



ATHENA

## Women's Perspectives on the Rollout of Male Circumcision for HIV Prevention

Cindra Feuer, Emily Bass, Mitchell Warren: AIDS Vaccine Advocacy Coalition

E. Tyler Crone: ATHENA



### Abstract

Male circumcision is an emerging HIV prevention intervention of great significance and some concern for women. Over 35 civil society representatives—mostly HIV positive women in sub-Saharan Africa—attending a civil society meeting to address the rollout of male circumcision drafted and delivered a statement to WHO at its expert consultation on male circumcision, last June. Specific concerns around male circumcision and its implications for women included an increase in men's risk behaviors, the need for greater shared sexual decision-making, a decrease in spending allocations for women-focused HIV prevention, and the potential for greater stigma and blame directed at HIV positive women. Addressing these concerns must be an essential part of the introduction of male circumcision for HIV prevention. Instead of weakening or removing resources from women's HIV prevention and reproductive health services and/or broader health systems, the rollout of male circumcision is an opportunity to engage men in sexual health, as well as to strengthen these services.

### Background

Three randomized clinical trials in Kenya, South Africa and Uganda found that circumcised men have about a 60 percent reduced risk of acquiring HIV from infected women, as opposed to uncircumcised men. Due to statistical considerations, the only trial to date to investigate whether male circumcision of HIV positive men reduces women's risk of infection did not yield a definitive answer. This trial did suggest that if a couple does not abstain from sex until the surgical wound from the man's circumcision has completely healed, the woman may be at increased risk of acquiring HIV if her partner is HIV positive. In addition to potential increased rates of HIV infection for women with newly circumcised partners, there are other fears driving women's resistance and concern around its implementation. AVAC and WHO recognized the need, especially among HIV positive women, for dialogue.

### Methodology

On 22-23 June 2008, over 35 civil society representatives—the majority of whom were women living with HIV in sub-Saharan Africa—gathered in Mombasa, Kenya to discuss the implications for women of male circumcision for HIV prevention. The two-day dialogue was organized by AVAC and directly preceded a WHO expert consultation on the same topic, which was held from 24-25 June at the same location. WHO sponsored the civil society participants from its meeting to attend the civil society dialogue and AVAC invited and sponsored an additional group of women activists and advocates from sub-Saharan Africa to attend the civil society dialogue. Over the course of the two-day session, HIV positive women, researchers, WHO representatives, gender and reproductive health advocates and a range of other stakeholders shared information and concerns around male circumcision for HIV prevention and its implications for women.



### Results

For full meeting report and Statement: Civil Society Report Back on Dialogue on Male Circumcision: Implications for Women, go to [www.malecircumcision.org](http://www.malecircumcision.org).

The overarching concerns voiced by the meeting participants are:

- Resources for male circumcision should not be diverted from other HIV preventions, specifically female condoms and microbicides, as well as structural and behavioral interventions, and treatment efforts.
- Resources for sexual and reproductive health and rights programming, as well as around empowerment (or gender equality) should not be diverted to male circumcision. Rather, male circumcision should act as an entryway for men's participation in their own sexual health and education around gender equality.
- From here on, there needs to be meaningful participation of (positive) women in research, policy development, and program planning and implementation of male circumcision.
- No conclusive evidence exists to demonstrate any direct benefit of male circumcision for women. Modeling studies suggest indirect protection will eventually accrue to women but that in the short term increased feminization of the epidemic is likely.
- Male circumcision may engender an increased perception of women as vectors or transmitters of disease, and thus may lead to increased gender-based violence.
- Male circumcision may bring a false sense of protection and this will in turn compromise even further a women's ability to negotiate conditions of sex (if and when sex happens, condom use, etc.) and increased gender-based violence.

### Conclusion

- Prevention interventions affect everyone. Even male-oriented/initiated methods need the input of women's voices, particularly HIV positive women and women from affected communities.
- There are gaps between the male circumcision research community and the broader HIV community. In the future, earlier key stakeholder involvement could redress these gaps.
- Out of Mombasa, AVAC and ATHENA launched WHIPT (Women's HIV Prevention Tracking), a network to monitor prevention research and rollout to ensure that women's overarching concerns are met.