

The Truth about Male Circumcision: Its Disadvantages Exposed

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Acknowledgements

I am grateful to both supporters and non-supporters of male circumcision because they stimulated me to think. Many people responded either positively or negatively to my various articles in the Daily Nation Newspaper about voluntary medical male circumcision in the Luoland. I give special thanks to my family members who showed interest when I revealed to them that I would find out more about male circumcision and write a book. My wife Grace Adhiambo Kili urged me to go on and write a book that explains the disadvantages of male circumcision and focus on voluntary medical male circumcision which she believes people undergo without being fully aware of what they are doing. Grace vowed not to get involved in any way, whatsoever, to promote non-medical male circumcision which she considers unethical. Nicholas Odwor Kili, the Biology teacher, who discussed the idea of circumcision with me from the initial stages and felt that some literature to educate the public should be provided.

I am indebted to Prof James Machoki, College of Health Sciences, University of Nairobi, who encouraged me and was willing to source for funds to study the effects of mass circumcision of males in a non-circumcising community. He agreed with the idea that science does not support male circumcision as a way of reducing HIV/AIDS and circumcision will be useless in the end. I also owe much thanks to Dr Reginald Oduor, Department of Philosophy and Religious Studies, University of Nairobi, who read all the drafts and suggested corrections which were all incorporated in the final draft.

I appreciate the editorial work to this book by Marilyn Fayre Milos who is an indefatigable fighter for the dignity of genital autonomy manifested throughout her life and in many organisations as testified by numerous awards. Marilyn Milos is a Registered Nurse, the founder and the Executive Director of Genital Autonomy-America (formerly, NOCIRC, the National Organisation of Circumcision Information Resource Centre). She is also the Coordinator of the Symposium on Genital Autonomy and Children's Rights and a Diplomate of the American Board of Sexology.

I salute my students of Philosophy of Education, both undergraduate and postgraduate, who provided invaluable insights to make this book what it is. Domnic Ochieng' Obungu is worth mentioning as a postgraduate student who commented on a number of issues pertaining to the history of circumcision.

For those whose names are not directly mentioned, I request you to appreciate yourselves and accept the fact that you are indirectly mentioned. Any mistake that appears in this book is my sole responsibility and should never be attributed to any person, mentioned or not mentioned. I wish the book empowered the reader.

NB: Some version of this book appeared as an article in the World Journal of Medical Education and Research: An Official Publication of the Education and Research Division of Doctors Academy, Volume 11, Issue 1, 2016, pp. 10-14. Link: https://profiles.uonbi.ac.ke/kili/files/article_dr_k_odhiambo.pdf

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Introduction

This book exposes the disadvantages of circumcision to the circumcised males and also to their female sexual partners. There are specific problems associated with circumcised penis. These problems are mainly connected with sexual intercourse and they affect both man and woman, although some problems are specific to the circumcised. Since human beings do not usually live in isolation, the problem of sexual partners living as husband and wife may affect directly or indirectly other family

members, relatives and friends, not to mention the community from which they come. Any male person who wants to be circumcised should be aware of the functions of the foreskin to himself and to any female sexual partner he may engage with.

Male circumcision has supporters and non-supporters. People who support male circumcision do not focus on the problems resulting from circumcised penis but non-supporters do. The focus of this book is non-medical male circumcision that targets the Luo of Kenya, which is a non-circumcising community. The circumcision is known as voluntary medical male circumcision (VMMC). The information contained here is also relevant to any other person or community. The book is not concerned with circumcision that is due to cultural practices or circumcision recommended by a medical doctor because of any disease. The aim of the book is to make parents, guardians and any male person fully informed of the disadvantages of (VMMC). Sources of information are indicated throughout and they can be used for further reference.

The book has got nine sections. The first section is the background that briefly explains the history of circumcision, taking into account Egypt and the Bible. In the second section, views of supporters of circumcision are given. The views are discredited throughout the book as authoritative sources consider them unscientific. In the third section, natural functions of the foreskin are discussed. It is realised that many males who undergo circumcision are not aware of what the foreskin does. Problems associated with circumcision are explained in the fourth section. These problems are real but they are usually downplayed by the promoters of circumcision. Section five focuses on opposition to male circumcision. The section gives a brief history on how different people have opposed circumcision. Why circumcision does not die away is discussed in section six. Circumcision is a cultural practice and cultures are difficult to abandon, even if they go against scientific reasons. Culture of the majority may be unreasonably adopted. In section seven, the origin of circumcision in Luoland is provided. The idea to roll out circumcision for the Luo males resulted from studies done between 2005 and 2007 where highly disputed results indicated that circumcision reduces female to male HIV/AIDS transmission. Experts do not agree with the results of the studies. There are organisations that support circumcision in Luoland and these are cited in section eight. The supporters comprise medical personnel, yet other professionals are completely left out. The last section poses unanswered questions on circumcision in Luoland. These questions can stimulate further discussion on VMMC. The book may be repetitive and this is good for educational purposes.

Section 1: Background to circumcision

Circumcision is an operation that involves the removal of the foreskin¹. Three reasons necessitate circumcision. One, it can be performed when a male person has a disease that requires the foreskin to be removed. Two, it can be done because of the cultural demand, especially as a rite of passage in circumcising communities of the world and this type of circumcision is voluntary, yet some males do not volunteer for it but accept it because of the cultural demand. Three, it can be imposed on a community because of some debatable reasons. Circumcision performed when an individual does not have any disease is called non-medical circumcision and it can be voluntary or imposed. About 75% of the world population does not practise non-medical circumcision². The circumcision done to stop the

spread of HIV/AIDS in Luoland and other non-circumcising communities is “imposed” but it is termed voluntary medical male circumcision (VMMC) because of lack of proper terminology. The reasons why a boy under 18 years or a man may volunteer for circumcision are not clear.

Circumcision began long time ago and people may not be sure of where and when it originated. What many people historically believe is that circumcision started in Egypt over 4000 years ago³. From Egypt, circumcision spread to many African tribes and the followers of religions such as Taoism, Dharmism, Judaism and Islam. Abraham is one of the fathers of Judaism and he lived between 19th and 20th centuries BCE.⁴ Some historians believe that Abraham and his Jews tribe learnt circumcision from Egypt⁴. The Jews lived in Egypt as slaves before they were rescued through Moses. The Bible says that Abraham and his descendants were commanded by God to be circumcised (Genesis 17:13). In the New Testament, circumcision is said to be of no value to Christians and it is not mandatory (Acts 15). The Bible is clearly not a document that imposes circumcision in the contemporary world.

Why did Egyptians circumcise their males? People believed that males were born with some female parts and the removal of the foreskin was meant to remove the female parts of the sexual organ³. Priests in ancient Egypt were regarded as very important people and, therefore, were not expected to have female parts on their sexual organs. The priests were to perform sacrifices to the gods and the duty demanded purity. The belief that the males were born with female parts was widespread among African ethnic groups and they practised male circumcision for similar purpose. The Dogon, considered of Egyptian origin, of western Africa practise both male and female circumcision, and they believe that every person is born with both male and female parts⁵. For males the foreskin is the female part whereas for females the clitoris is the male part. The Dogon circumcise to make each gender pure.

Circumcision is regarded as a mark of identity and it is practised by about 25% of the world population where it is accompanied by transmission of different forms of knowledge and values⁴. The most important aspect of circumcision in circumcising communities, which may require more research, is the knowledge transmitted. The imposed male circumcision in Luoland does not transmit knowledge and values and it does not identify a Luo, but probably aims at assimilating the Luo. According to the 2009 census, the Luo of Kenya is about 11% of the total Kenyan population of 38.6 million. Out of this population, more than 86% practise male circumcision⁶. This explains, somehow, why people may not take keen interest in opposing circumcision because the majority accepts it as normal.

Why did God command Abraham and his male descendants to be circumcised? Apart from being a mark of identity for God’s chosen people as indicated in the Bible, thinkers suggest that circumcision enabled Abraham and his descendants to work for God because a circumcised male has less desire for sex. Male circumcision and female genital mutilation (FGM) reduce sexual desires that may disrupt a person from concentrating on a task³.

Throughout human history sexual desire is to be controlled, channeled and satisfied appropriately. How individuals satisfy their sexual desires is usually approved by the society. Control of sexual desires in any culture, be it religious or any ethnic group, is a factor that has immensely contributed to human progress.⁷ Imagine a society that has no laws to control human behavior in relation to sexuality. That society will be considered to have no morals and may not survive. Morality plays a role in making a

society cohesive. This may probably explain why Africans may be unhappy with any behaviour that disrupts the way people respond to issues of sex. So, why God recommended circumcision for Abraham and his descendants can be looked at from the moral point of view which is also in line with sexual discipline in various human societies.

Section 2: The view of supporters of male circumcision

Supporters of male circumcision argue that the practice is supported by science. They claim that the removal of the foreskin makes the glans of the penis to be dry hence not susceptible to wetness that can accommodate germs and it also reduces the surface area on which germs can thrive.⁸ The promoters insist that there is substantial evidence that circumcision protects the males from HIV infection, cancer of the penis, urinary tract infections and ulcerative sexually transmitted diseases and they also insist that there is little scientific evidence on adverse effects on sexual, psychological or emotional health. What promoters of male circumcision admit is that circumcision causes bleeding, penile injury, pain and infections.⁹ They recommend that circumcision should not be carried out unless the known benefits and risks are fully explained to those to be circumcised and their families. Even if we take circumcision to be beneficial, what processes and procedures are put in place in a non-circumcising society to address the risks that arise from circumcision?

Reasons given in support of circumcision are not supported by those who oppose the practice. The wetness of the penis is advantageous because it enables it to contain enzymes that fight against diseases, apart from aiding in sexual intercourse. To circumcise a male as a preventive measure against cancer of the penis is misguided because the operation is based on imagining something that may or may not occur. It is just like recommending the removal of breasts to protect one from breast cancer before that cancer occurs. Moreover, cancer of the penis is rare and it affects old people.¹⁰

Psychological or emotional health is downplayed by promoters of circumcision, partly because they do not want to scare people. Anyone who undergoes circumcision is psychologically affected because of the pain experienced. What is commendable is the statement that circumcision should be done after educating the person to be circumcised together with his family. Who and how to provide this education is an issue that has never been addressed. It can be addressed by education that cuts across many professions and should never be based on one profession, just as it has been hijacked by medicine. Education on circumcision can be provided by philosophers, anthropologists, lawyers, politicians, teachers, social workers, psychologists and any other interested person, all working together.

The non-medical male circumcision, known as voluntary medical male circumcision (VMMC), in Luoland is promoted by medical people. The advantages of voluntary medical male circumcision are usually explained by the promoters and even Ramogi Radio station that broadcasts in Luo language takes time to explain the importance of voluntary medical male circumcision. No disadvantages are explained and that is what this book provides.

Section 3: Natural functions of the foreskin

Why does nature provide the males with the foreskins? Naturally the foreskin has three functions^{11,12}. It enables both male and female partners to enjoy sex. The foreskin is surrounded by nerves that make a man enjoy sex. In addition, when the foreskin rubs against the clitoris and vaginal walls during sexual intercourse, the sexual desire of a female partner is increased and she enjoys sex more. So, it is disadvantageous to have no foreskin.

The second natural function of the foreskin is protection against harmful germs like those causing acquired immune deficiency syndrome (AIDS) and sexually transmissible infections (STIs). There are glands in the foreskin that produce substances that fight against infections to the body. The substances that fight against infections are also found in body openings like mouth, nose, ear and birth canal. When people are persuaded to go for male circumcision, it is explained to them that the substances produced by the foreskin are dirty and unhygienic, which is contrary to what they are naturally made for.

The third function of the foreskin is procreation. The foreskin prevents sperms from flowing out during intercourse. After the release of sperms, the foreskin enables the sperms to be retained long enough in the vagina for fertilisation of the female egg. This is nature's way to ensure that human beings continue to procreate.

In the traditional Luo society, the foreskin was a very important pouch during fighting that resulted into migrations to different new areas. Seeds of valuable crops such as finger millet, sorghum and simsim were hidden under the foreskin so that the enemies could not detect and retain them. When there were no seeds, the community was likely to suffer from famine on landing in a new area since they had nothing to plant. The Luo is a farming community and the foreskin as a pouch was very important during wars of migration.

Apart from the functions of the foreskin as stated above, the foreskin is useful in cosmetic industry, reconstructive surgery and scientific research^{13,14,15}. The sale of the foreskin to transnational corporations such Advanced Tissue Sciences of San Diego, California, Organogenesis and BioSurface Technology was started in 1980s. One foreskin alone can fetch not less than Ksh 300,000, but if it is an infant's foreskin it can go up to Ksh 1,000,000 or more. The infant's foreskin is useful in cosmetics and it can be used for years, without replacement, in making skin creams that make people look younger. It is also useful in skin grafts for burns, where it is unlikely to be rejected because of its flexibility. The foreskin has many uses and it is a billion-dollar industry.

When some people float the idea of passing laws to make infant circumcision compulsory in order to stop the spread of HIV/AIDS, a lot of doubts come up as to whether the suggestion is genuine. Many male Luos who undergo VMMC do not ask where their foreskins are taken to; neither do their parents or guardians. Imagine a situation where the foreskins can form one of the export commodities. It may be easy to suggest that if laws could be made accommodative enough then a male person can be allowed to sell his foreskin. Trade in human body parts is prohibited, yet illegal trafficking thrives. Iran is the only country that allows the selling of body parts but with restrictions. Australia and Singapore allow payment and compensation for the living donor.

Section 4: Problems associated with circumcision

Circumcision causes many disadvantages. The bleeding and the wound that occur as a result of circumcision may continue for a long time making someone sick and unable to continue with daily work; a fact accepted by promoters of circumcision. Why make yourself sick if you are healthy? In certain instances, circumcision results into death and USA records about 100 deaths per year¹⁰. If a developed country can record 100 deaths per year, what of a developing country like Kenya? Circumcision is dangerous for those with blood coating problems and no one is concerned about this in the case of VMMC in Luoland.

The removal of the foreskin makes it possible for germs to enter the body and cause diseases such as sepsis, necrosis, fibrosis of the skin, urinary tract infections, meatitis, meatal stenosis and necrotising complications which may lead to complete amputation of the penis¹⁰. It may be possible that some males in Luoland who underwent circumcision are suffering from these diseases and some have probably lost their manhood; but who is researching on these and telling people the truth? How prepared are the promoters of VMMC ready to assist in these problems. It must be noted that substances under the foreskin protect against diseases. Anyone who asks you to get circumcised must explain to you why nature provided these substances that are protected by the foreskin.

A circumcised man has erection problems four-times than an intact, normal man¹¹. There is a higher divorce rate in America, where most men are circumcised, than in Europe, where most men are *not* circumcised¹¹. When you accept to be circumcised, you are preparing yourself for erection problems and a diminished sex life. The foreskin has sensitive nerve endings (Meissner's corpuscles) which are responsible for a man's sexual pleasure but circumcision removes 75% of the nerves. Reduction of sensitive nerves hinders a man from realising the fine sensory experience of sexual intercourse; hence engagement in sex is just to satisfy an urge.

The foreskin provides much more enjoyable sex for a woman. In a situation where the sexual partner is circumcised, the woman may feel frustrated during sexual intercourse and this may lead to tension, unsatisfactory sex life, and divorce. For women, the difference between having sex with uncircumcised man and having sex with a circumcised man is as great as that between day and night¹⁶. If you get circumcised after marriage, you may cause a lot of problems to your family because of the cold relationship between you and the wife. Matters concerning sex, apart from sleeping and eating, occupy the mind and control human behaviour^{17,18} throughout life. If a man allows his sex life to be altered through non-medical circumcision, he may live with regrets forever.

When sexual life between a husband and wife results in psychological problems as a result of circumcision, the man may feel frustrated and the woman rejected and unappreciated¹⁹. The husband may cover up his problems by being abusive to the wife or indulging in alcohol and drug abuse so as to escape sexual responsibilities. Male abuses towards women is high in countries such Afghanistan, Democratic of the Congo, Iraq, Nepal, Sudan, Guatemala, Pakistan and Saudi Arabia which have a higher rate of male circumcision¹⁹.

Circumcision causes glans of the penis to become dry, hard and calloused, which causes pain to a female partner. As a result of circumcision, there may be need for lubrication before sexual intercourse. When the female partner suffers pain during sexual intercourse, she may find it difficult to have sex next time with a circumcised partner.

Although studies³¹ reveal that counties in Luoland lead in HIV/AIDS infection in Kenya, starting with Homa Bay, then Kisumu, Siaya and lastly Migori, it does not mean that the beauty of the human body and its functions are to be destroyed. The studies also show that Kenya is the fourth country in the world with the highest HIV/AIDS infection, with South Africa first, followed by Nigeria and India in that order. Wisely, South Africa has legally banned non-medical circumcision²⁰. No anyone should force circumcision on a community. This violates human rights. Other methods of controlling the disease ought to be applied.

Section 5: Opposition to male circumcision

Circumcision had been opposed and continues to be opposed all over the world. When the Greek and Roman civilisations flourished (700 BCE-1453 BCE) they did not allow circumcision because it affects the beauty of human body. People who were colonised were not allowed to circumcise their male children and a parent who went against this law was put to death⁶. William Harvey (1578-1657), the Englishman who discovered the circulation of blood in the human body, was against male circumcision because it interferes with sexual enjoyment²¹. It was also opposed by St Augustine of Hippo (354-430) (one of the Church Fathers) and Gabrielle Fallopio (1523-1562) (discoverer of fallopian tube in women). Thomas Aquinas (1225-1274), one of the founders of the main teachings of the Roman Catholic Church, argued against circumcision because it takes away sexual pleasure²¹. A group of medical doctors popularly known as Doctors Opposing Male Circumcision frequently meet to make people aware of the short-and long-term problems that occur from circumcision²².

Some governments such as South Africa²³ have made laws that do not allow circumcision to be done on young persons who, due to their ages, cannot make decisions. Circumcision on minors can only be allowed if it is for the treatment of some disease. In Germany, a court outlawed circumcision done to children when they are still unable, on their own, to make decisions²⁴. In 1975, doctors dealing with childhood diseases in America made a ruling that circumcision should not be forced on a child if it is not for medical treatment²⁵. Experts agree that circumcision done to infants has long lasting negative effects on brain development, affecting how they behave throughout life^{26,27}.

Some circumcised males recognise the harm of circumcision and they have joined clubs that assist males with skin stretching techniques to restore their foreskins. Some males have even taken their parents or guardians who made them get circumcised to court to be compensated for their loss²⁸. Any male person who wishes to go for circumcision should be aware that the foreskin is important and some only realise after undergoing the cut.

Section 6: Why circumcision does not die away

Issues surrounding circumcision are usually not explained fully. People are not exposed to both the advantages and disadvantages of the practice in an educative way. Fleiss¹³ explains that false information about the foreskin is the rule in American medical literature, education and practice. In many cases, people are only told one side of the story, namely, the distorted advantages of circumcision and there is no time to ask questions. Many parents from communities that practise circumcision insist that their sons or daughters are to get circumcised and they do not listen to scientific views that oppose the practice since it is a mark of their identity²⁹. This insistence is termed “adamant father syndrome”. Nowadays very many organisations and donors give out money to fight the human immune-deficiency virus (HIV)/ acquired immune deficiency syndrome (AIDS) and people promoting circumcision might be interested in money but not scientific facts¹⁶. Researchers, for various reasons, including financial gain and religious bias, have used false figures and methods to influence politicians and policy makers to accept circumcision as a method of fighting HIV/AIDS³⁰. People probably accepted circumcision in Luoland after politicians convinced them. Why do researchers claim that circumcision reduces HIV/AIDS yet in USA there is high rate of circumcision and high rate of the disease?

Sometimes experts give misleading statements and history is full of these examples. In the late 19th century, doctors in America recommended circumcision for treating diseases such as madness, headache, paralysis, elephantiasis, poor eye-sight, tuberculosis, bed-wetting, wet dreams, convulsions and epilepsy and the idea that circumcision improves hygiene originated at the same time^{13,31}. Around the 15th and 16th centuries, it was believed that the earth was the central planet and that even the sun was going around it, although it had been proved over 2500 years ago that the planets go around the sun³². Some people who opposed the idea that the earth was the centre of the universe were put to death. Galileo Galilei (1564-1642), the great scientist who is regarded as the discoverer of the pull of gravity, missed death narrowly by stating that the sun, not the earth, is the centre of the universe. Some decades back, medical doctors insisted that the human appendix has no function but now it has been confirmed that the appendix assists the body in preventing diseases³³. Wrong ideas throughout human history may be caused by those with economic or political power. In order to avoid being influenced by wrong ideas, you need to be careful and ask for elaborate scientific explanations. By asking questions, even if you are not a scientist, you become more enlightened and a scientist in the end. You should never accept to be unnecessarily influenced by other people’s opinions without speaking out what is in your mind.

Section 7: How the circumcision in Luoland originated, and do experts agree?

Between 2005 and 2007, studies on the relationship between circumcision and HIV/AIDS were carried out in Kenya (Kisumu), South Africa (Orange Farm) and Uganda (Rakai)³⁴. The studies were led by staunch supporters of circumcision - Robert C. Bailey in Kenya, Bertran Auvert in South Africa and Ronald H. Gray in Uganda. The results indicated that when a male is circumcised, the spread of HIV from female to male is reduced by 53 % in Kenya, 60% in South Africa and 51% in Uganda. Promoters of circumcision use 60% as the reduction rate in the spread of HIV and there is no convincing reason why it is not 53% or 51%. Moreover when these figures are technically analysed, the absolute

percentage is less than 2. These are the figures which hide a lot of information for the lay people. When they are quoted to the general public, they should not be taken as genuine. A modified and an interpreted version of how the figures were arrived at should be provided for public education. A question that one is likely to ask is: Why were all the three researches headed by non-Africans, yet Africans have highly learned doctors? So, when South Africa terms the studies “medical colonialism”, there is a point.

In 2008 Kenya started to circumcise the males under voluntary medical male circumcision (VMMC)³⁵. Kenya is assisted in her circumcision effort by the World Health Organisation (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS) and the President’s Emergency Plan for AIDS Relief (PEPFAR). The first phase of VMMC was from 2008 to 2013 and 700,000 males were circumcised. The second phase of VMMC is from 2014 to 2019 and about one million males are targeted to be circumcised in Luoland³⁶.

Some experts argue that circumcising males in Africa to control the spread of HIV/AIDS is day dreaming³⁴ and many people taking their sons for circumcision are ignorant of what they are doing³⁷ since there are many factors surrounding circumcision in Africa which have not been understood³¹. Circumcision should never be taken up as a policy before more studies are carried out³⁸. The three studies that resulted in accepting circumcision were stopped early and the results were not accurate³⁹. Those who led the studies were strong supporters of circumcision and their findings showed what they wanted, hence they used studies to advocate for what they like, which is common with most people⁴⁰. The first person to suggest that low rate of circumcision may be responsible for high rate of HIV infection in Africa was Valiere Alcena in a letter to the *New York Journal of Medicine* in 1986²². Alcena was a supporter of circumcision.

Experts oppose VMMC because the practice is not based on science. Those who support circumcision probably do so in order to get money. HIV/AIDS has become a source of money for many people who do not stop to think whether what they do is right or wrong. It is wrong to hide under HIV/AIDS to get money. HIV/AIDS is a serious disease and it is real but it should not be commercialised.

Section 8: Supporters of circumcision in Luoland

In order for circumcision to succeed, the Kenya National Strategy for VMMC,⁴¹ which is under the ministry of health is supported by many organisations including the Academy for Educational Development (AED), Catholic Medical Mission Board (CMMB), Center for Disease Control and Prevention (CDC), Clinical Officers Council, EngenderHealth, Family Health International, Impact Research Development Organisation (IRDO), John Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), Kenya Medical Research Institute (KEMRI), Kenya Network of Women with AIDS (KNWA), National AIDS and STI Control Program (NASCOP), National AIDS and Control Council (NACC), Nyanza Reproductive and Health Society (NRHS), Program for Appropriate Technology in Health (PATH), Population Services International (PSI), UNICEF, University of Illinois at Chicago (UIC) and USAID Kenya, among others.

The effort to circumcise may be greater than the effort to stop the circumcision but this does not mean that a greater force is more right than a lesser force. How do these supporters engage with the Luo community, e.g. at chiefs barazas, parents and learners in educational institutions, members of the community at gatherings such as funerals, churches etc? Such engagement should be educative where disadvantages are exposed and people allowed to ask as many questions as possible. The supporters can also provide their contacts for further consultations. They must also have enough reading materials to inform the public of what they are doing and why. They must also engage members of the community in any research they are carrying out on circumcision.

When the supporters of circumcision use top-down approach to pass information to the community, then that information can be put to many doubts. In other instances, the information may be termed propaganda meant to hide the real thing. Information to change an individual should be provided at equal levels where each party provides their opinions freely with dignity and respect. The idea that supporters of circumcision are the ones who know is misguided. Why supporters of circumcision are people who work in the medical field, excluding any other profession is questionable. Circumcision is a human right issue and not a medical issue. It is advisable that medical people deal with diseases, not interfering with the healthy human body.

When the effort to circumcision is greater than the effort to stopping circumcision, the community who feel they are denied their rights can go to court. The courts can save the community and even demand for compensation when males are made to undergo circumcision against their will. What is needed is creation of awareness so that people demand their rights. This will discourage circumcision as it did in America after 1970s.¹³

Section 9: Unanswered questions on circumcision in Luoland

Why is Kenya promoting VMMC in Luoland, yet South Africa, where a similar study was done, is against the idea and has made a law that does not allow circumcision of children? Furthermore the *South African Medical Journal* has termed the results of the studies bad and full of medical colonialism? What social problems may be faced when circumcision is introduced into non-circumcising communities? How many times have studies on circumcision and HIV been done to allow for full implementation of circumcision? There are ten ways through which HIV can spread from one person to another, why only focus on female to male transmission of infection without proper education? Why is male circumcision in Luoland called voluntary medical male circumcision (VMMC)? How can one volunteer for something when they are *not* informed of both advantages and disadvantages? How can a child who is under the age of 18 years volunteer for something when actually they cannot legally make independent decisions? If parents/guardians volunteer on behalf of children, how sure are they that when the children become adults they will be happy that they were circumcised? What do experts on human behaviour say about problems caused by circumcision on brains of babies? Should medical personnel be the only professionals responsible for VMMC or should they focus on treating diseases only? Who should decide when a part of *your* body is to be cut off even when you are not sick? Should Luo males get circumcised because over 86% of Kenyans practise male circumcision? Why must a circumcised male be advised not to believe that once circumcised he cannot get HIV/AIDS? Can promoters of

circumcision go to other countries and convince males to get circumcised to control the spread of HIV? Why must circumcision be done to stop the spread of HIV target some communities? Can circumcision to control the disease be promoted in the 75% of the world population who does not practice it? What is wrong with a male Luo that he has to be circumcised so that the spread of the disease is controlled? Does circumcision promote sexual immorality in Luoland? What behaviour interpretations do circumcised males in Luoland attach to circumcision? What do researchers on Luo sexuality say? Between education and circumcision, which one can best address the issue of HIV/AIDS? Why do circumcision promoters give inducements in the form of sodas (nutritional value doubted) to the circumcised and money to those who lure boys for circumcision? If the medical personnel have anything to offer in terms of inducement, why not give it to the sick who obey instructions for treatment or mothers who deliver in hospitals? These questions can further make people fully aware of the disadvantages of voluntary medical male circumcision if they are freely discussed. Boys who are underage should be warned against accepting to be lured by any inducement to do anything before their parents or guardians explained to them the whole situation. Any adult who lures any person to get circumcised should pray and consult their mind if they are right. Inducement should not be the driving force for a normal human being to perform unethical thing.

Circumcision is unethical and it violates human rights. Circumcision of healthy people is inconsistent with the norms of medical practice¹⁰. Doctors operate on people after diagnosing a disease. In Europe, medical organisations and courts do not defend circumcision. People may doubt the intention and professional integrity of a doctor who is interested in doing operation on healthy people. The greatest enemies the world faces are people who benefit by interfering with naturally healthy living organisms.

Conclusion

This book examined non-medical male circumcision, which is wrongly called voluntary medical male circumcision (VMMC) because no person can volunteer for something without knowing both its advantages and disadvantages. It is unethical to say that someone who is underage has volunteered for something. The non-medical circumcision is male genital mutilation, and it has no difference with female genital mutilation (FGM). It should never be the concern of the medical profession alone but all professions. Cutting off any part of the human body is not a simple matter. If it is done according to some culture then that one is not the concern of this book. There are many disadvantages associated with circumcision. Whether you want to be circumcised or not depends on your choice. It is not right for anyone to persuade you to get circumcised and it is equally wrong for a parent or a guardian to take a minor for circumcision. If one imposes circumcision on you, take the matter to a court of law. Many people are opposed to non-medical circumcision and they have reasons.

Promoting circumcision of the male Luos in order to reduce the spread of HIV/AIDS is an issue that can pose endless questions. If the book can make you have a rethink about non-medical circumcision, then its aim is achieved. You can do further research and decide on your own.

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