



# Increasing uptake of Circumcision Services among 15-29 old Swazi Males through Private Practitioners

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## Background

HIV prevention has reached a new era, marked by biomedical advancements in HIV prevention such as voluntary medical male circumcision (VMMC) among others.

Three randomized controlled trials showed that VMMC can reduce HIV transmission from women to men by about 60% (Auvert et al. 2005; Bailey et al. 2007; Gray et al. 2007).

Swaziland is faced with the world's highest HIV prevalence (31% among 18-49 year olds).

As a result, the Government of Swaziland, with support from the United States Agency for International Development (USAID) and technical assistance from the Centre for HIV/AIDS Prevention Studies (CHAPS), aims to increase uptake of VMMC, especially among males aged 15-29 years, to have an immediate impact on HIV incidence.

Challenges in increasing uptake of health services among men has been well documented all over the world (Courtenay, 2000), hence, creating demand among this group is one of the main challenges facing the VMMC program in Swaziland.

This calls for innovative demand generation such as Engaging Private Practitioners to offer free and safe VMMC services to this age group.

Over the past 5 years, the proportion of men circumcised in this age group has declined from 78% (2010) to 26% (2015).

## Description

In 2015, CHAPS engaged 3 private practitioners in April 2015 on a cost per circumcision basis, after a positive experience with private doctors in South Africa.

Private practices can be attractive to men for different reasons. Perceptions of high quality services, care, hospitality and confidentiality, are often associated with private practices.

In addition, studies often indicate that men do not visit public health facilities due to reasons such as long queues, poor service, focus on maternal and child health, no privacy and lack of trust in quality of the service.

Consequently, men feel that the public health facility is not their space.

To engage the private doctors, CHAPS provides training and conducts regular quality assurance.

In addition, CHAPS provides an MC kit to the doctors. The private practice does demand creation, provides the service and assures follow-up.

## Lessons Learnt

Compared to other providers, private practitioners successfully reached 15-29 year olds (45% of all private clients), a significantly higher proportion than the other partners (27%), at a cost per circumcision of US\$ 65 (SZL 900).

Practitioners recruited among existing clients, in high schools and in workplace settings around their practice.

Men are taking up VMMC in a men friendly setting. However, not all private practitioners perform the same.

Private practitioners that have a higher proportion of clients in the 15-29 year age group are those that have added VMMC as an additional service to the package that they offer in their practice.

Less effective private practitioners tend to open a 'standalone' VMMC clinic.

This may imply that offering VMMC services within a comprehensive package of services is attractive to older males.

**Figure 1: Total Number of VMMC Conducted Between 2014-2016 for Clients Aged 15-29 Years Old**

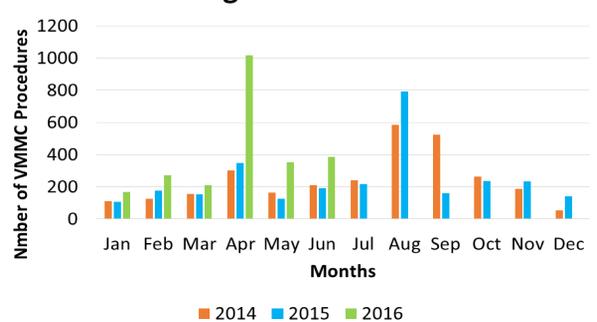


Figure 1. Since 2015-2016, the Swaziland male circumcision program has aimed to increase the number of circumcisions among males between 15-29 years. This graph shows the increase in the 15-29 year age group and part of the increase can be explained by the involvement of private practitioners in the program.

**Figure 2: Mkhwiwa Clinic Clients within the Age Pivot**

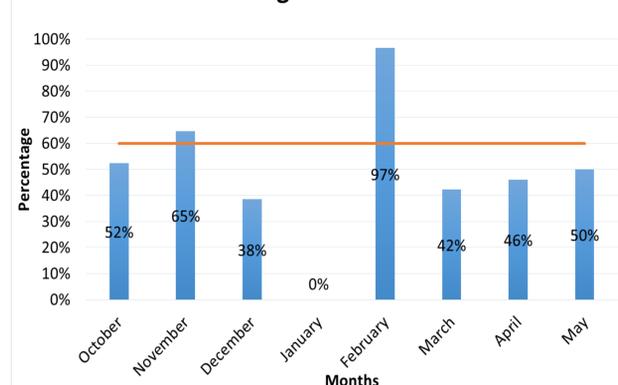


Figure 2. This graph shows the progress by Mkhwiwa clinic in reaching males in the 15-29 year age group. Older males seem to be more attracted to private facilities where VMMC is offered as an additional service.

**Figure 3: Other Private Practitioners and Clients in the Age Pivot**

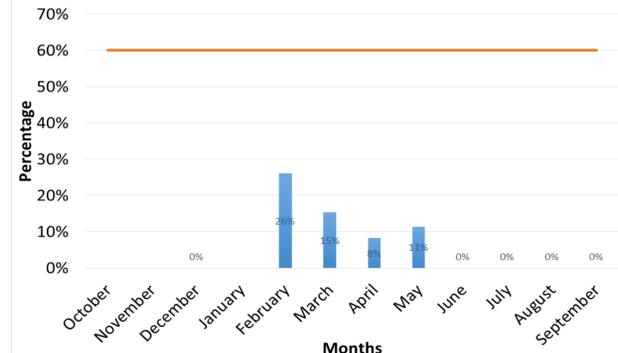


Figure 3. This graph illustrates that some private practitioners are not able to reach males in the 15-29 year age group. These private practitioners have opened practices that have strictly focused on male circumcision and they offer no other health services in these facilities.

## Conclusion

Engaging private practitioners is a cost-effective strategy to reach 15-29 year olds.

CHAPS is expanding the private practitioners' network, and is exploring to incorporate best practices in public VMMC sites where feasible: providing a men friendly setting and focusing recruitment efforts in high schools and workplace settings.

Private practitioners should be encouraged to offer VMMC as part of a broad range of services for men's health not as a standalone service.

## References

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