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“Seizing the Opportunity: Working with Adolescent Boys for an HIV-Free Generation”

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Outline

- Introduction
- World Health Organization (WHO) package of VMMC service
- Country perspective: Tanzania
- Why prioritize adolescents?
- Tanzania data on sexual experience of VMMC clients
- Elements of adolescent-friendly VMMC services



Introduction

- VMMC scale-up has focused on attracting older men to services
- New modeling shows that circumcising adolescents and young adults aged 10–29 may have the greatest public health impact
- Adolescents are not mini-adults; adaptations to elements of the WHO minimum package for VMMC are necessary to provide high-quality clinical services for them



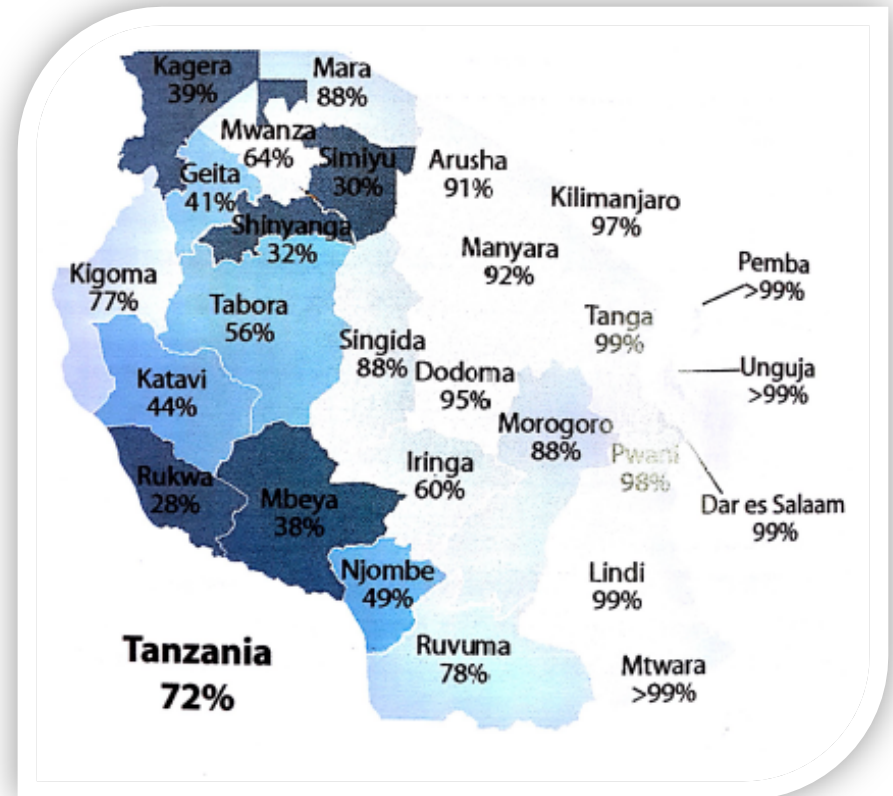
WHO Minimum Package for VMMC

- 1 Counseling for MC and HIV testing
- 2 Promotion and distribution of condoms
- 3 Clinical examination
- 4 Management of sexually transmitted infections (STIs) and other genito-urinary conditions
- 5 Surgical excision of foreskin using a standardized method (FG, DS or Sleeve)
- 6 Post-operative care, risk reduction counseling and follow-up

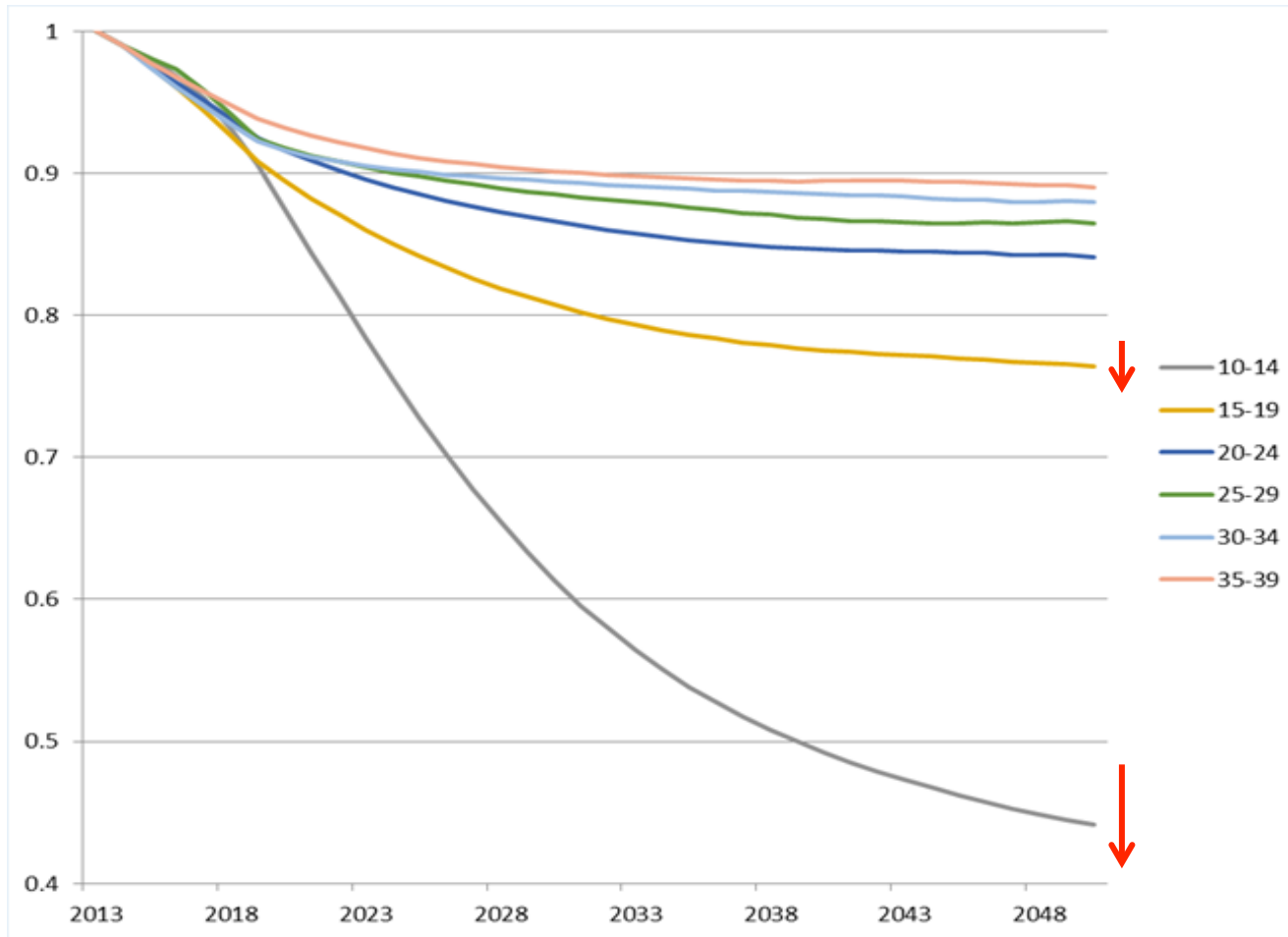


VMMC Services in Tanzania

- VMMC program has been implemented under the MoHSW since 2010 with support from PEPFAR
- Focus on 12 priority regions – with high HIV prevalence and low MC prevalence
- About 676,000 VMMCs done up to September 2013 – 25% of national target
- Approximately 80% of clients are aged 10–19 years, despite a multitude of previous efforts to attract older clients
- Cultural preference for circumcision during childhood and adolescence, and shame associated with being circumcised as an adult, help account for young age of clients even in traditionally non-circumcising areas



Why Prioritize Adolescents?



In Tanzania, the fastest and highest magnitude of incidence rate reductions is achieved by circumcising the 10–19 age group

Tanzania 2010 DHS Data on Male Adolescents

- 7% of males had had sex by age 15
- 32% of males aged 15–19 years were already sexually active at the time of the interview
- Condom use in the last sexual encounter was reported to be 68% among urban youths and 49% among those in rural areas
- 6.8% of those aged 15–24 had more than two sexual partners in the 12 months prior to the survey

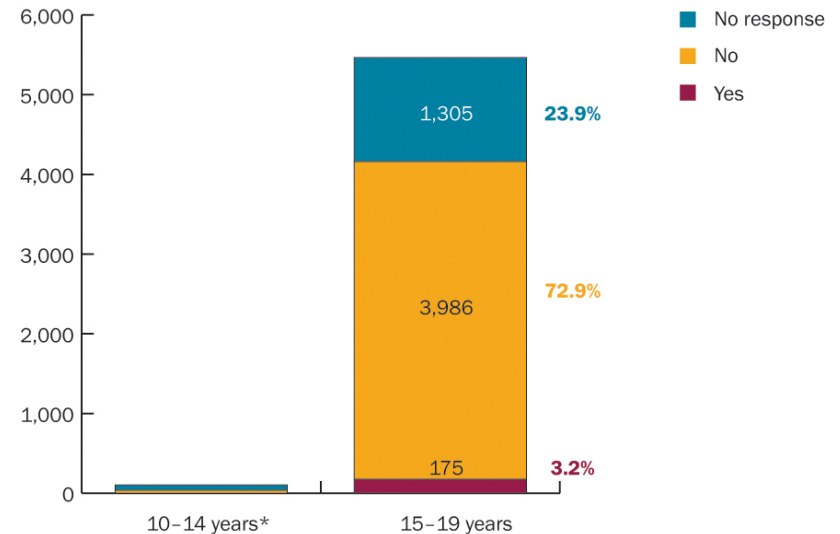


Similar to National Data, Some VMMC Clients Engage in High-Risk Behaviors but Most Are Not Yet Sexually Active

Self-Reported Data on Adolescent Sexual Behaviors (ICASA Poster 2405952)

- Secondary analysis of Tanzania VMMC database for all clients aged 10–19 over a 2-year period
- Self-reported sexual behaviors 3 months prior to date of circumcision, HIV and STI prevalence by age group were analyzed
- 6% of clients aged 10–19 reported being sexually active prior to circumcision (2% of 10–14 year olds, and 14% of 15–19 year olds)
- Despite these low figures, those who reported sexual activity engaged in sexual behaviors that put them at high risk for HIV (e.g., unprotected sex, multiple partners and sex in exchange for money)

Clients reporting exchanging money for sex



*The number of clients reporting exchanging money for sex in this age group is too small for comparison.

How to Make Services Adolescent-Friendly: Taking into Account Different Behaviors/Ages of Clients?



PRE-SERVICE PROVISION

- Anxiety
- Fear of injection
- Fear of pain during/post-procedure
- Worried about healing period



DURING SERVICE PROVISION

- Bombarded with a lot of information on MC and HIV
- Enquiry about sexual activity
- Counseling
- Information on condoms
- Information on wound care
- Surgery



POST-SERVICE PROVISION

- Satisfaction post-procedure
- Equipped with information to reduce future risks

Adapted National Standards for Tanzania for Adolescent-Friendly Health Services

| | |
|---|---|
| 1. Information and advice | All adolescents are able to obtain sexual and reproductive health information and advice relevant to their needs, circumstances and stages of development. |
| 2. Sexual and reproductive health services | All adolescents are able to obtain sexual and reproductive health services that include preventive, promotive, rehabilitative and curative services that are appropriate to their needs. |
| 3. Information on adolescent reproductive health rights | All adolescents are informed of their rights on sexual and reproductive health information and services whereby these rights are observed by all service providers and significant others. |
| 4. Provider competence | Service providers in all delivery points have the required knowledge, skills and positive attitudes to provide sexual and reproductive health services to adolescents effectively and in a friendly manner. |
| 5. Policies and management systems | Policies and management systems are in place in all service delivery points in order to support the provision of adolescent-friendly sexual and reproductive health services. |
| 6. Organization of service delivery points | All service delivery points are organized for the provision of adolescent-friendly reproductive health services as perceived by adolescents themselves. |
| 7. Community and parental support | Mechanisms to enhance community and parental support are in place to ensure adolescents have access to sexual and reproductive health services. |

Menu of MC Messages Can Be Added to ASRH Packages

| Objective of Message | Focus Area | 10–15 Year Old Boys and Girls | 16–24 Year Old Males | Older Females |
|--|--|---|---|--|
| <p>Increase uptake and demand for VMMC</p> <p>Promote health benefits and dispel misinformation on VMMC</p> <p>Target females to provide support for their male partners</p> | <p>Target topics – health benefits of MC</p> | <p>HIV prevention information messages</p> <p>Messages linking good genital hygiene and MC</p> | <p>HIV prevention information messages</p> <p>Messages linking good genital hygiene and MC</p> | <p>Cervical cancer</p> |
| | <p>Target topics for addressing misinformation on MC</p> | <p>Safety of procedure</p> <p>Messages addressing issues of pain</p> | <p>Safety of procedure</p> <p>Messages addressing issues of pain</p> <p>No reduction of sexual pleasure following procedure</p> | <p>Safety of procedure</p> <p>MC does not affect sexual satisfaction for females</p> <p>No proven incidences of association with GBV resulting</p> |
| <p>Change attitude and behaviors relating to possible risk compensation following VMMC</p> | <p>Messages specific at the procedure</p> | <p>Wound care</p> <p>Masturbation and healing</p> | <p>General wound care</p> <p>Masturbation and healing</p> <p>Abstinence following procedure</p> | <p>Abstinence following procedure</p> |
| <p>Messages reinforcing other HIV prevention strategies</p> | <p>General HIV prevention messages</p> | <p>Delaying sexual debut</p> <p>Consistent use of condoms</p> <p>Regular testing for HIV and other STIs</p> | <p>Consistent use of condoms</p> <p>Regular testing for HIV and other STIs</p> <p>Overlapping or concurrent sexual partners</p> | <p>Consistent use of condoms</p> <p>Regular testing for HIV and other STIs</p> <p>Overlapping or concurrent sexual partners</p> |

A Note on Handling Adolescents with Referral Issues

- Many adolescent clients have referral needs:
 - Physiological abnormalities
 - Other health issues identified during physical
 - STIs
 - HIV
- Our experience: In some communities, 2% or more of youth ages 10–14 are testing HIV-positive:
 - Providers must be trained to expertly counsel both adolescent and parents/guardians
 - Many young people already know their HIV-positive status coming into VMMC, but VMMC provides a great opportunity to ensure that their care and treatment needs are being met



Efforts in the VMMC Program in Tanzania

- Engage adolescents in program design and implementation as advisors, promoters and partners
- Provide on-the-job training and mentoring to all VMMC providers on adolescent-friendly services:
 - How to tend to both emotional and physical needs of adolescents
 - How to adapt messages according to experience and age
- Incorporate age and sexual behavior-specific messages in the counseling tools for both group and individual counseling:
 - Ensure partial protection message can be understood by all ages (use football visual for assistance)
 - Engage parents/guardians to ensure that pre- and post-operative messaging can be understood and reinforced by them
- Ensure appropriate consent and ascent of clients
- Obtain client satisfaction feedback (“smiley cards”); disaggregate data by age

Asante Sana

