

Research in the Context of Male Circumcision Interventions in Nyanza Province, Kenya

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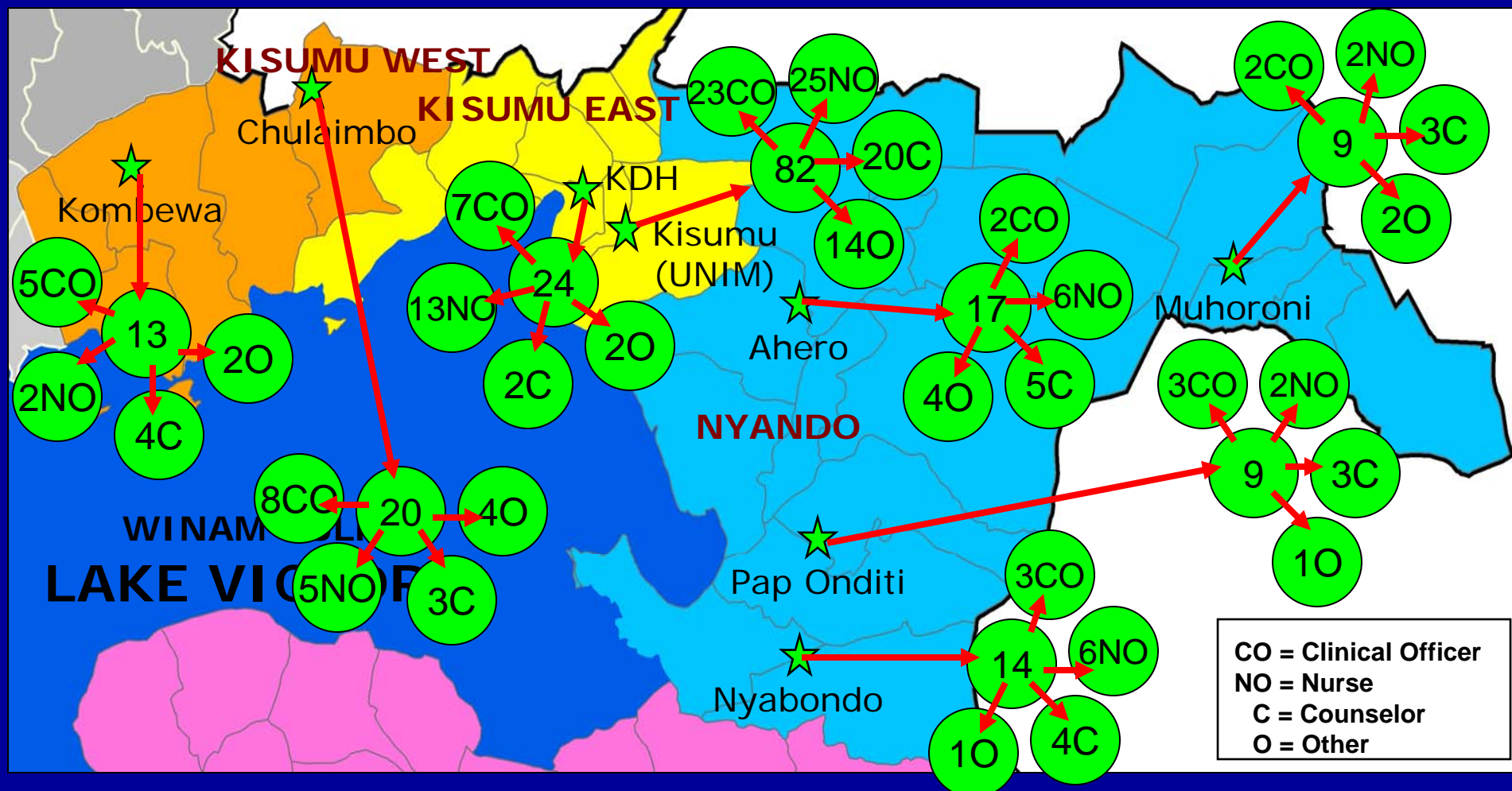
Continuation of UNIM Trial

- Every six months:
 - HIV testing
 - STI testing
 - Behavioral questionnaire
 - Counseling
- Other studies
 - Immune activation in seroconverters vs controls
 - HPV acquisition and persistence
 - Foreskin immunohistochemistry
 - Risk compensation (men and their partners)

MC Training and Service Provision

- UNIM Training and Research Center
 - MC Training Team
 - Train 8 Mobile Training Teams
 - Mobile Training Teams train staff at MOH health facilities
 - 16 facilities will be research sites
 - Train outreach teams
 - Provide MC services at lesser health facilities
 - Train mobile service provision teams
 - Provide MC services in villages

Training at Facilities




MC Service Provision

- Comprehensive Services
 - Integrated with fixed site VCT or home-based VCT
 - STI diagnosis and treatment
 - Couples counseling and testing
 - Pre-op counseling, informed consent
 - Surgery
 - Post-op counseling & follow-up
 - Wound care
 - Abstinence from sex for 6 weeks
 - Partner reduction, condom use

MC Service Provision

- 5 Districts in Nyanza
- Fixed sites (District Hospitals and Health Centers)
- Outreach sites
- Mobile Teams



A Monitoring and Evaluation Study to Assess the Implementation of Male Circumcision

Principle Investigator: Amy Herman-Roloff, MPH, Ph.D. Candidate

Co-Investigators: Robert Bailey, PhD, MPH
Kawango Agot, PhD, MPH
Jeckoniah Ndinya-Achola, MBChB

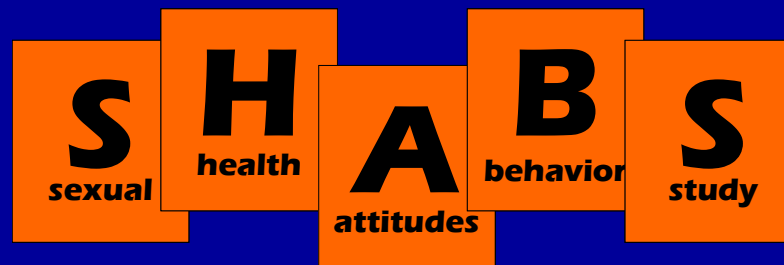
Objectives

- To develop and implement an M&E system to monitor MC uptake and adverse events
 - A passive clinical system that will collect and manage routine clinical data on 7,000 men.
 - An active system that will collect more detailed information from a random, sub-sample of participants (n \approx 2,000)
- To evaluate the clinical evaluation system
 - Compare the sensitivity of the clinical system and the active system in detecting adverse events
- To describe the incidence and characteristics of adverse events
 - Type, severity, relatedness, practitioner type, geographic distribution

Objectives (cont.)

- To assess factors that facilitate and serve as barriers to the uptake of MC
 - Reasons for choosing circumcision
 - Controls: reasons for not choosing circumcision
- Assess the time to resumption of sexual activity after the MC procedure
- Assess satisfaction with the procedure and outcome, including:
 - Appearance
 - Experience at the study facility
 - Sexual satisfaction (self and partner)
 - Perception of social acceptance and desirability

A Prospective Study of Behavioral Risk Compensation Related to MC



Investigators:

Nelli Westercamp, MS, PhD Candidate
Robert C. Bailey, PhD, MPH
Jeckoniah Ndinya-Achola, MBChB
Kawango Agot, PhD, MPH




Purpose and Design

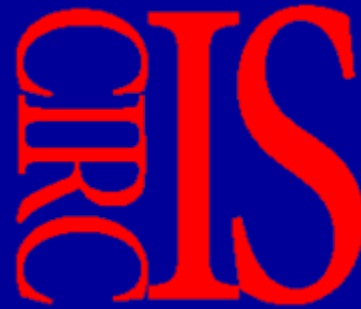
- Purpose
 - to evaluate longitudinally risk behaviors in men who get circumcised
- Observational prospective study
- Circumcised and uncircumcised men
 - 1,600 in each group
- Baseline and follow-up at 6, 12, 18 and 24 months

Objectives

- To compare changes in sexual behavior of circumcised vs uncircumcised men baseline to 24 months
- To assess perceptions of HIV risk in circumcised and uncircumcised men at baseline, 6, 12, 18, and 24 months after circumcision.
- To assess sexual function and satisfaction of circumcised males and a sub-sample of their primary partners before and after circumcision.
- To compare sexual function and satisfaction of circumcised and uncircumcised men over time.



Impact of Male Circumcision on Sexual Risk Behaviors and HIV Prevalence in Kisumu, Kenya



The Male Circumcision Impact Study (CIRCIS)

Investigators:

Robert C. Bailey, PhD, MPH
Kawango Agot, PhD, MPH
Mathew Westercamp, MS, BSN
J.O. Ndinya-Achola, MDChB
Craig Cohen, MD - Consultant

Study Design

- Series of three cross-sectional surveys conducted every two years (Years 1, 3, 5)
- Random household sample of 2000 men and women
 - Questionnaires
 - Beliefs about MC and HIV risk
 - Risk behaviors
 - HIV test
 - Genital exam

Objectives

- Assess knowledge and beliefs about MC and HIV risk at baseline, Year 3 and Year 5.
- Assess changes in prevalence of circumcision in the Kisumu community Years 1 - 5.
- Assess associations of beliefs about MC and HIV risk with sexual risk behaviors and with HIV infection.
- Assess changes in MC prevalence following introduction of MC services and promotion.

Other Research (Unfunded)

- Neonatal circumcision
 - Acceptability in population and by providers
 - Training by cadre
 - Uptake and safety
- Text messages for post-op adherence
- Wound healing in HIV+ and HIV- men
 - Healing process
 - Keratinization process