

# Safety and Acceptability of Infant Male Circumcision in Kenya

**G**overnments in 15 countries in sub-Saharan Africa are expanding access to voluntary medical male circumcision to reduce HIV transmission and save lives. Once they achieve their goal of 80 percent prevalence of male circumcision among 15–to 49-year-olds, many countries are likely to shift to infant male circumcision (IMC) for sustainable HIV prevention.

Compared to circumcision of adult and adolescent men, IMC is easier to perform and less expensive. Health benefits for infants include a reduced risk of urinary tract infections during the first year of life. But IMC is rarely practiced in eastern and southern Africa.

Marisa Young and colleagues from the University of Illinois at Chicago — in collaboration with the Nyanza Reproductive Health Society — conducted a study of the safety and acceptability of IMC in Nyanza Province, Kenya, where male circumcision at any age is not a traditional practice.

## Study Design

The study was conducted at five government hospitals from March to October 2012. After listening to a health talk about IMC, mothers of infant sons younger than two months were asked if they wished to have their sons circumcised. Mothers who had made a decision about IMC were invited to participate in the study and were asked if the fathers could be contacted about participation.

This case-control study enrolled parents who had accepted IMC (cases) and those who had declined it (controls) to compare their reasons for doing so and the factors that might have influenced the decision. A total of 312 mothers and 240 fathers who chose circumcision for their sons and 315 mothers and



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- Providing infant male circumcision in Kenya is safe, feasible and acceptable.
- Most parents preferred circumcision for their sons at some age.
- Parents' misconceptions and the difficulty of reaching fathers with information about the procedure are major barriers to infant male circumcision.

253 fathers who declined it participated in the study. Mothers and fathers were interviewed separately.

Parents who chose IMC for their sons were asked to return three to four days after the procedure to have the wound assessed. The researchers also examined the safety of an additional 931 IMC procedures performed as part of routine service delivery from September 2009 to November 2011.



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 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 360 from the Bill & Melinda Gates Foundation.

## Results

**Estimated acceptance of IMC services increased from 12 percent during the study to 20 percent in the two months after the study.** These results suggest that as more parents became aware of the availability and benefits of IMC, a greater proportion accepted the services.

**Fathers were the primary decision-makers in 66 percent of the cases.** However, if either parent did not want the son to be circumcised, most couples opted not to have the procedure.

**Both fathers and mothers were more likely to choose IMC for their sons** if the father was circumcised.

**Most parents who had declined IMC did not oppose male circumcision;** 76 percent of them wanted future sons to be circumcised at some age.

**Parents' main reasons for declining IMC** were concerns about pain and perceived health risks, including bleeding, infection and death.

**Nearly all parents (96 percent) reported being very satisfied** with the IMC procedure during the post-operative visit.

**Of the 294 procedures that were assessed, 2.5 percent resulted in complications** — a rate comparable to those found in resource-rich countries where IMC is common. All but one of the complications was mild or moderate, and all were resolved after a short time with treatment.

**Nurses performed the procedure as safely as clinical officers.** There were no differences in complications by type of provider.

**The review of more than 1,200 IMC procedures performed at the five hospitals also found a low rate of complications** (2.7 percent) and no difference in safety by provider type. Infants one month of age or older were three times more likely to experience complications of the surgery, which suggests that the optimal time for IMC is during the first month of life.

## References

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## RECOMMENDATIONS

- Fathers must be included in communication strategies and education about IMC.
- Messages should be designed specifically for adult men who become circumcised to educate them about the benefits of IMC, because circumcised men are more likely to choose circumcision for their infant sons.
- Male circumcision programmes should offer services to males of all ages, because having the procedure at some age is effective for HIV prevention and highly acceptable to both men and women.
- Education and counselling — about the low risk of complications from IMC and the pain control used during and after the procedure — are needed to address parental concerns about pain and perceived health risks.
- Parents should be encouraged to have their sons circumcised during the first month of life.

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