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MCC News

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

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Nurse Alice Nyadiang^a performs a male
circumcision at Miranga Dispensary in Seme.
Photo by Tom Otieno

Exploding myths about male circumcision

Myth 1: Male circumcision is painful and leads to complications.

Fear of complications is one of the main barriers to male circumcision among men in Nyanza Province. But complications of the surgery, such as bleeding, acute pain and delayed healing, are actually rare. Monitoring shows that they occur in less than two percent of the men circumcised through Kenya's voluntary medical male circumcision (VMMC) programme. Most of these complications are mild or moderate and are easily resolved with prompt medical attention.

Many VMMC clients have expressed surprise that they did not feel more pain during and after the surgery. They say that the most painful part of the process is the injection of anaesthesia, but that is over quickly. Clients are given painkillers to

take for three days after the surgery to manage any pain they may feel.

Myth 2: Men are unable to work for a long time after the surgery.

Concern about being away from work for a long time was the foremost reason men gave for not getting circumcised in a study conducted in Kisumu East, Kisumu West and Nyando districts. The men believed that one could miss from one to 12 weeks of work after getting circumcised. Researchers have also found that men tend to confuse the recommended six-week period of sexual abstinence with the much shorter recovery period. In fact, most clients resume work within two to three days after the surgery. Those who do sedentary jobs can often resume work immediately after the procedure.

Myth 3: The healing period is too long for men to abstain from sex.

Studies in Nyanza found that some men thought that circumcised men must abstain from sex for a full six months after the surgery. Actually, VMMC clients are advised to refrain from having sex for six *weeks*, until the wound from a male circumcision has completely healed. Some men also expressed concern that their female partners would abandon them during the post-surgical period of abstinence, but many women report they are happy to support their men in return for partial protection from HIV, other sexually transmitted infections (STIs) and cervical cancer. The VMMC programme advises couples to receive counselling together, and then make a joint decision about male circumcision.

Myth 4: Male circumcision reduces sexual pleasure and performance.

Many studies — including the trials of male circumcision for HIV prevention — have found that male circumcision has no negative effects on sexual function or pleasure. In fact, studies in Kenya suggest that male circumcision may increase sexual pleasure. This is, of course, a difficult question to measure. But in the Kenya trial, more than half of the men reported that it was much easier to reach orgasm after they became circumcised. And in a study among 51 long-term partners of recently circumcised men in Kisumu, 91 percent of the women said they found sex more enjoyable after their partners became circumcised.

Myth 5: Male circumcision does not benefit women.

Male circumcision does benefit women. Fewer HIV infections among men because of male circumcision means that women are less likely to be exposed to men who are infected with the virus. Having a circumcised partner also reduces a woman's risk of several other STIs and cervical cancer.

We do not know whether or not male circumcision also prevents male-to-female transmission of HIV. A recent study in five African countries, conducted among women whose male partners were HIV-positive, found that circumcision of the male partner appeared to lower a woman's risk of becoming infected. However, a

woman with a partner who is infected with HIV may be at increased risk of acquiring the virus for the first six weeks after the surgery *if* the couple resumes having sex before the circumcision wound has healed and does not use a condom. Couples should abstain from sex for six weeks post-circumcision, so they can avoid a temporary increase in their risk of HIV infection. And, of course, if one partner is HIV positive or a partner's HIV status is unknown, the male partner should use a condom consistently whether he is circumcised or not.

Myth 6: Male circumcision is only for the young.

More than half of the men and boys circumcised through the VMMC programme have been younger than 18. But it is men ages 18 to 49 who can benefit most from male circumcision, because they are most likely to be sexually active and therefore at risk of HIV infection. Reaching men in this age group will also have the greatest impact on HIV levels in the community. The VMMC programme is focusing on improving its outreach to older men and making its services more accessible to them.

Myth 7: Circumcised men cannot become infected with HIV.

Circumcised men can become infected with HIV if they do not continue to protect themselves from the virus. Male circumcision gives men partial — but not complete — protection against HIV infection. That is why male circumcision is provided along with counseling about how to reduce one's risk of HIV, condoms and instructions on their use, screening and treatment for STIs, and the offer of HIV counseling and testing. The VMMC programme advises clients to take additional precautions against HIV, such as abstaining from sex, being faithful to one partner whose serostatus is known, using condoms correctly and consistently and having fewer partners.

There are concerns that men might believe the myth that circumcision is totally protective against HIV and thus take more risks after circumcision. But these concerns have not been borne out so far. Ongoing studies in Nyanza have found no increase in sexual risk behaviour after male circumcision and no differences in behaviour between circumcised and uncircumcised men. Studies in other countries have reported similar findings.

References

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That all-important cut: my experience

“Here was a man, freshly circumcised and he was going back to ride a motorcycle so that he could put food on his family’s table,” Angelo Kaggwa of AVAC, a New York City-based nonprofit organization, writes after observing a *boda boda* driver get circumcised in Nyanza Province.

Inspired by the man’s courage, Kaggwa decided to do something he had been considering for several years. In the midst of a work trip for AVAC, he got circumcised at Chulaimbo Subdistrict Hospital in Nyanza.

Kaggwa describes his experience, from counseling to recovery and healing, in an **essay** and a **podcast**. He notes that the counseling he received was thorough, emphasising the need to continue to practice safe sex after becoming circumcised. After receiving an injection of anaesthesia, which he calls the only painful part of the process, he “didn’t feel a thing.”

“It was strange, but I wore a smile, talked and laughed throughout the entire procedure,” Kaggwa writes. “...I kept looking down to make sure the procedure was underway.”

Kaggwa was pleasantly surprised to find that he felt no pain after the surgery. He was given painkillers to take for a few days and resumed his work the next day.

“The next couple of weeks were busy, and except for the weekends, my day typically started at around 7 a.m. and didn’t end till 7 p.m.,” Kaggwa writes. “And through of all this, my wound continued to heal steadily. I had the bandage removed four days after the procedure, as instructed, and had one of my doctor colleagues examine the wound a week later to confirm that I was on a steady road

to full recovery.”

The trip also took him home to Uganda, where he persuaded a childhood friend to get circumcised. “I still have many friends and family members who I still need to convince to ‘make the time’ and get circumcised,” he adds. “Every one of them matters, for according to UNAIDS, one HIV infection would be averted for every 15 circumcisions.”

Kaggwa, a programme coordinator at AVAC, is working with other African advocates and stakeholders on a campaign called “Africans telling the truth about voluntary medical male circumcision.” He encourages African men and women who are interested in joining this campaign to write to him at angelo@avac.org.

Male circumcision in the news

Zimbabwean MPs to be circumcised as part of HIV/Aids campaign

The Telegraph (UK), 21 May

Women urging men to undergo cut for HIV prevention

Coastweek, April 27 – May 3

Resources

www.malecircumcision.org

Developed by the World Health Organization, AVAC and FHI 360, the Clearinghouse on Male Circumcision for HIV Prevention Web site is a comprehensive source of information and resources about male circumcision for HIV prevention

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.