



CIRCUMCISION CAMPAIGNS

African opposition and human rights

THE U.N. REPORT





The VMMC Experience Project

The VMMC Experience Project is a 501(c)3 nonprofit organisation representing men, women, and children who are adversely affected by “voluntary medical male circumcision” (VMMC) programmes for HIV prevention in sub-Saharan Africa. Developed by native Ugandans and Kenyans, it is the only platform for VMMC-affected men and women to share their experiences without Western interference. Its aim is to empower affected communities to raise awareness of adverse health and human rights consequences of mass circumcision and the African resistance movement at large.

The Project rejects coercive practices for VMMC, and supports male circumcision as an elective procedure for fully informed, consenting adults.



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Acronyms

VMMC = voluntary medical male circumcision (policy)

EIMC = early infant male circumcision (policy)

ABC = “abstain, be faithful, condomise” campaign

SSA = sub-Saharan Africa

SA = South Africa

NGO = non-governmental organisation

STI = sexually transmitted infection

ART = antiretroviral therapy

PrEP/PEP = pre-/post-exposure prophylaxis

FGC/FGM = female genital cutting/mutilation

DHS = Demographic and Health Survey – a nationally representative survey administered by USAID

TTS = Three Tier System – a priority ranking system for HIV/AIDS interventions proposed by the VMMC Experience Project

WHO = World Health Organisation

MoH = Ministry of Health

FHI 360 = Family Health International – a US-based NGO which administers the Male Circumcision Consortium (**MMC**)

PSI = Population Services International – a US-based NGO providing VMMC through PEPFAR funding

JHU = Johns Hopkins University – a US-based hub for VMMC and EIMC research and implementation through its Jhpiego subsidiary

AAP = American Academy of Pediatrics

United States government agencies:

PEPFAR = President’s Emergency Plan for AIDS Relief

USAID = US Agency for International Development

CDC = Centers for Disease Control

DOD = Department of Defense

HHS = [Department of] Health and Human Services

NIH = National Institutes of Health – a subsidiary of HHS

Disclosure

The VMMC Experience Project discloses the following as potential sources of bias:

Executive Director Prince Hillary Maloba belongs to a male circumcising community that is heavily burdened by HIV/AIDS. He reports being forcibly circumcised in a traditional Bagisu setting, and has campaigned against forced circumcision and child genital cutting practices for more than 25 years. Project Coordinator David Okwalo has experienced forced circumcision attacks among family members in Kenya, and has expressed human rights objections to child circumcision. Assistant Kenneth Nuwamanya reported having at least one colleague who remains adversely affected by the VMMC campaign for HIV prevention in Uganda.

Community Mobiliser Mutebi Ramadhan was circumcised in a religious setting and discloses no biases.

Background

The campaigns

“Voluntary medical male circumcision” (VMMC) is among the core strategies of the global AIDS response in sub-Saharan Africa (SSA). VMMC programmes are administered by the Bill & Melinda Gates Foundation and Joint United Nations Programme on HIV/AIDS (UNAIDS), and largely funded through American taxpayers via four US government agencies: the President’s Emergency Plan For AIDS Relief (PEPFAR), the US Agency for International Development (USAID), the Centers for Disease Control (CDC), and the Department of Defense (DOD).

The Israeli government has also provided African circumcision aid, including mass distribution of the Israeli-developed PrePex™ circumcision device [1,2]; and the World Health Organisation (WHO) is reported to have consulted religious circumcision practitioners in Jerusalem prior to recommending mass African circumcision for HIV prevention [3].

Per the most recent (2018) Global AIDS Response Progress Reporting, 18.6 million men and children were circumcised in VMMC programmes between 2008 and 2017 [4].

The VMMC campaign is based on three randomised clinical trials that were conducted in rural South Africa, Uganda, and Kenya. Over the trial periods, medical male circumcision reduced men’s relative risk of contracting HIV by 60%, 51%, and 53%, respectively [5-7]. Combined data from the three trials indicate a 53% relative risk reduction (Table 1).

Upon review of the trials and associated literature in 2007, the WHO recommended male circumcision to reduce female-to-male HIV transmission within 14 high-burden African countries whose majority populations did not traditionally practice genital cutting. The WHO corroborated its recommendation in 2012, estimating that achieving and maintaining 80% male circumcision coverage through 2025 could avert up to 3.4 million new HIV infections [8].

Table 1. Reduction in HIV infections to men from circumcision

	Total	Infected with HIV	
Control group	5,497	137	2.49%
Circumcised group	5,411	64	1.18%
Absolute risk reduction: 2.49% - 1.18%			1.31%
Relative risk reduction: (2.49% - 1.18%) / 2.49%			52.61%

Combined data from the three female-to-male trials [5-7].

The target age range for VMMC participation is 15–49 years. However, children are also targeted in schools and orphanages—a practice that has drawn criticism from children’s rights groups (see **Appendix A**). In light of suboptimal voluntary participation from men, a 2017 PLOS Collections progress blog reported that nearly half of all VMMCs were performed on children between 10 and 14 years of age [9].

An “early infant male circumcision” (EIMC) campaign was added to the African circumcision agenda in 2016. EIMC is administered by UNICEF.

The controversy

From the outset, male circumcision for HIV prevention has received mixed opinions within the global public health community. Whereas VMMC and EIMC policy documents take the reported 50–60% relative risk reduction in female-to-male HIV transmission at face value, a Cochrane review adopted a more liberal interpretation of a 38–66% relative risk reduction [10]. Others have questioned the trial methodology itself (up to and including a lack of double-blinding*) [11,12], the possibility of an overriding increase in male-to-female transmission (suggested from the “buried” Rakai trial conducted after the WHO recommendation [14]); the possibility of risk compensation (**Section III**); and whether the WHO recommendation was premature [15-17]. Christopher Guest, Medical Director for the Children’s Health and Human Rights Partnership in Canada, expressed scepticism on the basis that the trials’ lead authors were not HIV specialists, but longstanding proponents of medical male circumcision [18].

*Critics have proposed a lack of double-blinding as a confounding behavioural incentive within the female-to-male trials. Both the circumcised and control arms were provided intensive behavioural counseling on HIV prevention and access to condoms over the trial periods; however, the circumcised trial cohorts were fully aware they were expected (and paid [5-7]) to achieve a lower HIV incidence, and may have behaved accordingly using the available methods. No placebo was available for the control groups [12].

Other potential sources of bias highlighted in the trials include duration bias (the trials were not long enough to determine whether the positive effect of male circumcision would plateau over time, and were also terminated early), lead-time bias (the control groups had a 6-week “head start” to contract HIV while the intervention groups healed from surgery), and attrition bias (the number of participants reported to be lost to follow-up vastly outnumbered those who contracted HIV) [11,12] (VMMC proponents’ response at [13]).

In the *South African Medical Journal*, Emeritus Editor-In-Chief Daniel Ncayiyana alleged that the acclaimed female-to-male trials had acquired “considerable interpretation creep,” citing inferences of lifelong HIV protection and benefits to circumcising newborn infants that were not self-evident from the trials. “I remain sceptical,” he concluded, “that VMMC has been sufficiently field-tested to validate a mass VMMC campaign.” African colonial suspicions toward the Western-driven agenda, he added, were “not off the wall” [17].

In a 2011 letter response to a children’s rights group opposed to EIMC, the South African Medical Association (SAMA) described the circumcision of infants for HIV prevention in South Africa as “unethical and illegal,” adding:

*The [SAMA Human Rights, Law & Ethics] Committee expressed serious concern that not enough scientifically-based evidence was available to confirm that circumcisions prevented HIV contraction and that the public at large was influenced by incorrect and misrepresented information. The Committee reiterated its view that it **did not** support circumcision to prevent HIV transmission.*

[emphasis theirs] (Appendix B)

By 2015, criticism of the campaign had not subsided, and *Global Public Health* published a special edition on male circumcision to encapsulate the controversy. As proponents addressed the scientific criticism: “Scientists no longer contest whether safety belts or parachutes save lives, or whether vaccines for polio or yellow-fever work” [19].

On the other side, attendants of the hybrid forum on male circumcision for HIV prevention attributed the WHO recommendation to a circumcision-promoting “network” which was dually active in research and policymaking, adding: “There was no mention of the contradictory findings that had been published, nor of a scientific controversy” [20]. Previously, Ugandan researchers found the same 11 author names—including the trials’ lead authors—on 80% of all male circumcision literature in the Global Health Database [21].

Since the WHO’s recommendation in 2007, a range of newer developments have reinvigorated the controversy surrounding male circumcision for HIV prevention:

- **The statistical data did not support a real-world correlation between circumcision status and HIV prevalence.**

The first Demographic and Health Survey (DHS) data on circumcision status and HIV prevalence were released by USAID at the start of the VMMC campaign in 2008. They showed “no clear pattern of association” between male circumcision and HIV prevalence. In 8 of the 18 countries where circumcision data was available, HIV prevalence was lower among circumcised men, while in the remaining 10 it was higher [22].

- **A male-to-female trial suggested that VMMC may significantly increase women’s HIV risk.**

Following the WHO recommendation in 2007, a male-to-female trial was conducted to determine whether male circumcision could have a protective effect to women. The trial found that even with optimal behavioural counseling, which emphasised the need to abstain from sex during the surgical healing period, male circumcision increased women’s HIV risk by 54%. Whereas the female-to-male trials were performed in triplicate, the single male-to-female trial was terminated early “for futility” [14]. The implications are problematic for the epidemic at large, as male-to-female HIV transmission is more common than female-to-male transmission.

- **In vitro findings challenged the scientific basis for male circumcision as an HIV-preventive measure.**

Langerhans cells are a “first line of defense” component of the immune system that is concentrated in the mucous membranes of the mouth, inner foreskin, and vaginal epithelium [23].¹ Because HIV targets the immune system, foreskin Langerhans cells are believed to be viral portals in men [25].² However, studies published after the WHO’s male circumcision recommendation found that Langerhans cells also produce a potent antiviral protein (langerin) that destroys HIV-1 *in vitro* [28,29]; and that a high mucosal blocking score is associated with HIV protection [30]. The implications of foreskin immunology to vaccine development and immunotherapy are discussed in the **Conclusion and Recommendations**. The protective effect of foreskin langerin remains unexplored in the VMMC literature.

¹ Although receptive anal intercourse is the riskiest type of sex for HIV transmission [24], Langerhans cells are not present in rectal tissue [23].

² The WHO reference on foreskin Langerhans cells as HIV viral portals is authored by Robert C. Bailey, a longstanding circumcision proponent and the lead author on the Kenyan female-to-male trial. Its citations document the abundance of Langerhans cells in the foreskin with attendant speculation into HIV infection, but do not actually trace Langerhans cells to HIV infection [25]. A broader histological study into the immunological components of the foreskin is available at [26], with a demonstration of HIV infection of cadaver foreskin cells at [27]; however, prior to study, foreskins were sanitised with phosphate-buffered saline which would have removed antiviral langerin as a mucosal barrier to HIV transmission.

- **Delayed washing in uncircumcised men was found to be significantly more protective than circumcision.**

Findings from a clinical trial in Uganda presented at the Fourth International AIDS Society Conference (**Table 2**) appeared to corroborate the findings of the *in vitro* studies on foreskin resistance to HIV-1 via langerin [**28-30**]: Uncircumcised men who waited more than 10 minutes to bathe after sex had **87% reduced HIV incidence** relative to the majority who bathed immediately after sex [**31**]. However, study authors did not explore the emerging research into foreskin langerin, instead attributing the antiviral effect of delayed washing to vaginal fluid acidity.

- **Pre-exposure prophylaxis (PrEP) became standard HIV prevention in the Western world.**

Since 2012, a combination of two antiretroviral drugs (tenofovir and emtricitabine) sold as Truvada® has been approved for more than 90% HIV prevention, and became standard HIV prevention for at-risk men and women in the Western world.

- **Child circumcision became a subject of ethical and legal controversy in Europe.**

The Nordic Ombudsmen for Children issued a Joint Statement against the circumcision of minors in 2012, arguing that the practice is in conflict with Articles 12 and 24 of the UN Convention on the Rights of the Child [**32**]. The following year, the 63rd session of the Committee on the Rights of the Child classified circumcision as a “harmful practice” [**33**]. Also in 2013, the Council of Europe Parliamentary Assembly (representing 47 countries) adopted Resolution 1952, which classified religiously motivated circumcisions as a violation of children’s right to physical integrity [**34**]. Medical policies opposing the nontherapeutic circumcision of children on ethical grounds were adopted by the Royal Dutch Medical Association (KNMG) in 2010 [**35**] and the Danish Medical Association in 2016 [**36**]. The ethics council of the Swedish Medical Association opposed the circumcision of non-consenting children and proposed a minimum age of 12 years for consent in 2014 [**37**]. In 2017, the Belgian Government Committee for Bioethics ruled against infant circumcision, arguing that children’s right to bodily integrity supersedes parents’ right to practice their religion [**38**]. Child circumcision was briefly criminalised in Cologne, Germany in 2012; and national bans were proposed in Danish and Icelandic Parliaments in 2018 (**Section I**).

- **A Zimbabwe senator urged government resistance to mass circumcision on children’s rights grounds.**

The late Senator Sithembile Mlotshwa introduced a motion in the Senate of Zimbabwe to prohibit child and in-

Table 2. Reduction in HIV incidence to uncircumcised men from delayed washing in a Ugandan clinical trial

Duration from sex to penile washing (minutes)	Follow-up intervals	Incident cases per 100 person-years	Adjusted IRR (95% CI)*
0-3	1,787 (49%)	2.32	1.0
>3-10	984 (27%)	1.68	0.62
>10	861 (24%)	0.39	0.13
Relative risk reduction from >10 minute delay		0.83 (83%)	0.87 (87%)

Adapted from Makumbi et al. (2007) [**31**].

*Calculated with Huber-White sandwich robust estimator using Poisson regression model.

fant circumcision and resist related programmes, stating: “[H]istory will judge us for allowing the policy to continue.” Her motion, transcribed in **Appendix C**, was not made publicly available in the online Hansard, possibly due to sensitivities to international donors and funding interests.

- **A multi-national press conference presented opposition to mass circumcision on human rights grounds.**

The 2017 press conference in Berlin (**Fig. 1**) was organised by MOGIS e.V., a children’s rights NGO specialising in childhood sexual trauma, and included representatives from the German Paediatric Association (BVKJ), the VMMC Experience Project, Intact Kenya, Aktion Regen, and Terre Des Femmes. Complete speeches and resulting press coverage are presented in **Appendix A**. Following the conference, the Worldwide Day of Genital Autonomy (7 May) in Cologne took mass African circumcision as its theme for 2017 (**Fig. 2**).

- **A joint letter to UNICEF condemned EIMC as medically unjustified and ethically unacceptable.**

The letter from the VMMC Experience Project—co-signed by international medical leaders and experts—presented egregious human rights issues documented on the ground, and urged “a plan of action or retraction” from the infant circumcision campaign [**39**] (UNICEF’s response at [**40**]).

- **Harvard researchers found higher HIV prevalence among medically circumcised than uncircumcised men in South Africa.**

In the 2018 study among older men in the HAALSI cohort, the authors concluded that the conception of circumcised men as safer sex partners that underscores VMMC policy “may be incorrect” [**41**]. The finding corroborates innumerable anecdotal reports on the ground, explored in **Section III**, of a false sense of protection resulting from the circumcision campaign that rapidly accelerates HIV transmission in VMMC-intensive areas.



Figure 1. The Berlin press conference. Representing Terre Des Femmes, a German women’s rights NGO specialising in gender violence, Ugandan native Idah Nabaterega spoke out against mass circumcision as a human rights violation (**Appendix A**).



Figure 2. The Worldwide Day of Genital Autonomy. The fifth annual children’s rights demonstration in Cologne, Germany took VMMC and EIMC campaigns as its theme for 2017. Representing the German Paediatric Society (BVKJ), Dr. Christoph Kupferschmid spoke out against the circumcision of African children as medically unjustified and ethically unacceptable.

• **Ugandan President Yoweri Museveni spoke out against mass circumcision as an HIV transmission accelerator.**

Resisting political and economic pressure to endorse a continuation of the multi-billion dollar effort, President Museveni broke his silence on VMMC in October 2018 at the launch of Presidential Fast-Track Initiative to end HIV/AIDS in Uganda by 2030 [42]. Citing widespread rumours of HIV immunity following circumcision for HIV prevention, and a 22% higher national HIV prevalence after a decade of circumcision implementation than before, Museveni’s statement was the first public instance of African opposition to mass circumcision by a national leader.

Within this climate of internal contradictions, there remain no clear answers as to whether the mass circumcision of African boys and men is beneficial or harmful on balance, whether the controversial “60%” female-to-male trials will translate into a positive impact on the HIV epidemic, or whether VMMC and EIMC participants will come to value or resent their circumcisions. For these reasons, the following report defaults to the reported experiences of those affected by the programmes.

Economic barriers

In settings marred by poverty and chronic unemployment, VMMC and EIMC provide a wealth of economic opportunities that confound African resistance efforts. A 2013 operational guide by PEPFAR suggested 18 VMMC staffing roles in both clinical and administrative capacities [43].

Reporting a severe circumcision botch and sexual deformity from UNICEF’s infant circumcision campaign in Arua, Uganda, concerned neighbour Jackline Mugisha reached out to the VMMC Experience Project to explain confounding financial motives: “We [live] in a country where everyone tells you they can do everything as long as you are going to pay.” The email was forwarded to UNICEF on 9 August 2017, and did not receive a response.

In rural Uganda and Kenya, some medical practitioners have reported that they were unable to claim satisfactory salaries independently of the VMMC campaign, and will continue to mass-circumcise children—sometimes against personal beliefs—for financial reasons. Also in Kenya, a 2018 US government report uncovered evidence of a decade of falsified “ghost circumcisions” reported at donors’ expense [44].

African resistance efforts are frequently offset by financial incentives at all levels of VMMC policymaking and implementation (see **Section I**). The VMMC Experience Project invites reviewers to consider the concerns of VMMC-affected communities independently of the economic interests of those who are benefiting from the campaign.

African resistance in the news

Public opposition to the mass circumcision campaign remains difficult for political and economic reasons. However, a robust body of local African news headlines identifies egregious problems on the ground. These problems include concerns related to unlawful “forced” circumcisions, schoolwide circumcision programmes conducted without parental consent, medical complications and a lack of follow-up care, buried evidence of risk compensation resulting from a false sense of HIV protection, in-

creased HIV/AIDS rates attributed to the campaign, and associated ethical and human rights concerns. A sample of these headlines is presented in **Appendix D**.

African viewpoints opposing the circumcision campaign have yet to reach the fore. Western media coverage has echoed positive press releases from VMMC-promoting institutions, with critical omissions regarding the personal and professional biases of policymakers and stakeholders. For example, a *Los Angeles Times* article described Brown University medical professor David Tomlinson as the WHO’s “chief expert on circumcision” [45], but neglected to disclose Tomlinson’s conflict of interest as the patent owner on AccuCirc, for which he receives royalty payments from Clinical Innovations, LLC [46], among other male circumcision devices [47-51].

In light of the dearth of African representation in the Western media, the VMMC Experience Project is committed to presenting the view on the ground. Between December 2016 and August 2018, the Project has published three press releases divulging the findings of its February 2016 investigation into experiences with the mass circumcision campaign in rural Uganda and Kenya. These press releases are available to view at www.vmmcproject.org/press-releases.

In May 2017, the VMMC Experience Project participated in a joint press conference to present the African opposition at the *Bundespressekonferenz* in Berlin (**Fig. 1**). The conference included speakers from the German Paediatric Society (BVKJ) and multicontinental children’s rights NGOs opposed to VMMC and EIMC on medical and ethical grounds. The full texts of the testimonies and resulting media coverage are presented in **Appendix A**.

In the hours following the press conference on 4 May, a primetime evening special dedicated to the VMMC Experience Project’s work in rural Kenya by Nano Media aired on Channel 3 News in Germany, with a Saturday morning rerun on 6 May (**Fig. 3**).

In July 2018, the Project attempted to engage the BBC World Service on the African resistance movement to mass circumcision in Kampala, Uganda (**Fig. 4**). However, interviews with the Project’s executives and a VMMC participant reporting egregious sexual harm from circumcision did not reach the final story, which limited criticism of the campaign to outside speculation [52].

From December 2016 through August 2018, Intact Kenya, a Luo-run organisation representing traditionally non-circumcising minority groups in Kenya, made a series of guest



Figure 3. VMMC resistance on German television. Coinciding with the Berlin press response, a primetime evening news special on the VMMC Experience Project’s work against VMMC in Kenya from Nano Media aired on Channel 3 television in Germany. 4 May 2017.



Figure 4. The BBC World Service. The VMMC Experience Project team attempted to engage BBC journalist Mary-Ann Ochota, pictured with producer Nick Minter, on the African resistance to mass circumcision in Kampala, Uganda in 2018.





Figure 5. Intact Kenya radio programmes. Intact Kenya executives Kennedy Owino Odhiambo and Job Kajwang spoke out on behalf of Luos against VMMC on local radio programmes in Siaya and Migori Counties, Kenya.



Figure 6. "Stop circumcision" live concert. A brochure for an independently organised anti-VMMC music event celebrating Luo cultural and bodily integrity in rural Kenya. 1 April 2018.



Figure 7. Migori County rally. Luo community health volunteers pledged to educate parents on circumcision harm and local resistance at a joint rally in Migori County, Kenya. 20 December 2016.

appearances on radio programmes in rural Migori and Siaya Counties (**Fig. 5**). On these programmes, Intact Kenya executives Kennedy Owino Odhiambo and Job Kajwang shared education on foreskin functions and frequently reported problems from VMMC programmes targeting Luos. In turn, callers reported a range of negative experiences with VMMC. Men reported adverse sexual changes and feelings of regret, betrayal, and depression. Parents reported child abductions from schools and circumcisions performed against their wishes. Unable to secure broader media coverage, Odhiambo began summarising these radio programmes as a guest-blogger on the VMMC Experience Project's website at www.vmmcproject.org/guest-blogs.

Other locally organised resistance activities, including live music events (**Fig. 6**) and rally demonstrations (**Fig. 7**), have yet to receive media attention. However, Ugandan Parliamentary member Namulanda Oundo's attendance of a VMMC Experience Project rally and football tournament in Namayingo District in January 2019 (**Fig. 8**) received coverage on Mengo Radio Kampala, and is expected to facilitate further local media coverage of Ugandan resistance to mass circumcision. Photos of locally organised resistance activities by Prince Hillary Maloba and the VMMC Experience Project from 2016 through 2019 are presented on Pages 11-13.

The present report includes the African circumcision controversy and opposition in lieu of Western media representation.

The Scope of This Report

The present Report is designed to catalogue what is currently known about the African resistance movement to mass male circumcision. It covers the testimonies of men and women adversely affected by VMMC as presented to Ugandan and Kenyan interviewers without Western interference. Research is presented qualitatively, not quantitatively; and is grouped into three categories: involuntary circumcisions (**Section I**), adverse sexual complications (**Section II**), and HIV infections attributed to the campaign (**Section III**).

The Report is focused on medical male circumcision programmes that are financed through the Bill & Melinda Gates Foundation, PEPFAR, USAID, CDC, DOD, UNAIDS, UNICEF, and various NGOs engaged in the global AIDS response. To that end, research into traditional African genital cutting practices is omitted. For the Project's research into traditional male circumcision and the high HIV burden among the Bagisu tribe in Mbale, Uganda, please visit Project Bagisu at www.vmmcproject.org/project-bagisu.

The VMMC Experience Project limits its scope to African experiences with VMMC and EIMC. The Project does not make medical or legal claims about circumcision. References to circumcision literature and policy are added to explain the motives for this research and provide context for participant testimonies throughout.

The following report does not address the Western public health discourse around VMMC. For official VMMC documentation, please visit the Clearinghouse on Male Circumcision's website at www.malecircumcision.org.

Source material

Material in the following report is sourced from the VMMC Experience Project's February 2016 investigation into VMMC experiences within traditionally non-circumcising communities: Soroti District, Kenya; and Busia, Kumi, Pallisa, and Tororo Districts, Uganda. The investigation includes content from 98 interviews conducted with VMMC-affected men, women, and adolescents. Full unabridged interviews are available to view at www.vmmcproject.org.

All aspects of the investigation, including coordination of travel and human resources; planning and decision-making into target regions, communities, and focus areas; determination of topics and questions; and conducting of the interviews themselves, were handled exclusively by Executive Director Prince Hillary Maloba with his local team in Uganda and Kenya.

The rise of social media in SSA provides new opportunities to hear from African men and women without researcher interference. Supplementing the VMMC Experience Project's investigative material are testimonies from multinational VMMC-affected men and women that have appeared on the Project's Facebook page between February 2017 and April 2019 (**Appendix F**). Public Facebook posts are printed on a Fair Use basis.

All image material is original with the exception of VMMC advertisements in **Section II**, and news headlines in **Sections I and III** and **Appendices A and D**, which are printed on a Fair Use basis, and where photo credit is explicitly provided to other sources which have granted permission for inclusion in this Report.



Figure 8. Parliamentary involvement. Ugandan Parliamentary member Namulanda Oundo encouraged community resistance activities at an anti-VMMC rally in Namayingo District, Uganda. 10 January 2019.

Concluding Remarks

The VMMC Experience Project's February 2016 investigation in rural Uganda and Kenya uncovered an emerging vanguard of VMMC-affected men and women who are reporting human rights violations attributed to the campaign.

In light of egregious health and human rights complications presented in this Report, the VMMC Experience Project calls for the immediate termination of quota-based incentives and programmes targeting minors below the legal age of consent. VMMC services should remain available for men who choose to be circumcised as a possible supplementary measure for HIV prevention, with safeguards added to ensure informed consent. However, in light of present human rights concerns, a burgeoning African resistance movement, and the newer advent of more efficacious alternatives including 90% efficacy PrEP, VMMC should no longer be viewed as a primary HIV-preventive strategy.

The VMMC Experience Project proposes a Three Tier System (TTS) as a comprehensive HIV solution until a vaccine becomes available. An elaborated TTS model is included in the **Conclusion and Recommendations**. The Project welcomes an ongoing dialogue on the role of male circumcision in light of improved HIV preventive technologies.

Above all, the Project wishes to honour the brave men and women who provided testimony for this Report by making their experiences with mass circumcision efforts available to policymakers and stakeholders on an urgent basis.









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I. Involuntary Circumcisions

African viewpoints on VMMC coercion and human rights

Background

As surgical campaigns targeting vulnerable populations, VMMC and EIMC face unique challenges around informed consent that have remained largely unexplored. The following components raise questions as to the voluntary nature of the campaigns:

- Most VMMCs are performed on children and adolescents below the legal age of consent.
- “Conditional economic compensation”—including cash, food, and clean underwear—is employed to pressure less-than-voluntary participants into circumcision (**Box A; Appendix A**).
- Campaign reporting has identified cash incentives, peer pressure, pressure from young women, and erosion of African cultural beliefs as core demand creation strategies [1].
- VMMC mobilisers target vulnerable segments including schools, orphanages, prisons, and government institutions; and receive commissions on a per-head basis.

- Awards such as I-Tech Namibia’s “golden certificate” to primary schools [2] and the PEPFAR Best Achievement for VMMC Award [3] encourage mobilisers to procure vulnerable participants en masse for circumcision.

- No safeguards exist to ensure informed consent from vulnerable groups.

Such recruiting tactics may explain VMMC’s high uptake: 18 581 880 surgical participants per 2018 reporting [4].

Children’s rights

Although circumcisions are supposed to be performed on a voluntary basis, quota-based incentives appear to encourage involuntary recruitment practices, particularly the targeting of children and adolescents. As a 2017 VMMC progress report conceded:

While the initial focus of the program was on reaching men ages 15 to 49, it soon became clear that almost half of the clients coming for VMMC services were ... in the 10 to 14 year-old age group[.] [1]

To explain this phenomenon, the report cited a USAID article on the potential public health opportunities conferred by circumcising adolescents in SSA, which stated incidentally—and without a reference—that circumcision was more socially and culturally acceptable among children of this age group [5]. Previously, VMMC affiliate researchers proposed that targeting children and infants would result in more circumcisions than recruiting men voluntarily [6], suggesting that the breach of children’s consent may be intentional.

Malawi News Agency has reported that where men refuse circumcision, children are targeted instead [7]; while the Swazi Media Commentary group questioned the motives of targeting children in the Accelerated Saturation Initiative (ASI)—a mass circumcision partnership between the Swazi Ministries of Health and Education and Futures Group, a US-based NGO:

As the discredited campaign to circumcise men in Swaziland to prevent HIV infection continues to fail, two government ministries are now targeting schoolboys.

Highlighting the absence of a statistically significant difference in HIV prevalence between circumcised and uncircumcised men in Swaziland before VMMC roll-out, the article alleged:

Schoolboys will be “sensitised” to the supposed need to have their foreskins cut off to prevent HIV infection. [8]

Global controversy

The circumcision of minor children is presently a subject of global controversy, as European entities—including the Council of Europe [9], the Nordic Children’s Ombudsmen [10], and four national medical and bioethical associations in Scandinavia [11–14]—have taken a “children’s rights” stance against the nontherapeutic circumcision of underage boys.

Since the WHO’s VMMC recommendation in 2007, a global controversy has emerged around the ethics and legality of nontherapeutic child circumcision:

2010

- South Africa passed the Children’s Act, which criminalised circumcisions on boys below the age of 16, except when performed for religious or medical reasons [15].
- The Royal Dutch Medical Society (KNMG) adopted a policy urging “a powerful policy of deterrence” against nontherapeutic child and infant circumcision, adding:

There is no convincing evidence that circumcision is useful or necessary in terms of prevention or hygiene. ... Non-therapeutic circumcision of male minors conflicts with the child’s right to autonomy and physical integrity. ... There are good reasons for a legal prohibition of non-therapeutic circumcision of male minors, as exists for female genital mutilation. [11]

- Jewish children’s advocates founded Beyond the Bris as a resource for the growing movement of Jewish parents who are replacing circumcisions with *brit shalom* naming ceremonies for baby boys [16].

2011

- A citywide ban on child circumcision was proposed in San Francisco [17].¹

2012

- The Children’s Ombudsmen of the Nordic countries issued a Joint Statement opposing the circumcision of boys as a violation of the UN Convention on the Rights of the Child, and called for a ban on nontherapeutic child circumcision in their respective countries [10].
- The Council on Violence Against Children released a UN report which classified the circumcision of boys as “a gross violation of their rights, including the right to physical integrity, to freedom of thought and religion and to protection from physical and mental violence” [18].
- The American Academy of Pediatrics (AAP) released a controversial policy—later adopted by the US Centers for Disease Control (CDC) [19]—which stated that the benefits of male infant circumcision outweigh the risks [20].
- The regional appellate court of Cologne, Germany ruled that religiously motivated circumcisions of boys amounts to bodily injury and is a criminal offense in its jurisdiction [21].²

¹ The proposed San Francisco bill reached the necessary 12,000 signatures to reach the city ballot, but was aborted by the American Civil Liberties Union (ACLU) in partnership with religious authorities. In October 2011, Governor Jerry Brown signed AB 768, which prohibits the restriction of male circumcision practices, into California law [17].

² The Cologne ruling was overturned by religious authorities and superceded by § 1631d in the German Legal Code (BGB), which grants parents and guardians “the right to give consent to the medically unnecessary circumcision of a male child who is not capable of reasoning and forming judgment” in both traditional and medical settings [22].

Wolfram Hartmann, President of the German Paediatric Society (BVKJ), testified in favor of criminalisation on children's rights grounds, adding that the practice is medically inappropriate: the AAP's policy "[h]as been graded by almost all other paediatric societies and associations worldwide as being scientifically untenable" [23].

2013

- A Joint Response from representatives of 20 international medical associations accused the AAP's circumcision policy of an American "cultural bias" in favor of male infant circumcision. The Response stated that the AAP's conclusions are at odds with those reached by physicians in the rest of the Western world [24].
- The Council of Europe passed Resolution 1952, which classified the circumcision of boys as a violation of children's right to physical integrity [9].
- The 63rd session of the UN Convention on the Right of the Child classified circumcision as a "harmful practice," and called for internal research into its complications [25].
- Mogis e.V., a children's rights NGO in Germany, sponsored the first annual Worldwide Day of Genital Autonomy to commemorate the Cologne ruling against nontherapeutic child circumcision on 7 May (Fig. 1A).

2014

- The late Senator Sithembile Mlotshwa brought a motion to the Senate of Zimbabwe to resist VMMC and EIMC on children's rights grounds (Appendix C).
- The Swedish Paediatric Society released a Statement opposing the circumcision of non-consenting children, proposing a minimum age of 12 years for consent [12].
- Intaction launched the "I Did Not Consent" campaign against male infant circumcision in New York (Fig. 1B).
- The Canadian Foreskin Awareness Project launched the "Foregasm" campaign, which demonstrated the existence of foreskin-specific orgasms and urged a policy of genital autonomy for children [26].

2015

- The Canadian Paediatric Society released a revised policy Statement which did not recommend routine infant circumcision in Canada, adding that non-indicated medical interventions "should be deferred until the individual concerned is able to make their own choices" [27].
- Genital autonomy activists participated in the first "Bloodstained Men" protest outside the White House (Fig. 1C).



Figure 1. The genital autonomy movement. Recent deliberations in Europe are facilitating a global movement to restrict circumcisions to consenting adults.

A. The Worldwide Day of Genital Autonomy. WWDOGA is held annually on 7 May to commemorate the 2012 Cologne court ruling against child circumcision.

B. "I Did Not Consent." A New York billboard campaign by Intaction represents men who resent being circumcised.*

C. Bloodstained Men. "Bloodstained" men and women protest infant circumcision in cities across America.

D. "Foreskin Pride." Activists celebrate genital autonomy as a facet of sexual freedom at LGBT Pride, San Francisco.

Photo credit: James Loewen

*See also: The Global Survey of Circumcision Harm at www.circumcisionharm.org.



Figure 2. Ugandans protest mass circumcision. Affected communities are using football tournaments to protest VMMC and EIMC policy on children's rights grounds. Namayingo District, 10 January 2019.

2016

- The Danish Medical Association (DADL) released a Policy Statement which rejected the circumcision of boys as medically non-indicated and "ethically unacceptable" [13].
- The VMMC Experience Project released its Ugandan and Kenyan investigation documenting egregious health and human rights problems from the mass circumcision campaign on World AIDS Day (1 December) [28].

2017

- A multi-national press conference was held in Berlin against VMMC and EIMC programmes targeting children in Africa (**Appendix A**).
- The VMMC Experience Project issued a joint letter to UNICEF with international medical leaders and experts urging "a plan of action or retraction" from its mass infant circumcision initiative in SSA [29].

- The Belgian Government Committee for Bioethics released a Statement against the circumcision of minors, ruling that children's right to bodily integrity supersedes parents' right to practice their religion [14].
- The *International Journal of Human Rights* published preliminary research which uncovered "a considerable subset of circumcised men adversely affected by their circumcisions" [30].

2018

- Proposed bills to ban nontherapeutic child and infant circumcision were introduced in Danish and Icelandic Parliaments.*
- A senior physician challenged Kenya's Prohibition of Female Genital Mutilation Act as unconstitutional on the basis of gender equality [33].
- The first "female genital mutilation" (FGM) prosecution in the United States, involving the pricking or partial re-

*The Danish bill reached the necessary 50,000 signatures to reach Parliament, but is reported to have been overruled by protests from religious groups [31]. The Icelandic bill was sent back to Parliament in April 2018 where it remains under revision [32].

removal of the prepuces of nine girls for religious reasons, was dismissed. The US national FGM ban was ruled unconstitutional on the basis that federal law does not regulate criminal assault cases. A re-hearing is scheduled for April 2019 [34].

- “The Bamasaba Cut” presented Ugandan ritual child circumcision as a human rights violation, and became the first documentary film to challenge the practice from an African point of view [35].

2019

- Locally organised anti-VMMC/EIMC demonstrations commenced in rural Uganda (Fig. 2).

The present Section presents African experiences and viewpoints with respect to the global controversy around male circumcision, with associated human rights concerns.

VMMC Experiences

Unprompted, respondents in the VMMC Experience Project’s February 2016 investigation expressed human rights concerns regarding the less-than-voluntary nature of VMMC recruitment practices. Their allegations include government and media pressure, misleading claims about circumcision, and the targeting of boys below the legal age of consent.

Government and media pressure

Respondents in the investigation reported undergoing circumcision under significant pressure from VMMC agents.

Lawrent Wayagara, age 31: “They force us indirectly, but the forced one openly is not there. But indirectly, because being a government programme, you cannot oppose it. Of course you will go, you as a citizen of this nation.”

Patrick Ocol, age 29: “The Ministry of Health is the one informing people that if you are circumcised you can’t get HIV. So I also rushed there.”

Ralilich Mutasi, age 18: “They heard that announcement, and they were even scared. ... Those things on the radios, it was like they were forcing. Because people were forced, they went for circumcision.”

Samson Okwi, age 24: “You know, these people, they are very tricky. They can trick you, they can force you: ‘Let’s go to circumcision.’ They come with their music, their record. That’s a sign of forcing people! They just confuse your mind and then you go there.”



Peter Minani Salala, age 58:

At the time there were a lot of things over the press. The press was trying to sensitise us so much, and even trying to kind of push women: ‘You women, push your men to go for that circumcision, it is to your benefit!’ ... So it was very strong in the media, and at the same time, the pressure. ... Media, how they were kind of trying to advertise ... they must also brainwash the women.

Cleophas Matete, mid 40s: “In fact it is not voluntary. It’s not voluntary, they are brainwashing these people.”

Samson Otieno, age 18:

[From] what I heard, the disadvantages of an uncircumcised man—it’s really a disadvantage to the man—I decided to go to avoid this. ... There are things that I see, the experiences that I see from news, televisions, newspapers, books, and the people coming to tell us the effects of circumcision.

Apollo Otieno, age 19:

Those “voluntary” people came in our area, and they were really spreading that gospel, that when you go there you are protected [from HIV/AIDS]. ... In fact, now those people are just forcing. They are forcing. They can come to you and talk to you that if you get them [i.e. recruit a VMMC participant], even one person, they pay you. It’s like they are forcing, but indirectly.

“Patrick,” late 20s, recalled the circumstances of his own participation in VMMC:

We heard threatening language from other people that if you are not circumcised, there will reach a time when you can't even access government services if you are not circumcised like hospitals, schools. So it forced us to go for circumcision, that threatening language.

When asked if he viewed this pressure as a violation of his rights, this respondent stated: “Automatically. They violated my rights.”

Right to refuse

Some men in the VMMC Experience Project investigation appeared to be unaware of their right to refuse male circumcision as a government service.

Bakali Maloba, age 50: “We were told circumcision prevents HIV and coerced to undergo it. ... It was very painful but I had no choice.”

Faroak Awira, age 18: “I did it [VMMC], but I didn’t want it.”

John Bosco Diakin, age 55, stated of his sons’ circumcisions in a school campaign: “It was like a government law that the government had given word that the youths should get circumcised, then they would be safe from AIDS. And I could not refuse.”

Patrick Omsugu, age 45, was asked whether he felt compelled to sue the government agency that circumcised his children without his consent. Although he expressed strong negative opinions and outrage toward the inci-

dent, he appeared unaware of the legal significance: “I would not be happy to do that.”

Human rights concerns

Some respondents expressed human rights concerns over coercive circumcision campaigns targeting African men.

Bakali Maloba, age 50: “If you are forced, it violates your human rights. After you are circumcised you have to wear a skirt like a child.” When asked about other instances of forced VMMCs in his community: “I know them and there are quite a lot.”

Alfos Walega, early 30s, who contracted HIV shortly after participation in VMMC, stated: “It violates, my friend. First of all it’s painful. Secondly they are just misleading people that it prevents HIV. Of course it violates the rights of human!”

“Samson,” mid 30s, who also contracted HIV after participation in VMMC, was asked about possible human rights implications from the campaign. “Yes. They’ve reached the point of forcing men to get circumcised against their will. ... They’ve even started circumcising patrols.”

Agnes Namkendi, age 28: “It is violating the rights of people, because some of them, they don’t want it but ... they convinced them that when you get circumcised you will be free from STDs, HIV ... as if dictating they should go.”

Fred Ochitai, early 50s: “When you are forced to do something against your will, that’s violation right there. ... These guys are out to make money. They are searching for the uncircumcised far and wide so they can cut them up.”

Box A. Cash incentives and human rights

In 2014, the *Journal of the American Medical Association* (JAMA) published the first [63] of three trials in Kenya and South Africa which demonstrated the efficacy of cash and food voucher incentives to compel less-than-voluntary men to undergo circumcision [63-65]. US taxpayer dollars are allocated for this purpose [1]. Although the VMMC Experience Project’s investigation did not study the effects of cash incentives, testimonies emerged incidentally from men who underwent medical male circumcision in exchange for money.

Edwin Medu Casol, age 20, reported that the 10,000 Uganda shillings (\$3 USD) he received in exchange for his circumcision was “not enough.”

Patrick Omsugu, age 45, reported that his son’s 10,000 shillings was insufficient to cover post-operative care expenses, which fell onto the boy’s family (testimony in **Box E**).

Not only are monetary incentives for VMMC reported to be insufficient: **Using cash and food incentives to coerce impoverished families into unwanted surgery presents egregious human rights issues.** An ethical review into VMMC cash incentive programmes is indicated with respect to race and poverty law.

Simple Patrick Okode, age 34: “It is a violation of human rights. Why? Because you are forced. Once you are forced to do something, it violates your right. It is not out of your will. It is someone’s will to let you do what you don’t want. So that means it violates someone’s rights.”

Misleading claims

Some respondents reported feelings of being misled or deceived by VMMC messaging. Their testimonies raise questions around informed consent for programme participation.

Paulo Otieno, early 40s, contracted HIV after participation in VMMC: “I blame those who told me that if I get circumcised I won’t get HIV, and I got HIV already! So I don’t know what the government is doing with circumcision.”

Daniel Moita, age 21: “At the time I went for circumcision I had never seen one, but right now I’m seeing very many of them [circumcised men] dying of HIV.”

Patrick Omsugu, age 45: “I don’t know why, but they came and misled us that if you get circumcised you can’t die of AIDS. But many who got circumcised actually have died. ... The government should put a stop to it.”

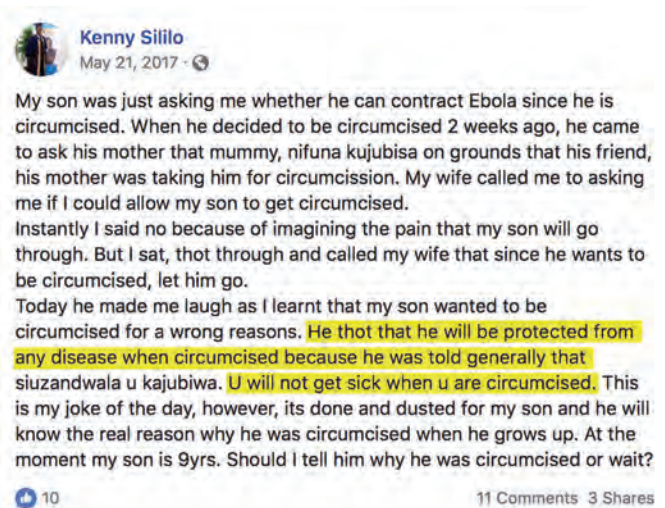
Clea Odhiambo, age 28, divulged the impact of misleading claims about male circumcision on female sex workers: “You are lied to that if you get circumcised you won’t get HIV, but we got it. Even I got HIV this way from a circumcised man. So it’s useless.”

Others alleged deceitful messaging in their own refusal to participate.

Girisimo Odwani, age 29: “HIV is just a virus that is in the fluid. So you can’t deceive me that if you chop that thing or cut that thing, it will stop spreading. It’s a very big lie. ... Better we use condoms instead of deceiving people.”

Samson Okwi, age 24: “For sure these people are dying of HIV due to ignorance ... because they’ve been convinced that when you get circumcised you’ll be safe forever, you’ll not get infected with HIV.”

David Arapi, age 38: “Now that is what made me refuse to have my child circumcised. Because *many people* die of AIDS who were circumcised. Secondly, circumcision brings so many problems because they think they can’t get AIDS.” However, this respondents’ 14-year-old son was circumcised in a school campaign without his consent.



Targeting children

Most VMMCs are performed on boys below the legal age of consent. In rural Uganda and Kenya, the VMMC Experience Project’s investigation uncovered an emerging vanguard of affected men and women who strongly believe this practice violates the rights of children, or that their own rights were violated by VMMC.

Daniel Moita, age 21: “Some kids are forced by their parents to go for circumcision, yet they are not willing to go. I see some of them, they are just forced ... pushed to the hospital as they cry. Then they are circumcised.”

John Bosco Beressa, late 20s: “I was circumcised at my early age. But had I to be somebody with authority by then, I would not allow it. ... I wish I knew that they were taking me. They took me by force, without my consent. So I think my right was misused.”

Kwere Kejunas, age 18: “My dad greatly respects the government programmes. ... I had to go at his command. ... He told me that when you are circumcised, the chances of getting HIV are quite little. ... I’m a person and I have my rights to decide or say no.”

Kareem Amza, age 19: “My neighbour there, he was forced by the parents because the parents were deceived that male circumcision prevents HIV. ... Because they love the son, they forced the son to go and have [a] circumcision.”

Humble Patrick, age 23: “My mom is the one who told me that you go to circumcise, because we heard it over the radio. ... I was just forced that I go.”



Figure 3. Involuntary circumcisions. Photographs from health practitioner Jutta Reisinger's presentation at the Berlin press conference against mass circumcision (**Appendix A**). Disturbed by the view on the ground, Dr. Reisinger (right) began photographing children circumcised unwillingly in the VMMC campaign in Kisumu, Kenya.



Dan Disepo ▸ The VMMC Experience Project ☑
July 31, 2017 · 🌐

Here one of the kids cried his lungs out in fear of losing his foreskin something of which happened. Now the question is; Were his rights not violated?!



9 Shares

Veronica Nakasa, early 40s: "[VMMC] should be banned because it's violating mostly the children. They are being forced to get circumcised yet it's not their wish."

Todd Mohammed, age 28: "According to me it violates, because some children are taken forcefully for circumcision. And since it is painful and also involves shedding of blood, and there's no funding [support], it violates the rights of people."

Simple Patrick Okode, age 34, referring to a VMMC programme targeting boys in his community: "They are forced. They have not been informed why they are supposed to be circumcised. So they have just been picked and taken to be circumcised without someone's knowledge, without someone's will."

Cody Sodua, age 36, expressed children's rights concerns over the targeting of minors in a traditional context. "I am a Bantu, and they support that thing very much. ... It's very wrong because Muslims will circumcise at just three months!"

Forced circumcisions

Forced VMMCs on children and adolescents are known to the VMMC Experience Project.

At the Berlin press conference against VMMC and EIMC (**Appendix A**), Intact Kenya director Kennedy Owino Odhiambo recalled confronting the medical personnel at Ober Health Centre in Homa Bay County, where his 10-year-old nephew was circumcised in a school campaign against his family's wishes and cultural beliefs as Luos: "The doctor refused to give my lawyer a medical report that was to be used to sue them." Witnessing pickup trucks delivering more Luo schoolboys to the clinic, Odhiambo recalled: "I was lost for words to describe my anger." For the full text of Odhiambo's testimony, see **Appendix A**.

Jutta Reisinger, an Austrian reproductive health specialist volunteering at an HIV clinic in Kisumu County, also provided testimony of forced circumcisions of Luo schoolboys, which she was advised was necessary to meet ambitious VMMC quotas in the region. Disturbed by the view on the ground, Dr. Reisinger began photographing children circumcised unwillingly in the campaign (**Fig. 3**). The full text of her testimony is provided in **Appendix A**.

Psychological complications

The psychological effects of involuntary VMMCs remain unexplored. However, respondents from traditionally genital cutting regions perceived circumcision as an act of violence against Kenya's uncircumcised minority, and elucidated possible psychological complications.

Lichiri Kamados, early 50s:

In my family there are some older ones who were caught and circumcised [by force]. Even some of them, due to that harsh pain and huge embarrassment, even today they aren't right in the head. Many of them are still around today. They are just barely there though, physically there but mentally sick. ... It's a business that's still here even today, and there are roaming vehicles with VMMC messages on them. They carry children 12 to 14 years old. They are snatched up without knowing what is going to happen.

Fred Ochitai, mid 50s, was asked why he does not support the VMMC campaign:

I have seen that it has caused many problems. ... They were saying that if you get circumcised you reduce your chances of getting HIV, so all these guys who got it done have completely left off using condoms. Also if you look at these young guys, maybe in the beginning they didn't want to get circumcised, but all of a sudden they "change their minds." This seems to be affecting their [psychological] development. I have even seen older people taken and forcibly circumcised. After that happens, it's like he goes crazy.

Ignatius Wasunga, mid 30s, stated that he was forcibly circumcised in a traditional Luhya context, and that he "cannot accept" it: "Let's not cheat each other [that circumcision prevents HIV]. Our culture is just forcing us to be circumcised. ... They either capture you or they can use any method so that you get circumcised."

John Orio Onyanga, late 50s: "The government just sits back and watches as people are molested and abused in the name of fighting AIDS."

In a separate VMMC Experience Project investigation into genital cutting in a traditional setting, men who were circumcised unwillingly as adolescents recalled feelings of sexual humiliation, shame, and powerlessness [36,37]. Evidence of childhood circumcision trauma uncovered in the Project Bagisu investigation is presented in **Figure 4**. Further research is needed into the psychological effects of involuntary circumcisions associated with VMMC programmes, particularly those targeting children and adolescents.



Figure 4. Psychological complications. The Project Bagisu investigation uncovered evidence of childhood sexual trauma related to involuntary circumcisions in a traditional setting [36,37]. The psychological effects of VMMCs performed on unwilling children remain unexplored.

No safeguards for consent

There are currently no safeguards for the corruption that occurs when VMMC mobilisers, who typically live in poverty, are given monetary incentives to procure adolescent boys in large numbers.

In all districts included in the VMMC Experience Project's investigation, respondents revealed that children from traditionally non-circumcising communities are taken from schools without the knowledge or consent of their parents.

Girisimo Odwani, age 29: "Mostly they have been using these young, young children, collecting them to take, and they cut and they bring them back. ... For us Iteso we don't circumcise, so they have come with the idea that they just go to schools meeting children. ... That's a violation, yes."

Patrick Omsugu, age 45: "I'm an Iteso and we don't practice circumcision. ... One of my children was in school in Tororo, a boarding school. So the people came and found him and recommended circumcision."

David Arapi, age 38: “This programme circumcises your kids while you’re away, and when you come home, you find out they have already been circumcised. ... Many [parents] are still arguing angrily, and they were devastated the day of the circumcision.”

Richard Bradley Ovidico, age 14, recalled his mother’s reaction when employees of a US-based NGO (Millennium Villages) dropped him off at home after taking him from school for circumcision at the age of 9 without her knowledge: “She took care of me, but was really concerned about me.”

Malawi24 reported a similar case in Chikhwawa, where USAID-funded workers picked up a 9-year-old boy on the side of the road and used candy to lure him into a VMMC clinic. Significantly, the story was reported not for the illegal breach of parental consent, which the Project’s investigation found is commonplace, but because it hap-

pened to result in a botched circumcision that amputated the child’s penis. His father found him “dumped close to home” by the workers [38]. Other breaches of parental consent for VMMC have come to the fore only because they resulted in severe botches [39-42], with subsequent lawsuits pending against the Infectious Diseases Institute [40], Population Services International (PSI) [41], and local VMMC practitioners in association with PSI [42].

On social media, African men and women appear largely unaware of the legal implications of circumcising children without parental consent, with some local proponents defending the practice as lawful (see **Appendix F**).

Occasionally, circumcisions performed without parental consent reach local news headlines. Limited examples are presented below. More local news headlines regarding circumcisions performed without parental consent are included in **Appendix D**.



Trouble after school circumcises pupils without parents consent

By Violet Namatsi For Citizen Digital
Published on: August 1, 2016 11:45 (EAT)

Daily Monitor

NEWS BUSINESS OPED SPECIAL REPORTS MAGAZINES SPORTS LIFESTYLE JOBS

Parents protest forced circumcision of children

SATURDAY SEPTEMBER 19 2015



NEWS VIDEOS CRAZY MONDAY PULSE NAIROBIAN SUNDAY MAGAZINE

I want my son’s foreskin returned - Homa Bay dad

City News By James Omoro 1 year ago

Bulawayo 24 News

NEWS SPORTS BUSINESS LIFESTYLE OPINION ENTERTAINMENT TECH VIDEOS

Local Companies Economy International Your Money

News / National

Child circumcision ignites debate

by Staff reporter

© 25 May 2014 at 14:12hrs | 7360 Views

Box B. Male circumcision and female genital cutting

Western public health discourse has treated child genital cutting practices as gendered issues—with some controversy.

The WHO factsheet on “female genital mutilation” (FGM) states that the practice, including its minor or medicalised forms, “reflects deep-rooted inequality between the sexes” [66]. However, there are no societies worldwide that cut the genitals of women and girls without also circumcising men and boys.

In a Statement in favor of FGM tolerance by African Women Are Free to Choose (AWA-FC), Sierra Leonean women raised the issue of male circumcision lobbying in accusing the WHO of imposing a Western gender bias surrounding genital cutting for culture and hygiene. In light of coinciding research from Tanzania [67], the Statement added: “Incidentally circumcised African women have some of the lowest HIV rates in the world, so why the double standard?” [68].* (The WHO rejects the medicalisation of FGM on human rights grounds [69].)

In Kenya, a male circumcision-normative country where 21% of women are also reported to admit to being circumcised, a senior physician has challenged the Prohibition of Female Genital Mutilation Act as unconstitutional. In her 2018 legal case, Dr. Tatu Kamau testified that supporting male circumcision while criminalising the cutting of girls was discriminatory, and tantamount to embracing Western culture while disregarding traditional African practices as inferior [33].

Also in Kenya, *Daily Nation* journalist Waga Odongo expressed deep resentment over his circumcision performed in early infancy, citing a gendered double-standard:

Circumcision of women is now called genital mutilation. It has become verboten ... perhaps the only traditional African practice that White people can confidently condemn without being called racists. ... If it is an international scandal that the prepuce of a woman is removed to satisfy religious and cultural views, why is it okay to do the same to boys? [70]

At the Berlin press conference against VMMC and EIMC, Terre Des Femmes’ anti-FGM division supervisor Dr. Idah Nabaterega testified that FGM-practicing communities cut children of both sexes, and that the practice is a violation of human rights regardless of the child’s gender (**Appendix A**).

That the particular tribes that practice FGM circumcise boys in parallel compounds both support of FGM and resistance to VMMC. Allegations of Western circumcision bias, particularly the genderising of human rights surrounding child genital cutting, deserve further attention and research in an African context.

*For AWA-FC’s advocacy work, see www.awafc.org.

Rap Ebuka Ikeorah
December 11, 2018 · 🌐

Can we call the circumcision of boys Male Genital mutilation?

👤 ChrisTalker Ejinkonye-Arinze, Mary Sunday Akpen and 35 others · 15 Comments

Kalipalire Zex
September 4, 2017 · 🌐

the world is encouraging Male Genital Mutilation (aka circumcision) while discouraging the same for females (FGM) and encouraging education for the girl child

👍👎👤 18 · 9 Comments 5 Shares

Martin Nyakundi O'barimo
August 30, 2017 · 🌐

As we condemn Female Genital Mutilation (FGM), we should today discuss circumcision of young boys. Why should we subject young people to a painful process without their consent? Let circumcision be done at 18 years when they are mature enough to know what and why they are undergoing the process.

👍👎👤 53 · 43 Comments 12 Shares

Swamy Gowd shared BBC News Africa's post.
February 28, 2019 · 🌐

Let UN and WHO interfere and ban totally both male Circumcision and Female Genital Mutilations, which are against science, medicine, and Nature's Intelligent design. Urgent steps needed.

BBC News Africa
February 27, 2019 · 🌐

Every December in Tanzania, twelve-year-old girls like Rosie have to either run away from their families or submit themselves to female genital mutilation.

1 Comment

Simon Coltery · The VMMC Experience Project
August 22, 2017 · 🌐

These Luo girls got to the finals of a competition to provide 'technical solutions' to 'local community problems'. They created an app "which connects girls at risk of FGM with rescue agents and offers support for those who have already been cut". Perhaps someone could create an app that would do something similar for Luo males?



ALLAFRICA.COM

Kenyan Girls Use Technology to Combat Genital Cutting

"It's still fresh in my mind, the scene of female genital mutilation," said...

Colonial Suspicions

Western proposals to mass-circumcise African men pre-date VMMC by a century. The origin of medical male circumcision as a solution for moral hygiene, combined with racist stereotypes about African promiscuity, imagined circumcision as a form of surgical correction for African and African-American men [43-49]. Select quotations from Victorian era medical literature are presented in **Box C**.

Among proponents of medical male circumcision, the African continent remains a longstanding target for research and implementation. Within three years of the discovery of the HIV virus, the *New England Journal of Medicine*—which had published “The solution of the Negro rape problem” promoting African circumcision in 1894 [47]—published the first article to implicate foreskins as a potential HIV accelerator in SSA. In this brief editorial, Aaron J. Fink, a longstanding Judeo-American circumcision proponent, proposed a lack of male circumcision as a “possible explanation” for the high HIV/AIDS burden on the continent [50].

Since Dr. Fink’s 1986 proposal, a large body of research advocating male circumcision for the prevention of HIV and other STIs in Africa has emerged predominately from the United States, a male circumcision-normative country. The first clinical trial of male circumcision for HIV prevention was financed through the Bill and Melinda Gates Foundation, a US-based organisation, with the US National Institutes of Health (NIH) [51]. At present, mass African circumcision programmes are financed through the Gates Foundation and four US government agencies (PEPFAR, USAID, CDC, DOC). The US Department of Health and Human Services (HHS) logo has also appeared on VMMC “demand creation” documentation alongside the aforementioned US government agencies [52].

To some respondents in the VMMC Experience Project’s investigation, this largely American-driven effort was likened to a cultural imposition with deeper colonial roots.

Bishop Cleophas Matete, Chairman of the Kimilili Pastors Fellowship, was quoted in the Kenyan Standard opposing circumcision as an act of cultural warfare [53]. He volunteered the following testimony for the VMMC Experience Project’s investigation:

Africa was targeted, and it is still being targeted. It is used as a continent to experiment. Many evil things are done in Africa just as an experiment. Should they introduce anything that is evil, they want to experiment in Africa. So I

believe that the entire process of trying to test it in Africa was wrong from the beginning, and I say no to it. ...

When the Westernites imposed it on us, it is like they empowered the evils, the most separations between the tribes. So it is very dangerous when it comes to the time of circumcision to those who are not circumcised. So it is not easy for people to stay together—until something is done. ...

It is true it has failed [to reduce HIV]. Actually before introducing [VMMC] they could have done some research like what you are doing. We could have told them what they were supposed to do. But because they wanted to experiment this on Africa, I think they had other issues they wanted to do with Africa. ...

How can you remove somebody from his culture that he has stayed in for many years and it has been peaceful to him and he’s very peaceful in it, and then you give him some peanuts and say, “I want to take you and circumcise you” on a basis of removing HIV? It is not even voluntary. It is forcible. It is brainwashing. So I support banning it, and I support if there is any other way additional to condoms, it should be used. ... I support 100%, and if there is a place I can pen my signature, you can print and I will pen my signature ... so that we can ban it and ban it and ban it. It has violated the rights and it has even increased more problems.

At the Pastors Fellowship Office, Bishop Matete’s Luo colleague Reverend Casmiel Otieno recalled a combination of tribal discrimination and government pressure leading to his son’s circumcision: “He was forced to come back home [from school], and we made arrangements and we circumcised him, because he could not contain the abuse. In fact other students were seeing him as somebody who has no brain, somebody who is not accepted in society, so it has really affected him.”

Recalling a longstanding history of discrimination among Kenya’s non-circumcising tribal minorities, including forced circumcision attacks* and customary forced circumcisions of Luo government workers, Reverend Otieno expressed resentment toward circumcision as a form of cultural imperialism:

The government has misused circumcision as a tool to their own ends. They have cheated people that circumcision will always reduce [HIV], that’s why. But it has not worked. ... I think there’s an idea [that] the government needs to make money out of it. It is not the best tool. ...

*Personal testimonies of forced circumcision attacks from Luo survivors are available to view on Page 2 of the VMMC Experience Vault at www.vmmcproject.org.

Box C. Male circumcision and medical racism

Prior proposals to mass-circumcise African men were rooted in American medical racism. Although African suspicions toward the VMMC campaign are well documented, this racially problematic history remains unaddressed.

Texas Medical Journal, 1889:

Going back three thousand years, many years before the fathers of medicine were born, to the days of the Astrologer, we present you with a rite as old as the Bible: the taking of the “fore-skin” of each male child; and in Egypt the circumcision of females was also practiced. We trust that each scientific mind will lay aside his orthodox teaching on our subject and view it primarily from a medical, or more specifically, as a sanitary measure or necessity. ... This proposition being granted as true, the question of the enforcement of circumcision is the one most needed to be discussed. ... At the present rapidity by which venereal taint is being propagated among the colored people ... it will only be a matter of time when we wish to call a halt; but it will be too late. [43]

*The doctor makes a strong argument in favour of circumcision in [the black] race as a prophylactic measure, and thinks that a long train of evils, beside syphilis, may thus be avoided. ... He makes a plea, also, that the coloured people, being **ignorant of the laws of hygiene**, should be enlightened, while taken under a kind of sanitary protectorate. [44]*

National Popular Review, 1894:

*[A]n irritating and over-generously sebaceous [lubricated] and generally too robust prepuce [foreskin] will often cause the simulation of the evidences of an over-exuberant and impatient virility ... From our observations and experiences in such cases, **we feel fully warranted in suggesting the wholesale circumcision of the Negro race** as an efficient remedy in preventing the predisposition to discriminate raping so inherent in that race. We have seen this act as a valuable preventive measure in cases where an inordinate and unreasoning as well as morbid carnal desire threatened physical shipwreck; if in such cases the morbid appetite has been removed or brought within manageable and natural bounds, we cannot see why it should not—at least in a certain beneficial degree—also affect the moral stamina of a race proverbial for the leathery consistency, inordinate redundancy [length], generous sebaceousness and general mental suggestiveness and hypnotizing influence of **an unnecessary and rape, murder and lynch-breeding prepuce**. It would certainly be more humane for a State legislature to pass an act legalizing and enforcing circumcision as a preventative measure [than] the many burnings, hangings, shootings and stonings that have of late taken place. [46]*

Maryland Medical Journal, 1894:

*The brutal and uncontrollable passion of the Negro has been traced to a variety of causes, the chief of which has been referred to as a perversion of his sexual instincts and ungoverned sexual passion. ... **An enlarged prepuce** is assigned as the most frequent cause of irritation, and its removal ... will lead to the stopping of sexual crimes and to the moral improvement of the race. [48]*

Journal of the American Medical Association, 1914:

*The prophylaxis of syphilis in the Negro race is especially difficult, for it is impossible to persuade the poor variety of Negro that sexual gratification is wrong, especially when he is in the actively infectious stage. It is probable that **sex hygiene lectures will not have the slightest effect on this type** As regards personal hygiene, all male babies should be circumcised, both for the purpose of avoiding local irritation which will increase the sexual appetite and for preventing infection. [49]*

The people from the West, I think they wanted to misuse the Africans because of misunderstandings, because people are not informed, the lack of information in Africa. So they are using other methods to make sure that they use their tools to have a place where they can exercise their power. That is my personal feeling. ...

In our Luo community, [being circumcised] is not any different than [being] somebody who is lost, according to me. In fact we can make you a rejected person in the society, because that is not our culture. Our culture is to remove six teeth. That is our culture. And two, when somebody gets the idea that maybe after circumcision now he's HIV-free, that is a total cheat, a total lie. And to me, that cannot make me be happy. It can make me even more frustrated if my son has such an idea, because that will make him be more free and more careless in using his own body, with the idea that he's now safe. So to me I feel that is a wrong way or approach to humanity. ...

I think it is against [our rights] because since the heaven and earth were created, we have never gone through this. ... So my father, my grandfather, my brothers, even my age-mates of today, they don't even understand what this circumcision is all about. So it is something that has been imposed on us. If I could get a forum to fight it, I could fight it very hard. ...

I know not even Oburu Odinga alone—all the old politicians in Nyanza—they are not circumcised. And they will never be circumcised, because that is not our culture. That is the truth. They will never. Because they know they will have gone against the culture and our traditions, and even the people will reject them if we know they have gone for circumcision. ... And there is nothing bad like being rejected in the society.

Among the younger generation of Luos, who are targeted for VMMC in primary school, the profound history of Luo resistance to circumcision—and associated sociopolitical

implications in Kenya—seems to be quickly forgotten. Of the six Luo teenagers in the VMMC Experience Project investigation who were asked whether male circumcision is part of traditional Luo culture, four answered: “yes.”

Allegations of cultural imperialism from VMMC also emerged in rural Uganda.

Samson Okwi, age 24:

You know, circumcision is against our rights, people's rights in this country, in this Teso region. ... Let people go back and use condoms, that's the way of preventing HIV. But let us not adopt the culture of Western that circumcision is a better way of preventing HIV, it's not true. ... Let it be banned forever.

Lawrent Wayagara, age 31: “It's even violating people's traditional culture. Because for us Bagwere, we don't circumcise, and I'm not a Muslim either. So circumcision was almost forced on me.”

Patrick Omsugu, age 45, commented on a compulsory circumcision drive at his son's school which failed to consult families: “Even the grandparents felt really bad about this. ... You know, each tribe has its customs. Circumcision is a custom of other tribes.”

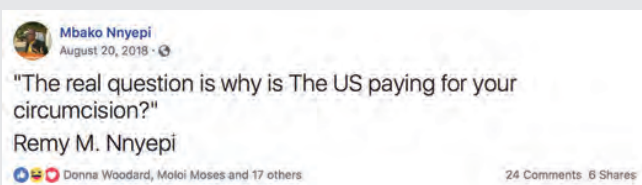
Prior literature has identified African cultural resistance to VMMC as a “barrier” to be suppressed and overridden [54-61]. Those defending tribal heritage viewpoints against genital cutting within their communities have been identified as “adult gatekeepers” to the mass circumcision of adolescents, with strategies proposed to overrule them [62]. In light of Western colonial history and present suspicions from Africans, the VMMC Experience Project holds that cultural viewpoints opposing circumcision deserve respect and consideration as valid grounds for refusal.

Box D. Social media

African opposition to VMMC coercion on social media is longstanding. As Malawi24 News reported in 2015:

Vetting their anger and frustrations on social media, the people took to task the U.S. for “prioritizing sex” and not real development. [71]

Objections to coercive circumcision campaigns continue on Facebook. Limited examples below:



For more social media testimonies of involuntary circumcisions—including forced child circumcisions, children’s and human rights objections, and allegations of racism and cultural imperialism—see **Appendix F**.



Conclusion and Recommendations

Recent deliberations in Europe and North America are facilitating a global controversy around male circumcision with respect to the rights of children and vulnerable groups. The VMMC and EIMC campaigns were explored within this context.

The VMMC Experience Project's investigation uncovered an emerging vanguard of affected men and women who report human rights issues surrounding coercive tactics employed in the mass circumcision campaign throughout SSA. These tactics include government and media pressure, misleading claims about circumcision, and the targeting of underage boys. The latter tactic, which accounts for the majority of VMMCs performed, is reported to override children's consent and willingness to be circumcised, and, in a number of cases, parental consent for the procedure to be performed. Further, some respondents were unaware of their right to refuse unwanted surgery.

A significant subset of respondents viewed Western-driven male circumcision activities in Africa as a form of cultural imperialism. Their views deserve attention and consideration on their own terms, outside the body of VMMC literature intended to suppress or override these concerns. Where encountered, African cultural opposition to VMMC should be accepted as valid grounds for refusal, with alternative HIV-preventive solutions provided to these communities.

Eliminating quota-based incentives for VMMC mobilisers, and establishing consequences for circumcisions performed without lawful consent, could reduce the incidence of involuntary recruitment practices. Safeguards must also be added to ensure voluntary participation, including a monitoring system for consent forms, resources for victims of involuntary circumcisions, and the provision of an auditing council for circumcision programmes targeting vulnerable groups. Prior to undergoing VMMC, participants must be informed of their right to refuse.

To further mitigate the incidence of involuntary circumcisions, **VMMCs should be restricted to consenting adults**. A thorough review of the informed consent process is also indicated for UNICEF's infant circumcision programmes to include the present global controversy and attendant legal uncertainties that are already reaching Africans on social media. The VMMC Experience Project does not support circumcision programmes targeting minors who are unable to provide their consent, deliberately or otherwise.

Revised policy documentation must address the rights of vulnerable men, children, and families to refuse unwanted circumcisions. Refusals must be accepted on personal and cultural grounds. Future literature should also address the special needs of socioeconomically disadvantaged communities to ensure voluntary participation.

The use of coercive strategies, including cash and food incentives, to pressure low-income men and children into unwanted surgery should be evaluated as a human rights violation.

Box E. Lack of follow-up care

Using available data from 2010 through 2012, USAID reporting has assessed overall post-operative follow-up rates for VMMC to range from 50% to 75.7% [72]. However, **no instances of follow-up care or visitation were found on the ground** within the VMMC Experience Project investigation in rural Uganda and Kenya. To some participants, the reported "cut and release" approach became a source of outrage toward the campaign itself.

David Arapi, age 38:

So the government is only circumcising people. They just do the circumcision, they don't give treatment. They take care of the first step and don't help you after that. ... The government is supposed to help you, not do something halfway and then abandon you!

Bakali Maloba, age 50: *"After circumcision we were in a lot of pain and need, but no one provided assistance after circumcising us. ... They never checked on us because their job was done."*

Box E. Lack of follow-up care, Cont'd

“Patrick,” late 20s: “It was just a direct service or whatever. No testing, no counseling. Since that I have never seen them up to now. They have never even checked on me, whether I recovered well. They didn’t even tell me to go back to the hospital.”

Alfos Walega, early 30s: “They don’t want even to know how are you, whether you’re okay, whether you’re healing. They don’t care even!”

Lawrent Wayagara, age 31: “There I was given only four paracetamols. That was the support they gave me. And some sort of powder, which I cannot even term that ‘medicine.’” When asked about follow-up: “Up to now I’ve never seen anybody.”

Kwere Kejunas, age 18:

They did not give me any kind of medical support or advice that I will go back and get some support, but after circumcision I just went back to our village. ... They just gave me some Paradol as pain-killers, and just a few of them, which did not even take me a week when they were done.

Ralilich Mutasi, age 18: “It was painful and they don’t even give you care! ... You go home, you suffer by yourself.”

Fred Ochitai, mid 50s: “I have never seen them put any importance on following up.”

Simple Patrick Okode, age 34:

Once you are circumcised from the health centre, you come back alone home. It is maybe your mama if you are young, if you are old maybe your wife takes care of you, who has no knowledge about that. Sometimes even they take care of themselves.

This respondent went on to elucidate the process of removing circumcision sutures at home:

After you have come back from the health centre after you have been circumcised, there are these threads [sutures] ... so at times those things are very painful. So when you feel it, you call maybe your age-mate or maybe your brother or your mama or whoever to help you to remove them. They don’t follow up, in short. They don’t.

Patrick Omsugu, age 45:

They did the circumcision, though they didn’t give [my son] treatment. They circumcised him, but at a cost. They gave him money for recovery treatment, but only a small amount, 10,000 shillings [\$3 USD]. But that 10,000 wasn’t enough to pay for treatment costs. They had misled me and said that circumcision will prevent HIV transmission, so then I as his father felt sorry for him and paid for his recovery treatment. ... So in my opinion, circumcision is just a business. ... Once they finish the job, that’s it. There’s no support.

In his final statement, this respondent added:

Those who have come to circumcise should be brought to the village meeting and ask for forgiveness. And people like me who have kids—I have five boys who were circumcised—should be considered. Where are we going to get the money to pay for treatment? And this is the season to buy food! It’s as if they have robbed the poor who have nothing.

Box E. Lack of follow-up care, Cont'd

Surgical complications

USAID reporting has identified the incidence of moderate to severe complications from VMMC to be as low as 0.8% [72]. However, financial incentives for VMMC and EIMC may facilitate underreporting from agents and practitioners. Further, minor complications including secondary infections and persistent unmanaged pain were frequently reported in the VMMC Experience Project's investigation, and could be misconceived as common side-effects. All levels of surgical complications reported in the VMMC Experience Project investigation were compounded by a lack of follow-up care.

Kwere Kejunas, age 18:

Of course I got a lot of complications. You know, this thing is very painful and the moment when you are circumcised it goes on ... swelling with those strings [sutures] which they use for sewing when you're circumcised. I experienced a lot of pain. I even reached an extent of getting pus in my penis, but I could get no support from them and had no access to go back there.

Patrick Ocol, age 29, recalled a lack of follow-up care before adding: "That's why I'm advising my brothers: Don't risk to tamper. ... It's painful. Infections I got."

Humble Patrick, age 23: "They didn't follow up, I'm the one who was trying to go there for a check-up. ... After circumcision I got some infection [and] some severe bleeding. Then I went there for treatment." When asked if he paid for treatment out of pocket: "Yeah, I paid."

David Arapi, age 38, commented on behalf of his 14-year-old son:

When they circumcised him, he had complications. I had the problem of dealing with this. ... They didn't stitch well. Secondly, he had problems urinating. Thirdly, they brought us troubles because they were supposed to, while circumcising, take care of everything well. But they didn't, and it caused a lot of problems for us. I had to nurse the child myself until he got better. So for me, I don't like this circumcision work to go forward. They are just bothering people for nothing. ... People just need to stop circumcising because they will hurt the growing children and irritate their parents.

Simple Patrick Okode, age 34:

One boy [a VMMC participant] is my neighbour. After he was circumcised, in fact the sexual organ was almost rotting. I checked on him. The wound almost spread up to the lower abdomen here. Not until he was taken to Mbale [Hospital], that's where he got treatment. And there was a lot of wound, and even pus coming out. So he was ever crying the whole night. But he was taken to Mbale, he was given some treatment. And right now, his sexual organ is not alright, the way it used to be before. It has some cracks somewhere, as if it is swollen somewhere. Damaged, just like that, in the penis. It is not healthy as it used to be.

Cadon Agar, age 45, recalled the circumstances around her nephew's circumcision: "He was three years old. ... They say if you circumcise him while he is still young, the process isn't very painful and when he grows up he can't be infected by the virus." However: "He lost a lot of blood which resulted in death. ... When the boy was bleeding profusely we decided to rush him to Mbale Hospital. On our way there, the child passed away."

Todd Mohammed, age 28, reported a similar case: "Should I mention the name? It was just a neighbour, just in the neighbourhood, where a child was taken for circumcision. ... But then the child went on bleeding too much ... They struggled with the child, but the child nearly passed away. But he's still alive."

These experiences are limited to testimonies uncovered in the VMMC Experience Project's investigation over three weeks in February 2016. Other serious complications and deaths following participation in VMMC programmes appear in local news headlines included in **Appendix D**. Twelve post-operative tetanus infections attributed to VMMC, at least half of which resulted in death, are also known to the US Centers for Disease Control (CDC) [73]. Follow-up services and resources are urgently needed to mitigate all levels of surgical complications.

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Respondents

The following respondents provided testimonies for the present Section.
Their complete interviews are available to view at www.vmmcproject.org.



Lawrent Wayagara
Age: 31
Tribe: Bagwere
District: Budaka



Patrick Ocol
Age: 29
Tribe: Iteso
District: Soroti



Ralilich Mutasi
Age: 18
Tribe: Bagwere
District: Pallisa



Samson Okwi
Age: 24
Tribe: Iteso
District: Soroti



Peter Minani Salala
Age: 58
Tribe: Luo
County: Siaya



Cleophas Matete
Age: Unknown
Tribe: Bukusu
County: Bungoma



Samson Otieno
Age: 18
Tribe: Luo
County: Siaya



Apollo Otieno
Age: 19
Tribe: Luo
County: Siaya



"Patrick"
Age: Unknown
Tribe: Iteso
District: Soroti



Bakali Maloba
Age: 50
Tribe: Unknown
District: Busia



Faroak Awira
Age: 18
Tribe: Luo
District: Busia



John Bosco Diakin
Age: 55
Tribe: Bagwere
District: Budaka



Patrick Omsugu
Age: 45
Tribe: Iteso
District: Namayingo



Alfos Walega
Age: Unknown
Tribe: Unknown
District: Busia



Agnes Namkendi
Age: 28
Tribe: Bagwere
District: Pallisa



Fred Ochitai
Age: Unknown
Tribe: Unknown
County: Kakamega



Simple Patrick Okode

Age: 34
Tribe: Iteso
District: Soroti



Paolo Otieno

Age: Unknown
Tribe: Unknown
District: Namayingo



Daniel Moita

Age: 21
Tribe: Bagwere
District: Pallisa



Clea Odhiambo

Age: 28
Tribe: Unknown
District: Busia



Girisimo Odwani

Age: 29
Tribe: Iteso
District: Soroti



David Arapi

Age: 38
Tribe: Iteso
District: Namayingo



John Bosco Beressa

Age: Unknown
Tribe: Unknown
District: Busia



Kwera Kejunas

Age: 18
Tribe: Bagwere
District: Pallisa



Kareem Amza

Age: 19
Tribe: Unknown
District: Busia



Humble Patrick

Age: 23
Tribe: Bagwere/Mixed
District: Pallisa



Veronica Nakasa

Age: Unknown
Tribe: Unknown
District: Busia



Todd Mohammed

Age: 28
Tribe: Luo
District: Busia



Cody Sodua

Age: 36
Tribe: Samia
District: Busia



Lichiri Kamados

Age: Unknown
Tribe: Unknown
County: Kakamega



Ignatius Wasunga

Age: Unknown
Tribe: Unknown
County: Kakamega



John Orio Onyanga

Age: Unknown
Tribe: Unknown
County: Kakamega



Richard Bradley Ovidico

Age: 14
Tribe: Luo
County: Siaya



Casmiel Otieno

Age: Unknown
Tribe: Luo
County: Bungoma
UN Report: African opposition to mass circumcision



Edwin Medu Casol

Age: 20
Tribe: Bagwere
District: Pallisa



Cadon Agar

Age: 45
Tribe: Bagwere
District: Pallisa

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II. Sexual Impact

Reported changes in sexual functioning following VMMC

Background

Foreskin functions

Underpinning the global controversy around the circumcision of minor children (**Section I**), the foreskin has known functions that become part of a man's sexuality. Foreskin functions lost to circumcision include:

Gliding motion

The foreskin comprises the motile component or “moving parts” of the penis. Circumcision fundamentally alters sexual functioning by changing the penis from a dynamic to a static organ.

Dartos muscle

Approximately half of the dartos fascia muscle sheath is contained within the foreskin [1]. The dartos muscle draws the genitals toward the body in response to cold temperatures, and may facilitate the foreskin's gliding motion.

Erectile coverage

The foreskin unrolls to provide the additional surface area needed to accommodate an erection (**Fig. 1**).

Sensitive nerve endings

Upon retraction, the foreskin replaces the shaft skin with differently innervated tissue (**Fig. 1**). Meissner's corpuscles—fine-touch nerve endings common to the lips and fingertips—are densely concentrated in the crests of the “ridged band” region of the foreskin [2].

Fine-touch pressure threshold studies into foreskin sensitivity have found mixed results. Sorrells et al. (2007) found that the five most sensitive surface regions of the penis are removed by circumcision [3]. Bossio et al. (2016) found that the foreskin is more sensitive to tactile stimulation but not to other stimuli, and concluded that penile sensitivity is comparable between circumcised and uncircumcised men [4] (methodological criticism at [5]).*

*Neither sensitivity study accounted for the impact of the foreskin's gliding motion on sensation.

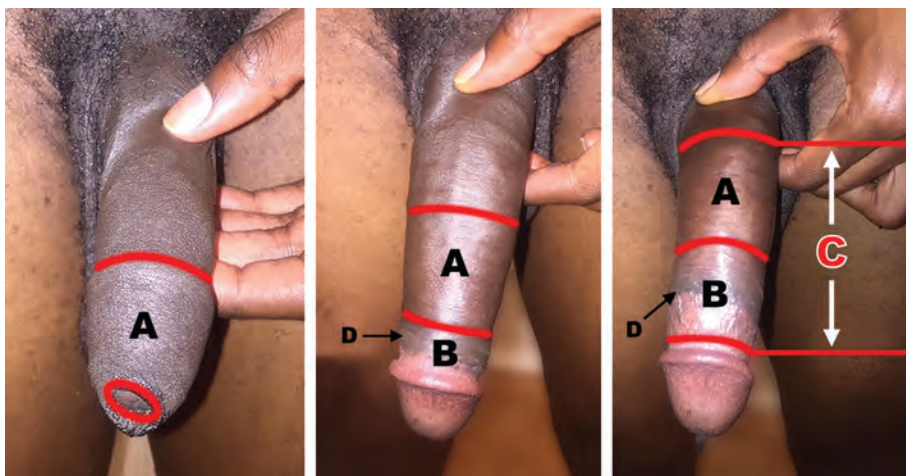


Figure 1. Foreskin retraction. The foreskin provides the additional surface area needed to accommodate an erection, and replaces the shaft skin with differently innervated tissue. **A**=Outer foreskin. **B**=Inner foreskin. **C**=Total foreskin that is excised by circumcision. The ridged band—the most densely innervated portion of the penile skin system [2]—is depicted at **D**.

Glans protection

The foreskin protects the head of the penis. In childhood, it remains fused to the developing glans until a mean age of 10.4 years [6] and protects the urethra from stricture disorders (**Fig. 3; Boxes A and B**). At maturity, the foreskin protects the adult glans from drying out and developing vaginally abrasive keratinisation or callousing of the surface (**Fig. 4**).

Co-evolutionary functions

A product of co-evolution, the male foreskin has functions that facilitate vaginal intercourse. The tip of the foreskin is comprised of ridges (the “ridged band” [2]) which gather in the recess behind the coronal ridge to provide cushioning and seal lubrication inside the vagina (**Fig. 4**). The presence of estrogen receptors in the male foreskin is also documented [7].



Figure 2. Frenulum. The foreskin’s frenulum (red arrow)—a tethering structure common to the lips, tongue, and external clitoris—is removed by circumcision.

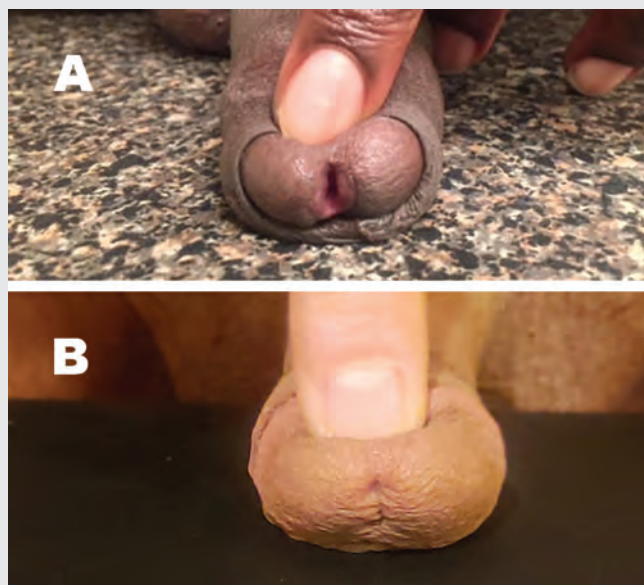
To date, the functional nature of the foreskin has been absent from VMMC discourse. This critical omission raises questions as to the validity of the informed consent process, as well as the post-surgical experiences of African men. The latter were explored in the VMMC Experience Project’s investigation in rural Uganda and Kenya, and are presented in the present Section.

Box A. Meatal stenosis

Meatal stenosis, or narrowing of the urethra, is a permanent condition resulting from exposure of the infant circumcision wound to acidic urine in diapers. Meatal stenosis affects up to 20% of neonatally circumcised males, and may require corrective surgery in severe cases [10]. The risk of meatal stenosis remains unaddressed in the infant circumcision policy documentation.

Figure 3. Meatal stenosis.

A. A meatus with normal urethral dilation.
B. A meatus with stenosis from an early infant male circumcision in San Antonio, Texas.



Box B. Phimosis and iatrogenic injury

Phimosis, or inability to retract the foreskin from the glans, is frequent cause for a medically prescribed circumcision. Prevention of phimosis is the first benefit to male infant circumcision that is listed in the Clinical Manual on Early Infant Male Circumcision (EIMC) that was developed for the Kenyan Ministry of Health by WHO, UNAIDS, and Jhpiego [11].^{1,2}

Phimosis is also a frequent misdiagnosis, as the foreskin is normally adhered to the glans and unretractable throughout childhood and early adolescence. The only large-cohort study (n=4,000) into foreskin retractability in a traditionally non-circumcising setting placed the mean age of retractability at 10.4 years [6]. This clinical finding is contrary to the American Academy of Pediatrics' 2012 technical report on circumcision, which erroneously states that "[m]ost adhesions present at birth spontaneously resolve by age 2 to 4 months" [12], and to much of the WHO/UNAIDS and UNICEF documentation supporting EIMC.

Misconceptions regarding normal foreskin development and functioning may result in unnecessary circumcisions and premature "forced" retraction. The WHO/UNAIDS Clinical Manual on EIMC describes phimosis as a "condition [which] results from scar tissue that makes a tight opening in the foreskin" [11]; however, scar tissue would only occur in the infant foreskin if forced retraction injury had occurred.

Improved awareness of foreskin development and functioning is urgently needed at all levels of circumcision policymaking and implementation to mitigate sexual harm to children.

¹Jhpiego is a reproductive health subsidiary of Johns Hopkins University (Maryland, US) that produces much of the research supporting VMMC and EIMC policy.

²The WHO/UNAIDS Clinical Manual on EIMC highlights ten controversial health benefits to routine infant circumcision in SSA as adopted by UNICEF thereafter in 2016, including the prevention of HIV and both viral and bacterial STIs affecting women. Other EIMC purposes highlighted in the document include the prevention of inflammation as a possible reaction to dirt or sand underneath the foreskin, reducing the need for proper hygiene, and lowering the risks of already rare conditions—male urinary tract infections (1% incidence in uncircumcised infants), penile cancer (0.00001% overall incidence), and paraphimosis (described as "a very rare condition")—even further [11]. In turn, UNICEF highlights the prevention of rare male urinary tract infections as one of the primary reasons for its mass infant circumcision initiatives in SSA [13]. Urinary tract infections are treatable with antibiotics, preventable through breastfeeding, and up to eight times more likely among girls than uncircumcised boys [14].

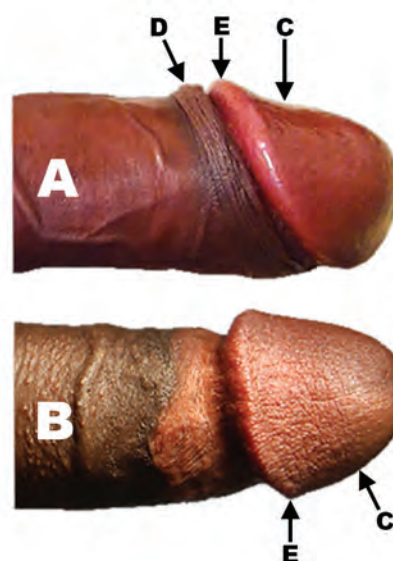


Figure 4. Co-evolutionary functions of the foreskin. The foreskin prevents vaginal friction and abrasion.

A. The uncircumcised penis. The glans (C) is well lubricated. The ridged band of the foreskin (D) gathers in the recess behind the coronal ridge (E) to prevent lubrication loss and vaginal abrasion on outward motion.

B. The circumcised penis. The exposed glans (C) has dried out and keratinised. The coronal ridge (E) lacks vaginally protective cushioning, and may scrape the vaginal walls on outward motion. Vaginal abrasions are a vector for HIV transmission to women.

VMMC Experiences

The VMMC Experience Project is concerned that the VMMC literature pointing to male circumcision as a sexually harmless or “enhancing” procedure has been conducted and promulgated by a small constellation of circumcision-promoting researchers and patent owners (see [8]).

Externally conducted studies have revealed a much broader spectrum of sexual experiences following circumcision, including circumcisions conducted under the VMMC campaign where experiences of diminished sexual pleasure abound [9].

In rural Uganda and Kenya, the VMMC Experience Project gave men a rare platform to speak about sexual changes following circumcision for HIV prevention. As expected, short-term responses varied due to the novelty of being newly circumcised. Long-term responses were consistently negative.

Seven respondents, ranging in age from 18 to 29 years, were asked whether they preferred the sexual experience before or after undergoing circumcision in a medical setting. All seven responses are provided below:

Patrick Ocol, age 29: “The one before.”

“Patrick,” late 20s: “When I am not circumcised.”

Humble Patrick, age 23: “Not circumcised.”

Alan Kiria, age 20: “There is a change because my libido [also translatable as ‘enjoyment’] was reduced.”

Pian Gratib, age 18: “When I’m not circumcised I can perform better, because when you are circumcised you take long to ejaculate.”*

Kwere Kejunas, age 18: “Of course there is no ... difference between this one who is circumcised and the other one who is not circumcised.” (This subject had been circumcised within two months of interview, and admitted that his wound was not fully healed.)

Ivan Masaka, age 19, had limited English comprehension, but answered “yes” when asked if he had been performing better before participating in VMMC. When asked if he performs better after VMMC: “No! It is just going badly.”

Other respondents discussed changes in sexual functioning unprompted. A young man who had evaded a school circumcision drive delivered a second-hand report of diminished sexual performance following VMMC. Dan Nanamasiti, age 21:

[M]y cousin’s brother ... told me that it does not work like the normal way it used to work, because sometime back, when he goes to that thing [sex] he was very active, but now these days he’s very slow. He does not perform like the same way he used to perform. ... [VMMC] has reduced everything.

An older participant reported sensitivity loss and regret following circumcision for HIV prevention. Peter Minani Salala, age 58:

Unfortunately I am circumcised, and I was circumcised at the onset of VMMC, about four or five years now. ... To my dismay, it [sexual enjoyment] has ever gone down, and I began complaining that possibly I was better before I went to that place. ... The occasion where I shared with my in-laws [one asked], ‘Hey, you went there, how did you feel afterwards, because people who were there complain that libido goes down [after circumcision],’ and I did tell her my practical experience. So I am supporting the idea that for most people it doesn’t go up, it goes down.

Morris Malala, mid 40s, was circumcised in a traditional setting, but also reported sensitivity loss: “The circumciser ... cut veins [nerves] that have affected my performance up to today.”

Samson Dambroka, age 29, was also circumcised in a traditional setting, but cited sexual diminishment in his opposition to the mass circumcision campaign: “I see no reason to cut it, and cutting it reduces sexual enjoyment.”

Mattias Malongo Okoche, a Luo elder who was a victim of a forced circumcision, added: “Those who like circumcision have supporters. There are also those who have been affected by circumcision and as a result do not support it.”

In regard to marital affairs: “We found the aftermath of the circumcision to be very difficult.”

Apollo Otieno, age 19, divulged sexual complications from the mass circumcision campaign in Siaya, Kenya that are consistent with excessive skin removal:

*Delayed ejaculation—an outcome of sensitivity loss—is sometimes construed as a positive effect of male circumcision.

[VMMC] is also coming up with some disorders. I can just say that when somebody was having a straight penis, you find that after circumcision it bends. They sealed it [by suturing], and the guy really feels painful when erect.

Paulo Otieno, early 40s, also alluded to erectile pain following VMMC: “My friends lied to me. They told me [after circumcision] you will not feel any pain and the girl will feel very nice.”

Paul Bahaya, age 19, reported scarring and painful sex after VMMC, adding: “It’s when I recognised these people [VMMC mobilisers] lied to us.”

Sexual complications were less apparent among women respondents, possibly due to a lack of familiarity with the lubricating and co-evolutionary functions of the foreskin

(**Fig. 4**). However, one woman reported vaginal bruising and related health concerns following her husband’s circumcision for HIV prevention. Loko Sateti, age 58:

They say if you have any bruise on the penis or vagina, that is how you get HIV. But if that thing is tough [keratinised] it cannot enter properly without any fluid.

This respondent also reported symptoms of excessive skin removal from her husband’s circumcision, adding: “Up to now, it is difficult for sex.”

Reports of diminished sexual functioning following VMMC were widespread in the investigation, particularly among men. Bolstering the informed consent process with information on foreskin functionality, and restricting VMMCs to consenting adults, could mitigate psychosexual complications.

Box C. Sexual complications from VMMC in Swaziland

A qualitative study in Swaziland uncovered first- and secondhand testimonies of sexual harm following circumcision for HIV prevention. From Adams & Moyer [9]:

Man, age 26:

[M]y two friends who got circumcised complain about it, they say [sex] is never like before; it has never been the same. They never report the end result; they just talk about reduced chances of getting HIV and other STIs.

Man, age 31:

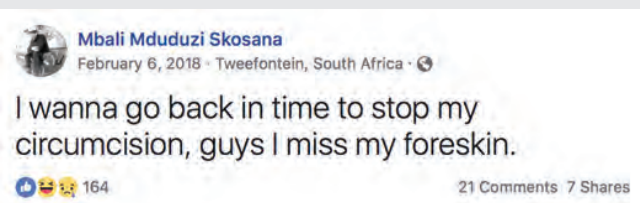
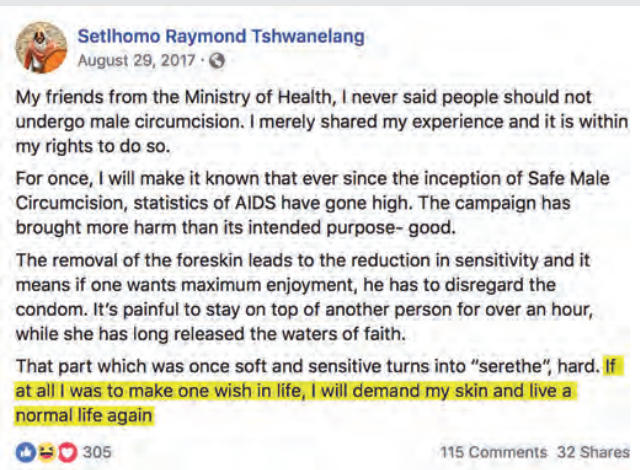
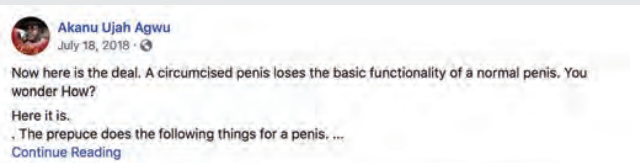
A friend of mine lied to me and he said after getting circumcised I would enjoy sex better. Also, the [VM]MC Ambassador was telling us that you would enjoy sex better after circumcision. But now it is almost like rubber and there is no longer that feeling when entering the female.

Man, age 30: “If you are circumcised there will be reduced sensitivity and then you will be forced not to use a condom.”*

*Keratinisation following male circumcision creates a barrier of calloused skin over the exposed glans (**Fig. 4**). Thicker skin may require thinner condoms: The Bill and Melinda Gates Foundation, one of the primary drivers of the mass circumcision campaign, has offered up to \$1 million in support to any researcher who develops an ultra-thin condom that “significantly preserves or improves sexual pleasure, in order to improve uptake and regular use” [15].

Box D. Social media

In lieu of pertinent information within the circumcision campaigns, African men and women are using social media to share education on foreskin functions, adverse sexual complications, and personal regret following participation in the VMMC campaign. Limited examples below:



For more social media testimonies of sexual harm attributed to the VMMC campaign, see **Appendix F**.



Box E. Foreskin restoration

A man in Kenya reaches out to an American foreskin restoration group to reverse sexual damage from VMMC, citing a lack of informed consent: The erectile coverage function of the foreskin (**Fig. 1**) was not disclosed to him prior to surgery.

From: [REDACTED]
To: [REDACTED]
Sent: 7/3/2014 7:24:23 A.M. Pacific Daylight Time
Subj: Foreskin Restoration

Dear Sir,

I'm a Kenyan aged 34 years and I stay in Kenya. I was looking for help on the internet after I underwent circumcision at a National Referral Hospital here in Kenya in May 2014. I had gone to the hospital to inquire about circumcision. The same day I was convinced by the medical officer who was in charge after he outlined for me the medical benefits of circumcision & I underwent the procedure. I now deeply regret about undergoing this procedure because it seems they might have removed too much of my foreskin and even the length of my erect Penis has reduced significantly. I came to learn later that the type of my Penis could have been a contra – indication for circumcision. My shaft is the type that shrinks to become very small & only grows to the normal size when erect. It seems the medical staff that performed the circumcision on me did not even have enough experience because they could have advised me not to undergo the procedure.

I have not had sex with my wife after the sixth week of the healing process because I still feel that the wound has not healed completely. The skin of the shaft also looks overstretched on erection and the shaft also has hair and this also worries me a lot.

Please advise me on what to do because I'm depressed & I feel I'm a victim of botched circumcision. Can I get help from your organization even though I'm a Kenyan & your organization has not been established here in Kenya.

I'm looking forward to hearing from you soon.

Thank you in advance

Kind Regards,

Boniface



Figure 5. Sexualising circumcision. US government-funded advertisements present male circumcision as a sexual enhancement surgery.

A. Stand Proud. Uganda's "Stand Proud, Get Circumcised" campaign by the Ministry of Health depicted foreskin as sexually repulsive to a range of women.

B. ZING. South Africa's "ZING" campaign by JHU's Centre for Communication Impact marketed male circumcision to women as a sexual "upgrade."



Sexualising circumcision

Fears of diminished sexual pleasure following circumcision, identified in one qualitative study as "[o]ne of the biggest barriers to [VM]MC uptake" [9], are met with contrary campaign advertisements. Unique among campaigns aimed at reducing sexually transmitted infections, male circumcision programmes have marketed the intervention to men and women as a sexual enhancement surgery (Fig. 5). In light of the adverse sexual complications explored in the present Section, such misleading advertisements compound existing issues around informed consent.

Sexually themed circumcision messaging as an HIV transmission accelerator are explored in Section III.

Conclusion and Recommendations

The foreskin has a minimum of six major functions that are omitted from VMMC and EIMC policy documentation. In the interest of informed consent, the VMMC Experience Project holds that practitioners must inform prospective participants what is lost as much as they highlight what is potentially gained from the foreskin's removal.

Although there is no singular African viewpoint on medical male circumcision, the VMMC Experience Project has uncovered a significant subset of men who report sexual complications—sensitivity loss, scarring, and erectile pain—and regret following participation in the campaign, and surrounding allegations of a lack of informed consent. In light of the sexual functions of the foreskin, the personal nature of the intervention, and the variable nature of participants' satisfaction with being circumcised, VMMCs should be restricted to consenting adults.

Male circumcision should not be marketed to men or women as a sexual enhancement surgery. To the contrary, further research is needed to assess the range of post-operative experiences, particularly adverse sexual complications, that are frequently reported from male circumcision programmes involving sexually active men.

Pressuring vulnerable communities to circumcise without informing them of foreskin functions, possible sexual complications, and the controversy at large raises ethical concerns related to race and poverty law.

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Respondents

The following respondents provided testimonies for the present Section.
Their complete interviews are available at www.vmmcproject.org.



Patrick Ocol
Age: 29
Tribe: Iteso
District: Soroti



"Patrick"
Age: Unknown
Tribe: Iteso
District: Soroti



Humble Patrick
Age: 23
Tribe: Bagwere/Mixed
District: Pallisa



Alan Kiria
Age: 20
Tribe: Bagwere
District: Pallisa



Pian Gratib
Age: 18
Tribe: Bagwere
District: Pallisa



Kwere Kejunas
Age: 18
Tribe: Bagwere
District: Pallisa



Ivan Masaka
Age: 19
Tribe: Bagwere
District: Busia



Dan Nanamasiti
Age: 21
Tribe: Iteso
District: Soroti



Peter Minani Salala
Age: 58
Tribe: Luo
County: Siaya



Morris Malala
Age: Unknown
Tribe: Unknown
County: Kakamega



Samson Dambroka
Age: 29
Tribe: Samia
District: Busia



Mattias Malongo Okoche
Age: Unknown
Tribe: Luo
County: Kakamega



Apollo Otieno
Age: 19
Tribe: Luo
County: Siaya



Paolo Otieno
Age: Unknown
Tribe: Unknown
District: Namayingo



Paul Bahaya
Age: 19
Tribe: Bagwere
District: Pallisa



Loko Sateti
Age: 58
Tribe: Bagwere
District: Budaka

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III. Behavioural and HIV impact

African opposition to mass circumcision as an HIV accelerator

Background

Mass male circumcision is implemented for HIV prevention in priority countries on the basis of three clinical trials finding 50–60% reduced HIV transmission to men from the intervention [1-3]. Associated controversies, including critical interpretations of the trials themselves and newer contrary developments, were discussed previously (see **Background**).

With respect to the present controversy around male circumcision for HIV prevention, this Section is to address the behavioural and HIV impact of circumcision programmes as reported in the VMMC Experience Project's investigation within VMMC-affected communities.

A surgical “vaccine”?

In the introduction to the first (2005) female-to-male HIV transmission trial in South Africa, Auvert et al. concluded that the 60% relative risk reduction conferred to men by circumcision was “equivalent to what a vaccine of high efficacy would have achieved” [1].

A 2008 commentary added that male circumcision is “at least as good as the HIV vaccine we have been waiting for, praying for and hoping to see in our lifetimes” [4].

In a 2014 news article highlighting higher HIV prevalence among circumcised than uncircumcised men following VMMC roll-out in Zimbabwe, proponents continued to defend mass circumcision efforts on the basis of exaggerated claims. Botswanan paediatric HIV expert Gabriel Anabwani—who serves on technical expert panels for the WHO and UNICEF—was quoted:

All the three research projects showed that male circumcision on its own is more effective than most vaccines. Even if a vaccine for HIV was found today it won't be as effective as male circumcision. [5]

In turn, critics have expressed concerns over “circumcision euphoria” [6] and exaggerated claims. One early critical editorial asked: “How can the actual findings be separated from the global chatter that is happening and avoid significant distortions and claims being made?” [7]. *PLoS Medicine* editors went further in cautioning against a mass circumcision campaign on the basis of the “increased risk taking that may result from expectations of protection following circumcision” [8]. Another commentary proposed that “[o]ffering less effective alternatives can only lead to higher rates of infection” [9]; while others suggested that VMMC “will not complement condom use, as proponents hope, but, in reality, it will compete with condom use” [10].

One critical commentary likened the partially protective intervention to suboptimal “folk methods” of birth control (i.e. the rhythm method among religious groups), and asked: “Is there a rationale for promoting the idea of circumcision when better choices are available?” [11]

Highlighting encouraging condom use trends from a recent survey in Cape Town, South Africa, another critical commentary expressed concerns over risk compensation:

It is difficult to imagine a convincing public health message that effectively influences men to undergo circumcision and continue to consistently use condoms. [12]

Other analyses, including early modeling studies by VMMC proponents, predicted that the 50–60% protective effect of male circumcision would be sufficient to overshadow the possibility of increased HIV incidence from risky sexual behaviour that could result from a mass circumcision campaign [13–15].

Similar to the body of research showing a lack of adverse sexual consequences from VMMC (contrary participant experiences in **Section II**), study findings into increased risky behaviour following circumcision are widely varied and frequently at odds with what is reported on the ground. Studies into post-circumcision risk compensation are explored in **Box A**.

Local suspicions

In a 2015 investigative article published in the German magazine GEO, a Zambian former Ministry of Health worker recalled not only becoming infected with HIV following participation in VMMC, but discovering how common the problem really is: “‘Thousands share my fate,’ he learned [in an HIV support group]. ‘The circumcision campaign is a deadly deception’” [16].

African news headlines have also presented a more complex view of VMMC’s real-world effects on HIV transmission: “Push for male circumcision in Nyanza fails to reduce infections”; “Circumcision Does Not Prevent HIV/AIDS, Migori Youth Warned”; “Circumcision Promoting Risky Behaviour – Report”; “Circumcised Men Abandoning Condoms”; “Is Voluntary Male Medical Circumcision De-Campaigning Condom Use?”; “Zomba HIV Prevalence Rate at 15 Percent Despite Intensive [VMMC] Campaigns”; “Malawian circumcised men most likely to be infected by HIV, research shows”; “Circumcision disaster: Malawi HIV infection rate doubles”; “Medical male circumcision: is the HIV prevention claim wrong?”; “The benefits of circumcision are exaggerated, we should end it”; and “Malawians blasts [sic] the US: ‘We don’t need aid for circumcision’”; among other local news headlines included in **Appendix D**.

Box A. Risk compensation studies

Risk compensation, or increased risky sexual behaviour resulting from expectations of HIV protection, is a frequently cited concern from the campaign. As one HIV-positive man who had been circumcised explained to the VMMC Experience Project: “People are being told this is a preventive measure. Why use a condom if you are already prevented?” [25]. However, study findings on risk compensation are inconsistent.

Evidence reported from the female-to-male trials found no risk compensation effect of male circumcision for HIV prevention over the trial periods [1–3,26,27]. However, participants received intensive behavioural counseling about risky sexual behaviours throughout the trials, and the protective effect of male circumcision—the impetus for risk compensation—had not yet been established.

A 2012 acceptability study conducted prior to scaling up VMMC in Kisumu, Kenya found that 19% of (uncircumcised) men and 26% of women reported that condom use is less necessary now that circumcision is available, with similar proportions endorsing perceptions of HIV as a less serious or worrisome threat due to VMMC availability [28].

Studies by VMMC advocate authors and stakeholders, including those on the original female-to-male trials, have consistently found a lack of evidence for risk compensation following local VMMC initiatives [29–36]. Following the release of the VMMC Experience Project’s investigation documenting risk compensation on World AIDS Day (1 December) 2016 and attempted media dissemination throughout 2017, VMMC advocate researchers published two new studies showing no association between male circumcision and risk compensation [35,36].*

*The Male Circumcision Consortium (MCC) has conducted its own studies finding no evidence of risk compensation or associated beliefs. MCC research briefs are available at FHI 360’s website at www.fhi360.

Box A. Risk compensation studies, Cont'd

Externally conducted studies into post-circumcision risk compensation are inconsistent. The following list comprises all previously uncited studies that emerged using the search terms “circumcision” and “risk compensation” on PubMed (accessed 6 February 2019) :

- A data analysis of the 2004 and 2011 Uganda AIDS Indicator Surveys found risky sex factors to be significantly higher among circumcised than uncircumcised men in both surveys. However, self-reported condom use among circumcised men dropped from 54.4% in 2004 to 41.6% in 2011, which was attributed to the local introduction of VMMC messaging in 2007 [37].
- A study among 981 young school-going men over a one-year period found that risk compensation was not associated with the decision to undergo VMMC. However, at the end of the study, only 39% of young men in both cohorts reported using condoms consistently in the previous month [38].
- Analysis of data from the Cape Area Panel Study (CAPS) found diminished or abandoned condom use after male circumcision to be prevalent in women but not men [39].
- A study using cross-sectional data from the Botswana AIDS Impact Survey III found that male circumcision did not impede condom use in men [40].
- A study among women throughout Zambia (n=934) found that misconceptions associated with risk compensation were significant, and only increased with subsequent sensitisation exercises. In Round 1, 30% of women falsely believed that HIV is fully protective to men against HIV infection, and 50% falsely believed that male circumcision confers HIV protection to women; in Round 2, 41% believed that HIV is fully protective to men against HIV infection, and 70% believed that male circumcision confers HIV protection to women. Women also greatly overestimated the protective effect of male circumcision against other STIs [18].
- A large-cohort cross-sectional study (n = 7,464) among young men and women in representative cluster samples in Botswana, Namibia, and Swaziland found beliefs consistent with risk compensation to be considerable, with significant variance between countries. 9–15% of respondents believed a circumcised man is fully protected against HIV; 14–26% believed an HIV-positive man cannot transmit the virus to a woman if he is circumcised; and 9–34% believed it was “okay for a circumcised man to expect sex without a condom.” Incidentally, the study also found that circumcised men were as likely as uncircumcised men to test HIV-positive after controlling for other variables [41].
- A survey of 279 women receiving health services in an impoverished township in Cape Town found that awareness of male circumcision for HIV reduction was associated with false beliefs of a reduced need for men to worry about HIV, a reduced need for men to use condoms, and reduced HIV transmission to women from circumcised men [42].
- Six small in-depth qualitative studies among men were conducted in Uganda, Kenya, South Africa, and Swaziland. Half of the studies found significant direct evidence of risk compensation associated with VMMC [43–45]; while one study found evidence in a minority of participants, typically during a brief period of sexual experimentation shortly after circumcision [46]; another found *indirect* evidence (i.e. widespread beliefs that “others” engage in risky sex after circumcision) [47]; and one study did not find any reported evidence of risk compensation [48].
- A small in-depth qualitative study (n=32) among wives of VMMC participants in Iringa, Tanzania found that early resumption of sexual activity after circumcision (i.e. increasing HIV risk from bloodborne exposure) was common and a minority of women reported emotional abuse or risk compensation following their husbands’ circumcisions [49].
- A small randomised trial (n=150) among men in South Africa found that a brief HIV counseling session at the time of circumcision sustained self-reported safe sex practices for three months [50].
- A survey of 304 traditionally (non-medically) circumcised men in Cape Town found strong evidence of risk compensation related to VMMC messaging [51].

The wide variation in results on post-circumcision risk compensation may be due to the limitations of self-reported evidence. Self-reported data are likely to be confounded by socioeconomic barriers, and by perceived pressure to conform to researcher expectations. Financial motives to sustain VMMC programming present an additional confounding factor, particularly in low-income areas. The VMMC Experience Project is committed to authentic representation of African men and women affected by VMMC.



Figure 1. Parliamentary involvement. Ugandan Parliament member Namulanda Oundo encouraged VMMC-affected communities to speak out at a VMMC Experience Project rally in Namayingo District, 10 January 2019.

African viewpoints on social media are mixed (**Box B; Appendix F**). Suspicions of increased HIV incidence from VMMC appear to be more prevalent in Uganda, where political opposition is growing, than in Kenya, a circumcision-normative country where Luos face both high HIV prevalence and long-standing sociopolitical pressure to accept the practice.

Ugandan political opposition

The scope of the risk compensation problem is beginning to reach Ugandan politicians. In launching the Presidential Fast-Track Initiative to end HIV/AIDS in Uganda by 2030 in October 2018, President Yoweri Museveni pointed to the circumcision campaign as a dangerous distraction from proven HIV preventive measures:

I have always heard people and partners saying that when you are circumcised you don't contract the virus. ... That's nonsense. ... I think the message should [be to] avoid sex which is not protected.

Resisting political and economic pressure to support a continuation of the multi-billion dollar effort, the President went on to allege that VMMC had actually reversed progress from Uganda's famously successful ABC ("Abstain, Be faithful, use a Condom") campaign:

Before we started [ABC], [Uganda's] HIV prevalence was at 18%. Then it dropped to 6%. But when they started this talk of circumcision it confused the masses. Then it went up to 7.3% [a 22% relative increase]. There is much laxity among members of the public and that's why we need to fast-track the awareness. [17]

Reactions to President Museveni's statement on social media are included in **Appendix F**.

Attending a VMMC Experience Project rally from Parliament in January 2019, Namulanda Oundo encouraged affected communities to make their voices heard (**Fig. 1**).

Damage control

Strategies to control hyperbolic claims surrounding the protective effect of male circumcision are proposed in research but not in practice.

Finding alarmingly high incidence of misconceptions surrounding circumcision for HIV prevention among women in 2016—with false beliefs of male-to-female HIV prevention increasing from 50% to 70% with subsequent VMMC sensitisation exercises—Population Council researchers concluded that VMMC messaging “should address women's informational needs,” emphasising that condom use remains critical for women regardless of their partners' circumcision status [18].

Finding higher HIV prevalence among medically circumcised than uncircumcised older men in the HAALSI cohort in South Africa in 2018, Harvard researchers concluded:

The impression given from circumcision policy and dissemination of prior trial findings that those who are circumcised are safer sex partners may be incorrect ... and needs to be countered by interventions, such as educational campaigns. [19]

An analysis of the 2013–2014 Zambia DHS data by native Zambian researchers concluded with a heated 1,100-word discussion purporting risk compensation as a well-documented inevitability of circumcision for HIV prevention that is not always apparent from raw data:

While there is no strong evidence from the ZDHS 2013-2014 data on circumcision and risky sex, adjusting this relationship by socio- and [sic] demographic characteristics shows there is. ... [R]esults in this paper are not encouraging for any advocate or supporter of circumcision and the strong, well-intended messages around it. ... [M]essages in communities seem to [have reached] the extent of making VMMC a “risky factor” by itself ... Clearly, circumcision does have negative effects on risky sexual behaviour.

With respect to damage control, the authors proposed:

Proponents of VMMC [should] up their messages to ensure complete adherence to safe sexual [sic] messages, behaviour and practice if transmission of HIV and other STIs is to be halted and reversed. [20]

The present Section presents VMMC-affected men and women in their own words.

VMMC Experiences

In light of the present controversy surrounding reported behavioural consequences of circumcision for HIV prevention, the VMMC Experience Project's February 2016 investigation in rural Uganda and Kenya sought to assess the view on the ground from affected individuals.

Overwhelmingly, respondents in the investigation reported risk compensation from VMMC at the personal and community levels, including diminished safe sex practices and increased sexual violence against women following circumcision for HIV prevention. Within all communities included in the investigation, risk compensation factors were reported to be increasing HIV transmission locally.

Unsafe sex

Reported risk compensation factors following male circumcision for HIV prevention included decreased condom use and increased number of sexual partners.

Due to space limitations, the following testimonies prioritise first- and secondhand reports of HIV infections attributed to risk compensation following participation in VMMC. More testimonies, which include self-reported risk compensation factors and more general concerns of increased HIV transmission from VMMC, are available at www.vmmcproject.org.

Agnes Namkendi, age 28:

Where I'm working, [VMMC mobilisers] came to our school, they convinced all boys, they went. Then they started messing up, knowing that they will not be affected [by HIV]. By the end of the term, we got some three [who] were HIV-positive after circumcision.

Alfos Walega, early 30s:

Before I was circumcised I tested negative for HIV. But they said if I circumcise it will reduce my chances of getting HIV. Then they circumcised me. But after that I came to contract HIV. ... For me it didn't fulfill what I expected. ... Once you are circumcised you are drawn to sleeping with a woman without a condom. You see what I'm saying? So this circumcision thing, I see it like it's increasing HIV.

"Samson," mid 30s:

Personally I've been using sex workers a long time and I'm circumcised. But along the way I stopped using condoms because I thought being circumcised would protect me from HIV. I later tested and was found HIV-positive. ... The funds [for VMMC] come under the assumption that circumcision will reduce HIV but instead HIV is on the rise.

Ralilich Mutasi, age 18:

[We] heard information from radios, also from TVs, that circumcision can decrease the chances of getting HIV. ... I go open [unprotected] because they say that when you are like that [circumcised] you don't get infected. After the first time I went for a test, they told my girlfriend she's infected now. ... They told me that I'm not, but I'm going back in March, next month, to go and see the final count.

Daniel Moita, age 21, admitted engaging in frequent unprotected sex following circumcision for HIV prevention. He recalled the following experience as a "complication" from his circumcision:

I remember one day I went for sex with my girlfriend. After that, I saw something like pimples on my penis. And then I was tested that I have gonorrhea. ... I have never gone for HIV testing and I'm even scared to go. ... Some of my friends have also been circumcised and have gone for HIV testing and they were positive. So I also fear.

This respondent refused the investigators' attempts to take him to HIV testing.

Vincente Endegna, late 40s:

I got circumcised so I wouldn't get AIDS. Before that I had no disease at all. I was told that if I get circumcised I would be safe from the disease. But now I have it. ... The information I got is that if you have sex with a woman after circumcision you won't get HIV.

His voice cracked as he added: "I am now saying circumcision must stop!"

Paolo Otieno, mid 40s:

My friends lied to me. They told me when you have sex with a girl [after circumcision] you will not feel any pain and she will feel very nice. Even if she meets other men

she will always praise you to have given the best sex. It's after that lie that I decided to get circumcised. And also my friends told me with circumcision you will not get HIV. It's been a year since I got circumcised. Recently I went to get tested and I have HIV. Now I don't know why they brought this circumcision programme. ... As I had been circumcised, when I tested HIV-positive I was shocked. You can even see how I've lost weight, because in my heart I know I have HIV. ... It should be banned following my experience.

When asked about other cases of HIV infections following participation in the VMMC campaign, this respondent stated: "Very many! Just the other week there was a guy [VMMC participant] who died of AIDS, leaving behind a wife and two children."

"Patrick," late 20s, reported that he began using condoms after circumcision following advice from colleagues who learned the hard way:

We got some advice from other people that circumcision does not control HIV spread. ... Most of the people now go for sex knowing that when you are circumcised you don't get HIV, so it has caused very many to be affected. ... Others who got advice, they are now using condoms. Then others who are ignorant about it, they stopped using condoms [after circumcision] and they are the ones dying now.

Pian Gratib, age 18, also began using condoms after witnessing the shortcomings of male circumcision for HIV prevention:

My friend experienced that HIV/AIDS. ... He was circumcised, but at first when he was not circumcised he was safe. But when the time came for testing, they told him that when you are circumcised you do not get HIV/AIDS. But this time [after circumcision] he's sick.

When asked whether he had received education on HIV transmission and prevention, this respondent stated that he had not, and that he would be interested in such an education: "I'm interested because I love my life."

To Kwere Kejunas, age 18, the investigation itself became a means of HIV education. As this respondent initially stated:

Just after circumcision with my colleagues, we were all most greatly excited with getting surgery. Because we the youth, when we have a little discussion with our friends, we were told that when you're circumcised and when you meet your girlfriend, you will physically fit with her. And of course we took that chance of seeing before we get healed, maybe let's have a sample and we'll see how it works for us.

Weldon Kwach, an investigator working with the VMMC Experience Project, took the opportunity to explain bloodborne HIV transmission to this respondent during his interview, particularly the high risk of viral transmission through the circumcision wound. The respondent's reception to this education was reflected in his final statement:

Me, I would feel that if there is any chance of really helping my community—because right now people are getting infected at a high rate of getting HIV—it would have been better that the government and other organisations ... set up some organisation at least to our villages and really educate people about HIV.

John Bosco Beressa, late 20s, expressed similar views:

I think rather than supporting male circumcision, the funders—if they are faithful enough—I think what they would do is ... invest to bring in more condoms [and] employ more personnels [sic] to go and educate the communities about the misconception that male circumcision prevents HIV. ... People misquote this information that circumcision prevents HIV, and they end up not caring. And thus AIDS is increasing. Men are being circumcised but AIDS is not reducing. So I strongly support the people who are trying to pass out this information.

Sex workers

Female sex workers consistently reported difficulty around condom negotiation with newly circumcised clients.

Barbara Asimi, late teens/early 20s:

I encounter many challenges in this work. I may get a customer who doesn't want to use a condom, and since I need the money, I'm compelled to serve him. He may say that since he's circumcised he can't get HIV, which is not true. ... Some use condoms, others don't use condoms. One may refuse because he's circumcised and thus believes he can't be infected by the virus. ... If he was recently circumcised and has yet to heal, it becomes a problem if he wants sex. He can continue bleeding and leave his blood on your private parts. ... Circumcision should be banned.

Jamira Namatovi, age 28: "They don't want [condoms]. They say they cannot acquire HIV. ... The uncircumcised one is better for me because he usually asks for a condom."

Kati Ishana, age 22: "A circumcised client will tell you that he is HIV-free, only to learn later from your colleagues that he is indeed infected. His excuse for not using a condom is that he's circumcised."

However, this respondent stated that she prefers circumcised clients and believes that male circumcision reduces the risk of HIV infection by “a little bit.” Her preference may be confounded by financial motives:

A circumcised client will offer to pay 30,000 shillings [\$9 USD] on condition that you have unprotected sex with him, or he'll go to the competition. ... It is even more profitable since I don't have to incur the cost of buying condoms. Clients who insist on condom use usually want to pay 5,000 shillings [\$1.50 USD].

Clea Odhiambo, age 28:

Those who are circumcised go without [condoms]. ... Better for them to stop [VMMC] and bring condoms and medicines as usual. ... I wish they could ban it today because it doesn't help. ... It's finishing us like nothing! It increases [HIV] very much. ... It's just killing us more. You are lied to that if you get circumcised you won't get HIV, but we got it. Even I got HIV this way from a circumcised man. So it's useless.

When asked whether she was aware of circumcised men dying from HIV/AIDS, this respondent stated: “So, so many! There's even a burial for one tomorrow.”

Sexual violence

The VMMC Experience Project's investigation did not explore VMMC's effect on sexual violence. However, the following responses emerged incidentally.

John Bosco Berressa, late 20s: “When somebody is circumcised, there's a way you tend to go rough ... when you're [having sex].”

Edith Nakawe, age 18: “My brother at first was never jumpy, but when this programme of circumcision came he thought now he's safe. So he started becoming so jumpy, and at last he also acquired it [HIV]. And he's a rapist.”

Apollo Otieno, age 19, was asked about general complications from the VMMC campaign. He reported: “Rape cases.”

Kareem Amza, age 19: “[VMMC] is making Africans suffer because their high sexual appetite is increased and that

makes them suffer. Others even end up raping girls which will make them end up in prison.”

Patrick Ocol, age 29, appeared to confuse a question about forced circumcisions with one of forced sex: “I have an experience. You know when you are circumcised, you don't want to sleep without fucking a lady. You might even fuck more than three at a go.”

Sharon Mohammed, age 27, relayed her challenges with circumcised clients as a commercial sex worker:

[S]omeone can come when he is circumcised and force you, tell you he is going to give you a certain amount of money, do this and that, we'll do it without a condom. You understand? Which complicates things for me sometimes. Sometimes he says he doesn't have AIDS. Such are our challenges. ... [I]f that [a circumcised] person comes, he can force me. He can do sex forced because he is circumcised.

When asked if she would support a ban on VMMC, this respondent stated: “I support it with all my life and with all my blood.”

To date, the VMMC campaign has focused on a possible 50–60% reduction in female-to-male HIV transmission without quantifying its effects on women. However, the reality that women are more susceptible to HIV infection as receptive partners, and also face significant challenges around sexual violence in much of SSA, can no longer be ignored.

Male-to-female HIV transmission is more common than female-to-male transmission, making women's risk factors more impactful to the epidemic at large. The only clinical trial into VMMC's effect on male-to-female transmission found that even with optimal behavioural counseling, male circumcision increased women's risk of infection by 54%. The trial was terminated early “for futility” [21]; an even more alarming figure could have resulted if brought to full term.

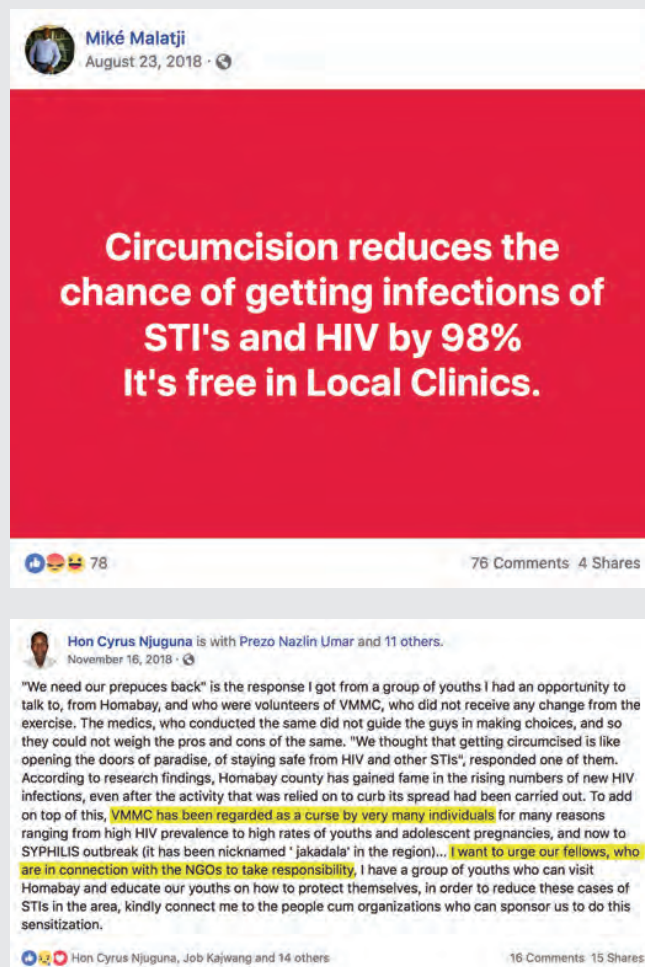
The VMMC Experience Project's investigation uncovered a spectrum of violent sexual behaviours attributed to VMMC that may further increase women's risk. Sexual violence against women deserves attention as a facet of risk compensation following male circumcision for HIV prevention.

Box B. Social media

Evidence of circumcision hyperbole and risk compensation, with attendant concerns of increased HIV transmission from VMMC, appear on social media. Limited examples below:



For more social media testimonies, including cases of HIV infections attributed to the VMMC campaign, see **Appendix F**.



Conclusion and Recommendations

The World Health Organisation recommends medical male circumcision for HIV reduction in 14 priority countries in SSA—with considerable controversy (**Background; Appendix A**). In clinical trial settings, with condom accessibility and optimal behavioural counseling, male circumcision reduced the risk of HIV transmission to men by 50–60% [1–3], but increased the risk of transmission to women partners by a minimum of 54% [21]. Sexual abstinence during the wound healing period and consistent condom use thereafter remain essential for HIV prevention.

Risky sexual behaviours following circumcision for HIV prevention make for suboptimal results on the ground. Post-circumcision risk compensation—with subsequent increased HIV incidence—has reached news headlines in most VMMC target countries (**Appendix D**), is increasingly affirmed by Ugandan politicians, and is now well documented in the VMMC Experience Project's investigation. Reported risk compensation factors following circumcision for HIV prevention include decreased condom use, increased number of sexual partners, and increased sexual violence against women resulting from a false sense of protection. The VMMC Experience Project's investigation has put names, faces, and personal testimonies to the widely reported subset of men and women whose health and lives are adversely affected by circumcision for HIV prevention.

Researcher recommendations to address risk compensation from the circumcision campaign have yet to manifest on the ground. A messaging campaign is urgently needed to diffuse the circumcision hyperbole that is putting women and men at higher risk of infection, even if such information may result in lower VMMC uptake and support. The preliminary evidence suggesting an increased HIV risk to women from male circumcision should also be explored and addressed, as this would increase the overall HIV burden in SSA.

A thorough policy review is indicated to assess the continued relevance of VMMC in the global AIDS response as confounded by adverse behavioural consequences, by newer research developments into foreskin langerin as a barrier to HIV transmission [22] (possible clinical implications at [23]; implications for immunotherapy at [24]), and by the advent of pre- and post-exposure prophylaxis (PrEP and PEP) as more efficacious alternatives. The VMMC Experience Project welcomes an ongoing dialogue on the role of male circumcision in light of improved HIV-preventive technologies.

African resistance to the VMMC campaign as an HIV accelerator is not unfounded, and affected communities deserve representation within the larger public health sphere.

Box C. Inferior condoms? Preliminary evidence from Kenya

African scepticism toward condoms for HIV prevention is well known; the possibility of inferior condoms in SSA remains unexplored. The following responses emerged incidentally in the VMMC Experience Project's investigation.

Samson Dambroka, age 29: “They should do condom testing. ... Those regular condoms at the store are no good. The friction when having sex, you hear the girl say, “Stop, it broke!” I’m surprised. How can something made by white people burst like that? You know? Those are my thoughts. The strong condoms should come.”

At the Kimilili Pastors Fellowship in rural Kenya, Dr. Kisembere stated: “HIV could be prevented by condoms on a small scale, but nowadays it doesn’t, because those who are manufacturing condoms, they are manufacturing sub-standard condoms. You put on, then it gets [a] tear.”

Pastor Eric Sifu Wamalwa added: “When I was in college, one of the lecturers, we did an experiment. We bought a new condom, then we poured water inside it. Then he said, ‘If this water will not reduce, then we know that condom is 100% [effective].’ But eventually we saw water dropping down. It was a new condom. Water dropped down.”

In a live demonstration by Kennedy Owino Odhiambo following the Berlin press conference (**Appendix A**), Lifestyle™ brand condoms purchased at a convenience store near Jomo Kenyatta International Airport (Nairobi, Kenya) produced water leakage on contact. However, a later attempted replication using Lifestyle™ condoms purchased at a trading post in rural Nyanza Province did not produce water leakage.

It remains unclear whether fluid leakage is due to inferior condom production or improper storage temperatures. Further research is urgently needed to understand the causes and scope of the problem, as well as the impacted regions.

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Respondents

The following respondents provided testimonies for the present Section.
Their complete interviews are available to view at www.vmmcproject.org.



Agnes Namkendi

Age: 28
Tribe: Bagwere
District: Pallisa



Alfos Walega

Age: Unknown
Tribe: Unknown
District: Busia



"Samson"

Age: Unknown
Tribe: Unknown
District: Busia



Ralilich Mutasi

Age: 18
Tribe: Bagwere
District: Pallisa



Daniel Moita

Age: 21
Tribe: Bagwere
District: Pallisa



Vincente Endegna

Age: Unknown
Tribe: Unknown
District: Namayingo



Paolo Otieno

Age: Unknown
Tribe: Unknown
District: Namayingo



"Patrick"

Age: Unknown
Tribe: Iteso
District: Soroti



Pian Gratib

Age: 18
Tribe: Bagwere
District: Pallisa



Kwere Kejunas

Age: 18
Tribe: Bagwere
District: Pallisa



John Bosco Beressa

Age: Unknown
Tribe: Unknown
District: Busia



Barbara Asimi

Age: Unknown
Tribe: Unknown
District: Busia



Jamira Namatovi
Age: 28
Tribe: Unknown
District: Busia



Kati Ishana
Age: 22
Tribe: Unknown
District: Busia



Clea Odhiambo
Age: 28
Tribe: Unknown
District: Busia



Edith Nakawe
Age: 18
Tribe: Bagwere
District: Pallisa



Apollo Otieno
Age: 19
Tribe: Luo
County: Siaya



Kareem Amza
Age: 19
Tribe: Unknown
District: Busia



Patrick Ocol
Age: 29
Tribe: Iteso
District: Soroti



Sharon Mohammed
Age: 27
Tribe: Unknown
District: Busia



Samson Dambroka
Age: 29
Tribe: Samia
District: Busia



Dr. Kisembre
Age: Unknown
Tribe: Luo
County: Bungoma



Eric Sifu Wamalwa
Age: Unknown
Tribe: Kikuyu
County: Bungoma

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Conclusion and Recommendations

Summary

The World Health Organisation recommends male circumcision for HIV prevention in priority African countries on the basis of clinical trials finding 50–60% reduced female-to-male transmission [1-3]—with considerable controversy (see **Background**). Since the WHO recommendation in 2007, a range of research and policy developments have occurred which challenged the basis for the intervention on scientific [4-6], clinical [7,8], epidemiological [9,10], and ethical and human rights grounds (**Section I**). With respect to nontherapeutic circumcisions performed on children, a range of medico-legal developments have occurred between 2010 and present that have made the intervention increasingly controversial on the global stage. Local opposition to genital cutting practices in Africa, too, is longstanding. Contrary research and on-the-ground observations regarding circumcision for HIV prevention, compounding for more than a decade, have yet to reach the fore.

In light of the polarising nature of the intervention, the wide variety of expert opinions, and the range of stakeholders involved, the global health community is unlikely to reach a consensus on male circumcision for HIV prevention. However, the well-documented health and human rights complications on the ground—and a burgeoning African resistance movement—can no longer be ignored.

This Report presented the mass circumcision controversy from an African point of view, providing a rare view into VMMC experiences as presented to Ugandan and Kenyan researchers without Western interference. Its findings were grouped into three categories: involuntary circumcisions (**Section I**), sexual impact (**Section II**), and behavioural and HIV impact (**Section III**) within VMMC-affected communities. Each category is summarised below, with proposed solutions.

I. Involuntary circumcisions

In targeting traditionally non-circumcising communities, the VMMC campaign has relied on coercive demand creation and recruitment strategies including government and media pressure and the deliberate targeting of boys below the legal age of consent. Quota-based incentives are reported to encourage unethical recruitment practices.

Mass circumcision programmes performed on unwilling schoolchildren, and unlawfully without parental consent, are documented, with associated human rights concerns. African cultural opposition, including conceptions of medical male circumcision as an American practice in conflict with African tribal belonging and heritage, is also documented, with associated human rights objections. Involuntary VMMC recruitment practices present significant ethical challenges that remain unaddressed.

Proposed solutions:

- Eliminating quota-based incentives for mass circumcision.
- Restricting VMMCs to consenting adults.
- Establishing consequences for circumcisions performed without lawful consent.
- The provision of an auditing council for circumcision programmes targeting vulnerable groups.
- The provision of a monitoring system for consent forms.
- The addition of a “right to refuse” clause to the informed consent process.
- Built-in resources for victims of unlawfully performed circumcisions.
- A policy of cultural sensitivity for members of traditionally non-circumcising minority groups, with alternative HIV-preventive solutions provided to these communities.

II. Sexual impact

Although there is no singular African viewpoint on medical male circumcision, the VMMC Experience Project has uncovered a significant subset of men who report sexual complications—sensitivity loss, scarring, and erectile pain—and regret following participation in the campaign, and surrounding allegations of a lack of informed consent.

Proposed solutions:

- Amending the informed consent process to include possible adverse effects:
 - Adding the functions of the foreskin (**Section II**).
 - Adding information on reported sexual changes from male circumcision as possible complications.

Both positive and negative sexual consequences should be included for participants to make an informed choice.¹

- Restricting VMMCs to consenting adults.
- Prioritising educational models for HIV reduction.

III. Behavioural and HIV impact

Post-circumcision risk compensation—with subsequent increased HIV incidence—has reached major news headlines in most VMMC target countries (**Appendix D**), is increasingly affirmed by Ugandan politicians, and is well documented in the VMMC Experience Project’s investigation. Reported risk compensation factors following circumcision for HIV prevention included decreased condom use, increased number of sexual partners, and increased sexual violence against women resulting from a false sense of HIV protection.

Proposed solutions:

- A thorough VMMC/EIMC policy review and revision.²
- Further research into condom durability in SSA (see preliminary evidence from Kenya, **Section III: Box C**).
- Differentiating between HIV prevention and risk reduction via the Three Tier System.
- Reserving VMMC services for men who choose to be circumcised, and rechanneling remaining funds into Tier 1 and 2 interventions (prevention and prophylaxis).
- A gradual phasing out of VMMC/EIMC as a primary intervention strategy, beginning with the elimination of child circumcisions and “demand creation” sensitisation.
- A re-emphasis on HIV transmission education, particularly in rural communities.

Three Tier System

Numerous biomedical developments have occurred in the decade following VMMC roll-out, creating a need to rank and organise the solutions into actionable items on the global AIDS agenda. A Three Tier System (TTS) is proposed for the following purposes:

- To categorise the growing list of HIV-preventive solutions.
- To establish a hierarchy of primary, secondary, and tertiary (supplementary) interventions.
- To clarify the uses and limitations of preventive measures.
- To mitigate semantic confusion surrounding “partial protection” and “reduced chances” that puts African health and lives at risk (**Section III**).
- To differentiate between prevention and risk reduction for at-risk communities.
- To make interventions understandable to donors and stakeholders.

An elaborated TTS is presented in **Table 1**.

Tier 1: Prevention

Tier 1 HIV solutions take the prevention of viral exposure as the top priority in the global AIDS response. Two sub-categories are proposed: barrier methods, including a continuation of ABC behavioural strategies with improved condom durability; and viral load reduction in the form of antiretroviral therapy (ART). Tier 1 solutions are responsible for the encouraging downward trend in HIV incidence that was occurring throughout eastern and southern Africa before VMMC roll-out, and should be restored as primary intervention strategies until a vaccine becomes available.

Tier 2: Prophylaxis

Tier 2 solutions include those which prevent viral transmission during or following exposure to HIV. These solutions should be available as a backup strategy to Tier 1 priority interventions, with a carefully revised policy for informed consent surrounding the limitations and possible consequences, including risk compensation, that may result from their use. Tier 2 interventions include pre- and post-exposure prophylaxis (PrEP and PEP).

¹ Positive sexual outcomes attributed to medical male circumcision include improved hygiene, cosmetic benefits, and longer duration before ejaculation. Negative outcomes include sensitivity loss, motility loss, scarring, erectile pain, loss of lubrication, and increased vaginal abrasion. See **Section II**.

² A VMMC/EIMC policy revision is proposed to include the locally documented adverse behavioural and HIV consequences of mass circumcision (**Section III**), newer research developments into foreskin langerin as a barrier to HIV-1 [4-6] (possible clinical implications at [7]), and the newer advent of pre- and post-exposure prophylaxis (PrEP and PEP) as more efficacious alternatives.

Table 1. Three Tier Solution for HIV reduction

	Means	Priority	Comprehensive?	Methods	Efficacy
Tier 1: Prevention	Prevention of viral exposure	Primary intervention	Yes	<i>Barrier</i> Durable condoms Behaviour change (ABC)	
				<i>Viral load reduction</i> Antiretroviral therapy (ART)	
Tier 2: Prophylaxis	Prevention of viral transmission	Secondary intervention	No	<i>Pre-exposure prophylaxis (PrEP)</i> Oral emtricitabine & tenofovir Oral tenofovir	75% ^[15] 62–67% ^[15,16]
				<i>Post-exposure prophylaxis (PEP)</i> Combination ART	96% ^[17]
Tier 3: Risk reduction	Supplementary measures	Available by request	No	<i>Microbicide</i> Vaginal ring (dapivirine)	27–31% ^[18,19] *
				<i>Surgical</i> Medical male circumcision	50–60% ^[1-3]
				<i>Mucosal immunity</i> >10 minute delayed washing for uncircumcised men	87% ^[7] * *

*Third trial in progress.

**Results from a clinical study [7]; randomised trials indicated.

Tier 3: Risk reduction

Tier 3 HIV solutions, including vaginal microbicides, medical male circumcision, and “wait and wash” for uncircumcised men (see **Future Research: Immune defences**, p. 76), are classified as supplementary measures for HIV prevention. Funding should be allocated for men and women who choose these services; however, they should not be viewed as primary intervention strategies.

At-risk men and women must be continually reminded through empowering messaging that HIV infection can be avoided (Tier 1) and prevented (Tier 2) through active measures, with a subsequent de-emphasis on the rhetoric of “reduced chances.” To that end, Tier 3 solutions are proposed as a lower priority category, with services to remain available by request.

Education and outreach

The VMMC Experience Project’s investigation uncovered a wave of reports of inadequate or nonexistent youth education on HIV transmission and prevention in rural Uganda and Kenya. Intensive HIV education is needed to increase uptake of all TTS interventions. A comprehensive HIV education should target school-aged adolescents on a repeated basis, and should focus on infection as actively avoidable (Tier 1) and preventable (Tier 2), with additional supplementary measures available by request (Tier 3).

Transition

VMMC and EIMC funding and human resources should be rechanneled into priority Tier alternatives to minimise impact to stakeholders, particularly in low-income areas.

Future Research

The VMMC Experience Project proposes the following as areas for future research.

Condom durability

Reports of condom non-durability and leakage emerged incidentally in the Project's investigation, particularly in rural Kenya. In his final statement with advice to donors, Samson Dambroka, age 29, implored: *"The strong condoms should come."*

Reports of inferior condoms were corroborated in a live demonstration of water leakage from condoms purchased in Nairobi by Kennedy Owino Odhiambo in Berlin (**Section III: Box C**).

Further research is urgently needed into condom manufacturing, storage temperatures, and subsequent effects on durability, as well as the scope and affected locations of the reported problem.

Immune defences

Future research should focus on immunotherapy to end HIV infection. In particular, the antiviral role of genital mucous membranes has tremendous implications for future policy as well as vaccine development.

Promising research developments into antiviral mechanisms utilising the immune system, including improved understandings of the mucosal immunity of foreskin and vaginal fluid against HIV infection, have already been reported [6]. At least two antiviral proteins produced in the foreskin—*langerin* [4,5] and *lysozyme* [11,12]—are known to be efficacious against HIV-1. The mechanism by which foreskin Langerhans cells utilise *langerin* to capture and eliminate HIV-1 in Birbeck granules is well described [4,5,13]. More recently, peripheral neurons at the genital mucous membranes, including the foreskin, were found to produce a compound which increases *langerin* expression and thereby HIV elimination through Langerhans cells [14]. Study authors described the effect as a "positive feedback mechanism" against HIV infection at the genital mucous membranes, with attendant implications for HIV immunotherapy in uncircumcised men and women.

Mucosal immune defences could translate to lower HIV incidence in uncircumcised men when post-sex bathing is delayed. In a large-cohort study into the role of hygiene

on HIV transmission to uncircumcised men, participants who waited more than 10 minutes to bathe after sex had 87% lower HIV incidence relative to the majority who bathed immediately [7]. Study authors attributed the antiviral effect of delayed washing to the acidity of vaginal fluid left on the penis; however, the more plausible role of mucosal defences (in both foreskin and vaginal fluid) warrants further study.

An improved understanding of mucins and mucous in breastmilk as beneficial to infant immunology was instrumental in shaping the WHO's policy in favor of breastfeeding. The VMMC Experience Project is hopeful that further research into the mucosal defences of the genital mucosa will similarly translate into an improved HIV-preventive policy, as well as enable vital research into immunotherapy and vaccine development.

Wait and wash

A large-cohort study (n=2,522) into the role of personal hygiene on HIV transmission among uncircumcised men found that those who waited more than 10 minutes to bathe after sex had 87% lower HIV incidence relative to the majority who bathed immediately [7].

The VMMC Experience Project calls for additional clinical studies to corroborate the efficacy of the "wait and wash" method for HIV reduction in uncircumcised men, with precise time intervals added to assess efficacy beyond the 10-minute mark.

The previously described clinical findings, coupled with new research developments into the mucosal defences of foreskin *langerin* against HIV [4-6], present compelling reasons for randomised controlled trials into the "wait and wash" method for risk reduction among uncircumcised men. However, expectations of protection from this method would be likely to introduce confounding risk compensation behaviours unless the trials can be adequately blinded (i.e. by concealing research motives). Moreover, because mucosal immune defences to HIV are only relevant to unprotected sex, it would be ethically unacceptable to conduct such trials. For these reasons, we propose further large-cohort studies into HIV incidence with respect to the hygiene habits that already exist in uncircumcised men, controlling for potentially confounding variables, in lieu of randomised trials. Should further results prove consistent, we propose "wait and wash" as the most effective Tier 3 supplementary intervention to pair with priority Tier interventions until a vaccine becomes available.

Immunisation

Vaccines are critical to provoking immune defences, and this is especially pertinent to HIV as a virus which targets the immune system. A final solution to HIV is likely to work with the immune system's defences rather than remove them.

A high mucosal immunity score at the inner foreskin and vagina is associated with HIV protection [6]. Further research into the mechanisms by which the immune system already provides limited protection against HIV infection at the mucous membranes could allow vaccine developers to boost and accelerate these mechanisms in order to provoke a robust immune response.

To that end, the VMMC Experience Project is concerned that **mass male circumcision may ultimately prove an impediment** to vaccine development and immunotherapy. In particular, circumcision for HIV prevention hinges on the removal of the foreskin's immunological cells, including Langerhans cells, to prevent infection at the point of entry. The Project is concerned that should an immune response against HIV become available, those who are missing this portion of the immune system will be at a significant disadvantage. For this reason, we propose a gradual reduction in circumcisions in favor of research and development into an immune response to HIV.

At minimum, a long-term HIV-preventive strategy must preserve the capacity for an immune response at the site of infection.

African experiences

In light of the VMMC Experience Project's work and mission, we call for support and funding into authentic locally organised research projects into VMMC experiences and complications without Western interference. Affected communities deserve attention and representation within the public health sphere.



You ready? I see it this way. If this is some war to circumcise people, stop. Because I've already seen people in the district, if you go now, many have the disease. Just yesterday I was in that district. The circumcised people there are seriously dying of HIV. Now I see they're even using this money to circumcise in the prisons for free! ... The most important thing is good quality condoms, and medicines you take orally. Then get tested for HIV. ... I can't have sex like that because God made you with a foreskin. I see no reason to cut it, and cutting it reduces sexual enjoyment. —Samson Dambroka, 29



I advise all my brothers and sisters: Don't risk to tamper. Me myself, I have already [been circumcised]. I know the problems and the goodness of that. I have circumcised because the government said that you go for circumcision for stopping HIV. But some people are dying but they are circumcised. Why is it they are dying? And I'm advising them, at least use a condom [rather] than going for circumcision. —Patrick Ocol, 29



I don't know if it was a project of eradicating [HIV] or increasing it. ... It is also coming up with some [sexual] disorders. ... Those that have not been circumcised, let them just stay like that. —Apollo Otieno, 19



To my view, that money should go to those who were circumcised. Please give it to the hospital. Help people who are wronged by this. The way the money is used now is of no benefit. —David Arapi, 38



If I could get a forum to fight it, I could fight it very hard. —Reverend Casmiel Otieno



Figure 1. Condom distribution by the VMMC Experience Project in Namayingo District, Uganda. 10 January 2019.

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Appendix A: Press Conference

*Speeches and reception from the multi-national
press conference against child circumcision campaigns*

*Bundespressekonferenz, Berlin, Germany
4 May 2017*



Christian Bahls

MOGiS e.V.

I would like to welcome you to our press conference. Today we want to take a look at the impact of the circumcision campaigns in Africa. On the podium are sitting, besides me, Christian Bahls, chairman of MOGiS e.V., a voice for those affected: Dr. Ulrich Fegeler from the professional association of pediatrics of Germany (BVKJ), as well as Ms. Max Fish from the VMMC Experience Project, Mr. Prince Hillary Maloba from Kenya, also from VMMC Experience Project. Beside him is Mr. Kennedy Owino Odhiambo, also from Kenya; he is chairman of Intact Kenya. Beside him is Dr. Jutta Reisinger; she is a general practitioner for the Aktion Regen association for development cooperation, sexual and reproductive health, family planning, and HIV prevention. She works in Africa. Our last spokesperson will be Dr. Idah Nabateregga; she is a specialist for the topic of female genital mutilation at Terre des Femmes – Human Rights for the Woman. In particular, I would like to thank our guests from Kenya and the USA for taking the time to discuss this issue.

Why does an association like MOGiS host such a podium? MOGiS is an association of people affected by interventions in sexual self-determination in childhood, in particular sexualised violence, sexual abuse, and sexual exploitation. We were founded in 2009 as a victims' association for victims of sexual abuse and were represented by two members at the round table for the reappraisal of sexual child abuse in Germany in 2010/2011, also in its subgroups. We have been working on the topic since 2010.

I was at a human rights conference in Brussels and asked myself: Why do we only talk about female genital mutilation and not about the fact that there is also tissue removed from the genitalia of boys without their will and consent? During the debate about circumcision in Germany, I invited the circumcision victims in our association to form a professional circle.

Since August 2012, the professional circle of those affected has existed in MOGiS e.V. This working group has been trying to get involved in the parliamentary debate but has not been given hearings. Invitations were even cancelled.

Because of my work with men who have been affected by violence, I had already anticipated the consequences of circumcision for boys and men. As soon as I had contact with men affected by circumcision, I could clearly see these consequences. It is very interesting: The traumatising which can result from a circumcision is now a generally accepted opinion. For example, yesterday Professor Lanzmann of the Medical Association of Jewish Physicians said:

It is certainly understandable that a religious or even a medically indicated circumcision in the preschool or school age can be perceived as traumatising.

He also says:

The affected persons must experience a full support in the management of their post-traumatic stress disorder.

This was said by Professor Rotem Lanzmann, chairman of the Medical Association of Jewish Physicians, published yesterday on RP online. A member of our association says to this topic:

Why did Germans, who already play Mozart to children in the mother's womb, allow me to be circumcised?

And this is also the question here: How can it be that we allow what happens there in Africa, even though we know so much about circumcision here in Europe? It's the same question. We, who really know a lot about children's rights and who have been leading these debates for quite some time: Why don't we protect the children?

I would particularly like to mention UNICEF in this context. Together with UNICEF, we are member of the National Coalition for the Implementation of the United Nations Children's Rights Convention. In other words, we are working together with UNICEF to ensure that children are heard and that the rights of children are preserved.

What I am showing you here is the first slide of a lecture presented by a member of UNICEF in 2014 in a working group on male circumcision. The problem is that even UNICEF, which should know best about children's rights, cuts children in Africa. UNICEF is working on a programme called EIMC: early infant male circumcision. In this programme, children are circumcised until the age of 60 days. In this respect this title page [depicting older children] is a bit misleading.

In Swaziland they are more honest. As you can see, this man who protects his child in his arm applies to [infant] circumcision. As you can see, on the right-hand side of the column, UNICEF is fully aware of the arguments against the circumcision of small children. In particular, as the last point you can see that UNICEF also knows that it could be a violation of children's rights and, above all, it violates the self-determination of the child.* They actually *know* that circumcision violates the children's self-determination rights, but they do it anyway.

So, what if we compare propaganda and reality? On the left you can see the campaign in Swaziland, on the right what it actually means. If you want to cut an infant, you either hold him down or you strap him down. What

you can see here is a so-called "circumstraint." It's from Olympic®, the market leader for such devices. You will find this easily if you search for "circumstraint" on the Internet, and that is the reality. This is the reality of what UNICEF is doing in Africa. Here, you have to stand that for only a few seconds; for the small child it takes a few minutes longer.

Therefore, the next time you buy a card from UNICEF for Christmas, you should know that you are financing such programmes in Africa. The next time you donate money to UNICEF Germany, you can be sure that 80% of what you donate in Germany goes to such international programmes, among other things also in the circumcision of small children in Africa.

*Dr. Bahls refers to a slide with a table of pros and cons for targeting newborn infants from a UNICEF document titled, "Providing Early Infant Male Circumcision within Routine Service Delivery." The final "con" states:

Child protection (in terms of idea of child being unable to consent).



Ladies and Gentlemen, I am delighted to have the opportunity to comment on this disturbing subject here. We as paediatricians are, of course, outraged, because here is something being done on a large scale which we had already rejected during the German circumcision debate.* As we all remember, we now have a legalisation of circumcision, which we still reject, because it is only the cementation of the *status quo ante*, and it does not forbid religious or ritual cutting. That means non-medically indicated circumcision of children, boys who are not able to understand and give consent. This is something that we strictly reject.

We say that if someone wants to be circumcised, he should decide for himself and voluntarily, and he must be at an age in which he can do that. So, this is not in principle a vote against circumcision, but a vote against circumcision of children who cannot resist.

I just want to briefly report on some medical conditions here to make it clear what this is all about. This massive action in Africa, which covers between 25 and 35 million men, is essentially based on three studies that are scientifically as holey as a Swiss cheese. But nowadays they are sold as an iron truth, a certainty that is beyond all doubt.

If you take a look into the literature, you will quickly find critical authors, especially a very famous researcher from Michigan University in the United States who works there in South Africa. He has taken these studies apart and analysed them in detail, so I'm only showing some highlights now.

A major problem with these studies was the selection of subjects. In principle, it is a high-risk group that has been selected. That all happens for money. And money, of course, is taken by the people who need it most, and those who have been circumcised for these studies came from this group. These have often been men who were not living in partnerships, who were alone and who had risky sexual behaviour. This means that the average of the population is likely to have a very different prevalence, which is also seen in other studies from other countries.

There was a study in 19 African countries. This study found out that in half of these countries, the prevalence—that means the question of who has HIV and who has not—does not make a difference between circumcised and uncircumcised men. This also corresponds to other investigations that exist worldwide. We do not find a difference between circumcised and uncircumcised at all. Think about the United States, where we have the highest rate of circumcised men, especially the African Americans. Here we also have the highest HIV [prevalence]. To simply claim that circumcision would protect from HIV is a very, very brave and adventurous statement to our ears.

There was a programme developed, which now leads to the circumcision of 35 million men, with immense moral pressure. In the meantime, this position has been incorporated into many health policy dogmas of these countries, it is applied with enormous effort. Television stars and local celebrities say that men are not worth being men if they are not circumcised. So, you can imagine the pressure these people are withstanding.

And now the big question is: What for?

Bertrand Auvert, the father of these studies, has calculated that the risk is reduced by 60%. Not by 100%, but by 60%. At the same time, however, circumcision was sold as being the same as a vaccination against AIDS. Just imagine this. With this awareness and with this slogan it is advertised there.

I'm not going to go deeper into the data, I just want to tell you one thing: You can achieve the effect of a moderate reduction in the rate of HIV with a 1,500% increase in the number of circumcisions, or with a 3% increase in the condom rate. The first is extremely expensive, it binds a tremendous amount of resources, both manpower, as well as structures and money, because the operation is not performed free of charge. It prevents these structures, this money, that manpower from being available for meaningful projects.

For us as paediatricians it is especially difficult that children are included here as well. Christian Bahls has just mentioned it: These children are not usually circumcised in anaesthesia, you see the baby crying. This is prohibited in Germany according to our circumcision law. We do not

*The German Paediatric Society (BVKJ) testified in favor of criminalising the non-therapeutic circumcision of minors at the Cologne Regional Appellate Court in 2012. The practice was outlawed for one month before it was overturned by religious groups and replaced with a national law protecting the practice (BGB § 1631d).

know at all whether it is obeyed, but it is at least prohibited. But you see, here it is done without anaesthesia. This is, in my opinion, a barbaric method. Children do not feel less pain than an adult. Anyone who claims this has no idea and does not rely on well-founded scientific knowledge.

Almost even worse—although there is hardly any increase—is: This procedure on children, infants, and adolescents is sold as prevention. Just imagine. You really have to imagine that the probability of 60% reduction is sold as prevention. A prevention in the real sense would be the use of a condom. This creates 100% security. That means, pursuing a policy of creating 100% collateral by promoting the condom, by developing new condom technologies that are more acceptable for the people would be a very useful and, above all, much more cost-effective method. In addition, one should turn to those directly affected or already HIV-infected.

There is a program called “test and treat.” It means that you should test the population much more, specifically pick up the infected people and provide them with reasonable medicine. Because, according to the current state of science, a well-treated HIV sufferer who has almost no viral load in the blood [from ART] is no longer infectious. This also binds much money, but not as much as this circumcision campaign. If we limit our work to such methods, then we would have done much more correct and meaningful.

You will hardly find anyone in Germany who understands something of epidemiology and finds good what is being planned here. I want to close here for now, but I am open to any of your questions. Thank you very much.



Max Fish

The VMMC Experience Project

Good afternoon. We're here from three continents to speak out about a global issue that affects the world's most vulnerable populations: the poor, the uninformed, children, and many living in Africa. But we can't speak out without having people to listen, so thank you all for coming out to listen to us today.

My name is Max Fish. I am an American from a Jewish-Hungarian family that was affected by the holocaust. My professional background is as an editor for scientific and medical journals. I'm not used to speaking out in public. I normally work quietly at my desk. But what I found out there compelled me to raise my voice and speak publicly on this issue.

I am the founder of the VMMC Experience Project. We are a non-profit organisation to empower Africans affected by the American circumcision campaign. VMMC stands for "voluntary medical male circumcision"—this is the policy term that is used for this campaign. And all of the major AIDS relief organizations are behind it: the Bill & Melinda Gates Foundation, the World Health Organisation, UNAIDS, USAID, PEPFAR, and most recently UNICEF.

I am a US citizen, so I come from the source of the male circumcision agenda. The United States is the only developed country whose medical associations endorse circumcision, and the only developed country that still circumcises the majority of its boys routinely after birth for non-religious reasons. The practice is so common in the US that many Americans compare the cutting of the foreskin after birth with the cutting of the umbilical cord. It is, to many Americans, a non-issue.

I didn't begin to question circumcision until I took a job at a scientific publishing house in Austin, Texas. We'd published a number of studies that used "dermal fibroblasts"—these are a type of skin cell that is used in biomedical research, and in the production of skin grafts for burn victims and in some cosmetic creams. But it wasn't until I encountered a paper from Hong Kong referencing "foreskin fibroblasts" that I began paying attention to this issue. China is a known hotspot for illegal organ trafficking, but here was a Chinese study that imported foreskin derivatives from the United States.

I wanted to learn more about this foreskin "black market," so I spent the next six months uncovering everything I could find out about American infant circumcision. I ended up even more confused than when I'd started, because there are huge contradictions within both the medical and scientific literature on this topic.

I saw papers highlighting circumcision as a health measure, and others pointing to the procedure as an American cultural anachronism. *American* articles likened circumcision to a vaccination against sexually transmitted infections. International articles pointed out that circumcised Americans have the highest rate of sexually transmitted infections in the developed world.

The origins of circumcision in American medicine were even more contentious. I learned about a medical trend in the late 1800s called "orificial surgery"—that is, surgery of the genital orifices of children to prevent sexual excitation. Before the germ theory, sexual excitation was blamed for a wide range of illnesses from paralysis to hip joint disease, and doctors prescribed genital cutting to control this.

Male and female circumcision were both engrained in American medicine during this era. In fact, they were so engrained that the *Journal of Orificial Surgery* proposed renaming them both as "the American operation." So male and female circumcision had parallel medical histories in the US, and both find their origins in the sexual repression of children.

Other American physicians from the late 1800s proposed circumcising African-American men to control their sexuality. You might think of this campaign as something new, but actually the first mass African circumcision proposal appeared almost 120 years ago—this was in the *Texas Medical Journal* in 1889. And a physician named Peter Charles Remondino published a series of articles recommending circumcising African-American men as an antidote for what he described as a "Negro rape problem"—this "problem," of course, being informed by racist stereotypes about African men being promiscuous or hypersexed.

We see this racism reflected in the present circumcision campaign—the idea that behavioural interventions like condom use and fidelity were not enough for these people, that African sexuality needed a "final solution."

So how did we come to the present circumcision campaign? We know that African men are stereotyped as promiscuous, and we know that circumcision proponents have been trying to make this procedure relevant to medicine for over a century. I believe that the two are linked, that Africans are being used to justify an American custom.

The newer theories that circumcision prevents cancer and AIDS were designed to keep the medical reasons current with American health fears. In fact, in 1986—within three years of the discovery of the HIV virus—male circumcision was already proposed as a solution.

It was a matter of time before surgical trials were conducted on Africans to prove the HIV prevention theory. And these trials were conducted not by virologists, but by circumcision advocates. I urge you all to look at the trials in South Africa, Uganda, and Kenya that are being used to promote the HIV prevention theory. Look at the author names, and you will see that they come from a familiar constellation of circumcision proponents: Auvert, Moses, Gray, Wawer, Bailey, and so forth.

These trials influenced the opinion of the World Health Organisation; they reinforced the opinion of American medical associations; and they launched the first mass surgical campaign in human history. Many AIDS policy-makers were drawn to the tempting idea that this complex epidemic could have a simple surgical solution.

But there is also a body of articles that expose major flaws within the African circumcision trials. There is actually no scientific consensus that circumcision prevents HIV; and while the political arguments continue on both sides in the Western literature, Africans continue to be coerced and cut by the millions. We are not hearing their side of the story.

In 2014, the Bill & Melinda Gates Foundation and PEP-FAR—which is an American government agency—announced that six million men and children had been circumcised in the campaign. And that figure of six million people really resonated with me. I come from a family that was affected by the holocaust, and six million was a number that came up frequently in my home. It seemed unimaginable to me that a holocaust-sized number of Africans had been subjected to American surgical correction, yet the world had not heard a word from them. I found this silence chilling, and I knew that something had to be done. I founded the VMMC Experience Project to give these people a voice.

Winston Churchill famously said that history is written by the victors; but by collecting and cataloguing African experiences, we can capture a piece of this history from the victims' point of view. The promoters may try to downplay the damage this program is causing, but they can no longer say they didn't know.

Thank you very much.

*This speech was followed by a presentation of the
"Abridged Preview" video from www.vmmcproject.org.*



Prince Hillary Maloba

The VMMC Experience Project

My experience

I grew up as a young happy man without knowing anything to do with circumcision—until I was ambushed by thousands of men surrounding me with terrifying songs on circumcision, and told I was going to pay their debt of circumcision. I was circumcised twice, which resulted in excessive bleeding, removal of skin, and a deepened wound with prolonged wound healing. I was treated with cultural herbs which are more painful than circumcision. What I went through I don't want future generations to go through.

Circumcision has no value in protecting [against] any disease. It's purely lies that circumcision has any role in prevention of HIV. It's a mother of pains, torture, death, and suffering for children and infants, a terrorist act, business of blood through children.

Circumcision seems like the answer to those in the HIV business, because the number of people who could be targeted for circumcision business could run into hundreds of millions. Every year, millions more male children would be available to keep the programmes profitable.

At first the promoters claimed they were only targeting sexually active adults in Nyanza among Luos in Kenya, and in Buganda Kingdom (eastern and northern Uganda); but quickly found out that most of them don't want to be circumcised—like in Luo Land, Luo politicians, who were promoted circumcision in their region against their Luo culture, are not circumcised themselves. Ask Ken Owino, who is facing opposition from these giants in his community. Beneficiaries of VMMC are politicians and those working in the same sector.

So, they changed the strategy to children from schools and infants born in hospitals. The more children you get from schools for circumcision, the more money you get, you are paid. The more boy babies are born, the more money doctors get, acquiring wealth through blood business.

My work in anti-circumcision/HIV

Because we are the midst of an epidemic of fake news, spreading blatant lies that circumcision prevents diseases faster than a virus, I believe in education as the key to changing long-established patterns of social behaviour. It can help in combating this WHO and UNAIDS propaganda that circumcision prevents diseases. It's through practically oriented education that our children will have the awareness, skills, and knowledge to acquire the attitudes necessary for a healthy life without being circumcised.

Rebel with a cause

Uganda was doing well in reducing HIV infection through a strategy called ABC—"Abstain, Be faithful, use a Condom"—and was praised internationally. Then suddenly we heard over the media that Western scientists have done research and found out that male circumcision prevents a circumcised person by 60% not to get infected with HIV, and WHO recommends mass circumcision in Africa. They were pushing VMMC in Africa to end HIV among uncircumcised communities in Africa by targeting boy children born in hospitals and those in schools as part of part of their drive to end HIV.

I wondered: How can this be true if the Bagisu, my uncles in Uganda, and my own tribe do circumcise their children, men, Muslims do circumcise infant boys, yet AIDS is killing them, terminating many homes, and yet they are circumcised?

As lies and fake news of circumcision was spreading like fire in the sugar plantation, with millions of dollars poured in Uganda and the Kenya governments to end HIV, with NGOs receiving huge donor funding, their target was primary students, boys of four to twelve years of age. They move from school to school using WHO, UNAIDS, and the Ministry of Health government policies of lies that by circumcising children, HIV will come to an end.

As corruption carries the day in Uganda and Kenya, agents of VMMC partner with school administrations by giving them money to gather small boys and tell them that if they get circumcised they'll never get HIV, and that AIDS kills only uncircumcised people. They use convincing language to trap these innocent children to go for circumcision. They are told further that after circumcision they will not be infected with HIV and penile cancers. They give children free sweets, some give toys, money, etc. Then [they] take these children in lorries to their circumcising centres. These children are circumcised, given first treatment, then they are carried back to their region and dumped there without further medical and social support.

Bearing in mind that the parents of these children were not informed of these atrocities, they are shocked to see their children circumcised and dumped there, go to their homes screaming. Unprepared parents to deal with the healing of their boys, many borrow money for further treatment of their children. I have met many parents who are furious with the VMMC agents for hijacking their children and circumcising them without their knowledge and consent.

Circumcision is violating the rights of children, through forced circumcision as a way to end HIV in Africa based on blatant lies. Serious complications and even deaths have been reportedly from traditional circumcisions carried out on children, and deaths from clinical male circumcisions on infants, children, youth, and men.

I work as Director of the VMMC Experience Project in Africa. You can watch our work on our website. I work in the hard regions where VMMC is a business with the millions of money being poured in to circumcise children.

Challenging this established government system, you are regarded as an enemy of the state policy and an enemy of those in this big business. We have received several threats, [been] chased, blocked from taking circumcision live videos or pictures in clinics or in village homes. Sometimes you become powerless when threatened often. We come for your assistance to escape forced circumcision.



Kennedy Owino Odhiambo
Intact Kenya

My name is Kennedy Owino. I'm heading Intact Kenya, which is an organisation which shares research-based information on circumcision and intact care. Personally I come from Nyanza, a region found in south-western Kenya where cultural circumcision had never been practiced among the Luos.

Intact Kenya was formed about six years ago, when I realised that the rolling out of mass male circumcision in Africa was raising eyebrows. Children were getting forcefully circumcised from schools, hospitals, and even churches. Teachers were getting bribed in order to hand over school-going children for circumcision. Adverts were all over the mainstream media, and no legal action was taken against medical personnel who botched circumcisions.

More than four-fifths of men in the world are intact, including those in the United Kingdom, here in Germany, South America, India, Russia, and other parts of Asia except for Muslims. As part of the fraudulent scheme, we Africans are being told the opposite, a manipulative and blatant lie no African need to be coerced by to fall to cruel circumciser.

To solve a problem, it is necessary to first find its cause. We started following the river back to its source. All this started from some randomised control trials—the RCTs—that were carried out in Kenya, Uganda, and South Africa. The RCTs came up with a claim that male circumcision lowers the risk of HIV/AIDS.

But why was HIV/AIDS on the rise since the campaign to massively circumcise Luos took its root back in 2007? On 11 September 2013, a popular Kenyan daily newspaper *The Standard* reported how the push for male circumcision Nyanza had failed to reduce infections.

All these led to the commencement of our campaign to terminate compulsory male circumcision in Luo Land. I began to spread education and awareness to Luos living in Nyanza. We successfully stopped a mandatory circumcision bill in Siaya County. We distributed T-shirts to both children and adults. We organised a public rally in Migori County. We attended live radio interviews, after which we rewarded listeners with books and magazines. We also gave pens and stickers in public service vehicles, and we have also managed to stop the circumcisers from taking children in some schools.

In one of our interviews, a chief was aggrieved by the incident in which an employee of the body which carries out mass male circumcision in the region, the Nyanza Reproductive Health Society, stormed into a home, found a young boy whose mother had gone to the river to fetch water, forcefully circumcised him, then disappeared into the thin air. On arrival from the river, the mother of the boy was astonished to find her son in a pool of blood. Basing his views on this incident, the chief condemns forced circumcision of minors below the age of 18.

One day, while I was away from home for some time, a few days later when I returned home, I was shocked to find that my 10-year-old nephew was circumcised on the previous Friday. I was infuriated, boarded a vehicle to the clinic to seek clarification from the doctor who took him from the school together with other young boys for the cut.

My mother did not sign the consent form. The boy's mother who is my sister also did not sign the consent form while I was also away. The child was in pain and could not even answer the questions I asked him when I went home. I was really saddened by this, because my conversation with the mutilator did not yield any fruitful outcome. My mother said that there was nothing we could do about it.

While in the clinic yard, I saw schoolboys ferried into the clinic compound using some pickups. Some had undergone the operation. I could not help being there. I had my camera but could not take any pictures. Really, I was lost for words to describe my anger.

I talked to two of the doctors. One could not stay longer during the conversation because I could see my facts were a burden to him, so he walked away into one of the pickups and drove off.

Ober Health Centre where this happened is found in Homa Bay County, on the outskirts of Oyugis Town. The kids are given bread and a bottle of soda after the operation. One doctor I talked with for so long, who offered me a job after taking my number, was called Dan. This Dan said that he comes from Siaya County but currently works with the Nyanza Reproductive Health Society in Oyugis Town which is found near our home. My attempt to take legal action was unsuccessful, as the doctors refused to give my lawyer a medical report which was to be used to sue them.

We are also out to condemn the atrocity from being perpetrated on African infants for the same reasons. There is still a lot to be done in order to thwart the Western NGOs' determination to circumcise African men. The ongoing prevalence of circumcision clinics is an indication that this mass male circumcision is not stopping anytime soon. What are you going to do about it? We are here to seek global partnership to help stop male genital mutilation in Africa.

Finally, I am very grateful to organisations like MOGiS and the anti-FGM groups Tabu and Terre des Femmes, which is headed by Idah Nabaterega from Uganda. These are some of the German non-governmental organisations opposing male genital mutilation on the same grounds they use to argue against FGM. My sincere and deeply rooted appreciation to the individuals and organisations who have contributed in one way or another toward the long progressive journey of African intactivism. Thank you.



Jutta Reisinger
Aktion Regen

I want to report from my experience in Kenya, where I have been recently. Aktion Regen, Vienna has developed an education programme for sexual and reproductive health, family planning, and HIV prevention. We try to find partners that are willing to work in Africa and have interest in our programme. Our organisation educates and trains our staff members. Our staff members are teachers, social workers, and youth workers who speak to the community in schools, health centres, and even in the homes of the people. The slogan of our education program is:

Knowledge as a chance – Giving information, education and motivation.

What has male circumcision to do with our topic sexual health? For a long time, we concentrated only on female genital mutilation. But at our last visit we noticed how important also the topic of male circumcision is. During a visit at one of the health centres we are responsible for, I was able to see how this [VMMC] programme is going on there and that made me think more deeply.

[Referring to slide presentation:] You can see two of our staff members talking about family planning, but the next topic will be male circumcision. It is the same health centre where every Friday afternoon the circumcisions take place after normal business hours, because they don't want to be disturbed during their work. It's a separate pavilion where every Friday afternoon 35–40 boys get circumcised, no one of them older than 8 years. They are brought by a *matatu* bus; taken by three medical officers called "surgeons," one coordinator, and medical help staff; and led to the operation. This pavillion is well-equipped with an operation area.

As said, these boys are not older than 8 years. How have these boys been recruited? I have asked in the school and they told me that already in school the kids have been invited by so called "mobilisers" to take part at the programme which was called necessary for healthcare. Only the consent of the school's principal was necessary. In the cases I have seen, the parents of the children haven't been asked. One of our staff members, a teacher in a primary school, was able to rescue her own son in the last moment.

With arguments like "then you will be clean," "then you are protected from HIV/AIDS," "then you are part of us," the children are pushed to follow the "invitation." The peer-pressure is high and their reward is a bottle of water and two pair of underpants.

In the Kisumu region, where the health centre is found, lives the Luo population, which traditionally does not circumcise their children. Maybe this is also a reason why these parents were simply ignored.

Circumcision is a protection against HIV/AIDS.

With this information, an 8-year-old child is simply overburdened. He cannot realise what advantages circumcision should have for his health.

During one of the next visits in this health centre, I had to see how children suddenly panic, become fearful, and want to go home as soon as they hear the screams of the other children who already lay on the operating table or have left the operating room crying. They get insulted at badly by an assistant and even threatened with punches.

"Voluntary" male circumcision.

I ask myself: where is the voluntariness?

[Slide presentation:] Next picture. The advertisement posters of the campaigns. What you can see every time are happy adults. But in my experience, they were always children.

Next picture, please. Despair. When the children arrive at the health center, they are in happy expectation. As long they are waiting in the corridor they are silent and calm. But here you can see the crying, the despair, and the disappointment. When I happened to come by this scene, I tried to comfort these children and make clear to them that I am rejecting this.

A short video I filmed with my cell phone. His father was in Nairobi; his mother didn't tell him what will happen. Now it is done and he is in awful pain. He wasn't even able to close his pants because of his despair and pain.

[Video of a child crying and wailing]

[Slide presentation:] You can see the deep mistrust in this boy's face. He only escaped because of a small local infection of his penis, and was scheduled for the next event. He asked us to help him because he didn't want to come back and get the operation.

After my question to the coordinator, if it was possible to do the surgery at a later time when the children are older, she answered that in this case there would be too many children refusing.

The conversation became more and more hostile. I was forbidden to take photos, and the accusation of me as a white, Western woman: “You have brought this program to our land!” Much money had flowed and now they should bring good results.

As a member of an aid organisation, I ask myself: What kind of aid can we bring here? We are working for sexual health, especially for prevention. For the moment we can’t do more than train our staff on this topic. We explain to them the medical facts, try to point out that this violates human rights and children’s rights. We want to promote an understanding of the psychological trauma the children have to suffer. Very important in this relation is to come to a dialogue with the parents.

We will face a great resistance in the schools and health centres where we have access to, especially in the view that this is a public programme, installed and supported for free by official and governmental bodies.

For Aktion Regen as an aid organisation, it is aggravating that our partner association Make Me Smile in Kisumu, Kenya has coordinated closely with UNAIDS for years. UNAIDS is a big spender for many cash payments and services for our health centres. They even organise and sponsor so-called health camps in remoted areas, where circumcisions are also offered.

In the near future, Make Me Smile will start a large-scale integration programme for vulnerable children in cooperation with USAID and UNICEF. Vulnerable children are those who have extremely bad future prospects because of their particular family situation. These children are at

much higher risk of HIV infection. Aktion Regen staff have been trained in this programme as mentors for these children. They will advise them in questions regarding sexuality and HIV prevention, and accompany them for three years. Also, for this programme a lot of money is provided, especially in this case from the Austrian development aid programme.

Sexual health – what is the right way? The forced act of circumcision on a little boy in combination with the message “Now you are a real man”—whatever that means—is a heavy physical and psychological injury. And from the view that I experienced, I call it rape.

What do these procedures mean for a boy’s development into an adult man? What side-effects does this have in the view of later relationships and his sexuality? In the worst case this can manifest in an enormous claim to power in sexual relations and a lack of empathy, which in turn may lead to suffering wives, children, families, and the whole society.

All aid workers in Africa should stand by the children and be brave to criticise frankly. It is not enough to provide medical support and to neglect the mental and psychological health of the people. In this particular case, that means not to close one’s eyes in the view of the suffering children just to avoid confrontation with those responsible. We should continue being watchful, go on with the message “Stop circumcision!” and stand for the protection of all children—the girls and the boys. Our partner NGO is called Make Me Smile with the slogan:

Returning the smiles to the children.

Thank you.



Idah Nabaterregga

Terre des Femmes

Originally I come from Uganda, and since 2006 I live in Germany. I did my master's studies in Peace and Conflict Research and did my promotional work on the topic of female genital mutilation at the Otto von Guericke University of Magdeburg.

Since 2015 I am working for Terre de Femmes, specialising in female genital mutilation. Terre de Femmes is a charitable organisation and is mainly financed by donations. This organisation has been working for women's rights for more than 35 years, because girls and women should have a free, equal, and self-determined life all over the world.

For us as activists, the Day of Genital Autonomy (7 May) is a special day, because such a day reminds all of us—journalists, human rights activists, doctors, educators, and politicians—about our role and responsibility for those affected and endangered, and the community as a whole. As members of the public, everyone can help to protect children so that they can grow up care-free and enjoy their childhood.

Worldwide, approximately 200 million girls and women are mutilated at their genitals. Most of them live in 30 sub-Saharan African countries. In 2009 alone in Europe, 500 000 were affected and 180 000 were endangered. In Germany in 2016, 48 000 were affected by FGM and 9 300 were endangered.

Endangered children need effective safeguards, and their schools need psychological, social, medical, and educational support.

To the comparison of male circumcision and female genital mutilation: I do only know communities in which genital cutting of *both* sexes for cultural, religious, and medical reasons are practiced. It is done to minor children, despite the fact that they have the right to physical integrity. Genital cutting of all kinds is a human rights violation and bodily harm to the child. The parents as well as the environment of the child are firmly convinced to do the best to their children, of course of unknowingness. This attitude receives encouragement from several programmes and campaigns of organisations and institutions. A concrete example for this is male circumcision in Africa.

I ask myself the following three questions. Where is our responsibility as a society and public community? Have we failed to protect the children effectively? Why is it so hard to protect the children from this human rights violation?

These three questions let me think further. On many other fields are political decisions and even military interventions possible. But the interest and attention of the public society as well as the politics to this human rights violation are less pronounced. And this is very disappointing.

To that end, Terre de Femmes demands a nationwide action plan against child mutilation and more psychological and social support for those affected here in Germany. In the view of international cooperations, money should be found for this purpose to fight this human rights violation on-site. We need interdisciplinary cooperation for exactly this topic. Make a contribution by letting this topic be as important as other topics. For you as journalists: Make this topic present in public and media. Help us to place this topic on the political agenda. More information about our work is on www.frauenrechte.de. For further questions, don't hesitate to ask me. Thank you very much for your attention.

Press Reception

3sat TV: *Doubtful Methods: Organisations demand the stop of circumcision programmes in Africa*

3sat
ZDF ORF SWF ARD

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Beschneidung stoppen



Beitrag

Beschneidung verringert das Übertragungsrisiko, kann aber Männer sorglos machen.

Zweifelhafte Methoden
Organisationen fordern Stopp von Beschneidungsprogrammen in Afrika

Die Tageszeitung (Taz): *Questionable Development Aid*

 **taz.de**
POLITIK ÖKO GESELLSCHAFT KULTUR SPORT BERLIN NORD WAHRHEIT

Aids-Prävention in Afrika

Fragwürdige Entwicklungshilfe

Die WHO will mit der Beschneidung von Jungen und Männern HIV-Infektionen vorbeugen, Deutschland unterstützt das. Ist das sinnvoll?



Anscheinend laufen nicht alle Beschneidungen so freiwillig ab wie diese in einer Schule in Kenia
Foto: imago/Xinhua

Gesellschaft / Gesundheit 4. 5. 2017

HEIDE OESTREICH
Inlandsredakteurin

THEMEN
#WHO, #HIV, #Beschneidung, #Kondom

Ausland

Beschneidungskampagne der WHO in Afrika unter massiver Kritik

Donnerstag, 4. Mai 2017

Deutsche Welle (DW): Activists call for immediate stop of boy circumcisions in Africa



THEMEN MEDIA CENTER TV DEUTSCH LERNEN

DEUTSCHLAND WELT WIRTSCHAFT KULTUR WISSEN & UMWELT SPORT

THEMEN / WELT / AFRIKA

WELTTAG DER GENITALEN SELBSTBESTIMMUNG

Aktivisten fordern sofortigen Stopp von Jungen-Beschneidung in Afrika

20 Millionen Männer in Afrika sollen beschnitten werden. Die Befürworter halten das für ein wirksames Mittel im Kampf gegen AIDS. Aktivisten dagegen fordern das sofortige Ende der Beschneidungen. Daniel Pelz, Berlin.

Datum 07.05.2017

Autorin/Autor Daniel Pelz

Themenseiten AIDS

Schlagwörter Afrika, Beschneidung, HIV, AIDS, Weltgesundheitsorganisation

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Startseite » [Demonstration in Köln](#)

Demonstration in Köln

Von epd - 07.05.2017 - 0 Kommentare

Eine Reihe von Organisationen hat einen Stopp international geförderter Programme zur Beschneidung von Jungen und Männern zur HIV-Prävention in Afrika gefordert. Ulrich Fegeler vom Berufsverband der Kinder- und Jugendärzte sagte in Berlin, aus menschenrechtlichen Gründen müssten die Programme abgelehnt werden. Nach Angaben des Bündnisses von Organisationen, die sich gegen medizinisch nicht notwendige Beschneidungen einsetzen, werden die Eingriffe in einigen afrikanischen Ländern ohne Einwilligung der Eltern vorgenommen. Über Komplikationen werde nicht hinreichend aufgeklärt.

f t g+ e

A number of organisations have called for a halt to internationally-funded circumcision programmes for HIV prevention in Africa. Ulrich Fegeler of the German Paediatric Society said in Berlin that the programmes must be rejected for human rights reasons. According to the alliance of organisations that are working against medically unnecessary circumcisions, the interventions are carried out in some African countries without the consent of the parents. Complications are not adequately explained.

Appendix B: Medical Letters

*Select correspondences from medical authorities
opposing circumcision as a preventive measure*



THE SOUTH AFRICAN MEDICAL ASSOCIATION

Tel: +27 (0)12 481 2000 | Fax: +27 (0)12 481 2100 | www.samedical.org
Block F, Castle Walk Office Park, Nossob Street, Erasmuskloof, Ext 3, Pretoria
PO Box 74789, Lynnwood Ridge, 0040

23 June 2011

Mr Dean Ferris
Co-Director
National Organisation of Circumcision Information Resource Centres
South Africa

Dear Mr Ferris

CIRCUMCISION OF BABIES FOR PROPOSED HIV PREVENTION

We refer to the above matter and your email correspondence of 16 February 2011.

The matter was discussed by the members of the Human Rights, Law & Ethics Committee at their previous meeting and they agreed with the content of the letter by NOCIRC SA. The Committee stated that it was unethical and illegal to perform circumcision on infant boys in this instance. In particular, the Committee expressed serious concern that not enough scientifically-based evidence was available to confirm that circumcisions prevented HIV contraction and that the public at large was influenced by incorrect and misrepresented information. The Committee reiterated its view that it **did not** support circumcision to prevent HIV transmission.

We trust that you will find this in order.

Yours faithfully

Ms Ulundi Behrtel
Head: Human Rights, Law & Ethics unit
Obo Chairperson: Human Rights, Law & Ethics Committee
SA Medical Association

*Dr MN Mabasa (Chairman), Dr MW Sonderup (Vice-Chairman), Prof EJ Coetzee (President),
Association Incorporated under Section 21 of the Companies Act.
Reg. no: 1927/000136/08*

AMERICAN
CANCER
SOCIETY

NATIONAL HOME OFFICE

February 16, 1996

Dr. Peter Rappo
Committee on Practice & Ambulatory Medicine
American Academy of Pediatrics
141 Northwest Point Boulevard
P. O. Box 927
Elk Grove Village, IL 60009-0927

Dear Dr. Rappo:

As representatives of the American Cancer Society, we would like to discourage the American Academy of Pediatrics from promoting routine circumcision as preventative measure for penile or cervical cancer. The American Cancer Society does not consider routine circumcision to be a valid or effective measure to prevent such cancers.

Research suggesting a pattern in the circumcision status of partners of women with cervical cancer is methodologically flawed, outdated and has not been taken seriously in the medical community for decades.

Likewise, research claiming a relationship between circumcision and penile cancer is inconclusive. Penile cancer is an extremely rare condition, effecting one in 200,000 men in the United States. Penile cancer rates in countries which do not practice circumcision are lower than those found in the United States. Fatalities caused by circumcision accidents may approximate the mortality rate from penile cancer.

Portraying routine circumcision as an effective means of prevention distracts the public from the task of avoiding the behaviors proven to contribute to penile and cervical cancer: especially cigarette smoking and unprotected sexual relations with multiple partners. Perpetuating the mistaken belief that circumcision prevents cancer is inappropriate.

Sincerely,

Hugh Shingleton, M.D.
National Vice President
Detection & Treatment

Clark W. Heath, Jr., M.D.
Vice President
Epidemiology & Surveillance Research

1599 CLIFTON ROAD, N.E., ATLANTA GEORGIA 30329 404-320-3333

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Appendix C: Senate Address

Motion by Senator Sithembile Mlotshwa

Senate of Zimbabwe
17 July 2014

Why the Need to Ban Child Circumcision¹

Senator Sithembile Mlotshwa

This Motion is a move to condemn the circumcision of children that is young boys below 18 years of age.

In Zimbabwe, male circumcision increased with the belief it was scientifically proven that it reduces HIV transmission by 60%. We have from time immemorial traditional groups that have been practicing circumcision in different parts of Zimbabwe for cultural benefits and beliefs. Mr. President, may I mention a few benefits: the lowered risk of sexually transmitted diseases, for instance, and penile cancer.

We need a legislation which prohibits infant and child circumcision.

- The United Nations Convention on Rights of a Child, Article 13 part (i) states that the child shall have the right to freedom of expression. Therefore, infant circumcision infringes the child's freedom to sexual expression by permanently and unnecessarily diminishing his sexual sensation.
- The Universal Declaration of Human Rights, Article 5 states that no one shall be subject to torture or cruel inhuman or degrading treatment or punishment. This is the case when you circumcise children. They have to bear pain and the after-effects of prolonged pain for two to three weeks, depriving them of normal sleep.
- Rights of children in Zimbabwe's Constitution, Section 81 (d): Every child has the right to family or parental care or to appropriate care when removed from the family environment.
- Section 81 (e) says the child has a right to be protected from economic and sexual exploitation from child labour and from maltreatment, neglect, or any form of abuse.
- Section 81 subsection (ii) says a child's best interests are paramount in every matter concerning the child.

The argument of the implementers is that parents have a right to decide in the best interest of the child using the

above section. Mr President, I am trying to think of the best interest of the child in this case when we are trying to scale down HIV and AIDS. Why are we circumcising a one-month old child in trying to scale down HIV and AIDS? Is it in the best interest of the child and does the child know what is happening to his body?

Mr. President, in this case when you look at it closely, what are the immediate benefits for this child when he is circumcised at a tender age? When you circumcise a child because the powers that be decide that the transmission of HIV and AIDS will scale down, is it really for the benefit of this child?

Mr. President, I am afraid we are creating a generation of useless men. Yes, because if one of your limbs is not functioning properly after the mishaps that happen during circumcision, then you will be disabled to a certain extent. Also since these children do not indulge in sexual activities that transmit HIV and AIDS, how does cutting the innocent souls' foreskins reduce or contribute to the said statistics?

Mark my words colleagues, some of these children's organs will be for decoration in the body and history will judge us for allowing the policy to continue. By the time these young guys need to test whether their organs are functioning, we will be long dead. Mr. President, we will be long dead to be answerable as to why we allowed this programme to continue.² These guys will be there as decorations.

Mr. President, this programme should go back to all circumcised boys since its inception in 2009 and carry out health checks for the damages in each and every individual so that we are satisfied that we have a healthy people growing up. We want to avoid children discovering the malfunctioning on their own organs when it is too late.³

Mr. President, I believe parents should be advised on the benefits of an intact boy organ. They should be advised. It is very important to protect it because Zimbabwe's future generations will depend on the functioning of that organ. Mr. President, there is no other source that I know that will secure the production of the next generation other than the organ of this small boy.

If my colleagues know of any other source, they will say so in their debates.

¹ This Motion was delivered in the Zimbabwe Senate on 17 July 2014 and transcribed from the Hansard via <https://www.southerneye.co.zw/2014/07/21/need-ban-child-circumcision> accessed on 14 March 2019. The transcript is not available on the online Hansard, possibly due to sensitivities to international donors and funding interests.

² Senator Mlotshwa passed away four years after delivering this Motion. She was 53 years old.

³ See the Global Survey of Circumcision Harm at www.circumcisionharm.org.

Mr. President, seeing the escalation of the spread of HIV often after cutting three-quarters of the young boys organs [skin systems] off, will the government not make an attempt of cutting girls also since at its inception, the circumcision programme, the government, its funders and implementers were citing best practices learnt from other countries? Will they not think of cutting the young girls? This circumcision of young boys is tantamount to genital mutilation that this supermodel [Waris Dirie] went through in her country. These boys will write the same books about our cruelty to them when they discover what we did to their organs.

Mr. President, I can foresee since it is reported that circumcised men shun using condoms for the benefit of the female partner, it is there in the advert that "I am doing it also for my partner." So it shows that these men, the mature men, after circumcision do not use condoms because they want to preserve the benefit to this woman.

Will the government not start a programme of minimising the transmission of HIV by reducing the enjoyment in women by cutting their clitoris? That is the question that I am asking myself and my colleagues and everybody else.

Mr. President, we are the representatives of the people. We are concerned that the children of our electorate are finding it very difficult to understand why they are being cut. The reasons that are being given for the lessening of the HIV transmission are not good enough to make a one-month or ten-year-old child to be circumcised. The electorate is looking upon us to protect the young souls and to preserve human rights.

Mr. President, as I mentioned earlier in my introduction, that the said circumcision reduces the risk of cervical cancer. Dear colleagues and honourable senators, the government needs to divert the fund that it is using to circumcise these young children and put it on the Voluntary AIDS Counseling programme.

If we are serious about reducing the risk of cervical cancer in women, let the fund go to testing of this cancer in women so that they get treatment on time. Women cannot wait to benefit through a male organ cutting because if you say you are circumcising men so that you lessen cervical cancer, to me it does not make sense. We cannot wait for our men to be circumcised so that we lessen the cervical cancer. In the rural areas, Mr. President, there are no facilities to conduct cancer tests for women and it is always detected too late. Can we not use this fund that we have to circumcise these young children into the women?

When I was researching, I read somewhere that the world over, the adverts of circumcision are the best. Different countries do their best to advertise, but when I look at the statistics of our young boys who have gone through the circumcision, I am failing to understand how it scales down the transmission because they are not doing anything.

There is a case of witchcraft in Zimbabwe. We so much want to use the parts of a body of a person to pursue finance, marriage, or work. What happens to those foreskins of 100 boys that are put in a basket by this doctor? What happens to those foreskins of these children, colleagues? Is it not better to give each person his foreskin to dispose of way they see it fit? This is because putting them together in a basket will invite witchcraft. We so much want to get married today and we want to use the young boys' foreskins to mix with whatever we mix with to get more money, etc. It is known in Africa that parts of a body are better in trying to do that. Even for grown-up people who are mature, why do you leave your foreskins to be mixed with whoever's foreskin [is] in the basket there, when a doctor can be bought to put all those foreskins together and go and sell them? Who is there to see that these foreskins are disposed of?

Mr. President, in developed countries, complications are broadcast in the public domain so that citizens have statistics of the good and the bad. A midwife dressed a wound in olive oil and the baby died the following day.

Mr. President, last month in the Eastern Cape in South Africa, 32 children died and 106 are still in hospital because of the primitive circumcision done for cultural benefits by Xhosa and Sotho people. Because the boys are kept away in the mountains, some organs are said to have become septic and volted because the traditional means of maintaining a clean wound are never practised. These tragedies happen because mature people like us want to fulfill a traditional ego of becoming a real man.

Stop genital mutilations of children, Mr. President. A petition to the World Court was tabled at a symposium that referred to sexual mutilation as a human tragedy, as late as 1996 in Switzerland. They looked at the body parts being removed that are for sexual function, in both boys and girls, and also the immediate and long-term complications.

Mr. President, I urge the government to leave the small male organs alone, the owners will decide when they are old enough to know the reasons why their organs are being reshaped or modified.

Mr. President, in the Seventh Parliament, the Zimbabwe parliamentarians against HIV and AIDS organised such an exercise here in Parliament. I know, because I was the secretary, that less than 20 MPs were circumcised.

If this programme has to show results of the decline of transmission, the government should stop circumcising young children and intensify on mature men. If it means checks at every roadblock, so be it. The attitude of grown males towards this programme is questionable, whereas they are the risk factor.

In conclusion, I call on the government to stop this programme of child circumcision. I urge the minister to make a response before the close of this Parliamentary Session, because I believe children under the age of 18 years should be protected and given a chance of having their organs fully developed and to be circumcised by choice and for what they understand. There is no reverse once the young organ is modified. If the fathers of these young children were circumcised at a late stage after 40 or 60 years, why can we not give our children a chance to decide especially when they start indulging? I believe it can be done.

Appendix D: Local Headlines

*African news headlines on VMMC/EIMC
critical issues and implementation gaps*



<http://www.pmldaily.com/news/2018/10/museveni-castigates-circumcision-as-away-to-prevent-hiv-aids.html>



<https://www.pazimbabwe.com/zimbabwe-48232-400-000-circumcision-lawsuitfamily-sues-over-unsanctioned-sons-foreskin-removal.html>

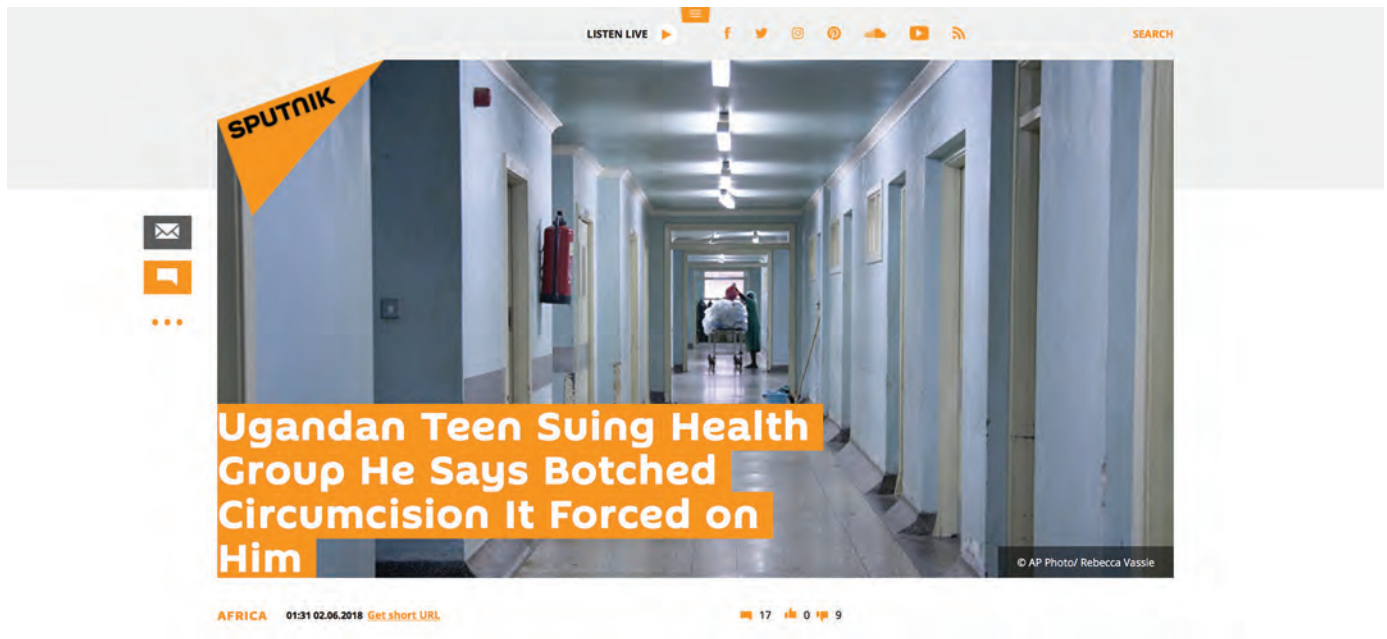


<https://www.businesslive.co.za/bd/national/health/2018-08-14-medical-male-circumcision-is-the-hiv-prevention-claim-wrong>

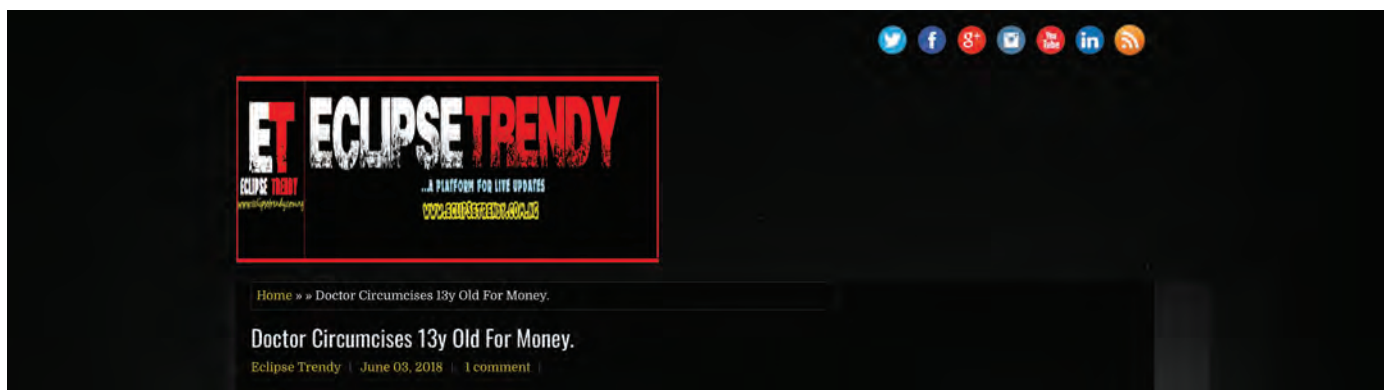


Patients in Butaleja and other neighbouring districts are distressed after health workers subjected them to forced circumcision in exchange for medical care.

<https://www.kampalapost.com/content/health/butaleja-health-workers-subject-patients-forced-circumcision>



<https://sputniknews.com/africa/201806021065025117-Ugandan-Teen-Suing-Botched-Circumcision>



[T]he personnel from the hospital who recruited the minor ... were reportedly 'agents' of a non-governmental organisation, Population Services International (PSI), who were **paid commission for the people they bring in for circumcision**. ... The minor's parents withheld their consent. But ... the boy was circumcised anyway and had to be taken home by an ambulance since he could not walk.

<https://www.zimeye.net/2018/06/03/doctor-circumcises-13y-old-for-money>



<https://www.sde.co.ke/thenairobian/article/2001263873/i-want-my-son-s-foreskin-returned-homa-bay-dad>

HOME LOCAL NEWS 17 RUSHED TO HOSPITAL AFTER BOTCHED CIRCUMCISION

LOCAL NEWS

17 RUSHED TO HOSPITAL AFTER BOTCHED CIRCUMCISION

By Kells - October 7, 2017 1413 0

At least 17 boys of school going age in Goromonzi were recently forced to seek urgent medical attention after an unknown organisation circumcised and abandoned them.

<https://www.zimetro.co.zw/17-rushed-to-hospital-after-botched-circumcision>

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HOME NATIONAL BUSINESS ENTERTAINMENT RELIGION SPORTS WORLD NEWS OPINION & ANALYSIS

Wednesday, 27 September 2017 15:27

Men still shunning VMMC in Ntcheu

Written by Grace Kapatuka

“Voluntary” circumcision campaign coordinators admit that where men refuse circumcision, minors are targeted instead:

[T]he majority of the patrons were children from the age of 10 to 14 years. ... “We cannot say that we did not do well considering the challenges that were there.”

<http://www.manaonline.gov.mw/index.php/component/k2/item/6143-men-still-shunning-vmmc-in-ntcheu>

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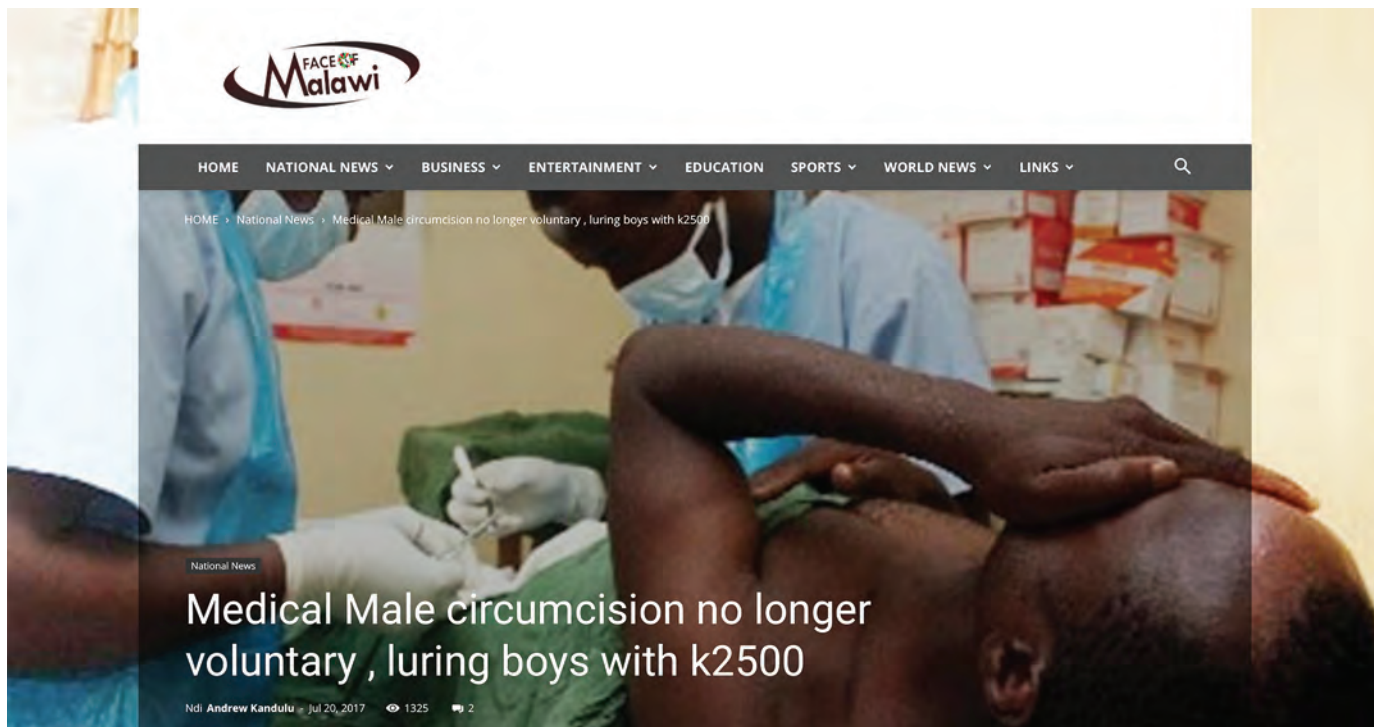
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Editors' Pick

Circumcision for HIV Prevention is Harmful, Ineffective, and Tragic

By News Ghana - May 21, 2017

<https://www.newsghana.com.gh/circumcision-for-hiv-prevention-is-harmful-ineffective-and-tragic>



<http://www.faceofmalawi.com/2017/07/medical-male-circumcision-no-longer-voluntary-luring-boys-with-k2500>



9 MAY 2017

Mozambique: HIV Prevalence Rate Rises in Mozambique

[B]etween 2009 [local VMMC roll-out] and 2015, there was an increase of 14.8 per cent in the proportion of adult Mozambicans who are HIV positive. ...

Shockingly, IMASIDA found that knowledge of how HIV is transmitted and how it can be prevented had declined since 2009. Only 56 per cent of men and 47 per cent of women interviewed in 2015 knew that it is possible to reduce the risk of HIV infection by using condoms, and by limiting sexual relations to one non-infected partner. ...

Tete is the province where the lowest percentage of men are circumcised – yet Tete is also the province with the lowest HIV prevalence rate.

<https://allafrica.com/stories/201705100560.html>

Swazi Media Commentary (Gaborone) »

21 APRIL 2017

Swaziland: Swazi Circumcision Drive Failing

<https://allafrica.com/stories/201704210594.html>

| No circumcision for us – Nsanje men say

BY CHILENJE CHILENJE ON MAR 15, 2017

HEALTH

<https://malawi24.com/2017/03/15/no-circumcision-us-nsanje-men-say>

Daily Monitor

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Medic fined Shs70m over failed circumcision

WEDNESDAY AUGUST 31 2016

A one-month-old subjected to UNICEF's EIMC campaign faces permanent sexual damage.

<https://www.monitor.co.ug/News/National/Medic-fined-Shs70m-over-failed-circumcision/688334-3364080-13xiuio/index.html>

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Trouble after school circumcises pupils without parents consent

By Violet Namatsi For Citizen Digital

Published on: August 1, 2016 11:45 (EAT)

<https://citizentv.co.ke/news/trouble-after-school-circumcises-pupils-without-parents-consent-135545>

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TOP STORIES

Circumcision goes terribly wrong. . . as boy dies during procedure

Samuel Kadungure Senior Reporter



A 14-YEAR-OLD boy, Ashley Matsvaire, died while undergoing voluntary medical male circumcision at Triangle Hospital in Chiredzi, on Tuesday, The Manica Post can reveal.

<https://www.manicapost.co.zw/circumcision-goes-terribly-wrong-as-boy-dies-during-procedure>



Circumcision gone wrong...boy loses penis in Chikhwawa

BY KONDWAN KAMANGA ON MAY 18, 2016

HEALTH

<https://malawi24.com/2016/05/18/circumcision-gone-wrongboy-loses-penis-chikhwawa>

Malawi News Agency (Lilongwe) »

12 APRIL 2016

Malawi: Zomba HIV Prevalence Rate At 15 Percent Despite Intensive VMMC Campaigns

This article has been retracted from the Malawi News Agency's archives, and is available at <https://allafrica.com/stories/201604130386.html>.



19 FEBRUARY 2016

Namibia: In Opposition to Circumcision

I note with alarm the gathering momentum to circumcise over a third of Namibia's adult male population by 2025. Relevant authorities are deceiving men into thinking their risk of contracting HIV will be smaller and that they will somehow be 'safer.'

This article has been retracted from the Namibian's archives, and is available at <https://allafrica.com/stories/201602221204.html>.

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PHOTOS

Home / Life & Style / DN2

The benefits of circumcision are exaggerated, we should end it

MONDAY FEBRUARY 15, 2016

<https://www.nation.co.ke/lifestyle/dn2/The-benefits-of-circumcision-are-exaggerated/957860-3076682-wcx3r8z/index.html>



Malawians blasts the US: 'We don't need aid for circumcision'

BY KONDWANI MIKHALIPI-MANYUNGWA ON OCT 23, 2015

HEALTH

Malawians have questioned the motives of the US and other Western NGOs that are promoting circumcision despite evidence showing that the questionable initiative does not reduce HIV as claimed. Vetting their anger and frustrations on social media, the people took to task the US for "prioritizing sex" and not real development.

<https://malawi24.com/2015/10/25/malawians-blasts-the-us-we-dont-need-aid-for-circumcision>

Parents protest forced circumcision of children

SATURDAY SEPTEMBER 19 2015

Employees of Baylor College of Medicine Children's Foundation-Uganda (Baylor Uganda), a US-based NGO, circumcised children in Soroti District without informing parents. One child ran away from home while another has refused to return to school.

<https://www.monitor.co.ug/News/National/Parents-protest-forced-circumcision-of-children/688334-2876206-i38f88/index.html>

Malawi News Agency (Lilongwe) »

29 AUGUST 2015

Malawi: Is Voluntary Male Medical Circumcision De-Campaigning Condom Use?

<https://allafrica.com/stories/201508310775.html>



| Circumcision disaster: Malawi HIV infection rate doubles

BY MIKE J. KANGWELE ON AUG 04, 2015

HEALTH

<https://malawi24.com/2015/08/04/circumcision-disaster-malawi-hiv-infection-rate-doubles>



| Malawian circumcised men most likely to be infected by HIV, research shows

BY MIKE J. KANGWELE ON JUL 25, 2015

HEALTH

<https://malawi24.com/2015/07/25/malawian-circumcised-men-most-likely-to-be-infected-by-hiv-research-shows>

Sex



Botched circumcision: if only I'd known

22 July 2015 - by [Jera](#)

Waza blogger Jera believes that ongoing circumcision campaigns should inform as much about possible negative outcomes as they do about the positive effects of circumcision.

This article has been retracted from Waza's archives, and is available at <https://allafrica.com/stories/201507231334.html>.



11 MAY 2015

Kenya: Circumcision Does Not Prevent HIV/Aids, Migori Youth Warned

"First we have to clear the notion that circumcision is an effective remedy against HIV/AIDS [which] has fueled the spread of the disease... [T]here is an urgent need to re-educate [youth] on the misconception." ... The trend has promoted the spread of the virus in the county.

This article has been retracted from the Star's archives, and is available at <https://allafrica.com/stories/201505120134.html>.

Uganda: Circumcision Promoting Risky Behaviour - Report

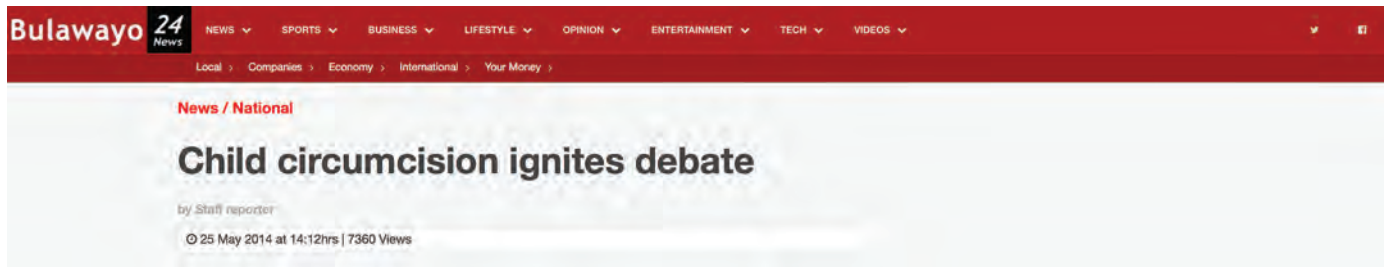
A new study of 314 female sex workers (FSWs) in Makindye division found that more than half of respondents falsely believe that once a man is circumcised, protection is not necessary during sex.

This article has been retracted from the Observer's archives, and is available at <https://allafrica.com/stories/201409030508.html>.

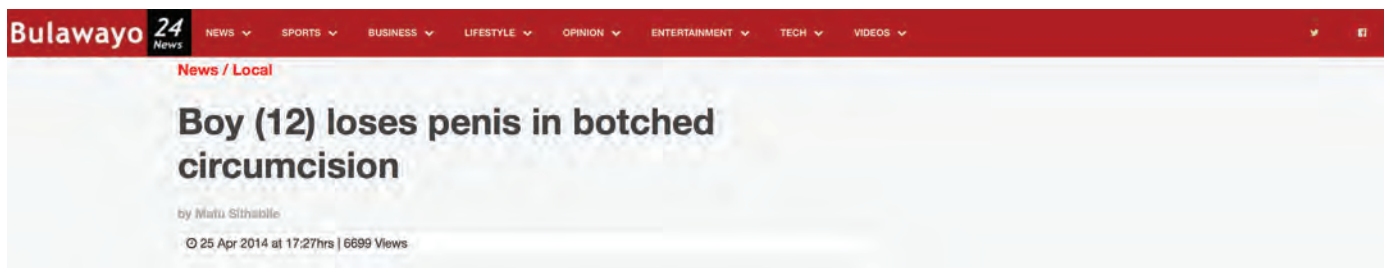


[Zimbabwe Senator Sithembile] Mlotshwa argues that children should be allowed to make their own choices when they grow up instead of being circumcised under the medical male circumcision programme funded by international donors.

<https://www.voazimbabwe.com/a/zimbabwe-circumcision-lawmaker-push-to-stop-medical-procedure-on-kids/2433201.html>



<https://bulawayo24.com/index-id-news-sc-national-byo-47989.html>



Population Services International (PSI) spokesperson Paidamoyo Magaya was unreachable for comment. PSI sponsors the circumcision drive in Zimbabwe.

<https://bulawayo24.com/index-id-news-sc-local-byo-46478.html>



<https://bulawayo24.com/index-id-news-sc-health-byo-43615-article-'stop+circumcising+infants,'+says+senator.html>

HEALTH

March 05, 2011

Gibbs Dube

Circumcised Men Abandoning Condoms

<https://www.voazimbabwe.com/a/zimbabwe-swaziland-south-africa-medical-male-circumcision-programs/1864352.html>

HEALTH

March 05, 2011

Gibbs Dube

Experts Express Mixed Feelings on Circumcision

A Zimbabwe demographic and health survey conducted by the country's statistics agency in 2010 and 2011 revealed that men between ages 15 and 49 who were circumcised were slightly more likely to be HIV positive than uncircumcised men. ... In most cases, circumcised men are believed to be engaging in unsafe sex.

<https://www.voazimbabwe.com/a/zimbabwe-south-africa-swaziland-medical-male-circumcision/1865134.html>

HEALTH

March 01, 2014

Zimbabwe Lawmaker: Stop Infant Circumcision

<https://www.voazimbabwe.com/a/medical-male-circumcision-mlotshwa/1862018.html>

Former inmates decry forced circumcision

FRIDAY DECEMBER 13 2013

<https://www.monitor.co.ug/News/National/Former-inmates-decry--forced-circumcision/688334-2110502-m5ag3f/index.html>

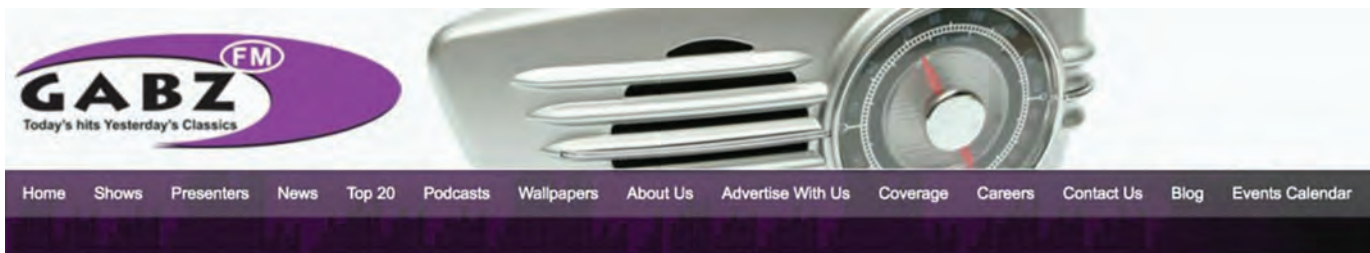
The Standard BEST SUNDAY READ

Circumcised men indulge in risky sexual behaviour

November 10, 2013 in Local News

Some circumcised men are contracting HIV and AIDS after ditching the use of condoms under a misguided belief that male circumcision (MC) would prevent them from getting infected, the Standard has heard.

<https://www.thestandard.co.zw/2013/11/10/circumcised-men-indulge-risky-sexual-behaviour>



CIRCUMCISED MEN STILL RUN RISK OF HIV INFECTION

THURSDAY, 26 SEPTEMBER, 2013 - 07:45

There is an upsurge of cases of people who got infected with HIV following circumcision.

This story has been retracted from Gabz FM's archives.

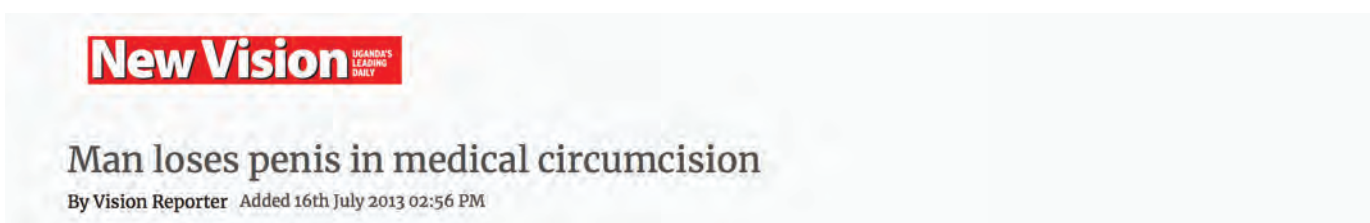


Push for male circumcision in Nyanza fails to reduce infections

By George Orido

By George Orido

<https://www.standardmedia.co.ke/article/2000093293/push-for-male-circumcision-in-nyanza-fails-to-reduce-infections>



Speaking with teary eyes, Izimba curses the day he read a sign post at the private clinic that offers free male medical circumcision.

https://www.newvision.co.ug/new_vision/news/1326417/loses-penis-medical-circumcision



Although the decision to be circumcised is supposed to be voluntary, men have consistently been pressured to participate.

https://www.voanews.com/a/ugandas_cultural_battle_over_forced_circumsions/1441320.html

Appendix E: Kimilili Speech

*“A Slave Has No Power Over His Masters”:
a speech by Project Director Prince Maloba*

Kimilili Pastors Fellowship, Bungoma County, Kenya
2 February 2016

A Slave Has No Power Over His Masters¹

Prince Hillary Maloba

Our main concern has to do with the epidemic called HIV and AIDS. Coming short, when this disease landed in Africa, we got shock everywhere. Our people were dying, regardless if you're circumcised or if you're uncircumcised. I remember I lost many of my uncles in Bagisu Land.²

Then interventions were initiated internationally, how to come and fight this cause. The most effective method I remember—maybe many of you can remember—was condom use. With years, actually we were sure we'd get good results by reducing HIV infections among African countries. I remember Uganda was being pressed internationally for that fight, and actually the figures were going down. And we were happy that maybe one day we may combat and end this problem that was—and in fact is—to clear humanity.

When your people have been in that war, hoping we are winning the war, then eventually we heard another intervention that shocked us. This intervention was signed by such powerful forces in the world, but only targeting an African person in his own continent.

People say a slave has no power over his masters. I believe it's maybe through pressure that our leaders in Africa had to bow for that pressure that circumcision is the solution to HIV infections in Africa. India was left, China was left, Russia was left, Europe was left, Brazil was left. In fact all those countries don't actually circumcise their men. They were left, but the target was on African person.

Money came in full to influence our leaders, because they love money. So the programmes were started by the Ministry of Health. They were rolled down. They started to target groups or communities that do not circumcise by emphasising this point: "Come for free circumcision, you will not get HIV."

Then we said: "Now, where are we?"

I remember the first cases actually were started in Rakai, first projects of its kind. Rakai, Uganda.³ After ten years there was no success. We are questioning the Western researchers and scientists to give us data, any data that proves through their research, through their projects and concept that circumcision of males reduces HIV infections in Africa, or in Kenya, or in Uganda. That data has never been unveiled, either shown, either commented. The argument is only one: that we are having maybe fifty thousand people we are going to target or maybe we have already cut.

If we go to the medical practitioners' centres that actually concern that work, we ask them: "How do you sustain your project to be sure that what you're doing, what you're aiming, is really sustained and actually is going to yield good results?"

One day I asked another doctor: "Do you make any follow-up to people that you circumcise?"

They say: "No, we don't make follow-up. Outside we tell them, 'Come for free circumcision,' and inside here we do some counseling by advising them after cutting, go and use a condom."

Well, that missing the mission has led us to question the research of male circumcision as the "best weapon" to fight HIV in Africa in terms of medical, human rights, spirituality, and other aspects in life.

That's why I thought I should come up with a study.⁴ And this study, it's asked some questions. Because we are seeing HIV is now, instead of going down as previous years [when] we were trying to reduce through promotion of condoms and other means, HIV is now again rising up very rapidly. Because when we read statistics from African countries—Uganda, Kenya, especially the areas where these people came to target—in fact you can say male circumcision, as a project that has been applied for we Africans, has failed to reduce HIV the way we were told.

¹ Delivered at the Kimilili Pastors Fellowship Office, Bungoma County, Kenya. 2 February 2016. Transcribed from video at www.vmmcproject.org/about-us.

² The Bagisu are a male-circumcising tribe in Uganda with one of the highest HIV prevalence rates in East Africa. See Project Bagisu at www.vmmcproject.org/project-bagisu.

³ Maloba refers to the second of the three female-to-male trials of male circumcision for HIV prevention that was conducted in Rakai, Uganda. The first trial was conducted in Orange Farm, South Africa.

⁴ Maloba refers to his coinciding February 2016 investigation in rural Uganda and Kenya that is included in the present report.

Two, we view it as a violation of human rights. How target only one race in the entire world? Yet we were able to combat this epidemic through the means that were initially put and recommended by WHO and other bodies in the world.

Two, we are looking at this point. Since male circumcision cannot reduce—because actually there is no close evidence whatsoever in the sense of the science that a man who is circumcised cannot get HIV. If it was so then I would say that my uncles who are Bagisu would not be dying of AIDS now. I personally have lost my cousins. My tribe [Wanga] also circumcises people. I've lost my cousins, my people. Some of them are today living with HIV. Some of them are dying because of HIV. And in fact they are circumcised.

Logically, by common sense, America has the highest number of people who are circumcised in the whole [Western] world, and America has the highest figures of HIV in the whole [Western] world.

So our study is a very simple study. We need to hear the views of the people. We have been to targeted groups like sex workers. We wanted to hear how they experience circumcision and sex and HIV. They're saying since the introduction of male circumcision, they use the word "condom" is no longer today being taken seriously by their clients. Because they claim they were told, maybe they were conned, maybe they were bribed, maybe they were I don't know what: "Come and get circumcision so that you may be immune against HIV."

Now they say these clients, they come, they refuse to wear condoms because they are safe, why should they wear condoms? Now because of poverty, these women accept to go to these people [unprotected] by charging them a very high amount. In fact if you use a condom, they will charge you less money. But because you say you have that strong immunity, these sex workers charge you very highly.

Number two, we are having too many cases of unwanted pregnancies. If you can compare data that we have had previously in '80s, '90s, and 20's, the figures are really going very high, simply because men who are circumcised say they're immune. It's like they're licensed to go and do unsafe sex.

We look at that point, and we see we may not have future humanity if this project continues to be promoted, to be funded highly, to be pushed by all forces. Well, in other words, we respect science honestly, but we do not support what science brings to finish us, to defile our cultures, defile our rights. But because scientists come, no.

So like I said, we are failing from the cases we are coming from here, to here, to here, to here. There's a man we have interviewed. That man was a poor man, a seller. People came and grabbed him, beat him, denouncing him in the name of kicking AIDS out of Africa. In fact there were three guys. One of the guys, because of that thoroughness and preparedness and aware against his culture and actually his will, that man went as far as taking his foreskin to sell it—after being forced to face the knife in the name of kicking HIV out of Africa.

So we are looking at this point that the project, the way it was brought, to those who are doing business it is actually beneficial. It's actually okay in the eyes of those who are being affected and infected. We feel it is actually harming our humanity, harming our future generations, harming our future doctors, forced men, teachers, pastors, and all that. Farmers, students, and all that.

The other point: we are looking at the funding. We as a small group of people who are committed, as Pastor has been saying, we feel that there's a lot of money that has been poured to cut African race. Why can't this money be channeled into other health sectors so that we may have sustainable health institutions within Africa? For example, we have doctors who are really unpaid, nurses are quite unpaid. You can maybe have a simple [infection] like malaria, you are told there are no drugs, there's no facilities. So our looking is that this money should be channeled for AIDS research, drugs, vaccines, to equip health facilities generally so that we may have good health, and also to promote mostly education of condoms so that we may save our community.

So, my great people from this land of Kimilili, this land that has produced very great brains in Kenya. I heard once there was a great man called Wamalwa Kijana. When he died, even people in Uganda cried. That was a genius man. We are here for you, to hear from you, and see if you can support our idea through your initiatives so that we may take this programme to the policymakers, those funders,

to hear exactly from people who are feeling the pinch. You know, those who are eating money, making business, they don't feel any pinch. But it's a common person, say a person who is being caught on the way, circumcised by force, down there in the clinic he is cut, he is left there. Then people are chewing money, because if you read the declaration of the WHO on that act of circumcision—actually they eat a lot of money per one person. And people are being told: "Come, it's free. Come and get circumcised." That money enters into the figure of those people in power.

So we being here, we'd like also to hear from you, maybe stories, your comments, actually what you feel is the way forward, so that this project may translate into a better society of African people to live at least in peace, to live with hope, to live in good environment. I was told there are some tribes, if they go to the community where other tribes circumcise, they are never allowed to live there unless they also undergo the same culture.

So with those few words and remarks, people of this great land, I say thank you for your attention, and thank you so much, as I hope you are going to give us more. Welcome. Thank you Mr. Pastor and Bishop.

Appendix F: Social Media

African Facebook users speak out against mass circumcision

February 2017 – April 2019

Involuntary Circumcisions

Continued from **Section I**.

Consistent with the findings of the VMMC Experience Project's investigation, Luo parents commenting on Facebook have mixed perceptions regarding their legal rights in the mass circumcision campaign.


The VMMC Experience Project
 February 22, 2019 · 🌐

"It is a violation of human rights, children's rights, and indeed, the right of my culture."



 304
 152 Comments 89 Shares 21K Views

Most Relevant ▾


Diana Nyandigah Mnitafutie this guy nimpelakee classes za VMMC and HIV. This is total illiteracy. Mwanaume came for orientation.

 1

Like · Reply · Message · 12h


Izaq-churchill Imbwaga Diana Nyandigah very true. He has demonstrated ignorance over the whole issue.

 1

Like · Reply · Message · 12h


Ochonge Ngoya This guy is very right, unless you teach us

Like · Reply · Message · 11h


Diana Nyandigah No VMMC can be done without consent from the guardian if the child is young. This guy should stop lies.

Like · Reply · Message · 11h


Maryanne Achieng Odira I share in this...my brother was taken for circumcision without our knowledge....worse it was school days.so he went to school the following day because he did not want anyone to know....he really suffered and had to stay home for almost one month. Why joke with our children in the name of getting commission for the number of children you take there?

 2

Like · Reply · Message · 13h


Izaq-churchill Imbwaga Maryanne Achieng Odira you are not serious

Like · Reply · Message · 12h


Maryanne Achieng Odira Izaq-churchill Imbwaga I was mad....I wanted to sue the school....how do you allow a child without consent of adults....

 2

Like · Reply · Message · 6h


Calvine Odero Circumcision should be done at 18 years, when the person has the ability to consent.

 1

Like · Reply · Message · 1d


Awara Victor **Calvine Odero** what's your definition of consent? Get your facts right. Ignorance!

Like · Reply · Message · 6h


Calvine Odero A minor does not have the legal ability to consent. Circumcision should be for adults only, as they are capable of making sound decisions that are legally & ethically binding.

Like · Reply · Message · 6h


Benard Ochieng This is not a Luo. However, circumcision too does not prevent HIV infection, not even 60% being touted. Let your children make a decision to circumcise or not when they are adults.

 2

Like · Reply · Message · 1d


Wuod Naph 1. This guy is not a Luo.
2. No one in circumcised without a consent, for children their parents give the go ahead for adults they give the authority. Let's have facts

 1

Like · Reply · Message · 12h · Edited


Ochonge Ngoya **Wuod Naph** wrong , those people snatch kids from school kwa nissan

Like · Reply · Message · 11h


Achieng Awino Omera, human beings are kidnapped and cars are hijacked, are we together? Next time tell them you're a Luhya from khwisero not a Luo.

 8

Like · Reply · Message · 21h



Tinto Linto

March 14, 2019 · 🌐

When asked if men should be circumcised, a little survey I have just finished produced the following:

1. Majority response was NO (58%)

2. Majority of people that said no were from Southern Africa.

Is there a cultural value within Southern Africans that makes them less keen on circumcision?

Is male circumcision a form of genital mutilation?

Should circumcision be done to young boys below the age of consent?

I'd love to have your opinions and contributions as part of episode 3 of the Cultural Dialogue Series which will start shooting soon. If you are interested, please let me know ku inbox. All nationalities welcome as their input will form a basis for comparison to Zimbabwe in particular.

Should men be Circumcised?



👍 Du Nomonde

28 Comments · 3 Shares



The VMMC Experience Project

February 28, 2019 · 🌐

"[Circumcision] should ... come at a time when somebody is able to make his own decision rightfully at the age of 18 and above. Not small children, not cheating people with some goodies and then after that, they begin regretting."



👍👎🗨️ 128

10 Comments · 20 Shares · 3.6K Views



Elias Osiba That's your opinion

Like · Reply · Message · 2d



Basiliza Odima I knew it, my sons have not been circumcised, they will decide for themselves when they grow up.

Like · Reply · Message · 3d

👍 1



Capital FM Uganda

April 2, 2019 · 🌐

Kyenjojo District Health Officer— DHO, Charles Tusiime, has suspended the operations of Baylor-Uganda in the district following the death of 18-year-old, Innocent Ariho because of adverse effects resulting from circumcision by Baylor staff

#CapitalNewsDesk

👍👎🗨️ 508

368 Comments · 64 Shares



Orishaba Bless Even if u are to pay me how much, i cant risk my housing

Like · Reply · 2d

👍👎🗨️ 49



Agweng Mariam I wonder where they are coming from.

Like · Reply · 2d



Orishaba Bless keep on wondering where we are from. I have a feeling u are the pple that suffered FGM.

Like · Reply · 2d

👍👎🗨️ 3



Mwaka Funi Benson Our forefathers didn't circumcise, so why this nonsense. Zungus are just trying to create market for their stuff! And you, stop mentioning dirt, unless you only shower on Monday. (m)zungus = Westerners

Like · Reply · 22h

👍 1



King Andrew Kusingura But what motivates these guys to circumcise everybody??

Like · Reply · 2d

👍 3



Samuel Sanyu Stop questions and just face the threads!!!

Like · Reply · 2d



Osama Omugahe Kagezimunyo Thats my question even

Like · Reply · 2d

👍 1



Pius Turyasingura Wonderful question for all.

Like · Reply · 21h



Nyeko Franco P'Kamach The worst decision i have made was to do circumcision

Like · Reply · 2d · Edited

👍 1



Rap Ebuka Ikeorah

December 11, 2018 · 🌐

Can we call the circumcision of boys Male Genital mutilation?

👍👎🗨️ ChrisTalker Ejinkonye-Arinze, Mary Sunday Akpan and 35 others

15 Comments



Okul Ramathan

November 12, 2018 · 🌐

No joy when you are next. Boys waiting for circumcision.



👍👎👏 15

11 Comments 1 Share



Themba Tak Khoza

September 28, 2018 · 🌐

There's serious medical things the government can offer free services which people die everyday but our government decide to offer free circumcision. The free circumcision is now starting to make me wanna dig deeper. I know the talk of health that comes with circumcision but is that urgent and very serious that the government can prioritise to fund it nationally. There's a commission also when you refer a boy for circumcision. What is happening here is we take our boys there without them fully understand the symbol of circumcision. What if many circumcised boys if they were at the right age to be moral were not gonna agree to the circumcision? Something isn't right here! We can debate about the health to this practice but something isn't just right.

👍 Eva Meier, Cassie Mcbia and 4 others

1 Comment 2 Shares



Mbako Nnyepi

August 20, 2018 · 🌐

"The real question is why is The US paying for your circumcision?"

Remy M. Nnyepi

👍👎👏 Donna Woodard, Moloi Moses and 17 others

24 Comments 6 Shares



Themba Mdluli

January 23, 2018 · 🌐

**I SMELL RACISM
WHY MEN'S CLINIC ,
CIRCUMCISION & HIV
ADVERTS ARE ACTED BY
BLACKS???**

👍👎👏 3

4 Comments 2 Shares



The VMMC Experience Project

July 14, 2018

How are the West's mass circumcision quotas REALLY met?

"Okoth Othieno [West Budama North MP] requested Parliament to compel Ministry of Health to explain why the health workers at Busolwe General Hospital in Butaleja District are forcing parents to circumcise their boys in exchange for medical treatment. ... 'Why is the Ministry of Health imposing an alien culture of compulsory circumcision on the people of West Budama North?'"

<https://www.kampalapost.com/.../butaleja-health-workers-subje...>



KAMPALAPOST.COM

Butaleja Health Workers Subject Patients to Forced Circumcision

👍👎👏 11

3 Comments 3 Shares



Owinassan Kenestani Horrible 👍 1

Like · Reply · Message · 8w



Prince Sebe Maloba It's dirt scheme being promoted by VMMC promoters for business making in name of kicking HIV out of Africa ,most hospitals are doing so, is why we need to demonstrate in Uganda

Like · Reply · Message · 8w

👍 1



Simon Collery ▶ **The VMMC Experience Project** ✓

August 22, 2017 · 🌐

These Luo girls got to the finals of a competition to provide 'technical solutions' to 'local community problems'. They created an app "which connects girls at risk of FGM with rescue agents and offers support for those who have already been cut". Perhaps someone could create an app that would do something similar for Luo males?



ALLAFRICA.COM

Kenyan Girls Use Technology to Combat Genital Cutting

"It's still fresh in my mind, the scene of female genital mutilation," said...

👍👎👏 Nita Harvey, Reginald Kate and 1 other

2 Comments 3 Shares



Mac'Olonde David

September 14, 2017 · 🌐

To Headmaster,
Achego Primary School
Kagan, Rangwe constituency
Homa bay County

Dear Sir,

Yesterday my 9 years old son came from school with a letter, A letter seeking for parent's consent if he should go for circumcision.

Did you take time to think of the psychological trauma that you're subjecting these children to? What if a parent (in his/her own wisdom) restrain her boy from this exercise while the rest of his classmates are allowed? Will it not affect his self-esteem? And how do you intend to handle such incidents?

As a parent, who does not believe in the 'HIV-Circumcision myth' How do you even start to explain to a STD 3 pupil the benefits of circumcision? And why he should go or not?

Who takes the responsibility incase the procedure/surgery goes wrong? Is it the school or the parent?

How will the school protect the children who opts not to get circumcised from psychological bullying from the rest who went for the surgery?

I mostly attended my primary & secondary in Rift Valley, from Gilgil Railways Nursery school, to Kikopey Primary in Kariandusi, etc before finally sitting for my KCPE in Rurii Primary in Engashura, Subukia where even parade announcements were done in Gikũyũ language. At all times more than 90% of my classmates were from Kikuyu community, a community which practiced circumcision. But circumcision debates was a taboo within the school compound. Though naughty pupils could still taunt uncircumcising communities.

At no time did local clinics or PCEA Church which always organized annual mass circumcision (mostly in December holidays) ever came to our schools to recruit pupils for circumcision.

Circumcision remains a personal/family decision and **our children must be protected from the money-thirsty NGOs who are mainly concerned with statistics, they are mainly paid according to the number of individuals they take for circumcision.**

In my belief as an individual, I believe this pressure on young children despite how well intended will only results in driving our innocent children to start practicing sex at an early age! If it must be done, then it must be restricted to mature pupils who can make independent decisions ie Class 7 or 8 pupils!

Concerned Parent

Mac'Olonde David

👍❤️ 42

30 Comments 13 Shares



Calvin Parma Sobatha

September 6, 2017 · 🌐

I still can't get why our government find it best to circumcise minors. There is a programme of enrolling Junior school boys for circumcision, and a consent to the parents comes after.

👍👎👤 12

14 Comments 4 Shares



Martin Nyakundi O'barimo

August 30, 2017 · 🌐

As we condemn Female Genital Mutilation (FGM), we should today discuss circumcision of young boys. Why should we subject young people to a painful process without their consent? Let circumcision be done at 18 years when they are mature enough to know what and why they are undergoing the process.

👍👎👤 53

43 Comments 12 Shares



Humphrey Hala Nairobi

Couldn't agree better.

Like · 1y



Stella Oiro

Traditions kando! Medically: Apart from Hiv, circumcision also prevents cancer of the penis as well as cancer of the cervix for the female sexual partner and even STDs/STIs. It is also therapeutic if the foreskin 'decides' it wont retract. Circumcision... [See More](#)

Like · 1y



Ochieng Ochoro

Base your argument with a scientific study. Nature was not stupid to place the foreskin where it is.

Like · 1y



Fred Okello

Schools need to concentrate on curriculum not conducting circumcision business.

Like · 1y



Min Izo

My son also suffered the same trauma from his peers

Like · 1y



Mac'Olonde David

Sad! Parents must protect their children from this, it affects their self-esteem

Like · 1y · Edited



Dorcas Sarkozy

What am wondering is that must it be done by school? Kwani they can't let you do it at your own time?

Like · 1y



Ojoo Dan Milaw

I do not support circumcision at all and my son will decide about it when he is a man.

Like · 1y



Mac'Olonde David

I think it should be an issue to be tackled outside the schooling space

Like · 1y



Ojoo Dan Milaw

Yes bro that alone can make me withdraw my child from the school immediately.

Like · 1y



Garang' Okaka

wacha mtoto apawe wembe....Headteacher did good to seek consent...

Like · 1y



Mac'Olonde David

Your opinion

Like · 1y



Owino Ken

Male Genital Mutilation must STOP. And this is not a request. We're professionally handling the circumcision propaganda at [Intact Kenya](#)

Like · 1y



Ras Emmanuel Herbalist Thunderstorm

is with [Antoniado-boskiado Muyenga-muyenga II](#).

August 25, 2017 · 🌐

The government looks at its citizens like animals in a park.

They just can't fool me!

Male circumcision is like rhino & elephant poaching.

👍❤️ 12

5 Shares



Chilufya Supa Chilufya

August 18, 2017 · 🌐

Male Circumcision has failed to Prevent HIV/AIDS, so apa we are going to Use Force, by Fire! By Thunder! We are going to Know U. Lol [#Uzatasha](#)

👍👎👤 22

4 Shares



Susan Isaac Jere

November 30, 2017 · Kitwe, Zambia · 🌐

Dear parents, i think circumcising babies/children is evil and a violation of their rights.

Why not wait until they grow to fully understand sex, advantages/disadvantages of circumcision so they make their own decision. Its not everyone that wants their foreskin chopped. Can someone take a survey if our friends in the west who have campaigned hard and introduced male circumcision to Africa are circumcised themselves, or the percentage at which their babies/children are taken for circumcision.

Being born with a foreskin is normal, its not a defect or Cancer, removing it is lifetime decision, let children grow to make their own decision on circumcision. Children circumcision should stop.



71

26 Comments · 20 Shares

Most Relevant ▾



Comrade Daaram Simakungwe I dont understand people who champion Circumcision or even its benefit. Some say for women, it protects women from getting STIs. So if i dont sleep around, where will i get the STI to infect my woman and why were my unchopped ancestors not spreading amalwele? From guys i hear it increases endurance, but i hear it loses feelings well.. It feels like being on a journey with closed eyes... I dont know what endurance because endurance is something within any man's control unless you have a health issue... Bottom line is the chopping is a tradition we should stop. The skin just like eye lashes do alot to protect our bodies... God knows why he creates foreskin for us... no part of my body is a mistake

Like · Reply · 40w



20



Susan Isaac Jere Very soon African women will start running west in search of uncircumcised men. The few remaining ones in Africa will have to start hiding to avoid being raped. 😂

I hear it reduces sex sensation on a man, but why would anyone want to reduce that? And who lied to men that women want men who take 1hour on top??

I don't have a problem with circumcised adults because its their choice, but if it reduces sex sensation why circumcise little children who don't even understand what they are getting themselves into???

Like · Reply · 40w



10



Ingrid Nayame I'm glad another man is against it.

Like · Reply · 40w



3



Champo Simukoko Whether male or female circumcision, it still sound like genital mutilation to me

Like · Reply · 40w



14



Gift Tako Linyada Mbewe This is what I told people on my wall, imagine if my mother had cut my foreskin! I was going be mad with her kaleza!

Like · Reply · 40w



13



Susan Isaac Jere In near future parents will be sued

Like · Reply · 40w



5



Zamubeef Plc

August 3, 2017 · 🌐

Its only in Africa... Where peeps go around in a car with a megaphone advertising Male CircumcisionNo?



10

13 Comments · 3 Shares



Dan Disepo ▸ The VMMC Experience Project 🌐

July 31, 2017 · 🌐

Circumcision done on children who are not sexually active. The initiative of this campaign is no longer aimed at adult males but rather mutilation of unsuspecting innocent children's genital foreskins



Kingsmann Lesedi, Mompoloki Kabelo and 2 others · 2 Comments · 5 Shares



Kingsmann Lesedi To my own point as just nobody, I think this campaign is just a way of colonization of all males into a super American mindset. When they are finished with everyone they will celebrate your dismal defeat.

Like · Reply · 1y



2



Dan Disepo ▸ The VMMC Experience Project 🌐

July 31, 2017 · 🌐

Here one of the kids cried his lungs out in fear of loosing his foreskin something of which happened. Now the question is; Were his rights not violated?!



6

9 Shares



Mondli Botha
July 15, 2017 · 🌐

In this cold weather little boys are processed for circumcision and then operated in a mobile clinic. The real clinic is locked



4

6 Comments 1 Share



Basher Shamsudin "Get'em while they're young" - is this how good is justified?

Like · Reply · Message · 49w



2



Klaus Rasmussen Hopefully, this will go down in history, as a crime against humanity.

Like · Reply · Message · 49w



5



Kristian Rikardsen Fellow norwegian here, most people are against it and even I am against it.

Like · Reply · Message · 48w



2



Kalipalire Zex
September 4, 2017 · 🌐

the world is encouraging Male Genital Mutilation (aka circumcision) while discouraging the same for females (FGM) and encouraging education for the girl child



18

9 Comments 5 Shares



Khayelihle Nxumalo
July 23, 2017 · 🌐

Have you seen any other race other than black for "Male Circumcision" adverts? I get offended because it subliminally says only black people need to circumcise and thus scaring of potential white/Indian/colored woman I could meet.....



16

26 Comments 11 Shares



Jackson Freddie
July 22, 2017 · 🌐

MoH-ug we appreciate your efforts through the Govt. of Ug. in the massive smart male circumcision on going. However, much as the exercise is very important, there are some of your staff who are picking the under age male children from the roadsides, trading centres, schools without the consent of their parents, looking at this, its abduction, and what if goes wrong here, more so circumcising school on going children at during school days is causing a mess in learning and other school programmes and extra curricular activities, its better done during holidays as most of the schools esp in rural settings are not clinically equipped. Consent from parent is important otherwise its a disorder at cost!



5

12 Shares



Mthunzi Gagela
June 23, 2017 · 🌐

Can someone explain to me, is it not disrespectful to culture and tradition to advertise circumcision to black males?



3

5 Comments 1 Share



MB Floe is with Philip Brown.
April 13, 2017 · 🌐

OF INFANT CIRCUMCISION

JUST WHEN YOU THOUGHT AM DONE WITH CIRCUMCISION

Any genital mutilation is abhorrent.

I think it should be against the law to do it to infants, unless there is some absolutely necessary medical reason.

It cannot be reversed, and the person whose body is altered has no say in it. The person should decide as an adult what to do with their body. The only person who should be making the decision to have the surgery on their genitals is the one the genitals are attached to.

Its child abuse and more cruel than beheading.

There are no health benefits. Leaving the glans exposed is unsanitary, not healthy especially later in life and it reduces areas of possible stimulation because something meant to be sheathed in skin (foreskin) is floating in a bag of cotton (pant) all day every day.

If you think this does not make sense check with and consider the female circumcision;

IT IS CALLED FEMALE GENITAL MUTILATION!!!

#Bravehearts

#AmNotYourAverage



8

16 Comments 1 Share



Patrick Papa-p is with Lukesh Thomas and Vessy Ndakondja.
February 8, 2017 · 🌐

My Future Is My Choice was a really HIV informative programme for teens in my early years. All I am seeing now is male circumcision left, right & center. Is this the only campaign we got funds for?



30

6 Comments 1 Share

Sexual Impact

Continued from **Section II.**

The VMMC Experience Project
February 28, 2019 · 🌐

Does circumcision affect the sex life? Share your experience below.

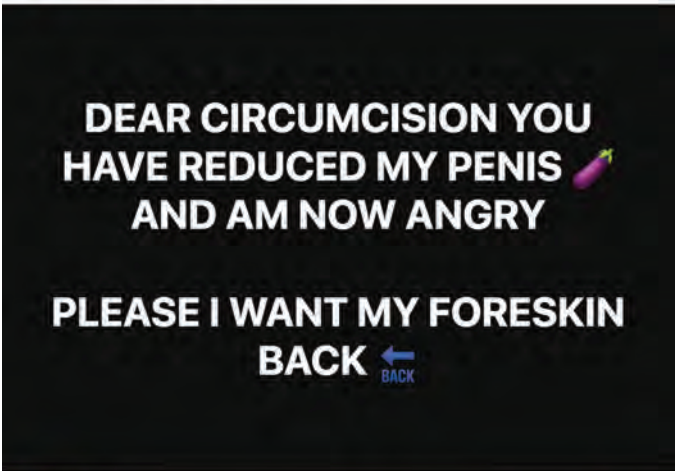


There are so many dangerous complications that I'm experiencing that I can't even accept my fellow men to be circumcised.

240 Likes · 43 Comments · 19 Shares

Steve Wamusoro Sex is mentally driven...you lack peace of mind you loose some of your vitality.
Like · Reply · Message · 4d

Pértröss Çòál Tálk Lëxĩngtøñ
April 4, 2019 · 🌐



23 Likes · 10 Comments · 1 Share

Tina Wa Namenya Ogaga Sylvester Anita Abanga Liz Opili is there some truth in what this young man is saying?
Like · Reply · Message · 4d

Reagan Orodi Yeah there is,, because it's not him alone ave seen many and its so sad.. 😞😞
Like · Reply · Message · 4d

Prince Sebe Maloba His case reminds me of senior Uganda air force controller who lost his sexualize power when he went for VMMC in his mid age,he can't do sex and have family despite having well paid job in the country.It too reminds me of five luos in Gemu and one doctor in Kampala whose sexuality was disempowered by VMMC,its high time to do away with lies of circumcision
Like · Reply · Message · 4d · Edited

Michael Ywaya Following!
Like · Reply · Message · 2d

Janet Adhiambo It is healthy 😊
Like · Reply · Message · 3d

Kenneth Otwoma Hogwash news I was circumcised willingly and I have never had problems.
Like · Reply · Message · 4d

Prince Sebe Maloba If it was you that this happened to you,could you be still support circumcision,you must find ways of protecting others,among bagisu ,bukusu,wanga never recognize anyone who was curcumcised in hospital as circumcised person, where their traditional cir...
See More
Like · Reply · Message · 4d · Edited

Flint Kennedy Prince Sebe Maloba tell us the essentials of foreskins,,I may find a reason to claim mine back through surgery
Like · Reply · Message · 50m

Tshepo Motlokwa
April 4, 2019 · 🌐

Circumcision reduced my 🍆 and I'm angry 😡
85 Likes · 8 Comments · 3 Shares

Dkt Bhekubuhle Ntombizimzwan Magubane
August 14, 2018 · 🌐

Dear men who aren't circumcised yet...
Don't do it. Izwa ngam.
No questions. Just don't do it.
23 Comments · 3 Shares

Fredricks Donald Swartboi
July 22, 2018 · 🌐

I really regret getting circumcised 😞
193 Likes · 104 Comments · 6 Shares



Ps Sifiso Dlamini

December 12, 2018 · 🌐

I stumbled upon two guys who are locked in a conversation about the merits and demerits of circumcision. Actually the taller one is telling his friend about how much he regrets having done the operation to remove his foreskin. He says the foremost part of his manhood lost all of its sensitivity the day he was circumcised and since then he has never enjoyed sex with any woman at all. He likened his sexual experience to someone a simply using a dry twig to poke a hole! This experience has left him with no sexual pleasure and he regrets everything about it. According to him he says at PSI they only told him that it would lower his chances of contracting HIV should he have unprotected sex and that his manhood would be less sensitive so that he would not suffer from early ejaculations. But the whole experience is far from satisfactory or any of what he had envisaged as he is now left with a dry stick that doesn't give him the sexual pleasure he would like to feel when intimate with a woman. I don't know about the truth of his statement but judging by the seriousness of his expression, he was genuinely unimpressed. In fact he further advised his friend not to dare circumcise his boy child but let it be his own choice to do so when he grows up. There!! I have always said it. People get circumcised for all the wrong reasons. I'm sure that numerous other men out there share the same sentiments but are afraid to come out and declare that they have made a huge mistake in their lives.

👍❤️😂 19

22 Comments · 5 Shares



Ndabezinhle Mntungwa

October 22, 2018 · 🌐

Circumcision is a medical phenomenon whose health benefits are debatable and wildly inconclusive. Why are we all falling for this dumb cult?

👍❤️😂 87

77 Comments · 13 Shares



Tawanda Damba Why didn't you tell me this BEFORE I got butchered?????

Like · 3w

👍❤️😂 12



Ndabezinhle Mntungwa Bro. You had to cut out 3 quarters of the most sensitive nerve endings in your body. The pleasure you get from coitus has been largely compromised believe me, the foreskin is very sensitive.

Like · 3w

👍❤️😂 7



Tawanda Damba I can believe that cause it feels way different now

Like · 3w

👍❤️😂 5



Sam Winchester Maleke Circumcision is one of the things I always point out to show how gullible people are.

Like · 3w

👍❤️😂 24



Aphiwe Sphelele Mntungwa Lol all i know is that it decreases sexual pleasure since the foreskin is said to be the most sensitive part.

And that if you clean your penis there isn't much of a difference

Like · 3w

👍❤️😂 14



Mpho Emkay I regret ..I miss my foreskin 🙄😂 5

Like · 2w



Basher Shamsudin Its true. They are duping African men.

Like · 2w

👍❤️😂 2



Sibonelo Dlamini shared a post.

October 13, 2018 · 🌐

I circumcised for nothing



Tsholofelo Chantelle

October 13 at 9:28 PM

Write Your Sad Story in Four Words

Mine: i shaved for nothing 🙄💔

👍❤️😂 49

1 Comment · 1 Share



Javan Narshon Starboy

Sep 4 at 10:09 · Nairobi, Kenya · 🌐

If there's one thing I regret in my life; it's getting circumcised.

👍❤️😂 169

220 Comments · 1 Share



Akanu Ujah Agwu

July 18, 2018 · 🌐

Now here is the deal. A circumcised penis loses the basic functionality of a normal penis. You wonder How?

Here it is.

. The prepuce does the following things for a penis. ...

[Continue Reading](#)



Mbali Mduduzi Skosana

February 6, 2018 · Tweepfontein, South Africa · 🌐

I wanna go back in time to stop my circumcision, guys I miss my foreskin.

👍❤️😂 164

21 Comments · 7 Shares



Lelo Nxasana

February 5, 2018 · 🌐

FYI sex was good before circumcision ,the loss of nerval endings reduces sensitivity albeit you last longer but what's the point of doing twice or triple the time whereas you can't feel much ? Worse with a rubber ? 🙄😂
Don't let these women put y'all under pressure don't do it,it's a trap and if they argue that it reduces your chances of contracting STD's FOH there are recent studies that say otherwise but anyways let's not delve deeper into that just don't and yes you'll still be a man no less from me or any other.

👍❤️😂 43

5 Comments · 8 Shares



Botswana Latest News

January 1, 2018 · 🌐

VEE MAMPEEZY KILLS YOUNG MAN

*A 24 year old young man from serowe is blaming Vee Mampeezy

*Says Vee mampeezy whom was Ambassador for Safe Male Circumcision must bring back his Foreskin.

*He says Vee mampeezy Inspired him to cut down his foreskin.

*Told him he will enjoy sex to the fullest

* Young man claims his girlfriend dumped him for weak erection and poor sexual performance

* Says he no longer enjoys sex

*24 year old says he regret the day he removed this foreskin.

*Confirmed its now the second month without tasting punani.

"Ga ke sa tihola ke tsogelwa, ga ke sa thola ke kgona go ja Tikologo tse di fetang bobedi, mme ke ne ke le motho wa bo 4 rounds go ya ko godimo"

*He Blames the Ministry of Health and Mampeezy for his sex dysfunctions

*Demand 1.3million from the government for his disability

PLEASE SHARE THIS POST TO ALERT OTHERS ABOUT THE SIDE EFFECTS OF CIRCUMCISION



👍👎👏 557

289 Comments 160 Shares



Like



Comment



Share



Most Relevant ▾



Letsogile Osupile Apart from this story i once asked disadvantage of this circu thing!! I nvr got an answer from Doctors and nurses who perform it... Only advantages i got... But believe me they is major disadvantage than advantage. Let just ask one question....

Do m... See More

Like · Reply · 36w

👍👎👏 12



Orapeleng Figo Ikaneng Well said bra, nna I was once chased away in a workshop asking abt the disadvantages of circumcision. Kante gone where does the idea of circumcision originates, ne go pushwa agenda ya the westerns.

Like · Reply · 36w

👍 1



Tumi Mmagwe Lefa Tjala Most men r complainin bout ths issue yet sm evn tell u thy dn knw th disadvntges of ths circmsion..mme sela la mo kgoba ka mafoko ,batho gare tshwane betshoo..ngwan yo knew his level,so obone gore afr th procedure gagoa nna jk pele..smwhr smthn s wrong!!

Like · Reply · 36w

👍 4



Boikhutso P M Monga It seems most don't understand their rights. This young man understands his. The inspiration he got from vee and all benefits he heard forces him to go. He can win this case with the right representation.

Like · Reply · 36w

👍👎👏 5

↩ 4 Replies



Azizi Loneman Circumcision is the only surgical procedure done in under age boys without parental consent, but like the youngman rightly claimed it can go wrong leaving a permanent scar on the victim. Whether the guy is true on not, get the message in the post... He rightfully blamed Vee for his circumstances cos he was inspired getting it from a celeb/role model that save male circumcision is coool.

Like · Reply · 36w

👍👎👏 4

↩ 2 Replies



Aldrin Walker Kgomonne Yah circumcision is nonsense,i also regrete doin it,i dont think I wil let any of my kids to do that

Like · Reply · 36w

👍 6



Meso Tshalakwe I don't support this campaign, I never will

Like · Reply · 36w

👍 4



Gibson Magapa Snr I still can't believe most men wer dumb enough to fall for this...

Like · Reply · 36w

👍👎👏 2



Thabologo Ramahobo Nonsense.... Circumcision is the way to go... I did it

Like · Reply · 36w

👍👎👏 2



Kele David Monekwe This happens to many guys who did it,it was just trial & error

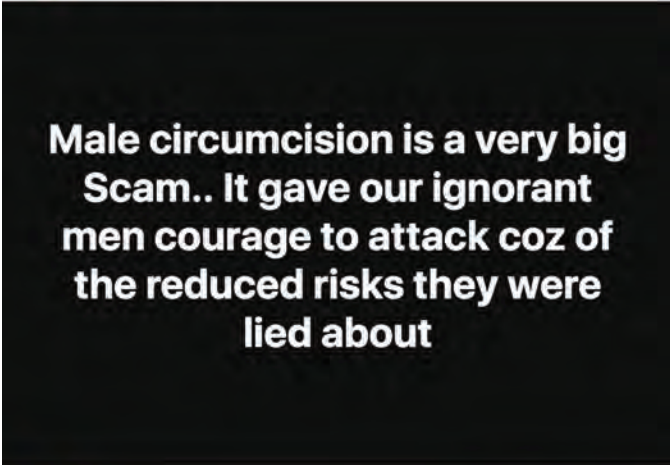
Like · Reply · 36w

👍👎👏 2

Behavioural and HIV Impact

Continued from **Section III.**

 **Richard Wasonga**
March 20, 2019 · 🌐



👍👎👉 21 21 Comments 2 Shares

 **Richard Wasonga** This circumcision thing has led many into their early graves
Like · Reply · 1d 3

 **Mandela Owuor** Fake news.
Like · Reply · 1d 1

 **Onimo Onguru III**
March 8, 2019 · 🌐

53.75% of Luos who underwent circumcision during the hype of VMMC regret that decision !!

Circumcision is Fraud , it made some people think they couldn't contract HIV. It only made Luos, Highly Acceptable , to indulge heavily in sexual pleasures with other communities Bantus ;Meru ,Kalenjin et Al without ridicule !!

If the hand of time would turn back ,Nkt.

Yours truly
53.75%

👍👎👉 36 21 Comments 10 Shares

 **David Oyola** Resist that rubbish.
Like · Reply · 1d 1

 **Hon Omondi Kong'o** I resisted it when it all started haha
Like · Reply · 15h 1

 **Onimo Onguru III** youre the real men now...
Like · Reply · 15h

 **Antonio Anto Leonardo** the good thing is...it offered employment opportunities to a few individuals...An nadhi before bullshit mar VMMC no okel 🤔
Like · Reply · 14h 1

 **Christopher Chikwanda**
March 3, 2019 · 🌐

My dearest African doctors what compelled you to adopt male circumcision to prevent HIV/STIs when you knew it will only increase cases of HIV infection? Why did you lie that circumcision reduce chances of contracting HIV/STIs when you knew it was a lie because such benefits does not exist? Are you aware that circumcised men are reluctant to use condoms? Are you aware that HIV infection has gone high in countries were circumcision was massively done by you doctors? Now listen ... [See More](#)

 **KNMG.NL**
International physicians protest against American Academy of Pediatrics' policy on infant male circumcision
Circumcision conflicts with children's rights and doctors' oath and can have serious long-term...

👍 1 1 Comment

 **Dhat Crazyey Bilch Miniey**
December 12, 2018 · 🌐

I am Very Proud to have a circumcised partner,it also Protects Me against Cervical cancer 🍑🍑🍑🍑

 Tshepo Mangwane, Karabo Baloyi and 9 others 1 Comment

 **Omondi Geoffrey**
November 25, 2018 · 🌐

There is this very dangerous notion creeping through some people's minds that circumcision protects one from HIV virus. Many young men are falling for this lie unfortunately. Do not be promiscuous simply because you are circumcised. Circumcision is NOT immunity to HIV my friends.

 Grace Mitambo, Aisha Otieno and 8 others 5 Comments

 **Mbaakanyi Lenyatso**
November 19, 2018 · 🌐

one Scam i didn't buy and i will never buy is that "Circumcision will help reduce HIV and AIDS infections "

Whoever come up with that idea to Batswana he has the poverty of the mind. It was one regressing move taken by our leaders and it real damaged our society.

The ABC method was very progressive and bearing good fruits. Then Boom idiots with no brains just excited with the American donations and start to turn thr good work up side.

Circumcision campaign has left many people vanarable and many young girls have been infected due to believing that a circumcised many is HIV negative and some many believing that you cant be infected if you have circumcised hence dumping the ABC strategy.

Circumcision is only for hygiene and other deases that can be influenced by un clean but not HIV/AIDS.

The only where of reducing or avoiding HIV/AIDS is 1) Abstaining, 2) Be faithful to your wife or Husband and 3) Condomise if you are not sure that the other patner is faithful. Mogabo o roetse kepepe ke maaka fela.

People must be free to think. I am telling you since the introduction of circumcision the HIV /AIDS numbers increased mostly in woman who believed its true the circumcised man are Negative.

I over heard one girl tell her friend that she tested HIV just because she trusted her boyfriend after he circumcised. The girl is even suicidal because she was talking about how much she did from her teenage to avoid AIDS only to be injected by a guy who used circumcision as advantage of having unprotected sex with unsuspecting woman.

I know some individuals will be saying she could have used a condom when we all know that our society is not using a condom that much looking at the number of children without fathers. Every man is looking for any opportunity to have sex without a condom and given the idea of circumcision was arming the with a dangerous self destructive weapon.

I think HIV numbers shoot up since the circumcision.

 Cadoh Kgarebe Yaga Setsane and 34 others 14 Comments 7 Shares

 **Vuyo Mbiko BhunquBhunqu Soci**
November 18, 2018 · Gansbaai, South Africa · 🌐

63% of circumcised male have no chances to be infected with HIV/AIDS

 Lara Johnson Stang, Jaime Leigh Hawkins and 84 others 118 Comments 14 Shares



The VMMC Experience Project

October 27, 2018 · 🌐

Is mass circumcision *increasing* HIV/AIDS in Uganda? President Museveni breaks his silence.

<http://www.pmldaily.com/.../museveni-castigates-circumcision-...>



PMLDAILY.COM

Museveni castigates circumcision as away to prevent HIV/AIDS – PML Daily

[Learn More](#)

👍❤️👍 Bagatya John, Loice Kyaku and 407 others 54 Comments 47 Shares



Barigye Sabiiti Ivan I totally agree with him!! 👍 1

[Like](#) · [Reply](#) · [Message](#) · 1w



Kasajja Axam Brilliant

[Like](#) · [Reply](#) · [Message](#) · 1w



Edward Gitta Musisi Spot on 100%! Moslems die of HIV in hundreds!

[Like](#) · [Reply](#) · [Message](#) · 1w



Atwijukire Ronald Katebire I had heard him critising it

[Like](#) · [Reply](#) · [Message](#) · 1w



Mwesiwga Aaron Jonathan A clinical trial to test your hypothesis costs much less than you think. Support science Sir.

[Like](#) · [Reply](#) · [Message](#) · 1w



Jason Drew There are more studies already done in Africa than you probably think, together which show clearly that circ doesn't protect against HIV or AIDS.

[Like](#) · [Reply](#) · [Message](#) · 1w · Edited



Ricky Reward This old man with old brains. Mass circumcision was supposes to be aborted long ago. Studies have found an increase in HIV and STD infection in the circumcised persons due to their reckless lives after circumcision. Let the old dictator stop misinforming our population and killing our children

[Like](#) · [Reply](#) · [Message](#) · 1w



Barigye Sabiiti Ivan Ricky Reward you seem to agree with what he is saying but your hatred for him has overtaken you.

[Like](#) · [Reply](#) · [Message](#) · 1w



Arthur DollarBills The circumcision campaign confused the masses hence worsening the situation

[Like](#) · [Reply](#) · [Message](#) · 5d



Jonsky Oduko Agree

[Like](#) · [Reply](#) · [Message](#) · 1w



Laku Ronald Agree



Tiba Edward I support Jaja. In America people are abolishing this habit. But we Africans we are moving a round with speakers deceiving people.

[Like](#) · [Reply](#) · [Message](#) · 1w



Sserwanga Josephine Yolonim Sir which year was it abolished in America??? tell me the source such that i also get informed

[Like](#) · [Reply](#) · [Message](#) · 1w



Tiba Edward Visit www.norm.org. I will add u more



NORM.ORG

NORM - The National Organization of Restoring Men

[Like](#) · [Reply](#) · [Message](#) · [Remove Preview](#) · 1w



Tiba Edward There's alot advocate in USA against this practice.

[Like](#) · [Reply](#) · [Message](#) · 1w



Tiba Edward www.doctorsopposingcircumcision.com is another one

[Like](#) · [Reply](#) · [Message](#) · 1w



Fuaborogbe Pate TitaSoni A man is to be circumci..... to look clean.

[Like](#) · [Reply](#) · [Message](#) · 11w



Oromokoma Oromokoma Fuaborogbe Pate TitaSoni that is the most incredibly stupid reason here

[Like](#) · [Reply](#) · [Message](#) · 11w



Benon Kisebbo It reduces the chances of being infected.

[Like](#) · [Reply](#) · [Message](#) · 6d



Oromokoma Wod P'arangi Full crap. Can you explain why most Muslim men for instance are infected with HIV much as they are circumcised?

[Like](#) · [Reply](#) · [Message](#) · 5d



Senfuka Samuel B I would also promote it as a personal hygiene intervention than prevention of acquisition of HIV.

[Like](#) · [Reply](#) · [Message](#) · 5d



Bakaki Daniel Perfect 🙌🙌 2

[Like](#) · [Reply](#) · [Message](#) · 5d



Tagaywa Micheal It has increased more coz some dd it ignorantly...He told us long time ago mbu faithful is better than all induced methods.. That pple go ignorantly and hv sex thinking that they won't be affected

[Like](#) · [Reply](#) · [Message](#) · 3d · Edited



Juliet Tete Sande Does this mean that female genital mutilation shd continue to protect HIV/AIDS?????

[Like](#) · [Reply](#) · [Message](#) · 3d



Hillary Kaheebu Have an urge to check every skirt after i got circumcised they keep saying! .(2)men loose sexual pleasure by 30percent. (3) there is no HIV in mbale right! Mitwe mikalu!

[Like](#) · [Reply](#) · [Message](#) · 1d



Connie Harter Matovu It won't

[Like](#) · [Reply](#) · [Message](#) · 1d

 **Hon Cyrus Njuguna** is with Prezo Nazlin Umar and 11 others.
November 16, 2018 · 🌐

"We need our prepucis back" is the response I got from a group of youths I had an opportunity to talk to, from Homabay, and who were volunteers of VMMC, who did not receive any change from the exercise. The medics, who conducted the same did not guide the guys in making choices, and so they could not weigh the pros and cons of the same. "We thought that getting circumcised is like opening the doors of paradise, of staying safe from HIV and other STIs", responded one of them. According to research findings, Homabay county has gained fame in the rising numbers of new HIV infections, even after the activity that was relied on to curb its spread had been carried out. To add on top of this, **VMMC has been regarded as a curse by very many individuals** for many reasons ranging from high HIV prevalence to high rates of youths and adolescent pregnancies, and now to SYPHILIS outbreak (it has been nicknamed 'jakadala' in the region)... **I want to urge our fellows, who are in connection with the NGOs to take responsibility**, I have a group of youths who can visit Homabay and educate our youths on how to protect themselves, in order to reduce these cases of STIs in the area, kindly connect me to the people cum organizations who can sponsor us to do this sensitization.

👍👍👍 Hon Cyrus Njuguna, Job Kaiwang and 14 others

16 Comments 15 Shares

 **Odhiambo Beda**
November 16, 2018 · 🌐

Since the inception of the male
circumcision in Nyanza, have cases of
transmission gone down?

👍👍👍 Nyakech TheOracle, David Look Axelson and 11 others

23 Comments

 **Easter Achieng** Great question 🌐 1
7w

 **Odhiambo Beda** But the VMC thing is scam, there is more to it
7w 1

 **Ochieng Ochoro** That thing was a scam. 🌐 2
7w

 **Odhiambo Beda** we are specimens in a test tube 🌐 1
7w

 **Bonface Omondi Nyangla** A scam it is. 🌐 2
7w

 **Big-baby Shemeji McOlare** It Also Lowers The Manpower.Scam It's! 🌐 1
7w

 **Julius Okuto** Whoever that Male presenting himself for circumcision believing it has got anything to do with HIV infection MUST be taken for Brain Replacement because he is sick upstairs. Circumcision is purely cultural and has got much more to do with Biological Malfunction than Social or Medical solution. 🌐 3
7w

 **Elly Ellistrez** Watu watahiri bana. That foreskin is too ugly and dirty
7w

 **Julius Okuto** It simply shows how ignorant you are. Try to read much about your anatomy.
7w

 **Odhiambo Beda** Ugly to who 🌐 1
7w

 **Nyanza SI KENYA**
October 8, 2018 · 🌐

Having sex without a foreskin is like having a camera without flash and using it in the dark.

**PROMOTING
CIRCUMCISION
AS
HIV PREVENTION
IS
MEDICAL FRAUD**

👍👍👍 9

4 Comments 6 Shares

 **Miké Malatji**
August 23, 2018 · 🌐

**Circumcision reduces the
chance of getting infections of
STI's and HIV by 98%
It's free in Local Clinics.**

👍👍👍 78

76 Comments 4 Shares

 **Peter Oduor**
January 2, 2019 · 🌐

A few years ago, an editor/ supervisor I worked for (Bernard Mwinzi) told me not to quote NGO reports so much in my articles: That their figures and data from the field couldn't be trusted. Basically, he said NGO reports are [REDACTED] (Not his exact words). Last week, a new evaluation report financed by the US Government was released and it showed that the much praised Voluntary Medical Male Circumcision (VMMC) in Kenya may have been built on falsified data.

Tens of thousands of 'ghost circumcisions' may have been reported in Kenya since 2008; costing donors a considerable amount of money. The report was published on December 18 and it shows data from the four core counties of Kisumu, Siaya, Homa Bay and Migori to have been highly inflated. They believe that there was intentional inflation of data reporting by some implementing partners to keep the money flowing.

I guess Mwinzi was right... NGO workers are as shrewd as they come. No one wants a project to end or to look like it is failing or to look like it is giving results that the donor won't like.

👍👍👍 25 others

19 Comments 4 Shares

Phoebus PJ Jamieson shared Juliet Nyasulu's post.
7 hrs · 🌐

The HIV protection message gone wrong. Yes rolls became more promiscuous
Cry my beloved sub-Saharan Africa

Juliet Nyasulu shared a link to the group: [Public Health Forum for Sub-Saharan Africa](#).
August 26, 2018 · 🌐

Sub Saharan Africa has been the target for Male Medical circumcision, we thought it was a vehicle to risk reduction. And now?? But I guess not all hopes shattered! what do you think?



SELECT.TIMESLIVE.CO.ZA

Study shock: Circumcised men have more HIV! Why?

Mpumalanga sample group goes against all previous studies and has researchers scratching...

Edina Nkangala Am not surprised
7h

Netsayi Chimenya Eyetu, after circumcision they wander around thinking they are now immune to HIV. Levels of understanding. Not surprised indeed.
5h

Phoebus PJ Jamieson This is totally mad
5h

Edina Nkangala Phoebus PJ Jamieson I didn't like the idea in the first place. I don't see it working at all
5h

Kaboni Whitney Gondwe Am not surprised at all. People thought they were immune to it and became more promiscuous.
5d

Mbali Maleta Kaboni Whitney Gondwe actually that is why many are doing it now obviously for the wrong reasons to sleep with as many women they can so sad mwewe. Those for it sent out a misleading message in the beginning and now this? Eeeish
5d

Kaboni Whitney Gondwe Mbali Maleta They need to do the education again that it doesn't mean you are immune it just lowers chances. And maybe we need to stop the mass circumcision and let it be an option they can consider after understanding in detail
5d

Mbali Maleta Kaboni Whitney Gondwe I agree with you it should be voluntary koma daily kulengeza za mdludwe pa radio as if there are no other pressing issues
5d

Lapani Chisi Ngala Kaboni Whitney Gondwe it makes us 2 dear. Thus was not clearly understood by most men. They really thought it was a shield against HIVshame!
4d

Lapani Chisi Ngala Mbali Maleta et i et i nu. Penapake tikulakwisa yokha ndithu. We are misleading the community penapake ndi mauthenga athuwa.....eish
4d

Moque M Ngwira The problem is the circumcised group had or has less fear on unprotected sex! I've overheard such guys say they can't be infected coz they have been circumcised of which wasn't true! #circumcision n it's unintended circumstance
3h · Edited

Elizabeth Sharon Chintolo Someone must go back to their drawing board this is a disaster.....total failure on the program and must be reviewed immediately. I see lots of children die of this disease ngati nkhuu yachitopa #innocentsouls it pains me!
4d

Christopher Chikwanda
July 26, 2018 · 🌐

Do we have researchers or scientists in Africa? Why African doctors promoted male circumcision without analysing the effects of circumcision? I have asked this questions because circumcision is now a conduit pipe for HIV/STIs infections.

The importance of the foreskin.

mucous membrane, also known as a mucosa (plural: mucosae), is a layer of cells that surrounds body organs and body orifices. It is made from ectodermal tissue. Mucous membranes can contain or secrete mucus, whi... [See More](#)

Harry Nkhutse, Carolyn Mwila and 2 others

1 Comment 4 Shares

Nikky Katungu
July 3, 2018 · 🌐

My fellow men out there who are CIRCUMCISED..being circumcised is not a passport to sleep around without Protection MUZAKATONGOKA. Always be careful.Nyama to Nyama kills even when u Circumcised. Hope am clear!

Arthur Makoni, Cebile Phyllis Tsabedze and 15 others

8 Comments 6 Shares

Mafex Lucky
December 3, 2017 · 🌐

Men get circumcised today, fight HIV and Cancer.



14

9 Comments 1 Share

Leenox Chiseko Jonas ▶ Daily Thetha SABC1
November 30, 2017 · 🌐

Circumcision hasn't been a bad idea up until our generation started taking it as some kind of contraceptive. People are no longer using protection coz they say it defends u against STIs wch is totally wrong...

3 Comments 1 Share

Monica Nambalela
November 28, 2017 · 🌐

The circumcision drive must tell our brothers that circumcision does not take away the responsibility of always doing it with a condom. One dude says okwakwenya his foreskin was removed anua now he can not get infected he is anua protected like Mshasho....

5

9 Comments 3 Shares



Kilian Blacklized Wombulu

October 19, 2017 · 🌐

They thought circumcision will stop this but instead it just increased the likelihood of getting infected.

CONFIDENTE.COM.NA

19 new HIV infections a day in Namibia

... Shocking statistics revealed during Walvis Bay PrEP clinic visit By Confidente Reporter A shocking 19 Namibians a day where infected with HIV/Aids during 2016, adding up to a total of 7

👍👎👉 26

4 Comments 5 Shares



Saviour Pondala

September 25, 2017 · 🌐

Are we in the right direction of combating HIV/AIDS in Africa? The answer is NO! Why have we stopped promoting condoms and instead we are spending huge sum of money promoting male circumcision that does not play any role in HIV prevention but only acts as a conduit pipe for HIV transmission?



BUZZSOUTHAFRICA.COM

HIV Prevalence In South Africa: Survey Shows A Massive Drop In Condom Use

👍👎👉 14

6 Comments 6 Shares



Skhanyiso Koples

May 30, 2017 · 🌐

I didn't go thru the pain of circumcision to be still using condom. AUWA!!!!...hit it raw and take a shower 😊

👍👎👉 84

30 Comments 8 Shares



John Ochola

August 25, 2017 · 🌐

Voluntary Medical Male Circumcision (VMMC) in Kenya specifically Nyanza has not reduced HIV infection as was expected, instead the new infections have doubled if not tripled according to available data.

Why? What if circumcision was actually intended to to achieve exactly the opposite of what we were made to believe? What if the foreskin has defense mechanism that are rendered obsolete once it's mutilated?

What if VMMC is another biological war technique employed by the west to control African population by making them defenseless against HIV?

Time to stop believing everything from the west and start asking serious questions.

👍👎👉 77

8 Comments 10 Shares



Michael Ndalama Mwale

August 11, 2017 · 🌐

This is madness, to say the least! To put it in the context of medicine, it is pure QUACKERY! There is no way that circumcision can reduce the transmission of HIV or any sexually transmitted disease (STIs) even by the smallest percentage can imagine. The regrettable and sad reality of such madness and quackery that seems to have gripped certain people in leadership positions is that it going to reverse all the gains that have so far been made in the war against HIV. It is no wonder therefore that the rate of infection among the youth has gone up since this madness and quackery started. I think the only way to put an end to the activities of these quakers is to hold them accountable for every death of a person who has been circumcised. I really don't see any other way of shutting their mouths than to make them pay for their actions. We really cannot afford to be silent while our young ones are perishing because of the ignorance being peddled by these liars and quakers.



M.NEWS24.COM

Get circumcised to protect women from STDs, Zulu prince tells men

The Zulu nation is perishing because of HIV and Aids, and men should have themselves circumcised, Prince Nhlanguiso Zulu, the son...

👍👎👉 6

6 Comments 1 Share



Mukena Misebezi

July 18, 2017 · 🌐

Hello dear

I am a man aged 29 and Single. I want to find out if its true that one can't get infected with HIV if they are circumcised. Asante sana

👍👎👉 8

34 Comments 6 Shares



Mandla M. Kabini

July 6, 2017 · Roodepoort, South Africa · 🌐

This Kagiso guy on Expressions is so misinformed. I don't even know how he became a guest here. Sitting there telling the whole South Africa that circumcision prevents HIV & Aids and other STIs? Seriously?

👍 8

6 Comments 2 Shares



Mandla M. Kabini It's a shame what he goes and say on tv. He thinks he's protected now?

Like · Reply · 1y

👍 1



Fuduka Maria Kabini His 100%confused 👍 3

Like · Reply · 1y



Lydia Mwape

January 18, 2017 · 🌐

From my inbox i started going out with my boyfriend two months ago. All this time he was refusing to use condoms because he was circumcised. To him he was saying putting on condoms was for uncircumcised and smelling guys. The day before yesterday, i saw a strange discharge from my vagina. When I told him about it, he just laughed and said he had also a similar symptoms and suggested to go with me to the clinic. When we went there, we were referred to the counsellor for counselling. As we were counselled i learnt that he had two other school girls and he was not sure where the disease came from because he had slept with us in the same period, and he was adviced to bring with him other two girls. After that we were both tested and unfortunately both of us were HIV POSITIVE. Am really disturbed and I don't know how many he has infected! What shall I do now? Please I need your advice.

👍👎👉 10

25 Comments 4 Shares

