THE RELATIONSHIP BETWEEN MALE CIRCUMCISION AND HIV/AIDS IN LESOTHO

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune Deficiency Virus
CHAL	Christian Health Association of Lesotho
LDHS	Lesotho Demographic Health Survey
MC	Male circumcision
MOHSW	Ministry of Health and Social Welfare

Abstract

Keywords: Male circumcision, HIV/AIDS

There is a well known relationship between male circumcision and HIV/AIDS. Does this relationship apply in Lesotho. In order to come up with the results, the 2009 LDHS and HIV/AIDS secondary data were used, focusing on men datasets. Basic analysis shows that people who are circumcised are more likely to have HIV/AIDS. According to the results, male circumcision is not associated with HIV/AIDS prevention. The above relationship is complex in Lesotho so more research should be done to understand the relationship. Proposals for further research: regional study of particular ecological zones and qualitative interviews.

Table of Contents

1.0 INTRODUCTION

"Male circumcision" as practiced in Lesotho is part of the male initiation process. As per the recent report *Male Circumcision (MC) in Lesotho: Situational Analysis Report* by the Ministry of Health and Social Welfare MOHSW (2008b), evidence from several sources indicates that about 15,000 circumcisions occur each year in the country. The report shows that approximately 4000 – 6000 were performed in health care settings, the rest were performed at initiation schools as part of *lebollo*. The *Lesotho Demographic Health Survey* (LDHS) 2009 indicates that 17.7% of males were circumcised by health professionals.

Currently only medical doctors are authorized to perform clinical circumcisions in Lesotho, and these are performed at district hospitals, filter clinics and by private surgeons. The current age of consent to circumcision is 21, below which parental consent of the patient is required. According to *Lesotho Policy on Safe Voluntary Male Circumcision for HIV Prevention 2012/2013*, there are a few cases where male circumcision have been performed by nurse clinicians and nurse midwives. The price for a circumcision varies from M50 in government facilities to M600 in the private settings, the prices can also go up to M1500 in cases where the general anaesthesia is used.

At Government and CHAL hospitals, circumcision is provided mainly in response to increasing demand from men seeking services at a clinical setting. The Mokoanyane Military hospital does circumcisions for soldiers, police officers, correctional service officers and parliamentarians. On average, the district hospitals perform 40-60 circumcisions per year. In addition, Lesotho

Planned Parenthood Association conducts circumcisions (120-130 per year) through its male clinic in Maseru (MOHSW 2008b).

2.0 BACKGROUND

Acquired Immune Deficiency Syndrome (AIDS) is caused by a Human Immune Deficiency Virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other opportunistic diseases leading to death through these secondary infections. This is a serious public health and socioeconomic problem in many countries around the world. The most affected countries are found in Sub-Saharan Africa, especially those located in the eastern, central, and southern parts of the continent.

The Kingdom of Lesotho is located in the southern part of Africa and thus also highly affected by the disease. According to the 2004 and 2009 Lesotho Demographic Health Survey (LDHS), the HIV prevalence remain unchanged at 23 percent, that is just under 1 in 4 people in the country are living with HIV. This AIDS epidemic in Lesotho has had a devastating impact on the country and its economy.

A study by WHO (2013) has shown that there is compelling evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. If this theory of change holds true for other countries it is worth investigating the same relationship between male circumcision and HIV/AIDS in the case of Lesotho.

Male circumcision can be defined as the removal of the foreskin. The foreskin is the fold of skin that covers the head of the penis. It is often performed within two weeks of birth or during adolescence. In many places it has an important

symbolic, cultural and religious meaning. For example, in certain communities of Eastern and Southern Africa young men are circumcised in their early to late teens as a rite of passage that marks their transition from 'boyhood' to 'manhood'. Circumcision may also be performed for medical or health reasons when there are problems involving the foreskin.

Moreover Male circumcision has been practiced for thousands of years and is a deeply important ceremony for several reasons hence the above report is important because there will be a compelling evidence as to whether male circumcision reduces the risk of acquiring HIV/AIDS. The objective of this study is to find out if male circumcision is related to HIV.

4.0 METHODOLOGY

In order to come up with the results, the study used secondary data from the 2009 LDHS. HIV/AIDS and male recode datasets were merged focusing on the the selected variables such as age, education, religion, wealth and condom use.

Further, some basic cross tabulations related to whether the respondents were circumcised and tested for HIV/AIDS were investigated as well as applying the descriptive analysis using STATA11 to come up with the results.

5.0 RESULTS AND INTERPRETATION

5.1 BASIC STATISTICS

Table 1.1 presents the percentage distribution of HIV positive males by circumcision and age. It can be seen from the table that most of young men aged 15-19 are HIV positive and not circumcised, this is shown from the table by the percentage of 68.1 percent. Most men who are circumcised and HIV positive range between 60.0 to 70.5 percent across all ages, excluding men aged 15-19 with 31.9 percent.

Table 1.1 Percentage distribution of HIV Positive Males by Circumcision and Age

Circumcised	Age								
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59
No	68.1	34.7	29.7	37.8	31.9	30.2	38.5	40.0	29.5
Yes	31.9	65.3	70.3	62.2	68.1	69.8	61.5	60.0	70.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 1.2 depicts the percentage distribution of HIV positive males by circumcision and place of residence. It is observed that in the urban areas most men who are HIV positive are not circumcised with 65.6 percent. The opposite is almost true in the rural areas where by 65.0 percent of HIV positive men were circumcised. Male circumcision appears to be predominant in the rural areas where most respondents attend initiation schools.

Table 1.2 Percentage Distribution of HIV Positive Males by Circumcision and Place of Residence

	Urban	Rural
No	65.6	35.0
Yes	34.4	65.0
Total	100.0	100.0

The table shows percentage distribution of HIV positive males by circumcision and the highest level of education attained. It is observed from the table that amongst men with no education, HIV positive men were circumcised (86.4 percent), in the same pattern it is observed that amongst men who have attained primary education, men who are HIV positive are circumcised with 62.5 percent. The Secondary and Higher education category, almost share the same percentage of HIV positive men and uncircumcised ranging between 60.0 percent.

Table 1.3 Percentage distribution of HIV Positive Males by Circumcision and Level of Education

Circumcised	No Education	Primary	Secondary	Higher
No	13.6	37.5	61.8	60.0
Yes	86.4	62.5	38.2	40.0
Total	100.0	100.0	100.0	100.0

The table below presents the percentage distribution of HIV positive men by circumcision and religion. Amongst the identified churches such as Roman Catholic Church, Lesotho Evangelical Church, Anglican Church of Lesotho, Seventh Day Adventist Church and the Pentecostal Church, the percentage distribution of HIV positive males and are circumcised range between 50.0 percent and 57.7 percent. In the None category, 73.1 percent of HIV positive males were circumcised.

Table 1.4 Percentage distribution of HIV Positive Males by Circumcision and Religion

Circumcised	Roman Catholic	Lesotho Evangelical Church	Anglican Church of Lesotho	Seventh Day Adventist	Pentecostal Church	Other Churches	None	Other
No	42.3	43.9	43.5	50.0	46.5	35.7	26.9	35.3
Yes	57.7	56.1	56.5	50.0	53.5	64.3	73.1	64.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 1.5 shows the percentage distribution of HIV positive males by circumcision and wealth. It observed that within the poorest category circumcised men who are HIV positive constitute 77.9 percent. It was followed by the Poorer with 68.2 percent. The proportion of the richest category who were not circumcised and HIV positive was 65.6 percent, followed by the richer with 57.4 percent. It is observed from the results that whether the respondent is poorest and circumcised or richest and not circumcised the rate of HIV infection is still high.

Table 1.5 Percentage distribution of HIV Positive Males by Circumcision and Wealth

Circumcised	Poorest	Poorer	Middle	Richer	Richest
No	22.1	31.8	38.8	57.4	65.6
Yes	77.9	68.2	61.2	42.6	34.4
Total	100.0	100.0	100.0	100.0	100.0

Table 1.6 shows the percentage distribution of HIV positive males by circumcision and the use of condoms in the last 12 months. the results show that circumcised men who did not use condoms(62.9 percent) are HIV positive. HIV positive men who are not circumcised but used a condom in the last 12 months constituted 45.6 percent.

Table 1.6 Percentage distribution of HIV Positive Males by Circumcision and Condom Use

	Condom use last 12 month	
Circumcised	No	Yes
No	37.1	45.6
Yes	62.9	54.4
Total	100.0	100.0

6.0 CONCLUSION AND RECOMMENDATIONS

According to the results, male circumcision is not associated with HIV/AIDS prevention. Circumcision campaigns are made with the aim of reducing the risk of contracting HIV, but it is observed from the results that most HIV positive men are circumcised in all categories. For example the Poorest HIV positive circumcised men constitute 77.9 percent. Men who were reported to be have no religion (NONE) were circumcised and HIV positive and their percentages were 73.1 percent. When looking at the highest level of education attained, men with No Education were circumcised and HIV positive with 86.4 percent.

From the results, it can be concluded that most adults men are vulnerable to the belief that circumcision offers them immunity for HIV, and this is very dangerous phenomenon, because it increases the risk compensation behaviours and put women at high risk of HIV.

Condom and of safe sex promotion education have been shown to reduce infection rates at a lower cost as compared to male circumcision. Furthermore the anti-retroviral drugs have shown a promising reduction of HIV prevention. It is recommended that men should engage in good behaviour and should practice safe sex, whether circumcised or not.

The above relationship is complex in Lesotho so more research should be done to understand the relationship.

It is further proposed that the study should have experimental or clinical trials where more reliable number of males, trials should be made before and after circumcision are monitored because there is a challenge in the research that there is still some male who might have gotten HIV before and circumcised after.

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