

INTERNATIONAL COALITION for GENITAL INTEGRITY

We recognize the inherent right of all human beings to an intact body.
Without sexual, racial, or religious prejudice, we affirm this basic human right.
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National Organisation of Circumcision Information Resource Centres - South Africa

www.nocirc-sa.co.za

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HIV cannot be prevented by mass circumcisions

Circumcision may result in a false belief that safe-sex practices are no longer required, implying a worsening of the incidence of HIV infection.

Two separate papers were presented at a conference in Brazil, claiming that male and female circumcision has the potential to reduce HIV acquisition. Such claims may conversely have negative consequences in the struggle against HIV and AIDS. At the recent congress of the Treatment Action Campaign (TAC), the findings of a study conducted amongst male South African participants were presented, suggesting that the circumcised penis is more resistant to HIV infection. TAC has been reported to be considering advocating circumcision as a result. We are encouraging them to reconsider their new strategy.

This study could dangerously mislead people into believing that if they are circumcised, they would be protected against HIV. The natural response of a circumcised male to these reports is to assume that he is more resistant to HIV infection than is the intact male. The implication being that even more circumcised men may engage in unsafe sexual practices under the false impression that they won't contract HIV. Equally troublesome is the fact that this study offers no indication on whether or not the receptive partner of the circumcised male will become more or less vulnerable to HIV infection. The female receptive partner's risk will likely increase without adequate protection. A second study, performed by Stallings amongst African females in Tanzania shows that HIV transmission is also reduced among circumcised FEMALES. This has gone unreported by the media. Such selective reporting suggests the need for analysis from a gender prejudice point-of-view and suggests that male and female circumcision should be dealt with as a unity.

The foreskin is not just a piece of skin, but rather a highly specialized erogenous and immunological structure, which cannot be cut off like hair or fingernails. We are therefore concerned about the frequent uncritical reference to particularly the male study in the media. The promotion of its uncorroborated findings, without adequate understanding of the behavioral consequences, is highly irresponsible. Feedback offered to our organization indicates that some individuals are now advocating "chop-shops," where parents will be able to bring their children for the non-consensual, non-therapeutic removal of their foreskins.

The "Lancet", the pre-eminent medical journal in the world, rejected the publication of the above French study. The broad quotation within the media is therefore, premature and irresponsible since the study has not been peer-reviewed as yet.

When extrapolating globally, the hypothesis of this study could be proven to be wrong. The United States has a very high rate of circumcision coupled with the highest HIV infection rate in the developed world. Scandinavia on the other hand has one of the lowest rates of circumcision in the world coupled with a comparatively low incidence of HIV infection. Global trends should be more accurate than one, demographically limited study. Neither does current research point to a significant difference in infection rates in South Africa amongst the non-circumcising tribes such as the Zulus, and the circumcising tribes such as the Xhosas.

Other studies have thus far failed to corroborate that circumcision could prevent HIV. The highly respected Cochrane review, which conducted a meta-analysis of circumcision and its relationship to HIV, "found insufficient evidence to support an interventional effect of male circumcision on HIV acquisition in heterosexual men."

The most important emphasis of HIV prevention should focus on education, the use of non-contaminated medical equipment, and behavioral changes such as condom use, and not foreskin amputation. The amputation of the male

prepuce removes the only movable part of the penis, causing increased friction during sexual intercourse, leading to micro-tears of tissue, and subsequent increased vulnerability to possible infection. In South Africa, 'dry sex' practices, whereby lubrication mechanisms are purposely removed, make HIV infection even more likely to occur. It has also previously been demonstrated that circumcised men don't like using condoms as they suffer from a progressively desensitized penis.

UNAIDS has cautioned against circumcision. "If circumcision were promoted as a way of preventing HIV infection, people might abandon other safe sexual practices, such as condom use. This risk is far from negligible - already rumours abound in some communities that circumcision acts as a "natural condom". A sexworker interviewed in the city of Kisumu in Kenya summed up this misconception, saying, "I can sleep with circumcised men without a condom because they don't carry a lot of dirt on their penis." Circumcision does not eliminate HIV infection. In one study in South Africa, two out of five circumcised men were infected with HIV, compared with three out of five uncircumcised men. Relying on circumcision for protection is like playing Russian roulette with two bullets in a (five-shot) revolver rather than three."

National Organisation of Circumcision Information Resource Centres of South Africa implores all organizations associated with the fight against HIV/AIDS to take note of these developments. We should not lose foresight in the fight against HIV/AIDS by these irresponsible statements promoting circumcision of healthy body parts of boys and girls as a preventative strategy. All children have a right to bodily integrity, and such procedures violate that right. This right is enshrined in the United Nations Convention on the Rights of the Child, to which South Africa is a state signatory.

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