

### Circumcision: current practice and acceptability

Cultural acceptance of circumcision will be vital, if this practice is to be an important complementary intervention for prevention of HIV infection. Around 20% of men globally and 35% in developing countries are circumcised for religious, cultural, medical and other reasons. Male circumcision practices vary throughout Africa. Countries in West Africa, where male circumcision is common, have HIV prevalence levels well below those of countries in eastern and southern Africa despite the presence of other risk factors. In countries of southern and eastern Africa with the highest HIV prevalence, male circumcision rates are generally under 20%.

Men in Muslim countries are circumcised, as in North Africa and a large part of West Africa. But elsewhere it depends on other cultural factors, including changes that occurred under colonization. For example in Cameroon and the Democratic Republic of the Congo, which are predominantly non-Muslim, most men are circumcised. In Kenya, around 85% of adult men are circumcised, mainly as a rite of passage to manhood.

Only one major ethnic group in Kenya, the Luo, who make up around 13% of the Kenyan population, do not traditionally practice male circumcision. It is among this group that the current trial in Kenya is taking place. Study leader, Robert Bailey, told the *Bulletin* that acceptability studies have shown that approximately 60% of Luo men would prefer to be circumcised if it could be done safely and at minimal cost.

Circumcision rates tend to be low in South Africa, apart from the Eastern Cape where as many as 80–90% of men are circumcised. The Xhosa men in this region undergo circumcision as part of a traditional rite of passage, between 18 and 20 years of age (see photo on p. 509). Dr Adrian Puren, co-author of the Orange Farm study and deputy director of the National Institute for Communicable Disease in Johannesburg, says: "Culture is not necessarily a barrier to circumcision. In our trial we found that even Zulus, who traditionally have a low rate of circumcision, they were willing to be circumcised."

Acceptability studies in Kenya, Uganda, South Africa, Swaziland, the United Republic of Tanzania and Zimbabwe have shown that around 60% of men would like to be circumcised. A large Harvard AIDS Institute survey in Botswana found that over 80% of uncircumcised men said they would like to be circumcised if it were performed safely and affordably (*Sex Transm Infect* 2003;79:214-19). Several of the countries that are most severely affected by HIV — Swaziland, Botswana, Lesotho and South Africa — practised male circumcision widely in the past, but the practice waned with urbanization and Westernisation. Promoting it now would be returning to traditional culture, not introducing an unfamiliar practice.

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The two further randomized controlled trials, currently ongoing in the Rakai region of Uganda and the Kisumu region of Kenya, are supported by the National Institutes of Health of the United States. The Uganda trial is in a rural setting and involves 5000 participants aged between 15 and 49 years. The Kenya trial involves 2784 men aged 18–24 in an urban setting. The two trials are due to be completed in 2007, and an interim review of the data was due to be conducted by the Data and Safety Monitoring Board in late June 2006. A further randomized trial assessing the impact of male circumcision on the risk of HIV infection in female partners is currently under way in Uganda with results not expected until late 2007.

Circumcision can be risky if it is performed in unsterile conditions. It can lead to infection, bleeding and permanent injury, or HIV infection from non-sterilized "instruments", and possible

death if appropriate treatment is not provided. Every year the authorities in the Eastern Cape of South Africa report deaths and serious complications from botched circumcisions of young boys carried out by traditional healers.

Robert Bailey, who is the leader for the current Kenyan trial, did a recent study of complication rates from traditional and circumcisions performed in medical settings in Bungoma District of Kenya. Bailey and his colleagues found that traditional circumcision resulted in a complication rate of 35% while the latter produced a complication rate of 18%. "In our current trial the complication rate is 1.7%. This demonstrates that it is possible to keep complications to a minimum in an African setting." A major problem is lack of sterile equipment and facilities. "We have carried out surveys of health facilities in Kenya and found that all but the major district hospitals are lacking proper instruments, such as sterilizing equipment, working surgical instruments and supplies, to perform safe circumcisions."

There are other concerns about circumcision. During the healing period, sexually active men are likely to be at higher risk of HIV infection. During this time — approximately three to four weeks — men should be instructed to refrain from sexual activity. There are opponents of male circumcision who see it as a violation of human rights, particularly if carried out on children or adolescents. But perhaps the largest potential problem with circumcision is the false perception of security. Male circumcision is not a magic bullet and does not provide full protection. If men perceive they are fully protected then it could lead to a decrease in condom use or an increase in risky sexual behaviour. This was seen in the Orange Farm study when the intervention groups had significantly more sexual contacts. Dr Venter says: "There is a danger that men will see circumcision as an invisible condom and take part in more risky sexual behaviour. However, it would be the same with an HIV vaccine. The message has just got to be put across carefully that circumcision is part of the jigsaw puzzle of prevention." Male circumcision needs to be promoted as part of the range of methods to reduce the risk of HIV, including avoidance of unprotected penetrative sex, reduction in the number of sexual partners and consistent condom use.

The cost of male circumcision varies depending on where the operation takes

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François Venter, Clinical Director of Reproductive Health and HIV-Research at the University of Witwatersrand, Johannesburg.