

Interventions to Address Barriers to Voluntary Medical Male Circumcision

The Government of Kenya's efforts to expand access to voluntary medical male circumcision (VMMC) for HIV prevention since 2008 have been particularly successful in the Nyanza region. The Kenya AIDS Indicator Surveys found that the percentage of men in this region who are circumcised rose from 48 percent in 2007 to 66 percent in 2012.

Much of that increase, however, has been among teens and young adults rather than men in their twenties and thirties, who are more likely to be sexually active and therefore at greater risk of HIV infection.

Previous research had identified several barriers to VMMC for men in the areas of Nyanza where the traditionally noncircumcising Luo are the majority ethnic group. Emily Evens and colleagues from FHI 360 and the Nyanza Reproductive Health Society conducted a qualitative study, with support from the Male Circumcision Consortium, to enhance understanding of these barriers and identify evidence-based interventions to encourage adult men at high risk of HIV infection to become circumcised.

Study Design

Conducted in urban Kisumu East and rural Rachuonyo districts in 2011-12, the study consisted of eight focus group discussions involving 95 men, grouped by age (18-24 years and 25-35 years) and circumcision status, and in-depth interviews with another 78 people. Specific efforts were made to recruit men in occupational groups considered at high risk of HIV infection, including fishermen and transport industry workers.

The in-depth interviews were conducted with medically circumcised men and uncircumcised men, female partners of circumcised and uncircumcised



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- **Concerns about lost income and fear of pain were the greatest barriers to becoming circumcised.**
- **The majority of men were not concerned about the sex of providers or receiving services along with younger men.**
- **Prospective clients need detailed messages about pain management and time away from work.**

men and people believed to influence men's decisions about circumcision: VMMC providers, community and religious leaders, employers and trade union representatives. Participants were asked about individual, inter-personal, health systems and societal barriers to the adoption of VMMC and about potential ways to overcome those barriers.

In February 2012, the study team presented the preliminary results and engaged health officials, VMMC services providers, implementing partners and representatives of donor agencies in prioritizing interventions for addressing the main barriers to VMMC.



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

Financial concerns and fear of pain were cited as the main barriers to VMMC adoption by circumcised men, uncircumcised men, and women in the study.

Fear of pain during and after the procedure was the concern study participants mentioned most often. Men expressed concern about pain during surgery, but also feared pain during recovery.

Circumcised men said the experience was not as painful as they had expected. All of them reported managing their pain well during recovery by following instructions from their VMMC providers.

Financial concerns included worries about missing work for the procedure and during healing, loss of income or even a job, and how one's family would survive during a man's absence from work.

Some financial concerns were based on misconceptions. Some men and a few women confused the one- to three-day recovery period with the prescribed six weeks of sexual abstinence after VMMC.

Financial concerns were greatest among uncircumcised men and women with uncircumcised partners, men ages 25 to 35 and men with physically demanding jobs, such as manual laborers, fishermen and boda boda taxi drivers.

Men said that VMMC services were easily accessible and of high quality. Most also said VMMC providers were well trained, knowledgeable and maintained privacy and confidentiality. Provision of transport facilitates access to services.

A small number of men expressed concern about wait times and attending services where the providers or clients might be people they know. The majority were not concerned about the sex of the provider performing circumcision or receiving services along with younger men.

The provision of voluntary HIV counseling and testing, female partners' opinions of circumcision, and access and quality of services were not considered barriers to VMMC. Concerns about the need for sexual abstinence after male circumcision were mixed, and concerns about culture, complications of the surgery and effects on sexual function were few.

References

Identifying and addressing barriers to uptake of voluntary medical male circumcision in Nyanza, Kenya among men 18-35: a qualitative study. PLoS One 2014;5(9):398221. doi:10.1371/journal.pone.0098221.

Lanham M, Evens E, Hart C, Oguma I, Loolpapit M, Obiero W. Men's perceptions of VMMC quality and accessibility in Nyanza, Kenya. 17th International Conference on AIDS and STIs in Africa, 7-11 December 2013.

National AIDS and STI Control Programme, Ministry of Health, Kenya. Kenya AIDS Indicator Survey 2012: Preliminary Report. Nairobi, Kenya: September 2013.

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RECOMMENDATIONS

- A food or cash transfer to compensate VMMC clients for time away from work and help provide for their families during the recovery period emerged as the highest-priority intervention to increase VMMC demand among adult men.
- Prospective clients need detailed messages about the procedure, pain management and wound care to address concerns about pain associated with VMMC.
- Education, improved counseling messages, testimonials from circumcised peers and mass media should be used to inform prospective clients and their families about what to expect and address specific concerns about pain and time away from work.
- Ongoing support to the Government of Kenya from funders and nongovernmental organizations will be important to sustain evidence-driven improvements in service delivery and ensure that services continue to be accessible and of high quality.