

ADDRESSING QUESTIONS ABOUT HIV and CIRCUMCISION

Background: In 2003, the Cochrane Institute published a statement evaluating the scientific evidence on male circumcision for prevention of HIV acquisition in heterosexual men. The authors 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.”¹ They also cautioned: “It is important to acknowledge that researchers' personal biases and the dominant circumcision practices of their respective countries may influence their interpretation of findings.”

Since then, three randomized controlled studies (South Africa 2005, Kenya 2007, Uganda 2007) have been published which showed a reduction in HIV acquisition of 50-60% during the study period, in circumcised men as compared to intact men. The actual number of men who became infected was small, for example, in one of the studies, 1.8% of circumcised men compared to 3.6% of intact men. Based on the apparent significance of the early results, all three studies were ended early (none went longer than 24 months), preventing further study of the trends over time of HIV rates after circumcision. In March 2007, due to the pressing nature of the HIV epidemic in Africa, the World Health Organization issued recommendations to implement male circumcision programs in areas where HIV prevalence is high (greater than 15% of the population) and circumcision rates are low (under 20%).² The media continue to give much publicity to the alleged benefits of circumcision, with little attention to countervailing evidence or opinions.

TALKING POINTS

The studies: Ending the studies early could have potentially biased the results toward showing an interventional effect of circumcision on HIV acquisition, because the men who were circumcised were unable to have sex for some period of time and were told they had to wear a condom during healing. Also, because the results were obtained under research conditions — sanitary conditions, intensive monitoring, education, and full access to condoms — the WHO has expressed concern that these results may not play out “in real life.”

Circumcision is not a “magic bullet”: Circumcised men can and do get HIV.

Condoms work: All men, circumcised or not, and their partners, need to use condoms and practice safe sex or they will be at risk for HIV. When used consistently and correctly, condoms are highly effective in preventing the transmission of HIV and other STDs.

“Risk compensation”: Circumcised men may feel they are protected against HIV and therefore may feel less need to practice safe sex. Loss of sensation from circumcision may also lead to reluctance to use condoms.

Behavior is the key: Behavior is more important than anatomical differences in preventing sexually transmitted diseases.

Circumcision has not prevented HIV in the US: The high circumcision rate in the US has not prevented it from having the highest HIV rate in the developed world. There are numerous examples of countries with high circumcision and high HIV rates, and others with low circumcision and low HIV rates.

¹ Siegfried N et al. Male circumcision for prevention of heterosexual acquisition of HIV in men (Protocol for a Cochrane Review). In: The Cochrane Library, Issue 2, 2003

² WHO/UNAIDS Technical Consultation. Male Circumcision and HIV Prevention: Research Implications for Policy and Programming: Conclusions and Recommendations. March 2007

Public health: The US situation is very different from Africa. If the African studies are to be believed, the effects of circumcision would have the most impact in situations of very high HIV prevalence, where HIV transmission is predominantly through heterosexual sex, and where circumcision rates are already low — none of which is the case in the US.

Personal risk: The WHO says only that circumcision *might* be a reasonable suggestion for adults at high-risk of contracting HIV through heterosexual sex, for example, those in a relationship with an HIV+ person or those who have had other STDs.

The studies only apply to female-to-male heterosexual transmission:

Circumcision has not been shown to protect partners of circumcised men, or men who have sex with men, and of course has no effect on HIV acquired through IV drug use, health-care contamination, or maternal-child transmission.

Ethics: It is important to distinguish between circumcision of consenting, informed adults, and routine circumcision of non-consenting infants. *Infants are not at risk for sexual transmission of HIV.* The ethical presumption against interfering with the bodily integrity of another dictates that children be allowed to grow up with an intact body until they are old enough to weigh the evidence and implications for themselves.

Debunking other supposed health benefits of circumcision: People tend to pull up what they've heard about the “benefits” of circumcision to bolster the claim of HIV as a good reason to circumcise. Other alleged medical benefits of circumcision have been shown to be false or insignificant, and have never been sufficient to recommend routine circumcision.

The foreskin is a normal, protective, sexually functional body part: The value of the foreskin must be given considerable weight in any risk-benefit calculation. New studies have found that the foreskin is the most sensitive part of the penis,³ and that its Langerhans cells have the capacity to destroy HIV.⁴

Circumcision is not cost-free or pain-free: Circumcision carries the risks of multiple short- and long-term complications, some catastrophic, in addition to the loss of the foreskin's protective and sexual functions.

THE BOTTOM LINE: NOTHING HAS CHANGED

**Circumcision is still not medically necessary.
Circumcision is still not recommended as a routine procedure.
Circumcision still carries many risks and harms.
Everyone still needs to practice safe sex.
The foreskin is still a normal, valuable body part.
It's still “his body, his choice.”**

For further reading:

<http://www.nocirc.org/publish/11-HIV.pdf> Educational pamphlet for the public from NOCIRC.

<http://www.DoctorsOpposingCircumcision.org/info/HIVStatement.html>

<http://www.cirp.org/library/disease/HIV/vanhowe2005a/>

<http://www.nocircofmi.org/aids.pdf>

http://www.nocirc.org/2008-07_Mothering-Fauntleroy.pdf

³ Sorrells ML, Snyder JL, Reiss MD, et al. Fine-touch pressure thresholds in the adult penis. *BJU Int* 2007;99:864-9.

⁴ de Witte L et al. Langerin is a natural barrier to HIV-1 transmission by Langerhans cells. *Nat Med* 2007;13:367-371.