

Implications of Medical Male Circumcision for Women eDiscussions Summaries and Recommendations

**Final Report October 2009
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About the Project and this Report

The Clearinghouse on Male Circumcision for HIV Prevention Website www.malecircumcision.org was launched by the WHO/UNAIDS, Family Health International (FHI) and the AIDS Vaccine Advocacy Coalition (AVAC) in February 2009. Among its many functions, the Clearinghouse aims to serve as a global mechanism for exchanging and integrating information, serve as a virtual environment in which practitioners can share experiences and lessons learned, serve as a forum for sharing innovations in the delivery of or creation of demand for services and reflecting and tracking gaps in research agenda.

The purpose of this consultancy was to run discussions on email forums (referred to as eDiscussions) around the implications of medical male circumcision (MC or MMC) for women and to use these eDiscussions as a way to promote the Clearinghouse and increase interaction on the Clearinghouse website.

The project ran from June 2009 through Sept 2009. Four eforums were selected for the project – AF-AIDS, AMAG, ProCAARE and Sixty-percent. The eforums are described in the table below.

eForum	Description	Membership
60 Percent	eForum to create dialogue and disseminate information on HIV/AIDS and sexual and reproductive health in Southern Africa. lists.hst.org.za/mailman/listinfo/60percent	324 members
Af-AIDS	Regional eForum focused on AIDS, TB and other health and development issues in Africa. www.healthdev.org/eforums/af-aids	3657 members
AMAG	International eForum of the African Microbicides Advocacy Group network that facilitates discussion new HIV prevention options. d2.dgroups.org/iicd/amag/	500 members
ProCAARE	International eForum for dialogue among civil society, clinical and public health practitioners engaged in addressing the critical issues of HIV/AIDS. www.procaare.org	1459 members

Table 1: eForums selected for MC eDiscussions – Aug 09

Please refer to the *MC eDiscussions Planning Report* submitted in August 2009 for information on the background, rationale and the planning and design process.

This final report summarises each eDiscussion, provides overall comments and recommendations for future discussions that the MC Clearinghouse may decide to run.

Overall eDiscussion Summary

Final Schedule of Discussions

The launch dates and the duration for the eDiscussions were dependent on several factors for each eforum – if there was ongoing discussion or specific events to work around, availability of the moderators of the eforum and the time needed to plan the eDiscussions. The dates were described as ‘tentative’ in the planning report as the ‘end date’ was a moving target, dependent on how the ediscussions ran. The final dates that the ediscussions took place are:

eForum	Schedule 2009	Notes
ProCAARE	7 Aug – 3 Sep	Final promotional Clearinghouse mail sent on Sep 22
AF-AIDS	10 Aug – 30 Sep	eForum moderators want to keep the discussion open
Sixty percent	17 Aug – 30 Sep	Discussion integrated into ongoing eforum discussion
AMAG	24 Aug – 30 Sep	Discussion still open

Table 2: Final schedule of eDiscussion per eForum

The questions were varied by eforum. The drafts of all questions were provided in the Planning Report submitted in August 2009. The final messages and questions can be viewed by clicking on the specific hyperlinked messages provided in the posting tables in each eDiscussion summary.

Questions and Themes

When the discussion was started it was mostly aimed to comment on specific existing recommendations on MC and women from the Mombasa 2008 Civil Society Meeting and WHO. The recommendations selected were around:

- ❖ Country-level Gender Analyses
- ❖ Messaging and communication
- ❖ Pending research issues
- ❖ Monitoring and resource allocation

Various comments were received from members of the eForum with pertinent and key issues being brought to light. As the discussion progressed some of the key issues and themes that emerged include:

- ❖ concerns around how traditional MC and medical MC will and can co-exist, on how partners are described and involved in this and the backlash from traditional practitioners;
- ❖ questions and messaging issues around the protection MC does/not offer to those practicing anal sex, particularly women;
- ❖ introducing MMC under an overarching men's health framework;
- ❖ interest in recommendations regarding infant circumcision;
- ❖ how popular MMC discussions dovetail in-country MC consultations;
- ❖ requests for more information on acceptability studies that have been conducted;
- ❖ critique of the study on sexual satisfaction of female partners of circumcised men;
- ❖ appropriate messaging around MC that emphasizes abstinence during post-MMC wound healing.

The discussions on all the eforums showed - that there are still gaps in information and that some of the results from the MC clinical trials have not been fully understood or translated to lay audiences; that there is still vibrant discussion with widely differing views around the results; that some influential individuals and groups have an instinctual suspicion of MC that remains an important part of the discussions; that the issues around the impact on women are much more complicated as they are related to women's concerns around culture, health and their children.

These all point to the fact that the Clearinghouse has a very important part to play in providing a repository of information and updates to how MMC is being rolled out. Archives of the eDiscussions on all the eforums will continue to serve as a resource and point people towards the Clearinghouse. The eforums where the discussions were conducted are also platforms to advertise new resources available on the Clearinghouse website. In addition, the planned Clearinghouse newsletter will help to direct people to new and existing resources on the site.

Reflections and Recommendations

Overall, the planning process was robust and there were several interesting side-discussions during the start-up and preparation with the eforum moderators and with others excited or concerned about the discussions. However, dialogue around the discussions differed depending on the eforum – from very little interest to very engaged interest. All the discussions were stretched longer than originally planned with some eforums still discussing issues. The Clearinghouse statistics for August 2009 show slight increase but not as much as had been hoped. We are yet to see how and if the September 2009 statistics will be influenced.

Some of the eforum discussion was not as animated as had been hoped. Several reasons can be suggested to explain why. Recommendations on future activity can be made based on these observations and reflections.

Timing – Planning the discussions for the summer months when many people take family vacations may have affected the level of engagement; also several current events and issues trumped the relevance of the ediscussions. For example, the eDiscussion on the 60-percent was off to a great start with many members looking forward to the discussion and then the sexual rights controversy around South African athlete *Caster Semanya*¹ exploded onto the scene. As can be expected, a South African gender, reproductive and sexual rights eforum such as 60 percent is was dominated by discussion around this and planning for activities focussed on this issue.

Control of discussions and eforum size – It is interesting to note that the size of the eforum (with more members indicating more varied member interests) and the control (who moderates) the eforum also impacted on the kind of discussion that was encouraged. The ProCAARE eforum, for example, that has almost 1500 members showed little engagement. The members' interests are varied and the questions – looking for discussion on specific recommendations – may have been too specific or 'academic' as one member commented to me, to incite responses. For an eforum like that, it may have been better to ask more general questions rather than keep the discussion focussed and to build on existing comment as we had discussed in the planning stages. The 60percent eforum on the other hand - a small focussed 325-member forum whose members had a vested interest in MC issues in South Africa - had animated engagement. The Af-AIDS eforum, a very large 5000-member eforum, was off to a great start with active interest and engagement from the SAfAIDS moderators, but this engagement was not sustained. The AMAG eforum, with 500 members, has had interesting discussion and the moderator has been able to 'nag' discussants behind the scenes.

The discussion topic was perhaps passé or the platforms for its discussion different – It may be that the global and public discussion that needed to be had regarding women and medical male circumcision has happened. The questions, the concerns, the passion about this issue may have peaked last year around the Mexico City AIDS Conference in 2008. The global discussion has perhaps moved on to concerns and questions regarding traditional vs. medical circumcision, recommendations around male infant circumcision and circumcision protection around anal sex. In countries where MMC is being rolled out, a number of women and women's groups are involved in in-country discussions and consultations and perhaps therefore have direct ways to influence policy-makers in their communities rather than engage in public discussion. Perhaps, as well, many of the concerns and questions around women and MMC have been responded to, so there is not the same urgency to voice concerns. If the latter is the case, this project was a good demonstration of the fact that the WHO is open to continual feedback.

These issues were implicit in some of the side-discussions the consultant had in the planning process as is indicated by the comments below from private correspondence. (Please note that authors of these quotes are not being shared to respect their privacy.)

One individual, who has otherwise been vocal at the global level, wrote to say (regarding the ProCAARE eDiscussion):

"I may or may not participate in this discussion forum, as I have said everything I have to say on this subject in Mexico City last year (text attached, which you have my permission to share during the discussion) ... I hope the needs of partners will get a lot of attention from you, as they are being erased from the debate by those who support MC at any cost. Thank you and good luck with it! Best wishes,"

¹ For information on the controversy around Caster Semanya, please see the August 2009 archives of the 60 percent eforum at lists.hst.org.za/mailman/listinfo/60percent

Another vocal individual wrote directly to me to say (regarding 60% and AMAG ediscussions):

*Sorry to be so blunt, but I really hope these dialogs don't become venues for re-stirring old sh*t. The Mombasa meeting is very old news and took place before most countries had developed policies or begun rolling out programs. I wouldn't hold it up as the definitive consultation on women. Countries are doing their own national consultations and each country is taking very approaches and ways forward.*

The reality is that lots of this social science research has already been done. Sites have done focus groups and other qualitative research on women's acceptability of MMC and women love it. They want their lovers, their sons, their husbands to get it done. Most of the nay-sayers are complaining that "we need this and that" without seeing what is already out there. On the other hand, the researchers are not doing enough (as often is the case) to share the research findings they have.

I encouraged her to package and send these concerns to the eforum discussions but – as many of the most interesting thinkers are – she was too busy to follow up on this.

In another instance, the consultant attempted to link the 60-percent ediscussions to the ongoing SANAC consultations on MC in South Africa but was difficult to do so. Although one colleague wrote:

"So the discussion should be to communicate evidence of how women's concerns have been addressed in countries that have implemented this evidence or those that are far ahead like Uganda. Questions such as incidence of GBV, uptake of circumcision, partner counselling modalities, women's perceptions etc."

But this kind of information was hard to come by from the country progress updates and even the minutes from the SANAC deliberations round MC were not shared on the 60-percent till late September. Again these private voices were reluctant to talk on the public platform.

Low participation of key researchers, policy-makers and some advocates– There was a great deal of care and effort taken to reach out to researchers and policy-makers before and during the discussions but there was little feedback. Perhaps if there was more interaction from them, there could have been increased interest in the discussion. For example, there were questions about the 'women's sexual satisfaction study' presented at IAS 2009, and although much effort was made to encourage the researchers to comment, this was not forthcoming. Other policy-makers also responded and made comments about the eDiscussions off-forum but were unable to find time to respond to the issues publicly on the eforums. This shows how busy the key policy-makers are researchers are, and probably with some aversion to eforum discussions. Of special disappointment was that although the consultant made a special effort to reach out to specific advocates in key organizations and involved in relevant initiatives and although messages were received behind the scenes - they did not actively engage on the visible ediscussions. These groups and people have relevant issues and information to share but did not.

Lagging interest in eforum discussions in general – One policy-maker wrote to me: *"I guess people are averse to the efora discussions!"* There may be a growing number of people who are indeed averse to discussions and more so those with access to other e-tools for communication and face-to-face meetings to discuss issues with colleagues. With access to 24-hour high speed internet, many are reverting to blogs and websites and focus less and less on eforum discussion. However membership on eforums continues to rise and new members are often those from countries in the developing world for whom such e-lists still provide vital platforms for communication and information. eForum discussion is still a powerful platform for dialogue and those for whom it has become a hindrance may have to be occasionally reminded that the members of those groups are usually civil society members and health professionals from the developing world and it is still important to respond or pay attention to the discussions that are happening on these mediums.

Recommendations on planning future eDiscussions and Clearinghouse Interaction

Timing – As much as possible time the interaction (eDiscussion on eforums or blogs) to *not* coincide with the summer months and other key events, and expect that other more time-sensitive and/or controversial issues could trump the discussion. Allow extra time for planning, engaging others in the design and at the tail-end for extending the discussion if the forum requires it.

Topic – Choose your topics carefully - the more timely and/or controversial the topic, the more discussion will be enticed. For example, if the discussion was focussed around traditional vs. medical circumcision, a very different type of discussion could have ensued

Voices of the Experts – Secure commitments from key policy-makers and/or researchers to comment during the discussion and encourage them to understand the audience on these discussion platforms that they would be sharing information with.

Other ways to bring traffic to Clearinghouse – Encourage more interaction on the site itself by allowing comments to reports, and an embedded forum for discussion and links to key authors. Create Clearinghouse alerts to send information on new resources to the site to be distributed to a subscriber list but also to various email forums. Use the planned newsletter to feature specific issues around MC – summarise the information in that area so far and the resources available on the featured topic (e.g. MSM research, recommendations on infant circumcision, acceptability studies, involvement of women's groups and sexual-and-reproductive-health organizations).

eDiscussion Summaries

In this section are summaries of each of the eDiscussions per eforum. The order of the summaries is somewhat arbitrary. It starts with a summary of the 60percent eDiscussion as that was the most animated and brought up most issues. This was the first discussion summary done so that that following summaries could be related back to a broader scope of discussion.

60percent eDiscussion summary
 ProCAARE eDiscussion summary
 Af-AIDS eDiscussion summary
 AMAG eDiscussion summary

60-percent eForum MMC & Women eDiscussion Summary

The discussion on the 60% eforum involved the most time for planning, included discussions with the forum moderator/manager and a number of others who have been involved in discussions around MMC on the 60percent list thus far. From this initial planning discussion a unique set of questions for the eDiscussion was developed and, consequently, this was the most animated of all the eDiscussions with 46 postings related to the discussion. The 60percent list has the smallest membership of the four eforums selected. Several of its list members are involved in the SANAC consultations on MC and/or the WhipT project (an AVAC-Athena project to have women's group monitor MC rollout in selected countries). Many of these list members were drawn into the pre-eDiscussion planning. There has also been organic discussion around MC for many months now. All these reasons may help explain why there was more engagement on the issues on the 60percent eforum as compared to the others.

The eDiscussion was integrated into ongoing organic discussion on the eforum on MMC and it was interesting to see how the issues were linked and un-linked throughout the discussion period. There were constant efforts to re-engage members into the eDiscussion by providing new articles to respond to and consider, as the list of messages below demonstrate.

Table 3 – MMC & Women - eDiscussion Postings on 60-percent eForum

<http://lists.hst.org.za/mailman/private/60percent/>

Aug-12-09	[60percent] Coming Soon to 60percent: Dialogue on the Implications of Medical Male Circumcision for Women <i>Manju Chatani</i>
Aug-12-09	[60percent] Modelling Gender-related effects of expanded adult male circumcision programs in Southern Africa <i>Marion Stevens</i>
Aug-12-09	[60percent] Christian right take on traditional circumcision <i>Marion Stevens</i>
Aug-12-09	[60percent] Kyeen M. Andersson YALE modelling presentation attached <i>Marion Stevens</i>
Aug-12-09	[60percent] http://www.thoughtleader.co.za/readerblog/2009/08/03/male-circumcision-womens-rights-getting-the-chop/ <i>Marion Stevens</i>
Aug-12-09	[60percent] MMC on facebook! http://www.facebook.com/topic.php?uid=18016809641&topic=9616 <i>Marion Stevens</i>
Aug-13-09	[60percent] Christian right take on traditional circumcision <i>Yoliswa Notshe</i>
Aug-13-09	[60percent] Christian right take on traditional circumcision <i>Sipho January</i>
Aug-13-09	[60percent] SANAC Feedback <i>Peter Benjamin</i>
Aug-13-09	[60percent] Christian right take on traditional circumcision <i>Diane Cooper</i>
Aug-15-09	[60percent] SANAC Feedback <i>Marion Stevens</i>
Aug-17-09	[60percent] eDiscussion - Exploring Questions Women are Raising about MMC <i>MC eDiscussion Moderator</i>
Aug-17-09	[60percent] eDiscussion - MMC & Implications for Women – Background Information <i>MC eDiscussion Moderator</i>
Aug-17-09	[60percent] eDiscussion - MMC & Women – What Kinds of Questions do we Ask? <i>MC eDiscussion Moderator</i>
Aug-18-09	[60percent] eDiscussion - Exploring Questions Women are Raising about MMC <i>Diane Cooper</i>

Aug-20-09	[60percent] eDiscussion - Exploring Questions Women are Raising about MMC <i>Diane Cooper</i>
Aug-21-09	[60percent] eDiscussion - Exploring Questions Women are Raising about MMC <i>Marion Stevens</i>
Aug-21-09	[60percent] eDiscussion: How Women are Responding to MMC Services in Orange Farm? <i>MC eDiscussion Moderator</i>
Aug-24-09	[60percent] FW: Whose sexual pleasure? <i>Marion Stevens</i>
Aug-31-09	[60percent] male circumcision: cut and mistrust <i>Marion Stevens</i>
Aug-31-09	[60percent] Circumcision doesn't protect gays from AIDS virus <i>Marion Stevens</i>
Sep-01-09	[60percent] The Promise of Medical Male Circumcision or Dicking around in the Dark - our opinion piece <i>Marion Stevens</i>
Sep-01-09	[60percent] The Promise of Medical Male Circumcision or Dicking around in the Dark - Response to an opinion piece <i>Mzikazi Nduna</i>
Sep-01-09	[60percent] Circumcision doesn't protect gays from AIDS virus <i>Kelly Curran</i>
Sep-02-09	[60percent] questions from today <i>Marion Stevens</i>
Sep-02-09	[60percent] Circumcision doesn't protect gays from AIDS virus <i>Naomi Lince</i>
Sep-02-09	[60percent] The Promise of Medical Male Circumcision or Dicking around in the Dark - Response to an opinion piece <i>Yoliswa Notshe</i>
Sep-04-09	[60percent] eDiscussion: MMC & Women – Country Updates <i>MC eDiscussion Moderator</i>
Sep-04-09	[60percent] Mzi's question about traditional circumcision and HIV <i>Kelly Curran</i>
Sep-07-09	[60percent] Input to SANAC communications sector on medical male circumcision <i>Marion Stevens</i>
Sep-08-09	[60percent] Input to SANAC communications sector on medical male circumcision <i>Peter Benjamin</i>
Sep-08-09	[60percent] Input to SANAC communications sector on medical male circumcision <i>Anna Forbes</i>
Sep-08-09	[60percent] Mzi's question about traditional circumcision and HIV <i>Mzikazi Nduna</i>
Sep-10-09	[60percent] : MC messages <i>Sue Goldstein</i>
Sep-11-09	[60percent] : MC messages <i>Helen Rees</i>
Sep-11-09	[60percent] : MC messages <i>Jodi Jacobson</i>
Sep-14-09	[60percent] medical male messages <i>Marion Stevens</i>
Sep-14-09	[60percent] : MC messages <i>Nono Eland</i>
Sep-17-09	[60percent] : MC messages <i>Diane Cooper</i>
Sep-17-09	[60percent] : MC messages <i>Diane Cooper</i>
Sep-25-09	[60percent] eDiscussion: MMC & Women – Country Updates <i>MC eDiscussion Moderator</i>
Oct-04-09	[60percent] - MMC & Women - from Daniel Halperin <i>Daniel Halperin</i>
Oct-05-09	[60percent] Male Circumcision and Women: Circumcision Not Enough to Stop HIV, Experts Warn Experts <i>Marion Stevens</i>
Oct-05-09	[60percent] - MMC & Women - from Daniel Halperin <i>Diane Cooper</i>
Oct-05-09	[60percent] nurses update article on medical male circumcision <i>Marion Stevens</i>
Oct-07-09	[60percent] - MMC & Women - from Daniel Halperin <i>Johanna Kehler</i>

Please note that although the table has been updated to include postings in October 2009, including a posting from Dr Daniel Halperin, some responses to his posting and some related media articles - at the time of this report preparation those messages had not been posted as yet so the content is not analysed or summarised in this report.

It is important to note that the eDiscussion has become an ongoing topic on the eforum and to date there are continued postings to this theme. Stay posted to that eforum to follow the discussion ...

The eDiscussion began with gusto and active engagement but soon after, the news of Caster Semanya's story hit the eforum (on August 21)², and the discussion was derailed to this more urgent and compelling issue. However, throughout the extended discussion period, members kept coming back to the issue of MMC and raised several points that relate to MMC, women, gender and culture.

There are several issues that still concern some women over medical male circumcision and the impact on women of rollout of MC programmes. They are evident in the initial posting [\[60percent\] eDiscussion - Exploring Questions Women are Raising about MMC](#) (Aug 17) as that primer was prepared in collaboration with the eforum moderator and other members. In response to that posting, Prof Diane Cooper summarizes some of these pending concerns, many around acceptability issues. Although there

² For information on the controversy around the South African athlete, Caster Semanya, please see the August 2009 archives of the 60 percent eforum at lists.hst.org.za/mailman/listinfo/60percent

have been a number acceptability studies conducted that could help allay some of the concerns, they need to be more widely advertised. It might be good to create feature alerts from the Clearinghouse to highlight acceptability reports that are archived there. Below, are some snippets from [Prof Diane Cooper's posting](#) (20 Aug).

1. The recent evidence that showed no significant harm to women (in a study in Rakai, I think) - but showed insignificant increased risk for women needs to be fully 'unpacked' and explained so we can reach a judgment on whether this strategy could do women harm

- What should counselling consist of to ensure that both women and men are protected if such a strategy is introduced? how do we ensure that women don't find it even more difficult to negotiate condoms; that individual men and their partners understand that it is only partially effective and for men only? if it leads to greater difficulties in negotiation could it exacerbate violence against women/abandonment etc.? how should the issue of still needing to use condoms be handled

4. Any surgical male circumcision service that is introduced needs to be accompanied by proper counselling on the issues of risk and protection for men and women- men's partners should where possible be included. As with ARV treatment and several counselling sessions should be devoted to this, if proper counselling cannot be given, circumcisions should not done.

In addition this should be used as an opportunity to promote men's involvement in sexual and reproductive health and to discuss gender related issues. I.e. it should be used as an opportunity to address the root causes and particularly the gender related and other social factors that place men and women (especially women, given their greater biological vulnerability to begin with) at risk for HIV.

(D Cooper, Aug 20)

They mirror similar issues that were raised at the Mombasa 2008 meeting. It also shows that despite a great deal of information available, some women's health activists are still suspicious of the impact of MC on women and have to unpack the issues further. As South Africa is in the process of drawing up guidelines, these discussions are pertinent and are helping to shape the recommendations on messaging and programme rollout.

Members of the 60percent eforum have widely differing views. As the comment here shows, the discussion is quite nuanced and members are upfront in responding to each other. In this comment, the list member questions the instinctive defensiveness that some have to male circumcision.

"I am also unsure as to why the increase in demand for circumcision should be of concern to the authors of the article because it is health (HIV to be specific) researchers who brought the hype about circumcision as a protective measure and at least I know Marion works in the field of HIV prevention so she will know this. It is, to me, like saying condoms are protective and when people start queuing for them we doubt the research and turn around to remind people that actually abstinence is the protective one because condoms are this and that (they tear, they require negotiation with partner etc). Aren't these interventions that offer different degrees of protection in different ways and so all measures that we should promote to give people a choice? "

(Mzikazi Nduna, Sep 1)

Dialogue from another online blog discussion around MC was posted on the 60percent list. Snippets from this dialogue are included in Box 1 below. It is evidence of current vibrant discussion in other mediums around MMC and women. (12 Aug 09). The blog discussion is fascinating showing diverse opinions and reactions on MC research and the impact to women thus far.

Box 1 - Snippets of discussion from Blog Article – Male Circumcision: Women’s Rights Getting the Chop

<http://www.thoughtleader.co.za/readerblog/2009/08/03/male-circumcision-womens-rights-getting-the-chop/>

Snippet from original blog entry By Jennifer Thorpe

Male circumcision has been linked to the decreased transmission and contraction of HIV for men. It is being celebrated by scientists as an almost too obvious answer in the struggle to decrease HIV transmission. In South Africa, a country steeped in cultural and traditional ties to circumcision while at the same time suffering from increasing HIV prevalence (in some groups, particularly young women) this link is somewhat of a double-edged sword for women.

There were 27 Responses to this blog entry. Some clips include:

The newest study shows that male circumcision not only does not decrease HIV risk in women, but it INCREASES the risk of HIV in women by over 50%, about the same percentage as these researchers claim circumcision allegedly decreases the HIV risk in men. They continue to promote circumcision, even though their studies have serious flaws. It's pretty clear that WHO and the circumcision promoters are more concerned with advancing circumcision than they are concerned with the health of women.

How boring a sentiment??!! I am appalled at the sorriness in your tone. In short what you seem to be saying is that circumcision is to blame for a decrease in the HIV infection rate in men. Which should not sit well with a seemingly male hating lady.

You fail to acknowledge as a fact that circumcision does actually help with the reduction in the HIV infection rate. You fail to acknowledge that when fewer men get infected lesser women are likely to contact the virus. Why? May be because you may well be not very 'deep' in your commitment to women rights? but very committed to encouraging women to see men as the custodians of all ills of the universe.

...focusing on circumcision without focusing on, oh, respect of women, is like giving someone hollow-tipped bullets instead of regular bullets for their gun. you end up doing more damage when it's used

The article is merely pointing out what could happen if the link between circumcision and infection rates is over-hyped.

Several list members took issue with the study regarding sexual satisfaction of female partners of circumcised men presented at the 5th IAS by Dr Kigozi. An online blog posting by a list member (Pierre Brouard, Gender Masala: <http://www.ips.org/blog/mdg3/>) and a media report prepared by two other list members were posted on the eforum - *The Promise of Medical Male Circumcision or Dicking around in the Dark* (Stevens & Le Roux, Sep 01 2009). Both the online blog entry and the media report describe some of the concerns around that study.

Snippets from: *Whose pleasure? -Notes about male circumcision and female sexuality*

Guest blogger: Pierre Brouard, Director, Centre for the Study of Aids, University of Pretoria, South Africa, Gender Masala:

<http://www.ips.org/blog/mdg3/>

[...]

As alarming and distressing as these headlines are - and the sad, desperate and greedy subtexts embedded in them - they don't say much about the other big debate that is raging across southern Africa: the value of male circumcision to prevent HIV acquisition in heterosexual men, and what's in it for women.

[...]

I'm raising this issue because one of the many studies emerging as a companion to the now famous three circumcision trials, which showed the partial protective efficacy of male circumcision, suggests that "women whose male sexual partners were circumcised report an improvement in their sex life."

[...]

Firstly, if you look at the data above, while 40% did say the sex was more satisfying, the majority in fact said there was either no change or it was less satisfying. Is the headline summary of the research accurate? Why do we need to spin this data? But really what's vexed me, and others, is this notion of pleasure and how we define it.

This became an issue for much discussion on the eforum. The discussion however went quickly from discussing sexual satisfaction issues to traditional vs. medical circumcision – definitely the issue that elicited strong emotional reactions for many forum members.

Perhaps the most heated and animated discussion was around traditional circumcision vs. medical (read western) circumcision traditional circumcision – how it was perceived, the demonizing of it, and how/if it did provide protection to men. Articles like the one mentioned here – *Cut & Mistrust, M & G, Aug 30* - was at the centre of some of the back and forth...

Cut and mistrust - ANNA CRAFFORD - Aug 30 2009 06:00

<http://www.mg.co.za/article/2009-08-30-cut-and-mistrust>

[...]

However, Patekile Holomisa, acting chairperson of the Congress of Traditional Leaders (Contralesa), insisted that male circumcision was a "religious matter".

"We can't allow it to be used for other purposes such as a reduction of HIV infection rates," he told the Mail & Guardian.

"For years the Western world has opposed our initiation and circumcision practices and now it wants to use it for its own ends."

As much as we (the eforum moderator and the consultant) tried to re-direct the discussion back to MMC and women, it kept coming back to this issue. This is a 'hot button' issue and it appears that many South African women from communities that traditionally circumcise are interested in how the cultural issues are being played out. The cultural sensitivity around MMC issue strongly impacts some South African women.

This week we are having a facilitated discussion - specifically focussed on women - so I urge us to move away in focus - and to pay attention to this safe space of dialogue around women and the implementation of medical male circumcision. (17 Aug)

Within this thread, there was a recurring theme regarding who has the *right* to discuss traditional circumcision within the South African context. Kelly Curran responded to some of the discussion, commenting on traditional circumcision, comparisons in complication rates of traditional vs. medical MC and provided examples of innovative programmes where traditional MC practices are married to medical MC methods in Zambia and Kenya. (Sep 4) This was well received - further proof of the value of discussion forums in providing accurate information through dialogue.

Thanks Kelly for your input. this is great and it is an eye opener. I am pretty sure that with involvement of people like yourself in the process we will emerge with an acceptable and effective roll-out program. all the best to those working on this (Ms Mzi Nduna, Wits, Sep 7)

During the eDiscussion period, many MMC-related resources were shared on the eforum. This poses an ongoing opportunity to the MC Clearinghouse to ensure that new resources are announced/posted on the eforum. Some of the resources posted include:

<http://www.thoughtleader.co.za/readerblog/2009/08/03/male-circumcision-womens-rights-getting-the-chop/>

<http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0020298>

<http://linkinghub.elsevier.com/retrieve/pii/S0140673607603122>

<http://www.global-campaign.org/clientfiles/FS-MaleCircumcision%5BE%5D.pdf>

The consultant also posted links to the Clearinghouse.

During the eDiscussion planning and through the ediscussions itself, there was much effort to link with the SANAC Programme Implementation Committee (PIC) working group with South Africa's Department of Health on the national male circumcision strategy, and to ensure that the discussion was tied to the South African context. During the planning period, the consultant corresponded with several members on the SANAC PIC, and they wanted to link the discussions but seemed unsure how to do so. Eventually, this became an organic process with several SANAC-related messages dovetailing the ediscussions.

[60percent] SANAC Women's letter to Minister of Health + Women, Youth, Children and People with Disabilities (Marlise Richter Aug 18 09)

7.) *Promote male circumcision *in an appropriate way and develop a policy for roll-out of surgical male circumcision centres, while paying particular attention to the gendered aspects of this intervention. Education campaigns should emphasise the fact that male circumcision is not a 100% safe prevention method, while it can increase the risk of women contracting HIV during the post-operative period. This should be linked t prevention strategies and equitable resources with other Sexual and Reproductive Health programmes.

There was a call for input to the SANAC consultations and the eforum moderator tied in the call directly to the eDiscussion themes.

Many submissions were sent in, and are similar or built on the back of messaging suggestions given at the Mombasa 2008 meeting. Dr Helen Rees joined the conversation to provide feedback on the messages suggested. Some of the submissions that specifically pertain to women and MC include:

*The SANAC communications sector is meeting this week to explore messaging on medical male circumcision.
Given our recent discussion on issues of: gender - women's health - sexual and reproductive Health and that we live in a context which contributes to our tradition and culture...
What is ONE area/message/concern/snippet - that you would like to contribute:
(M Stevens, Sep 7)*

- ❖ *"We also agreed that more detailed messages are needed for different target groups (such as women, parents etc)*
- ❖ *Men who are circumcised still need to use condoms, reduce sexual partners, and delay having sex.*
- ❖ *Transactional sex, intergenerational sex and sex when drunk are all high risk behaviours for HIV, whether a person is circumcised or not."*

"I like the notion of men's sexual health as the overarching concept to introduce MC - and as such support this." (M. Stevens)

"A message around wound healing is needed, a message around initiation and MMC is needed (complex), a message counter rape / gbv and MC." (N. Eland)

"It can also be protective of women's overall sexual health for her partner to be medically circumcised. because if men are less infected with some STI's this will make women's risk of getting these also less.

Medical circumcision offers men who have sex with women only partial protection against getting HIV, if they are not yet HIV positive. It can make it about half as likely that a man will get HIV than if he was not circumcised (D Cooper)

4. The women's sector requested via SANAC that there is information included in the messaging that targets women. E.g. women who are partners of circumcised men, are less likely to develop cancer of the cervix. And then add messages for women that reflect the messaging here for men e.g. if your partner is circumcised it doesn't mean that he is HIV negative and you should continue to protect yourself with condoms.

5. My last point is not directly about the comments on the messaging above but is to share information with the 60% list. At the women's sector HIV prevention summit, there was a growing demand for increased access to female condoms, and many women feel that these should be made available in case men who are circumcised feel that they can now stop using male condoms. I don't think we can add this message about female condoms into the MC messaging, but I would encourage everyone to continue to lobby for increase access to female condoms, as the new products now being secured by the DoH are cheaper than the original female condom but equally acceptable. Over time we should encourage the procurement and distribution of much larger numbers of FCs than the 3.5 million currently being made available, and I understand that this is the aim of the NDoH." (H.Rees)

The media report - *Circumcision doesn't protect gays from AIDS virus (Mike Stobbe, AP, Aug 25)* - enticed much discussion on the list, as it did on several discussion platforms in the HIV world. On the 60percent list, much of the discussion was around whether anal sex practiced by women was even being considered and what this meant for MMC for HIV prevention. This issue also featured on some of the other eforums where the MMC & women eDiscussions were being facilitated.

We've been having a lot of discussion about sexual diversity on this list of late ? and given our knowledge from sexual practices that more heterosexual people practice anal sex than homosexual people and that its sexual practices rather than identity that we should be addressing ? I wonder what this means for those keenly exploring medical male circumcision as a prevention strategy (M. Stevens, Aug 31)

Again, Kelly Curran from JHPIEGO came in to correct the notion and provide more information regarding this. Her reply helped to clarify some issues, one hopes. She also got follow-up replies and request for more information and messaging. As we have seen in other ediscussions, when expert resource people take the time to engage with eforum discussion, actors working on the ground appreciate it, and it encourages follow-up.

Let's not forget that the three MC clinical trials included nearly 10,000 men in three African countries in settings ranging from urban to peri-urban to rural. Presumably some (many?) of these men, in both the control and intervention arms, engaged in anal sex (either with women or with men or with both) during the period of the trials. But at the end of the day HIV incidence was 60% lower among men in the circumcision arm of the trials, which is why they were halted early and why WHO and UNAIDS have encouraged countries with high HIV prevalence to scale up MC. (K Curran, Sep 2)

Several other issues also emerged as part of the discussion on MMC and women. Some include – under what framework MC programmes would best be placed, regarding the MC protection of anal sex, condom provision at MC counselling and delivery sites and areas.

"The space of the Orange Farm Trial is around the City of Johannesburg and it is quite concerning that this area provides less than 7 condoms a year to men 15 years and older!!!" (M. Stevens, 12 Aug 2009)

"I like the notion of men's sexual health as the overarching concept to introduce MC - and as such support this." (M. Stevens)

ProCAARE eForum MMC & Women eDiscussion Summary

From August 7 through September 22 2009, there were a total of 15 postings were on ProCAARE on the MMC eDiscussion, the bulk of them in the first three weeks of the eDiscussion, as per the discussion period originally planned for. Please see Table 4 for a list of the postings. Each is hyperlinked so they can directly be accessed. They are all preserved and searchable in the eforum archives for the foreseeable future.

The eforum did not show as great an interest as had been hoped but there were some interesting comments and questions. ProCAARE is a large eforum with varied interests, sometimes a challenge for engaging discussion. Although there are some vocal and active members, possible reasons for the dampened reaction is that those most engaged and interested in these issues were busy and already involved in MMC at a more programmatic level and/or that the topic did not hold as much resonance for them.

Table 4 – MMC & Women - eDiscussion Postings on ProCAARE eForum
www.procaare.org

Date	Posting	Author
Aug-07-09	[procaare] Implications of Medical Male circumcision for Women: eDiscussion Starting Soon	ProCAARE eForum
Aug-10-09	[procaare] eDiscussion: Medical Male circumcision & Implications for Women	ProCAARE & MC eDiscussion Team
Aug-10-09	[procaare] eDiscussion: MMC & Women - Background Information (1)	ProCAARE & MC eDiscussion Team
Aug-10-09	[procaare] eDiscussion: MMC & Women - Background Information (2) - Recommendations	ProCAARE & MC eDiscussion Team
Aug-11-09	[procaare] eDiscussion: MMC & Women - Considering Messaging...	ProCAARE & MC eDiscussion Team
Aug-12-09	[procaare] Re: eDiscussion: MMC & Women - Considering Messaging...(1)	Ann Nelson
Aug-12-09	[procaare] Re: eDiscussion: MMC & Women - Does infant MC reduce male to female HIV transmission?	Kelly Curran
Aug-13-09	[procaare] Re: eDiscussion: MMC & Women - Does infant MC reduce male to female HIV transmission? (2)	Ann Nelson
Aug-14-09	[procaare] eDiscussion: MMC & Women - Experiences of Women Living with HIV	MC eDiscussion Team
Aug-17-09	[procaare] eDiscussion: MMC & Women - What about Protecting Men's Partners?	Marge Berer
Aug-21-09	[procaare] eDiscussion: MMC & Women - Study: Male Circumcision Improves Sex for Women	MC eDiscussion Moderator
Aug-21-09	[procaare] eDiscussion: MMC & Women - Abstract: Male Circumcision and male-to-female HIV-1 transmission risk	MC eDiscussion Moderator
Aug-24-09	[procaare] eDiscussion: MMC & Women - What about Protecting Men's Partners? (2)	Marge Berer
Sep-02-09	[procaare] RE: eDiscussion: MMC & Women - Experiences of Women Living with HIV (1)	Kelly Curran
Sep-22-09	[procaare] New on the Clearinghouse on Male Circumcision for HIV Prevention	MC eDiscussion Moderator

From the table, it can be seen that several background postings were posted at the beginning of the eDiscussion. This was to provide updated information to the eforum subscribers, to get them interested in the issues, and to provide links to the Clearinghouse. The questions selected for this eforum were around

'considering messaging.' Please refer to the eDiscussion Planning Report submitted in August 09 for the specific questions.

The Clearinghouse link was noted in the launch postings for the eDiscussion and in addition, links to specific research and reports on the Clearinghouse were interspersed through the eDiscussion period. The very last posting in the eDiscussion series was to one to highlight new resources on the website.

As noted earlier, there were a couple of interesting questions and comments even in the short discussion period. Issues touched include infant circumcision and on the more fundamental issues regarding fear of disinhibition and of women's rights and negotiation power being eroded.

The very first question was regarding infant circumcision – the first indication that some of the general discussion has moved on from the impact on women to the issues that women find important, such as the implications to infants.

I have a slightly tangential question. Do men circumcised in childhood have lower male-to-female transmission rates than uncircumcised or recently circumcised adult males? If so what is being done to encourage infant or childhood circumcision?

(Ann Nelson, Aug 12)

At the consultant's invitation and request, Kelly Curran responded to the question and provided information on research done to date, current thinking and linked it back to the eDiscussion topic.

Finally, let's not lose sight of the fact that even though we do not know for sure whether MC in infancy or childhood confers a direct prevention benefit to women, women will still benefit from the scale up of MC services. As fewer men become infected with HIV, fewer women will contract HIV from their male partners.

(Kelly Curran, Aug 12)

Marge Berer, an active and engaged member of the ProCAARE eforum who has commented on the impacts of MMC on women in several international and regional events, chose to submit a paper she authored towards this discussion (Aug 17). The report is based on her presentation from the 16th AIDS Conference in 2008.n Mexico City - *Male circumcision for HIV prevention: what about protecting men's partners?* (Marge M Berer / Reproductive Health Matters 2008; 16(32):171-175). Rather than post the entire report, we culled some extracts to share with the eforum members.

Her paper touches on some of the gender and sexuality issues she believes male circumcision for HIV prevention raises, and the crux of her thesis is on ensuring that the partners of circumcised men have an equal right to protection. She writes:

What does circumcision mean for the partners of positive men? If a man seeking circumcision doesn't know he is positive and refuses an HIV test, and he is circumcised, and he thinks he is protected, and he continues depositing semen in his partner's body unimpeded every time they have sex, then as I see it, his partner is in a worse position than before. There is currently a debate about whether male circumcision programmes should require men to have an HIV test. I think they should require it. Pregnant women are pretty much required to have a test for the sake of their babies. But whatever your views, you can be pretty sure that the need to protect partners is not being taken enough into account when policy on this is being set. These programmes are keen above all to get as many men in as possible.

M Berer, Male circumcision for HIV prevention: what about protecting men's partners?

[http://www.rhm-elsevier.com/article/S0968-8080\(08\)32418-5/pdf](http://www.rhm-elsevier.com/article/S0968-8080(08)32418-5/pdf)

In a follow-up posting, she refers to an IRIN report - *Kenya: struggling to meet demand for male circumcision* (IRIN Plus News. 1 July 2009) - which reports that Kenyan women have been targeted with information about how male circumcision can benefit them by reducing their risk of cervical cancer and improving hygiene to ensure they support the programme. She writes in response:

As far as I am aware, while there is a review going on that includes this as a question, no conclusions have yet been reached. I doubt data exist for such a claim in any case.

(M Berer, Aug24)

She is a voice among many that continue to be suspicious and concerned about MMC research, programmes and messages.

The International Coalition of Positive Women's (ICW) website has a link to a report and discussion it hosted among HIV-positive women on MMC. Extracts from that were posted as part of the eDiscussion. The extract includes three personal experiences from ICW members sharing their perception of MMC and its impact on women. Their comments highlight the importance of accurate, culturally sensitive and nuanced MMC messaging needed.

Discussions and programmes on male circumcision are leaving out a consideration of women's subordination to men and how women are often unfairly blamed for infecting their partners when they are first in the family to have an HIV test.

(ICW member)

"Health workers are already reporting the emerging crisis of violence against women after an inadequately supported positive diagnosis in the antenatal setting, which is also resulting in danger for their unborn babies. Unless handled extremely sensitively, the male circumcision = HIV negative mantra is going to become yet another enormous barrier to disclosure among men and to care or support for their HIV positive female partners."

"If male circumcision is one of a number of ways in which men and women can protect themselves from HIV infection, fine and good. Nevertheless, we must always look beneath the surface of new developments or the results of studies, and ask how will these affect women? Will women's control over their lives be increased? Will it lead to better health for women? Will it enhance or add to equality between men and women? We do not want male circumcision be the "quick fix" that draws enormous donor resources, while addressing structural causes of women's HIV vulnerability remains the marginalized "hard issue" that no one touches."

(ICW member from Namibia, On hearing Male circumcision discussed on Namibian radio)

The blame game is going to be intensified, gender relations are going to deteriorate, women's decision making ability, not just regarding safe sex but on quite a number of issues affecting women, is going to go back to zero, old harmful traditional cultural forms are going to be re-introduced. I am saying all this because when I was listening to the callers most of their concerns were illustrated by questions like, is it going to be safe to engage in sex with more than one woman? Can I impregnate a woman living with HIV and not contract the virus? All the callers were in favour of circumcision for their personal selfishness without thinking or taking into consideration women's views on the issue and what the negative aspects and experiences for women and girls are.

(ICW member, Swaziland)

We finally, finally have our men using condoms, we women are finally able to negotiate safer sex, and this male circumcision is coming in with all this money and will wipe away our progress because of how it is being understood.

Male circumcision and the impact on women – an ICW response

<http://www.icw.org/node/392>

As much information as is made available and as much clinical and operations research that occurs - it seems that there are still strong nay-saying voices that have volume and podium. Continuing to engage these voices is important to continue because (1) their critique and concerns are important to consider, and (2) they often reach a wide audience with their concerns. Many of the concerns are also based on a 'sense' of how things could change with a rollout of MMC and how this will personally affect women's lives and structurally affect women's programmes. As more programmes roll out, it will be important to keep dialogue and lines of communication open and to ensure that evaluation of progress, change and programmes are shared with women's groups and larger audiences. Projects such as the WhipT are good models to describe, to follow and have other groups consider adapting and implementing.

Kelly Curran responded to the issues that contributions in this post raised, noting studies and offering alternative views on how men are making choices on whether to opt for MC – this is often, she writes, at the urging of their female partners. She provided examples of MC clinics where men are encouraged to bring their partners in for MC counseling and couples HIV testing. Her efforts to reach out to, to provide more information and to provide alternative views are appreciated by many, and serve as a model for the kind of communication that will be important to continue.

*In summary, I actually see MC programs as a golden opportunity to try to address male norms with young men and to promote better communication about sex and HIV among couples. So far the MC sites that I have had the privilege of visiting are providing high quality counseling. If this quality can be maintained as the programs scale up, and if there are concerted communication efforts to accurately explain to the whole community that MC is only partially protective, then I think that MC could improve rather than undermine women's ability to negotiate safe sex.
(K Curran, Sep 2)*

AF-AIDS MMC & Women eDiscussion Summary

From August 10 through October 9 2009, there were a total of 13 postings were on the MMC eDiscussion on the AF-AIDS eforum, the bulk of them in the first three weeks of the eDiscussion, as per the discussion period originally planned for. Please see Table 5 for a list of the postings. Each is hyperlinked so they can directly be accessed. They are all preserved and searchable in the eforum archives for the foreseeable future.

There had been much planning and discussing before beginning the discussion and it had been decided that the eforum moderators from SAfAIDS had the main responsibility to move the discussion forward, though they would work closely with the consultant. The consultant prepared all the initial postings and discussion pieces and reached out to relevant researchers and advocates to join the discussion. She also was in daily contact with the Af-AIDS moderators to discuss the progress of the eDiscussion. The initial discussion was excellent yet this momentum and enthusiasm momentum could not sustained.

The issues raised in the discussion circle primarily around the fear of disinhibition and safer risk compensation when men are circumcised, and on reinforcing the need for clearer and expanded communication agendas

Table 5 – MMC & Women - eDiscussion Postings on Af-AIDS eForum
<http://eforums.healthdev.org/read/?forum=af-aids>

Date	Subject	Author
08-10-09	Announcement: Implications of Medical Male circumcision for Women: Structured Discussion on AF-AIDS	SAfAIDS & the MC Clearing house eDiscussion Team
08-12-09	Male circumcision ♦ Implications for Women ♦ Where are we Now?	SAfAIDS & the MC Clearing house eDiscussion Team
08-13-09	Male Circumcision ♦ Implications for Women ♦ Background Information	SAfAIDS & the MC Clearing house eDiscussion Team
08-13-09	Male circumcision and the impact on women ♦ an ICW response	ICW
08-17-09	Male circumcision and women: Cutting into the debate	Fungai Machirori
08-18-09	Male circumcision and women: There is need to re-think about circumcision	Anonymous, Zimbabwe
08-20-09	Male circumcision and women: Let's understand what it means to be circumcised	Toumzghi Sengal
08-25-09	Male circumcision ♦ Implications for Women ♦ Considering Messaging?	SAfAIDS & the MC Clearing house eDiscussion Team
08-26-09	Male circumcision ♦ Implications for Women ♦ Recommendations on Messaging?	SAfAIDS & the MC Clearing house eDiscussion Team
08-31-09	Male circumcision and women: Sexual satisfaction of women partners	WebMD Health News
09-28-09	eDiscussion: Medical Male Circumcision & Women ♦ Further thoughts?	SAfAIDS & the MC Clearing house eDiscussion Team
09-28-09	Male Circumcision and Women: Circumcision Not Enough to Stop HIV, Experts Warn Experts	Daily Nation
10-09-09	eDiscussion: Male Circumcision & Women - Further thoughts from Daniel Halperin	Daniel Halperin

From the table, it can be seen that several background postings were posted at the beginning of the eDiscussion. This was to provide updated information to the eforum subscribers, to get them interested in the issues, and to provide links to the Clearinghouse. After giving members a time to respond to the background information and the larger topic of discussion, targeted questions around 'considering messaging' was introduced as part of the eDiscussion. The questions used were provided in the eDiscussion Planning Report submitted in August 2009.

As was done on the ProCAARE eforum, extracts from the online report from the International Coalition of Women and AIDS (ICW) was posted to share some issues and concerns from HIV-positive women. The

first member posting, also posted on Pambazuka news, was analysis of the research to date and what it meant for women's protection.

Although the message begins with a cautionary tone, and attempts to explain why infection during the circumcised men's healing period may have to be expected, but it ends with a call for better communication around these issues so both men and women are safer.

I have always been sceptical about male circumcision (MC) as a preventative measure for HIV and AIDS, pondering just how effective it is for not only men, but also their female partners. A new study - carried out in Rakai district, Uganda - gives a glimpse into the answer. Sadly, it is not what activists in gender and HIV hoped to hear. It seems that male circumcision may actually increase women's transmission risk from their HIV positive circumcised male partner.

[...]

...I wondered what a 60% reduction in risk of heterosexually acquired HIV infection for men (as three MC trials in South Africa, Uganda, and Kenya collectively approximated) really meant without a way to estimate similar harm reduction for women.

[...]

...recently released study in Uganda[...] findings suggest that male circumcision may have actually increased HIV risk to some of the women in the intervention group. ... Alarm within circles that have embraced the call to scale up resources towards universal access to MC would be justified.

[...]

However, before we kill MC off the HIV agenda, it is still worth looking into the factors that might have led to the negative results yielded by this most recent study. For a start, complacency kills. [...] Some men say they would never consider MC because they just would not be able to live without sex for six whole weeks.

[...] And yes, there can be complacency about condoms too.

[...]

The second factor about MC relates to faithfulness. HIV negative men use MC to avoid initial infection, while men who are already HIV positive circumcise to avoid re-infection, as well as onward transmission of the virus.

[...]

These are the reasons for my scepticism about MC. Perhaps these new study findings are the jolt needed to realise that there is more work needed to correctly communicate the benefits and limitations of MC.

Certainly, it is an important component of a holistic approach to HIV reduction, but it must be linked to other critical services such as HIV counselling and testing, partner reduction and monogamy. On the other hand, when coupled with complacency and recklessness, MC becomes more of a bane than boon in our efforts towards eliminating HIV.

(Fungai Machirori, Aug 17)

The very next message, however, was from a Zimbabwean woman who preferred to remain anonymous. She worries about introducing circumcision within the context where women's rights are already marginalized. To her, with the fear of possible disinhibition and unfaithfulness, partial effectiveness of MC seems a gamble with women's health.

Her note drives home that although there is ongoing work on the ground to reach out to women's organizations and to develop messages and programmes that safeguard women – which this will need to be continued and broadened to include more and more women's groups.

Looking at the perspective in which this (MC) is taken there will be room of getting new infections among partners as men will be using circumcision as a shield of not contracting HIV or having less chances, after all it is said its only 60% reduction. The research left out other things like beliefs and religions of the tribe of the community where the research was conducted. Other men are rushing to get circumcised so as to have multiple partners as they think they will be using natural condom (circumcision).

It is good to re-think about other contributing factors and not only circumcision. Women are now becoming more vulnerable than before. Women have been submissive to their men and it is something that has been tried to be addressed by gender which has not fully accepted by men. Women would accept having unprotected sex even if they are quite aware that their men are having sex with other women, for fear of loosing that man. Now how is circumcision going to help such people?

THERE IS NEED TO RE-THINK ABOUT CIRCUMCISION.

Concerned woman – Zimbabwe (Aug18)

As often happens on discussions on email forums, members educate each other on how they understand the facts of an issue. It was interesting to see an educational message sent from a member from Eritrea. The message explains quite simply the safety afforded by circumcision, and offers his/her explanation for it. The explanation is not necessarily a scientific one but useful in understanding what main elements and issues are being discussed and shared by people. In addition, the contributor sees the service delivery providers (hospital staff) responsible for ensuring accurate info is shared and risk compensation prevented.

It is very critical that those who undergo the operation understand what it means to have done the circumcision. It reduces their chance of getting the virus when compared to the uncircumcised situation (rough sex, sensitive skin which is easily scratched and moist dampy environment that can easily be a source of nutrients with the collection of dirt....). But unprotected sex does not guarantee the circumcised individual a protection. So it all comes to strengthening an important counselling process before the person gets the simple operation. It becomes the responsibility of the hospital staff to strengthen their efforts to ensure that their false hope is not going to make them more irresponsible and engage risky encounters. (Toumzghi Sengal, Aug 20)

In designing the content of communication modalities including messaging, the issue of shared responsibility by community, service delivery providers and by the individuals to address the concerns around rolling out MC may be an important concept to ensure is included.

Unfortunately, this is the point at which the moderators were preoccupied in other pressing organizational matters and so the discussion forward was not urged forward. The moderators and the consultant posted further questions on messaging and the study on women's sexual satisfaction for some reaction but were not able to re-ignite the discussion. The final message, calling for any last thoughts was answered by Dr Daniel Halperin from Harvard School of Public Health. The AF-AIDS moderators and the consultant were in discussion with him on several content-related issues and urged his response. Late in the discussion, it is our hope the message will get some response.

AMAG MMC & Women eDiscussion Summary

From August 24 through October 9 2009, there were a total of 17 postings were on the MMC eDiscussion on the AMAG eforum. Please see Table 6 for a list of the postings. Each is hyperlinked so they can directly be accessed. They are all preserved and searchable in the eforum archives for the foreseeable future.

The consultant shared questions and discussed how to launch the eDiscussion with a few eforum members so as to get them involved and have their feedback help structure the launch and first set of questions.

Many of the issues raised during the eDiscussion on the AMAG eForum were also raised on other forums – messaging with regards to women, the study on sexual satisfaction of female partners of circumcised men presented at the 5th IAS, how traditional MC practices are being affected by MMC, and the non/protection of MC for anal sex for women and for men who have sex with other men. In addition, there were some new and interesting topics, for example pondering on how and if messaging will move across borders and affect countries where initial rollout of MC programmes is ‘not’ being considered, and on monitoring and studying MC provision in microbicide and vaccine trials.

Table 6 – MMC & Women - eDiscussion Postings on the AMAG eForum

<http://dgroups.org/iicd/amag>

Aug-24-09	Coming Soon to AMAG eForum - Dialogue on the Implications of Medical Male circumcision for Women (1)	MC eDiscussion Moderator
Aug-26-09	eDiscussion: Male circumcision – Implications for Women – Where are we Now? (1)	MC eDiscussion Moderator
Aug-26-09	eDiscussion - MMC & Women – Background Information (1)	MC eDiscussion Moderator
Aug-27-09	Re: eDiscussion - MMC & Women - Areas for discussion (1) (1)	Morenike Ukpong
Aug-27-09	eDiscussion - MMC & Women - Sexual Satisfaction of Women Partners (1) (1)	Polly Harrison
Aug-28-09	eDiscussion - MMC & Women - Sexual Satisfaction of Women Partners (2) (1)	MC eDiscussion Moderator
Sep-01-09	eDiscussion: MMC & Women – On Pending Research Questions? (1)	MC eDiscussion Moderator
Sep-01-09	Re: eDiscussion - MMC & Women - Global Advocacy (1)	Bachir Sarr
Sep-03-09	RE: eDiscussion - MMC & Women - Global Advocacy (1) (1)	Roger Tatoud
Sep-03-09	Re: eDiscussion: MMC & Women – On Pending Research Questions? (2) (1)	Morenike Ukpong
Sep-03-09	Re: eDiscussion: MMC & Women – On Pending Research Questions? (1) (1)	Kennedy Mundia
Sep-03-09	eDiscussion: MMC & Women – Country Updates (1)	MC eDiscussion Moderator
Sep-04-09	The perils of success: what if the new HIV prevention methods work? (1)	Roger Tatoud
Sep-15-09	eDiscussion: MMC & Women – Reactions to CDC Deliberations (1)	MC eDiscussion Moderator
Sep-22-09	eDiscussion: MMC & Women - Further thoughts?	MC eDiscussion Moderator
Sep-23-09	Re: eDiscussion: MMC & Women - Further thoughts? (1)	Morenike Ukpong
Oct-08-09	eDiscussion: MMC & Women - Further thoughts from Daniel Halperin (1)	Daniel Halperin

The table above lists all the postings related to this eDiscussion. The discussion was started with a series of postings to provide background information and with an invitation to forum members to respond to the theme and suggest areas that may be interesting or useful for the dialogue.

(Aug 26 2009)

BEFORE WE POSE SOME DISCUSSION QUESTIONS, WE WOULD LIKE TO OPEN THE SPACE FOR YOU TO SHARE YOUR COMMENTS ON THIS, TO SUGGEST SPECIFIC ISSUES TO DISCUSS AND AREAS WHERE YOU NEED MORE INFORMATION ON THE ISSUES AROUND MMC. Please send us your thoughts and questions...

For more information please go to the Clearinghouse on Male Circumcision for HIV Prevention <http://www.malecircumcision.org>

Looking forward to the discussion!

AMAG Moderation team & the Male Circumcision Clearing House eDiscussion Team Email: mc.ediscussion@gmail.com

Dr Morenike Ukpong from Nigeria responded first describing an interest in understanding how programmes were being rolled out in target countries and especially about messaging that will reach beyond country borders and possibly affect Nigeria where “*there are no serious thoughts, plans or considerations for male circumcision. Could ongoing messages and public information sharing have potentials to impact the HIV epidemic driving behaviours in countries like mine?*” (M Ukpong, Aug 27)

Secondly, the potential areas of research on male circumcision you have outlined are great. I do think there is a research result out on women’s sexual satisfaction and pleasure following male circumcision. If I can recall well, about 58% of women noted increased sexual pleasure following male circumcision. I will love to the moderator (or any informed persons on the issue) to share details of the study. I think there are too many variables that impacts on sexual pleasure and will love to understand how the research handled potential cofounders in their data collection and analysis.

Thirdly, is there anything being done to assess the impact of current programmes on the demand and uptake of traditional male circumcision? Does this have any potential to impact women?

Finally, are there studies to truly identify if truly there are potential harms for women following male circumcision or if these are assumptions; and if there is truly a potential for harm, what could be the impact of pre and post surgery counselling to address potential harms to women.
(M Ukpong, Aug 27)

Like members of the 60percent eforum, she was also interested in the sexual satisfaction study. Polly Harrison shared a media report on the study and the consultant/moderator shared the abstract of the study as well as providing the clearinghouse link to all the presentations from the 5th IAS conference that were related to MC research and programming.

Dr Ukpong also asks about how medical MC programmes are affecting existing traditional MC practices in the countries where they are being rolled out, again a theme that was important to members of the 60percent eforum. Finally – she wraps up asking if there are follow-up studies regarding potential harms to women. Again, although requests were made of researchers and policy-makers to respond to this query – it did not come.

A series of questions were posed to the eforum on pending research questions regarding MMC and women. This also built on the questions Dr Ukpong had posed, and provided recommendations from current WHO guidelines. Please see the moderator posting from Sep 1 - [eDiscussion: MMC & Women – On Pending Research Questions?](#)

Kennedy Mundia from Zambia responded, tying together traditional MC and women’s place in MC messaging and practices generally. He points out the complexity of how women’s relationship with secretive traditional practices may hamper how they are involved and targeted for messaging while developing MMC programmes. He also comments on the need to act on the research areas recommended by WHO as a follow-up to the previous studies.

In Zambia, MC is practiced mainly by people from North Western Province, and practice, is called "Mukanda", now, this ritual does not only involve the cutting of the foreskin but many other rituals including how to handle women in general rites of passage to manhood. This practice is deemed secretive and people from other parts of the country do not approve of this practice. This will pose a problem in rolling out the MC programme particularly in areas that do not practice this. In sensitizing people about this, the first thing that comes to people's minds is Mukanda. This will pose a challenge in how we structure our sensitization and mobilization messages.

The recommended topics for further research are good and will be helpful and would like to add acceptability of MC in communities like ours.
(K Munda, Sep 3)

Dr Ukpong from Nigeria also contributed to the discussion, considering ways to monitor MC programmes to determine whether the effects of different comprehensive HIV prevention packages at the population level have a positive influence on HIV incidence in women. She notes that MC is being considered as prevention method offered to male partners of women who enroll in microbicide trials.

For whatever reasons, I think it would be great for data to be captured on male circumcision during these large phase IIB and III biomedical HIV prevention trials whether it is included in the standard of prevention package or not. When included in the prevention package (as a referral service for male partners of women who engage in microbicide trials as a way to engaging men in these trials; or when offered by the trial for any other reason), I think it is important to assess its potential impact on the HIV incidence in these women.

(M Ukpong, Sep 4)

It would be interesting to hear of MMC researchers linking up with large vaccine and microbicide trials to study this phenomenon – uptake and affect, or have an ancillary studies attached to the large trials to specifically look at HIV incidence rates.

It would also be good to hear if current operations researches being conducted are looking specifically at the impact on women of rollout programmes.

As an encouragement to share more country-related experiences, to highlight newly available information and point to the MC Clearinghouse for more information, extracts from the MC Country Updates were shared on the eforum.

Bachir Sarr contributed an entry from the US News & World Report blog regarding popular reaction to MC programmes in the US. In the blog, Deborah Kotz writes surrounding the debate on "whether CDC will recommend newborn male circumcision as part of an effort to curb the spread of HIV is "complex." This was a theme that the ProCAARE eforum touched on as well. He adds more...

According to the blog, "Circumcision is not just a medical procedure but a religious and cultural one," and "[i]n terms of the science, it's not clear how much circumcision will protect American men from being infected with HIV, where the virus is largely transmitted through homosexual contact." In addition, there is "potential here for the spreading of misinformation," she writes, concluding, "... CDC folks will have to evaluate the latest research carefully before deciding to take a cultural practice and turn it into a public health mission" (8/31).
(B Sarr, Sep 1)

The issue of research regarding anal sex is once again picked up, as on several eforums around the world and the 60percent eforum. Roger Tatoud adds a correction and his voice to the clarion call for a deeper understanding of circumcision an anal sex:

In terms of the science, it is inaccurate to say that "the virus is largely transmitted through homosexual contact." I guess that what Deborah Kotz meant was that a lot of transmission occurs through anal sex, which is performed both by homosexual AND heterosexual men and women. As such it is indeed fundamental to find out how much circumcision will protect American men from being infected with HIV when engaging in unprotected anal intercourse with other men AND women. (R Tatoud, Sep 3)

It is a theme that Morenike Ukpong picked up later in her piece on further thoughts. The moderator/consultant also provided the full text of the online blog where the writer discusses popular reaction to CDC deliberations on making recommendations concerning medical male circumcision and what it means to women.

The moderator invited people to submit any further or closing thoughts as the eDiscussion came to end. Dr Ukpong commented on this recurring theme of anal sex, concerned especially about their female partners.

However, studies conducted amongst MSM (a population that largely engage in unprotected anal intercourse) do show that some also do have sex with female partners - casual sexual partners, in steady relationships and as fee paying customers. They also have anal sex and vaginal sex (in combination) with their female partners. It may be important to understand the impact of male circumcision on HIV acquisition for female partners of MSM who engage in both anal and vaginal sex (including understanding how male circumcision can impact on HIV transmission in women in stable relationship who engage in anal sex). (M Ukpong, Sep 23)

Daniel Halperin provided information on studies regarding anal sex and discusses that that the study with American men who have sex with men that showed circumcision was not protective is not indicative of studies across the world. He points to an abstract - *Circumcision reduces HIV by 89% in insertive-only homosexual Sydney men AIDS. 2009 Sep 11. [Epub ahead of print]* and a media report - *Circumcision Reduces HIV Risk for Some Gay Men, Research Shows By Simeon Bennett July 20 (Bloomberg)* – study with South African men.

In a long and comprehensive message, Halperin comments on several issues that were raised on the AMAG and other eforums and we are yet to see if people will pick up on some of the issues he raises.