Religion, culture and the Male cut in Asia

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Picture: Courtesy of Sam Kunin

The dorsal slit is made, creating a separation of the inner and outer layers.

Male circumcision is common in the Asia region, with high prevalence noted in eight out of 27 South and Southeast Asian and Pacific Island countries. Bangladesh, Indonesia, Pakistan and the Philippines have the highest number of circumcised men, estimated at 120 million. In these countries, circumcision is primarily for religious and cultural reasons with the exception in the Republic of Korea and the Philippines where circumcision is routine and widespread and with no linkages to religion

Circumcision patterns in Korea changed dramatically during the 20th century, increasing from almost non-existence in 1945 to over 90 per cent currently. The reason for the near-universal prevalence of MC in the Philippines is less clear, but is long-standing and thought to be unrelated to religion. There is little data on age at circumcision, but a study found that 42 per cent of boys were circumcised aged under 10 years, 52 per cent aged 10–14 years, and 5 per cent aged 15–18 years.[1]

In Malaysia, MC is also very common, probably due to the influence of its majority Muslim population. Male circumcision is rare in neighbouring Thailand, apart from its southern part whose population is predominantly Muslim.

Anindita Ramaswamy, writing for the *Manila Bulletin* says that in mid-2007, in south and south-east Asia, countries such as Papua New Guinea, Cambodia and Thailand had high HIV prevalence and little MC whereas HIV prevalence was low in countries like Pakistan, Bangladesh, Indonesia and the Philippines where most men were circumcised.

In comparison, many of the predominantly non-circumcising eastern and southern African countries have the highest prevalence rates in the world. Almost similar patterns exist in south and Southeast Asia. [2]

Lessons learned

- MC is strongly associated with lower cervical cancer rates and fewer HIV cases among countries with heterosexual contact as the primary mode of HIV transmission, independent of religion
- Current HIV prevention tools — abstinence, using condoms, early diagnosis and treatment of STIs and HIV testing — all have their limitations.
- The role of social change communication and appropriate capacity building are vital in an intervention like MC addressing environmental and societal issues through development and communication of key messages.

Foreskin is enriched with HIV-1 target cells

Research findings indicate that circumcised men have a lower risk of HIV-1 infection than uncircumcised men. Laboratory findings suggest that the foreskin is enriched with HIV-1 target cells. In a prospective study of 2,298 HIV-uninfected men attending sexually-transmitted infection (STIs) clinics in India, researchers noted that circumcision was strongly protective against HIV-1 infection but they noted no protective effect against herpes simplex virus type 2, syphilis, or gonorrhoea.[3]

In their study findings titled *Male circumcision, religion, and infectious diseases: An ecologic analysis of 118 developing countries*, researcher Drain, P.K. and colleagues found that MC was also strongly associated with lower cervical cancer rates and fewer HIV cases among countries with heterosexual contact as the

Picture: Courtesy of Sam Kunin

The needle is slowly injected then drawn back to create a triangular injection with its base at the junction of the inner and outer layers.

Picture: Courtesy of Sam Kunin

Pulling up on the inner layer correctly places the base of the bell at the coronal sulcus.

primary mode of HIV transmission, independent of religion. They argue that while HIV and cervical cancer are impacted by a complex set of biological, social, and public health influences, MC appears to play a prominent role in decreasing transmission of certain STIs.

They recommended that although MC must not substitute for other HIV and STI prevention strategies, the international public health and medical community should consider the implications and practicalities of integrating safe, voluntary male circumcision services with existing HIV prevention programmes, particularly in countries with low prevalence of MC and high prevalence of sexually-transmitted HIV.[4]

Current HIV prevention tools — abstinence, using condoms, early diagnosis and treatment of STIs and HIV testing — all have their limitations. Antiretroviral treatment is not available to millions of HIV-infected people who need it, and a vaccine is still decades away. There is, therefore, need to devise a sound strategy based on the available evidence including the efficacious newer prevention technological intervention like MC in South and Southeast Asia.

WHO and UNAIDS's position on adult circumcision

Scientific evidence linking HIV prevention to MC is available. Recent randomised clinical studies in Kenya, South Africa and Uganda have shown 51-60 per cent reduction in HIV acquisition risk among heterosexual men who underwent circumcision. It is encouraging to note that adult circumcision to prevent HIV in heterosexual men is currently recommended by the WHO and UNAIDS in countries where HIV incidence is high and the HIV transmission mode is primarily heterosexual.

In their research findings on the acceptability of MC for prevention of HIV among high-risk groups, researchers Tieu, H.V. and others state that the role of social change communication and appropriate capacity building cannot be emphasised more in an intervention like MC addressing environmental and societal issues through development and communication of key messages. This goes beyond a bio-medical intervention with myriad interwoven cultural, social, religious, ethical and legal aspects. Carefully-designed strategic interventions for scaling up of access to MC services to identified/recognised at risk population, therefore, must be ensured in a time-bound manner.[5]

Implications for the future

According to Advocates for Youth, public health experts anticipate a rise in the demand for MC. WHO and UNAIDS assert that the greatest potential public health impact may be realised in settings where HIV prevalence in the general population exceeds 15 per cent, where the epidemic is primarily of heterosexual transmission, and where more than 80 per cent of males are uncircumcised.[6] The two UN agencies recommend that countries should consider scaling up access to MC services as a priority for adolescents, young men, and (as indicated by local epidemiology and other considerations) older men at high risk of HIV. ■

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