

# Toward Adolescent-Friendly Voluntary Medical Male Circumcision Services: Older Adolescents Report Relatively Less Satisfaction with Counseling

by: Dorica Boyee<sup>1</sup>, Katherine Andrinopoulos<sup>2</sup>, Erin Peacock<sup>2</sup>, Augustino Hellar<sup>1</sup>, Marya Plotkin<sup>1</sup>, Hally Mahler<sup>1</sup>, Elizabeth Edouard<sup>1</sup>, Erick Mlanga<sup>4</sup>, and Renatus Kisendi<sup>5</sup>  
 affiliate: <sup>1</sup>Maternal and Child Health Integrated Program/Jhpiego, an affiliate of Johns Hopkins University; <sup>2</sup>Tulane University School of Public Health and Tropical Medicine, <sup>3</sup>United States Agency for International Development; <sup>4</sup>National AIDS Control Program, Ministry of Health and Social Welfare, Tanzania

## Background

- Voluntary medical male circumcision (VMMC) is being rolled out in Tanzania as part of the Ministry of Health and Social Welfare's HIV prevention strategy, with a focus on men 10–34 years.
- Since 2009, more than 1 million men have been circumcised in 12 priority regions, with funding support from PEPFAR.
- About 90% of the VMMC clients reached are adolescents and young men, aged 10–24 years.\*
- VMMC presents an important way to reach young men with sexual and reproductive health education and services.



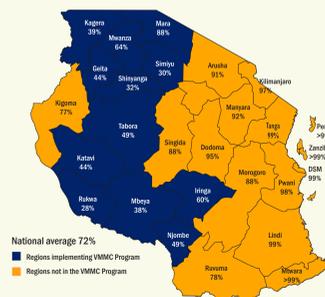
\*The National District Health Information System, December 2014.

## WHO Package of VMMC Services

- Group education on VMMC and HIV
- Individual VMMC and HIV counseling (risk assessment/reduction)
- HIV testing (opt-out) and linkage to care, if indicated
- Pre-operative physical exam including screening for active sexually transmitted infections
- Circumcision by trained VMMC “surgeons”
- Immediate post-operative review
- Two post-operative follow-up visits (48 hours, 7 days)
- Linkage to other health services

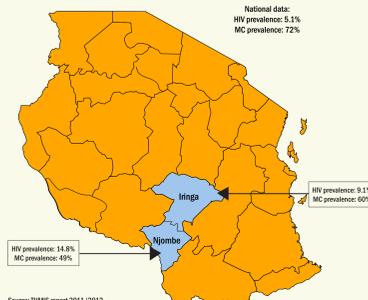
## 12 Priority Regions for VMMC in Tanzania

The percentages refer to MC prevalence



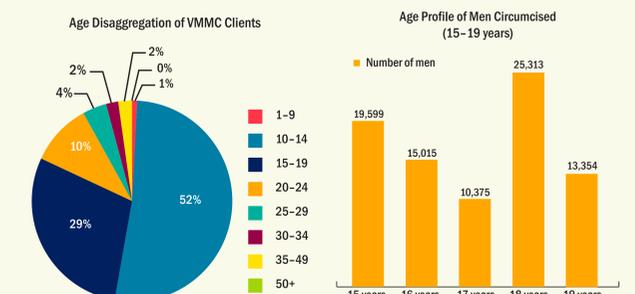
## Study Regions

Iringa and Njombe regions have the highest HIV prevalence in the country



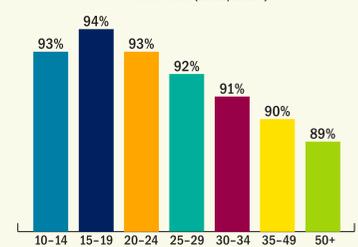
## Age Profile, VMMC Services

Cumulatively, 283,000 men were circumcised in the study regions



## HIV Testing Uptake

HIV testing uptake is highest among youth accessing VMMC services (2010/2014)



## Challenges to Provision of Adolescent-Friendly VMMC Services

- Originally designed job aids and IEC materials pre-supposed a mainly adult client base.
- Group education typically reaches clients ranging from pre-adolescent to adult men. Targeting different aged clients who end up together for group education presents a challenge for providers.
- Providers often offer separate group education sessions in an attempt to make risk reduction counseling age-appropriate.

## Methods

- A cross-sectional study was conducted in Iringa and Njombe regions, Tanzania, in 2013 to examine integration of HIV testing and counseling with VMMC
- Purposively sampled 11 out of 25 health facilities, including:
  - Fixed sites
  - Outreach sites
- Observed for provider-client sessions and interviewed 320 VMMC clients aged 15+ years
- STATA 12.1 was used for analysis to:
  - Calculate percentages
  - Construct client satisfaction scale
  - Test for statistical significance using X2 test



## Results

- 49% of study participants were adolescents aged 15–19 years.
- Participants moved through group education and individual counseling stations, receiving key HIV prevention information with an emphasis on the partial protection provided by MC.
- Overall client satisfaction with counseling was high, with 87% of clients agreeing that the counselor had met individual assessed criteria.
- Older adolescents consistently reported less satisfaction, both on individual counseling topics and overall.

## Age Appropriateness of Counseling

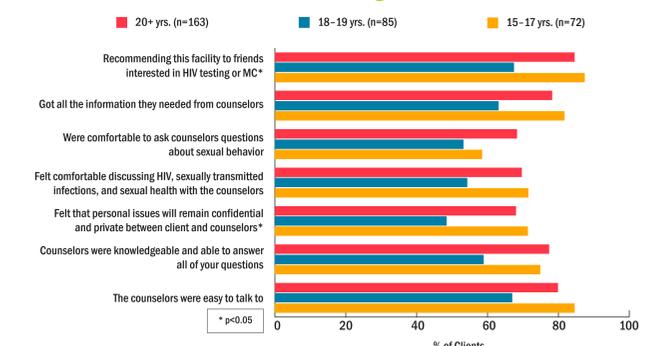
18–19 year-olds reported being relatively less satisfied with counseling in comparison to other age groups.

Description of Client Satisfaction	15–17 Weighted %	18–19 Weighted %	20+ Weighted %	Total Weighted %
<b>Client satisfaction with overall counseling*</b>				
Very satisfied (160)	47.7	31.9	57.5	47.1
Less satisfied (160)	52.3	68.1	42.5	52.8
<b>Client satisfaction with counselor-related factors</b>				
Very satisfied (147)	42.9	32.6	51.6	43.7
Less satisfied (173)	57.1	67.4	48.4	56.5
<b>Client satisfaction with facility-related factors*</b>				
Very satisfied (195)	66.9	46.4	65.6	59.6
Less satisfied (125)	33.1	53.6	34.4	40.3

\* p<0.05



## Satisfaction with HIV Prevention Counseling



## Possible Reasons for Dissatisfaction

- Older adolescents were less likely than adults and younger adolescents to have been exposed to some prevention messages:
  - Reducing the number of sexual partners (64% of older adolescents vs. 76% of those 20+ years, p<0.05)
  - Using condoms correctly and consistently (71% of older adolescents vs. 88% of those 20+ years, p<0.05)
  - Condom demonstration (41% of older adolescents vs. 75% of those 20+ years, p<0.1)
- Age composition of the group counseling session:
  - Higher proportion of 18–19 were in a group with mixed ages (43% vs. 23% of those 20+ years)

## Conclusions

- Older adolescents were likely to be less satisfied with counseling than younger adolescents or adults.
- The relatively lower client satisfaction with counseling among older adolescents could be explained by:
  - Desire for more information
  - Need for privacy and assurance of confidentiality
- Further investigation of the adolescent experience in VMMC services is needed.
- VMMC programs are urged to revisit materials, messages, and approaches to counseling to appeal to older adolescents.