

# **Social aspects of male circumcision as a biomedical strategy for HIV prevention**

**Presenter:**

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# **Acknowledgements**

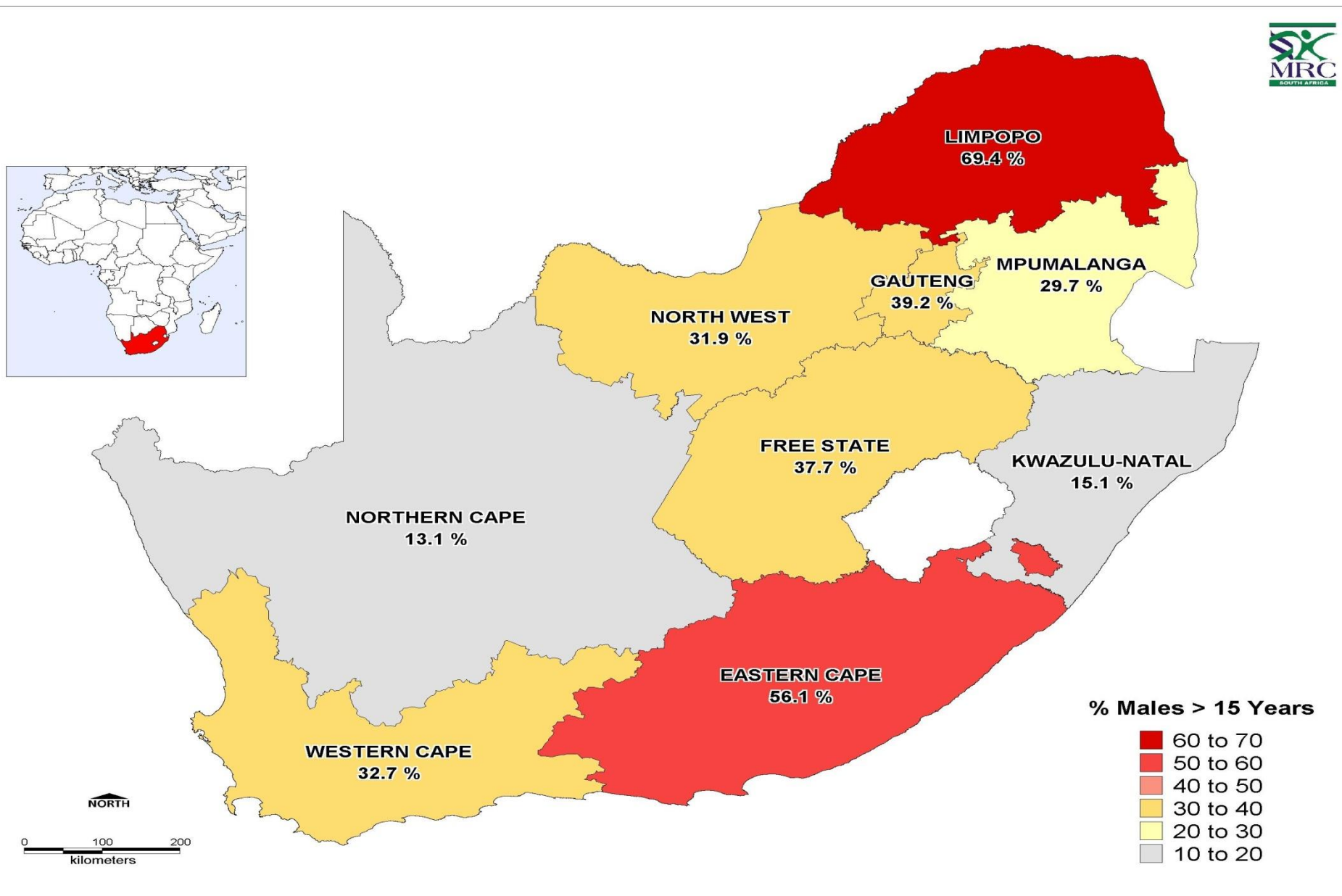
- **Summary Report of the UNAIDS/CAPRISA Consultation on Social Science Perspectives on Male Circumcision for HIV Prevention held on 18-19 January, 2007 at CAPRISA at UKZN Nelson Mandela Medical School in Durban, South Africa**

# Outline

- **Background**
- **Male circumcision as a biomedical approach to HIV prevention**
- **The challenges of communicating about partial efficacy**
- **Implications of new biomedical prevention strategies on behaviour change**
- **The importance of the quality of the health system on the successful scaling up of male circumcision**
- **Way forward: Implementation and strategy development using social science research**
- **Conclusions**

# Prevalence of self-reported male circumcision by Province:

## South Africa 2002. (Source: Connolly, Simbayi, Shanmugam & Nqeketo, SAMJ Oct 2008)



# Age of circumcision and HIV prevalence among men, South Africa 2002 (Connolly et al, in press).

Sub-group	Not circumcised		Circumcised			
			<=12 yrs		13+	
	n	HIV prevalence (%)	n	HIV prevalence (%)	n	HIV prevalence (%)
All men in the study	1669	11.00%	264	6.80%*	602	13.50%*
Sexually active men	1316	12.00%	203	8.90%**	568	13.60%**
Africans and Coloured sexually active men	996	15.00%	121	13.20%	538	14.10%

\* Total circumcised = 11.1%; \*\* Total circumcised = 12.3%

# The median age of circumcision and race in South Africa, 2002

- 18 years for Africans
- 10 years for Coloureds,
- 2 years for Whites, and
- 1 year for Indians.

# **Medical/clinical male circumcision – which way forward?**

- **Although medical/clinical male circumcision has been shown to be partially efficacious as a biomedical approach to HIV prevention, the issue has created a lot of controversy throughout Sub-Saharan Africa where most of the benefits would be realised at a population level if it were implemented on a wide scale.**
- **Acceptability of male circumcision – over 80% throughout Southern Africa. Why the controversy? What can be done?**
  - **The HSRC-led 2008 national survey which is currently underway will also investigate these same issues in a module to determine the generalisability of the views.**

# **Male circumcision as a biomedical approach to HIV prevention**

- **The randomised controlled trials were mainly concerned with safe medical circumcision.**
- **To a large extent this ignores the fact that traditional male circumcision is already widely practiced in many cultures in Sub-Saharan Africa.**
  - **This can range from a small cut of the frenulum (Zulu practice) to full removal of the foreskin.**
  - **If conducted in adolescence, it is characterised by a maturation process (i.e., rites of passage into male adulthood or coming of age) that underscores it.**



# **Male circumcision as a biomedical approach to HIV prevention (contd)**

- It defines individual, group and gender identity such as masculinity (“real man”) and pride in one’s ethnic (Xhosa vs. Zulu) or religious group (Muslim vs. Buddhist). There is also some stigma against it in some cultures.
- Understanding its meaning involves knowledge of a number of contextual issues which can vary by society.
  - In most parts of Africa initiation is characterised by secrecy with both rituals and songs which may sound as ‘nonsense’ to an outsider, yet this is coded language marking unique social construction of an adult.
- As a practice it has complexities and nuances; *it is rarely just a one-off surgical intervention.*
- Women also play a crucial role in the initiation of their sons in some cultures.

# **Male circumcision as a biomedical approach to HIV prevention**

- **There is clearly a need to understand the social construction of sexuality and bodies including eroticism in traditionally circumcising and non-circumcising communities among both sexes.**
- **It is important to understand how the various identities (i.e., individual, group and gender) differ within and between communities.**
- **There is also a need for studies to better understand the dynamic relationships between *biomedical health providers* and *traditional ones*.**

# **The challenges of communicating about the partial efficacy of male circumcision**

- **One of the major challenges to the scaling up of medical male circumcision has been how to communicate to potential users about the fact that male circumcision is only partially efficacious.**
- **Proponents of male circumcision often chose to leave this fact to make it appear as though to make it appear that it is the long-awaited silver bullet to HIV prevention.**
- **As a result of the fact that there is a need to promote both male circumcision and behaviour change including the consistent use of condoms creates some cognitive dissonance which prevents some people from seeking male circumcision.**
- **It is particularly important to be clear about what different words mean and how they are interpreted, for example 'partial protection' when communicating this to the public.**

# **The challenges of communicating about the partial efficacy of male circumcision (contd)**

- **There are other potential dangers linked with male circumcision**
  - **equating male circumcision with female genital mutilation.**
- **One option is to put forward male circumcision as part of a male sexual and reproductive health package.**
- **An alternative approach is for male circumcision to be introduced as a modern health discovery, for improved penile hygiene or as prophylaxis against sexually transmitted infections to avoid stigma associated with HIV.**

# **Implications of new biomedical prevention strategies on behaviour change**

- **There are important lessons to learn from other interventions such as, for example, implementation of single dose Nevirapine for PMTCT.**
- **There was early adoption, but problems emerged later.**
  - **For example, ARV drugs were provided for prevention for the unborn baby but not for treatment for the mother, health systems were weak.**
- **Then social science, operations and Phase IV research initiatives were developed to address some of these problems.**
- **A further example is the polio programme in India which experienced decreased uptake of polio vaccination leading to increased cases – all as a result of circulating rumours that polio shots affect fertility.**

# **Implications of new biomedical prevention strategies on behaviour change (contd)**

- **One of the major challenges faced whenever there is a new biomedical prevention strategies developed is the possibility of the development of what is known as *behavioural disinhibition* or *risk compensation*.**
- **This refers to the increase in risk behaviour because of people believing that they are no longer at risk of HIV infection (i.e., they now have a driving licence to do so) because of the availability of the new technology.**
- **This would then actually put them at great risk of HIV infection.**

# **The importance of the quality of health system on the successful scaling up of male circumcision**

- **One major challenge to the possibility of successfully scaling up of male circumcision is adding of more responsibilities to health providers who are already overstretched in their work in the health system.**
- **The Bungoma Safety Assessment Study in Kenya where there is a shift towards medical male circumcision among the Bukusu people raised the question of minimum conditions (i.e., when not to recommend male circumcision for HIV prevention) as follows:**
  - **if the conditions are not hygienic,**
  - **if equipment is inadequate and not well maintained, and**
  - **if providers are not trained and certified.**
- **In the same way, the complication rates for abortion care, for example, can be an indicator of problems with the whole health system and the potential for problems in the provision of safe medical male circumcision services.**

# **Way forward: Implementation and strategy development using social science research**

- **There is a need to consider socio-cultural aspects in addition to public health aspects in decision making concerning policy and programme development.**
- **A range of scientific disciplines could constructively contribute to the consideration of male circumcision as an HIV prevention choice.**
  - **For example, social science disciplines including non-traditional disciplines (or humanities) such as linguistics and language studies should be used for better understanding of symbolisms and meanings of male circumcision.**
  - **In this way, the relationship between medical and traditional circumcision and potential positive and negative interactions between them could be explored from a variety of angles.**



# Way forward: Implementation and strategy development using social science research (contd)

- There are two layers of questions that need to be urgently considered immediately to guide resource allocation and prevent further HIV infections, especially in sub-Saharan Africa. These are:
  - *implementation*: needs assessment, cultural context, appropriateness and effectiveness of communication messages concerning male circumcision
  - *strategy development*: for determining programme focus.

# **Way forward: Implementation and strategy development using social science research (contd)**

- **Rather than focus solely on the intention or motivation for male circumcision, it is meaningful to focus also on *who provides* the service - traditional or medical?**
- **Although UN global guidelines place the locus for decision making at the country level, they need to be contextualized within countries or across borders (e.g., geographical sexual groups).**
- **Age of circumcision – infant vs young adolescence (= pre-pubertal circa 10-13 years) vs late adolescence (14-17) vs. Young adulthood (18-21 years)**

# Conclusions

- **There are several challenges that which are potential barriers to the scaling up of medical male circumcision in South Africa.**
- **These include the following:**
  - **the overemphasis on male circumcision as a biomedical approach to HIV prevention**
  - **how to communicate to potential users about the fact that male circumcision is only partially efficacious.**
  - **the implications of new biomedical prevention strategies on behaviour change**
  - **the impact of the quality of the health system on the successful scaling up of male circumcision**
- **There is an urgent need to undertake some Phase IV or operational research including social science research to inform the implementation and strategy development for the scaling up of medical male circumcision in South Africa.**

Thank you very much!!!!!!