

Impact of Voluntary Medical Male Circumcision Services in Kenya

Efforts are under way to scale up the provision of voluntary medical male circumcision (VMMC) in Kenya and other countries in eastern and southern Africa. Because of its high burden of HIV and low rates of male circumcision, the Nyanza region was an early focus of Kenya's VMMC program. The city of Kisumu, which is the largest population center in Nyanza, provides a relatively stable and accessible population for evaluating the impact of the VMMC program.

Kenya's national VMMC program began in Nyanza in 2008. By the end of 2013, more than 792,000 men and boys in the region had been circumcised.

With support from the Male Circumcision Consortium, Matthew Westercamp and colleagues from the University of Illinois at Chicago and the Nyanza Reproductive Health Society conducted the Circumcision Impact Study in Kisumu to assess changes in VMMC prevalence, knowledge and beliefs during the five years from the onset of the VMCC program in 2008 through 2013.

Study Design

The Circumcision Impact Study consisted of three household surveys conducted in Kisumu Municipality. The baseline survey began in November 2008 — the month the VMMC program was launched — and was completed in April 2009. The second survey was conducted from February to July 2011, and the final survey was completed in July 2013.

The number of participants was 1,762 in the first survey, 2,912 in the second survey and 2,840 in the third survey.

The households in the surveys were chosen randomly to ensure that every resident of Kisumu had a known chance of being included. This allowed the researchers to estimate characteristics of the whole population from the relatively small sample sizes of the surveys. Each survey

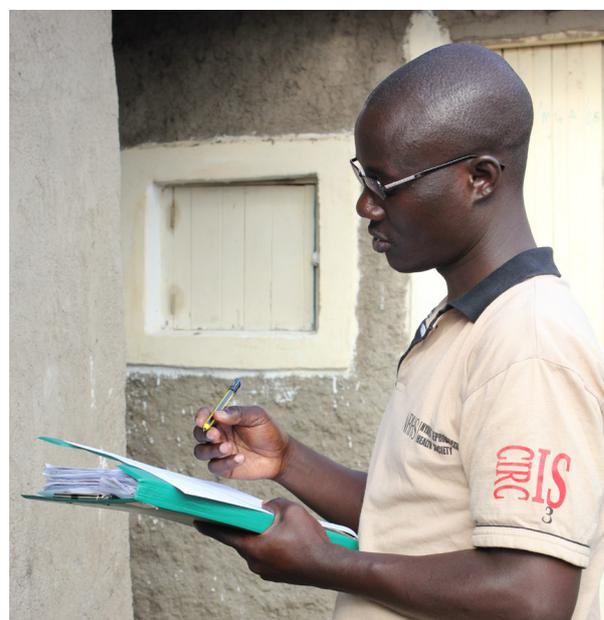


PHOTO: SILAS ACHAR/FHI 360

- **The percentage of men in Kisumu who are circumcised nearly doubled during the first five years of Kenya's program.**
- **Uptake of services gradually declined, coinciding with reduced exposure to information about male circumcision.**
- **Two out of five uncircumcised men said they planned to get circumcised.**

included in-depth interviews with all willing men and women ages 15 to 49 in the selected households, as well as visual confirmation of men's circumcision status and collection of blood for detection of HIV and sexually transmitted infections.

Researchers also conducted 12 focus group discussions involving 121 men ages 18 to 40 years who were not circumcised and had no plans to become circumcised.



The Male Circumcision Consortium worked with the Government of Kenya and other partners — including the US President's Emergency Plan for AIDS Relief (PEPFAR), which supports service delivery — to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. FHI 360 received a grant from the Bill & Melinda Gates Foundation to collaborate on the consortium with EngenderHealth and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society.

Results

The percentage of men in Kisumu who are circumcised nearly doubled during the first five years of Kenya's VMMC program, rising from 32 percent in 2008 to 60 percent in 2013. Among the predominant ethnic group, the traditionally non-circumcising Luo, the percentage of men circumcised spiked from 18 percent to 53 percent.

The main factors associated with uptake of VMMC were younger age, Luo ethnicity, an education higher than primary school, being unmarried and having ever been tested for HIV.

The rate of uptake of VMMC peaked in 2010, then gradually declined. The lowest number of men becoming circumcised was in 2012. The decline in uptake coincided with evidence of reduced exposure to information about VMMC.

Preference for male circumcision increased among men and their female partners with each survey. Most notably, in 2013 nine out of ten Luo women in Kisumu preferred a circumcised partner.

The 2013 survey found significant gains in the percentage of uncircumcised men considering circumcision. Two out of five uncircumcised men said they definitely planned to get circumcised in the future; less than one in five would definitely not seek VMMC services.

Fear of pain and the perception that getting circumcised "takes too long" were the most common reasons cited for not yet being circumcised among uncircumcised men who would prefer to be circumcised. These barriers to uptake remained consistent across the three surveys.

The results suggest an increase in cultural acceptance of the procedure. Among uncircumcised men who preferred to remain uncircumcised, culture was mentioned as the main reason by 11 percent in 2013, down from 25 percent in 2008 and 2011.

Access to VMCC appeared to increase over time. In 2013, 97 percent of men and 90 percent of women said VMMC was available to most men who wanted it. In 2008, only 72 percent of men and 68 percent of women had said the same.

The increase in the prevalence of male circumcision was not associated with any reported increases in risky sexual behavior. No decrease in condom use was reported from 2008 to 2013, and there was no difference in the number of lifetime sex partners reported by circumcised versus uncircumcised men.

References

Westerkamp M. The Circumcision Impact Study in Kisumu, Kenya, 2008-2013. Kisumu, Kenya: Nyanza Reproductive Health Society, 2013.

Westerkamp M, Agot KE, Ndinya-Achola J, Bailey RC. Circumcision preference among women and uncircumcised men prior to scale-up of male circumcision for HIV prevention in Kisumu, Kenya. *AIDS Care* 2012;24(2):157-66. doi:10.1080/09540121.

AUGUST 2014

RECOMMENDATIONS

- The VMMC program is having a positive impact. However, continued decreases in uptake could jeopardize the goal of circumcising at least 80 percent of the men in Nyanza to reduce new HIV infections.
- Efforts to communicate the benefits of male circumcision and provide VMMC services to the men who want to be circumcised need to be revitalized.
- Messages that assure men about pain control and clarify the time required for the procedure and convalescence will likely have the greatest impact.
- Finding ways to overcome commonly perceived barriers to becoming circumcised should be a priority.

