

# Rolling-out Medical Male Circumcision: making it work for women and promoting gender equality

By Leader Kanyiki Ngooyi

As Sonke launches into a new initiative to promote medical male circumcision (MMC), we have been considering the implications of this HIV prevention approach for women. Although, it has been clearly proven that MMC significantly lowers the risk of heterosexual HIV transmission for men it does not directly protect women, and there are concerns that it may have harmful consequences for women if condom-use decreases as a result, or if women become stigmatised as carriers of HIV. There are even concerns that there may be an increase in gender-based violence related to condom negotiation. What does this mean for HIV activists promoting MMC? What can organisations like Sonke do to prevent these negative consequences for women?

## The Case for MMC

Three randomised clinical trials in South Africa, Uganda and Kenya have concluded that MMC can reduce men's risk of becoming infected with HIV by about 60%. This confirms over 50 other studies that have observed a strong correlation between rates of MMC and reduced HIV prevalence. However, there is no definite evidence that male circumcision reduces the risk of HIV transmission from men to women or between men who have sex with men.

Research findings suggest that the effectiveness of MMC in reducing the risk of female-to-male transmission occurs when the foreskin is completely removed. MMC has also been found to reduce other sexually transmitted infections like herpes, chancroid, syphilis and penile HPV infection which greatly reduces the risk of penile cancer in men as well as cervical cancer in female partners, which is the commonest form of cancer among South African women. Male circumcision also reduces other medical conditions like urinary tract infection in children, phimosis (adherence of the foreskin to the

penis) and balanitis (yeast infection of the penis).

There are three potential biological explanations as to why MMC reduces the risk of HIV infection:

The foreskin has high concentrations of target cells that are very susceptible to HIV infection.

The underside of the foreskin is susceptible to micro tears and trauma during sexual intercourse that provides an entry point for HIV infection.

After complete circumcision, the skin of the penis thickens and becomes a stronger barrier (like skin on other parts of the body) to HIV infection.

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Despite the clear benefits of male circumcision, it is important that men undertaking this procedure receive clear information about the procedure and the recovery. Strong evidence has also been provided that failure to abstain from sexual activity for 6 weeks after circumcision increases the risk of transmission of HIV because of an unhealed wound. Further, resumption of sexual activity before wound healing in HIV positive men increases the risk of HIV transmission to a partner. MMC and Women

As mentioned previously, MMC does not directly protect women from HIV infection. However, MMC provides indirect benefit to women by reducing the number of men who are HIV infected, thereby decreasing male-to-female HIV transmission. International guidelines on MMC highlight the need to ensure that "circumcised men do not develop a false sense of security that could cause them to engage in higher-risk behaviour." (WHO). Furthermore, it is necessary to ensure that women

are properly educated about circumcision so that they understand that unprotected sex with circumcised men is not necessarily safe.

In December 2010, the Women's HIV Prevention Tracking Project (WHIPT) published a report entitled Making Medical Male Circumcision Work for Women which presents the findings of research into women's perceptions and concerns about MMC.

The report explores women's knowledge of MMC and perceptions about its potential impact on their own health and their communities. Remarkably, 54% of respondents reported that they thought MMC could increase gender-based violence in their communities. Furthermore, 48% stated that they are not at all comfortable asking their partners to use condoms.

The report makes a number of recommendations, suggesting inter alia:

That MMC programmes be incorporated as part of comprehensive HIV prevention programmes which include access to female condom and empowerment of women involved in sexual decision-making. That comprehensive MMC packages be delivered including sexual and reproductive health services for men, such as condom counselling and gender equality education.

## Roll-out of MMC in South Africa

MMC for HIV prevention is widely supported by the international community. The Southern African Development Community, WHO and UNAIDS have been at the forefront of efforts to provide policy and programmatic guidance around the introduction of medical male circumcision as part of a comprehensive package of HIV prevention. A SADC Expert Think Tank Meeting in 2006 identified that

multiple and concurrent partners, combined with low levels of condom use and low levels of male circumcision within Southern Africa as the key drivers of the epidemic. As a result of this meeting SADC encouraged member States to prepare for the possible roll-out of MMC within their countries<sup>1</sup>.

South Africa is one of the few countries that explicitly includes MMC in its HIV and AIDS National Strategic Plan, recognising MMC as an emerging HIV prevention measure and recommending that appropriate policies be developed. Towards the end of 2010, male circumcision in South Africa received support from two important (and vastly different) sources: the Zulu king, King Goodwill Zwelithini, who has honoured circumcised men, and the Global Fund which made \$33 million available for MMC for the period 2011-2012. The South African government also plans to shortly make circumcision services available free to the public.

## New Sonke Initiatives to Promote MMC

As MMC becomes more readily available in South Africa, it is vital that men and women receive accurate information about this intervention to ensure that circumcision decisions are well informed and to avoid any unintended negative consequences.

Sonke has been granted funding by the South African Development Fund (SADF) to develop a series of materials educating people about and promoting medical male circumcision. The project is being undertaken in partnership with Artist Proof Studios whose students will be developing posters, comic strips and other materials. The organisation has also received financial support from AVAC: Global Advocacy for HIV Prevention, to implement an MMC research advocacy project which seeks to integrate a stronger focus on gender equality education within the roll-out of male circumcision in South Africa.

The SADF project includes extensive research into appropriate MMC messaging and Sonke has started conducting Focus Group Discussions with men and women in the Western Cape (Khayelitsha, Belville and Kensington, Gauteng (Orange Farm, Soweto and Alexandra) and KwaZulu-Natal (Newcastle) to identify levels of knowledge and understanding of MMC. These discussions aim to document concerns and suggestions

from participants, which will help Sonke develop appropriate MMC messages, as well as user friendly materials that will be used by partner organisations, the mass media and men who are interested in becoming circumcised.



The AVAC project is engaging with MMC policy and guideline development processes, advocating for the quick development of policies that address the gender issues related to MMC, by clearly stating that MMC services should include educating men and boys about gender equality. With such MMC services package, men will be encouraged to discuss their sexual reproductive health

and lifestyle with their female partners, and with such shared-decision making, they will be better able to respect the six weeks recommended abstinence period for wound healing after being circumcised.

The increased availability of bio-medical HIV prevention approaches, like MMC, mark an important step towards reducing HIV infections. However, it is important that these methods not be divorced from the social contexts in which they are implemented, especially cultural and gender factors. The new MMC materials which Sonke is working on will hopefully ensure that the contextual issues remain in the foreground and we look forward to receiving input from all our partners and intended participants in the development of these important resources.

## recent publications

### Analysis of National Strategic Plans on HIV and AIDS in five global regions

A scan conducted for UNFPA by Sonke Gender Justice Network in preparation for a global consultation on integrating strategies to address gender based violence and include gender equality work with men and boys into National Strategic Plans, November 2010

### Branching Out - Sonke's First One Man Can Branch

A case study documenting the formation and first year of Sonke's pilot OMC branch in Khayelitsha, Cape Town

### MenEngage Africa Regional Update, March 2011

A report on the activities of MenEngage Africa from September 2010 to March 2011

<sup>1</sup> 1. SADC. 2006. Expert Think Tank Meeting on HIV Prevention in high prevalence countries of Southern Africa, Maseru, Lesotho 10 – 12 May.