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MCC News

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

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Mary Goretty Adhiambo, a hygiene officer with the Nyanza Reproductive Health Society, discusses male circumcision with women in Kisumu.

Photo courtesy FHI

Women play critical role in male circumcision for HIV prevention

Vera encouraged her husband to go for “the cut” and dressed the wound from his circumcision in the days after the procedure. She has also encouraged her brothers and cousins to seek voluntary medical male circumcision (VMMC).

During the pre- and post-test HIV counselling that Jemima and her husband received together when he went to get circumcised, they both learned their HIV status. “This helped us as a couple to make wise decisions pertaining to sex,” she said. “We know the importance of practicing safe sex, even if my husband is circumcised.”

As these experiences illustrate, women have vital roles to play in male circumcision for HIV prevention, from encouragement, to post-circumcision support and sexual abstinence during healing, to a couple's mutual commitment to safe sex.

Women in Nyanza Province, where the government's voluntary medical male circumcision (VMMC) programme began, have been encouraging their male partners to get circumcised for a variety of reasons. Some tout improved hygiene, while others cite the partial protection that male circumcision provides against HIV and other sexually transmitted infections (STIs). Still others say they prefer sex with a circumcised man.

These women have an important stake in the nationwide effort to promote and provide VMMC for HIV prevention. It is not known whether having a circumcised partner directly reduces women's risk of acquiring HIV. But the protection that the procedure affords men could dramatically reduce women's chances of becoming infected with HIV, by limiting their exposure to the virus.

In Nyanza Province, for example, mathematical models estimate that if 80 percent of uncircumcised men became circumcised over 10 years, HIV prevalence would drop from 22 percent to 10 percent among women and from 17 percent to 7 percent among men. About 900,000 HIV infections among both men and women in Nyanza would be averted over 20 years.

Male circumcision has other important health benefits for women. Studies have found that the female partners of circumcised men have fewer sexually transmitted diseases, including bacterial vaginosis, Chlamydia, genital ulcer disease, and human papillomavirus, as well as a lower risk of cervical cancer.

But these benefits will not be completely realised if men and women do not practice safe sex (abstinence, being faithful to one HIV-negative partner, or correct and consistent condom use) after circumcision.

The Male Circumcision Consortium (MCC), through MCC partner the University of Illinois at Chicago (UIC), is conducting a study to assess whether men in Nyanza Province engage in riskier behavior after circumcision. In addition, the government is working with development partners on a communication campaign that will emphasise the need for circumcised men and their partners to practice safe sex. This message is an integral part of the advocacy that the VMMC programme does to raise awareness in communities, as well as the counselling that all clients receive before and after the procedure.

Another important message for both men and women is that they must abstain

from sex until the wound from a man's circumcision has healed. Study results from Uganda suggest the possibility of an increased risk of HIV infection among the female partners of HIV-positive circumcised men if they resume sex too soon after circumcision, before wound healing is complete.

Because these post-circumcision HIV prevention measures require the cooperation of both partners, the VMMC programme encourages prospective clients who have wives or other female partners to bring them to the health facilities.

Felix Aoya, a clinical officer at the University of Nairobi Illinois and Manitoba (UNIM) Research and Training Centre, says women may be involved in every step of the process, from counselling about what male circumcision entails to observing the procedure itself. "Sometimes we allow the female partners who are willing to get into the [operating] theatre to see the procedure, because they are the ones who take care of the wound," he explained.

Women who accompany their partners also receive the comprehensive package of HIV prevention services that is offered to all VMMC clients. These services include HIV counselling and testing, screening and treatment for any STIs, free condoms and instruction on how to use them, and risk-reduction counselling.

Lilian Obada supervises counsellors at the Tuungane Youth Project, which sees about 10 couples for VMMC services every week. She says couples' counselling takes more time (45 minutes to an hour for couples, compared to about 30 minutes for an individual), but is well worth it.

Aoya agrees. "If the partners come together and one turns out positive, then they will be able to make informed choices when they want to engage in sex," he said.

New tools introduced to improve monitoring and evaluation

The government has introduced new monitoring and evaluation (M&E) tools to strengthen the collection of data that are used to improve voluntary medical male circumcision (VMMC) services and track the progress of the VMMC programme.

The tools have been developed by the government to standardise the collection of data on VMMC services and to improve the flow of information so that it can be used to guide service delivery at all levels of the public health system.

Introduction of the tools began with a February 8-9 training workshop for district health records and information officers and district AIDS and STD coordinators from Nyanza Province. The training was conducted by the National AIDS and Sexually Transmitted Diseases Control Programme (NASCO), in conjunction

with the Male Circumcision Consortium (MCC) and the Nyanza Provincial Health Management Team.

The district officers who participated in the training are now trainers of trainers, who will in turn train officers from their respective districts on how to use these tools.

Dr. Nicholas Muraguri, head of NASCOP, says that the tools will play an important role in programme monitoring and evaluation.

“These documents are intended to monitor the provision of VMMC services at the facility level and will be used to gather critical information regarding key areas of the VMMC process, including HIV status, age of those accessing services, and adverse events,” he said.

He added that the tools will be reviewed frequently to ensure they remain relevant to programme needs.

Dr. Charles Okal, provincial AIDS and STD coordinator for Nyanza, emphasized the tools’ potential for improving the quality of data and flow of information on VMMC.

Efficient sharing of information has been challenging, observed Dr. Mwende Mbondo of Family Health International, senior technical officer for the MCC and the lead trainer. After the training, however, she was optimistic that “centralisation of data will become a reality.”

Male circumcision in the news

Experts explore ways to circumcise men in Africa

Associated Press, 15 February

90.000 men get the cut in HIV campaign

Daily Nation, 2 February

Resources

Male Circumcision for HIV Prevention: Progress in Scale-up

This slide presentation summarises the progress made and challenges facing countries in sub-Saharan Africa as they scale up male circumcision services. It was presented by Dr. Kim Eva Dickson of the World Health Organization at the 17th Conference on Retroviruses and Opportunistic Diseases in San Francisco, California, USA, 16-19 February 2010.

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.

Please send questions or comments to Silas Achar at: mccinfo@fhi.org; also, please indicate whether you want to continue receiving this e-newsletter regularly.