



News

October 2012
Issue 43

MCC News

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

In this issue:

Couples Urged to Go for Counselling

Study Shows Safety of Infant Male Circumcision

Stakeholders Meet to Discuss Male Circumcision

MCC Awarded One-Year Extension

Male Circumcision in the News

Resources



Osborn Ojowi and his wife, Maren Atieno, interviewed near their home in Migori County, are glad that she accompanied him when he went to a health facility to get circumcised. Before his circumcision, they received health education and voluntary HIV counselling and testing together.

Photo by Silas Achar/FHI 360

Couples urged to go for counselling

After talking to a community mobiliser about the benefits and risks of voluntary medical male circumcision (VMMC), Osborn Ojowi was ready to be circumcised and wanted to go right away.

But when the 35-year-old from Migori County informed the mobiliser that he was married, she encouraged him to talk to his wife about VMMC. She said that the couple should make the decision together and that his wife should accompany him to the health facility.

At first Ojowi thought that was unnecessary. But then he thought about the potential consequences.

“If I decided to go alone, without informing her, I am sure that this could have brought mistrust and tension in the house,” he said.

His wife, Maren Atieno, agrees that she would have questioned her husband’s motives had he gone alone without telling her that he was getting circumcised. Nevertheless, she accompanied him reluctantly, uncertain about her role.

Atieno got more than she had expected at the health center. “They gave us very useful information on how we can protect ourselves,” she said. “We were even tested for HIV together for the first time since we got married.”

Missing out

Ojowi and Atieno are, however, among the relatively few who have benefited from the couples’ counselling offered as part of the VMMC package of HIV prevention services. These services include HIV risk-reduction counselling, provision of condoms and instruction in their use, voluntary HIV counseling and testing, and screening and treatment for other sexually transmitted infections.

Records from sites supported by the Nyanza Reproductive Health Society (NRHS) show that less than one percent of VMMC clients who were tested for HIV during the past year were counselled and tested with a partner.

This means that many women miss out on important health education and HIV prevention services. It also means that couples forego the benefits of receiving personalized counselling together, which can help them accept HIV testing and support each other afterwards no matter what the result.

Those who test positive receive post-test counselling that includes emotional support and education about how to prevent re-infection, explains Godfrey Ajwang’, a counsellor with NRHS. They are also referred to nearby health facilities for HIV care, treatment and support services.

Ajwang’ adds that couples’ counselling lessens the burden of disclosing HIV results to a partner, because partners learn their results together and can discuss the implications with the help of a trained counsellor.

Counsellors’ perspectives

Counsellors do not know why couples are reluctant to come in together for VMMC services.

Ajwang' believes that some men avoid couples' counselling out of fear of a going for HIV testing and counselling with a partner. He adds that men tend to seek HIV counselling alone first and then, once they know their status, return with their partners to be counselled and tested together.

Christine Chumbe, a counsellor with Impact Research Development Organization (IRDO), suggests that another barrier to couples' counselling may be misunderstanding.

“Perhaps men and women do not understand the importance of coming for counselling together,” she says.

Phoebe Achieng', a mobiliser for IRDO, says it takes time to persuade couples to seek counselling together.

“I usually meet each of them separately at first,” she explains. “Then I meet them together and share about the importance of the female partner accompanying the man to the health facility.”

Few men and women agree to go to the health facilities together, but when they do it is after extensive discussion, she adds.

Benefits for women

Ajwang' believes it is important to sensitise women about how they can benefit from VMMC services.

“It is the woman who knows whether her partner is circumcised or not,” he says, “She can then influence him to go for circumcision if she knows the benefits for her too.”

Maren Atieno says she is happy that her husband involved her in the entire VMMC process.

“I participated in the process, and I was able to support my husband,” Atieno says. “It is very important for the partner to accompany her man when going for VMMC.”

Study shows safety of infant male circumcision

A recent assessment of more than 1,200 infant male circumcisions performed at Kenyan government hospitals in Nyanza Province found that the procedure can be performed as safely there as it is in countries where IMC is widely practiced.

The study of procedures performed from 1 September 2009 to 29 November 2011 as part of a routine IMC programme found that 2.7 percent resulted in complications. Most of the complications, such as bleeding or infection, were mild or moderate.

“These complications were few, readily addressed and comparable to those found in resource-rich countries where infant male circumcision is common,” says Prof. Robert Bailey of the University of Illinois at Chicago (UIC), one of the study’s co-authors.

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.

The study, which was published 17 October in *PLoS One*, found no difference in complications by provider type. “Our results show that IMC can be provided safely by nurses and clinical officers and with high parental satisfaction in a developing country setting where infant male circumcision is little known and rarely practiced,” the investigators concluded.

The IMC study was conducted by principal investigator Marisa Young of UIC’s School of Public Health with colleagues from UIC, the Nyanza Reproductive Health Society, CARE International and Impact Research and Development Organization. It was funded by the Male Circumcision Consortium, with additional support for Prof. Bailey from the Chicago Developmental Center for AIDS.

Stakeholders meet to discuss male circumcision

About 250 government officials, development partners, health care providers, community elders, faith leaders, representatives of civil society, women’s and youth groups, and journalists gathered at the Tom Mboya Labour College in Kisumu on 24 September for the fifth annual meeting of stakeholders of the voluntary medical male circumcision (VMMC) programme.

Nyanza Provincial Commissioner Francis Mutie was the chief guest, assisted by the provincial director of public health and sanitation, Dr. Jackson Kioko.

Mr. Mutie lauded the community for embracing VMMC as part of its efforts to fight HIV in Nyanza, which has the highest HIV prevalence rate in the country, and for helping Kenya’s VMMC programme become a model for the rest of

Africa, reaching almost half a million men since 2008.

“These achievements have been made possible through the combined efforts and support of political and local leaders, elders, health care providers, the media and community members dedicated to stopping the spread of HIV,” he said.

Mr. Mutie noted that the first phase of the VMMC programme would end in 2013, but the services would continue to be offered.

“The government is committed to ensuring the sustainability of services,” he said. “To that end, we will include male circumcision in general outpatient services as part of the basic health package.”

In his speech, Dr. Kioko said that the programme was at a critical stage, where the early adopters have already been circumcised.

“Now we must reach men who have been slow to embrace medical male circumcision, despite being aware of its benefits,” he said, adding that many of those are men older than 25 years.

Dr. Kioko called for more engagement of women in the VMMC programme, so that they can help encourage older men to come for male circumcision services and can benefit from the other HIV prevention services offered along with VMMC.

Other speakers at the meeting included the chairman of the Luo Council of Elders, several circumcised men, officials from the ministries of health and representatives of donor organisations.

MCC awarded one-year extension

The Male Circumcision Consortium (MCC) has been extended for an additional year and will continue to support Kenya’s voluntary medical male circumcision (VMMC) programme through 31 October 2013.

The MCC was originally funded from September 2007 to October 2012 through a grant to FHI 360 from the Bill & Melinda Gates Foundation.

The extension of the project for a sixth year will enable the consortium to conduct two important studies while completing the transition of its technical support for VMMC programme implementation to the government and other funders.

During the next year the MCC will carry out a pilot implementation study to

assess the acceptability, feasibility and cost of using the PrePex device to perform male circumcisions in routine clinical settings for VMMC in Kenya. The results of this study will inform the Ministry of Health's decision on whether to endorse the use of PrePex and other male circumcision devices in the national programme.

Next year the MCC will also conduct the third and final round of the Circumcision Impact Study (CIRCIS), a household survey designed to assess the impact of the VMMC programme on knowledge and attitudes toward male circumcision, adoption of male circumcision, sexual risk behavior and HIV infection rates in Kisumu.

No additional funding is associated with the project extension. The original grant will continue to support the MCC for its final year.

Male circumcision in the news

Healthcheck interview on MCC safety study

BBC World Service, 21 October (at 10:12 – 13:04 mins.)

Health practitioner wants male cut integrated into family planning

Kisumu County Newspaper, 28 September

Women urged to back male cut

The Star, 27 September

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 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 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.