

Communicating Male Circumcision's Partial Protection from HIV

Male circumcision reduces men's risk of acquiring HIV infection through vaginal intercourse, but it does not provide complete protection against the virus. Circumcised men and their partners are advised to take additional steps to protect themselves from HIV infection, such as using condoms consistently and having fewer partners.

But do men and women understand these messages about partial protection? And do they act on the messages to protect themselves from HIV after male circumcision?

Kelly L'Engle and colleagues from FHI 360 conducted a study, with support from the Male Circumcision Consortium, to examine understanding of partial protection among men and women in Kenya's Nyanza Province and identify the best ways to convey to men and women the need for safe sex after voluntary medical male circumcision (VMMC).

Study Design

Participants in the Communicating Partial Protection Study were recruited through community mobilizers and health clinic staff in urban Kisumu East and the more rural Siaya District. The study consisted of:

In-depth interviews with 44 men and 22 women ages 18 to 35 conducted in April-May 2010. Half the men had been circumcised in the past six months; half planned to get circumcised soon. Women were evenly divided between those with circumcised and uncircumcised partners.

Focus group discussions conducted in March-April 2011: eight involving a total of 89 men who had been circumcised within the past six months and



PHOTO: SILAS ACHAR/FHI 360

- **Men and women in Nyanza understand the concept of partial protection from HIV.**
- **Counseling is a critical and effective part of voluntary medical male circumcision.**
- **Women should be involved in VMMC promotion, counseling and follow-up support.**

reported changing their behavior after VMMC to further reduce the risk of HIV infection, and four involving 44 women whose partners had recently been circumcised.

A content analysis of 48 communications on VMMC: 23 print materials and audiotapes of 10 radio broadcasts, eight health education sessions and seven counseling sessions.



The Male Circumcision Consortium worked 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 received a grant from the Bill & Melinda Gates Foundation to collaborate on the consortium with EngenderHealth and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society.

Results

Both men and women demonstrated a high level of awareness of partial HIV protection. Participants described partial protection in different ways, including the need to continue using other HIV-protective measures after VMMC and with numbers, such as “not 100 percent” protection.

Circumcised men were better able to explain partial protection, compared to women and uncircumcised men. They attributed their knowledge to the counseling they had received as part of VMMC.

Women held no misconceptions about partial protection, but some were unable to elaborate on its meaning. When women in the focus groups were given more information about partial protection, they understood it well.

The ways men and women explained **partial protection mirrored how partial protection was presented in the communication materials**, suggesting that the messages are reaching and resonating with target audiences.

Most of the materials mentioned that VMMC provides partial protection from HIV, and two-thirds included other ways to protect against HIV infection following VMMC. One-third of the materials addressed partner communication.

There was little evidence that men were engaging in riskier sexual behavior after VMMC. A number of men said they had actually increased their HIV-protective behaviours after circumcision. Only a few uncircumcised men planned to take fewer precautions against HIV after VMMC. Some men reported that being circumcised made it easier to use condoms.

The main reasons reported for positive behavior changes were VMMC counseling and getting tested for HIV prior to being circumcised.

Male participants’ decisions about circumcision were strongly influenced by men who had recently been circumcised and by their own female partners. Men and women said partners often discuss the decision to get circumcised. They also talk about partial protection and the six weeks of abstinence required during wound healing.

References

Lanham M, L’Engle KL, Loolpapit M, Oguma IO. Women’s roles in voluntary medical male circumcision in Nyanza Province, Kenya. 2012; PLoS One 7(9):e4482. doi:10.1371/journal.pone.0044825.

L’Engle KL, Lanham M, Loolpapit M, Oguma IO. Understanding partial protection and HIV risk and behavior following voluntary medical male circumcision rollout in Kenya. Health Education Research 2014; 29(1): 22-30. doi:10.1093/her/cyt103.

L’Engle KL, Lanham M, Oguma IO, Loolpapit M. Communicating Partial Protection: Results from In-depth Interviews and Focus Group Discussions with Men and Women, and Content Analysis of Voluntary Medical Male Circumcision Messages in Nyanza Province, Kenya. Final Report. FHI 360: Durham, NC, USA, 2011.

RECOMMENDATIONS

- The program’s emphasis on VMMC counseling — which appears to be effectively communicating the concept of partial protection — should be maintained and strengthened.
- Messages about male circumcision should reiterate that VMMC provides only partial HIV protection, specify additional ways to reduce HIV risk, and emphasize that VMMC services are based on scientific evidence.
- Couples’ counseling should be encouraged to increase women’s understanding of partial protection and foster discussion between partners about HIV prevention following VMMC.
- The VMMC program should redouble its efforts to engage women in promotion, counseling and follow-up support. VMMC communications should be more effectively targeted to reach women, particularly in venues recommended by the women in interviews such as markets, women’s group meetings and maternal-child health clinics.
- The program should consider having recently circumcised men provide “testimonials” and serve as role models for VMMC adoption.

AUGUST 2014