



## Education Curriculum of Circumcising Males to Reduce the Spread of HIV/Aids in a Non-circumcising Community: Logical Analysis of the Practice among the Luo of Kenya

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### Abstract

In a non-circumcising community like the Luo of Kenya, to promote non-therapeutic mass circumcision of the males in order to stem the spread of HIV/Aids without using a multidisciplinary approved education curriculum is disastrous. Education is premised on knowledge and understanding whose discourse considers pros and cons of a phenomenon. The paper uses philosophical method of logical analysis, which is a second order research technique, by delving in relevant educational questions that need to be addressed by promoters of circumcision of the males among the Luo of Kenya. The analysis reveals that the practice of circumcision among the Luo, which is termed voluntary medical male circumcision (VMMC), disregards education and hence it is based on a false premise whose effects are ignominious to human sexuality. The circumcision is not voluntary but coerced since people cannot volunteer on what they are not educated about. It is recommended that combating HIV/Aids is to be pegged on changing behaviour but not changing the human anatomy. Issues that lead to non-therapeutic tampering with human anatomy are not the jurisdiction of medical profession but a multidisciplinary one that require approved curriculum.

### Key Words

Circumcision; Curriculum; Education; Philosophical analysis; Multidisciplinary

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### Introduction

Philosophical analysis is a second order research technique that uses the already available data to discern fundamental knowledge acquisition. The focus is on voluntary medical male circumcision (VMMC) provided to the Luo of Kenya by medical personnel.

Tierney<sup>1</sup> explains that circumcision comes from Latin word, *circumcisio*, (Greek = peritome), meaning the removal of the foreskin or prepuce from the penis. It is the cutting off of the foreskin, which Collier<sup>2</sup> notes has proponents and opponents. Nelson<sup>3</sup> argues that circumcision is believed to have originated in Egypt about 2300 BCE and then spread to African tribes and to the adherents of Abrahamic religions.

Bullough and Bullough<sup>4</sup> note that in 1975 American Academy of Pediatrics opposed male circumcision and it is no longer a routine in America. Bigelow<sup>5</sup> indicates that other people may recommend male circumcision to fulfill some egoistic behaviour like "adamant father syndrome", which is the insistence of a father that his child must undergo either male

circumcision or female genital mutilation, even after a rational discussion.

Herman-Roloff *et al.*<sup>6</sup> argue that although about one quarter of men in the world is circumcised, the Luo of Kenya is one of the world's communities that do not practise circumcision. The 2009 census gives the population of Kenya as 38.6 million whereby the Luo form 11% of the population. Williams *et al.*<sup>7</sup> Show that more than 80% of Kenyan population culturally practises male circumcision. Circumcision & HIV<sup>8</sup> and Herman *et al.*<sup>6</sup> explain that the concept of circumcision was introduced to the Luos as a result of the three randomized controlled trials (RCTs) carried out in Kisumu (Kenya), Orange Farm (South Africa) and Rakai (Uganda) between 2006 and 2007. Reiss *et al.*<sup>9</sup> corroborated the RCTs results and indicated that male circumcision reduces female to male human immunodeficiency virus (HIV) transmission by 53% in Kenya, by 60% in South Africa, and 51% in Uganda but the reduction rate is usually given as 60%.

Albert *et al.*<sup>10</sup> show that as a result of the findings, voluntary medical male circumcision (VMMC) was

rolled out by Kenya in 2010. Many males have undergone circumcision in Luoland (the land occupied by the Luo community) and a general public opinion exists in Luoland that infant male circumcision should be enacted in county laws to make it mandatory. Luos predominantly live around Lake Victoria in four counties: Homa Bay, Kisumu, Migori and Siaya. There are 47 counties in Kenya.

The Kenya national strategy for VMMC<sup>11</sup> whose goal is “To reduce HIV infection among men”; its vision is, “An HIV and AIDS-free society in Kenya”, and the mission is, “To provide a framework for universal access to safe and sustainable male circumcision services” is supported by over ten organizations such as Academy for Educational Development (AED), Catholic Medical Mission Board (CMMB), Center for Disease Control and Prevention (CDC), among others.

Kilonzo & Cheron<sup>12</sup> report that that Homa Bay County is leading in new HIV cases in Kenya, followed by Kisumu, Siaya and Migori in that order and statistics from UNAIDS and WHO show that Kenya has the fourth highest number of HIV infections in the world, while South Africa is leading followed by Nigeria and then India. The first phase of voluntary medical male circumcision that covered between 2008 and 2013 realised about 700,000 males circumcised in Luoland and the second phase which covers 2014 to 2019 aims to circumcise a similar number in the community.

### **Material**

Moses, Bailey & Ronald<sup>13</sup> argue that circumcision protects the males from many infections and there is little scientific evidence on adverse effects on sexual, psychological, or emotional health. Collier<sup>2</sup> explains that the removal of the foreskin makes the glans penis to be dry hence not susceptible to wetness that can accommodate germs and it also reduces the surface area on which germs can thrive but there is no consensus that it prevents HIV. However, Ball<sup>1</sup>, Malone & Steinbrecher<sup>15</sup> say that the foreskin helps in procreation, protects the body from harmful bacteria and virus through the sphincter action of the preputial orifice, by producing antibacterial and antiviral proteins such as lysozyme, langerin and cytokines. Antiviral proteins boost immunity and act as a barrier to HIV.

During sexual intercourse, as noted by Circumcision international resource pages (CIRP),<sup>16</sup> Kim and Pang<sup>17</sup> Sex secrets<sup>18</sup> the gliding action of the foreskin stimulates the female partner and enhances her organism and may even make her have multiple orgasms. O’Hara<sup>19</sup> explains that the key to a woman’s sexual ecstasy is the foreskin of the penis and the difference between having sex with a

circumcised male and having sex with uncircumcised male are as far apart as day and night.

Cansever<sup>20</sup> explains that circumcision performed around the phallic stage affects the child’s ego strength. CIRP<sup>19</sup> argues that circumcision causes changes in infant brain and behaviour and Marshal *et al.*<sup>21</sup> indicate that the feeding pattern may be greatly affected. Goldman<sup>22</sup> concurs and says that circumcision is a trauma leading to low self-esteem, shame, fear, distrust and sexual anxiety, which altogether lower the bond between couples. Prescott<sup>23</sup> and Ball<sup>17</sup> stress that the removal of the foreskin removes 75% of nerve endings that are responsible for sexual pleasure resulting in men’s offensive behaviour to the opposite sex and Goldman<sup>22</sup> supports the same view by saying that countries with the highest rate of circumcision exhibit abuses to women. Ball<sup>2</sup> explains that circumcised males are four times more likely to be diagnosed with erectile dysfunction than intact men.

### **Education**

Scheffler<sup>24</sup> describes education as the foundation on which knowledge rests and defines knowledge as justified true belief. An individual can be deliberately or falsely made to internalize wrong beliefs without considering pros and cons and this is referred to as indoctrination, which is not educative because it is one sided. The paper focuses on the educational side of this voluntary medical male circumcision in Luoland by using logical analysis that uses question and answer method. The essence is to provoke thought and rationality, which is the hallmark of education.

### **Logical analysis and discussion**

Logical analysis focuses on the meaning of words and issues that education curriculum can address. The phrase describing circumcision is “voluntary medical male circumcision” and issues of education are many and varied. The issues analysed are only to point out a direction for thinking about the correct interdisciplinary approach to tackle non-therapeutic circumcision.

### **Word analysis**

The words, “voluntary” and “medical” in the descriptive phrase are subjected to some analysis. The word voluntary means a decision taken when all the available evidence has been presented and the individual is left free to make a choice. How do you expect one who is below 18 years, which is the age of majority in Kenya, to volunteer? If their parents or guardians volunteer on their behalf, will the children respect the decisions when they are adults?

Levey<sup>25</sup> reports that a Cologne court criminalises

circumcision performed on boys for non-therapeutic reasons. According to Circinfo.org<sup>26</sup> South Africa has passed legislation making it an offence to circumcise a minor, unless for therapeutic reasons. Milos<sup>27</sup> explains that many parents taking their children for circumcision are ignorant of what they are doing and some circumcised people have joined clubs that help men to re-grow their foreskin.

The term voluntary is not meaningful because the volunteer does not undergo a comprehensive multidisciplinary education that can result in volunteering. Education requires availing all opposing and supporting information. If all information is availed, would a male person opt for circumcision? Logically, circumcision should be done on the permission of the one to be circumcised.

The other word is “medical”. Why is the word inserted in the term? It is probably to show it is an operation supported by the discipline of medicine. Do promoters of VMMC in Luoland want to hide under the respected medical profession to do unethical thing? Is it the way to source funds for circumcision? Visser<sup>34</sup> attacks World Health Organisation (WHO) and condemns the indecent haste in which the WHO, under pressure from American money, has sought to enforce mass circumcision on African men following the RCTs. Circinfo.org expresses the same sentiment by questioning the rationale of giving money by Bill Gates, US and WHO for mass male circumcision in Africa.

### **Issues of educational curriculum**

Educational curriculum that contains all what to be taught about non-therapeutic male circumcision is an invaluable document. In the absence of a multidisciplinary education curriculum, promoters of circumcision in Luoland may go astray.

What inherent sexuality behaviour is in the male African conscious and subconscious mind that spreads HIV/Aids which can only be cured with circumcision? Are Africans not just like any other human beings in any part of the world who just need education to change behaviour? Visser<sup>28</sup> says RCTs were costly, ineffective, violated accepted principles of bioethics and human rights, were culturally insensitive and smacking of medical colonialism. If circumcision is good, its goodness should cut across all races. Researches that warrant non-therapeutic circumcision in Africa lack universality of knowledge.

Who are the promoters of this circumcision? They are medical personnel. Do medical personnel have the sole jurisdiction of deciding on what to be done

non-therapeutically on human beings?. Goldman<sup>22</sup> argues that expanding circumcision beyond medicine is overdue. A male to undergo non-therapeutic circumcision should ask the medical personnel: “I am not sick but why are you concerned with my welfare, yet you are supposed to deal with sick people?”

What happens when an authority has bias in favour of circumcision? What are the backgrounds of the researchers whose researches prompted circumcision in Luoland? Doctors opposing male circumcision<sup>29</sup> explain that the researcher who first hypothesised that low rates of circumcision might be responsible for the high incidence of HIV infection in Africa was Valiere Alcena in a letter to the New York Journal of Medicine in 1986 and he was a circumcision proponent. As explained by Doctors opposing male circumcision<sup>29</sup>, Robert C. Bailey, Bertran Auvert and Ronald H. Gray who led researches in Kenya, South Africa and Uganda, respectively, were circumcision proponents. Was the result of the research true knowledge? Green, McAllister, Peterson and Tavis<sup>30</sup> argue that the three RCTs were terminated early and the results might have been exaggerated hence they were based on incomplete explanations of the real-world. Why must promoters of VMMC in Luoland insist on promoting a practice that does not have worldwide support? This shows it is not based on knowledge.

Why does the male naturally have the foreskin? Do promoters of male circumcision in Luoland know the resultant psychological repercussions of circumcising men in a community where men have been intact from time immemorial? When a Luo marries, there is expectation in sexual satisfaction that goes with marriage. This has been there with the community from the beginning of their history and it forms a part of their sexuality. If a wife does not get satisfaction in sex because the husband's foreskin which should provide this satisfaction is cut off, how would she behave? Lack of sexual satisfaction can lead to family instability that will in turn affect children's education. What must be noted is that this satisfaction is embedded in the personality of a Luo and they even know the degree of sexual satisfaction before they enter marriage. It is different from other communities where circumcision is deeply ingrained in the culture and personality of individuals resulting in a completely different form of sexual satisfaction. Human sexuality is complex and issues touching it should never be rushed.

### **Conclusion**

Medical doctors have no full say on non-therapeutic issues that touch on human anatomy. Such issues draw upon all disciplines. The fact that over 80% of

the Kenyan population practise circumcision as a part of their culture does mean that the practice should be rushed to the Luo that form 11% of the county's population. The Luo as a community requires genuine education on circumcision augmented by information from the Internet and libraries so as to decide intelligently. Education should be devoid of indoctrination in which the intellect of the learner is not engaged in questioning and offering alternatives. It is generally agreed that circumcision should be carried out after proper education but this does not happen in the practice non-therapeutic male circumcision in Luoland. It is recommended that multidisciplinary approaches with an approved curriculum be used in non-therapeutic circumcision and studies be done on Luo sexuality.

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