



Is male circumcision an overlooked gender violence?



A boy ready for traditional circumcision at his rural home in Bukembe, Bungoma. | Nation Media Group

By [Dr Okumba Miruka](#)

What you need to know:

- A Kenyan study reveals severe complications from traditional male circumcision practices, including 11 deaths among 129 patients studied between 2014 and 2023.
- While medical circumcision offers better outcomes when performed by trained professionals, the study notes high complication rates of 18 percent even in medical settings when providers lack proper training.
- The findings raise questions on whether male circumcision should be classified as a form of GBV, particularly given the procedure's risks and the loss of the foreskin's protective and sensory functions.

When you encounter a student who thinks differently, hope is rekindled about scholarship. This is because in academia, contrarianism is the initial indicator that new knowledge is about to be generated. Thus, it was noticeable when a student identified male circumcision as a form of gender-based violence (GBV) and was able to reasonably defend her position.

Conventionally, male circumcision is assumed to be safe and is even romanticised as a requirement for sexual and reproductive health. Yet the practice is laden with risks, especially in the traditional context. This is the gist of the paper *Complications of male cultural circumcisions: A single site retrospective review in Eldoret, Kenya*, authored by S Abdulhai, E Mugalo, H Li, A Akute, C Langat and P Saula, and published in the *East African Medical Journal* Vol. 101 No. 8 of August 2024.

The study used data from Moi Teaching and Referral Hospital in Eldoret from 2014 to 2023, covering a total of 129 patients with a mean age of 16.

The paper observes that cultural male circumcision “procedures are often performed out of medical facilities due to cultural requirements, and sometimes by untrained personnel in unsterile conditions resulting in serious complications”. They “included local and systemic infections, bleeding, and tetanus, as well as lower extremity wounds” with 14 percent of the cases requiring intensive care.

Symptoms included delirium, altered mental status, headaches, urinary dysfunctions, gastrointestinal problems, nausea, vomiting, abdominal and chest pains and tetanus. More regrettably, 11 deaths were recorded. Of the patients, 39 percent underwent operative interventions such as removal of the penis or dead, damaged or infected tissue, penile reconstruction, repair of the urethra and completion of circumcision.

Traditional circumcisers

One problem the study identifies is the obscurity and secrecy surrounding the traditional procedure, making it difficult to detect the complications early. It opines that the number of affected initiates could actually be higher than covered; the study did not cover “all patients who presented with circumcision-related complications to both the emergency and in-patient departments” as the study was limited to a single setting.

Moreover, the multiplicity of traditional circumcisers and the variation in timing makes it difficult “to estimate how many cultural circumcisions are performed per season”. The study identifies factors as the age of the initiate (the older the riskier) and the unsterile conditions under which the procedure is conducted.

Read: Saying no to traditional practices that burden men and boys

One would then think that the solution lies in having circumcision done in medical facilities. Yes, and no. The study cites previous literature, which indicates that “high complication rates of 18 percent were also found with medical providers” in one such study and that over 50 percent of medical and clinical officers involved “expressed interest in getting more training”.

This then suggests that not any person in a medical facility should be allowed to carry out the procedure, unless specifically trained for it. That such training makes a difference is evident in findings that complications fell to between 1.7 percent and 3.5 percent when the procedure was done by trained officers.

Another area of intervention hinted at is that of insurance. The study regrets that patients currently pay directly out of pocket in public hospitals. It observes that the costs involved for admitted clients vary depending on the length of stay and the complications involved.

The costs probably explain the decline in the number of people seeking the service in public medical facilities, as noted by the study. This points to the need for a policy intervention which allows for free male circumcision in public hospitals and/or insurance. A quick internet search shows that many private insurance companies cover circumcision, but this depends on the type of plan taken, age of the client and medical necessity of the procedure.

Read: Scramble for share of circumcision millions

Coming back to the student, do the complications not constitute harm to the individuals, which is the core ingredient in the definition of violence? Should we then start talking of MGM – male genital mutilation – as a form of GBV, specifically under the cultural cluster, the same way we talk of female genital mutilation?

It is noteworthy that there is a school of thought which views male circumcision as a violation, citing that it deprives the candidate of the benefits of the prepuce (foreskin). What are these? The prepuce protects the head of the phallus, enhances sexual sensation, hosts a natural lubricant that reduces friction and hosts the immune-defensive Langerhans cells.

The study concludes that “while male circumcision is generally considered a safe procedure, it can be associated with high morbidity and mortality”. It, therefore, proposes that further studies be conducted so as to better “understand the true scope of this problem”. This is a valid invitation to scholars in medical, anthropological and cultural fields.

The writer is a lecturer in Gender and Development Studies at South Eastern Kenya (okumba.miruka@gmail.com).