Voluntary Medical Male Circumcision Among Adolescents: A Missed Opportunity For Behavioral Intervention?

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BACKGROUND

- Voluntary medical male circumcision (VMMC) is one of the first venues for adolescent boys in many African countries to interact with the health care system.
- This study explored messages and approaches used during VMMC counseling for adolescents and whether such strategies maximize opportunities for broader HIV prevention, adolescent sexual and reproductive health, and linkages to HIV care.

METHODS

- Ninety-two semi-structured qualitative interviews with VMMC clients ages 10-19 years in South Africa, Tanzania, and Zimbabwe 6-8 weeks post-procedure. An additional 33 interviews were conducted with VMMC counselors.
- Explored HIV prevention counseling, HIV testing services received before VMMC, and counselors’ approaches to HIV testing and disclosure of test results.
- Audio recordings were transcribed, translated into English, and coded by two independent coders using a thematic approach. Coders discussed discrepancies until at least 85% agreement was reached. Coded text was then assessed for themes.

RESULTS

“It is very rare that another person will talk about such things [risks of sex] with this child.”
– female VMMC counselor, 39 years old, Njombe, Tanzania

Limited HIV Prevention and Care Information
While VMMC protocols require opt-out HIV testing, some adolescents discussed having blood taken without knowing the purpose, not receiving their test results, nor completely understanding the link between VMMC and HIV.

“They pricked you, took some blood. After they were done with one pair, they told us, ‘You can now go’. That is when they write on you with a mighty marker’… He looked at the results and then looked at me and said nothing. He then started smiling such that…all of us...none of us had chiriwere [HIV].” – 13 years old male adolescent, Harare, Zimbabwe

HIV Prevention
Counselors tended to spend little time talking about HIV prevention with male adolescents. Counselors rarely discussed masturbation in regards to healing and expressed frustration over their lack of skills in counseling or disclosing HIV positive results to adolescents.

“You can’t really be instilling that and emphasizing about condoms and STI’s [for 10-12 year olds]. As for them, I can say the most important thing is the UTI’s, urinary tract infections…Most of them haven’t…okay they do have erections already but you haven’t got an idea of what’s going on, so you just tell them about UTI’s, that’s all.” – VMMC counselor, Ermelo, South Africa

“What is most challenging? I think the issue of sexual intercourse; it’s just something that I don’t really know how to approach. Like the young ones, the adolescents, it’s something that you just tell them because you have to tell them. You don’t know whether or not the information you are telling them is appropriate.” – female VMMC counselor, 37 years old, Harare, Zimbabwe

Inconsistencies in VMMC Protocols
Counselor discussions also revealed inconsistencies with regards to working with HIV infected adolescents, with some providers not wanting to circumcise HIV-positive adolescents, while others proceeded with the procedure to avert stigmatization.

“In [...VMMC counseling] will be a “one stop shop”…Once we have an encounter with them for VMMC…that will give us the chance to probe even more.” – female VMMC counselor, 33 years old, Harare, Zimbabwe

CONCLUSIONS

VMMC for adolescents appears to be a missed opportunity to engage in further HIV prevention and care. Counselors require training in counseling adolescents infected with HIV, how to link them to care, and whether to offer VMMC to these clients. Counselors could spend more time focused on delivering prevention messages, further limiting the spread of HIV as adolescent males become sexually active.

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Photos: Adolescent boys in Tanzania. © JHPIEGO