

Impact of a comprehension assessment among adult and adolescent clients on scale up of male circumcision services in Zambia, TUPE390

Barbara Friedland,¹ Louis Apicella,² Meredith Sheehy,¹ Katie Schenk,³ Kelvin Munjile,⁴ Alfred Adams,² Paul C Hewett,⁴ Lauren Katzen¹
Population Council: ¹New York, NY; ²Manzini, Swaziland; ³Washington, DC; ⁴Lusaka, Zambia

BACKGROUND

- The Population Council evaluated the informed consent (IC) process for male circumcision (MC) in collaboration with the Society for Family Health (SFH), Marie Stopes International (MSI) and Jhpiego at selected clinics in Lusaka, Zambia (2009-2010).
- Quantitative and qualitative methods were used to assess clients' comprehension of key concepts to standardize and streamline consent procedures as MC services were being scaled up.

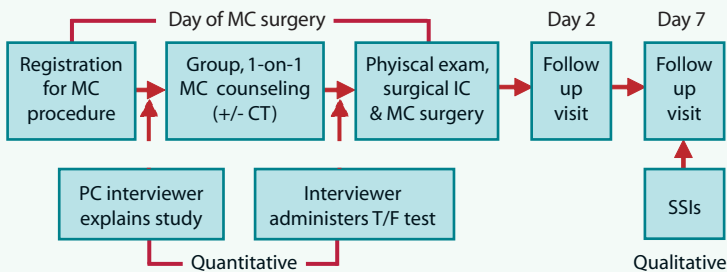
METHODS

Population: MC clients (adults, 18 or older; adolescents, 13-17 years old)

Research questions:

- Quantitative: 10-question true/false test before MC.**
 - Can 90 percent of clients pass the test (score \geq 80%)?
 - Is there a difference in scores and pass rates by age group?
- Qualitative: Semi-structured interviews (SSIs) 7 days post-MC.**
 - Can clients explain key MC concepts in the MC IC process?
 - Do clients understand instructions for healing?

Design:



RESULTS

Client characteristics

- Quantitative (n = 228; 159 adults, 69 adolescents)
 - 22.6 years old, on average (range 13-58)
 - 81 percent single, never married
 - 69 percent completed at least secondary education
 - 90 percent passed literacy test; 99 percent passed numeracy test
- Qualitative (n = 62; 34 adults, 28 adolescents)
 - 21.4 years old, on average (range 13-43)
 - 86 percent single, never married
 - 48 percent completed at least secondary education

Percent of clients responding correctly to specific T/F questions, percent passing the test, and mean scores, by age group and overall (n = 228)

COMPREHENSION QUESTIONS	% Adolescents (95% CI) (n = 69)	% Adults (95% CI) (n = 159)	% Total (95% CI) (n = 228)
1. Before the foreskin is removed during MC, an injection is given at the base of the penis to prevent pain [True].	100 (100-100)	99.4 (98-100)	99.6 (99-100)
2. It is possible to have pain, swelling, or bleeding after MC; resting for 1-2 days after surgery will help wound healing [True].	92.8 (86-99)	95.6 (92-99)	94.7 (92-98)
3. There are no risks in MC surgery [False].*	56.5 (45-69)	71.1 (64-78)	66.7 (61-73)
4. A circumcised man no longer needs to use condoms during sex to prevent him from becoming infected with HIV [False].	89.9 (83-97)	95.6 (93-99)	93.9 (91-97)
5. All circumcised men are HIV negative [False].*	85.5 (77-94)	94.3 (91-98)	91.7 (88-95)
6. An HIV-negative man who is circumcised should continue to reduce his number of sexual partners to lower his chance of getting HIV [True].	92.8 (86-99)	94.3 (91-98)	93.9 (91-97)
7. MC can help lower a man's chances of getting penile cancer [True].	92.8 (86-99)	83.7 (78-89)	86.4 (82-91)
8. A circumcised man who is HIV positive cannot pass HIV to his female partner [False].	88.4 (81-96)	87.4 (82-93)	87.7 (83-92)
9. A man can start having sex after MC when he feels better, even if it is sooner than 6 weeks after his MC surgery [False].	92.8 (86-99)	88.7 (84-94)	89.9 (86-94)
10. MC increases a man's chance of getting some STIs [False].	85.5 (77-94)	87.4 (82-93)	86.8 (82-91)
Proportion passing test	89.9 (83-97)	88.1 (83-93)	88.6 (84-93)
Mean score	8.8 (8.7-9.2)	9.0 (8.8-9.2)	8.9 (8.7-9.1)

* T-test comparing percent of adolescents and adults answering questions correctly with p-value < 0.05.

Summary of quantitative findings

- 89 percent of clients passed the test (mean score = 8.9).
- Only 67 percent of clients responded that there are risks involved in MC surgery; more adults (71%) than adolescents (57%) answered correctly (p < 0.05).
- Logistic regression indicated 3 factors associated with passing (p < 0.05):
 - Passing the literacy test → 6 times more likely to pass T/F test;
 - Completing \geq secondary education → 5 times more likely to pass; and
 - Counseling in most comfortable language → 3 times more likely to pass.

Qualitative findings support quantitative results

Clients had difficulty understanding "risk"

- Several clients said MC surgery has no risks, or they were unaware of them:

(shaking head) let's see he [counselor] didn't say the risks, I wasn't told about the risks they only told me about the benefits.
29-year old, Northmead (MSI)

- The term "risk" may be confusing because the same word is used in the context of describing MC's benefits (60% **risk reduction**), while also outlining potential consequences of the MC surgery, (eg pain, swelling, bleeding):

Dangers [of MC]... not just because you have been circumcised it means you are 100% [safe] from contracting diseases... the risks are there for you to contract diseases, so if you abstain continue doing that.
32-year old, Kudu (SFH)

Partial protection was a challenging concept

- All of the adults, and about half of the adolescents knew MC is not 100% protective; however, some clients had difficulty applying the information to their own level of risk:

Now since I am circumcised... for me to get the HIV and AIDS virus, the chances are very slim...
21-year old, YWCA (SFH)

They say it's only 60 percent, so you still have to wear a condom during sex.... I find that MC is there so in my future, I wouldn't have to worry much about getting HIV and AIDS...
13-year old, YWCA (SFH)

- Some clients understood MC is only partially-protective against HIV, but thought it fully protects against other STIs and cervical cancer in women:

Circumcision will only protect partners from cancer and other STIs disease, but HIV, it will not protect you; you can still contract it.
35-year old, Beit Cure

- Few clients (no adolescents) had a clear understanding of partial protection:

...when they say 60 percent, it doesn't mean 100 percent.... Six out of ten, you can be the unlucky four. It's a game of chance, it's a game of dice, it's a game of poker, you never know. You could win or lose.... that is why it's always good that you wear a condom.
29-year old, Northmead (MSI)

MC's lack of effect on HIV risk for female partners was not well known

- Many clients did not know if MC protects female partners from HIV or thought it does:

I am told it protects [female partners] by 60 percent.
35-year old, Kudu (SFH)

... my wife will feel more happy and comfortable that I went for MC, so she'll feel more comfortable that it won't be easy for her to get infected.
13-year old, YWCA (SFH)

- Only 10 clients understood that MC does not protect women directly:

If a circumcised man has HIV, a woman is not protected... that 60 percent only applies to circumcised men.
30-year old, YWCA (SFH)

Most clients did not know HIV risk is increased by having sex too soon (before 6 weeks post-MC)

- Clients know that abstinence for 6 weeks post-MC is recommended to promote wound healing; only ONE client explicitly acknowledged elevated risk of HIV transmission during the 6 weeks post-MC:

You should not have sex during the healing process. One, you can get HIV...
22-year old, YWCA (SFH)

CONCLUSIONS AND RECOMMENDATIONS

- Several key concepts in the MC IC process were not well understood.
- Specific recommendations to improve client education and counseling include:
 - Balance presentation of risks and benefits better;
 - Provide a clearer explanation of "partial protection;"
 - Reinforce that sex during the 6-week healing period can increase HIV risk;
 - Emphasize that MC does not directly reduce HIV risk for female partners;
 - Tailor counseling to youth who are at varying stages of sexual development;
 - Actively assess comprehension before MC, particularly among adolescents;
 - Design materials for clients with limited education who may have more difficulty understanding complex concepts.
- MC programs should work to optimize client comprehension to ensure truly informed consent, while also helping to reduce the uptake of risk behaviors post-MC.