

Male circumcision and hiv prevention health and social care essay



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Introduction:

HIV is a virus that mutates on each and every occasion. On this basis, there are numerous strains of the virus in the body of an individual. There are numerous strains of the virus, and they are classified into groups, sub-groups, and types. For instance there is HIV-1, and HIV-2. These two types of viruses are transmitted through sexual inter-course, blood, and from mother to child. They both cause a disease called AIDS (Papadakis, 2013). The most common infectious disease is HIV-1, and it is pre-dominant worldwide. On a general perspective, when people denote that they have HIV, they normally refer to HIV-1 type of infection. HIV-2 is rare to find, and it is mostly concentrated on the western side of Africa. It is difficult to transmit the disease, and its period of manifestation is long. There are four sub-types of HIV-1, namely group O, N, P and M. Group N and P were discovered in 1998 and 2009 respectively. All these infections were discovered in Cameroon. Group O on the other hand is also restricted to the West African countries, while group M is the virus that occurs worldwide. On this basis, the groups and the sub types of HIV-1 are found in different geographical locations of the world. The most prevalent is HIV-1, group M virus (Sax, 2012). This paper explains the effective of circumcision in preventing the spread of HIV-1 strain of the virus. This paper takes a stand that government institutions should enact policies that encourage circumcision for purposes of minimizing the infection of HIV-1 type of virus.

Male Circumcision and HIV prevention:

There is an extensive debate on whether male circumcision plays a role in the preventing the spread of the HIV virus. However, research by the American funded Center for Disease Control proves that circumcision significantly reduces the rate of HIV-1 virus infection by more than 40%. According to their studies, the penile shaft and glans have low levels of keratinization, and they possess a high percentage of cells that are vulnerable to an attack by the HIV-1 types of viruses (Papadakis, 2013). According to their research, the foreskin of the penis is therefore vulnerable to an infection of the virus, in comparison to other tissues of the male sexual organ. This is accelerated by the fact that the fore skin of the male sexual organ is vulnerable to tears during the act of the intercourse, making an entry point to the pathogens causing the HIV-1 strain of the virus. The fore skin also has an environment that is conducive for the survival of the HIV virus (Seeley, 2013). For instance the sacs between the unretracted foreskin and the penile glans have the right temperature that enhances the survival and mutation of the HIV-1 strain of the virus. These aspects made scientists to carry out a research on whether circumcision prevents the spread of the HIV-1 strain of the virus. According to a research by CDC, reduces the chance of an individual to get HIV by a significant percentage. For instance, CDC conducted some randomized clinical tests in Africa, and this was during the early years of 2000s. The countries under study were Kenya, South Africa and Uganda (Sax, 2012). In 2005, the follow up tests was stopped in South Africa, while in 2006; the follow up tests was stopped in Uganda and Kenya. This is because of the significant proof of the effects of circumcision in preventing HIV-1 strain of the virus and ethical considerations.

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Global Health Policies on Male Circumcision:

Due to the findings of this research, the University of California and Los Angeles began a program on global health for purposes of analyzing and developing policies that can effectively prevent the transmission of the HIV-1 strain of the virus. The main sponsor of this program was the Ford foundation. This program aimed at analyzing the various contextual factors that contribute to the spread and perception of HIV. This includes the capability of the health systems of various countries to develop policies that can greatly hinder the spread of the virus, and social and cultural dynamics of individuals (Sax, 2012). On November 2007, the center of prevention, treatment and identification of HIV virus (CHIPTS) brought together 60 international experts on HIV research, policies and clinicians for purposes of discussing the impact of male circumcision in the prevention of HIV, and the policies that should accompany the discovery. These experts discussed the social, behavioral, and domestic implications of circumcision as a strategy of preventing the transmission of the HIV-1 strain of the virus (Papadakis, 2012). Their main emphasis was on the population that was vulnerable to acquire the virus through the vaginal and anal sex. In 2008, CHIPTS organized a follow up conference in relation to developing circumcision policies that would help in preventing the spread of HIV-1 strain of the virus. This conference was held in Mexico City, and of particular concern were the methods of framing public health policies for purposes of addressing how male circumcision should be used to prevent the spread of the virus in sub-Saharan Africa and the Caribbean's. However skeptics are of the opinion that initiating circumcision policies for HIV prevention is not right. According to them, this is most likely to lead to the notion of risk behavior. That is having <https://assignbuster.com/male-circumcision-and-hiv-prevention-health-and-social-care-essay/>

multiple sex partners, and engaging in unprotected sex. Culture is another factor that can undermine the use of circumcision as a policy in the prevention of HIV-1 strain of the virus (Pemunta, 2013). For instance, in Kenya, the Luo ethnic groups do not circumcise. This is because it is against their ethnic cultural activity. On this basis, they are likely to resist the use of circumcision as a policy in the prevention of the spread of the HIV-1 strain of the virus. In Uganda, the government favors abstinence, as opposed to the use of condoms and circumcision. On this basis, the implementation of a circumcision as a policy might take long to be realized in some of these African countries.

Conclusion:

In conclusion, the notion of circumcision as an aspect that plays a role in the reduction of HIV-1 strain of the virus is acceptable within the scientific community. This paper manages to highlight to explain the various strains and groups of the HIV virus. This paper also manages to explain the impact of circumcision in the prevention of the spread of this strain of the virus. For instance, this paper explains that circumcision has an effect of reducing the transmission of the virus by 40%. It also identifies organizations that have an interest in developing policies that will help to curb the spread of the virus, and the implications of those policies to the world. For instance, this paper explains that the use of circumcision as a policy in the prevention of HIV-1 strain of the virus can result to the rise of risky sexual behaviors, such engaging in unprotected sex. On this note, this paper concludes by denoting that various governments in Africa are reluctant to develop policies that encourage circumcision as a method of preventing HIV-1 strain of the virus.