

January 2012  
Issue 34

## MCC News

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

---

### In this issue:

**Study Addresses Early Resumption of Sex**

**2011 Rapid Results Initiative**

**Male Circumcision in the News**

**Resources**

---



Fishermen in Nyanza. Researchers recommend raising awareness among men and women of the importance of sexual abstinence after male circumcision.

Photo by Beth Robinson

### Study addresses early resumption of sex

Researchers are calling for measures to discourage premature resumption of sex by newly circumcised men after a study in Nyanza Province found that almost 31 percent of men had not followed the recommended 42-day period of abstinence after the surgery.

Voluntary medical male circumcision (VMMC) reduces men's risk of acquiring HIV infection by about 60 percent. But resumption of sex before the wound from a male circumcision has healed could temporarily increase the risk of HIV, because an open wound or inflammation could facilitate transmission or acquisition of the virus.

A study from Uganda, for example, suggests that a woman whose partner is

infected with HIV may be more likely to become infected if the couple resumes sex before the man's circumcision wound has healed. In the Nyanza study, 3.1 percent of all the men and 8.5 of the married men tested HIV-positive.

The Nyanza study also provided some of the first data on duration of healing outside of a clinical trial. It found that about 95 percent of the men had healed by the 42<sup>nd</sup> day — a finding that supports the recommendation of a six-week period of sexual abstinence after VMMC.

“These findings highlight the need for innovative strategies to encourage men who seek VMMC services, and who are already involved in a sexual partnership, to abstain from sexual activity during the post-VMMC healing time,” says Amy Herman-Roloff, the principal investigator of the study.

### **Risk factors identified**

Researchers from the University of Illinois at Chicago, the Nyanza Reproductive Health Society and Impact Research and Development Organization published their findings about early resumption of sex after VMMC in the **4 November 2011 issue** of the journal *AIDS and Behavior*.

The research was part of the Male Circumcision Monitoring and Evaluation Study (MCMES), funded by the Male Circumcision Consortium. The researchers analysed data on 1,343 men 18 years and older who had been circumcised through the VMMC programme in Kisumu East, Kisumu West and Nyando districts from November 2008 to March 2010. The data were collected through in-depth interviews, as well as genital examinations to assess wound healing, 28 to 45 days after the procedure.

In the interviews, 30.7 percent of the men reported that they had resumed sexual activity during the recommended abstinence period. Most of them had started having sex again three to four weeks after the surgery, suggesting that it may be helpful for providers to contact clients at this critical time.

The study provided other data that could help the VMMC programme target interventions to promote post-circumcision abstinence. It showed, for example, that having a live-in partner is a risk factor for early resumption of sex.

Older men with a wife or other live-in partner were almost seven times more likely to resume sex early compared to men in the same age group with no live-in partner. Being employed, reporting increased penile sensitivity after circumcision, and reporting being “more attractive” to women were also associated with early resumption of sex among men ages 25 and older.

Being married or cohabiting was also the most important risk factor for early resumption of sex among younger men (ages 18-24), and reporting increased penile sensitivity was a significant risk factor.

The rate of early resumption of sex among study participants was much higher than it was in the randomised controlled trial of VMMC conducted in Kisumu. However, the RCT participants were on average younger and less likely to be cohabiting (6 percent reported having a spouse or live-in partner, compared to 24.5 percent in this analysis).

Participants in the RCT also had ongoing interaction with medical providers and counselors, who reminded them of the need for post-VMMC sexual abstinence at each study visit. Most participants in the MCMES study of resumption of sex interacted with providers only once, because more than half of them did not return for the recommended follow-up visit after the procedure.

VMMC providers counsel clients to use condoms every time they have sex, because male circumcision does not provide complete protection against HIV infection. But only 45 percent of the study participants who had resumed sex early reported consistent condom use, and one in 10 had never used condoms post-circumcision. About 80 percent of the men who had never used condoms were married.

### **Taking action**

The researchers recommend that the VMMC programme adopt strategies to encourage more client-provider interaction, such as adding a follow-up visit or sending text-message reminders, to help clients follow the recommendation on post-circumcision abstinence. (Preliminary results from one study of the use of text messages for this purpose, however, are not encouraging.) They suggest that practical advice — such as counselling men and women to sleep in separate beds after VMMC — may also be useful.

Women are a critical audience for messages about the importance of the sexual abstinence period, the researchers concluded. They recommend that the programme reenergize efforts to provide couples' counselling while reaching out in the community to educate women who do not participate in VMMC counselling with their partners. And they call for a mass-communication campaign to raise awareness of the risks of premature resumption of sex after VMMC for men *and* women.

Co-investigator Kawango Agot, director of the Impact Research and Development Organization, says greater involvement of women in the VMMC process would encourage adherence to the abstinence period.

“If women know the risk of early resumption of sex to self, they will support their partners to maintain abstinence,” Dr. Agot said.

The National Task Force on Male Circumcision will consider these recommendations and other measures to encourage post-circumcision sexual abstinence. “We need to get the message out to men and women that sex within six weeks of male circumcision is risky sex,” said Dr. Athanasius Ochieng’, VMMC programme manager at the National AIDS and STI Control Programme.

### **2011 Rapid Results Initiative**

At least 40,000 men were circumcised over 30 working days in November and December during the 2011 Rapid Results Initiative (RRI) for voluntary medical male circumcision (VMMC).

These preliminary results bring the total number of clients reached by the national VMMC programme from October 2008 to December 2011 to more than 395,000.

The 2011 RRI was the third annual campaign mounted by the government and its partners to expand access to VMMC services and promote their use. In Nyanza, where the campaign was most extensive, 32,764 men were circumcised and received related HIV-prevention services.

“This is an impressive number of clients to reach in such a short time,” said Dr. Jackson Kioko, provincial director of public health and sanitation, at a briefing on the 2011 RRI held in Kisumu on 18 January. He noted, however, that the goal of the 2011 campaign was to reach 52,000 men in Nyanza and 70,000 men overall.

Heavy rains in November and December 2011 made many roads impassable, cutting off key sites for service delivery, Dr. Kioko explained. “The rains made it difficult—and sometimes impossible—for the teams to take VMMC services to the people and likely discouraged many clients from seeking services,” he said.

The VMMC programme will assess whether other factors contributed to the lower-than-expected service statistics. One possibility, Dr. Kioko suggested, is that “after serving so many men in such a short time, it is likely that we need new strategies to reach those who have been slower to adopt male circumcision for HIV prevention.”

### **Male circumcision in the news**

**Kenya: Male circumcision — women need counselling too**

*PlusNews*, 24 January

## Resources

### **Progress Report on Kenya's Voluntary Medical Male Circumcision Programme, 2008-10**

This report from Kenya's National AIDS/STI Control Programme (NASCO) describes the challenges, achievements, and lessons learned from the country's experience in expanding access to male circumcision for HIV prevention. It was written and produced for NASCO by the Male Circumcision Consortium.

### **[www.malecircumcision.org](http://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](mailto:mccinfo@fhi360.org); also, please indicate whether you want to continue receiving this e-newsletter regularly.**