



News

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MCC News

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

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Counsellor Winnie Odongo uses a model to demonstrate correct condom use to a male circumcision client at the UNIM Research and Training Centre in Kisumu. Circumcised men are advised to continue practicing safe sex, because male circumcision does not offer complete protection from HIV infection.

Photo by Tom Otieno

Male circumcision not increasing risky behaviour

Men are not engaging in more risky sexual behaviour after becoming circumcised, and their sexual behaviour does not differ from that of uncircumcised men of the same age, an ongoing study in Nyanza Province suggests.

These interim results of a study to assess “risk compensation”—whether men are less likely to practice safe sex after getting circumcised, under the misperception that they are completely protected from HIV infection—were presented on 20 July at the annual meeting of the International Aids Society (IAS) in Rome, Italy.

Nelli Westercamp of the University of Illinois at Chicago (UIC), the study’s principal investigator, cautions that these results are from a short interval in a

much longer study. “It is possible that our findings will change as 12-, 18-, and 24-month study visits are included in the analysis,” she said.

The “SHABS” study

As part of the Sexual Health Attitude and Behaviour Study (SHABS), researchers from UIC, the Nyanza Reproductive Health Society and Impact Research and Development Organization, with support from the Male Circumcision Consortium (MCC), are assessing risk compensation among 3,200 circumcised and uncircumcised men ages 18 to 35.

The circumcised men were recruited at selected government health facilities in Kisumu East, Kisumu West and Nyando districts when they went for the procedure. The comparison group of uncircumcised men was recruited from the same communities as the circumcised men. They were offered the choice of being circumcised at the time of recruitment but decided to remain uncircumcised.

At the beginning of the study, the researchers asked the participants a number of questions about their sexual and reproductive behaviours, including five questions about sexual activity: whether they ever had sex, had had sex in the past six months, had used a condom during the last sex act, and about the number of sex partners that they had had and the frequency of sex in the past 30 days.

Study participants will be asked the same questions every six months over two years; the final results of the study are expected in 2012.

Results so far

At study enrolment, the researchers found no differences in reproductive health history, sexual function, history of HIV testing or most behavioural characteristics between the circumcised and uncircumcised groups.

During their interviews six months after enrolment, 1,016 men from the circumcision group and 1,191 from the comparison group who had returned for follow-up responded to all the questions. The researchers then assessed whether the circumcised men’s self-reported behaviour had changed after the procedure and also compared it with that of the uncircumcised men.

A higher percentage of the circumcised men reported being sexually active six months after the surgery than they had at enrolment. They also reported having sex somewhat more often, but with no increase in the number of partners and with increased condom use.

“Although the frequency of sex appeared to increase, the risk did not, because the men did not have more partners and they increased their condom use,”

Westercamp said.

The same appeared to be true of the uncircumcised men. Finding no differences in reported sexual behaviour between circumcised and uncircumcised men over time, the researchers concluded that the “changes in behaviour are unlikely to be related to circumcision.”

Dr. Athanasius Ochieng’, male circumcision programme manager for the National Aids and STI Control Programme, says that these findings are encouraging because they suggest Kenya’s voluntary medical male circumcision (VMMC) programme is succeeding in conveying the message that male circumcision offers only partial protection against HIV infection.

“This could indicate a high level of conception of the behaviour change communication messages that the programme has been engaging with the community,” he said.

He notes that despite the encouraging interim results, the potential for risk compensation remains a concern. “That is why all VMMC clients receive intensive counselling in HIV risk-reduction, which emphasises that male circumcision is not 100 percent protective and that they must continue to practice safe sex,” he said. The counseling is part of a standard package of HIV prevention services, including male circumcision, HIV counselling and testing, provision of condoms and treatment of any sexually transmitted infections.

Study confirms male circumcision curbs spread of HIV

Offering medical male circumcision to men in a South African township reduced the rate of new HIV infections among circumcised men by 76 percent in three years, scientists announced on 20 July at the annual meeting of the International AIDS Society in Rome, Italy.

The South African programme is one of many begun in sub-Saharan Africa after three randomised controlled trials conducted in Kenya, South Africa and Uganda showed that male circumcision reduces men’s risk of heterosexually acquired HIV infection by about 60 percent.

These new findings confirm the trial results and are the first evidence that voluntary medical male circumcision (VMMC) is effective in preventing HIV at the community level, rather than under the relatively controlled conditions of a scientific study.

From 2007 to 2010, VMMC was offered for free to men and teenage boys 15

years of age and older in Orange Farm, a township near Johannesburg with a population of 100,000 that was the site of South Africa's male circumcision trial.

Over three years, 20,000 men and boys elected to become circumcised, raising the prevalence of male circumcision among those ages 15 to 49 from 16 percent to 50 percent. Among 15- to 24-year-olds, the percentage circumcised reached 59 percent.

The scientists conducted household surveys in Orange Farm among 1,198 men in 2007, before the VMMC programme began, and among 1,195 men in 2010. In addition to counselling and testing study participants for HIV, they also interviewed the men about their sexual behavior.

Twenty percent of the uncircumcised men were infected with HIV, compared to 6.2 percent of the circumcised men. No differences in condom use or other sexual behaviors were seen between the circumcised and uncircumcised groups, appearing to rule out sexual behavior as an explanation for the differences in HIV prevalence and incidence.

“These findings confirm that voluntary medical male circumcision is a powerful tool for HIV prevention,” said Dr. Peter Cherutich, deputy director and head of HIV prevention for Kenya's National AIDS and STI Control Programme. “They give me great confidence that our VMMC programme—which is the largest in sub-Saharan Africa—is helping us save many lives.”

During the past 2.9 years, Kenya's programme has provided VMMC services to more than 290,000 men.

For additional coverage of the IAS conference, see [MC in the News](#).

Male circumcision in the news

New device makes circumcision safer and cheaper

BBC News, 21 July

Circumcision reduces HIV infections 76% in South Africa, researchers find

Bloomberg, 20 July

Science has delivered on prevention. Now what?

AFP, 20 July

The roll-out of male circumcision: reduction in HIV prevalence, condom use maintained

Aidsmap, 20 July

AIDS: New evidence backs circumcision campaign

AFP, 20 July

Male circumcision boosts sexual pleasure, AIDS forum told

AFP, 20 July

Africa: Political leadership key to male circumcision success

PlusNews, 18 July

Voluntary medical male circumcision in Tanzania as a tool for HIV prevention

GlobalHealth Magazine, 15 July

HIV: Our scientists have done us proud

Daily Nation, 17 July

Resources

In It to Save Lives: Scaling Up Voluntary Male Circumcision for HIV Prevention for Maximum Public Health Impact

Filmmaker Lisa Russell tells the story of how governments in Kenya and Swaziland have embraced voluntary medical male circumcision for HIV prevention. This film and the accompanying discussion guide was produced by AIDSTAR-One, a project funded by the U.S. President's Emergency Fund for AIDS Relief (PEPFAR).

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.

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.