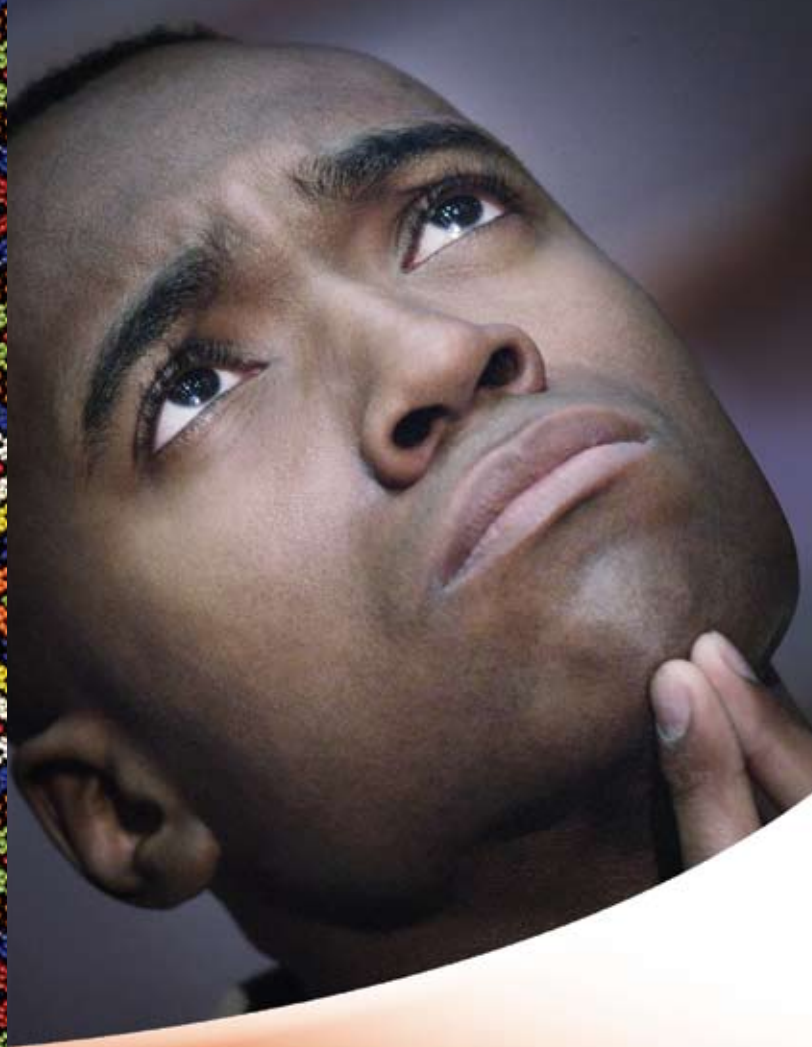
A Charter of Good Practice for Circumcision to promote HIV prevention



AIDS Foundation South Africa

Developing Partnerships - Serving Communities

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Preamble

This Charter sets out principles and minimum standards regarding male circumcision in the context of HIV in South Africa. It is the culmination of engagement among initiation schools, community organisations and public health officials across the country.

The Charter aims to promote good practice in traditional and medical circumcision, in order to ensure the wellbeing of all boys and men who are circumcised, and their families.

All roleplayers are invited to embrace, adopt and contribute to the further development of this Charter, as part of the national response to HIV/AIDS.

Traditional circumcision is practised in various ways by different cultural communities in South Africa, as part of the process of initiation from boyhood to manhood. It is performed for cultural rather than for health reasons. Initiation includes instruction based on cultural values about the role of a young man, his duties to his family and community, and his responsibilities with regard to sexual behaviour. This rite of passage takes place at different ages in different communities.

Medical circumcision has been practised by some communities for religious and/or cultural purposes and is understood beyond those communities to have some health benefits.

Research has shown that the risk of a circumcised man contracting HIV during vaginal sex is reduced by up to 60%, compared to that of an uncircumcised man, although the risk to a female or passive male partner is not reduced. Since 2007 medical circumcision has been promoted as part of a comprehensive strategy to prevent HIV. In 2010 the government of South Africa, in line with World Health Organisation recommendations, started targeting boys and men (from age 15) for circumcision, purely for HIV risk reduction.

There are two key requirements to promote HIV prevention through circumcision:

- health and safety standards for medical circumcision should be incorporated into traditional practices; and

- effective traditional approaches to sex and lifeskills education should be adopted to enhance the health benefits of medical circumcision.

Principles

The Charter affirms the following principles:

1. Support for circumcision

Circumcision is an important part of both initiation practices and as an HIV risk reduction intervention.

2. Many voices, but one message

Traditional and biomedical perspectives on circumcision practices are not mutually exclusive, nor are they necessarily in conflict with one another. The overall goal of both of these perspectives is to improve the health and well-being of boys and men, their partners and families.

3. Sharing knowledge

Neither traditional cultures nor biomedical ways of managing circumcision have a monopoly on wisdom; these two approaches have to work together to achieve their goals in the context of HIV/AIDS.

4. Respecting one another

Circumcision must be performed in a context of respect, both for the cultural environment within which the procedure takes place, as well as for the individual being circumcised. Interventions will need to be country-specific, and even within countries they may need to vary across cultures and communities.

5. Consent, not coercion

Informed consent, whether through traditional and/or legal channels, is an integral part of all kinds of circumcision; no-one should be forced to undergo the procedure.

6. Appropriate skills

Those who perform and/or care for boys and men undergoing circumcisions should be appropriately qualified practitioners, both in terms of cultural practice and in terms of good medical practice.

Minimum standards for good practice

The Charter makes the following recommendations:

1. Circumcision as part of a comprehensive HIV prevention strategy

In order to contribute to reducing the risk of HIV transmission, circumcision must complement existing components of HIV prevention, especially consistent condom use.

2. Medical examinations

For both medical and traditional circumcisions, boys and men should be certified by a health professional as medically fit to undergo the procedure.

3. Screening

Health professionals as well as traditional practitioners who perform circumcision must periodically undergo health screenings.

4. Training and education

- Everyone involved in and managing circumcision (including traditional healers who work with initiation schools) must be trained in safety and HIV prevention.
- All circumcision practitioners must be educated on the benefits of the complete removal of the foreskin.
- All circumcision practitioners must be educated on the benefits of both traditional and medical circumcision.
- Sexual and Reproductive Health as well as HIV prevention messages must be included in curricula of initiation schools.

5. HIV Counseling and Testing

Voluntary HCT must be promoted and available as part of both traditional and medical circumcision. Boys and men who test HIV positive should still have the option of being circumcised, provided that a health practitioner confirms they are medically fit.

6. Consent

Current legislation regarding informed consent must be complied with.

7. Hygiene

To prevent HIV transmission from one boy or man to another during circumcision, a single, fresh surgical instrument should be used for each male. Cross-contamination must be avoided by all means, for example by wearing gloves and washing hands between touching a used and a new instrument.

8. Policies

Different spheres of government should develop a policy regarding circumcision, in consultation with all stakeholders, recognising the role of women, traditional health practitioners and traditional leaders, among others.

9. Age of circumcision

Ideally, voluntary circumcision should take place before sexual debut, which means from the age of 12 years or younger.

10. Neonatal circumcision

Those who practice neonatal circumcision should be provided with access to biomedical circumcision facilities.

11. Deaths

All deaths related to the circumcision process should be recorded and reported.

12. Registration

Traditional practitioners involved in male circumcision should be registered – either with the Department of Health, or with another recognised body. Practitioners must be approved to practice, and preferably listed in a database.

13. Pain management

Practitioners should not perform circumcision with the intent of inflicting pain, and should allow pain management that does not include alcohol or illegal drugs.

14. Collaboration

There must be multi-sectoral collaboration between local traditional leaders, law enforcement agencies and the Department of Health to prevent the operation of unregistered schools and to alert the public about them.

Evolving good practice

The Charter recognises that the issues associated with circumcision as part of an HIV prevention strategy are complicated and often contested. The following issues, among others, require further discussion among all roleplayers to ensure that the strategy produces the intended results:

1. Definition of circumcision

Traditional or ritual circumcision practices do not necessarily involve the complete removal of the foreskin, which is required for reduced risk of HIV infection as provided by medical circumcision.

2. Implications for ritual circumcision/incision

In some communities initiation does not include complete circumcision, but rather only a slit on the foreskin. Medical circumcision would prevent the incision or remove the scar, and might insult traditional notions or individual conceptions of manhood.

3. Age of circumcision

In some cultures, young men are circumcised as part of initiation at the age of 18, and are regarded as adults thereafter; in others, boys are circumcised even before puberty and are not treated as men until they take on adult roles later. There is disagreement on whether initiation processes and circumcision can be separated from one another in order to lower the age of circumcision for HIV prevention purposes.

4. Neonatal circumcision

The Department of Health has indicated that neonatal circumcision will most likely be introduced in the public sector in the near future. Where circumcision is seen as a rite of passage to manhood, and therefore a process that needs to happen around the onset of puberty or at the age when a young man leaves his mother's house, neonatal circumcision may be problematic.

5. Demonstrating impact

Departments of Health and foreign donors supporting HIV prevention work want to be able to verify and/or record the numbers of boys and men being circumcised and the impact of circumcision and initiation upon health and well-being. In this context, one challenge is how one can access and record the necessary information about traditional circumcisions. Another challenge is how to measure behaviour change following circumcision and initiation.

6. Behaviour change after circumcision

All initiation practices teach young men about good and ethical behaviour around manhood, after circumcision. However, early socialisation around gender roles and distorted notions of manhood sometimes result in initiates engaging in disrespectful and irresponsible sexual behaviour. The high prevalence of HIV infection in South Africa makes it especially important that initiation schools promote safe and responsible sex and that the biomedical approach incorporates a greater emphasis on sexual behaviour change after circumcision. In this regard, biomedical practitioners and advocates can learn from good practice among traditional practitioners.

7. The role of women

The role of women in relation to traditional circumcision is circumscribed and there are taboos limiting the information women (and outsiders) receive about circumcision practices. However, women are more at risk than men of contracting HIV, and this risk is not reduced when their male sexual partners have been circumcised. Further, women are mothers, sisters and partners to initiates who suffer botched circumcisions that lead to mutilation or death. Therefore, women's role and concerns need to be widely recognised.

8. Working with government

Departments of Health (national and provincial) have been drawing up policies, regulations and guidelines of 'best practice' regarding HIV and AIDS, including circumcision. These processes are sometimes seen as an attack on cultural practices or an attempt to take them over. Greater consultation, understanding and agreement are needed to ensure that both traditional and government interventions operate for the benefit of the communities they target.

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To learn more about the Culture and Health Programme's work with initiation schools or to endorse the Charter, please visit:

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