

## Are there other concerns about circumcising to prevent HIV?

The World Health Organization recommendations state that, in countries where the HIV epidemic is concentrated in specific population groups, for example, injecting drug users or men who have sex with men (such as in the United States), there would be limited public health impact from promoting male circumcision to the general population.

While some circumcision programs may start with adult volunteers, there is a very real risk that, in some programs, encouraging adults into circumcision will begin and, later, lead to forcible circumcision of infants and children, who are unable to consent to surgery. Infants and children are not sexually active nor do they engage in risky sexual behaviors. Furthermore, when today's infants are sexually active, vaccines now in development should be available.

Every boy is born with a protective, functioning foreskin. Forcibly cutting off the foreskin violates a person's right to bodily integrity and self-determination. More effective, less risky, and less expensive strategies than circumcision have been successfully implemented. Emphasis must be placed on proven, effective, successful strategies. Education, not genital cutting, is the sane, safe, and proven approach to curbing the spread of HIV.

### Resources

[www.DoctorsOpposingCircumcision.org/info/HIVStatement.html](http://www.DoctorsOpposingCircumcision.org/info/HIVStatement.html)

Van Howe RS, Svoboda JS, Hodges FM. HIV infection and circumcision: cutting through the hyperbole. *The Journal of the Royal Society for the Promotion of Health* 2005;125(6):259-65.

*...Based on the best estimates, mass circumcision would not be as cost-effective as other interventions that have been demonstrated to be effective. Even if effective, mass circumcision as a preventive measure for HIV in developed countries is difficult to justify.*

– Robert S. Van Howe, MD, MS, FAAP  
J. Steven Svoboda, JD, MA  
Frederick M. Hodges, DPhil (Oxon)

More information can be found at:  
[www.nocirc.org](http://www.nocirc.org) and [www.cirp.org](http://www.cirp.org)

**NOCIRC pamphlets:** 11 pamphlets: 50¢ each or \$30/100 (same or mixed) plus \$5 S/H.

The **NOCIRC Resource Guide** lists the pamphlets, books, articles, newsletters, and videos available from NOCIRC and other resources as well. Free for SASE.

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*The information in this pamphlet is not meant to replace the care and advice of your pediatrician.*

# Answers to Your Questions about Circumcision and HIV/AIDS

from the

**National Organization  
of Circumcision Information  
Resource Centers**

*Educating a New Generation  
For the Well-Being of All Children*

[www.nocirc.org](http://www.nocirc.org)

## Answers to Your Questions About Circumcision to Prevent HIV

The HIV crisis in Africa is serious and deserves the world's attention. We owe it to the African people and HIV victims worldwide to promote proven HIV-prevention strategies, and to avoid seemingly easy solutions that could make the AIDS crisis worse by creating new and unforeseen problems.

Circumcision is less effective, more risky, and more expensive than programs that successfully have reduced or stopped the spread of AIDS, such as aggressive educational approaches that discuss the danger of HIV and the importance of safe sex and condom use.

### Does circumcision prevent HIV transmission?

Circumcision cannot prevent the spread of HIV; circumcised men contact HIV, transmit HIV, and die from AIDS. Transmission of HIV infection is caused by risky behaviors, such as multiple sex partners, failure to use condoms, and contaminated instruments or needles. Anyone who engages in high-risk behavior, whether circumcised or intact, is in danger of contracting HIV and other sexually transmitted diseases.

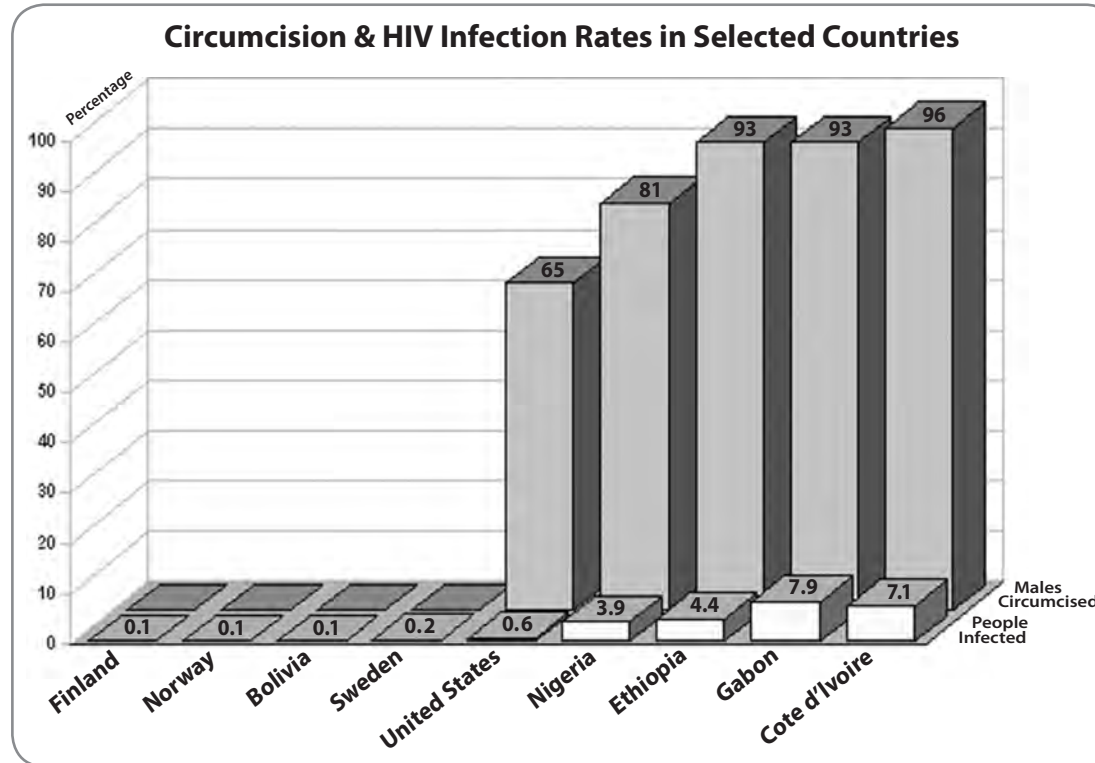
### What about the African studies that say circumcision might reduce HIV transmission?

Three studies reported fewer circumcised men contracted HIV than intact men; however, both circumcised and intact males contracted HIV during the course of the studies. Circumcised participants were required to refrain from sexual activity for a period of time, while intact participants freely engaged in sex. Extensive education and condom distribution also were provided to participants in all of the studies. All three studies were halted early so

there is no way to assess whether the preliminary reduced-transmission rate would persist if the study had continued to run the designed length, although statistics in one study were nearing the same. Studies that are terminated early may overestimate treatment effects.

### Have other studies shown different results?

Numerous studies have shown a variety of results. Some found higher rates of HIV in non-circumcised populations, while others



either found the opposite to be true or found no difference between circumcised and intact males. One recently published study found that Langerhans' cells, prominent in the foreskin, actually help protect against HIV.

While studies have found lower HIV infection rates in circumcised women, female genital cutting to prevent AIDS has neither been suggested nor promoted.

### Are there risks to promoting circumcision as an HIV prevention strategy?

Promoting circumcision to protect against HIV could provide a false sense of safety, putting sexually active males and their partners at increased risk. Circumcised males might be reluctant to use condoms because they already feel protected or because condoms further decrease sensitivity in the already desensitized penis.

Paradoxically, one study showed that, in Africa, circumcision itself is a major cause of HIV transmission due to contaminated instruments.

### What are the risks of circumcising to prevent HIV?

First, it won't work. The United States has the highest medicalized infant circumcision rate in the industrialized world and the highest rate of HIV infection. The HIV infection rate in the United States is twice the rate in Europe, where the vast majority of males are intact.

Then, too, there are both short- and long-term harmful consequences from circumcision. In Africa, many circumcisions are performed in unsanitary and unsafe conditions that

lead to infection and death. Even in the US, circumcision has known risks, including hemorrhage, infection, complications of anesthesia or analgesia (if provided), surgical mishap, and interference with breastfeeding and normal sleep patterns. Physical complications such as skin tags, skin bridges, extensive scarring, and loss of sensitivity also are reported.