

COVER STORY

A CUT IN TIME TO SAVE THE FAMILY

According to research, male medical circumcision could very well be your marriage's safety net against HIV infection, and wives hold the key to persuading their men to face the knife.

By **MILLCENT MWOLOLO**

In the battle to stop the spread of HIV, women need all the weapons they can find. Increasingly, research is pointing to male medical circumcision as an effective strategy for lowering risk, and women can play a big role in popularising the procedure. In fact, some experts believe it could help slow the troubling trend of increased HIV infections among married couples.

"If women encouraged their partners to go for the cut, many marriages would be equipped for the fight against HIV," says Dr Nicholas Muraguri, the director at the National Aids and STDs Control Programme (Nascop). Dr Muraguri lauds the success of male medical circumcision.

"In areas where, for instance, the practice has been seriously adopted, the HIV transmission rate has been reduced by a protective rate of 60 per cent," he says.

And according to the Kenya Aids Indicator Survey (KAIS), the recent trends in new HIV infections indicate a high prevalence in older adults aged between 50 and 64 years.

About 18,000 men have been circumcised in Nyanza alone since the programme was rolled out last October. Statistically, Dr Muraguri adds, the prevalence of the virus in Kenya reduced after circumcision. In 1,000 men who were circumcised, infection was found to be in only 250 of them. In a risk reduction study in Kisumu involving 2,784 men aged between 18 and 24, it emerged that the HIV risk was reduced by 53 per cent among those that were circumcised.

Surgical procedure

Medical male circumcision is a surgical procedure to remove the foreskin, a loose fold of skin that covers all or part of the head (glans) of the penis. It is done by medical personnel who use sterile equipment in a hospital setting and differs from traditional circumcision in which the foreskin (an entry point for HIV) is not necessarily all removed, depending on the culture (some cultures only partially remove the skin). Thus, the risk reduction rate for HIV prevention between medical and traditional circumcision differs because of the amount of foreskin removed.

And how does male medical circumcision work as a tool to fight the HIV virus? Dr Muraguri explains that in uncircumcised men, the inner foreskin offers an entry point for the virus as it is less keratinised (has less of the fibrous protein forming the protective coating) and has more langerhans cells (immune cells that are targeted by HIV) and this offers increased susceptibility to the entry of the virus (the secretion containing the virus). By removing these cells, the tougher more keratinised tissue is exposed and it becomes more difficult for HIV to find an entry point into the body.

The foreskin also offers a warm, moist environment that promotes survival of the virus. In addition, the inside of the foreskin is susceptible to tears, scratches and abrasions that facilitate entry of HIV.

Apart from encouraging circumcision, women also need to encourage men who have been recently circumcised to abstain from sexual activity until the wound is completely healed. This usually takes between four and six weeks, the doctor says "and women have a role to monitor and ensure that this is observed". However, it should be understood that male medical circumcision does not make one immune to the virus.

"People should use protection and stick to one partner even after they are circumcised.



Dr Mores Loolpait says condom use in marriage should be seen as "normal" rather than an indication of mistrust.
Photo/Courtesy Family Health International

No one should think they now have a license not to use a condom or go for HIV testing," says Dr Muraguri.

Men who are infected with HIV and on anti-retroviral therapy (ARVs) are not recommended for circumcision. "They cannot be stopped if they want it, but they are not our target," says Dr Muraguri. "What they need most is to be counselled and linked to a care and treatment facility so that their viral load can be brought to a manageable level," he adds.

Women can also play a big role in the fight against HIV by taking their new-born sons for male medical circumcision, also known as neonatal circumcision. "If the mother agreed, a new-born would be circumcised by the time she is ready to leave the maternity hospital. The procedure can also be done before the infants are a year old," says Dr Mores Loolpait who is the manager of the Male Circumcision Consortium at Family Health International (FHI). He explains that the procedure tends to be safer than adult circumcision, as it does not require suturing to stop bleeding and close the wound.

Both men and women need to employ other joint interventions, such as condom use in marriage alongside male medical circumcision. Dr Muraguri says men aged 55 years and above are more vulnerable to HIV infection for failing to use condoms "while the disease prevalence appears to be on the rise among women and men living in rural areas compared to their urban counterparts".

Dr Loolpait says condom use in marriage should be seen as "normal" rather than an indication of mistrust. "It should be seen as a demonstration of love because the partners are willing to go the extra mile to protect

“**Condom use is a demonstration that partners are willing to go the extra mile to protect each other**

each other," he says.

He cites multiple sex partners as a big challenge to containing the spread of HIV in married couples in Kenya. "Indeed, in some regions this practice seems to be culturally accepted through polygamy and this is a great worry, not just in Kenya, but all of Africa."

In a bid to address the high level of new HIV infections, the Ministry of Public Health has launched a campaign dubbed "Concurrence Campaign", which aims at promoting fidelity within marriage and encouraging couples to discover their HIV status. According to KAIS, about 350,000 people live with partners who are HIV-positive but they don't know it, and three out of five infected Kenyans are female.

Dr Muraguri blames laxity for the spread of HIV and Aids among married couples. "Most couples tend to relax and fail to use condoms after entering into a new sexual relationship... this ends up fuelling the spread of the disease since majority of them do not know the HIV status of their partners," he says.

The expected lower HIV infections among men following medical circumcision would, therefore, reduce women's exposure to the virus, especially if access to safe and voluntary male medical circumcision services were increased. In addition, it has been found that women whose partners are circumcised have lower rates of infection from the Human Papilloma Virus (HPV), which is a leading cause of cervical cancer, and prostate cancer in men.

The medical male cut would also offer women a lower risk of Chlamydial infection, which is a sexually transmitted infection caused by HPV. Chlamydial infection often goes undetected and without effective treatment, it could lead to infertility.

For most men, circumcision makes it easier to maintain penile hygiene and thus prevent infections that can be caused by accumulation of secretions under the foreskin. "With circumcision, complications involving the foreskin, such as phimosis (inability to retract the foreskin) and paraphimosis (inability to return the foreskin to the unretracted state) can also be avoided," explains Dr Loolpait.

Other STIs

The risk of acquiring other sexually transmitted infections (STIs) would also be reduced - circumcised men have lower rates of contracting ulcerative STIs such as syphilis and chancroid. Neonatal circumcision is highly protective against urinary tract infections in male infants.

But there are some challenges to male medical circumcision. The country's healthcare systems are strained, as equipment for the procedure is insufficient, says Dr Loolpait. To counter this challenge, supplies are being brought into the country and more healthcare workers are being trained to do the procedure.

In addition, many healthcare workers have a negative attitude towards medical circumcision, and culture has a lot to do with this. Ineffective communication at grass-root levels has not helped matters.

"Cultural implications in both non-circumcising and circumcising communities have determined the numbers of volunteers that come forward; there are so many myths associated with circumcision," he adds. These myths must be debunked if success at the grass-root levels is to be realised. mmwololo@nation.co.ke

New strategies urged in fight against HIV

An estimated 1.4 million adults in Kenya are infected with HIV. Preliminary results of the 2007 Kenya Aids Indicator Survey (KAIS) show that 7.4 per cent of adults aged between 15 and 64 are infected with HIV and the prevalence declines to less than 3 per cent in the 60-64 age group. Information about HIV infection in this age group will guide the design of effective HIV and Aids programmes for older adults in Kenya. Women continue to be disproportionately infected with HIV (8.7 per cent) compared to men (5.6 per cent). The survey shows that young women between ages 15 and 34 are more likely to have HIV compared to young men in the same age group.

Research also indicates that circumcision is likely to be a relatively cost-effective way to prevent HIV infection in areas with high HIV prevalence. About Sh960 million from the US government has been injected into the project to buy surgical materials, mobilise communities and provide counselling. With a budget of Sh2,000 for each volunteer, the campaign targets 500,000 uncircumcised men in Kenya. Meanwhile, the Ministry of Health has embarked on a five-year strategy that would see free circumcision available in all public health centres.

Dr Muraguri, the director at the National Aids and STDs Control Programme (Nascop), says Nascop plans to extend male medical circumcision to the Coast Province as well as parts of Nairobi and Western provinces, including Teso District where circumcision is not practised.

"Non-circumcision may not be a factor (contributing to HIV and Aids) but it is a major driver of the spread," says Dr Loolpait.

The UNAids regional director for Eastern and Southern Africa, Mark Stirling urges countries to formulate new strategies to reduce the rate of new HIV infections by half by next year. Currently, more than four million adults and close to 420,000 children in the East African region are living with HIV while more than 2.7 million children have been orphaned by the disease.

Opening a meeting for Aids experts in East Africa, Special Programmes Assistant Minister, Mohamud Ali, said HIV and Aids remained the biggest threat to the socio-economic development of the region.

- **Millicent Mwololo**

LIVING POSITIVELY

Leaving things in order

The time has come for me to finish what I started so many years ago

Presently, one of the things closest to my heart is the future welfare of my children. I think seeing what has happened to the children of some of my deceased friends has made me start thinking seriously about laying a firm foundation for my own. It's not that I expect to drop dead in the next few minutes; I just want to put structures in place - a will, a trust, anything that will ensure their lives go on smoothly should something happen to me and I am no longer there for them.

And no, it's not like I don't trust my relatives. In fact, I am extremely close to my partner Richard, my mother and some of my siblings. They know me inside out. And I know that if God called me home tonight, or if I were robbed of my capacity, they would do everything in their power to make sure my children don't get a raw deal. Still, I feel the only thing that is going to blow away the doubts and not make me turn in my grave after I'm gone is having a signed legal document.

I started on this journey several years ago when I was doing my Memory Book, but I stalled somewhere along the way. It's now time to pick up from where I left off and finish what I started. A couple of reasons have made me shift gears. Following a few unfortunate incidents, I was reminded that anything can happen when you least expect it, and in the most unlikely of places. The Nakumatt Supermarket fire tragedy in January jolted me to the reality that - while my eyes remain fixated on HIV-related opportunistic infections as the biggest threat to my life, HIV may not end up being the cause of my death!

Put in order

With HIV-related complications, one sees 'it' coming and even arranges for one's estate to be put in order. But with tragedies like the supermarket fire, one may only have the benefit of calling their loved ones to say goodbye; that is, if they're fortunate.

The second reason I want to sort out my affairs has to do with the death of my father more than two decades ago. When he passed away, our family was thrown into disarray. If he had put his house in order, things would have been different.

I want to give 'different' to my dependants. My children - both biological and foster - are the most important things in my life. In my culture, there's a school of thought that it's a bad omen to prepare a will. Maybe my father subscribed to this school of thought but I'm not going to let culture hinder me from preparing for my children's future.

Peter, my older son, is now an adult. We went through some pretty tough times together back in the days when it seemed like stigma and discrimination were an institution. He is witness to how far God has brought us since then, and I shudder at the thought of something unfortunate dragging him, in my absence, back to that scary place.

Dealing with children orphaned by HIV has given me first-hand knowledge of the insurmountable challenges they face. I have seen children from wealthy backgrounds turned into paupers by greedy relatives who cart away household goods and divide and sell other properties.

Childish innocence

On the other hand, Joshua is too young to know the significance of my concern about his future. That's the beauty of childish innocence. He came into our lives in good times; our general fortunes had taken a turn for the better and people showered us with love and understanding.

Then again, I've seen children being robbed of their innocence when their parents die without leaving proper structures to help in administering their estate.

My foster children, Nyambura and Kadogo, have their own sad stories to tell, and they know no other home except mine. But I believe they were brought into my life for a reason, something for which I will be eternally grateful.

For continuity's sake, I would love for them to experience the same love and security they've had under my roof long after I'm gone. It would cause them untold suffering if they were to be dragged all the way back to square one.

From the moment I tested positive, morbid thoughts tormented me because HIV sero-conversion was associated with a painful death back then. Over the years I have managed to tame this ogre, though there are times (like when I lose loved ones in quick succession) it returns and temporarily overwhelms me.

Putting my house in order is but a contingency measure by a woman who is long past her "use by" date and who is, God willing, looking forward to many more years on this earth. asuntawagura@hotmail.com

This is the diary of Asunta Wagura, a mother of two who tested positive 20 years ago. She is the executive director of the Kenya Network of Women with Aids (KENWA).