

Male Circumcision: Gaining Acceptance in the Fight against HIV

Background

There is very convincing observational, biological and now clinical trial evidence suggesting that male circumcision has a strong protective effect against HIV transmission and acquisition. Data from more than 40 studies show that men who are circumcised are less than half as likely to get infected with HIV, and are also less likely to acquire or transmit other sexually transmitted infections. There is also evidence that their partners have lower rates of HIV, sexually transmitted infections and even cervical cancer.¹



Photo by: 'Dipo Otolarin

While still practiced by traditional tribal healers, male circumcision is gaining greater acceptance among health care practitioners as a public health intervention to combat the spread of HIV. In Zambia, for example, where the prevalence of male circumcision is less than 20%, the service has become increasingly popular. Since Lusaka's University Teaching Hospital began offering male circumcision in 2004, more than 300 men and boys have undergone the procedure. Mass media advertising and hospital newsletters have helped raise awareness of the procedure's potential health benefits. As a result, there has been an overwhelming response, with men coming not only from the capital, Lusaka, but also from throughout Zambia.

Maintaining a sterile environment is but one challenge for doctors performing male circumcision. There is a need for more trained practitioners and standardization of procedures to prevent infection and other complications. In addition, there may be a perception that once an individual has been circumcised, he is "safe" from HIV. Therefore, behavior change interventions, which remain paramount in stopping the spread of the disease, must be linked to the procedure.

How Jhpiego Can Help

Jhpiego has a strong tradition of providing innovative services in low-resource settings. Our technical expertise, collaboration with world-renowned clinicians from The Johns Hopkins University School of Medicine, and 32 years of experience in strengthening health care services position us in Africa and elsewhere to support the establishment and strengthening of male circumcision services. Our efforts can be particularly effective in developing these services as

¹ United States Agency for International Development (USAID)/AIDSMARK. 2003. *Male Circumcision: Current Epidemiological and Field Evidence; Program and Policy Implications for HIV Prevention and Reproductive Health*. Conference Report. USAID: Washington, DC.

Research Findings Support Male Circumcision

The Lancet, a leading journal of medical practice, reviewed more than 35 studies from 10 countries, mostly from Africa, but also from other countries. This review found a two- to eight-fold greater HIV risk due to lack of male circumcision.²

A subsequent review and analysis of published studies by the London School of Hygiene and Tropical Medicine found a significant association between lack of male circumcision and HIV infection in all 15 (adjusted) African studies. Circumcision was associated with a 58% decrease in risk for men in the general population and a 71% decrease among higher-risk men.³

A French study of more than 3,000 young men in South Africa found a 65% reduction in risk of contracting HIV in circumcised men who had intercourse with infected women. This study, carried out from 2002–2005, did not, however, examine the effect of male circumcision on male-to-female transmission or whether circumcision provided effective, long-term protection against infection with HIV.⁴

an entry point to increasing male involvement in reproductive health and the continuum of care for HIV/AIDS.

In the design of male circumcision programs, the following steps will help ensure the delivery of safe, comprehensive, high-quality services:

- The medical procedure should be done correctly, by skilled providers who are adequately trained and motivated.
- Proper infection prevention practices should be put in place and followed.
- Appropriate, safe pain management should be employed.
- A system should be in place to follow up clients after the procedure to prevent, identify and/or manage complications.
- Clients should be adequately counseled about:²
 - The medical procedure they will have
 - Postoperative care, including any danger signs and reasons to return for follow-up
 - HIV transmission and prevention, especially because circumcision only reduces the risk of acquiring HIV but does not completely protect against it
 - Other relevant topics such as sexuality, sexually transmitted infections, family planning and parenthood, because male circumcision provides a rare opportunity to discuss reproductive health issues with men and boys

Jhpiego's Work in Zambia

There is an unmet need for male circumcision in Zambia, among populations that traditionally practice circumcision and increasingly among the general population. This need is likely to increase in the short term because of the growing awareness about the relationship between higher rates of HIV infection and other sexually transmitted infections and lack of male circumcision.

From 2003–2005, Jhpiego, in partnership with the United States Agency for International Development and AIDSMark (Population Services International), implemented a project to improve the quality and accessibility of comprehensive male circumcision services in Zambia. As part of this initiative, we have developed experience and tools that will enable scale-up of these services, and will also be applicable to our work in other countries in the future.

² hivinsite.ucsf.edu/InSite.jsp?doc=2098.4613.

³ *AIDS* 2000; 14: 2361–2370.

⁴ "Breaking News in the Science of HIV/AIDS Prevention: Adult Male Circumcision Reduces Risk of HIV Infection." Press Release. www.anrs.fr/index/php/article/articleview/1352/1/12.