of “normal” embodiment render social groups differentially eligible for “othering.” These norms are gendered and racialized, as well as imbued with beliefs about nationality and religion. In the United States and England, the vast

majority of women and men, including journalists and their readers, neither possess nor have intimate knowledge of female bodies that have experienced FGC. Given this shared norm for female embodiment, and the sense that African-descent women reside on the “other” side of the ethnosexual divide, it is not surprising that English and U.S. journalists treated FGC similarly. Ethnosexuality and embodiment norms—along with Western feminists’ fetishization of the clitoris’s role in female pleasure (Shell-Duncan & Hernlund, 2000)—combine such that it is difficult for journalists, sources, and audiences to perceive cut African women as anything but sexually harmed, even if the women say they experience sexual pleasure.

In contrast, most English men and women are unfamiliar with male bodies that have experienced MC (unless they are part of the 3.3% of the population who are Jewish or Muslim), whereas the opposite is true for most U.S. adults. English and U.S. coverage of MC’s relationship to sexuality is consistent with national differences in MC rates—thus actual embodiment—as well as with different cultural understandings about the “normal” appearance and functioning of male genitals. (“Normal” is, of course, framed as neither Muslim nor Jewish.) Claims that MC could enhance male sexual pleasure make sense in the United States, where MC is the norm and few men express intense sexual discontent, but may be less plausible (or more discomfiting) in England, where MC is rare and most men also seem sexually contented. Conversely, claims that MC causes sexual problems make more sense in MC-averse England than in the MC-prone United States.

As Nagel (2003, p. 2) noted, despite the long history of ethnic mixing in the United States and England, “‘discoveries’ of racial sexual threats and associated ethnosexual panics” periodically occur. The intense concern about FGC that emerged in the United Kingdom and United States in the 1980s and 1990s, respectively, represents just such a panic. Prevailing understandings of specific gender-ethnic-religious identities contribute to these processes—and vice versa. Women, especially third-world and immigrant women, are commonly viewed as weak, powerless victims; and Muslim women are stereotyped as sexually oppressed, whereas men from the same groups are often seen as powerful and even predatory (Espiritu, 1997; Shell-Duncan & Hernlund, 2000). At the same time, men and women of African descent are stereotyped as hypersexual (Collins, 2005). These stereotypes pervade news coverage of FGC and MC. Our analysis suggests that journalists in both nations foreground African-descent women’s sexuality and treat them as victims of sexual and gender oppression because it makes (unconscious) cultural sense to do so; such women are already understood to be sexual, primitive, and victims. Those who might object to these depictions lack the power, resources, and proximity to get their voices heard.

National embodiment norms and prevailing ethnosexual projects affect what frames journalists do (and do not) repeat, whether because they personally find them (im)plausible or because they think their readers will. Professional journalistic practices also influence news coverage of FGC and MC. Highlighting women's sexuality engages the news value of the "unexpected" in ways that emphasizing men's sexuality does not. Reporters' preference for "official" sources as well as "immediate" sources with personal stories (Sobieraj, 2011) also shapes coverage of MC and FGC. In their coverage of both surgeries, when journalists cited people whose bodies had been affected, they generally treated claims that confirmed national embodiment norms and assumptions about gendered sexuality as valid and authoritative and met claims that diverged from national norms and assumptions with skepticism. These preferences work to reinforce existing ethnosexual boundaries and embodiment norms.

Given journalists' professional imperative to create balanced stories (Schudson, 1995), we were struck by how seldom they "told both sides" about FGC and MC by including, in the same story, claims and counterclaims or by citing similar sorts of sources to support differing opinions. One might be tempted to attribute this tendency to the amount of scientific evidence documenting the harms of FGC; yet journalists routinely offer accounts of such controversial issues as climate change and vaccination that present questioned or discredited minority viewpoints on par with mainstream, better-supported views (e.g., Boyce, 2007). We surmise that widespread disapproval of FGC in both countries—which exceeds approval of routine vaccination, for instance—effectively frees journalists from the imperative of balanced coverage (see Wade, 2011a, 2011b). Consensus against MC is strong but not nearly so complete in England and the United States (albeit pointing in opposite directions), hence the more balanced approach.

Conclusion

This study contributes to the literature on human sexuality in several ways. First, it demonstrates that sexual pleasure and desire, despite being central in international definitions of sexual health, receive relatively little attention in news coverage of MC and FGC—two practices often placed under the rubric of sexual health. Future research should seek to establish whether this relative absence of pleasure and desire pertains specifically to these surgeries, or whether it is a tendency that applies to all (or other controversial) sexual health issues. Activists concerned with any issues related to gender, sexuality, and bodies (e.g., intersex, transgender) should bear this tendency in mind when courting media attention.

Second, our investigation shows how news media representations of MC and FGC that do address sexuality are influenced by, and in turn influence, mainstream notions about gendered and racialized sexuality. Consistent with broader observed trends, journalists in both nations tended to assume that sex is heterosexual and entails penile-vaginal intercourse. Reporters covering FGC depicted female sexual pleasure and desire as imperiled, whereas those covering MC focused on male genital sensitivity and frequently treated male sexual pleasure and desire as a given (especially in the United States). Here, our research points to the importance of disentangling depictions of sexual desire, sexual pleasure, and genital sensitivity from one another, as well as from sexual control and sexual practices. We surmise that (young) women's sexual pleasure and desire—so often missing from public discourse on sexuality—were so prominent in coverage of FGC due to the hypersexualization and racialization of women of color in the United States and England.

Third, by comparing coverage of MC in one country where it is pervasive and one where it is rare, this study highlights the importance of disentangling cultural norms of embodiment from the nature of practices, like genital surgeries, that are related to sexual health. We hope that future scholars will benefit as we did from combining Nagel's ethnosexuality framework with Elson's embodiment perspective. News coverage of such practices simultaneously constructs gender, sexuality, and ethnosexual boundaries—whatever the practices' empirical effects on male or female bodies—in ways that may constrain activists' abilities to construct them as matters for broader public concern. Practices and people that can be framed as "theirs," not "ours," are easier to problematize—and also easier to oversimplify and stereotype. Prevailing beliefs may make it difficult for activists to render any aspect of male sexuality problematic (especially if the men in question hail from the racial/ethnic or religious majority), and may facilitate problematizing women's sexuality to an unwelcome degree (especially if the women are racial/ethnic or religious minorities). These dynamics could be unpacked further by comparing the way news media depict traditional FGC and female genital elective surgeries, or MC and male genital cosmetic surgeries (e.g., to enhance penis size).

Finally, our analysis points to the importance of distinguishing how sexuality is covered in entertainment and in news media. Different professional norms govern the two types of media, and audiences are liable to interpret them in discrepant ways. Our research indicates that female and male sexuality, including sexual pleasure and desire, may be addressed more often and in qualitatively different ways in entertainment than in news media. Because news media, which reach larger and more diverse audiences, are often believed to report the "truth," news coverage may have a particular ability to convince the public and policymakers that certain aspects of sexual

life—including gendered and racialized practices—are problematic and worthy of intervention.

Whether or not claims about MC and FGC are, in some objective sense, true, their reproduction and dissemination in news media help to reinscribe (hetero)sexist beliefs about gender, to shore up prevailing notions of “normal” embodiment, and to strengthen ethnosexual boundaries—and not just in relation to FGC and MC. Scholars interested in the means through which issues around sexual health—such as STIs, intersex, teen pregnancy, and intimate partner violence—come to be viewed as social problems should attend more carefully to the dynamics of ethnosexuality and national embodiment norms.

Acknowledgments

We would like to thank Rene Almeling, Susan Bell, Monica J. Casper, Joanna Kempner, Michael Kimmel, Kasie Luttrell, Constance A. Nathanson, Harmony Newman, Kendall C. Park, Jennifer Reich, Katherine Clegg Smith, and the members of Vanderbilt’s Robert Penn Warren Center for the Humanities seminar on Representation and Social Change, especially Bonnie J. Dow and Terence McDonnell.

Funding

This research was funded by the Social Science Research Council-Sexuality Research Fellowship Program and National Science Foundation (Grant No. 0816678).

References

- Altheide, D. L. (1996). *Qualitative media analysis*. Thousand Oaks, CA: Sage.
- American Academy of Pediatrics, Task Force on Circumcision. (2012). Technical report: Male circumcision. *Pediatrics*, 130, e756–e785.
- Bell, K. (2005). Genital cutting and Western discourses on sexuality. *Medical Anthropology Quarterly*, 19, 125–148.
- Best, J. (1990). *Threatened children: Rhetoric and concern about child-victims*. Chicago, IL: University of Chicago Press.
- Bordo, S. (1999). *The male body*. New York, NY: Farrar, Straus, and Giroux.
- Boyce, T. (2007). *Health, risk, and news: The MMR vaccine and the media*. New York, NY: Peter Lang.
- Boyle, E. H. (2002). *Female genital cutting: Cultural conflict in the global community*. Baltimore, MD: Johns Hopkins University Press.
- Boyle, E. H., & Hoeschen, A. (2001). Theorizing the form of media coverage over time. *Sociological Quarterly*, 42, 511–527.
- Braun, V. (2005). In search of (better) sexual pleasure: Female genital “cosmetic” surgery. *Sexualities*, 8, 407–424.
- British Medical Association. (1996). *Circumcision of male infants: Guidance for doctors*. London, England: Author.
- British Medical Association. (2006). *Female genital mutilation—caring for patients and child protection: Guidance from the Ethics Department*. Retrieved from <http://www.bma.org.uk/ap.nsf/Content/FGM>
- Carpenter, L. M. (1998). From girls into women: Scripts for sexuality and romance in Seventeen magazine, 1974–1994. *Journal of Sex Research*, 35, 158–168.
- Carpenter, L. M. (2007). Sexual health. In G. Ritzer (Ed.), *Encyclopedia of sociology* (Vol. IX, pp. 4234–4238). Oxford, UK: Blackwell Publishing.
- Central Intelligence Agency. (2007). *World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/index.html>
- Charmaz, K. (2006). *Constructing grounded theory*. Thousand Oaks, CA: Sage.
- Collins, P. H. (2005). *Black sexual politics*. New York, NY: Routledge.
- Crossette, B. (1998, December 10). Mutilation seen as risk for the girls of immigrants. *New York Times*, p. A3.
- Darby, R. (2005). *A surgical temptation: The demonization of the foreskin and the rise of circumcision in Britain*. Chicago, IL: University of Chicago Press.
- DellaPergola, S. (2002). World Jewish Population. *American Jewish Year Book*, Vol. 102. Retrieved from http://www.ajcarchives.org/AJC_DATA/Files/2002_13_WJP.pdf
- D’Emilio, J., & Freedman, E. B. (1997). *Intimate matters: A history of sexuality in America*. Chicago, IL: University of Chicago Press.
- Earl, J., Martin, A., McCarthy, J. D., & Soule, S. A. (2004). The use of newspaper data in the study of collective action. *Annual Review of Sociology*, 30, 65–80.
- Einstein, G. (2008). From body to brain: Considering the neurobiological effects of female genital cutting. *Perspectives in Biology and Medicine*, 51, 84–97.
- Elson, J. (2003). Hormonal hierarchy: Hysterectomy and stratified stigma. *Gender and Society*, 17, 750–770.
- Epstein, S., & Mamo, L. (2012). Sexual health as buzzword: Beyond “normal” vs. “deviant.” Presented at the annual meeting of the American Sociological Association, Denver, CO, August.
- Espirito, Y. L. (1997). *Asian American women and men*. Thousand Oaks, CA: Sage.
- Farvid, P., & Braun, V. (2006). “Most of us guys are raring to go anytime, anyplace, anywhere”: Male and female sexuality in *Cleo* and *Cosmo*. *Sex Roles*, 55, 295–310.
- Fields, J. (2008). *Risky lessons: Sex education and social inequality*. New Brunswick, NJ: Rutgers University Press.
- Fine, M. (1988). Sexuality, schooling, and adolescent females: The missing discourse of desire. *Harvard Educational Review*, 58, 29–53.
- Fine, M., & McClelland, S. (2006). Sexuality education and desire: Still missing after all these years. *Harvard Educational Review*, 76, 297–338.
- FORWARD (Foundation for Women’s Health Research and Development). (2013). Female Genital Mutilation (FGM). Retrieved from <http://www.forwarduk.org.uk/key-issues/fgm>
- Foucault, M. (1979). *The history of sexuality*, Vol. 1. London, UK: Allen Lane.
- Fugere, M. A., Escoto, C., Cousins, A. J., Riggs, M. L., & Haerich, P. (2008). Sexual attitudes and double standards: A literature review focusing on participant gender and ethnic background. *Sexuality and Culture*, 12, 169–182.
- Fuwa, M. (2004). Macro-level gender inequality and the division of household labor in 22 countries. *American Sociological Review*, 69, 751–767.
- Giddens, A. (1992). *The transformation of intimacy*. Stanford, CA: Stanford University Press.
- Gill, R. (2007). *Gender and the media*. Cambridge, UK: Polity.
- Glick, L. B. (2006). *Marked in your flesh: Circumcision from ancient Judea to modern America*. New York, NY: Oxford University Press.
- Gollaher, D. L. (2000). *Circumcision*. New York, NY: Basic Books.
- Gruenbaum, E. (2001). *The female circumcision controversy*. Philadelphia, PA: University of Pennsylvania Press.

- Hatton, E., & Trautner, M. N. (2011). Equal opportunity objectification? The sexualization of men and women on the cover of *Rolling Stone*. *Sexuality and Culture*, 15, 256–278.
- Kettrey, H. H. (2013). Reading Playboy for the articles: The graying of rape myths in black and white text, 1953–2003. *Violence Against Women*, 19, 969–995.
- Kim, D., & Pang, M.-G. (2007). The effect of male circumcision on sexuality. *British Journal of Urology International*, 99, 619–622.
- Laumann, E. O., Masi, C. M., & Zuckerman, E. W. (1997). Circumcision in the United States: Prevalence, prophylactic effects, and sexual practice. *JAMA*, 277, 1052–1057.
- Lees, S. (1986). *Losing out: Sexuality and adolescent girls*. London, UK: Hutchinson Press.
- McNair, B. (2000). *Journalism and democracy*. London, UK: Routledge.
- McRobbie, A. (2000). *Feminism and youth culture* (2nd ed.). New York, NY: Routledge.
- Meana, M. (2010). Elucidating women's (hetero)sexual desire: Definitional challenges and content expansion. *Journal of Sex Research*, 47, 104–122.
- Nagel, J. (2003). *Race, ethnicity, and sexuality: Intimate intersections, forbidden frontiers*. New York, NY: Oxford University Press.
- Nathanson, C. A. (1991). *Dangerous passage*. Philadelphia, PA: Temple University Press.
- Nathanson, C. A. (2007). *Disease prevention as social change*. New York, NY: Russell Sage.
- Nitz, M., Reichert, T., Aune, A. S., & Velde, A. V. (2007). All the news that's fit to see? The sexualization of television news journalists as a promotional strategy. *Journal of Promotion Management*, 13, 13–33.
- Potts, A. (2000). Coming, coming, gone: A feminist deconstruction of heterosexual orgasm. *Sexualities*, 3, 55–76.
- Rahman, A., & Toubia, N. (2000). *Female genital mutilation: A guide to laws and policies worldwide*. New York, NY: St. Martin's Press.
- Rohlinger, D. (2002). Eroticizing men: Cultural influences on advertising and male objectification. *Sex Roles*, 46, 61–74.
- Schudson, M. (1995). *The power of news*. Cambridge, MA: Harvard University Press.
- Shell-Duncan, B., & Hernlund, Y. (Eds.). (2000). *Female "circumcision" in Africa*. Boulder, CO: Lynne Rienner.
- Skinner, D., & Gasher, M. (2005). So much by so few: Media policy and ownership in Canada. In D. Skinner, J. R. Compton & M. Gasher (Eds.), *Converging media, diverging politics: A political economy of news media in the United States and Canada* (pp. 51–76). Lanham, MD: Rowman & Littlefield.
- Sobieraj, S. (2011). *Soundbitten: The perils of media-centered political activism*. New York, NY: NYU Press.
- Stankiewicz, J. M., & Rosselli, F. (2008). Women as sex objects and victims in print advertisements. *Sex Roles*, 58, 570–589.
- Stoler, A. L. (1995). *Race and the education of desire*. Durham, NC: Duke University Press.
- Taddio, A., Katz, J., Ilersich, A. L., & Koren, G. (1997). Effect of neonatal circumcision on pain response during subsequent routine vaccination. *The Lancet*, 349, 599–603.
- Taylor, J. R., Lockwood, A. P., & Taylor, A. J. (1996). The prepuce: Specialized mucosa of the penis and its loss to circumcision. *British Journal of Urology*, 77, 291–295.
- Thomas, L. M. (2003). *Politics of the womb: Women, reproduction, and the state in Kenya*. Berkeley: University of California Press.
- Twine, F. W. (2006). Visual ethnography and racial theory: Family photographs as archives of interracial intimacies. *Ethnic and Racial Studies*, 29, 487–511.
- UNICEF. (2001). *A league table of teenage births in rich nations*. Florence, Italy: Innocenti Research Centre.
- Wade, L. (2009). Defining gendered oppression in U.S. newspapers: The strategic value of "female genital mutilation." *Gender and Society*, 23, 293–314.
- Wade, L. (2011a). The function of balance in US news coverage of uncontested issues: The case of female genital cutting. *Journalism*, 13, 869–885.
- Wade, L. (2011b). Journalism, advocacy, and the social construction of consensus. *Media, Culture, and Society*, 33, 1166–1184.
- Weeks, J. (1986). *Sexuality*. London, UK: Routledge.
- World Health Organization. (1998). *Female genital mutilation: An overview*. Geneva: World Health Organization. <http://www.who.int/mediacentre/factsheets/fs243/en/>
- World Health Organization. (2002). Definition of sexual health. Retrieved from http://www.who.int/reproductive-health/gender/sexual_health.html
- Widmer, E., Treas, J., & Newcomb, R. (1998). Attitudes toward nonmarital sex in 24 countries. *Journal of Sex Research*, 34, 349–358.

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