A mural in the waiting room at the UNIM Research Training centre in Kisumu, Kenya.
Picture by Silas Achar/FHI

Latin American perspectives: Human Rights issues in child circumcision

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Male circumcision is one of the most common surgical procedures, with between 30 to 35 per cent of men worldwide circumcised either in infancy or adulthood. Reasons for it are hygienic and religious, and the operation's prevalence is geographically dependent on the cultural practices of local populations.[1]

As earlier reported in this edition, several large-scale prospective trials have been done to explore whether MC truly offers some protection against HIV infection. With the HIV pandemic now affecting 40 million people worldwide and condom use still limited, MC has become an important area for prevention research.[2]

There is little information on determinants of MC in Central and South America, where the practice is uncommon. Circumcision was traditionally practised among the Aztec and Mayan civilisations but largely disappeared following the European conquests.[3] Reports from the 17th to the 19th century suggest that MC in the Caribbean was practised among Jews and Africans working for them.

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A study of male partners of women in a case-control study of cervical cancer in Colombia, Costa Rica, Mexico and Panama found that 11 per cent of men were circumcised on genital examination (although 25 per cent had reported being circumcised). A more recent study, also among partners of controls in a cervical cancer study, found a prevalence of seven per cent in Colombia and Brazil.[4]

A random sample of 300 men requesting pre-employment or routine annual worker health certification in low socio-economic neighbourhoods of Lima, Peru, found that six per cent were circumcised while a recent multi-country survey found no countries in Central or South America with circumcision prevalence above 20 per cent.

Protection and promotion of human rights

States have pledged to increase the availability of HIV-related goods, services and information as outlined in the Declaration of Commitment on HIV/AIDS (2001) and the Political Declaration on HIV/AIDS (2006) (United Nations, 2001;

United Nations, 2006). These commitments and their fulfilment can be seen as part of the human rights obligations of States to their citizens with regard to health, non-discrimination, and the benefits of scientific progress.

Given that MC reduces a man's risk of contracting HIV through penile–vaginal intercourse, it provides an opportunity to reinforce HIV prevention efforts and thereby

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promote human rights. A human rights-based approach to introducing or expanding MC services requires measures to ensure the procedure is done safely, with informed consent, and without discrimination.[5]

From a public health and human rights perspective, it also requires that governments implement MC programmes within a comprehensive HIV prevention framework. This will ensure that "risk compensation" (i.e. increases in risky behaviour sparked by decreases in perceived risk) does not undermine the partially-protective effects of circumcision for men.

Risk of cervical cancer in women

A research team from the Multi-centre Cervical Cancer Study Group of the International Agency for Research on Cancer found that the risk of cervical cancer is less in women with circumcised partners. The study pooled data on 1,913 couples enrolled in one of seven case control studies of cervical carcinoma in situ and cervical cancer in Brazil, Colombia, the Philippines, Spain and Thailand. Of these couples, it was noted that 977 women had cervical cancer and 1,543 men were not circumcised (81 per cent). In couples where the man had six or more partners, the woman's risk of cervical cancer was more than double if the man was not circumcised. It was also found that circumcised men had a lower risk of contracting penile human papilloma virus infection.[6]

In 1993-95, a multicentre study was conducted to assess factors associated with male-to-female HIV-1 transmission in Rio de Janeiro, Brazil, with male non-circumcision highlighted as a possible risk factor. Results indicated that 377 men had medical examinations for circumcision. The rate of HIV-infected female partners was 50 and 47 per cent among circumcised and uncircumcised men respectively.[7]

The authors found the following factors to be independently associated with HIV-1 infection: anal sex; condom use during vaginal sex sometimes/rarely or never as compared with always; frequency of sexual contacts in the year prior to interview; oral contraceptive use; post-coital vaginal bleeding, and strong evidence of an interaction with STI history.

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Circumcision is not medically necessary?

Some doctors in the United States do not believe that there are medical or prophylactic benefits from circumcision. Medical evidence, however, does not support their claims. Some members of American professional societies including paediatricians, family physicians, and obstetricians and gynaecologists hold the view that circumcision is not medically necessary. They do not recommend circumcision, adding, it should be an elective procedure. The alleged benefits, they say, do not exceed the known risks. Circumcision, the doctors opposed to the procedure say, should not be performed without a specific medical indication.

In the US, there is also a group known as Doctors Opposing Circumcision. It believes that non-therapeutic circumcision of children fails the five tests of beneficence, non-malfeasance, proportionality, autonomy,

Picture: Courtesy of Sam Kunin

It is advisable to apply a tightened Gomco clamp which leads to the removal of much skin during the procedure.

Picture: Courtesy of Sam Kunin

The infant is on an Olympic Circumstraint board padded with a towel and the arms are not restrained. Before injection the infants starts sucking on a glucose solution.

and justice. According to them, newborn circumcision fails the test of beneficence because it lacks medical benefit and it fails the test of non-malfeasance because of serious risks, complications and injuries.

According to a statement prepared by George Hill, Executive Secretary of Doctors Opposing Circumcision, the US-based group argues that the risks and complications of

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newborn circumcision exceed any conceivable benefit. "It fails the test of autonomy because the permission must be given by a surrogate. It also fails the test of justice because it removes healthy functional tissue from the body and thus violates the patient's right to bodily integrity."

The foreskin, which has protective, sensory and sexual functions, they argue, is excised during circumcision. The inside fold of the foreskin is a mucous membrane that is designed to keep moisture in so that the glans is soft, moist and sensitive. The foreskin has glands that produce a natural moisturiser and lubricant that keeps the penis moist, clean, and lubricated.[8]

Human rights issue

The group further argues that circumcision fails all tests for surgical interventions on children and violates human rights to security of the person, freedom from cruel and degrading treatment, and the right to protection from traditional procedures prejudicial to the health of children. Medical codes of ethics require respect for the human rights of the patient.[9]

The position taken by some of these American doctors contradicts the scientific evidence that has proven that circumcision has important benefits for men who choose to be circumcised. As has been stated elsewhere in this publication, WHO and UNAIDS, the two lead United Nations agencies spearheading the fight against HIV and AIDS, have recommended MC as a strategy to prevent HIV among other measures.

For the best protection of men and their sexual partners, countries that introduce or expand male circumcision services should ensure that accurate information is accessible to everyone on the partial protective effect for men of MC, and the risks and benefits associated with the procedure. Male circumcision services

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should be accessible to all men, starting in areas with high HIV prevalence and progressively expanding outward. Also, access to MC should be non-discriminatory and the procedure should be integrated within comprehensive HIV prevention programming.[10] This will enable men and their families to make informed choice as to whether they should undergo the procedure or not. ■

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