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sexual health

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Can male circumcision prevent HIV?

Evidence suggests that male circumcision may be a way to reduce HIV infection rates in men. But would they be willing to have it done? Researchers from the London School of Hygiene and Tropical Medicine assessed the acceptability of male circumcision among Zulu men and women living near Hlabisa and Mtubatuba, South Africa.

Hlabisa Tribal Authority is in northern KwaZulu-Natal, one of South Africa's most heavily HIV-affected provinces. HIV prevalence is 36.3 percent in the general population and up to 42 percent in urban Hlabisa. Condom use is low. The researchers surveyed 100 men and 44 women, mostly young, single, rural residents. They also did two focus groups with men and in-depth interviews with two traditional healers, a clinic nurse and a doctor.

They found that 51 percent of uncircumcised men and 68 percent of women favour male circumcision. In addition:

- Half of men and three quarters of women would circumcise their sons. But there is conflict about whether boys should be circumcised as babies when the procedure would be simpler and the boys unafraid, or as adults when they could decide for themselves.
- Most men and women think that doctors rather than traditional healers should perform the procedure and the service providers agreed.
- Men are more willing to be circumcised if they are urban dwellers, single, employed and better educated. They are most likely to favour circumcision if they believe it improves sexual pleasure.
- Women support male circumcision if they believe it protects against sexually-transmitted infections (STIs).
- The main barrier to circumcision is fear of pain and death. Traditional circumcision ceremonies and botches at circumcision initiation schools in the Gauteng tend to hit the national press, thus people hear more about the problems than the advantages of male circumcision.
- The biggest logistical barrier is the need for doctors to perform the procedure, which may make it expensive and divert medical resources from other areas.

These results suggest that male circumcision may be more acceptable than previously thought. In sub-Saharan Africa it seems that circumcision is becoming more a matter of individual and family preference than of cultural identity. Education could increase levels of acceptability in this community, but which would be the best messages to use? The researchers point out that:

- Focussing on sexual pleasure might be most influential, promoting 'better sex' rather than 'safer sex'.
- However, this might not actually be true. It could also increase sexual risk-taking, reducing the effect of other HIV prevention campaigns.
- Education should emphasise that male circumcision does not give total protection against STIs and HIV.
- Messages should be targeted mainly at men as dynamics within sexual relationships in this community are primarily guided by the preferences of male partners.

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HIV infection and India's female sex workers

India has the second highest number of people living with HIV and AIDS (5.1 million in 2003). In India transmission is estimated to occur largely through heterosexual contact and is linked to sex work. In Andhra Pradesh, where a high percent of female sex workers are HIV positive, efforts to prevent HIV infection in sex workers need to be enhanced.

A large number of adult women in India may be involved in sex work and it is estimated that most of them are not based in brothels. At the same time, the majority of new HIV infections in Asia are linked with high risk groups, including sex workers and their clients. There is evidence that HIV prevention programmes targeting female sex workers – especially by encouraging the consistent use of condoms – can be highly effective in preventing the spread of HIV and AIDS.

Research led by the Centre for Human Development at the Administrative Staff College of India looked at when female sex workers in Andhra Pradesh did not use condoms during penetrative sex, and identified associated factors to be taken into account when planning HIV prevention.

Of the 6,648 female sex workers who took part in the study, 24 percent said they had never used condoms. The majority were street workers (75.4 percent) compared with home-based workers (22.5 percent) and brothel-based workers (2.1 percent). Of these, 53.7, 30.2 and 13.3 percent respectively reported no or inconsistent use of condoms with their clients, placing them at a high risk of HIV infection.

The study also found that:

- The most significant predictors of female sex workers not using condoms were a lack of knowledge that HIV infection can be prevented, no access to free condoms, being street-based rather than brothel-based, and not participating in female sex worker support groups.
- The majority (94 percent) of female sex workers who had had penetrative sex with their regular sex partners (38.8 percent of total) in the past seven days had not used a condom.
- Overall, 41.8 percent did not use condoms consistently with either their clients or partners.

The HIV epidemic in India has been given high priority by the national government. Significant HIV prevention interventions for female sex workers are currently on-going in India, and will continue to be expanded to increase coverage. Policy recommendations include:

- Significant differences in the HIV infection risk between brothel-based and non-brothel-based female sex workers suggest that HIV prevention efforts must expand their coverage of the latter.
- Knowledge that HIV transmission can be prevented by condoms should be central to promoting the use of condoms by non-brothel-based female sex workers in India.
- Social and legal context of sex work should be addressed to create an environment for sustained reduction of HIV risk in female sex workers.

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Knowledge against HIV and AIDS in rural India

In rural India, where HIV infection is increasingly common, the disease is spreading to a large number of women via their partners. Knowledge is the main, critical step towards stopping the spread of HIV to women. What factors prevent women from gaining and using knowledge of HIV and AIDS to protect themselves and others?

India has one of the highest numbers of HIV infected people in the world, estimated at 3.82 to 4.58 million people. HIV infection is spreading from high risk to low risk population groups, to rural areas and to women in large numbers. A report in 2000 showed that around 40 percent of women in India were aware of AIDS. While knowledge of AIDS appears to have improved overall since then, a gap still exists between women and men.

Research by the UK's University of Southampton identifies the social, cultural and reproductive health factors associated with awareness of HIV and AIDS among rural women in the Indian states of Maharashtra and Tamil Nadu, where urban HIV infection is relatively high. It also looked at factors associated with women's knowledge of whether AIDS can be avoided and awareness of what steps can be taken to avoid infection.

The study found women's knowledge of HIV and AIDS is increasing but this is not taking place in a uniform manner, with significant differences noted across sub-groups of people. It makes the following findings:

- In Maharashtra, 47 percent of rural women were aware of HIV and AIDS but only 28 percent were aware that it can be avoided and only 16 percent knew how it is transmitted.
- In Tamil Nadu, 82 percent of rural women had knowledge of HIV and AIDS and 71 percent were aware it can be avoided while only 31 percent knew how it is transmitted.
- In both states, women from groups considered socially and economically backward were comparatively lacking in awareness of HIV and AIDS and how to avoid contracting the disease.
- Socio-cultural and reproductive health factors associated with knowledge of HIV and AIDS and the effect of contact with family planning workers differed in the two states.

As HIV and AIDS are spreading from urban to rural areas, a greater effort is needed to actively disseminate knowledge of the disease to encourage protection against infection, rather than to allow awareness to result from HIV infection in rural communities. The study made a number of suggestions for HIV and AIDS intervention programmes, including:

- Health workers such as those in family planning could be used to a greater degree to spread knowledge of HIV and AIDS, as this method appears to be underutilised.
- As knowledge of HIV and AIDS varies among sub-groups, programmes to reduce infection rates will need to be innovative to reach sub-groups rather than uniformly targeting the population.
- Greater use could be made of identified routes for the transfer of health knowledge, such as television in Maharashtra, rural health workers in Tamil Nadu and schools in both states.
- Interventions will need to target men due to the dynamics of condom use in male-dominated cultures and because HIV is more easily transmitted heterosexually from men to women.

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Death in the family
Impact on older people in South Africa

Since the mid-1990s, increasing numbers of adults of working age in South Africa have died due to HIV and AIDS. Older people have had to play a significant role in caring for sick relatives and fostering their orphaned grandchildren. What has the impact of the AIDS epidemic been on the wellbeing of older people?

Researchers from Africa Centre for Health and Population Studies in South Africa and the UK's London School of Hygiene and Tropical Medicine conducted a study in northern KwaZulu-Natal between 2000 and 2002 to examine the impact of adult deaths on the living arrangements of older people.

The study data revealed that people over retirement age constituted five percent of the population, and households with one or more older people were significantly less well off than those with no older members. Households with older people were also more likely to have experienced the death of an adult during the period of the study.

Findings related to the impact of adult deaths on older people were:

- The poorest households were those made up exclusively of older people, or where one older person lived alone.
- Nearly one in five household that included older people saw the death of at least one young adult during the two years of the study. The majority of these deaths were from AIDS.
- As a consequence of adult deaths, in 2000, 15 older people who had been in households made up of three generations found themselves living only with children by 2002.
- Such skipped–generation households were relatively rare and short lived.
- The risk of the household dissolving was increased by the death of a young adult, but low in the larger, wealthier, male-headed households.
- The same percentage of older men and of older women (three percent) lived with children in the absence of young adults.

The findings show that despite the high level of deaths among adults of working age, most older people in South Africa live in households that include both younger adults and children. The proportion of pensioners caring for young children on their own is low. Lessons for government and voluntary agencies' policy are:

- Older people that have sole care of children are just as likely to be men as women.
- Most older men are heads of their household, and have social and financial responsibilities towards their dependents.
- Most old people live in households with three generations living together. The death of an adult member reduces the household size and income, and may result in both less money and more demands – physical and financial – on the older family member.
- It would be a mistake to focus concern about the impact of HIV and AIDS deaths on older women in skipped-generation households.

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