

Factors associated with post-operative follow-up after voluntary medical male circumcision at twelve health facilities in five districts in Nyanza Province, Kenya

Arbogast Oyanga^{1,3}, Jayne Lewis Kulzer^{1,2}, Thomas Odeny³, Kevin Owuor^{1,3}, Patrick Oyaro^{1,3}, Charles Kirui^{1,3}, George Nyanaro^{1,3}, , Craig R. Cohen^{1,2}, Elizabeth A. Bukusi, ^{1,3}

Affiliations

Family AIDS Care and Education Services (FACES), Kisumu, Kenya

Department of Obstetrics, Gynecology and Reproductive Sciences, University of California San Francisco, CA, USA

Research Care and Training Program, Center for Microbiology Research, Kenya Medical Research Institute, Kisumu, Kenya

Disclaimer:

The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention



Background

- Voluntary medical male circumcision (VMMC) reduces HIV risk acquisition by up to 60%. Kenya has widely expanded VMMC services; by January 2011 and in less than four years 230,000 men had been circumcised in Nyanza Province alone.
- The current guidelines require a 7-day post-surgery follow-up visit to monitor outcomes,
- identify and treat adverse events (AEs), and reinforce risk reduction and sexual abstinence for 6-weeks post-surgery. However, a large proportion of men fail to return for follow-up. Characteristics of men who undergo VMMC and the factors associated with 7-day follow-up were examined.



Methods

- Routinely collected program data of men circumcised between January 2011 and August 2012 at 12 health facilities in five districts in Nyanza Province, Kenya were analyzed
- Demographic characteristics (age, clinic locality, and referral source), and clinical data were abstracted from Ministry of Health medical records
- Logistic regression was used to examine associations between client demographic characteristics and those that attended 7-day follow-up and those who did not



Results

- Among 11,483 clients, the median age was 17 (IQR; 16-21) years and 6686 (58%) VMMC operations were performed at clinics in rural/semi-rural regions; 2588 (23%) had a 7-day follow-up visit. Most clients cited community mobilization 7461 (67%) as their referral source for VMMC services
- Adverse events at 7-day follow-up were reported by 95 (0.8%) men, with 6 (0.06%) being severe. There was a small increased likelihood of follow-up visit per 5-year age increase (OR=1.02; 95%CI 1.01-1.02)
- Men were more likely to return if the procedures were carried out at an urban/semi-urban vs. rural clinic (OR=2.60; 95%CI 2.36 - 2.86) and men were less likely to return for 7-day follow-up if referred through mobilization (OR=.67 (0.61 – 0.73))

Conclusion

- Clients who underwent VMMC were relatively young, few reported AEs, and post-surgery 7-day follow-up was infrequent
- Clinic locality influenced 7-day follow-up visits; urban/semi-urban clinics saw higher 7-day follow-up visits yet the majority of surgeries were in rural clinics
- Although community mobilization prompted VMMC service uptake, it did not influence 7-day follow-up. Innovative interventions for clinic follow-up, particularly in more rural areas, are needed to ensure that VMMC clients are followed-up appropriately