Male Circumcision and HIV Prevention:
Operations Research Priorities
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Traditional Male Circumcision

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Overview

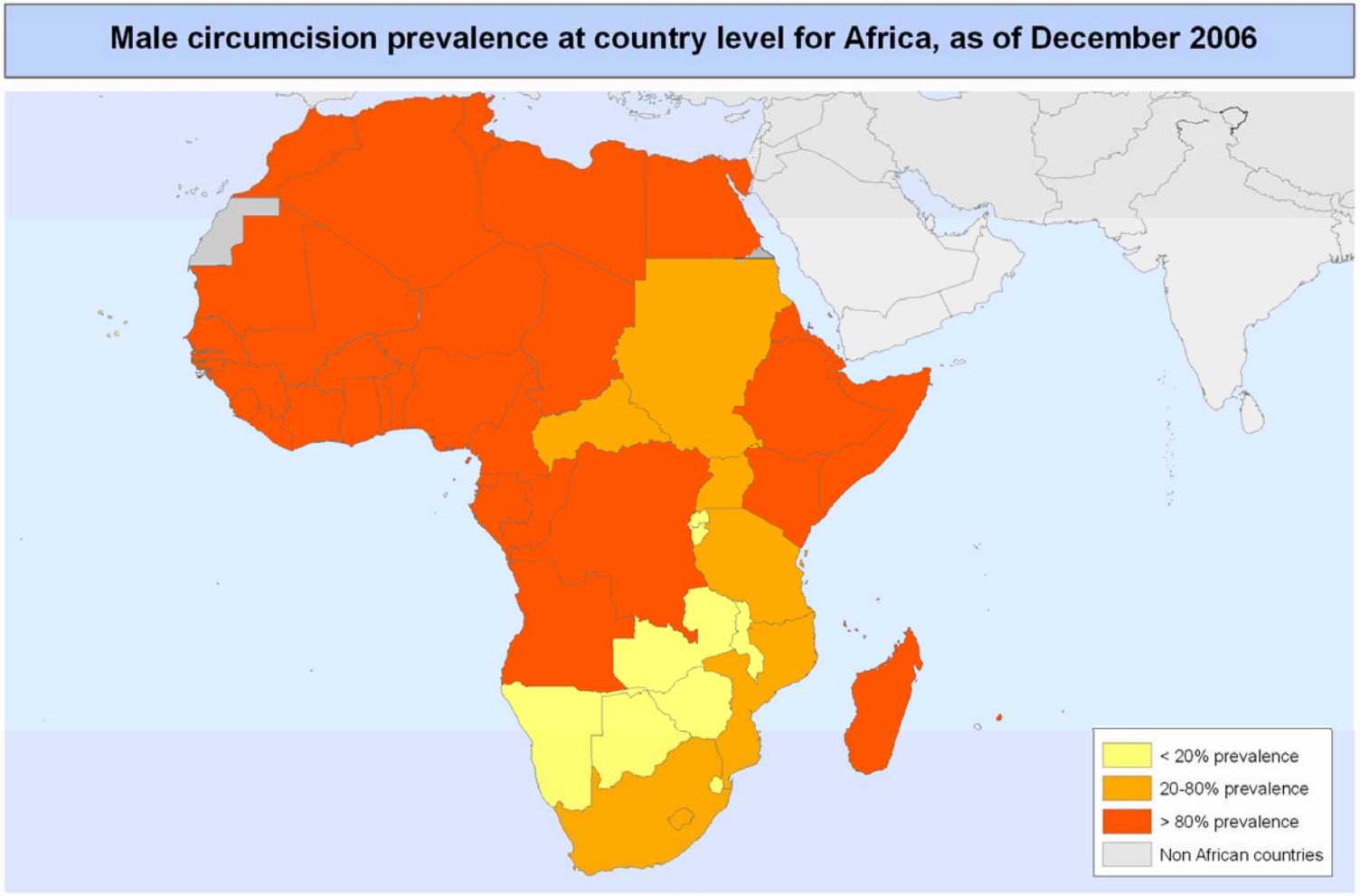
- What do we know about traditional male circumcision among adolescents?
- Why are we concerned?
- What could be done to improve the current situation?
- Implications for Operations Research

Introductory Remarks

- It is difficult to generalize – different ethnic groups vary in terms of:
  - age when it is done (neonatal, adolescent),
  - why it is done (religious, cultural, social, health),
  - what else is done (preparation, seclusion, reintegration)
  - who does it, and who else is involved
- Usually a secretive process, so often difficult to really know what is taking place
- Data not great
  - prevalence
  - complications

CAH

Where male circumcision *is* taking place, most of it is being done by "non-medical circumcisers"



SO why bother about traditional male circumcision … after all, the traditional circumcisers are getting the job done!

- Its an issue of concern to some Ministries of Health in Africa
- Complication rates appear to be high
- Some of the practices are likely to limit the effectiveness of MC in terms of HIV prevention
- Some of the practices have the potential to increase HIV transmission
- There may be opportunities for contributing to sexual and reproductive health more generally – traditional male circumcision is about more than removing the foreskin

Prevalence of traditional male circumcision

- Usually self reported data, which has been shown not to always be reliable – problems include language, understanding, social expectations
- National data hide significant regional variations
- Significant differences in the age when it is performed (>10 to 24 plus), influenced by many things including periodicity of the circumcision season
- Question included in DHS from "are you circumcised" does not provide details about traditional male circumcision
- Additional questions included in some DHS (Burkina and Mozambique) provide more in-depth information

Traditional male circumcisions among adolescents is usually a rite of passage

- Individual significance: cleanliness, disease prevention
- Socio-cultural significance: becoming a man – often strong social pressures
- Ritual with several phases:
  - preparation (physical, social and spiritual elements)
  - circumcision
  - seclusion
  - reintegration
- Recent variations with the circumcision being carried out in a clinical setting

Complications

- Complication rates vary and are difficult to determine
  - no standard way of assessing complications
  - often no useful denominator
  - some studies use hospital records (rates per adverse outcome)
  - some studies use recall
  - sample sizes differ a great deal
- Cause of the complications:
  - the procedure (the provider and the technique – training and control?)
  - the wound care (wide range of products used)
  - whether group or individual circumcisions
  - what takes place during the seclusion period (dehydration, beatings, etc.)

Complications (cont')

- Types of complications:
  - Excessive bleeding
  - Serious wound infection
  - Delayed wound healing from deep and excessive cutting
  - Septicaemia
  - Ischaemia, gangrene, necrosis
  - Partial amputation of the penis
  - Death (dehydration, septicaemia)
  - Foreskin remaining

- **Complications consistently greater than those associated with medical male circumcision**

Practices that limit effectiveness or increase HIV transmission

- Amount of foreskin removed
- Encouragement of sexual activity before wound healing
- Multiple circumcisions using the same implement (a potential problem if already sexually active)

Approaches to improving the current situation

- **Communication – increase**
  - Better understanding of techniques, after-care,
  - Respectful dialogue with traditional circumcisers and others involved in the ritual
- **Complications (AEs) – decrease**
  - Training and supervision
  - Provision of sterile materials
- **Control – increase**
  - Standards and regulation
  - Policies and legislation (difficult to implement)
- **Collaboration – increase**
  - Referral
  - Strengthen components of the preparation and seclusion periods
- **Choice – increase**
  - Provision of medical male circumcision
  - Providing information to enable people to make choices

Increasing communication and understanding

- Need to better understand traditional male circumcision
  - **What** is being done … amount of foreskin, other activities
  - **Where** is it being done … legal/illegal initiation schools, by traditional circumcisers and other non-licensed providers
  - **When** is it being done … at what age (before or after sexual debut)
  - **How** is it being done … the procedure, the wound care, the follow-up to complications
  - **Why** is it being done … willingness to change
  - **Who** is doing it ... the circumcision, the wound care, the period of seclusion
- Many people need to be involved including community leaders, decision makers, parents … and of course traditional male circumcisers

Decreasing complications

- Assessing complication rates using standardized protocols
- Training of traditional male circumcisers and other groups involved
  - General hygiene and infection control
  - More in-depth training (e.g. *Impilo ya Bantu*, Eastern Cape, 5 day training, evaluation indicated that more training required)
- Provision of sterile materials for the procedure and after-care

Increasing control

- **National level**: legislation focusing on what can be done and who can be circumcised eg. South Africa *Application of Health Standards in Traditional Circumcision Act*, 2001
- **Local level**: self-regulation e.g. *Isiko Ioluntu*, Easter Cape, system of self-regulation with reporting of unauthorized practitioners and sanctions on use of alcohol etc.

Increase collaboration and dialogue

- Examples from efforts to work with traditional healers in other settings (existing legal frameworks and codes or practice in many countries in Africa)
- Examples of FBOs in Kenya and other countries
- Exploring new opportunities:
  - Improved referral between traditional circumcisers and medical practitioners
  - Strengthening the HIV prevention messages of traditional practitioners

Increasing Choice

- Factors affecting willingness to change from traditional to medical male circumcision:
  - Rural/Urban
  - Awareness of complications
  - Cost
  - Accessibility to medical services
  - Societal norms over time
- Capacity to scale up medical male circumcision
- Experiences from CMMB FBO meeting

Conclusions

- A challenge and an opportunity
- **Much** to be done if we want to move forward
- If we really want to deal with this issue it will be a challenge to move from a "*we don't want to have anything to do with them*" position: good in theory but ?how realistic, at least in the short term
- A range of research questions that need to be answered - most need to be answered at national/sub-national level
- Important to explore opportunities as well as challenges
- Plans for a regional consultation on traditional male circumcision end-2009 … key OR questions need to be an important component of the agenda