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].

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].

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. WW-DOGA 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.*
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.
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].
moval 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 sensitize 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 incident, 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 circumcision 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.”
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 happened 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.
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.
Colonial Suspicions

Western proposals to mass-circumcise African men predate 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.
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 sebaceoused [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 lynching-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 [14-61]. 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 Arape, 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 Paradols 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.
References


23:  Hartmann, W. (2012). Expert statement: Dr med. Wolfram Hartmann, President of Berufsverband der Kind-


69: WHO, UNFPA, UNICEF, et al. (2010). Global strategy to stop health-care providers from perform-


Respondents

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

Kwere Kejunas
Age: 18
Tribe: Bagwere
District: Pallisa

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 Wasumba
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