

Parents' Views and Acceptability of Early Infant Male Circumcision Integrated into Maternal/Child Health Services in Iringa, Tanzania

by: Mbaraka Amuri¹, Georgina Msemu², Marya Plotkin¹, Alice Christensen¹, Hawa Mziray¹, Ruth Lemwayi¹, Touma Ng'wanakilala¹, Dorica Boyce¹, Augustino Hellar¹, Mustafa Njosi¹, Erick Mlangi³, and Hally Mahler¹

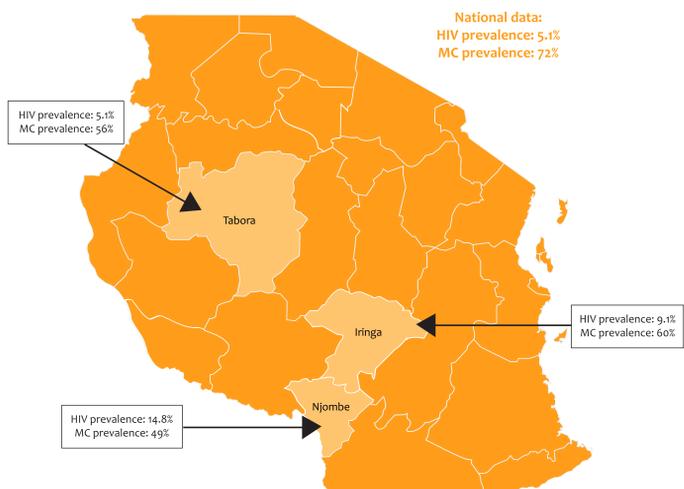
affiliate: ¹Jhpiego, an affiliate of Johns Hopkins University; ²Ministry of Health and Social Welfare, Tanzania; ³United States Agency for International Development

Background

- In 2007, 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, fewer adolescents 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-circumcising, with MC prevalence of 37.7%.
- 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 sustainability 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 EIMC 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 or well-child services
- Examine **acceptors and non-acceptors of EIMC**:
 - Decision-making, experiences, and satisfaction
- Explore **views and perceptions** of users and non-users of the service
- Document **views and experiences of providers**:
 - EIMC procedure, focus on integration with RCH 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

Operational Study Definitions

Non-Acceptors

Mother, father, or guardian who has been counseled and educated about EIMC (upon attendance at ANC, Labor & Delivery, or well-child services) and does not have son circumcised in the first 60 days after birth

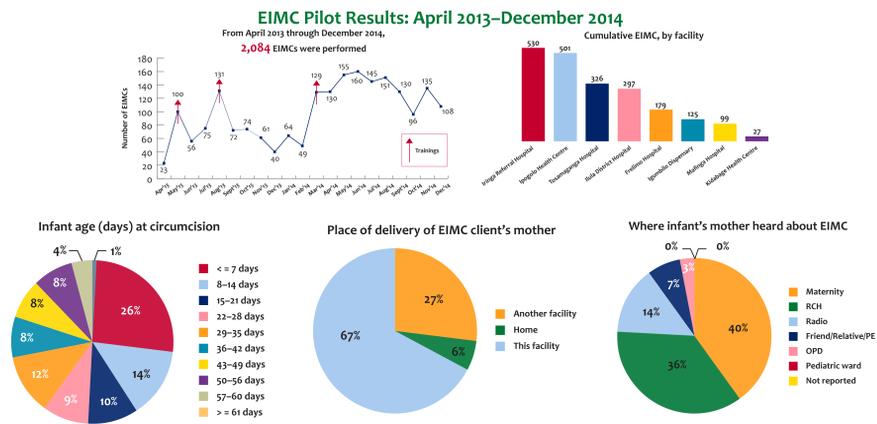
Acceptors

Mother, father, or guardian who has been counseled and educated about EIMC either during pregnancy or after infant's birth and has the infant circumcised within 60 days of birth

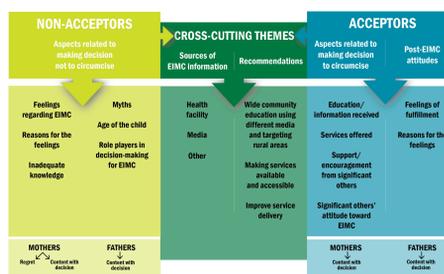
Qualitative Data Analysis

- 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).

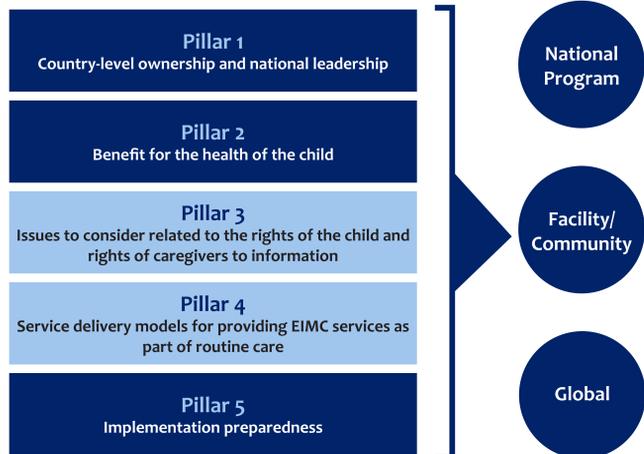
Results



Themes from FGDs

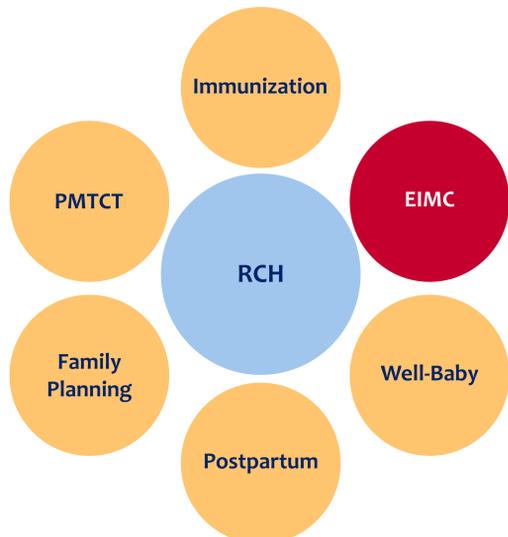


Key Considerations for EIMC: Pillars



Source: UNICEF Key Considerations for Scaling up Early Infant Male Circumcision, draft.

Model of Pilot Implementation: EIMC Integrated with Reproductive and Child Health Services (RCH)



"Non-Acceptors" Parental Reasons for Not Accepting EIMC	"Acceptors" Parental Reasons for Accepting EIMC
Inadequate knowledge about EIMC "I can't imagine the type of stitches that are used or syringe that will be used to that kind of skin!" - Male non-acceptor, Tosamaganga Hospital	Information/education received "When I was informed about circumcision and that it provided protection against infections, I wanted my child to be circumcised." - Female acceptor, Ipogolo Health Center
Myths/misconceptions "eehh, when an infant is still an infant and get circumcised ... they say the size of his penis will be reduced ... that also can be found." - Male non-acceptor, Ipogolo Health Center	Free and high-quality services "... the good thing is that the service is free, us Swahili people like free stuff a lot (all laughed). Another good thing is that it is done for free when he is younger (laughing)... so this is very good when they are young (laughing)." - Female acceptor, Iringa Regional Hospital
Parents' concern about the age of infant at time of EIMC "... my plan is that my child should be circumcised when he is six months old or more ... so based on my case I thought that my kid is too young to be circumcised." - Male non-acceptor, Ipogolo Health Center	Support and encouragement from family members and/or significant others "First of all I talked to my husband; secondly I talked with parents of both sides who are parents and in-laws ... then they all agreed then I made a decision to circumcise him ..." - Female acceptor, Iringa Regional Hospital
A lack of decision-making power among mothers "I feel badly ... I wanted to circumcise him soon after birth but his father refused because he said he is still young until he grows up." - Female non-acceptor, Iringa Regional Hospital	

Health Care Providers' Perceptions of EIMC

- Providers perceived EIMC as a good practice.
- They agreed it should be integrated within RCH to reduce delay in receiving services.
- Space for EIMC service provision within RCH is limited and workload had increased.

Conclusions

- 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 around 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.

