INTERNATIONAL COALITION *for* GENITAL INTEGRITY

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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.

Male Circumcision – A Dangerous Mistake in the HIV Battle

Summary

Mass male circumcision has been identified and promoted as a method of curbing the AIDS pandemic in sub-Saharan Africa. Stopping the spread of HIV requires strategically using available resources. However, circumcision's costs and harms are significant, and there is recent evidence indicating that its use in the HIV battle would result in more harm than good.

Mass circumcision campaigns will divert resources from other proven prevention programs, result in a high number of complications, increase risk-compensation behaviors, and put women at higher risk for HIV.

Circumcision is a relatively expensive and risky procedure that is claimed to reduce risk by 50-60% for heterosexual males only. Condom promotion and safe-sex education have already been shown to reduce infection rates more effectively for both males and females, at a lower cost.

Adult males are vulnerable to the belief that circumcision offers them immunity,[1] raising ethical concerns about promoting adult male circumcision, and questioning the effectiveness of the intervention.

Some have proposed circumcising infants, but this, too, has ethical ramifications.[2] Removing healthy tissue from children deprives them of their birthright to a fully functional body. Surgery of any kind places them at immediate risk from complications; the benefit, if any, is 15–20 years away.

Circumcision does not protect women,[3] in fact, it increases their risk following the procedure.[4] Circumcision does not protect men having sex with men.[5] [6]

Background

Results from three random clinical trials (RCTs) in Africa, showing a reduction in female-to-male transmission of HIV after circumcision, have focused attention on promoting male circumcision to reduce HIV transmission. This has been followed with funding to rollout mass surgical interventions in sub-Saharan Africa, as well as influencing male infant circumcision policy in the United States.

Questionable RCT Results

A number of confounding factors present in the studies warrant caution in extrapolating results to larger populations. All three studies were terminated early, and more than 700 participants were lost to follow-up, their HIV status unknown. In other words, 4.5 times more participants were lost to follow-up than were reported to have been protected from HIV by circumcision. Unlike in any real-world setting, study participants were provided free condoms and extensive education and counseling,[7] [8] [9] a number of reported HIV infections were contracted from non-sexual means,[10] and the participants were paid.

The Cochrane Collaboration Report of 2003 cautioned about researcher bias, stating: "Circumcision practices are largely culturally determined, so there are strong beliefs and opinions surrounding them. It is important to acknowledge that researchers' personal biases and

dominant circumcision practices of their respective countries may influence interpretation of findings."[11] The Cochrane Collaboration has since issued an updated report, which now states: "No further trials are required."[12] The updated version no longer warns against researcher bias.

The RCTs practices are questionable. All three studies were halted earlier than designed. In one study, the circumcised men's infection rates were increasing toward the intact men's rate. All participants not initially circumcised were then offered circumcision, eliminating the possibility of accurate follow-up data. We will never know if the short-term effect was permanent.

A physician-scientist, who participated in one of the African studies, reportedly called it, "Completely dishonest. About one-third of the way through the study, when the results were not favorable to the lead researchers, the study was halted." According to him, coming from his friend calling into an Austin, Texas television show, the purpose of the study wasn't to investigate their hypothesis, but to provide proof to support male circumcision.[13]

The only conclusion that can be drawn from the RCTs is that circumcision might *delay* HIV infection for half of the circumcised males, and no delay in the other half, while having no affect on infection rates for women, and an unknown effect on male infants.

Complicating Factors

Two recent studies examining African circumcision rates and HIV prevalence found that circumcision was not significant. One study examined data from 13 sub-Saharan countries to determine circumcision was not associated with lower HIV rates,[14] and another found circumcision made no difference in HIV rates in South Africa.[15]

Recent evidence demonstrates that Langerhans cells in the foreskin have a protective effect against pathogens—including HIV—by secreting *langerin*.[16] The original theory (which lead to promoting circumcision to stop HIV) was that Langerhans cells are an entrance-point for viruses. It now seems that the theory was partially true, but that the true mechanism at work is that Langerhans cells set a trap for viruses in order to destroy them with *langerin*.

A 2007 study concluded that, once commercial sex-worker patterns are factored in, male circumcision is not significantly associated with lower HIV.[17]

Male Circumcision Increases Risk of HIV

The long-term consequences of promoting circumcision might worsen the HIV epidemic by implying that circumcision protects males—a false sense of security, undermining safe-sex practices and condom usage.[18] [19] African males are already lining up to be circumcised, thinking they no longer need to use condoms.[20] [21] [22] Even if the 50-60% protective effect the RCTs claim is true, and if all African males were circumcised over the next 15 years, it would only reduce the number of infection cases by 8%, and related deaths by 1%.[23]

HIV infections are greater following the circumcision of virgins, both male and female, indicating that circumcision itself spreads the infection, probably from unclean conditions.[24] [25]

Male Circumcision Endangers Women

Male circumcision offers no protection to women.[26] It endangers women if sex is resumed before the wound has completely healed.[27] In a recent WHO study, one-fourth of circumcised males still had not healed sixty days after the surgery.[28] Further, it places women at greater risk of unsafe sex practices forced on them by circumcised males who wrongly believe they are immune from HIV, or insist that they are.

Circumcision Will Result in Burdensome Complications

A recent issue of the WHO Bulletin says that African ritual circumcisions have a 35% complication rate. African clinical circumcisions have an 18% complication rate, much higher

than in developed countries.[29] A neonatal circumcision complication rate of 20.2% was found in Nigeria.[30]

Unethical Medical Practice

Circumcision permanently removes healthy, functional, and beneficial tissue.[31] It is unprecedented for a prophylactic surgery to be offered as a "health benefit" to adults who have safer and more effective ways of avoiding infection, and to parents of newborns to reduce risks of an adult-acquired disease.[32] Circumcised men will still have to wear condoms for full protection (as well as to protect their sexual partners) and there is no evidence that being circumcised and wearing condoms is any better than wearing condoms alone. Considering that circumcision can result in acquiring the infection, and its complications, promoting it must be seriously questioned.

Informed Consent Issues

For fully informed consent to occur, all adult males must be educated about the risks and sensory losses from circumcision, as well as made aware that it does not offer full protection, and that they will still need to wear condoms during sex. The number of reports of African males agreeing to circumcision so they no longer need to use condoms, reveals that fully informed consent is not always occurring.[33] [34] [35]

An Effective Social Program Already Exists

Education, safe-sex practices, and consistent condom use are proven, effective measures of curbing HIV transmission. Uganda demonstrated a 47% reduction in HIV prevalence from increased safe-sex education and condom promotion—this social-prevention program is available now, is highly effective, and does not involve the numerous risks and losses from surgery.[36] A study revealed that condoms are 98% effective at hindering HIV transmission, and 95 times more cost-effective than circumcision.[37] Consistent condom use reduces lifetime risk by 20% [38] as compared to circumcision's 8%.[39] A recent report from South Africa shows condom use significantly increased from 2002 to 2008, and the HIV rates finally began to level off.[40] There is no evidence that diverting resources to circumcision would aid this progress.

Conclusion

Promoting an intervention that at best reduces the risk of infection for only half the population half of the time while creating a false sense of security is irresponsible. Circumcision offers no protection for men who have sex with men, and it increases the risk to women. Male circumcision will result in unacceptable complications, the treatment of which will further burden the healthcare infrastructure. Promoting male circumcision drains resources that should be devoted to proven measures such as condom promotion, and increased safe-sex education.

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