Demand for circumcision

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Acceptability of Male Circumcision

Location of Studies of Acceptability

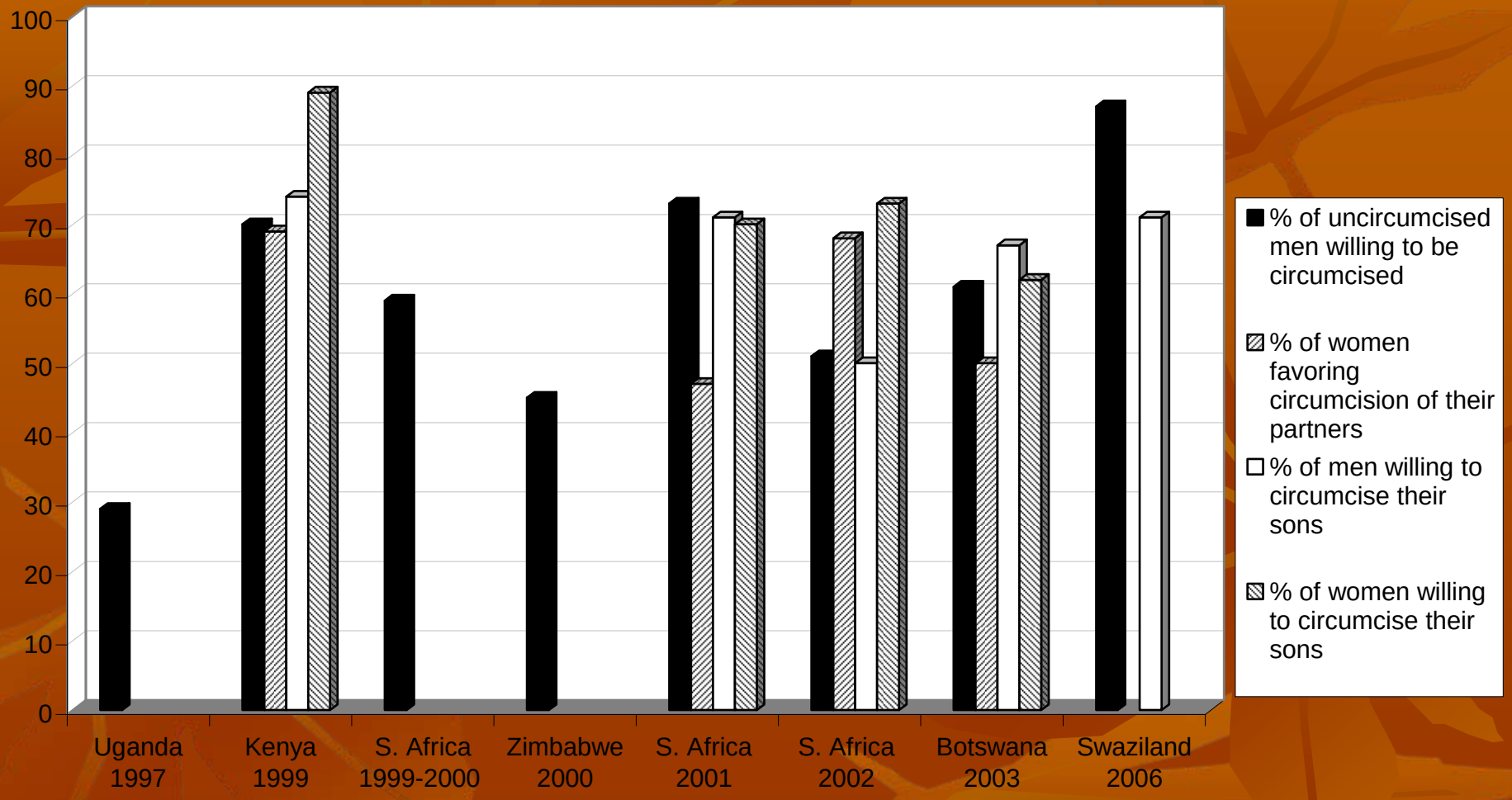
Thirteen studies from nine sub-Saharan African countries were identified through a comprehensive search of electronic databases (MEDLINE) and contact with authors.

Profiles of acceptability studies

- Review of 13 studies covering 9 countries (1991-2006)
- In 10, participants included male & female
- In 9, participants included both rural & urban pop'ns
- In 2, participants included adolescents
- In 3, participants included female sex workers
- In 4, participants included MC providers
- In 10, MC status of male participants assessed
- In all, focus was on areas where MC is not traditionally done; but in 2, a significant # of men were circumcised

Results – MC acceptability levels

- Median proportion of uncircumcised men willing to become circumcised = 65% (range: 25-87%)
- Median proportion of men willing for their sons to become circumcised = 71% (range: 50-90%)
- Median proportion of women willing for their sons to become circumcised = 81% (range: 70-90%)
- Median proportion of women willing for their partners to become circumcised = 69% (range: 47-79%)
- Proportion in urban willing to be circumcised = 45%
- Proportion in rural willing to be circumcised = 51%
- Proportion mixed willing to be circumcised = 77%


100
90
80
70
60
50
40
30
20
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Uganda 1997
Kenya 1999
S. Africa 1999-2000
Zimbabwe 2000
S. Africa 2001
S. Africa 2002
Botswana 2003
Swaziland 2006
% of uncircumcised men willing to be circumcised
% of women favoring circumcision of their partners
% of men willing to circumcise their sons
% of women willing to circumcise their sons

Results – Facilitators of MC

- Penile hygiene – benefit both men and women
- Protection from STIs (believe STIs are easy to detect, easy to treat, less frequent, less severe)
- Acceptability by other ethnic communities (in marriage; by friends; within educational institutions)
- Enhances sexual pleasure to self and partners (men prefer circ if they believe circ men enjoy sex more)
- Aesthetic value – it looks prettier
- Information: Acceptability increased from 61% to 81% in Botswana after a session on risks & benefits of MC

Results – Barriers to MC

- Pain – during and after the procedure; morning erections
- Cost – in communities where MC does not confer an identity
- Culture/religion – Circumcised men may be viewed as outsiders & shunned by family, clan, peers, women
- Safety (bleeding, infection, prolonged healing, amputation)
- Time away from work
- Loss of penile sensitivity / reduced enjoyment of sex / reduced penile size
- Excessive sexual desire / increased promiscuity
- Lack of adequate information on MC and link with HIV

Results – Age at circumcision

- Most participants preferred 8-16yrs (can take instructions & care for the wound; before sexual debut)
- Botswana favored MC in infant & early childhood
- Many parents concerned that penis and foreskin of infant too small, with potential for more AEs
- In terms of elective circumcision, two studies in Nyanza Province, Kenya, showed that:
  - When MC services were open to any age, median age of men seeking the service was 18 yrs
  - When age was restricted btwn 18-49yrs, mean age of men seeking MC was 22 years

Where is information still needed?

- People in non-circumcising communities felt they had insufficient info to decide best age at circ
- The process of MC and the mechanism through which it reduces risk of HIV poorly understood
- Health workers are ignorant or not supportive of MC, yet medical circumcision is preferred among non-circ pop'ns
- MC to be packaged as a medical intervention, and de-linked from culture or religion
- Opinion leaders have significant influence and should be incorporated in the roll out plans
- Rapid assessment of acceptability of infant circ should be carried out in MCH clinics

- Health facilities in rural settings inadequate; consider outreach and mobile MC services
  - Monitor AEs in facility based vs. mobile or outreach
- Info needed on safety of MC services provided by different cadres of health workers
- Guidelines from MOH authorities to health facilities needed urgently
- How to effectively integrate MC with other services in health facilities
- MC should not be over-marketed, e.g., “Clinical circ is painless and has no side effects” – *Communication strategy for MC in Kenya*

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