Implications for women

Background

Observational and epidemiological data have long suggested an association between male circumcision and reduced risk of HIV infection in men. Results from three randomized controlled trials have provided evidence that male circumcision reduces the risk of HIV acquisition in men through heterosexual sex, demonstrating at least a 60% reduction in risk.[1-3] This is a significant breakthrough in HIV prevention, and the international public health community and countries are therefore translating these research findings into public health policy and practice. In 2007, WHO and UNAIDS recommended that male circumcision be added to current comprehensive HIV prevention strategies. Appropriate tools and guidelines have been developed and work is in progress with national governments to develop policy, programmes and services in this field.[4]

HIV-negative men can be expected to benefit directly from male circumcision but the implications for women are less clear. Although it is expected that male circumcision programmes will have indirect beneficial effects on women's health, there are concerns about possible negative effects on women. This document builds on the conclusions and recommendations of a meeting of women's health advocates, researchers, policy-makers, programme managers and providers which was convened by WHO and UNAIDS in June 2008 in Mombasa, Kenya, to examine the implications of male circumcision for women.

Benefits for women

There are currently no known direct benefits of male circumcision for women. The available data suggest that there are important indirect health benefits of male circumcision for women, in particular a reduced risk of exposure to HIV and other sexually transmitted infections. There may be other indirect benefits for women as a consequence of men being reached with more HIV-related messages and services, as outlined below.

- **HIV acquisition**: As male circumcision programmes expand the lower HIV incidence in men means that the likelihood of women encountering an HIV-infected male sexual partner will gradually decline. Modelling suggests that this indirect benefit to women will take a number of years to manifest itself and will increase over time. [5, 6]
- **Other sexually transmitted infections**: Studies show that circumcised men are at lower risk of genital ulcer disease. Some studies suggest that men may also be at lower risk of gonorrhoea and Chlamydia, although the results are inconsistent.[7-11] As with HIV, women would benefit indirectly because of a lower risk of exposure to these infectious agents from their male partners.
- **HPV and cervical cancer**: Many studies have shown that circumcised men are less likely to be infected with penile human papillomavirus (HPV), including the virus types most likely to cause cancer in men and women.[12,13] Cervical cancer is the second most common cancer worldwide and is a major health problem for women.
- **Other indirect benefits**: As programmes for male circumcision expand there will be more opportunities for men to be tested and to know their HIV status. Moreover, they will have the opportunity for education on sexual and reproductive health. If male circumcision programmes are well implemented with careful attention to counselling there will be indirect benefits for women through increased attention to the prevention of HIV infection and to other aspects of sexual and reproductive health.

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Issues for women's health

It is necessary to consider the following issues related to the potential impact of male circumcision programmes on women's health.

- **HIV acquisition**: Observational data from Rakai, Uganda, suggested that female partners of circumcised men were less likely to be infected with HIV than female partners of uncircumcised men. However, the only randomized controlled trial designed to determine whether female partners of circumcised HIV-positive men were at lower risk of acquiring HIV than the partners of uncircumcised HIV-positive men was inconclusive. Preliminary results from this trial showed a potential increased risk of HIV transmission to women among couples who resumed sex before complete wound healing following male circumcision.[14]
- **Risk compensation**: As with all HIV prevention interventions, there is concern that circumcised men will be more likely to forgo other risk reduction strategies (e.g. correct and consistent use of condoms) or engage in risky sex (e.g. having multiple partners). Furthermore, the perceptions and attitudes of both women and men towards risk and protective behaviours could conceivably shift, leading to reduced use of condoms. The limited evidence available indicates that this has not occurred among participants in clinical trials. However, service delivery programmes differ from clinical trials in having less intensive counselling and follow-up. Moreover, because men enrolled in such trials were informed that it was not known whether circumcision reduced HIV risk, they might have been more likely to use condoms. There may be very different effects on men's and women's behaviours now that male circumcision is known to reduce the risk of HIV infection in men.
- **Negotiating power and violence against women**: Women's ability to insist that their partners use condoms or adhere to other safer sex practices may be undermined if circumcised men believe that they are at low risk of HIV infection. This could contribute to an increase in violence against women.
- **Stigma, blame and discrimination**: Advocates for women's health, and HIV-positive women in particular, are concerned that male circumcision programmes may lead to further stigmatization of HIV-positive women as the supposed source of infections in communities or populations, and that women may be even more likely to be blamed for bringing infection into relationships if men are considered safe because they are circumcised. There are concerns that such stigma and blame may translate into an increased incidence of gender-based violence.
- **Resources and resource allocation**: As resources and increased attention are directed to male circumcision programmes it is possible that they will be diverted from other programmes that may more directly benefit women, e.g. programmes concerned with sexual and reproductive health, female and male condom promotion and provision, and treatment.

Priority actions

On the basis of the available evidence, and taking account of unanswered questions and concerns, priority actions should be undertaken to monitor and evaluate the effects on women of the scaling up of male circumcision programmes. Key areas that need action and attention relate to service delivery, programme communication and advocacy, and research.

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Service delivery

Critical service delivery issues should be addressed as programmes are scaled up, in order to ensure that they meet the needs of both men and women.

- **Strategies for addressing gender and women's issues in male circumcision service delivery**: Conduct a gender analysis of all programming and technical support guidelines, tools and provider job aids to ensure that they adequately address gender and women's issues, and revise them as indicated to address gaps.
- **HIV testing**: Ensure that all male circumcision services provide HIV testing and counselling as part of the recommended minimum package[i] and that information and counselling on male circumcision are included in HIV testing and counselling services.
- **Counselling**: Ensure that male circumcision scale-up includes effective counselling so that the behaviour of circumcised men does not put women at greater risk of gender- based violence and HIV infection. This requires the development of clear counselling messages about complex issues, e.g. the partial effectiveness of male circumcision and the lack of direct HIV risk reduction for women. Include information about male circumcision in sexual and reproductive health programmes. Allocate resources to support counselling services with training, supervision and increased personnel.
- **Service integration**: Establish integrated programmes with male circumcision as one component of the minimum package. Explore innovative models to promote male circumcision through key health services for women, e.g. family planning and maternal and child health services.
- **Evaluate male circumcision services**: Monitor and evaluate programmes and services as they are scaled up, in order to identify and address any untoward effects on women.

Communication and advocacy

Clear, simple and context-specific messages should be developed to communicate about the findings of male circumcision research and programme scale-up in countries, with reference both to the benefits of male circumcision and to what is not known about it. These messages should be targeted on both men and women.

- **Communication about benefits and limitations**: Develop simple accurate messages about male circumcision that clearly convey the implications for women and men. Among other things, these messages should explain that there is no known direct benefit to women, that male circumcision is partially protective for HIV-negative men, that it cannot prevent HIV-positive men from transmitting HIV, and that male circumcision must be combined with other risk-reduction strategies in order to achieve effective protection.
- **Stigma and blame for HIV-positive women**: Use communications, advocacy and education strategies around male circumcision to actively address potential stigma and blame that may result for HIV-positive women, by developing clear messages that male circumcision does not stop men from acquiring or spreading HIV and that being circumcised does not imply low HIV risk.
- **Consultation and message development**: Ensure that communication strategies and outreach efforts engage a range of stakeholders, including women's health advocates and HIV-positive women, in anticipating issues and developing, testing and refining key messages to address them.
- **High-level advocacy**: Conduct high-level advocacy to ensure that resources are allocated to expand prevention for women and to broadly strengthen and sustain health systems. Ensure that the benefits of male circumcision are not achieved at the expense of other interventions for women.

i The minimum package recommended by the World Health Organization comprises: HIV testing and counselling; active exclusion of symptomatic sexually transmitted infections and syndromic treatment where required; provision and promotion of male and female condoms; counselling on risk reduction and safer sex; male circumcision surgical procedures performed as described in the *WHO/JHPIEGO/UNAIDS Manual for male circumcision under local anaesthesia.*

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Research

Critical research areas related to the monitoring and evaluation of the effects of male circumcision are indicated below.

- **Potential harm to women**: Conduct research and monitor potential harm to women in key areas including: violence against women; women's ability to negotiate condom use; changes in the sexual behaviour of men and women; incidence of HIV and sexually transmitted diseases; increases in unwanted pregnancies; confusion with female circumcision (i.e. female genital mutilation); stigmatization and blame in communities and families.
- **Perceptions and understanding of male circumcision**: Explore issues related to: whether women and men understand that there is only partial protection conferred by male circumcision and that there is no direct benefit for women; whether male circumcision programmes change women's perception of their own risk of acquisition and transmission of HIV; how programmes can best convey this information so that it is accurate and well understood.
- **Healing period**: Initiate and carry out research to investigate the time taken for healing of the surgical wound after male circumcision. It is important for women's risk of HIV acquisition to know if the process differs between HIV-negative and HIV-positive men (with respect to adverse events and the time taken for healing to occur). Investigate whether there are changes in viral shedding in HIV-positive men during the healing period.
- **Benefits to women**: Monitor and evaluate programmes to determine whether the effects of different comprehensive HIV prevention packages at the population level have a positive influence on HIV incidence in women.

Looking ahead

The expansion of access to male circumcision programmes of high quality can make a significant contribution to revitalizing HIV prevention. This must be done in ways that maximize benefits and minimize harm for both men and women. Particular attention should be paid to the effect that male circumcision programmes have on women, through careful monitoring and ongoing revision and adaptation. The effects of male circumcision programmes on women should be a major consideration in judging these programmes and should inform their development, so as to enable the true potential of this important new intervention for preventing HIV to be realized for both men and women.

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