

HIV PREVALENCE % BY LOCALITY

Urban Formal	14.7%
Urban informal	29.9%
Rural Formal	22.6%
Rural Informal	16.1%

HIV PREVALENCE % BY PROVINCE

Western Cape	7.8%
Eastern Cape	19.9%
Northern Cape	11.9%
Free State	20.4%
Kwa Zulu-Natal	27.9%
North West	20.3%
Gauteng	17.8%
Mpumalanga	21.8%
Limpopo	13.9%

MALE CIRCUMCISION (TRADITIONAL AND MEDICAL) AMONG SOUTH AFRICAN MALES IN %, 2012

46.4% TOTAL MALES AGED 15 AND OLDER WHO ARE CIRCUMCISED

MALE CIRCUMCISION RATES % BY RACE

52.4%	- Black Africans
23.3%	- Whites
26.4%	- Coloured
33.5%	- Indian/Asian

MALE CIRCUMCISION RATES % BY PROVINCE (SELECTED)

74%	- Eastern Cape
72.6%	- Limpopo
50%	- Mpumalanga
23.2%	- Kwa Zulu-Natal
20.3%	- Northern Cape

Source: Human Science Research Council, South African National HIV, Behaviour and Health Survey 2012 - <http://www.hsrc.ac.za/>



FREQUENTLY ASKED QUESTIONS ON MEDICAL MALE CIRCUMCISION (MMC)

What is Male Circumcision?

Male circumcision is the surgical removal of the foreskin. It is a practice that has taken place for generations, for religious, cultural, social or medical reasons.

What is Voluntary Medical Male Circumcision?

Deciding to have the procedure is voluntary. No man or boy can be forced to have a circumcision; they need to choose to do this for themselves and must be counseled about the benefits of the procedure, and also that it is permanent. They must sign an informed consent form.

What is the difference between traditional and medical circumcision?

Traditional circumcision is part of a cultural ceremony and marks a young man's passage from boyhood to manhood. Medical circumcision is a medical operation and is usually done in a clinic or hospital by a doctor. It is not necessarily connected to a person's culture.

How does MMC prevent HIV infection in men?

MMC is the surgical removal of the foreskin, the tissue covering the head of the penis. This tissue contains Langerhans cells, which are highly receptive to HIV infection. Langerhans cells can absorb the HI virus up to nine times faster than other genital tissue. The area under the foreskin is warm and moist and provides a good environment for HIV to thrive.

Removing the foreskin removes the Langerhans cells that attract HIV and the warm and moist environment where HIV can thrive, thereby reducing a man's risk of being infected with HIV during sex with an HIV positive woman.

What is the Scientific Evidence?

Three randomized controlled trials were done in Kisumu, Kenya, Rakai District, Uganda, and Orange Farm, South Africa. These trials showed that medical male circumcision reduces the risk of sexual transmission of HIV from women to men by approximately 60%.

Three years after roll-out of MMC in Orange Farm in South Africa, results show that rates of HIV are 55% lower in circumcised men compared to uncircumcised men.

When can men who have been circumcised have sex or masturbate?

After circumcision a man must not have sex or masturbate until the wound is fully healed. This takes at least 6 weeks.

How painful is the procedure?

A local anesthetic is injected to control pain during the procedure. In the first days following their circumcision, most men report minor discomfort that is usually managed with over-the-counter painkillers.

Does circumcision reduce a man's sexual pleasure?

The available evidence from the trials suggests that sexual performance and pleasure of newly circumcised men is not affected.

Is MMC recommended for HIV-infected men?

MMC protects you from getting HIV, it does not prevent you from passing on HIV. If you are already living with HIV, you cannot benefit from the reduced risk from HIV infection that MMC provides. However, some men may want to get circumcised for hygienic reasons.

Is MMC recommended for men who have sex with men?

There is not enough evidence to show that circumcision provides protection against HIV infection for men who have sex with men and for men who practice unprotected anal intercourse.

Once men are circumcised, will they have a false sense of security and have risky unprotected sex?

Taking a chance and engaging in risky behavior is a concern with any intervention that provides partial protection. All male circumcision clients are advised that MMC is only partially protective and they are encouraged to further reduce their HIV risk by reducing their number of partners and using condoms consistently and correctly.

Are women with newly circumcised partners going to have an even harder time negotiating condom use?

All MMC clients are counseled that circumcision is partially protective and that they still need to take other measures to prevent HIV. We also need to advocate for women to be better able to negotiate condom use with their partners.

Post-trial surveillance from the clinical trial sites suggests that condom use does not change much following circumcision.

Does MMC benefit women?

MMC is associated with a reduction in penile human papillomavirus (HPV), which causes cervical cancer in females. Thus, MMC will benefit women in the long term because they will have reduced exposure to HPV.

Also, as more men are circumcised and they are less likely to be infected with HIV, women's likelihood of sexual exposure to HIV decreases, and therefore their risk of HIV infection also decreases.

Could MMC overburden health care systems?

MMC is a quick procedure that takes no more than 30 minutes, at limited costs to health care systems. MMC services involve little short-term support from health care systems, but can bring substantial long term relief by sharply reducing the number of HIV-positive individuals needing care and treatment.

The World Health Organization (WHO) has developed guidelines for optimizing volume and efficiency for MMC services. Using these guidelines allows countries to quickly and cost-effectively provide MMC through the health care systems.

FAST FACTS ABOUT HIV AND MALE CIRCUMCISION

- 1.3 million** - Number of men medically circumcised in South Africa since April 2010, when the government launched its campaign
- 4.3 million** - Number of men the South African government aims to circumcise by 2016
- 60%** - Reduction in risk of risk of sexual transmission of HIV from women to men afforded by medical male circumcision
- 20%** - HIV prevalence among all South African adults older than 25 years

HIV PREVALENCE AMONG ADULTS AGED 15-49 in %

TOTAL FOR ALL ADULTS AGED 15-49: 18.8%

HIV PREVALENCE % BY SEX

Males	14.5%
Females	23.2%

HIV PREVALENCE % BY RACE

Black Africans	22.7 %
Whites	0.6 %
Coloured	4.6%
Indian/Asian	1%