

Getting that all-important cut: My experience



Angelo Kaggwa smiles as he is circumcised at Chulaimbo Subdistrict Hospital.

Photo: Simon K'Ondiek/AVAC

It started as a light conversation with my colleague and friend, Cindra, as we boarded a flight to Kisumu on a late-June Sunday evening. But where it ended, even I couldn't believe — on a surgical bed deep in Kenya's Nyanza Province.

"I think I'm getting circumcised in Kisumu," I told Cindra as we boarded the plane.

"Why Kisumu? Why now? Why not wait till after this trip when you go back home to Uganda, where you have friends and family?"

Cindra and I work for AVAC, a New York-based not-for-profit organisation that works to accelerate the ethical development and global delivery of AIDS vaccines, male circumcision, microbicides, PrEP [pre-exposure prophylaxis] and other emerging HIV prevention options as part of a comprehensive response to the pandemic.

One of the key things Cindra and I had gone to do in Kisumu was to experience firsthand the work of our partners. We both wanted to witness an adult male circumcision procedure. "It will all depend on how busy the clinic is, and if the men would be willing to have you in the surgical theatre," cautioned Simon K'Ondiek, one of our Kenyan partners.

At the hospital

Cindra, Simon and I, along with Carole, another Kenyan colleague, headed out of the hotel in Kisumu, and after about an hour arrived at a government health center, Chulaimbo Subdistrict Hospital, where circumcisions are provided by the Nyanza Reproductive Health Society.

There were three men of varying ages sitting quietly on a bench outside the door, waiting their turn. A fourth man was already in the theatre and had consented to have us observe him being circumcised.

In this Chulaimbo surgical room were two staff — a clinical officer and nurse — both fully covered in green medical scrubs and white masks. They looked serious with sharp instruments in their hands.

The elderly patient was calm. He didn't move as the knife moved back and forth loosening the foreskin from his penis. He even laughed at our jokes throughout the procedure. And after about 15 minutes, it was over.

Turning point

I followed him outside and asked him how he felt and what he was planning to do for the rest of the day.

"It's still early. I'm going back to work to fend for my kids," said this brave man.

"Really? And what do you do?" I asked curiously.

"I ride a commuter motorbike."

I was blown away. Here is a man, freshly circumcised and he's going back to ride a motorcycle so that he can put food on his family's table. [Most men wait two to three days after the surgery before resuming work.] And here I was being chauffeured around Chulaimbo in a Toyota 4x4, and I thought it was impossible for me to undergo the procedure because of a busy work schedule.

Suddenly, it occurred to me that all the "reasons" I gave were excuses. This brave man rides a motorcycle and he was going back to work straight from the theatre. If he could do it, I could do it. After all, I was here in Nyanza Province, noted for leading Africa's circumcision scale-up.

The procedure

Cindra and I decided that we would get counseled as a couple so we could both experience this important component of the entire procedure. The counselor was thorough. He talked about the fact that male circumcision is only complementary to other proven HIV prevention interventions including abstinence, being faithful to a partner whose serostatus is known, condom use, delaying sexual debut and reducing one's number of sexual partners.

He also talked about the six-week healing period during which I should abstain from sex and how I was expected to nurse my wound for proper healing, no bathing or getting it wet for at least four days.

About 15 minutes later, the counseling was done and my HIV test results were ready. And off I went to the theatre.

A few minutes after the local anaesthesia was applied, I didn't feel a thing. And

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then the cutting began. It was strange, but I wore a smile, talked and laughed throughout the entire procedure.

You might ask yourself why I was so excited. Besides the obvious medical benefits — reducing my risk of HIV and STIs and penile cancer — undergoing the procedure myself would give me the “right” to be a circumcision advocate. It’s not easy speaking out in support for something you’ve not experienced. It’s possible, but it’s a stronger argument once you’ve personalized it.

I kept looking down to be sure that the procedure was underway. It was.

And then the suturing [stitching] began. “Will he have to see a doctor to get those out?” asked one of my colleagues in reference to the sutures. “No, he doesn’t have to do that. These are made of dissolvable protein. They melt away over time,” was the officer’s response. Everything seemed too easy up to this point, except for the anesthetic injection.

About 20 minutes later it was over. To my surprise, I was informed during the counseling session that I had to wear tight underwear for at least the first 10 days after the procedure. Tight underwear helps to keep the penis in a stable upright position, ensuring that it doesn’t dangle and swell—this is meant to contribute to quick wound healing and recovery.

After receiving the mandatory one-litre bottle of Fanta to increase my blood sugar levels, and some pain killers for when the anaesthesia wore off, I was free to leave. There was a little bit of difficulty walking initially, but it didn’t take me long to get used to it.

Back to work

My colleagues kept asking me how I felt, and the answer was the same every single time: “I’m fine.” I was up by 6.30 a.m. the next day. I had a productive day with several meetings at the Nyanza Reproductive Health Society. And at around 3 p.m., I was off to Kisumu Airport for my journey to Entebbe.

The next couple of weeks were busy. 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.

Speaking out about VMMC



Welcome you to this issue of our newsletter.

As we approach the end of the first phase of the voluntary medical male circumcision (VMMC) programme in 2013, I am excited about the progress we have made towards our goal of providing circumcision to about 426,000 men ages 15 to 49 years in Nyanza.

Since the programme began in November 2008, we have circumcised more than 395,500 men and boys nationally; most of these VMMC clients were residents of Nyanza.

But even as we celebrate these achievements, we recognize the need to reach more older men — particularly those older than 25 years, who are most likely to be sexually active and therefore most at risk of HIV infection.

In February I participated in a meeting to discuss new research findings about the major barriers to VMMC uptake among men 18 to 35 years of age. Men in this group cited concerns about pain, loss of income during the recovery period, and their partners’ reactions to the required six-week period of sexual abstinence post-circumcision.

But research also shows that many of these concerns are based on misinformation about VMMC. For example, men often overestimate the length of the recovery period (three days is the recommended time for those who do physical labour, but men in more sedentary jobs can usually return to work immediately) and underestimate their partners’ willingness to support them during the six-week healing period.

The Nyanza Provincial Task Force on Male Circumcision and other partners are exploring new strategies to make VMMC more accessible to older men, such as workplace interventions, weekend VMMC camps and “moonlight services,” which make VMMC available at night. We are also engaging the media to help dispel misconceptions about VMMC.

I urge men who have been circumcised under the VMMC programme to speak out about their experiences and help their peers understand the reality of VMMC.

A good example is our lead story. It recounts the unique personal experience of a Ugandan man who works in the U.S. but chooses to get circumcised in one of our facilities in Nyanza. Like so many others, he had long avoided the cut because of fears and misperceptions about the surgery. But after witnessing a procedure at Chulaimbo Subdistrict Hospital, he was inspired to become circumcised.

I believe that by sharing such experiences, we shall help our brothers and our communities prevent HIV and save lives. ■

Dr. Jackson Kioko
Provincial Director of Public Health and Sanitation

In the meantime, I told whoever cared to listen to me about my journey and even managed to get my childhood friend, David, to finally undergo the procedure.

I still have many friends and family members who I still need to convince to “make the time” and get circumcised. Every one of them matters, for according to UNAIDS, one HIV infection would be averted for every 15 circumcisions. ■

Angelo Kaggwa, a programme coordinator at AVAC, is working with other African advocates and stakeholders on a campaign, “Africans telling the truth about voluntary medical male circumcision.”

For details or to join this campaign, write to angelo@avac.org. This article is excerpted from Kaggwa’s personal essay, which is available at: <http://www.avac.org/ht/d/sp/i/263/pid/263/>

Male circumcision helps prevent HIV: After five years, the evidence is even stronger

Five years ago the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) released recommendations in support of male circumcision for HIV prevention, stating that “the efficacy of male circumcision in reducing female-to-male HIV transmission has been proven beyond reasonable doubt.”

Since then, the evidence has mounted that voluntary medical male circumcision (VMMC) offers men substantial protection from acquiring HIV through vaginal sex.

The WHO/UNAIDS recommendations were based on the results from three randomised controlled trials, conducted in Kenya, Uganda and South Africa, which showed that getting circumcised reduces a man’s chances of becoming infected with HIV by about 60 percent.

“These results spurred us to action, because they were from randomised controlled trials, which are considered the ‘gold standard’ of scientific evidence, and because the effect was so marked in all three countries,” explains Dr. Peter Cherutich, acting head of the National AIDS/STI Control Programme (NASCO).

Programmes to provide access to VMMC and related HIV-prevention services have been established in 14 priority countries in eastern and southern Africa. More than 1 million men have availed themselves of the benefits of male circumcision, which include partial protection against HIV and several other sexually transmitted infections (STIs), as well as reduced risk of genital cancers among men and their female partners.

Kenya is at the forefront of this effort, having reached more men and boys than any other national programme.

Meanwhile, follow-up studies in Kenya and Uganda have found that male circumcision’s protective effect against HIV in a population is sustained and may even become stronger over time. The risk of HIV infection among circumcised men was reduced by 67 percent after 4.5 years in Kenya and by 73 percent after 4.8 years in Uganda.

Equally encouraging are recent results confirming that this level of HIV protection can be achieved outside the relatively controlled setting of a clinical trial. A study found that providing VMMC in a South African township reduced the rate of new HIV infections among circumcised men by 76 percent in three years. A similar study is



Men wait for services at a mobile clinic.

Photo: Michael Stalker/FHI 360

underway in Nyanza Province, with results expected in 2013.

While VMMC is recognized as a proven intervention to reduce female-to-male transmission of HIV infection, there is not enough evidence to determine whether male circumcision directly affects male-to-female transmission of HIV.

A study in five African countries, which followed women whose male partners were HIV-positive, found that circumcision of the male partner appeared to lower a woman’s risk of becoming infected. A modelling study estimates that VMMC could reduce women’s risk of acquiring HIV through vaginal sex by 42 percent.

It is important to note that one study in Rakai, Uganda, found that the female partners of HIV-positive men may be at increased risk of acquiring the virus during the first six weeks after the surgery if a couple resumes sex before the wound from a male circumcision has healed and does not use a condom.

“This finding is a critical reason for couples to follow the recommendation to abstain from sex for six weeks post-circumcision, so they can avoid a temporary increase in their risk of HIV infection,” says Dr. Athanasius Ochieng’, VMMC programme manager for NASCO.

Overall, male circumcision indirectly benefits women because it helps prevent HIV infection in men and thus reduces women’s exposure to men infected with the virus. Another modelling study suggests that reaching, and then maintaining, 80 percent prevalence of male circumcision among men ages 15 to 49 in the 14 priority countries could prevent 3.4 million HIV infections in men and women by 2025, saving an estimated Ksh. 1.32 trillion (US\$16.5 billion) in HIV treatment costs. ■

VMMC PARTNERS

The following updates are from members of the Nyanza Provincial Task Force on Male Circumcision. They are partners in the national voluntary medical male circumcision (VMMC) programme, which is funded by the Government of Kenya, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the Bill & Melinda Gates Foundation.

APHIAplus

APHIAplus Western Kenya supports 21 static sites in Nyanza and four in Western Province to provide comprehensive VMMC services for HIV prevention, working in Homa Bay, Rongo and Rachuonyo, among other districts. The project also supports outreach services and male circumcision camps using the Model for Optimizing Volume and Efficiency (MOVE) approach, which is focused on maximizing efficiency in the delivery of high-quality VMMC services.

The project conducts regular outreach campaigns through the magnet theatre troupes and community health worker (CHW) units at health facilities and at the community level. In 2012, APHIAplus will explore possibilities of working with the traditionally circumcising communities to “medicalise” male circumcision rites and will support provision of infant male circumcision where feasible.

APHIAplus Western Kenya is a five-year USAID-funded project (January 2011 to December 2015) implemented by a consortium led by PATH and composed of the Elizabeth Glaser Pediatric AIDS Foundation, Jhpiego, World Vision and Broadreach.

Family AIDS Care and Education Services

Family AIDS Care and Education Services (FACES) supports comprehensive VMMC services at health centers and district hospitals in Suba, Migori, Nyatike, Kisumu East and Rongo districts. It promotes these services through radio programmes, announcements on public address systems and outreach by satisfied clients. The use of incentives for those who mobilise new clients has proved effective in increasing uptake of VMMC.

At all FACES sites, VMMC is discussed during health talks in both outpatient departments and convenient care clinics. Clinical teams that disseminate accurate information have helped the programme reach out to many potential clients and their partners and have been particularly effective in reaching women with HIV-negative husbands.

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VMMC PARTNERS

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Impact Research and Development Organization

Impact Research and Development Organization (IRDO) currently provides VMMC services in Kisumu East, Nyando, Rongo, Migori, Nyatike, Homa Bay, Ndhiwa and Suba districts. The organisation is also working with FHI 360, EngenderHealth and Weill Cornell Medical School in Homa Bay District to study the effectiveness of the Shang Ring, a device for performing adult male circumcisions, as an alternative to the to the forceps-guided technique.

IRDO has helped the government increase the number of VMMC service providers by training a pool of health workers across all its districts of operation. These service provision teams have also conducted circumcision camps at various locations, including Koru and Migingo Island, to bring services closer to the communities.

IRDO uses community-based approaches to create demand for the services. Demand-creation strategies include health talks in schools and workplaces and screening “*Shuga*,” a three-part drama series that focuses on the lifestyles of urban youth.

Male Circumcision Consortium

The Male Circumcision Consortium (MCC) works with the Government of Kenya and other partners — including the U.S. 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. The consortium continues to support the training of health providers in safe male circumcision and to assist in communications to address misconceptions about VMMC.

FHI 360 and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society, are partners in the consortium and have been conducting studies to help the Government of Kenya strengthen the implementation of the VMMC programme. Most recently, the MCC completed and began disseminating the results of research on how to communicate the partial protection against HIV offered by male circumcision, interventions to improve uptake of VMMC services among 18- to 35-years-olds, and a comparison of the use of the Shang Ring with conventional surgical methods of circumcising men.

Nyanza Reproductive Health Society

The Nyanza Reproductive Health Society (NRHS) promotes HIV prevention among vulnerable individuals and communities through research, evidence-based programming, capacity building, advocacy and education. Throughout Kenya, NRHS is working with the Ministries of Health to strengthen the capacity of systems and services for VMMC implementation, to implement and scale up high-quality VMMC, and to conduct HIV prevention research. NRHS also manages

the Kisumu Initiative for Positive Empowerment’s HIV prevention and support programmes for most at-risk populations.

NRHS operates in Nyanza, Western, Nairobi and Rift Valley provinces. During the 2010–11 project year, NRHS staff circumcised 78,414 male clients.

As part of its mandate to create and sustain informed demand for VMMC, NRHS carries out extensive social mobilisation and demand-creation activities, reaching clients in workplaces, institutions and the community. Participatory educative theatre, sponsorship of sports tournaments and road shows are some examples of its demand-creation activities. NRHS works closely with the government to enhance demand for VMMC services.

PSI/Kenya

PSI/Kenya and FHI 360’s C-Change Project were mandated to develop and produce behaviour change communication materials for the VMMC program. Some of the materials produced so far include posters for men and women, banners, booklets and signage for facilities offering VMMC services. PSI/Kenya also supported creation of the logo of the VMMC programme.

PSI/Kenya has recruited peer mobilisers in Bondo, Homa Bay and Rongo districts and trained them in drama and facilitation techniques. These mobilisers work with other implementing partners in the communities to reach older men and their female partners with messages about VMMC.

Other social mobilisation strategies used include sponsoring advertisements on local radio stations and working with the stations to coordinate presenter mentions of VMMC and participation in radio programmes by experts from partner organisations and representatives from the Ministries of Health. During Rapid Results Initiative (RRI) campaigns, PSI/Kenya supports road shows, which have been effective in mobilising clients.

United Nations Children’s Fund

The United Nations Children’s Fund (UNICEF) has supported the VMMC programme since 2008. It provided support to the national task force in conducting formative research on male circumcision in 2008 and a baseline survey of VMMC knowledge, perceptions, attitudes and practices in Nyanza in 2010. Both of these studies were critical in the development of the national VMMC communications strategy that is under implementation.

In partnership with the Ministry of Youth and Sports, UNICEF is supporting and scaling up a program called Young Leaders for Life that reaches young people through sports. The agency will spend an estimated Ksh. 41.5 million (US\$500,000) to mobilise young people for HIV services, including VMMC.

News briefs

Task force briefs editors

Misperceptions about voluntary medical male circumcision (VMMC) are discouraging some men from going for the procedure despite its many benefits, the Nyanza provincial director of public health and sanitation told media editors from the region at a briefing in Kisumu on 29 March.

Dr. Kioko urged the representatives from newspapers and radio and television stations to continue providing the public with accurate information about VMMC. He gave an update on the government’s VMMC programme and answered questions from the 15 editors and other journalists who attended the briefing. Members of Nyanza’s task force on male circumcision, which organised the briefing, also participated in the discussions with regional editors.

Materials adaptation guide published

Programme managers and others implementing VMMC in Kenya and other countries in sub-Saharan Africa now have a resource to guide them in developing materials for their programmes.

A VMMC materials adaptation guide developed by the Communication for Change (C-Change) Project was published in March 2012. It is intended to support VMMC communication teams working within ministries of health and nongovernmental, community-based and faith-based organisations who want to assess and adapt existing VMMC communication materials and products.

“Not all country programs have the expertise or resources to develop effective VMMC communication materials and products,” the authors note in their introduction to the guide. “Adapting existing materials is generally less expensive and time-consuming than developing new ones, and can be a viable alternative.”

C-Change has also developed a diverse range of VMMC communication materials. These materials are available at: <http://www.comminit.com/c-change-picks/content/voluntary-medical-male-circumcision-communication-toolkit?cp23>