

INTRODUCTION OF MALE MEDICAL CIRCUMCISION AS PART OF THE COMPREHENSIVE STRATEGY TO ARREST THE SPREAD OF HIV IN THE PROVINCE OF KWAZULU-NATAL

In December (2009), His Majesty, the King Goodwill Zwelithini kaBhekuzulu called for a return to the tradition of male circumcision, which was discontinued in the 19th century, but also endorsed its provision by trained health care providers rather than traditional practitioners.

Advocacy groups and individuals reacted to these news and the fact that it can reduce men's risk of acquiring HIV from their female partners with both enthusiasm and a range of cynicism that stem from a number of quarters including trivialising African traditional practices.

There is a strong recognition that male circumcision presents an opportunity to engage men around HIV prevention, to expand couples counselling, and to build and/or strengthen programmes that seek to transform sexual and gender norms. What is even more encouraging is the fact that the actual snip is only a small component of the whole programme with a number of other interventions that look at general well being, reproductive health and nation building in general.

Historically, it has been difficult to bring men into the health services for HIV education and frank conversations around sex and sexuality, and in this sense the enthusiasm surrounding male circumcision is a positive development that could lay the foundation for innovative programming.

In order to seize this opportunity, it's critical that male circumcision be offered as part of a package of services and interventions, both for the man himself and for his sexual partner. As the World Health Organization states: *"Male circumcision should always be considered as part of a comprehensive HIV prevention package, which includes the provision of HIV testing and counselling services; treatment for sexually transmitted infections; the promotion of safer sex practices; and the provision of male and female condoms and promotion of their correct and consistent use."*

This view is an excellent starting point for developing programmes that situate male circumcision in the context of other biomedical and behavioural prevention options. There is a critical need for society to support creation of such comprehensive offerings. In every instance, community organisations working on HIV & AIDS prevention, treatment and care and/or on sexual and reproductive health have a role to play in shaping these programmes, advocating for sufficient resources, and following up on their long-term outcomes. Several of the civil society organisations that have developed positions on male circumcision for HIV prevention have noted the importance of situating it as part of a comprehensive response, and of addressing women's concerns <http://www.malecircumcision.org/advocacy/male_circumcision_advocacy_women.html> as well as the impact on male sexuality <http://www.malecircumcision.org/advocacy/male_circumcision_advocacy_men_sexuality.html> .

This work must be closely linked to other ongoing efforts to expand the role of men in reproductive health and to increase numbers of male accessing HIV programmes including the prevention of parent-to-child transmission and other such services.

"Does it mean I can have five mistresses?" – Implications for women

Social activists and feminists in particular, believe that there's a tendency to promote male circumcision as a magic bullet as evidenced by the money and support it receives. However, there are both biomedical and social issues to be considered. The biomedical approach (including the randomized clinical trial model) does not provide all the data needed to understand the social implications of introducing a new strategy.

Beyond the 60% efficacy finding, what are the further implications of male circumcision for men and particularly women? We are under no illusion to believe that male circumcision, on its own, is a silver bullet. For it to work, it will require that most men are circumcised and educated to engage in other prevention measures such as use of condoms, delaying the onset of sex, penetrative sex, and know their status.

It's essential that information be given to both men and women so they know it is not a magic bullet for HIV prevention. We want to ensure that the introduction to male circumcision is an entry point for transforming gender norms, and integrating men into sexual health services. We must also ensure that resources for rollout do not displace other research on preventative methods (such as microbicide) and other women-initiated prevention technologies. At the same time, we need to make female condoms more accessible and affordable.

Other social commentators have accused our addition of male circumcision in the arsenal against HIV spread says male circumcision will add additional credence to the notion that women bring HIV into the relationship and/or that they are vectors of disease, since if male circumcision is perceived as a "badge" of HIV negative status, blame will be directed even more towards the woman.

Our intention is not to dismiss the concerns raised by other social activists or feminists but it is our belief that research and tradition has provided us with sufficient information to exploit the benefits. As we rollout male circumcision we are fully aware in the way the epidemic is feminized and thus engage all stakeholders in the possible implications of the intervention for women, in particular.

As part of the implementation of this programme the Premier of this Province, oka Khabazela kaMavovo has taken a lead in ensuring that Amakhosi as the actual custodians of the culture are well briefed on the programme and also part of the lead soldiers in this programme within their communities. To give more impetus to the programme, His Majesty the King personally launched the programme in Nongoma on the 10th of April 2010, where more than 300 men were circumcised. Besides being performed as a daily procedure within facilities, camps are being arranged throughout the Province to scale up the programme with the recent camp having been at Eshowe, where 202 young men were circumcised. This camp was graced by more than 3 amakhosi who came and addressed the young men of how to be responsible citizens.

We will be going forward with this programme to ensure that our people are free from all the ills that afflict the society.

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