



Social and sensitive aspects of HIV prevention and male circumcision

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Outline

- HIV testing and male circumcision
- Women and male circumcision
- Neonates/children/minors and MC
- Socio-cultural factors to consider in implementing MC services



**I'm Circumcised,
proud of it...**

and I'M
STILL FAITHFUL TO MY PARTNER.

For Access to Male Circumcision & other Male Sexual Reproductive Health Services, visit: www.mh.gov.za
Mkhomo
Kusasa Street, 104 0000/0000/0000
Tel: 011 4007
Email: health@health.gov.za



Introduction

- In addressing social and sensitive aspects of HIV prevention and MC, we plan to:
 - Increase uptake of HIV testing among MC clients
 - Minimize demand creation among men already known to be HIV-positive
 - Counsel and refer clients newly diagnosed with HIV for care and treatment
 - Proactive involvement of women in advocacy and education
 - Thoughtful allocation of resources among highest risk populations, lower-risk adolescents, children and neonates

Process for addressing social and sensitive aspects of MC

- Dept of Health asked the SA National AIDS Council to assist in mobilizing different stakeholders for development of MC policy
- SANAC funded and supported consultations with sectors (Men, Women, Traditional leaders and healers, PLWHA, Children, etc) to provide evidence and to allow for comments on social, cultural and sensitive aspects of MC
- The Research TTT of SANAC provided evidence on the efficacy of MC, Human Rights TTT addressed legal and human rights issues, Communication TTT developed key messages
- MC Task Team was developed to consider comments from different stakeholders and to develop a MC policy/framework.

HIV testing and MC



- It is recommended that “MC not be promoted for men who are already infected with HIV, but it should not be denied unless medically contraindicated”.
- “Individual and couple HIV testing shall be routinely offered on a voluntary basis to all men and their partners prior to circumcision”
- HIV-infected men who still want to access circumcision services will be counselled on the specific risks and issues concerned given their HIV-infection and immunologic status
- All HIV-infected men will be referred to HIV and AIDS care and treatment services.

Women and MC



- “MC provides **indirect benefit** to women by reducing the number of men who are HIV-infected thereby decreasing male-to- female HIV transmission”
- ...More than 50% of women indicate that they would be **in favour of male circumcision** [i] [ii]
- MC impacts both men and women and **gender sensitivity** is an integral part of all the guiding principles and components of the implementation of male circumcision services.
- The **involvement of women**, both as sexual partners and mothers, will be promoted to the greatest extent possible.
- **Men** who wish to be circumcised will be **encouraged to discuss the decision with their sexual partner** [iii].

[i] Lagarde, E; Taljaard, D; Puren, A et al. 2003. Acceptability of male circumcision as a tool for preventing HIV infection in a highly infected community in South Africa. In: AIDS 2003, 17:89 – 95.

[ii] Scott, B.E; Weiss, H.A; Viljoen, J.I. (2006). The acceptability of male circumcision as an HIV intervention among a rural Zulu population, KZN, SA. In: AIDS Care, April 2005; 17(3): 304 – 313.

Neonates/children/minors and MC

- **Age of circumcision** – infant vs young adolescence (= pre-pubertal 10-13 years) vs late adolescence (14-17) vs. Young adulthood (18-21 years)
- MC should be **routinely offered** by providers **to early infants** (0 – 6 months). Due to the added risks of performing MC under general anaesthesia **for young boys** (age 6 months – 7 years), **circumcision will not be encouraged**.
- **Ethical considerations**: Parents consenting for a child/minor who cannot assent? MC is irreversible!
- **Policy considerations**: launching neonatal MC services when needs of older males have not been met?
- **Cultural considerations**: offering MC to sons of fathers who are not circumcized? Who is a “man” – culturally-speaking?

Boys and MC

- ...MC and male reproductive health services targeting boys should consider the following:
 - Should be **completely voluntary**.
 - Boys who elect to be circumcised before the age of traditional initiation **should not be discriminated against** and, if possible, discussion should take place to adapt cultural practices to accommodate this.
 - Boys who are circumcised as part of initiation practices should also be **counselled about sexual health, sexual responsibility and HIV prevention**.
 - Where boys and men undergo MC in clinical rather than traditional settings they **should not be prejudiced, stigmatised or discriminated against**, whether or not their culture has such a tradition. Messaging should be developed to guard against this and where necessary cultural practices should be adapted

SANAC (2008) Resolution of the Research sector on MC.

SANAC (2008) Civil society position paper on MC.

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Socio-cultural factors to consider in implementing MC services

- **Sensitivity to cultural and traditional practices** will be shown at all times and the government will ensure that MC is promoted and delivered in a culturally appropriate manner that minimises stigma associated with circumcision status.
- **Engagement and participation** of key community leaders including Traditional Healers and Leaders to assist in the buy in and filtering of the implications of safe MC to relevant communities will play a critical role in addressing socio-cultural issues and overcoming barriers to safe MC.
- **Cultural neutrality:** MC for HIV prevention is not a means of cultural identity, but solely a health intervention.



Socio-cultural factors to consider in implementing MC services

- 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 MC 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 MC.
 - 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.

Social factors to consider in implementing MC strategy

- Rather than focus solely on the intention or motivation for MC, it is meaningful to focus also on *who provides the service* - traditional or medical?
- **Context:** 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).



Challenges

- There are several challenges in addressing social and sensitive aspects of HIV prevention and MC. These include:
 - the overemphasis on **MC as a biomedical approach** to HIV prevention
 - **Increasing uptake of HIV testing** among MC clients
 - Minimizing demand creation among HIV-positive men
 - **Age of circumcision** and thoughtful allocation of resources
 - Proactive **involvement of women and other key stakeholders** in advocacy and education

**THE
ROMP**



OKAY, SO MUCH FOR SAFE SEX.

Allstuff.dk

Thanks

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