

Stemming Heterosexually Acquired HIV Infection among men in Uganda: Spousal consent, religious and cost factors are key to successful implementation of Male Medical Circumcision in the prevention of HIV&AIDS transmission

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Background

Clinical trials in Uganda, Kenya and South Africa showed that HIV transmission to men can be reduced by up to 60% (WHO/UNAIDS, 2007) through male medical circumcision (MMC). Consequently, consultations and consensus building on possible implementation of MMC started in Uganda. The Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC), a USAID supported program implemented by JSI in six districts conducted a baseline survey and among other indicators examined the willingness and perceptions of males to undergo MMC. Results obtained in this study will inform the design and implementation on MMC interventions.

About a third of all males (37%, n=901) were circumcised. Of those circumcised: 88% were circumcised more than 5 years ago or during childhood; 4% and 9% respectively within the last one year and 1-5 years prior to the survey. Additionally, of all those who have ever been circumcised: 77% were circumcised for religious purposes, 8% cultural reasons and 10% for other reasons. Only 18% were circumcised from health facilities, 45% from cultural/religious settings and 37% from other non-medical settings.

Of those who weren't circumcised, two thirds (66%, n=571) reported they would take up the opportunity once free MMC services were offered. Among those against being circumcised: 36% reported that circumcision is against their faith; 44% feared pain; and 20% feared their partners' perception and the existence of poor quality circumcision services among others.

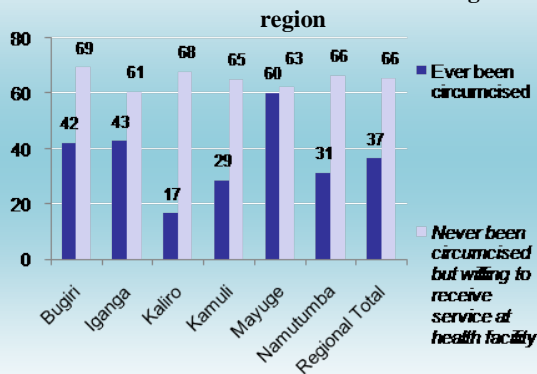
Owing to these baseline results, interventions were tailored to deliver quality MMC services to men in the region. Within a period of 5 weeks of MMC service inception, results from 3 STAR-EC program supported health facilities in 3 districts showed that 71 males (12 aged 15-17 years and 59 aged 18 years and above) were circumcised despite this aforementioned period involving a lot of intervention start-up activities.

Methods

Information was collected from six districts of East Central Uganda (Bugiri, Iganga, Kamuli, Kaliro, Mayuge and Namutumba) among 901 men aged 15-54 years using the Lot Quality Assurance Sampling survey methodology. Additional qualitative data were also collected to explain quantitative results.

Results

% of males (15-54 years) who have ever / never been circumcised and those willing to obtain MMC services in different districts of the East Central Ugandan region



Source: STAR-EC/JSI East Central Uganda Region baseline survey, 2009



Post-circumcision follow up visits. Three adolescent boys in a waiting area of Busesa HCIV, Iganga District.

Conclusions

Survey results suggest a high demand for MMC services. This calls for STAR-EC and other partners to develop the capacity to offer free quality circumcision services. Spousal involvement (from women) in extending MMC to their partners is imperative. Additionally, cultural and religious support is also very important in enhancing this intervention.