

September 2010
Issue 18

MCC News

An e-newsletter about male circumcision for HIV prevention in Kenya

In this issue:

Kisumu Study Explores Risk Behaviour After Male Circumcision

Trial Evaluates SMS Reminders for Male Circumcision Clients

Male Circumcision in the News

Resources



Young men in Kisumu District listen to a speech about male circumcision for HIV prevention.

Photo by Silas Achar, FHI

Kisumu study explores risk behaviour after male circumcision

When offered with HIV counseling and testing, male circumcision can help encourage men to change their behaviour to avoid HIV infection, a small qualitative **study conducted in Kisumu** found.

This research is one of a number of studies to address concerns that being circumcised—and knowing that male circumcision offers men some protection against HIV infection—might lead to riskier behaviour.

Twenty-five of the 30 men interviewed reported either no change in sexual behaviour after circumcision or the adoption of protective behaviours, such as

condom use or having fewer sex partners.

Published in the 25 August issue of the online journal *PLoS One*, the study was conducted in 2008 by Thomas Riess of the University of Illinois at Chicago and collaborators from that university and the University of Nairobi. The study was sponsored by the United States National Institutes of Health and the Centers for Disease Control and Prevention.

The journal article reports on an analysis of in-depth interviews with 30 circumcised, sexually active men ages 18 to 34 from Kisumu District. Their circumcisions had been performed between 1986 and 2008. More than half of the men had become circumcised in the past year; five had been circumcised for more than 10 years.

Men who had recently been circumcised gave accounts of their sexual behavior before and after circumcision. Those who had gone for the “cut” in their youth—before clinical trials confirmed that the procedure could help protect men from acquiring HIV infection during vaginal sex—were asked whether learning recently about this protective effect had influenced their sexual behaviour.

Nine men reported adopting one or more protective behaviours. Five of them said that they had reduced the number of sex partners they had, and six said they had increased their use of condoms. Some attributed these changes to the risk-reduction counselling or the HIV testing and counseling services they had received along with the procedure.

An 18-year-old said he learned how to use condoms during pre-circumcision counselling and started using them after he was circumcised. A 24-year-old who “used to have many girls” reported that taking an HIV test before he was circumcised motivated him to stick to one partner. He learned during pre-circumcision counseling that he was engaging in high-risk behaviour, and he wanted to remain HIV negative.

Another 18-year-old decided to become monogamous after receiving pre-circumcision counselling. “I realized I was messing up,” he said. “I could lose my life. So that is why I decided to change.”

Seventeen men reported no changes in their sexual behaviour. For some, this meant engaging in some level of risk behaviour. One man, for example, said he did not use condoms before or after being circumcised, noting that he considered circumcision an alternative to condom use.

Several others, however, reported that they already practiced safe sex and did not

think that being circumcised was a reason to stop doing so. “I’m still cautious, just like I used to be even when I was not circumcised,” one of these men said. “Because we were made to understand...that circumcision will not eliminate totally but it will only reduce the chances.”

Only one of the five men who engaged in riskier sexual behaviour after circumcision reported less frequent condom use. He explained that he had taken a temporary break to experience unprotected sex with his wife (while continuing to use condoms consistently with other partners) and had since resumed condom use with his wife.

Four men said they had more sex partners since becoming circumcised but reported no changes in condom use. One continued to have unprotected sex with his primary girlfriend while using condoms with his two new girlfriends; the other three said they used condoms consistently with all their girlfriends.

Almost all the men interviewed expressed an understanding that male circumcision offers partial protection from HIV infection and that circumcised men should continue to practice safe sex. One man explained that he still uses condoms, but being circumcised gives him some insurance against condom failure.

Some men reported other benefits of circumcision. They described being able to have more “rounds” of sex (consecutive sex acts with one partner in a single encounter), finding it easier to use condoms, and no longer getting cuts and tears on their penises after sex.

Previous quantitative studies that surveyed large numbers of men about post-circumcision risk behaviour have had varied, though largely reassuring, results. This qualitative study offers insights into individual’s perceptions of risk and their motivations for changing or maintaining sexual behaviors.

It found, for example, that the factors associated with adopting protective behaviour include becoming aware of one’s sexual risk behavior, receiving counselling on male circumcision and HIV prevention, being tested for HIV, and resolving to remain HIV-negative after learning one’s status.

“Our results underscore the need for HIV prevention counselling to be integrated with MC [male circumcision] services,” the authors wrote.

Trial evaluates SMS reminders for male circumcision clients

A study that began in Kisumu East and Kisumu West districts on 13 September will test the use of short message service (SMS) technology to help men follow the

instructions they receive after they are circumcised.

The Nyanza Reproductive Health Society (NRHS) is assisting Dr. Thomas Odeny in conducting the study among clients of voluntary medical male circumcision (VMMC) services in NRHS-supported health facilities. Dr. Odeny of FACES/KEMRI is working on a master's degree in epidemiology at the University of Washington.

The study is a randomised controlled trial to assess whether sending regular reminders by text message can increase the number of VMMC clients returning for follow-up visits seven days after the procedure. It will also determine whether receiving the messages helps men abstain from sex during the healing period after male circumcision. Clients are instructed to remain abstinent for six weeks so that the wound from the surgery can heal completely.

A total of 1,200 participants will be enrolled in the study. Half of them will receive the standard pre- and post-circumcision counselling. The other half will receive 16 text messages about VMMC follow-up and sexual abstinence over six weeks, in addition to the standard counselling.

All follow-up visits by study participants will be recorded, and the men in both groups will be interviewed about their adherence to the post-circumcision instructions. The study will be completed in six to nine months.

Male circumcision in the news

KENYA: Infant male circumcision for HIV prevention “promising”

PlusNews, 28 September

430,000 males to undergo medical male circumcision in Nyanza by 2014

People's Daily, 9 September

Resources

A Cautious Nod to the Cut...Women Weigh in on Medical Male Circumcision

This article, published in *Mujeres Adelante/ALQ*, in July 2010, describes the findings from 494 interviews and 25 focus group discussions about medical male circumcision for HIV prevention that were conducted by members of the Women's HIV Prevention Tracking Project with women in five countries: Kenya, Namibia, South Africa, Swaziland, and Uganda.

The Clearinghouse on Male Circumcision for HIV Prevention

Developed by the World Health Organization, the Joint United Nations Programme on HIV/AIDS, the AIDS Vaccine Advocacy Coalition, and FHI, this Web site is a comprehensive source of information and resources about male circumcision for HIV prevention.

The Male Circumcision Consortium (MCC) works with the Government of Kenya and other partners to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. Family Health International (FHI), EngenderHealth, and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society, are partners in the Consortium, which is funded by a grant to FHI from the Bill & Melinda Gates Foundation.
