

HIV RESEARCH

My intention is to save lives says woman behind male cut

Male circumcision expert says she does not seek to demean Luo cultural practices

By WALTER MENYA

Dr Kawango Agot has had many firsts but she did not think she would make history as the first woman to head research on male circumcision.

With an educational background in social science, she rose to head a team of senior researchers and consultants in the medical and science fields in 2002 who generated results that have got the world talking.

She says many people have mistaken her academic title to mean she is a medical doctor. People have heard her name and expected to see a man, perhaps because they do not expect a woman, and a Luo one for that matter, to lead a male circumcision drive. "There are no challenges that are insurmountable and you will have scored big to intimidate me," Dr Agot says.

At an international conference, Dr Agot recalls with laughter how organisers were forced to make last-minute adjustments after they initially booked her in the same room as her male boss, thinking she was a man.

No challenges

She says she is not turning her own people's culture on its head, as she has been accused of doing, because there is a difference between male circumcision as a cultural practice and for health benefits, as the former is a rite of passage and confers cultural identity.

"Our research on circumcision, whose results we are disseminating, was for purposes of HIV prevention. It is not a cultural issue, it is a public health issue. I knew it would be misinterpreted as infringing on Luo culture, but my primary concern was public health benefits," she says.

While there have been mixed reactions to the research results, she says a majority of people have supported the cut for HIV prevention and other health benefits.

And though some Luo elders spoke out against it, she says, "We are only differing on semantics. We are advocating male circumcision for health benefits and saying it should be offered as part of a comprehensive HIV-prevention package."

This comprehensive package includes counselling and testing, condom education and distribution, STI diagnosis and treatment, and behavioural risk reduction, in addition to circumcision.

Dr Agot says that her interest in the subject started back in 1989 when she was in a masters class at Moi University.

"I was studying food and nutrition but held a keen interest in HIV/Aids. At that time, there were very few intervention programmes to contain its spread," she says.

Her prayer to get the opportunity to do something on HIV prevention was answered when she received a grant from the Organisation for Social Science Research in Eastern and Southern Africa to study the relationship between the spread of HIV and wife inheritance, polygamy and migration.

And she found that polygamy was a non-issue in the spread of HIV. Instead, casual, multiple sexual partners were the main contributor then, and even today.

"As I was reading through some academic books on HIV, I bumped into one that suggested a link with male circum-

cision and it made a lot of sense to me," she says. The more she read books about the male cut, the more interested she became.

The link

At around the same time, she was awarded a Fulbright scholarship to the US for a doctor of philosophy programme in food and nutrition.

She did not want to abandon pursuing the link between circumcision and HIV so she enrolled for a masters in public health to run concurrently with her PhD programme and began to research on male circumcision for the MPH.

"I looked at maps of HIV prevalence against those showing the distribution of male circumcision in Africa," says Dr Agot. She noticed that in areas where circumcision was popular, there were fewer incidents of HIV/Aids.

And so, a hypothesis that would later inform the male circumcision research in Kisumu was born.

In 2002, she coordinated a team that consisted of world-renowned professionals such as Prof Robert Bailey from the University of Manitoba in Canada and Prof Ndinya Acholla, and they worked tirelessly to come up with findings that were later approved by the World Health Organisation (WHO) and UNAids in 2006.

Dr Kawango Agot during this interview. Photo/JACOB OWITI

The male cut reduces chances of new HIV infections by 60 pc

WHO went ahead to describe male circumcision, based on the Kisumu findings, alongside similar studies done in South Africa and Uganda, as "compelling and efficacious" in reducing chances of new HIV infections by up to 60 per cent.

Reasonable evidence

"The research showed reasonable evidence that circumcised males and their male partners, apart from reducing chances of contracting the Aids virus, were also better placed to fight off other venereal diseases," explains Dr Agot.

But despite the positive findings, she expects male circumcision to take a while to gain total acceptance. "I knew that translating the findings into actual service provision would require tolerance rather than a know-it-all approach."

What keeps her going despite several obstacles, she says, is the desire to see rates going down to below three per cent and even lower in Nyanza, which has been ravaged by the scourge. "I don't see communities in Nyanza should bear the biggest burden of HIV on a geographical basis." In the short term, Dr Agot envisages providing male circumcision services mainly to high-risk men who are sexually active.

In the long term, the programme should be able to reach young men before they become sexually active and infants.

