

Seizing the day: right time, right place, right message.

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Setting

Kenya 30.7 million 2.2 m living with HIV

Life expectancy: 1997 - 49.7 yrs 2001 - 46.3 yrs

Meru people, East of Mt Kenya

Male patriarchal society – subsistence farming

Meru town: 35% HIV/AIDS prevalence (2000)

Adolescent male circumcision (MC) - marks the transition between childhood and manhood.

Site of programme

Chogoria Hospital 312 beds, 20 rural clinics serving a population of 528,000

Service: MC offered since 1925

Who to? 12-17 yr old boys

How many? Approx. 250-300 boys per yr.

When? December MC season (after primary school education).

Process? MC under local anaesthesia followed by 1 week in-patient stay.

Research background: interviews with 117 adult Meru men

Expectation of change – psychological, social, behavioural and sexual.

“learning the ways of men”

Before MC:
a child

During MC
an initiate

After MC
a man

Sex permitted, even encouraged, “clean the sword”

Research background: results of interviews with 140- adolescent boys pre and post circumcision

Become a man (90%)

Begin a relationship with a woman (53%)

Move from mother's hut. (32%)

“Before circumcision I was a child, now I am a man and can do things and go places where men go”

“I can now speak to girls and start to meet them privately”

“I will not sleep in my mother's hut, she will no longer tell me what to do. I will sleep in my own place and entertain the people I want to”

Project: Climbing to Manhood

Goals and objectives

To reduce HIV/AIDS

To improve sexual and reproductive health

To increase ability to make positive life choices

To achieve more gender equitable norms

Target group: Boys becoming men

Teenage problems: Unemployment, apathy, alcohol and cannabis use. Apathy, decreased motivation.

Programme

BY: Using the mechanisms of traditional circumcision to facilitate change – replicate traditional seclusion teaching to:

- Provide information on youth issues
- Encourage peer group formation, and discussion
- Promote positive peer pressure

Teaching the “ways of men”

A rolling 5 day programme taught on secluded ward

- Becoming a man
- The psychology of youth
- Beer, bhang and miraa
- HIV/AIDS, STI's.
- Setting goals and achieving them
- Community expectations of new men
- School life, - bullying, living together.

The tools

- Videos with follow-up discussion (HIV/AIDS, alcohol and drug taking, life skills_
- Health talks with trainers – (community elders, business, men, chiefs, religious leaders)
- A manual “Climbing to Manhood” – complementary material often in comic form
- A peer counsellor – Head boy who lives with boy as their supporter for duration of programme

Measuring outcomes and project achievements

Numbers: average 250 boys per year.

Cost: Year 1-3 boys paid 2,500ksh (NHIF insurance)

Year 4 boys paid 3,500ksh

Pre and post teaching questionnaire

Assessment meetings with trainers

Review meeting with circumcised boys six months later

Monitoring and evaluation

- Year 1, 2, 3 positive scores, Year 4 no difference (difficulty in administering questionnaires, lack of clarity, lack of funding to ensure full participation of trainers)

“I always thought it was older men who got AIDS, I did not realise it could happen to me”

“I said no when my class mates wanted me to try bhangi, as I knew it could destroy my chances of ever making it at school.”

Trainers' evaluation

From a head master:

“The pupil acted on it (teaching on bullying), instead of hiding the problem and suffering”.

From a chief

- “Parents are relieved that someone is addressing the issues of sex and relationships and drugs with their boys – it is so hard for parents to do so themselves”.

How successful?

An ongoing, long term activity – steeped in history, affected by:

Clashes of cultures, problems with change and innovation, lack of leadership, lack of money, lack of personnel, holidays, hospital organisational and health care needs, hopes, dreams and politics.

Initially reaching boys of all socio-economic backgrounds and educational abilities.

Stakeholders and their roles

- Families and guardians – vested interest in ensuring their boys understood life risks.
- Key community leaders - teaching.
- Hospital ward facilities, exclusively manned by male nurses and male cleaners.
- Community health team – teaching and training
- Funding from Kenya Family Health programme

Strengths and Strategies

- Community aware of HIV/AIDS, anxious about its youth, frightened by risk of contaminated instruments.
- A Meru acceptance that this is the time to speak about sexual and reproductive health
- A Meru expectation of change “boy to man”
- A complementary “healthy living” campaign held in secondary schools, run by Chogoria Hospital that builds on initial learning.

Lessons learned

- Learning the ways of men in the past provides a key to learning the ways of men in the present
- Seclusion period may be the only time some of these adolescents will hear and want to hear appropriate health messages.

Lessons learned

- Funding
- Training of trainers
- Competency to review and assess progress
cannot be taken for granted

Early planning essential