When Monica Kinyafu decided to bring her son for circumcision, neighbors in Tanzania’s Iringa Region said, “If you circumcise your son when he is young, his private parts can be small and sometimes incapable of impregnating a woman.” Her husband told her that she would be liable for any consequences.

Monica was able to convince her husband that the worries were unfounded, but he feared the reaction of his father, who was against the decision. The couple decided to move forward secretly. Monica says, “I was afraid things would get worse but am grateful everything went well and my father in-law is now informed about the benefit of early infant male circumcision and he has accepted it.”

Volunteer advocates play a key role

Monica’s story illustrates the quiet shift in view that’s taking place in Iringa. Perspectives on early infant male circumcision (EIMC) are changing, the result of determined education by volunteer community advocates (VCAs). This education is replacing longstanding misconceptions about EIMC with facts.

The education is supported by the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project. AIDSFree is a five-year project funded by the U.S. President’s Emergency Plan for AIDS Relief through the United States Agency for International Development. The project is led by JSI Research & Training Institute, Inc., with EIMC services provided by Jhpiego Corporation.

The work is part of a strategy to reduce HIV transmission in the Iringa Region, where the current prevalence is 9.1 percent. The goal of the EIMC campaign in Iringa is to ensure that 80 percent of males in the region are circumcised.

EIMC usually refers to a procedure on infants less than 61 days old. While circumcision at any age reduces the risk of female-to-male HIV transmission, the procedure during infancy is simpler and presents a lower risk of complications.

‘A major revolution’

VCAs are specially trained community members who educate their neighbors about EIMC. After the introduction of the work of VCAs, EIMC rates at some facilities have increased from one to three infants per week to five to seven infants per day. Dr. Kanisiusy Ngonyani says, “I can proudly say that the introduction of VCAs in the program has been a major revolution in the way the community has access to information on EIMC.” During the year that ended Sept.

EIMC: Myths and Facts

Myth: Circumcising an infant will stop his penis from growing.
Fact: An intact foreskin does not increase the length or influence the growth of a penis. A boy’s penis will grow as normal after circumcision.

Myth: Circumcising an infant will make him impotent/infertile.
Fact: Circumcision is the cutting of the foreskin. The foreskin does not have a biological connection with a man’s sexual potency or fertility.

Myth: Circumcising an infant can lead to his death.
Fact: Medical circumcision is a simple and safe procedure performed by trained health care providers. The procedure is easier in infants and they heal faster than boys who are circumcised when they are older.
30, 2017, AIDSFree supported 2,757 circumcision procedures to males less than 61 days old in Tanzania’s Tabora, Iringa, and Njombe regions; 2,556 were in Iringa alone. From October of 2014 through March 2018, the number of procedures provided to infants in Tanzania under AIDSFree totaled 8,812.

AIDSFree’s work has proceeded on the administrative front as well, supporting the development of national guidelines for voluntary medical male circumcision and EIMC specifically.

Dealing with long-established beliefs

Circumcision is not a traditional practice in Iringa, so long-established beliefs initially dominated public opinion on the procedure. When the EIMC program started, myths spread quickly—EIMC services were associated with childhood mortality, retarded penis growth, and infertility.

“We live in a mixed culture where there are a lot of beliefs which sometimes confuse us,” says Winfrida Martin. Winfrida, 36, is the mother of seven-month-old Baraka Agrey, who was circumcised when he was one month old. Winfrida originally believed some of the myths she heard about EIMC; for example, that it would cause infertility later in life.

But VCAs helped educate Winfrida and her neighbors and change their minds. Winfrida says, “We were convinced and we shared the news with our partners. I’m sure from what we were told and what I am seeing as my son is growing, things will not be as I used to hear.”

EIMC advisor Dr. Ngonyani observes that the situation is similar in nearby communities, where myths about the program’s hidden motives are pervasive. At the same time, health care workers fear complications associated with conducting the procedure on infants.

But at Ipogolo Health Centre, the mothers who bring their sons for routine post-EIMC appointments are smiling. Aside from the usual clinic chat, there’s little discussion about their decision to bring their boys for EIMC. Information from VCAs overcame their doubts and helped them decide with their partners to circumcise their sons during infancy. The mothers learned why EIMC has advantages over adolescent and adult circumcision—the procedure is quicker and safer, the wound heals faster, and no sutures are required.

‘Tireless’ education

VCAs have helped some women overcome past negative experiences with circumcision. Education helped Agness Mosokwe decide on EIMC for her second son. She understood the benefits of circumcision, but she recalled the long, painful recovery her firstborn endured when he was circumcised at three years old; it took about six weeks for the wound to heal. When Agness heard from VCAs that the recovery period is shorter for infants, she and her husband decided to have their son circumcised at three weeks.

It was a very different experience. “I am happy that the wound healed after just five days,” she says, holding her son—now four months old.

Dr. Ngonyani described how AIDSFree approaches the myths and misconceptions of the procedure. “We continue to educate parents on EIMC, tirelessly using any means available. We’ve had public address cars in the streets, displayed posters and fliers in [the] community, had several radio ads, and conducted local radio spots where members of the community could ask questions and get answers live on their radios.”