Background

- In 2009, WHO and UNAIDS issued voluntary medical male circumcision (VMMC) recommendations for three key age groups (infants, adolescents, adults) as an HIV prevention strategy.
- While VMMC has been called the "catch-up" strategy, early infant male circumcision (EIMC) is seen as one of the long-term, sustainable strategies. As more infants are circumcised, parents and adults will need circumcision in the future.
- EIMC is defined as the medical removal of the foreskin tissue that covers the tip or head of the penis, within the first two months of life.
- Infants must be healthy, weigh over 2.5 kg, and have no contraindications to be eligible for EIMC.
- Iringa was until recently (before the VMMC program) majority non-circumcised, with MC prevalence of 52%.
- VMMC scale-up from 2009 to date has reached more than 250,000 adolescents and adults. The MC prevalence is currently at 60% (THMIS 2011/12).

However, EIMC is not a practice in Iringa.

- The EIMC pilot in Iringa region aimed at providing vital information in introducing EIMC services as a sustainable phase of the VMMC program.
- AIDSFree supports the Ministry of Health and Social Welfare to scale-up VMMC in three priority regions. Iringa and Njombe regions have the highest HIV prevalence in the country.

Methods

- Key informant interviews were conducted with health care providers.
- Focus group discussions (FGDs) were held with parents of male infants.
- FGDs groups:
  - Parents who circumcised their infant son after being provided with VMMC education
  - Parents who declined to circumcise their infant son
  - Mothers who received EIMC education during their antenatal care (ANC) services
  - Mothers who received education about EIMC during their postnatal care or well-child services
- Examine acceptors and non-acceptors of EIMC.
- Decide using, experiences, and satisfaction
- Explore views and perceptions of users and non-users of the service.
- Document views and experiences of providers: EIMC procedures, focus on integration with ANC services
- Service statistics from the ongoing pilot were also analyzed:
  - Total number of infants circumcised
  - Age of circumcision
  - Place of birth
- Source of information about EIMC

Qualitative Data Analysis

- Audio-recorded data were transcribed in Kiswahili and then translated verbatim into English.
- Codes were manually grouped into categories, and emerging themes were then identified.
- Analysis was based on theme saturation.
- For the quantitative analysis, Stata 13 (stata.com) was used to produce descriptive statistics (frequencies).

Results

**EIMC Pilot Results: April 2013–December 2014**

- Total number of infants circumcised: 297
- Age of circumcision: Mean = 13.5 days ( standard deviation, 35.5 days)
- Place of birth of EIMC client's mother:
  - Home: 151 (51%)
  - Maternity: 74 (25%)
  - OPD: 15 (5%)
  - Friend/Relative: 7 (2%)
  - Other: 3 (1%)
- Place of delivery of EIMC client's mother:
  - Male acceptor: 130 (44%)
  - Male non-acceptor: 67 (22%)
  - Female acceptor: 60 (20%)
  - Female non-acceptor: 15 (5%)
- Infant age (days) at circumcision:
  - <7 days: 13 (4%)
  - 7-14 days: 108 (36%)
  - 15-21 days: 60 (20%)
  - 22-28 days: 26 (8%)
  - 29-35 days: 40 (13%)
  - 36-42 days: 27 (9%)
  - 43-49 days: 14% (5%)
  - 50–56 days: 4 (1%)
- Experience of providers:
  - 50–56 days: 12 (4%)
  - 43–49 days: 27 (9%)

**Findings**

Themes from FGDs

"Inadequate knowledge about EIMC"

- Information/experiences received:
  - Trainings
  - Postnatal or well-child services
  - Immunization
  - ANC
- Place of delivery of EIMC client's mother:
  - Male acceptor
  - Male non-acceptor
  - Female acceptor
  - Female non-acceptor
- Infant age (days) at circumcision:
  - <7 days
  - 7-14 days
  - 15-21 days
  - 22-28 days
  - 29-35 days
  - 36-42 days
  - 43-49 days
  - 50–56 days

**Parental Support and Acceptance of EIMC**

- Parental support and acceptance of EIMC is essential for ensuring the success of the program.
- Parents who circumcised their infant son after being provided with VMMC education had higher levels of support and encouragement from family members.
- Parents who declined to circumcise their infant son had lower levels of support and encouragement.

**Conclusion**

EIMC uptake is increasing in pilot sites.

- Parents generally heard about EIMC in the ANC/RCH areas. The majority of infants were circumcised in the same facility where they were born.
- Most health care providers in the qualitative study viewed EIMC as a valuable practice.
- Findings suggest that parents need in-depth information at different points in time to make informed decisions about EIMC.
- Fathers are influential in making decisions to circumcise their sons.
- Health care workers agreed it was a benefit to integrate EIMC with RCH services.