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CIRCUMCISION OF CHILDREN FOR HIV PREVENTION PROBLEMATIC AND UNETHICAL

Balancing children's rights against public health concerns was recently highlighted at the 9th International Symposium on Circumcision, Genital Integrity, and Human Rights in Seattle, AIDS Vaccine 2006 Conference in Amsterdam, and AIDS 2006 in Toronto. In all three conferences, held within one week of each other, grave concerns were expressed about taking rash and irresponsible interventions into dealing with the HIV pandemic. Public health officials are cautioned to look closely at all proposed treatments and programs before implementing them for fear that they may cause more harm than good. This is particularly true for circumcision.

Mishra on Public Health

A new study conducted by Dr. Vinod Mishra, a director of research, ORC Macro, Calverton, Maryland, examined the association between male circumcision and HIV infection in eight sub-Saharan African countries showing that HIV prevalence is not lower in populations having higher male circumcision rates. This contradicts previous reports that have instigated outspoken opinions from prominent people like former US President Bill Clinton and Bill Gates.

Dr Mishra's paper was presented at the recent 16th International AIDS Conference (AIDS 2006) and concluded, "If anything the correlation goes the other way, in most of the countries studied."

The Mishra study underlines that the crucial component in HIV acquisition and transmission is not the presence of a foreskin, but rather the absence of a condom and associated lack of education. Men circumcised as adults still acquire HIV if they do not use condoms during sexual intercourse.

This new research is in stark contrast to the Auvert study which recently fuelled premature calls for mass male circumcision by some attendees at AIDS 2006. The paper, detailing an 18-month randomized controlled trial, was initially rejected by the pre-eminent Lancet journal for supposed ethical reasons and later published in an online journal receiving large media coverage. It reported misleading statistics implying an exaggerated impact on HIV acquisition through circumcision in adult males and caused considerable concern for several human rights organizations involved in sustained efforts to prevent infant and childhood genital cutting². Experts in Seattle expressed particular concerns over public health officials using it to justify mass circumcision programs including children.

Problems with the Auvert Study

The Auvert study failed to include reputable scientific evidence concluding circumcision NOT to be significantly preventative in HIV acquisition in adults. The highly respected Cochrane Review¹ (of evidence-based medicine) concluded: "We found insufficient evidence to support an interventional effect of male circumcision on HIV acquisition in heterosexual men. The results from existing observational studies show a strong epidemiological association between male circumcision and prevention of HIV, especially among high-risk groups. However, observational studies are inherently limited by confounding which is unlikely to be fully adjusted for. In the light of forthcoming results from RCTs, the value of IPD analysis of the included studies is doubtful. The results of these trials will need to be carefully considered before circumcision is implemented as a public health intervention for prevention of sexually transmitted HIV".

Put simply, the Auvert study is only able to show that adult males *might* gain, under the most sterile of operating conditions, a 'partial' protection against HIV acquisition, limited to an 18-month period immediately following circumcision surgery, and further dependent on safe sex practice and other confounding factors. Circumcised men still get HIV at an alarming rate.

Ethical Issues in Research

Support for ethical, evidence-based research into halting the HIV epidemic is vital, but studies on adult genitals cannot reliably be extended to the immature healthy genitals of infants and children. No scientific study shows neonatal circumcision to have beneficial effects on HIV acquisition extending into adulthood. Rather, epidemiological observation in countries such as the United States shows neonatal circumcision has failed to prevent the HIV/AIDS epidemic and significant death of circumcised men.

Compounding the issue, research has not been conducted into HIV acquisition in circumcised versus intact males engaging in sex with a condom (the most important tool in HIV prevention). Evidence also exists showing circumcised males are less likely to use condoms and more likely to engage in risky sexual activity potentially worsening the epidemic.

All research must be scientifically critiqued without well-leveled criticism being dismissed as dissent. Even well conducted research is repeatedly proven false in the long-term and the Auvert study has failed to measure up to the Cochrane Review, the only comprehensive systematic meta-analysis on HIV/Circumcision in scientific literature to date. Auvert oddly omitted all mention of the Cochrane review in paper submissions. Such an omission is unlikely to be an oversight, but rather seems deliberate creating serious ethical issues.

Bodily Rights

Babies undergoing circumcision exhibit classic signs of distress, including increased heart rate, raised stress hormones, shock response and other physiological reactions to extreme trauma. Circumcision has been shown to cause undue harm to infants and prophylactic surgery on minors amputating normal, healthy tissue is unethical and medically and scientifically unfounded. Children's bodies are permanently altered in the process without immediate, clear and quantifiable medical benefits moving non-medical circumcision into the realm of bio-ethics and human rights. By analogy, the mass surgical removal of female infant breast tissue would not be tolerated under any circumstances, despite providing permanent and full protection from breast cancer. It is unusual that male circumcision has continued to operate under the bio-ethical radar.

South Africa has already passed a law preventing non-medical circumcision of children with other progressive countries set to follow suit. It would be illegal for health professionals to advocate circumcision of children less than 16 years without a provable and immediate medical benefit. Preventative surgery for possible HIV prevention is not a valid medical reason.

Since infants are not having sex, a male infant circumcised today will only become sexually active in about 14 years. During that time HIV vaccines providing a permanent protective effect regardless of other factors not influenced by circumcision could be in use. A number of vaccines are already moving into Stage Two trials and might become available shortly.

Consequently it is unusual and irresponsible for medical professionals to call for mass circumcision of infants, and even adults, especially when:

- 1) New research shows low HIV prevalence is not coupled with high circumcision prevalence.
- 2) World-wide experts on genital integrity and Pediatric associations advise against the procedures on minors.
- 3) The proposed experimental intervention has already been tried and failed. Circumcision has NOT protected Americans from acquiring the highest rate of HIV in the developed world, despite 80 percent of American-born males having undergone circumcision at birth.

- 4) Most of Europe is intact with exceedingly low circumcision rates and parallel low HIV rates.
- 5) South African Xhosas DO circumcise their males in teenage years while Zulus DO NOT, yet both tribes acquire HIV at similar rates.
- 6) Non-sterile conditions in some African clinics, not to mention the bush, may very well spread the disease through contaminated instruments.
- 7) It may result in the mistaken belief that circumcised men and their partners are immune to HIV infection implying a worsening of the problem through decreased condom usage.
- 8) Other prophylactic surgeries, like adenoidectomy, tonsillectomy have been tried, found ineffective and summarily abandoned.

Children's rights groups opposed to neonatal circumcision indicated they are not necessarily opposed to voluntary circumcision of adult males following their informed consent. Informed consent however is seldom properly dispensed, and the resultant sensory and functional losses accompanying circumcision, not adequately addressed.

Conference attendees saw no ethical difficulties if adult men choose circumcision, but critical review of current research does not support this intervention and calls for its immediate implementation are unrealistically premature, especially without appropriate follow-up or long-term post-surgical monitoring policies. Health agencies and governments could be held liable by circumcised men and their partners that acquire HIV despite being circumcised, having not fully understood the limitations of this proposed intervention.

Conclusion

Children's rights advocates at all three conferences concluded that mass circumcisions aimed at children to control HIV in Africa and other countries is not only unrealistic, but unethical as well. In addition, new education and treatment options are working in other countries, and promising vaccines are entering Stage Two trials. An infant and child will have ample time to learn safe sex practices and make appropriate choices about his bodily integrity. Children need to be adequately protected from irrational and irresponsible interventions that permanently alter their bodily integrity and remove their choice to remain intact.

NOCIRC-SA, National Organization of Circumcision Information Resource Centers – South Africa

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In cooperation with,

International Coalition for Genital Integrity

www.icgi.org

Online references:

1- [Cochrane Review](#) – **Cochrane Association**

2- [Male Circumcision and HIV Control in Africa](#) - **M. Garenne**

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