



## **Africa Youth Common Position on Male Circumcision and HIV Prevention**

The ***Africa Youth and Adolescent Network on Population and Development (AfriYAN)*** and its national affiliates in 38 African countries has followed the Male Circumcision and HIV prevention debate, for a long time and hosted a number of debates & dialogues to come up with an African youth perspective on Male Circumcision.

We acknowledge that HIV and AIDS is one of Africa's greatest challenges with National HIV prevalence among 15-49 year olds going up to 40% in some countries and that more than 50% of people living with HIV are youth. The majority of young people in Africa are sexually active however, many of them lack the information and means to adequately address their reproductive health needs, mitigate unplanned pregnancies and protect themselves from sexually transmitted infections (STIs) including HIV and AIDS, particularly those living in high density, severely impoverished urban compounds in African cities.

We recognise that Young people and women bear the brunt of the epidemic in both infection burden and socio-economic impact. Inaccessibility to condoms due to social stigma, combined with myths, fears, and misperceptions about contraceptives among young people weaken their prevention practices. Moreover, socio-cultural norms make access to reproductive health services in general more difficult (for girls in particular), bearing in mind that the availability of quality Sexual and Reproductive Health (SRH) Services is not very high to begin with.

We therefore believe, that the fight against HIV and AIDS has to be carefully thought-through, taking into account other lessons and must be connected and strategic in nature. Male Circumcision alone as an intervention cannot be used as a strategy to fight HIV and AIDS. Male circumcision can only work as part of the already existing interventions to prevent HIV transmission.

***(Circumcision is not the magic bullet in the fight against HIV and AIDS)***

There is a great need for people promoting male circumcision to young people to do more research and package the intervention in a way that won't danger young people with a **false sense of security, through mixed messaging inadvertently resulting in youth engaging in High-risk behaviors.**

For More Information Contact:  
Mr. Edford G. Mutuma, Chairperson  
Africa Youth and Adolescent Network on Population and Development (AfriYAN)  
Email: [emutuma@gmail.com](mailto:emutuma@gmail.com) Tel: +260977711744 Website: [www.afriyan.org](http://www.afriyan.org)

The promotion of male circumcision should clearly indicate the evidence for the protection for women since **HIV positive circumcised men** can infect their partners. The potential negative effects of circumcision programmes should be monitored, especially the way in which women are treated sexually as a result of men having undergone circumcision.

No vertical programmes should be implemented. Circumcision should be implemented as part of a **holistic approach** to treatment, care, prevention and testing and should include transformational sexuality counseling and access to condoms. In other words, circumcision must not be presented as an end in itself but part of a prevention, care & treatment continuum.

The promoters of male circumcision should clearly indicate the role that circumcision can play in preventing and addressing other youth reproductive health concerns like unplanned teenage pregnancy, abortion and high maternal mortality rates.

Circumcision must be implemented in the context of universal access, in other words, targets must be set within the universal access framework which will be monitored and supervised by National AIDS Councils (NAC).

In conclusion, we believe that male circumcision does not provide complete protection against HIV and we should be mindful of the false **sense of security it will create, if not carefully packaged, and clearly communicated to youth**. If not, we are worried that many young people will engage in High-risk behaviors. The way forward is to package the intervention, critic the popular interventions of the moment, package interventions with proof that they work without infringing on other interventions such as abstinence and condom use. There should be no diversion of resources from other treatment, care and prevention interventions to circumcision. We cannot afford to lose precious resources that would otherwise go to universal access to start parallel circumcision interventions. We need to be assured that there will not be extra funds for this intervention alone.