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MCC News

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

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Jared Asewe, a motorbike taxi driver, encourages his fellow riders to follow his lead and become circumcised.

Photo by Mark Okundi

***Boda boda* drivers take up male circumcision**

Jared Asewe is a father of six whose family depends entirely on the proceeds from his job as a driver of a motorbike taxi, or *boda boda*. But fear of losing income did not bar him from going for voluntary medical male circumcision (VMMC).

Asewe worked hard and put money aside to support his family while he was recovering from the surgery. "I saved a thousand shillings, hoping that this would keep my family going for at least two days," he explains.

His strategy is a good one for men contemplating male circumcision. Most need one to three days to recover before returning to work. But Asewe found that he actually needed little rest after the surgery.

On the day he was circumcised, Asewe woke up early and worked until midday. Then he had the surgery and went home to rest.

The next day Asewe had to rise very early to attend a funeral far from his home. He rode his motorbike to the funeral, and when he returned he saw no need to rest further. Instead, he went to his usual job.

Many who knew he had gone for the “cut” could not believe it when they saw him on the road. “All I did was to nurse the wound and follow placement position [keeping the penis pointed up] as I was advised in the hospital,” says Asewe. He adds that going right back to work did not slow the healing process.

Asewe has no regrets about his decision. Now he mobilises his fellow riders around Opapo in Homa Bay to embrace VMMC.

Some *boda boda* drivers have been slow to accept VMMC, primarily because of the fear that it will keep them away too long from their jobs riding motorbike or bicycle taxis. Sometimes they are reluctant to go for the cut because of concerns about the pain involved or the requirement that circumcised men abstain from sex for six weeks while the wound from the surgery heals.

Benson Okello, chairman of the local motorcyclist association, speaks to his colleagues about the benefits of VMMC at every opportunity. “My friends fear pain and loss of income, but we have been teaching them to plan,” he says. Leading a meeting attended by more than 30 riders, he takes a few minutes to encourage them to go for VMMC.

Now that he has been circumcised, Okello believes that his chances of contracting HIV together with his two wives are greatly reduced. He adds that male circumcision enhances hygiene.

Another *boda boda* operator, Maurice Omondi, was an ardent opponent of VMMC. Now he confesses that he just feared pain and spoke ill of VMMC to hide his fear.

Despite his outspoken opposition to male circumcision, Maurice was reluctant to go to the public bathing place in a nearby river because almost everybody who bathed there had been circumcised.

The encouragement of friends helped Maurice overcome his fear and get circumcised at Awendo Subdistrict Hospital. To his surprise, the pain was minimal. He rested for three days after the surgery, and then resumed his work as

a motorbike driver who supplies doughnuts to shops around Awendo town.

Mark Okundi, the communication officer at APHIAplus Western Kenya, contributed this article. APHIAplus Western Kenya is one of the partners helping the government implement its VMMC programme.

Editors' briefing highlights VMMC progress and challenges

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. Jackson Kioko said that potential clients—particularly men older than 25—avoid circumcision because of fears about pain, loss of income during the recovery period, and their partners' reaction to the required six-week period of post-surgical sexual abstinence. But research shows that many of these concerns are based on misinformation about VMMC.

“For example, men often overestimate how long they will be away from work after the surgery and underestimate their partners' willingness to support them during the six-week healing period,” he said.

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.

The editors learned that since November 2008, more than 400,000 men and boys have been circumcised nationally. Most of those clients—about 360,000—were from Nyanza Province, where the VMMC programme began.

The programme aims to reduce new HIV infections and save lives by reaching 860,000 men and boys by the end of 2013. The Ministry of Health expects to provide VMMC as part of a comprehensive package of HIV prevention services to about 426,500 Nyanza male residents ages 15 to 49.

“It is not just the numbers that we are interested in, but the immense benefit that this intervention promises to our communities,” Dr. Kioko explained. “We must reach as many people as possible, quickly, with this potentially life-saving intervention.”

Modelling studies suggest that reaching, and then maintaining, 80 percent prevalence of male circumcision among men ages 15 to 49 in Nyanza and the 13

other priority countries in Africa could prevent 3.4 million HIV infections in men and women by 2025.

Dr. Kioko noted that there is already evidence of the impact of VMMC. A study conducted in a South African township found that providing VMMC reduced the rate of new HIV infections among circumcised men by 76 percent in three years. A similar study is underway in Kisumu, with results expected in 2013.

Members of Nyanza's task force on male circumcision, which organized the briefing, also participated in the discussions with regional editors. Dr. Mores Loolpapit, senior manager of the Male Circumcision Consortium, represented the National Task Force on Male Circumcision.

Male circumcision in the news

Circumcision: My experience

New Vision (Uganda), 15 April

Male circumcision for HIV prevention: What does the evidence say?

Daily Monitor (Uganda), 12 April

Nairobi to host HIV fight offices

The Star, 12 April

Resources

Medical Male Circumcision in Kenya: From Research to Practice and Lessons Learnt

This video shows a plenary presentation by Dr. Kawango Agot, director of Impact Research and Development Organization, given at the 2012 International Microbicides Conference in Sydney, Australia, on 17 April. Dr. Agot describes the lessons from Kenya's voluntary medical male circumcision programme that could be applied to the introduction of microbicides once an effective product has been identified.

VMMC Podcasts

AVAC created this series of podcasts featuring a range of experts from the field reflecting on five years of male circumcision scale-up and exploring key issues for advocates.

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; also, please indicate whether you want to continue receiving this e-newsletter regularly.