

June 2012
Issue 39

MCC News

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

In this issue:

**Infant Male Circumcision
Acceptable, Study Finds**

**Africans Launch Male
Circumcision Advocacy
Campaign**

**Male Circumcision in the
News**

Resources



Mothers of infant sons attending hospital maternity wards or maternal-child clinics were asked to participate in the study.

Photo by Marisa Young, UIC

Infant male circumcision acceptable, study finds

Fathers are the primary decision makers on whether to circumcise their infant sons, but agreement between a child's parents is also important, a study among 627 women and 493 men in Kenya's Nyanza Province found.

Published online in the journal *Pediatrics* on 18 June, the study also revealed high acceptance of male circumcision at some age, even among parents who had declined circumcision for their infant sons.

This study, led by researchers affiliated with the University of Illinois at Chicago (UIC) and the Nyanza Reproductive Health Society with support from the Male Circumcision Consortium, is the first to assess the acceptability and uptake of

infant male circumcision (IMC) among parents who were actually offered the procedure.

“Our results point to measures that will likely reduce barriers and increase acceptance of IMC,” says the study’s principal investigator, Marisa Young of UIC.

Beyond the hypothetical

Understanding the factors that increase acceptance of IMC is important because the procedure is safer, easier to perform and less expensive than adult male circumcision.

Voluntary medical male circumcision (VMMC) programmes like Kenya’s focus on reducing HIV infections by increasing uptake of male circumcision among adult men and adolescents. But once these programmes achieve their ambitious goals, greater acceptance of IMC could help sustain the high prevalence of male circumcision needed for public health impact.

Although IMC is rarely practiced in eastern and southern Africa, studies in these regions suggest that high proportions of fathers and mothers would be willing to have their infant sons circumcised, provided the procedure is safe and protective against HIV.

The Nyanza study, conducted by researchers from UIC, the Nyanza Reproductive Health Society, the Impact Research and Development Organization and the Ministry of Health, went beyond the hypothetical to examine acceptability and decision-making among parents who had accepted or declined the offer of IMC.

The study was conducted from March to October 2010 at five government hospitals. At each hospital, the researchers provided health talks about the benefits and risks of IMC to mothers of infant sons who had delivered at the maternity ward or had visited the maternal-child health clinic.

After these talks, the mothers were approached individually and asked whether they would like to have their infant sons circumcised. Mothers who had made a decision about infant circumcision were invited to participate in the study and were asked to give consent for the researchers to contact the fathers about participation.

A total of 627 mothers were enrolled in the study: 312 who accepted circumcision for their sons and 315 who declined it. Of the 493 fathers enrolled, 240 had accepted IMC for their sons and 253 had not. Mothers and fathers were interviewed separately about their decisions about IMC.

Results and implications

The researchers used statistical analysis of the study data to compare differences between parents who accepted or declined IMC. The analysis revealed that the factors associated with acceptance were similar for men and women.

Both fathers and mothers were more likely to choose IMC for their sons if the father was circumcised and if their partners agreed with the decision. For mothers, the most influential factor appeared to be the belief that circumcised men experience more sexual pleasure, while fathers were more likely to accept IMC if they thought women enjoyed sex more with circumcised men. (It is unknown whether male circumcision affects sexual pleasure. Study results have been inconsistent, and the data are limited.)

Fathers were considered the primary decision maker by 60 percent of the mothers and 72 percent of the fathers

The researchers asked study participants why the primary decision maker accepted or declined IMC. The reasons for acceptance most frequently cited by mothers were for protection against HIV, protection against other sexually transmitted infections, penile hygiene and religious reasons. Fathers reported similar reasons, but more of them said that penile hygiene was the main reason for accepting IMC.

The reasons for declining IMC, according to mothers, were pain, risk of injury or complications, deferring circumcision to an older age, opposition by the father and reluctance to go against cultural tradition. Fathers' responses were similar, but they were more likely to cite going against tradition as a reason for not circumcising.

Nevertheless, most parents who had declined IMC did not oppose male circumcision; 92 percent wanted future sons to be circumcised at some age. Given the high acceptability of male circumcision among men and women and its cost-effectiveness as an HIV prevention measure, the researchers recommend offering VMMC services for clients of a range of ages.

The study results also point to the importance of educating fathers as well as mothers. Recognising that circumcised fathers are more likely to accept IMC for their sons, programs should deliver messages specifically designed to inform men who have been circumcised of the benefits and availability of IMC.

Because fears about pain and perceived health risks to infants were identified as major barriers to having infant boys circumcised, the researchers recommend educational campaigns and careful counselling about the pain control used during the procedure, as well as maintaining low rates of complications from IMC.

Additional studies needed

Kenya's VMMC programme continues to focus on improving access to VMMC services among men and boys ages 15 to 49, aiming to reach 80 percent of uncircumcised men.

Members of this age group are a priority, because they are most likely to be sexually active or to become sexually active soon, and are therefore at greatest risk of HIV infection, explains Dr. Athanasius Ochieng', VMMC programme manager at the National AIDS and STI Control Programme.

Dr. Ochieng' emphasises that further research on the acceptability of IMC is needed, in Nyanza and elsewhere in Kenya.

Such studies will help guide the integration of IMC into VMMC programmes. The authors conclude that "as male circumcision programmes are scaled up in sub-Saharan African countries, transitioning from adolescent and adult circumcision services to infant circumcision will be prudent for sustained, cost efficient HIV prevention."

Africans launch male circumcision advocacy campaign

More than 200 scientists, nurses, doctors, counselors, advocates, journalists and community members from at least 15 African countries have joined a campaign to build support for voluntary medical male circumcision (VMMC).

The campaign, "Africans telling the truth about male circumcision," brings together Africans who support VMMC as an evidence-based tool to help end the spread of HIV infection.

"We're a unified African voice speaking the truth of voluntary medical male circumcision (VMMC) as an HIV prevention intervention for us," reads the initiative's statement on its Facebook profile. "We stand for accelerated roll out of VMMC for HIV prevention in Africa."

Leading the drive is AVAC, a New York-based not-for-profit organisation that works to accelerate the ethical development and global delivery of AIDS vaccines, male circumcision, microbicides, PrEP [pre-exposure prophylaxis] and other emerging HIV prevention options as part of a comprehensive response to the pandemic.

The programme coordinator, Angelo Kaggwa, says that the campaign is a uniquely African contribution to the global effort to stem the AIDS epidemic. "We

are going to contribute to ending it by using the tools proven by science conducted by Africans among Africans,” he says.

The campaign has begun on social media but plans to use other channels to reach more people at the grassroots level. Kaggwa says that one goal of the initiative is to educate men and women who have inadequate information about VMMC.

Anyone who wants to join the campaign can access the Facebook page at: <https://www.facebook.com/#!/africansformalecircumcision>.

Male circumcision in the news

Zimbabwe: Seeking to set an example, legislators are circumcised in Parliament building

The New York Times, 25 June

Khupe, Speaker reveal HIV status

Newsday (Zimbabwe), 23 June

Resources

Use of Devices for Adult Male Circumcision in Public Health HIV Prevention Programmes. Conclusions of the WHO Technical Advisory Group on Innovations in Male Circumcision

This report provides the conclusions and recommendations from a meeting of the World Health Organization Technical Advisory Group on Innovations in Male Circumcision on the use of a device as an alternative method for adult medical male circumcision based on data available at the end of 2011 from one country only.

Nyanza Update, June 2012

This newsletter on voluntary medical male circumcision for HIV prevention in Nyanza Province is published by the Nyanza Provincial Task Force on Male Circumcision.

The **Male Circumcision Consortium (MCC)** works with the Government of Kenya 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 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@fhi360.org; also, please indicate whether you want to continue receiving this e-newsletter regularly.