



News

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MCC News

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

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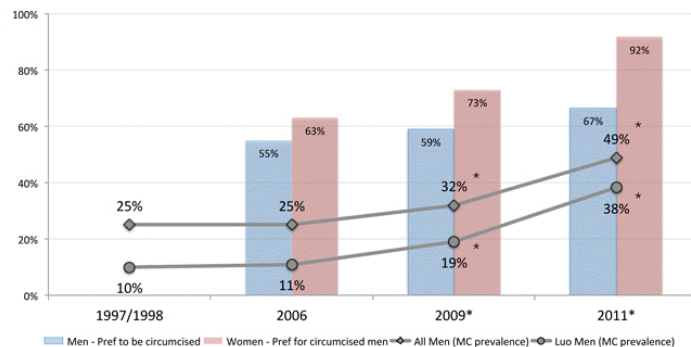
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MC prevalence (lines) and circumcision preference in uncircumcised men and women (bars, Kisumu - 1997/1998², 2006³, 2009(CIRCIS₁), 2011(CIRCIS₂):



Results from the first two rounds of the Circumcision Impact Study and two earlier studies (Buve et al., 2011; Westercamp et al., 2010) show a steady rise in the percentage of circumcised men in Nyanza and increasing preference for male circumcision among men and women.

Male circumcision rates surge in Kisumu

The percentage of men in Kisumu who are circumcised rose dramatically during the first two years of the voluntary medical male circumcision (VMMC) programme in Nyanza, a new study has found.

Interim results from the Circumcision Impact Study show that the prevalence of male circumcision in the municipality of Kisumu increased from 32 percent to 49 percent in the two years after the programme began offering free VMMC services at health facilities and through outreach services.

This finding is from the first two rounds of a series of three household surveys

being conducted by the University of Illinois at Chicago and the Nyanza Reproductive Health Society, with support from the Male Circumcision Consortium. The first survey of the Circumcision Impact Study began in late 2008 and was completed in early 2009, and the second occurred two years later in 2011. A third survey is planned for early 2013.

The study aims to assess the impact of the VMMC programme on knowledge and attitudes toward male circumcision, adoption of male circumcision, sexual risk behavior, and HIV infection rates in Nyanza's largest municipality. Conducted among all willing men and women ages 15-49 in households randomly selected to be representative of the Kisumu population, the surveys include in-depth interviews and visual confirmation of men's reported circumcision status.

Survey participants are also offered in-home HIV counselling and testing; rapid tests are used so that those who choose to be tested can receive both the results and post-test counselling during the same study visit. During these visits dried blood samples are also obtained and stored for further testing in a reference laboratory in Kisumu. This will allow the researchers to use special laboratory tests to identify recent HIV infections, and thus estimate the rate of new HIV infections.

The total number of study participants was 1,762 in the first round and 2,911 in the second. More women than men participated in each survey, but the proportion of male respondents rose from 38 percent of the participants in the baseline survey to 47 percent in 2011.

Encouraging signs

The significant rise increase in male circumcision prevalence is one of many positive findings from the second round of the Circumcision Impact Study. Principal Investigator Matthew Westercamp of the University of Illinois at Chicago notes that the increase in male circumcision prevalence among groups that traditionally do not circumcise males — from 19 percent to 38 percent—is particularly encouraging.

“Virtually all of the rise in prevalence is attributable to the increase in the proportion of Luo men who are circumcised,” he said. “This strongly indicates the success of the promotion and provision of voluntary medical male circumcision.”

Another indication of this success is that 92 percent of women surveyed in 2011 said they preferred a circumcised partner, up from 72 percent in 2009. The proportion of uncircumcised men who said that they would prefer to be circumcised rose slightly to 67 percent, but there was a marked increase in preference for circumcision among men older than 25.

Data from the second survey revealed greater recognition of the protective effect of male circumcision. Seventy-five percent to 85 percent of all groups (women, circumcised men and uncircumcised men) reported that circumcised men are less likely to become infected with HIV compared to uncircumcised men — a significant increase from round one in both groups.

The results also suggest a better understanding of the limitations of male circumcision's protective effect from the first survey to the second. In the second survey, fewer participants reported being less worried about HIV infection, more likely to have more than one sex partner, more likely to have sex without a condom, or more willing to take a chance of becoming infected with HIV.

Overall, only 2 percent to 4 percent of respondents in 2011 said they were more willing to take the chance of being infected or infecting someone else now that male circumcision is available. Four percent of men and 10 percent of women said that they were more likely to have sex without a condom, and 3 percent to 6 percent of all respondents said they were more likely to have more than one sexual partner.

In the final survey in 2013, investigators will assess whether positive trends in male circumcision knowledge, attitudes and behavior continue. They will also assess whether VMMC services are having the expected effect on HIV incidence in Kisumu.

A similar study in the South African township of Orange Farm found that offering medical male circumcision reduced the rate of new HIV infections among circumcised men by 76 percent in three years. The study results, released in July 2011, provided the first evidence that VMMC is effective in preventing HIV at the community level, and not just under the relatively controlled conditions of a clinical trial.

Scale-up proceeds unevenly in priority countries

About 4 million HIV infections could be averted if 80 percent of the uncircumcised men in 13 African countries became circumcised by 2015, but at the end of 2010 those countries were less than 3 percent of the way toward reaching that goal.

The [latest progress report](#) on this effort from the World Health Organization and the Joint United Nations Programme on HIV/AIDS reports that by the end of 2010, a total of 555,022 medical male circumcisions had been performed in 13 countries in sub-Saharan Africa. These countries have been identified as priorities for scale up because they have high rates of heterosexually transmitted HIV and low rates of male circumcision.

Most of the male circumcisions recorded were performed in Kenya's Nyanza Province. The national programme in Kenya had circumcised 232,287 men and boys, or 41 percent of the total for all priority countries. (By the end of September 2011, Kenya's voluntary medical male circumcision programme had reached 323,479 men and boys.)

The report notes that the annual number of male circumcisions performed in the priority countries quadrupled from 2009 and 2010. In 2010 South Africa's programme performed 131,117 male circumcisions, bringing its total to 145,475, and Zambia circumcised almost 62,000 men, raising its total to 81,849.

Male circumcision in the news

[The medical benefits of male circumcision](#)

Journal of the American Medical Association, 5 October

[Inmates benefits from free circumcision](#)

Weekend Star, 8 October

Resources

[IAS 2011 Abstracts on Male Circumcision](#)

Links to abstracts about male circumcision from the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, held 17-20 July 2011 in Rome, Italy, have been posted on the [Clearinghouse for 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 360, 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.