



REPORT SUMMARY

Making Medical Male Circumcision Work for Women

Community-level reports on women's perspectives on medical male circumcision from five African countries

AVAC
www.avac.org

ATHENA Network
www.athenanetwork.org

AIDS Legal Network
www.aln.org.za

Health Rights Action Group
www.hag.or.ug

Mama's Club
clubmamas@yahoo.co.uk

Namibia Women's Health Network
www.nwhn.wordpress.com

Swaziland for Positive Living
www.swapol.net

Women Fighting AIDS in Kenya
www.wofak.or.ke

WOMEN'S HIV PREVENTION TRACKING PROJECT (WHIPT), DECEMBER 2010

Making Medical Male Circumcision Work for Women is a new report from the Women's HIV Prevention Tracking Project (WHIPT). WHIPT is a collaborative initiative launched by AVAC and the ATHENA Network in 2009 to bring community perspectives, particularly women's voices, to the forefront of biomedical prevention research and the broader response to HIV. The report is an unprecedented collection of voices from Kenya, Namibia, South Africa, Swaziland and Uganda. It highlights women's perspectives, advocacy priorities and recommendations for the rollout of male circumcision for HIV prevention.

To download the report and/or a recording of the global report launch teleforum with the report authors, go to www.avac.org/WHIPT or www.athenanetwork.org.

KEY FINDINGS¹

WOMEN'S AWARENESS OF AND INVOLVEMENT IN MMC

Out of all the women interviewed, 79 percent (of 494 women) had heard about MMC. When probed, women had varying levels of knowledge but sought to be involved in the process.

- 40 percent of women talk to their sexual partners about MMC
- 74 percent would want to be involved in the decision-making process of their partner's MMC
- 36 percent of women perceive themselves as potentially involved in the decision-making process around MMC

RECOMMENDATIONS

- Given the gap between women's interest in engaging with male circumcision for HIV prevention, and their reported lack of involvement, there is an urgent need to ensure that MMC programs and policies actively create opportunities for women to engage with and inform MMC implementation.

WOMEN'S SUPPORT FOR THE INTRODUCTION OF MMC

Among the women interviewed, there was general support for the implementation of MMC as an HIV prevention strategy in their communities. (A range of specific concerns was also raised and is explored below.)

- 87 percent would support the introduction of MMC
- 85 percent believe that it could be introduced into their communities
- 77 percent believe that men would volunteer to become circumcised

UNDERSTANDING PROTECTION

A total of 46 percent of the women interviewed believed that MMC is protective for them. Out of these, some believed correctly that they would be indirectly protected over time once a critical mass of men in the population are circumcised; others incorrectly thought they'd be directly protected. Others did not specify how they might be protected. There were also reported misconceptions that medically circumcised men are by definition HIV-negative.

- 72 percent understood that MMC is partially protective or not 100 percent protective
- 58 percent understood that condoms should be used even with circumcised men
- 58 percent understood the need to abstain from sex during the wound-healing period post circumcision

RECOMMENDATIONS

- Advocates, grassroots women's groups, implementers and governments through national plans must provide clear and correct messages to men and women and train the media with factual information, highlighting risks and benefits of MMC for HIV prevention overall and the specific implications for women. Correct messaging should emphasize the lack of a direct HIV risk-reduction benefit for women with circumcised partners.
- Advocates, implementers and national plans should emphasize MMC as a complementary HIV prevention method rather than as a stand-alone method.

1. The percent figures represent the aggregated total across all five countries, but the total number of interviewees within each country is not consistent across countries.

IMPLICATIONS FOR SEXUAL DECISION-MAKING AND GENDER-BASED VIOLENCE

Of the respondents, 64 percent believed MMC would change ideas around HIV risk. These perceptions ranged from concerns that men would increase behavior risks to the hope that information and education for men during MMC would decrease men's risk behaviors—increasing condom use and decreasing sexual partners. The majority of WHIPT participants perceived that MMC might lead to an increase in gender-based violence (GBV) and heightened stigma for women living with HIV. This could be a result of circumcised men's misperception that circumcision confers permanent HIV-negative status and/or they cannot transmit the virus. Thus sex and/or safer sex would be less negotiable than before circumcision, putting women at greater risk for GBV.

- 74 percent of women reported existing gender-based violence in their communities
- 54 percent of respondents say MMC could increase gender-based violence
- 8 percent say they're currently very comfortable asking their sexual partners to use condoms
- 48 percent are not at all comfortable asking their partners to use condoms

RECOMMENDATIONS

- Implementers, advocates and national plans should ensure that MMC programs are implemented as part of comprehensive HIV prevention programs that also integrate female condom access and empower women to be involved in sexual decision-making.
- Implementers must offer comprehensive MMC packages that will integrate sexual and reproductive health services for men, including condom counseling and gender equality education.
- Implementers must include gender indicators in MMC rollout monitoring and evaluation efforts.
- Advocates must monitor that resources allocated for MMC rollout are not diverted away from HIV prevention programs and research for women.

CONFLATION OF MEDICAL MALE CIRCUMCISION AND FEMALE GENITAL MUTILATION (FGM)

Women, particularly those from regions of Kenya and Uganda where female genital mutilation (FGM) is practiced, reported a conflation of FGM and MMC, including the assumption that both reduce risk of HIV infection.

- 23 percent surveyed incorrectly think FGM could protect women from HIV
- 25 percent believe that the promotion of MMC might also promote FGM among girls and women

RECOMMENDATIONS

- Implementers must clearly distinguish MMC from FGM in all program literature and communications in relation to its benefits for HIV prevention.
- Advocates must monitor efforts to clarify the distinction between MMC and FGM.
- All stakeholders must ensure that the rollout of MMC does not lead to an increase in FGM.

CONFLATION OF MEDICAL MALE CIRCUMCISION AND TRADITIONAL MALE CIRCUMCISION

Many women participating in the research indicated that they have heard about MMC for HIV prevention. However, when discussed further, responses also indicated some level of confusion between MMC and traditional circumcision whose practices can vary and have not been evaluated for HIV prevention benefits.

RECOMMENDATIONS

- Governments, implementers and advocates must distinguish clearly between traditional and medical male circumcision in all program literature, communications and counseling in regions where traditional male circumcision is practiced.

NEXT STEPS FOR WHIPT ADVOCACY

Over the next six months, WHIPT teams will execute advocacy plans based on their findings. Actions include:

- Linking women's groups to normative agencies and policy makers working on MMC at country level.
- Working with MMC implementers on women-specific MMC communications materials.
- Ensuring implementers include gender indicators in MMC rollout monitoring and evaluation efforts.
- Developing a collaborative research literacy curriculum aimed at women in affected communities.
- Further investigating the conflation of MMC and FGM and how an increase in FGM may be mitigated.

BACKGROUND

The Women's HIV Prevention Tracking Project (WHIPT) is a collaborative initiative of AVAC and the ATHENA Network launched in 2009 to bring community perspectives, particularly women's voices, to the forefront of the HIV and AIDS response. The specific purpose of WHIPT is to advance and facilitate the monitoring of HIV prevention research, advocacy and implementation by women who are the most affected by the epidemic. The pilot phase of WHIPT has focused on strengthening women's knowledge about, engagement with, preparedness for, and monitoring of medical male circumcision (MMC) for HIV prevention in countries where rollout was underway or imminent. Community-based teams of women in Kenya, Namibia, South Africa, Swaziland, and Uganda assessed women's knowledge, perceptions, and involvement with MMC as an HIV prevention strategy, with a strong emphasis on women living with HIV.

Making Medical Male Circumcision Work for Women is available for download on the AVAC (www.avac.org/whipt) and ATHENA Network (www.athenanetwork.org) websites, along with more information about WHIPT. To order hard copies, visit avac@avac.org. For background information on MMC research and implementation visit the Male Circumcision Clearinghouse (www.malecircumcision.org).