

Acceptability of Male Circumcision for HIV Prevention Among High-Risk Men in Pune, India

To the Editor:

Little is known about acceptability of male circumcision (MC) for human immunodeficiency virus (HIV) prevention in India. Between April and June 2009, this study carried out structured interviews to assess MC acceptability among a convenience sample of 500 men from groups at increased-risk for HIV including male migrant laborers, factory workers, drivers, and migrant employment seekers.^{1,2} Those 18 years or older, heterosexual, speaking English, Hindi, or Marathi, and with ability to give informed consent were eligible. Once told about the study, consenting participants were interviewed privately by trained interviewers and were compensated with approximately US \$2.5 for their time. The study was approved by Independent Ethics Committees at Public Health Research Institute of India and Prayas Health Group. To minimize misclassification of MC status, participants viewed illustrations of circumcised and uncircumcised penises. Additionally, they were informed of procedure risks and benefits. For Hindi-speakers, “*Sunnat/Khatna*” was used for MC; and for Marathi-speakers, “*Sunta*.” Interviews commenced once participants indicated understanding and willingness to participate. Acceptability of MC was assessed using a 5-point Likert scale. χ^2 statistics were used to assess the relationship of participant characteristics and MC acceptability. A p value of <0.05 was considered significant.

Of 596 men screened, 58 were ineligible due to age or inability to understand the study. Of those eligible, 38 declined for shortness-of-time or discomfort discussing the topic (response rate: 92.9%). Most were Hindus (87.6%), 6.6% Muslims, and 5.8% other religions. The median age was 28 years, with 21.6% having 0 to 7 years of schooling, 49.6% had 8 to 10 years, and 28.8%, over 10 years. Of the participants, one-third (36.4%) were drivers, 26.8% factory workers, 20.2% migrant laborers, and 16.6% migrant employment seekers. Approximately half (53%) reported lifetime multiple sex-partners. Most self-reported being uncircumcised (467/93%), although a minority reported being circumcised (33/7%) and were excluded from subsequent analysis. When uncircumcised participants were asked “Should men consider male circumcision for HIV prevention?” 433 (92.7%) answered “Strongly Yes” or “Yes.” When asked, “If you could be circumcised safely in a hospital or clinic with little pain at low or no cost, would you do it?” 272 (58.2%) said “Yes,” 189 (40.5%) said “No,” 5 (1%) said “Don’t Know,” and 1 (0.2%) declined answering. No demographic variables were associated with MC acceptability.

Obstacles to MC acceptability included fear of pain (71.3%), worry MC was not part of cultural tradition (40.9%), fear of stigma or rejection (29.5%), and concerns about medical complications (27.2%). A small number (20.1%) worried about cost, reduced sexual pleasure (14.1%), and fear that MC might cause infertility (13.9%). Facilitators of MC acceptability included improved penile hygiene (96.6%), lowered HIV/sexually transmitted infection (91.2%), and lowered risk of penile cancer (90.1%), and cervical cancer for partner (86.1%).

Study limitations included a nonrandom sample, so findings may not be generalizable. Participants may have misreported attitudes due to social desirability bias. With limited predictive value for responses about future events, it is also impossible to predict actual intention-to-circumcise. Given that 58% of participants in this study found MC acceptable for HIV prevention, further studies are warranted among other populations in India.

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REFERENCES

1. Saggurti N, Schensul SL, Verma RK. Migration, mobility and sexual risk behavior in Mumbai, India: Mobile men with non-residential wife show increased risk. *AIDS Behav* 2009; 13:921–927.
2. Deb AK, Deb M, Saha MK, et al. HIV transmission potential among local and migrant factory workers in Kolkata, India. *AIDS Behav* 2009; 13:928–938.