Traditional Male Circumcision in the Context of HIV Prevention

A Report on WHO/UNAIDS
East and Southern Africa Regional Consultation

13th – 15th April, 2010
Glenburn Lodge,

Muldersdrift, Johannesburg, South Africa

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Participants

- WHO
- MoHs
- Traditional Circumcisers
- Traditional Leaders
- Researchers
- Anthropologists
- Faith based reps
- Medical Doctors
- Nurses
- UNAIDS
- USAID
- Jhpeigo

Background

The need to develop a better understanding of, and collaboration with traditional male circumcision was highlighted during the AFRO meeting on MC held in April 2008.

Objectives of the meeting

1. To improve understanding among key stakeholders about TMC and identify similarities and differences within the region (ESA);
2. To share and synthesize experiences with TMC from the Africa region, and identify lessons learnt/good practices for improving communication and collaboration between the health sector, traditional male circumcisers (TMCs) and others involved in traditional male circumcision rituals;
3. To identify effective approaches that countries have adopted to develop a systematic way forward for ensuring that TMC contributes to increasing access to safe male circumcision for HIV prevention.

Participant Expectations

1. To identify ways to maximize the contribution of TMCs to HIV prevention, to support what is being done well (retain traditions and good practices, and recognize the important roles and contributions of TMCs) and improve what is not being done well;
2. To strengthen the capacity of TMCs so that they can improve the safety of TMC practices;
3. To explore approaches to transitioning to MMC while retaining traditions and engaging the wide range of people involved with TMC;
4. To strengthen links between the formal health sector and TMCs, including "formal rules of engagement", in order to strengthen collaboration, dialogue, integration and linkages between the biomedical and traditional approaches, in order to make TMC safe and minimize problems;
5. To improve available data, policies, standards, training, funding and linkages with sexual and reproductive health;
5. To share experiences and lessons learnt;
6. To support WHO/UNAIDS to make recommendations about TMCs;

Sessions: Presentation, group discussions; etc

Session 1: Setting the Scene

Session 2: Strengthening communication and dialogue between traditional male circumcisers and the formal health sector

Session 3: Approaches to improving the safety of traditional male circumcision

Session 4: Linking medical male circumcision with traditional male circumcision and benefiting from activities/concepts related to traditional male circumcision

Session 5: Finalizing the recommendations

Session 6: Next Steps

Setting the scene 1

Traditional male circumcision (TMC) has been carried out for many years for religious and cultural reasons, with the prevalence of the practice changing over time. TMC usually takes place either during the neonatal period and early childhood, often for religious reasons, and is common in West and North Africa, or during adolescence as a rite of passage, more common in East and Southern Africa (ESA).

Two types of TMC take place:

1. religious (Muslims, to confirm relationship with god, carried out by an Islamic circumciser) and,
2. cultural (a rite of passage, without anaesthesia to demonstrate bravery, and accompanied by extensive rituals – before, during and after circumcision).

Setting the scene 2: Stakeholders

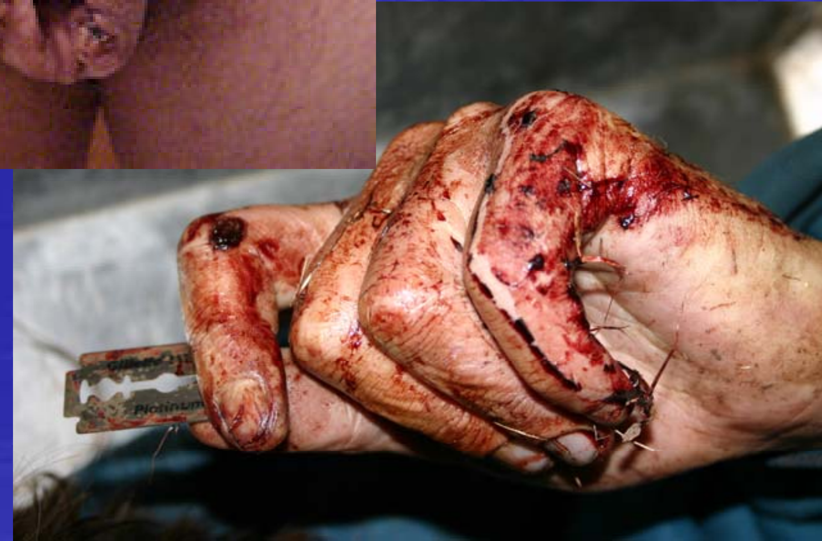
- There are a number of people involved with the TMC, including women:
- Traditional surgeon,
- Traditional nurse,
- Traditional leader,
- Religious Leaders,
- Parents some of whom are hosts of the whole occasion of TMC,
- Young circumcised males,
- Person to be circumcised/initiate,
- Health officers lately, etc.

Setting the scene and Strengthening communication and dialogue

- There is a growing interface between traditional male circumcisers and formal health sector
- training, registering TMCs, “certify/accredit”
- the provision of safer medical equipment, e.g. surgical blades that has been introduced into the traditional setting, gloves, “ circum packs”, “Tara clamp”
- in some instances anaesthesia that is given before the TMC by medical providers,
- MMC, later seclusion in lodges
- Pre – circum health assessment;
- Monitoring teams on TMC
- TMCs part of MC Task Teams

Approaches to improving the safety of traditional male circumcision – some uns

- TMC occurs at home, bushes, kraals, mountains, etc.
- Unsterilized "knives", sharing knives,
- transmission of diseases through blood contact,
- overcutting,
- undercutting,
- sprinkling dust on the penis
- washing the penis in a river after circumcision,
- post – circumcision practices,
- poor post-operative care
- Teachings, sex post - circum.



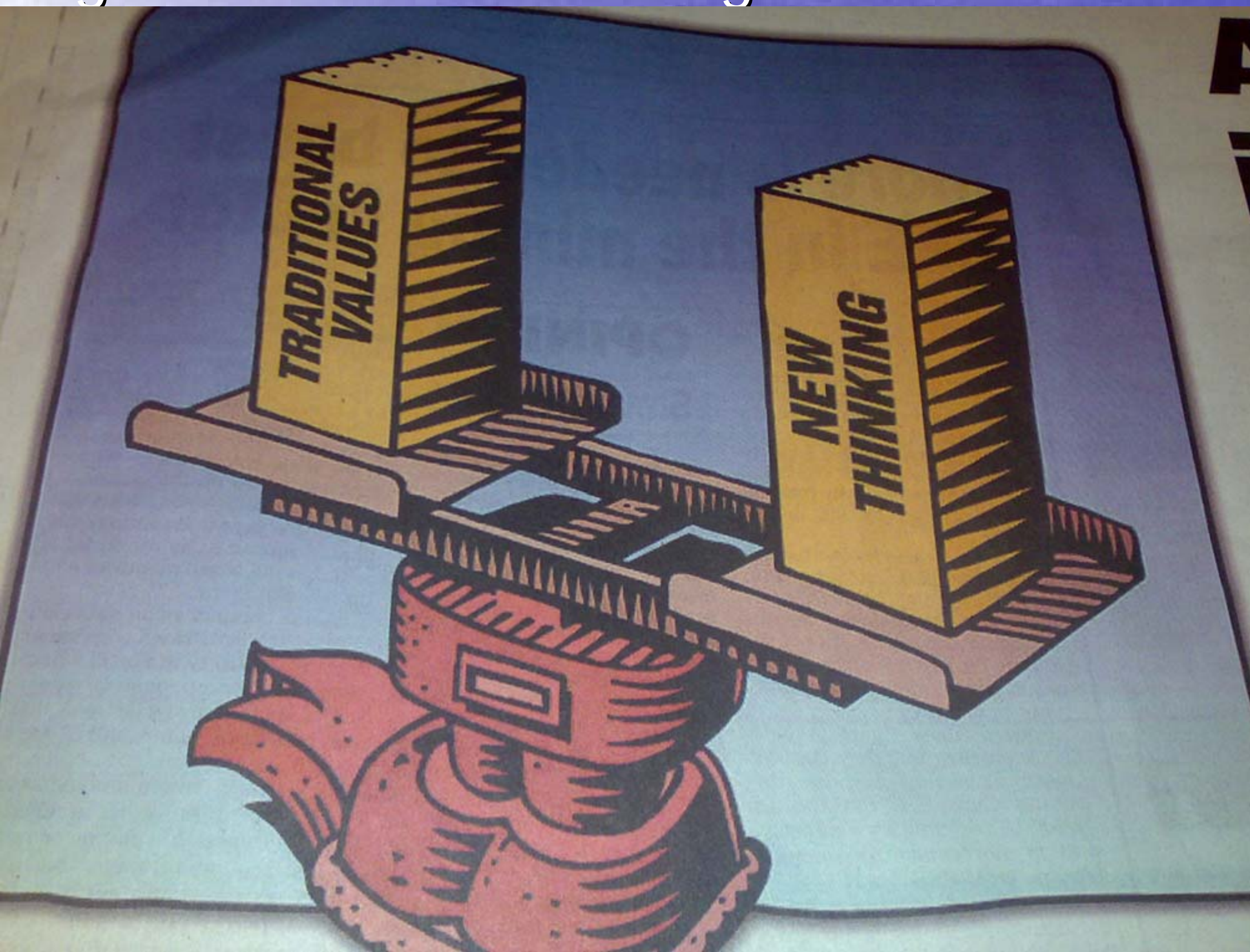
Safety: Complications of TMC and Associated Rituals/ Practices

- Severe complications have been reported in relation to TMC, either as a result of the (surgical) procedure itself or the related activities that take place during the period of seclusion following the circumcision.
- The complications associated with TMC are mainly due to after-care, for example over-tight bandages, wound infection, or to the rituals such as fluid deprivation, assault, etc. associated with initiation into manhood rather than the circumcision itself.

Recommendation 1 – Regulating TMC

- **Develop a policy** regulating the safety of TMC and the responsibilities of TMCs.
- **Put in place regulatory framework for the practice of safe TMC and establish minimum standards for practice** (e.g. infection control, the procedure and the use of disposable kits) and standardized training guidelines. There also needs to be community buy-in into safety proposals for TMC.
- **Health sector should pro-actively approach TMCs** for workshops and develop training curricula, together with the TMCs (a needs assessment should be carried out to determine training requirements).
- **Form associations of TMCs** (local, regional and national) and develop a database with enrolled TMCs per district. Community to identify TMCs and govt to regularly certify TMCs
- **Develop code of conduct for TMCs and also for medical providers** to receive clients with complications from TMCs. Establish a referral system between TMCs and hospital healthcare workers should preferably serve in their birth areas due to cultural sensitivity and continuity.
- **Establish monitoring and evaluation systems and incorporate TMC** into Health Information Management Systems (HIMS): numbers and AEs.

Many of the issues raised during the consultation meeting are not a question of either/or, but more a question of **balance**: between cooperation and control, between formal and informal approaches to improving safety and strengthen linkages between the formal health sector and the traditional sector, and between self regulation and national legislation.



- Relations between TMCs and the formal health sector to be a two-way and reciprocal process
- "… MMC roll-out has much to learn from TMC"

Recommendations 2

"…have **respect for different perspectives, priorities and practices**, and to be clear about the **differences between MC for HIV prevention (and other health improvements) and MC as part of a cultural practice**, and at the same time to **differentiate the circumcision and the associated rituals** of TMC."

Recommendations 3

“ … **work with ALL stakeholders (including women, both as mothers and as wives/girl-friends) in communities**, to listen to and learn from them, inform them, engage and empower them”

Recommendations 4

"…when developing responses to TMC it will not be possible to have a one-size-fits-all approach: many decisions will need to be country specific, and even within countries may need to vary between different TMC practicing tribes and communities."

Recommendations 5 – service priority areas in TMC

- **Improve the collaboration** between TMCs and the formal health sector, by increasing knowledge and understanding of TMC, strengthening respectful dialogue and communication, and involving TMCs in a meaningful way in decisions that are taken about MC and HIV prevention.
- **Improve the safety** of TMC and <u>its effectiveness for HIV prevention (and other health benefits),</u> through training, the provision of equipment, and the development and implementation of regulations and certification (of TMC).
- **Improve the MC access options** that adolescent boys have for accessing a safe, effective and pain-free circumcision by linking MMC and TMC and providing opportunities for the circumcision to be done in medical facilities while retaining those aspects of the rite-of-passage ritual that are important for the cultural heritage.

Recommendation 6: Research Priorities in TMC

"…while much is known about TMC, much remains unknown about a practice that has been around for many years."

- **Prevalence of TMC in different communities and the variations/different types of TMC** that are carried out in the sub-region
- Quantifying **adverse events** associated with TMC, including approaches to monitoring adverse events for both TMC and MMC
- Carrying out investigations of **TMC practices**: e.g. the herbal medicines used for dressings, the knives and other equipment used, post-operative care and referral, and potential occupational health safety hazards of TMC
- Assessing **community attitudes** to TMC, to the circumcision being carried out by medical practitioners (eg. potential stigmatization) and to pre-pubertal and neonatal circumcision in traditionally circumcising communities; and to the role of women in supporting/discouraging adolescents being traditionally circumcised (as partners and mothers)
- **Assessing sexual risk behaviours following TMC** (and those associated with cultural practices surrounding TMC, such as "dances")
- **Evaluating the training programmes** to improve the safety of TMC
- Evaluating the **impact of the information/counselling messages ("teachings") provided by TMCs** (compared with MMCs)
- **Impact of MMC roll-out on TMC**
- Carrying out **operational research** on models for integrating TMC and MMC, of using TMC as an entry point for ASRH (eg. education in the camps), and of maximizing the contribution of TMCs to HIV prevention

Thank You!!!

- Ke a lebua!
- Ngiyabonga!
- Baie dankie!
- Maz'enethole!
- Ndza Nkhensa!
- Ni kho Lebuwa!