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.
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].

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 a 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].12

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.

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

2 The 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:

_My 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.

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From: [Redacted]
To: [Redacted]
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
Sexualising circumcision

Fears of diminished sexual pleasure following circumcision, identified in one qualitative study as “[o]ne of the biggest barriers to [VMMC] 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.
References


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