Chat Room Discussion
Women and VMMC PEPFAR Webinar
November 19, 2014

Royd Kamboyi: Interesting, women are key to influence a positive change. In eastern province of Zambia they are helping much.

Mabel Namwabira: What were behaviour patterns among circumcised men vs. uncircumcised men in the KAIS 2012

Dawit: How did you control other behavioral risk factors in both groups which can lead to HIV positivity?

Kévin: @Dawit: it'll be explained in the next few slides

Mabel Namwabira: Dear Auvert, did you consider that MC could have had access to information on prevention compared to un circumcised men, a similar point raised for the KAIS 2012

Simon Kabogoza: Does the Orange Free State study tell us whether women encouraged their partners to get circumcised or it was an initiative taken by men only?

Rosinah Dialwa: Interesting study. Wonder how you took care of confounding factors of HIV infections such as use of condoms, exposure to sharps, etc.

Dawit: Why does the condom use differs among the two groups?

Jim Shelton: So it seems that in the Orange Farm study there was actually risk compensation re having 1 more partner?

Lionel Chipeta: In Orange Farm, Circumcised men had about 1 more sexual partner than uncircumcised men????? What do we make of that?

Kévin: This was during the RCT

Kévin: 2002-2005

Kévin: New result from the VMMC roll-out study showed similar sex behaviors between circumcised and uncircumcised men

Rosinah Dialwa: The KAIS results are very familiar to the BIAS ones which actually raises the question that how do we attribute reduction of HIV infection to VMMC and not condoms?

Kévin:(2007-2012 period)

Daniel Makawa 2: Do we have deliberate programmes aimed at addressing risk reduction post circumcision? For Orange Farm?

Megan: Do these studies take into account other factors that could affect risk behaviors such as the person is in the military or age or other issues?

Jim Shelton: Seems there could be some confusion when you use the term "population level". These data seem to be largely in the context of clinical trials that are really intensive situations and not large scaled-up programs.

Lionel Chipeta: On risk compensation; have we tried to assess the quality of communication provided to VMMC clients prior to accessing services? And have we tried to evaluate message retention after MC say about 2 years? This can help demonstrate if the kind of communication provided is appropriate and can change behaviour.

Tadele Bogale: Could risk compensation be a threat for reversing the prevention gains that had been made in the past ~5 years?

Catherine Hankins: Think it was to confirm or refute a direct effect of VMMC for women.

Megan: Has anyone looked at the relationship between reasons that men pursue VMMC and risk compensation? For example are men who are told about and encouraged to do VMMC by their wives less likely to have risk behaviors than single men?

Naomi Bock: Most of the data on risk compensation is from follow up of RCT participants BUT KAIS and Orange Farm data are from the population, not from previous trial participants

Jim Shelton: The point on "population level" was made with respect to the issue of risk compensation. Is there population level evidence on that?

Bertran Auvert: We have data on risk compensation from the general population; we didn't follow the guys who participated to the RCT.

Jim Shelton: Bertran - it would be nice to see those data

Royd Kamboyi: Women have various entry points at health center after getting benefits of VMMC they become a good media to relay information to their partners

Carlos Toledo: Please note the KAIS data that was presented in earlier slides....no

risk compensation. Actually the opposite

Beth Deutsch: Good to better understand these findings based on known HIV status of men who choose MC. Malawi has high uptake of HTC, is this the case for other countries?

Lionel Chipeta: I think some of the points raised in the summary need to be refined and included in the VMMC messaging especially in trying to have a buy in from women.

Nchimunya Malambo: Maybe there is need to consider not circumcising HIV+ men considering the high risk of HIV transmission to women

Naomi Bock: YES!!!! To Lionel, we hope that will be an outcome of this webinar - to increase women's understanding of it's benefit for them, and to increase their role in promoting VMMC in their communities and with their partners and adolescent sons.

Beth Deutsch: It is also a call to further highlight the benefits/importance of HTC as part of the VMMC package.

Albert Twinomugisha: Using female VMMC champions is nice idea that should be explored more. But the key question is how do the women get this key information?

Beata Mukarugwiro: From Rwanda team: Do we have any study on rumors that can lead to risk of infection to couples. One rumor clients have here is that the male partners have to do the 1st intercourse with a sex worker to protect the female partner from sex addiction.

Dawit: VMMC program has to be an integral part of other programs like Immunization and other child health programs. This will help to bring sustained community level change as a long-term goal.

Naomi Bock: Agree with Dawit that VMMC needs to be integrated with other programs; with data presented today we can justify reaching out to women's health organizations including those supporting cervical cancer prevention

Renee Ridzon: It seems that MCH and well baby programs would be a good means to get info to women as a high proportion of women access these services. Has there been any thinking about using these venues?

Jim Shelton: What are thoughts on masturbation and non-penetrative sex during the post-procedure time periods?

Geoffrey Menego: Using organized women groups in communities is an effective strategy. The buy in is more effective.

Megan: Might it be useful to not only survey men on their risk behaviors but also their long term female partners if possible? The men might not be willing to admit to things in surveys that their long term female partners will know and will be able to tell researchers and health professionals.

Royd Kamboyi: Female Civic and traditional leaders play key role as gate keepers

Liz Gold: John's presentation from Uganda will address women's groups and other practical program experience

Geoffrey Menego: Masturbation and non penetrative sex during post operative period is discouraged. Wound healing is delayed or interfered with if these actions are permitted.

Dr Damien Katabarwa: We need to develop VMMC key messages for women in order to empower them to support the post-operative time.

Jim Shelton: Are the KAIS findings on this issue published? Can you please provide a reference if so?

Jennifer Erie, Tanzania: Do we have data on how effective current communication messages to male patients have been for them to understand that having sex while healing does put their partner at much higher risk of HIV infection? This should be emphasized at the same time we support women better. I'm concerned about unintended consequences esp. as it relates to GBV.

Dan R: I suggest we find a common-denominator message (disclaimer) on MC benefits and limitations for women; we will lose them in too much clinical detail. Over-arching health and protection messages are likely to be more convincing and less confusing.

Beata Mukarugwiro: Rwanda team question: As the circumcised male transmit HIV to his partner only by semen. When the female partner had erosion she is more at risk, do you advise to use systematic lubricant for women to avoid erosion by vaginal dryness?

Lauren Bellhouse - UNICEF: Agree with the points on integrated service provision. UNICEF has been working on this and has concluded that exact points of integration should be decided at a national level. There will be a presentation on this during the EIMC webinar in January.

Zebedee Mwandi: KAIS 2012 Paper - Published in JAIDS. Status of Voluntary Medical Male Circumcision in Kenya: Findings From 2 Nationally Representative Surveys in Kenya, 2007 and 2012 Jennifer S. Galbraith, PhD,* Athanasius Ochieng, MBChB,† Samuel Mwalili, PhD, MSc,*Donath Emusu, MD, MPH, DrPH,* Zebedee

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Megan: There definitely needs to be an appreciation of the issues of GBV in this process. Women might be put at risk by attempting to insist on condom use or their partner getting circumcised. Just something that the programs should keep in mind during the creation process.

Catherine Hankins: Jim raises a good point. Just as with sexuality education for adolescents, we could be providing explicit information to men and women about alternative ways of pleasuring (masturbation, non-penetrative sex) during the healing period.

Rosinah Dialwa: On viral load set point does it vary due to other factors like health status nutritional and immunological status - Tendai jhpiego Botswana

Renee Ridzon: RE points around masturbation post MC, as stated there are concerns that this could disrupt healing and prolonging the healing and perhaps prolonging the healing period that may be higher risk for transmission or acquisition of HIV

Jim Shelton: Thanks for the additional insights on the 1 additional partner, but it does seem to run counter to the assertion there is "no evidence" of risk compensation.

Naomi Bock: Regarding whether we can attribute reduced HIV infection to condoms versus MC, we have from the beginning promoted VMMC as part of a PACKAGE that does include condoms, partner reduction, etc. So while not crucial to separate out the effects of the two, we should recall that the RCT did provide the same package to those who received circ and those who did not, so that is the one setting where the differential impact of VMMC can be seen

Kathi: It is my understanding that 'older men' are less likely to choose to be circumcised (for various reasons). It seems that increased involvement of women and women's groups would possibly influence increased participation in 'older men'. Has that been addressed in any studies?

Batsirai Makunike: ZACH Zimbabwe: Currently 15 yrs and above are being circumcised the assumption is that they will have good sex practices what mechanisms can be used to influence behaviour and reduce new infections once sexual active including adults

Beata Mukarugwiro: From Rwanda: In 1 study you found there is no difference risk when sex resume id early. One of the challenges we have is the no respect of the

6 weeks abstinence. After these surveys will there be new recommendation on review on shortening the abstinence period?

Naomi Bock: Kathi - there are currently 3 "implementation science" studies being conducted, in Kenya, Tanzania and South Africa, looking at the role of women and other factors in encouraging "older" males to take up circumcision
I-TECH Malawi: Kathi the role of women men's MC uptake in something that need to be studied.

Catherine Hankins: Masturbation could be for the woman's pleasure and the concerns about wound disruption could be discussed. We need to be able to tell people how to avoid penetrative sex.

Eva-Liisa Kfidi: Will masturbation during healing time not interfere with the healing process?

Dan R: I agree with Naomi's comment about non-penetrative alternatives. Every time we can strike down a barrier to MC we improve our enrollment prospects. Bravo!!

Geoffrey Menego: I think total abstinence for the 6 weeks periods need not be reemphasized to prevent AEs.

Rebeca Plank: In our study in Botswana mothers listed health care workers as one of the most important people who would participate in the decision of whether or not to circumcise a son.

Tadele Bogale: In Ethiopia (Gambella) female health extension workers are important sources of information on direct and indirect benefits of VMMC

Megan: It would be interesting to note if the health care worker issue is a gender issue. Are the women speaking with health care workers that are women or men and does this affect the likelihood that they will get information on VMMC? This would also be interesting for men.

Dr Damien Katabarwa: Shortening the abstinence can cause AEs, we have to emphasize on 6 weeks and the use of condoms after 6 weeks

Martin Ndifuna: Women's limited knowledge on post MC abstinence is a very big issue that is affecting adherence especially now that Prepex devices are being rolled out and a man goes home without a wound

Betemariam: The talkline JHU.CCP is managing still receives calls from Gambela seeking information on VMMC.

Jim Shelton: What about women's other motivation toward MC. I had the sense that

issues such as hygiene, esthetics, moderness etc. were major motivation factors.

Megan: The emphasis on sex workers is important educating permanent female partners about the abstinence issue is all well and good but the FSWs also need to be educated to know the risks since the men might come to hem for sex post op as well
Tadele Bogale: Betemariam, Jhpiego had provided training on VMMC to hotline (talkline) staffs of JHU CCP ARC to handle related queries

Beata Mukarugwiro: Question from Rwanda participant for Kelly: How were the women interviewed selected? Were they illiterate or educated? This can cause wide variation in knowledge

Daniel Makawa 2: Do other countries/communities have issues with sexual behaviour especially where women practice dry sex, a concern for the healing period and/or condom use(condom break)?

Gebre: MMC interventions should be bundled with educational and BCC activities otherwise circumcised people may consider full protection as granted by VMMC.

Beata Mukarugwiro: Kelly if you can comment also on Rwanda question on rumors that can be harmful asked earlier

Renee Ridzon: Women's roles as mothers wanting to get their sons circumcised as different than the role of wanting to get their sexual partner circumcised and efforts need to be aware that messages, routes of communication, etc. are different. We have done a better job of messaging to women as mothers than to women as sexual partners.

Rosinah Dialwa: Barriers to circumcision varies with method proposed. For surgical, the injection and pain are a big barrier

Dr Damien Katabarwa: Question from Swaziland: Except this study about women's attitudes do we have a study or studies about satisfaction for women and men after circumcision, please share with us if there are.

Beata Mukarugwiro: Comment from Rwanda participant: Lack of women decision on advising men on health issue can be a barrier to VMMC

Hally Mahler: This all speaks to the need to include women as primary beneficiaries rather than secondary beneficiaries for VMMC. Too often demand creation and education focuses primarily on men. But women need to be equally reached. We have changed our demand creation resource allocation to be 50% focused on women. It has made a big difference in uptake and we are seeing big improvements in key areas of knowledge.

Tadele Bogale: Fully agreed with Hally

Erugwizangoga 2:It should be interesting to study Risk compensation country by country

Pamela: And by age group.
Tadele Bogale: Could there be a difference in women's risk compensation in matriarchal vs patriarchal dominated communities?

I-TECH Malawi: Yes, I agree risk compensation studies by country

Pamela: These findings from Zambia are interesting-i.e. that the men don't view female partners as an influencer.

Daniel: One of the reasons women might not be supportive of their husbands VMMC for HIV protection, is their feeling that there is no need assuming a monogamous relationship. "Why should my husband get circumcised to protect against HIV when I am not HIV positive. Where would he get is from?"

Pamela: True!

Elsa Berhane: Thanks; was just writing up that question

Daniel: This is a very important point where HIV messaging could be counter productive in married couples

I-TECH Malawi: I am yet to see Malawian women views on whether or not their partners get circumcised

Nashiol Nyirongo: That is true Daniel.

Lionel Chipeta: I think we need to focus more on the benefits as a whole in promoting VMMC among women and we should move beyond creating demand (demand Creation) we need to educate women and men as both being primary audience

Dawit: The situation in Ethiopia about circumcision is by far different from the other countries. It is a norm to get circumcised for males

Zebedee Mwandi: Advocating other benefits for women especially potential of VMMC in reducing risk of cancer of cervix and better hygiene is being embraced by couples more that for reasons of HIV prevention.

Lionel Chipeta: And also mass media should be used but we will need a lot of interpersonal communication or interactive sessions with women

I-TECH Malawi: I agree with you Zeb--that's sounds a good approach to demand creation focusing on women

Naomi Bock: Regarding promotion of MC for men who are cohabitating/married/in monogamous relationships, it is important to promote other health benefits than HIV prevention, as well as their role as community leaders in changing the local culture to be a circumcising culture, i.e. their role in influencing men who may be at risk to take up VMMC even if they don't perceive themselves to be at risk, or don't want their partners to perceive them as at risk

Martin Ndifuna: In the current roll out of VMMC, why should programmers focus on EIMC and not on adolescent/adult Men who are sexually active population since MC is an HIV prevention tool? Is EIMC a low hanging fruit to achieving targets? And/or its the consideration that the end justifies the means, because these children will obtain life time protection?

Pamela: Are there communities wherein men would not feel comfortable involving women, especially non-partner females, in MC mobilization etc.?

Lauren Bellhouse- UNICEF: EIMC is highly effective and cost efficient, as well as having lower morbidity post-circumcision. However, run pact on HIV transmission takes longer to realize which can be a drawback for some stakeholders. Ideally both programs would be implemented for full impact and to ensure sustainability.

Martin Ndifuna: My concern is mainly in countries where the bulk of adult and adolescent men have not yet received MC is still large, low MC prevalence and HIV prevalence is high. The EIMC program should be brought in a little later as the adult program slows down

Martin Ndifuna: From the Kenyan study/experience, how do we help as far as the issue of women feeling that the post MC abstinence for 6 week was too long?

Kawango: My interpretation of six weeks being too long is that they are left out and so do not understand the reason for the 6 weeks.

Kelly Curran: I agree with Jim's comment about other perceived benefits to MC (hygiene, modernity). This applies for women as partners as well as parents

Dan R: Is it possible to see your tracking data on engaging women and the talking points as well? Thanks, Dan

Cindra Feuer: Here's a link to AVAC's 2010 report Making VMMC Work for Woman <www.avac.org/resource/making-medical-male-circumcision-work-women>. It reflects the earlier concerns of blame-shifting that Kelly mentioned.

Kelly Curran: Beata asked a question earlier about harmful traditional beliefs in

Rwanda, where there is apparently a rumor that men's first sexual experience post MC should be with a commercial or casual partner rather than a primary partner in order to protect the primary partner from developing "promiscuity" or sex addition

Dan R: I should have just waited; disregard talking points, but still would like to see outcome data.
Kelly Curran: I think it is important to address these kind of myths or rumors head on

Mabel Namwabira: John, in your experience what motivates women to attend health education sessions with men?

Pamela: here is the link http://www.avac.org/resource/making-medical-male-circumcision-work-women

Kelly Curran: If we don't address them directly, we are inadvertently sending a message that they might be true. On option is to engage couples who are satisfied with the circumcision to talk about their experience post circumcision and explain that they did not find it necessary to engage in sex outside the partnership

Kelly Curran: It may also be helpful to engage religious leaders in addressing this myth if possible

Rajab: Are the services for the women, offered under the same roof with the MC?

Rosinah Dialwa: The initiative of offering women cervical screening while accompanying their male counterparts seems very appealing. What are the cost implications?

Kelly Curran: There was a question about dry sex earlier, as well as a question on need for additional lubrication

Cindra Feuer: Pamela, we're thinking of following up to show concerns haven't panned out. Any ideas are welcome for what to include. Thanks.

Pamela: There is a study from Gulu where they offered services for women of men getting VMMC.

Kelly Curran: Condom compatible (water based) lubricants can he helpful for women experiencing vaginal dryness. Lubricant should not substitute for abstinence from penetrative sex during the wound-healing period however

Mabel Namwabira: What was the impact on VMMC outcomes by involving women?

Martin Ndifuna: From Curran's presentation, the 2.9% of women who reported reduced satisfaction, is this a "done and dusted" situation? What can be done to help

these clients? In my experience, a man with 5 wives had reported that all 5 wives reported a reduced performance by their man. However, upon bringing in the husband and all 5 wives and providing counseling, we discovered that 5 wives had put pressure on the man to resume sex before complete wound healing. This affected his healing process and it took a very long recovery time, which was then reported as reduced performance.
Daniel Makawa 2: Kelly, women induce dryness in our communities with traditional herbs and some other overt methods, a practice they believe encourages performance in their male partners, especially were performance is perceived to be prolonged.

Pamela: One study in N. Uganda used cervical cancer screening as an incentive http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3810160/

Martin Ndifuna: The family recovered completely and the problem was resolved. He even volunteered to be a mobiliser and one who can help counsel fellow men

Michele Lanham: Another important message to communicate to both men and women is how long men can expect to be away from work. We found in a study in Nyanza, Kenya (Evens PLoS One 2014) that some participants conflated the six weeks of abstinence with the time away from work following MC, which was a barrier to getting circumcised because men were concerned about providing for their families while they were recovering.

Renee Ridzon: There is a good bit of data on vaginal practices, including induction of vaginal dryness in context of the microbicide studies that have been performed. Those involved in that research may be able to add information

Erugwizangoga 2:Involving MC women counselors can make difference

Kawango: Many of the MC counselors are women

Martin Ndifuna: I loved the female champions idea. We are having a male champions concept in our MTCT program and has changed service delivery

Martin Ndifuna: You are so right Kawango