

Using Research to Improve Voluntary Medical Male Circumcision Services

The Male Circumcision Consortium (MCC) was formed in September 2007, after three randomized controlled trials — conducted in Kenya, South Africa and Uganda — provided conclusive evidence that medical male circumcision reduces men’s chances of acquiring HIV infection through vaginal intercourse.

For the next seven years, the MCC 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 avert new HIV infections and save lives by expanding access to and improving the quality of voluntary medical male circumcision (VMMC) services.

FHI 360, EngenderHealth and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society, were partners in the consortium, which was funded by a grant to FHI 360 from the Bill & Melinda Gates Foundation.

One of the MCC’s main objectives was to generate evidence to guide the national VMMC program. The government, the MCC and other partners collectively defined an operations research agenda to answer important programmatic questions, provide evidence for improvements and facilitate application of the results.

The MCC and its partners conducted this research in Nyanza, where the VMMC program was introduced first because of the region’s high HIV prevalence and low rates of male circumcision. Research findings were discussed with members of the national and provincial task forces on VMMC and with community stakeholders and led to fine tuning of the national program at all levels.



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FINDINGS FROM THE MCC:

- Influenced a change in policy to allow Kenyan nurses to perform male circumcisions.
- Supported the World Health Organization’s recommendation of sexual abstinence for 42 days after the procedure.
- Led to greater emphasis on counseling, targeting communications to reach women, and promoting couples’ testing and counseling before male circumcision.
- Provided data on the use of the PrePex adult male circumcision device in routine service delivery in Kenya to inform the government’s decisions about introducing PrePex.
- Identified reaching out to women as a valuable strategy for increasing VMMC uptake and promoting safe sex post-circumcision.
- Informed the government about the feasibility of and challenges inherent in introducing early infant male circumcision.



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

With proper training and comparable experience, nurses can perform male circumcisions as safely as physicians.¹

Ninety-four percent of male circumcision wounds healed within 42 days.²

More than one-third of men were resuming sex before the end of the 42-day post-abstinence period, with particularly high proportions of married men resuming sex too soon.^{3,4}

The risk of HIV transmission during early resumption of sex after male circumcision appears to be low, however, because most men who had sex before 42 days post-circumcision reported using a condom or were already healed.^{4,5}

Men in Kisumu increasingly prefer to become circumcised, and women increasingly prefer a circumcised partner.^{6,7}

Male circumcision does not appear to be leading to increases in sexual risk behavior after the procedure, as was originally feared.^{6,8}

Men and women understand the concept of partial protection from HIV infection, but communications could more effectively target women to increase their ability to communicate about the partial HIV protection conferred by VMMC.^{8,9}

Women play an important role in encouraging men to get circumcised.^{7,8}

Early infant male circumcision (EIMC) can be done safely, and fathers play a crucial role in decisions about whether to circumcise their infant sons.¹⁰

Because more than half of infant deliveries are outside a health facility, integrating EIMC with maternal child health services will require community-based services.¹¹

Misconceptions about the length of the post-circumcision period of sexual abstinence, the time away from work required for convalescence and the possibility of severe side effects may discourage men from getting circumcised.¹²

The PrePex device for adult male circumcision is an effective, acceptable method for adult male circumcision in routine service delivery in Kenya. Device displacements occur, so surgical backup is required, and rates of complications may be higher than previously thought.¹³

Among uncircumcised men, the greatest barriers to becoming circumcised are concerns about lost income due to time away from work for convalescence and fear of pain.¹⁴

Providers appear to tailor their HIV counseling messages according to their perceptions of a client's risk behavior and do not deliver all the recommended HIV prevention message to VMMC clients¹⁵

Tapping Kenya's private sector to provide MC services will require substantial investment and strategic decisions.¹⁶

*To learn about additional results of MCC studies, see the references below and the MCC research brief series at <http://www.fhi360.org/projects/male-circumcision-consortium-mcc>.

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EMAIL: mccinfo@fhi360.org
WEBSITE: <http://www.fhi360.org/projects/male-circumcision-consortium-mcc>

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