



# News

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## MCC News

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

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*Boda boda operators were among the men who participated in focus group discussions about perceptions of voluntary medical male circumcision in Nyanza.*

*Photo by Tom Otieno*

### **Misconceptions discouraging men from embracing the “cut”**

While voluntary medical male circumcision (VMMC) has been widely accepted in Kenya’s Nyanza Province, misconceptions about it may be discouraging some men from getting the “cut,” a **study** among uncircumcised men in three districts has revealed.

Among the main reasons the study participants cited for not getting circumcised were missing time from work during the healing period after the procedure, the length of the required post-surgical period of sexual abstinence, and the possibility of experiencing serious side effects. But in some cases, these concerns were based on misunderstandings about the procedure.

These findings and other results of the qualitative study, conducted by researchers from the University of Illinois at Chicago (UIC), the Nyanza Reproductive Health Society (NRHS), Impact Research and Development Organization, and the University of Nairobi with support from the Male Circumcision Consortium, were published in the 16 May issue of the online journal *PLoS One*.

The study involved 12 focus group discussions with men who said that they were not circumcised and did not plan to get circumcised. The 121 men, ages 18 to 40, were recruited at markets, shopping centers, and workplaces in Kisumu East, Nyando, and Kisumu West districts.

The researchers recruited men from urban and rural areas and from the occupations most common to the study area so that they could explore the full range of community opinions about VMMC. The occupations represented included bicycle transporters and other workers in the informal sector, students, farmers, and shop or kiosk owners, as well as teachers, fishermen, drivers, and religious leaders.

The study participants discussed the factors that might influence other men's decisions about male circumcision. The mistaken belief that a man would have to miss work for a long time after the procedure was the foremost reason cited for not getting circumcised. Older men and those working in the informal sector were most likely to mention time away from work as a barrier to male circumcision.

The men believed that one could be away from work from one to 12 weeks while the wound from a circumcision healed. The recommended time is actually about four days for those who are engaged in physical labour, while those who do sedentary jobs can usually resume work immediately after the procedure, explained Dr. Walter Obiero, the clinical manager at the Nyanza Reproductive Health Society.

The men also had misconceptions about the post-circumcision abstinence period. Some believed it was up to six months long. The World Health Organization and the Joint United Nations Programme on HIV/AIDS recommend abstaining from sex for six weeks, until the wound from a male circumcision has healed completely.

Another major barrier to male circumcision raised during the focus groups was fear of complications, such as bleeding, pain, and delayed healing. The men seemed to think that these side effects are much more common than they actually are. Preliminary results from a study in Kenya found that just 2.7 percent of circumcised men reported complications after the surgery, all of which were

resolved with treatment.

Other barriers to male circumcision mentioned most often during the focus group discussions were that it is inconsistent with cultural beliefs in predominantly Luo Nyanza, it could promote promiscuity, and it is “unnecessary” for various reasons.

Time away from work and cultural beliefs were considered the primary barriers to male circumcision. Younger men tended to consider male circumcision a medical intervention, while older men were more likely to refer to it as a cultural practice meant for other ethnic groups.

“While culture as a barrier to male circumcision is dying out, the other fears like loss of income during the healing period have a negative impact on successes we want to achieve with male circumcision,” said Dr. Charles Okal, the provincial AIDS and STI coordinator in Nyanza.

The main reasons men cited for getting circumcised were improved hygiene, the influence of social pressure, prevention of HIV and other sexually transmitted infections, and improved sexual performance and satisfaction.

HIV prevention was not the most common reason mentioned for choosing male circumcision. Some participants were hesitant to believe that the procedure offers partial protection against HIV infection because they did not understand how it could be protective.

“We have to do continuous advocacy, coupled with correct messaging about male circumcision, to win over those shying away due to misconceptions,” said Dr. Okal. “I believe if we use those already circumcised as peer educators, they can easily convince others, because they are a testimony that those misconceptions aren’t correct.”

The results of the Nyanza study are consistent with others conducted about male circumcision in both Kenya and other countries. This study, however, is the first non-hypothetical study of the acceptability of VMMC because it was conducted after these services became widely available at no cost in Nyanza, while the others asked about preferences before the procedure was offered as an HIV prevention measure.

The government of Kenya and its partners are carrying out an ambitious programme that aims to reach 80 percent of all uncircumcised men—an estimated 1.1 million—with comprehensive VMMC and related HIV prevention services by 2013. About half of those men are in Nyanza Province, where more than 260,000 men had sought and received VMMC services by the end of May 2011.

### **Q&As about VMMC: Dispelling Misconceptions**

**Q. How often does the procedure result in complications?**

A. Serious complications are rare. Preliminary results from a study in Kenya found that 2.7 percent of circumcised men reported experiencing complications after male circumcision, and all the complications were resolved with treatment.

**Q. How much time away from work is required after the procedure?**

A. Most men are able to return to work after four days.

**Q. How long must a man abstain from sex after the procedure?**

A. After a man gets circumcised, he should abstain from sex for six weeks, until the wound from the circumcision has healed completely.

### **Ministries of health revise monitoring and evaluation tool**

In July the voluntary medical male circumcision (VMMC) programme will begin using a revised form to collect monitoring and evaluation data.

The form was first introduced in January 2010 on a pilot basis to enable providers throughout the programme to provide uniform data on service delivery. However, it “has since undergone some revisions based on the experience of using it, data quality assessments conducted over the period, and to align it to the recently revised HIV tools,” explained Dr. Jackson Kioko, Nyanza provincial director of public health and sanitation.

Providers are required to fill out the form for each client. It includes sections on the client’s profile; medical history and physical examination; eligibility for circumcision; the circumcision procedure; immediate postoperative care (approximately 30 minutes after the procedure); and the longer-term post-operative follow-up.

These data are entered into the national health and management information system and are used to monitor and improve programme implementation and to evaluate the quality of services.

From 30 May to 8 June, the National Aids and STD Control Programme (NASCO), in partnership with the United States President’s Emergency Fund for

Aids Relief (PEPFAR) and the Male Circumcision Consortium (MCC), trained district Aids and STI coordinators, district health and record officers, and facility in-charges of high-volume facilities in Nyanza, Nairobi, and Rift Valley on the use of these forms. They will in turn train service providers to use the revised forms.

## **Male circumcision in the news**

**“In It to Save Lives”**

*Science Speaks*, 23 June

## **Resources**

### **Evaluation of the Informed Consent Process for Male Circumcision Scale-up in Zambia**

This report of an assessment conducted by the Population Council from December 2009 to March 2010, when the Male Circumcision Partnership began scaling up male circumcision services in Zambia, provides recommendations for improving the way clients and others are informed about the risks and benefits of the procedure.

### **The Clearinghouse on Male Circumcision for HIV Prevention**

Developed by the World Health Organization, AVAC, 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—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, 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.

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