



# News

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## MCC News

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

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Community mobiliser Lutgard Okech speaks at a briefing for journalists about the role of women in male circumcision programmes.

Photo by Silas Achar/FHI 360

## Women play increasing role in male circumcision programmes

Lutgard Okech spends her days talking to men about their health and why they should consider getting circumcised.

The community mobiliser admits that many men are skeptical at first. “When men see a lady,” Okech says, “they always wonder what she has come to tell them about circumcision.”

But these reactions have not discouraged her. In the one year that Okech has worked for the Nyanza Reproductive Health Society (NRHS) in Nairobi, she has encouraged more than 2,000 men to get circumcised.

Okech's daily routine involves visiting various male-dominated workplaces, where she asks if she can speak with the male employees. She then gives an educational talk about voluntary medical male circumcision (VMMC) and engages the men in a discussion about the benefits of the procedure. At the end of the session, she asks whether any of the men would be willing to get circumcised.

A woman talking to groups of men about male circumcision would have been unthinkable in Kenya just a few years ago. But attitudes are changing, and more women are taking a stand on male circumcision.

Recently Okech was among a group of five women representing public health officials, surgeons, counselors and spouses who spoke at briefing in Nairobi for journalists, urging more Kenyan men to get circumcised because of the significant health benefits VMMC services offer them and their female partners.

"I believe that women are the best male circumcision ambassadors," Okech told the journalists. "They can convince their husbands, boyfriends and men in the community to go for male circumcision."

### **Potential benefits**

Kenya launched the national VMMC programme in November 2008 after the World Health Organization and the Joint United Nations Programme on HIV/AIDS recommended that the procedure be offered as part of a comprehensive package of HIV prevention services in countries with low levels of male circumcision and high rates of heterosexually acquired HIV.

Results of clinical trials conducted in Kenya, South Africa and Uganda had shown conclusively that VMMC reduces men's risk of acquiring HIV infection through vaginal sex by about 60 per cent. Whether male circumcision reduces male-to-female transmission of HIV is unknown, but women will clearly benefit indirectly from the reductions in new HIV infections among men resulting from increased prevalence of male circumcision.

Male circumcision is offered as part of a package of other approved HIV prevention services, including HIV risk-reduction counselling, provision of condoms and instruction in their use, HIV counseling and testing, and screening and treatment for other sexually transmitted infections. These HIV prevention services would benefit women, too, but too often the female partners of VMMC clients are left out of the equation, notes Dr. Kawango Agot, director of the Impact Research and Development Organization (IRDO).

IRDO and other partners in the programme are putting more emphasis on encouraging men to seek VMMC services with their female partners, so that

women can receive the other HIV prevention services and learn more about male circumcision for HIV prevention.

“Women need to understand not only the benefits, but also the limitations, of male circumcision for HIV prevention,” says Matthews Onyango of FHI 360, project manager of the Male Circumcision Consortium. “Our research suggests that we need to do a better job of reaching women and explaining that male circumcision does not offer complete protection against HIV.”

Research has also shown that some men are not following the instructions they receive to abstain from sex for six weeks after the procedure, until the wound has healed, and that women are not as resistant to this requirement as some men think. Counselling couples together when the man seeks VMMC services can help them support each other during this period of post-operative abstinence.

For all of these reasons, Dr. Agot believes that women must be involved meaningfully in the implementation of the VMMC programme. To facilitate that involvement, her organisation began training women to serve as advocates, or “champions,” of VMMC in 2010. Other implementing partners have also trained women as peer educators and mobilisers.

### **Women champions**

The IRDO champions are mostly married women, identified from the community. After receiving training, they start by talking to own partners about VMMC. They also help other women encourage their husbands to get circumcised.

Once their male partners agree to be circumcised, the women accompany them to the health centres, where each couple receives health education and counselling together, and both partners are offered the opportunity to get tested for HIV.

Apondi Akach, the regional VMMC mobiliser for NRHS in Siaya County, concurs that more women need to be educated on the benefits of VMMC.

“Some of the women shy off from speaking about male circumcision unless the man talks about it,” she said. “They need to know that it’s not just about HIV, but other benefits such as prevention of cervical cancer in women.”

Akach explains that the mobilisers have identified various ways of reaching women. They attend meetings of women’s groups in the community to speak to the members about male circumcision for HIV prevention. They have also established linkages with other health services, such as antenatal clinics, where they can interact with female clients and provide information about VMMC.

“We are also focusing on reaching women in very remote areas that were not targeted earlier,” she said. “We are the mothers, they are our husbands, and HIV affects us both.”

### **Journalists receive mentoring on male circumcision coverage**

Twenty journalists from various media houses in Nyanza will spend the next four weeks identifying, writing and refining stories about voluntary medical male circumcision (VMMC).

The journalists are being mentored by trainers from Internews Kenya as part of a six-week training programme on VMMC reporting conducted in conjunction with the Nyanza Provincial Task Force on Male Circumcision from 9 July to 18 August.

The programme aims to build the capacity of the journalists to identify and develop stories about VMMC and other HIV prevention efforts to inform and educate their audiences.

The journalists received one week of intensive training that included sessions on general reporting and science writing, VMMC and HIV/AIDS. At the beginning of the second week, they were then divided into groups of four. Each group will identify a story on VMMC and go to the field together, explained Pius Sawa, the lead trainer.

The groups will meet weekly to share their experiences. Each journalist is expected to publish at least three stories during the six weeks.

During the training session held at Sunset Hotel in Kisumu, the provincial AIDS and sexually transmitted infection coordinator (PASCO), Dr. Charles Okal, briefed the participants on the implementation of the VMMC programme in Nyanza.

He emphasised the importance of accurate reporting, noting that a majority of Kenyans regard the media as the most trusted source of information.

“Most of us get our information through radio programmes, newspaper articles and television stories,” Dr. Okal said. “I appeal to you to continue working with us to highlight various issues, especially the misperceptions that are barring some men from the benefits of VMMC.”

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

#### **An AIDS-ravaged nation turns to circumcision**

National Public Radio, 5 July

**Kenya: Study finds parental factors crucial in choosing circumcision for a baby**

The New York Times, 18 July

**Resources**

**Male Circumcision at AIDS 2012**

Male circumcision for HIV prevention will be highlighted in more than 70 presentations and abstracts at the **XIXth International AIDS Conference** in Washington, DC, from 23 to 27 July 2012. A printable handout of abstracts, presentations, and sessions that include information about male circumcision for HIV prevention is available from **the Clearinghouse on Male Circumcision for HIV Prevention**.

**Voluntary Medical Male Circumcision: An HIV Prevention Priority for PEPFAR**

This article, published in a new supplement to the *Journal of Acquired Immune Deficiency Syndromes*, presents Kenya's programme as a case study and outlines why voluntary medical male circumcision is a priority for the U.S. President's Emergency Plan for AIDS Relief.

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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.

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