

# **MALE ADOLESCENT CIRCUMCISION IN KENYA:**

**Teaching activities sponsored by FBOs in 2006**

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# 1. BACKGROUND

## Male circumcision in Kenya

Male circumcision is practiced by nearly all ethnic groups in Kenya (with the exception of the Luo and a few smaller groups). While some circumcise their boys shortly after birth (Muslims) or in the first few years of life (Kamba), most groups do it during adolescence. Traditionally, boys were circumcised by male circumcisers, often as part of extensive adolescent initiation rites, in which groups of newly-circumcised youths were secluded together and taught to think and behave as respected men of their particular ethnic group.

Nowadays, many boys are circumcised by medical doctors, nurses and clinical officers at parents' request; they perform the operation in hospitals, health centers, private clinics or homes. At the same time, traditional circumcisers are still active in many parts of Kenya, and some traditional teaching is still done. Parts of that teaching (such as male responsibility for family and community) are considered by Kenyan modern youth educators as still valid and valuable. Other parts of traditional rites (physical beatings, use of alcohol, encouragement of immediate sexual activity) and traditional teachings (violence toward women) are considered outdated, unhealthy, or dangerous.

## How many adolescent Kenyan boys were circumcised in 2006?

We can estimate this number by studying one cohort of Kenyan boys – those who were 14 years old in the year 2006. Fourteen is the approximate age that boys finish primary school (Standard 8) and begin secondary school (Form 1). The school transition is generally considered the break between childhood and early adulthood and the appropriate time for circumcision in most Kenyan groups.

A national census was last taken seven years ago in 1999, when the boys in our cohort were 7 years old (Republic of Kenya 1999). That census showed 401,992 boys aged 7. Among these, about 100,000 were in districts peopled mainly by ethnic groups that do not generally circumcise adolescent boys (Kamba, Luo, Turkana, and Muslim groups), while 300,000 lived in areas practicing adolescent circumcision. Since mortality and migration rates are low for this age cohort, we can estimate that about 300,000 boys reached age 14 in 2006 and were circumcised. *(Note: While some 14-year-old boys were not circumcised in 2006, some older and younger boys were, so the total estimate of 300,000 remains approximately the same.)*

## Male circumcision and HIV

Since the 1980s, the HIV epidemic has been present throughout Kenya. In its wake, male circumcision has come under new scrutiny, with three different aspects gaining attention:

- (a) Circumcision as a danger. Kenyan health officials and parents worry that unsanitary practices (particularly the habit of traditional circumcisers using a single blade to circumcise many boys) could foster HIV infections. This fear has led some parents to elect hospital circumcision for their sons. It has also led some health programs to train and equip traditional circumcisers in less risky procedures.
- (b) Circumcision as protection. On the positive side, reliable scientific evidence has now shown that circumcision itself (by removing the foreskin and the receptor cells on its inner surface) reduces a man's risk of acquiring HIV. Three prospective, randomized controlled trials (RCT) in South Africa, Uganda, and western Kenya have demonstrated clear protective effects of circumcision (Auvert et al. 2005, NIAID 2006). The news of these studies has been reported widely in the Kenyan press, and many Kenyan parents and young men are aware of them.
- (c) Circumcision as a teaching opportunity. The AIDS epidemic has highlighted the need for openly teaching young people about sexuality, healthy behaviours, good choices, and related topics of drug and alcohol abuse, violence, and gender relations. Adolescent boys in Kenya see circumcision as a turning point in their lives. They are ready and eager to learn about responsible manhood, both in their tribal traditions and in the modern world. During the past 7-8 years, several faith-based groups in Kenya have begun to sponsor circumcision programs, offering both safe surgery and several days of teaching on health topics, life skills, religious subjects and tribal traditions. In 2002, four main Kenyan teaching programs were documented (Brown & Micheni 2003):
  - Presbyterian Church of East Africa (PCEA) Chogoria Hospital, *Meru South District, Eastern Province*
  - African Gospel Churches and Tenwek Hospital, *Bomet District, Rift Valley Province*
  - PCEA Lay Centre and Kikuyu Hospital, *Kiambu District, Central Province*
  - Inter-Christian Fellowships' Evangelistic Mission (ICFEM) and Hospital, *Kimilili, Bungoma District, Western Province*

## 2. STUDY METHOD

In November 2006, the Catholic Medical Mission Board of New York and Nairobi, requested us (the authors of the 2003 study) to update it with a rapid assessment of the current situation of male circumcision teaching programs in Kenya. We worked during a three-week period in November-December 2006, the major "circumcision season" in Kenya. By contacting previous programs, and following many suggestions and leads, we learned of more than 30 adolescent circumcision programs currently in progress. We then made 10 on-site visits and were able to interview by telephone or E-mail the program organizers of another 14 programs. We used a standard data sheet to collect information on the 24 programs (Annex A), and we asked for copies of any written materials, curricula, or schedules used in teaching.

## 3. FINDINGS -- THE PROGRAMS

All the faith-based adolescent male circumcision programs in Kenya are sponsored by Christian groups. (We contacted Muslim and Hindu national coordinating offices, but they knew of no such programs among their members.) **Annex B** shows, in table form, the 24 circumcision programs we were able to document in some detail; they are arranged by province and district.

**Districts and ethnic groups:** The largest number of programs (#1-10) were in the Central Province, to the north and northwest of Nairobi, the homelands of the Kikuyu ethnic group. Several programs also exist in the sections of the Eastern Province where Meru groups reside (#11-16). We found only eight scattered programs in the more western parts of the country (#17-24), and none at all in the Coast or Northeastern Provinces.

**Sponsoring organizations:** Most sponsors were hospitals, dioceses or local parishes of the following affiliations

- Catholic – 12 programs
- Mainline Protestant (ACK, MCK, PCEA, Friends) – 8 programs
- Evangelical (AIC, AGC, ICFEM) – 4 programs

In several cases, the men's organization of the church was the driving force in planning and carrying out circumcision sessions for the boys in their community. The sessions were widely publicized, and boys of various faiths (and ethnic groups) were said to be welcome.

**Numbers of programs and boys each year:** The oldest program in Kenya is no doubt Chogoria Hospital's, which dates from the 1920s and has continued to offer hospital circumcision and teaching in some form for most of the years since (Grant et al. 2004). During the period 2000-2002, about half a dozen programs were functioning. The number increased to 17 in 2005, and an additional seven programs were just beginning in 2006.

The size of the programs varies widely. Fourteen of the programs serve fewer than 100 boys per year. (The coordinators of some small hospital-based programs in Nyanza and Rift Valley said that hospital circumcision was still not readily accepted in their areas.) On the other hand, eight programs serve several hundred boys each, and two very large programs (# 08, #22) serve over 1000 boys each.

Some programs limit a session to a maximum of 30 or 50 boys; in some programs a different group of boys comes every week for several weeks. Other programs serve several hundreds of boys together in a single session.

The total number of boys in all 24 programs in 2006 was about 12,000 . This figure represents about 4% of the estimated 300,000 boys circumcised in Kenya during the year.

**Venues:** Nine programs were hospital-based; the boys were housed and taught in a specially-designated ward or building on the hospital grounds.

Most of the other programs housed and taught the boys at a boarding school compound. For the actual circumcision procedure, some groups transported the boys to a nearby hospital or health center; other groups arranged for doctors or clinical officers to come to the school to perform the surgery.

One program does not fit the above description -- #19 in Bomet District. There, members of individual African Gospel Churches arranged for small groups of boys to be housed and taught at private homes. Tenwek Hospital arranged for nurses, clinical officers, and traditional circumcisers to perform the surgery.

**Teaching:** Eighteen of the 24 programs had a major teaching component (See the list in Annex C). The boys in these programs usually stayed in the hospital or school for 5-7 days, sometimes as long as 14 days. Eight of the programs included girls, who were housed separately and had some sessions alone, some with the boys. (See more teaching details in the next section.)

**Fees:** The fees charged to parents for the programs (including circumcision, room & board, and teaching activities) ranged from Kshs 500 to Kshs 7500 (US\$ 7 to US\$ 100). The higher fees may include teaching

materials, honoraria paid to staff and teachers, and perhaps higher quality room and board. The lower fees may reflect some subsidies from donor groups within or outside Kenya.

## 4. FINDINGS -- THE TEACHING CONTENT

**Annex C** shows details of the 18 teaching programs. Of the 10 programs we visited on site, only three had some kind of written teaching materials. Several others had only a schedule of times for eating, sleeping and teaching (showing the topics and names of the teachers). Apparently the teachers themselves were expected to decide their own content and teaching methods, and to provide any teaching aids or handouts.

The program organizers listed numerous topics to be taught to the boys (and, in some programs, to the girls also). The topics can be grouped in four main categories:

- **Health:** Nearly every person we interviewed mentioned HIV/AIDS, and many also mentioned drug abuse. These seemed to be the key problems which had led the adults in the first place to organize teaching sessions for the youth. The PCEA program at Kikuyu (# 08 in Annex C) was particularly strong on drug abuse.

While medical personnel were often invited to teach health sessions, many teachers and counsellors were also considered able to teach them. Some programs used videos as teaching tools. Chogoria Hospital (# 15) was planning to give each boy a booklet that attempted to present health topics in interesting, youth-friendly language. No program mentioned offering HIV testing for the youth, though one or two expressed interest.

- **Adolescence:** This category had many varied teaching topics (see Annex C), which indicate the broad interest and talents of the organizers in the psychological and social needs of their target group. The method of presenting these topics, however, was usually a lecture by an adult man or woman. Interactive teaching methods (such as small group discussions, art, workbooks, drama, poetry, puzzles, comics, games, contests, debates, peer educators) were almost never mentioned. The schedule for ACK Diocese of Mt. Kenya South (# 02) did list some times for discussion, games, and entertainment.
- **Religion:** Topics of faith and Bible study were mentioned, but not in the detail of the topics above. The only effort we saw that tried consistently to integrate teaching about faith with health, adolescence and culture was the booklet "Stepping into Manhood" produced for initiates at Nazareth Hospital (# 03).

- **Social and cultural topics:** These subjects varied widely from one program to another. The list in Annex C includes several intriguing ideas that could be developed. For example, the Nazareth (#03) booklet does contain specifically Kikuyu cultural material in some sections. We suspect that many program planners would welcome help, especially on ethnic-specific topics.

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## DATA COLLECTION SHEET FOR MALE CIRCUMCISION ACTIVITIES

Sponsoring organization: \_\_\_\_\_

Phones \_\_\_\_\_ E-mail \_\_\_\_\_

Director or top administrative person (name &amp; title) \_\_\_\_\_

Interviewer \_\_\_\_\_ By phone / Site visit / E-mail \_\_\_\_\_ Date: \_\_\_\_\_

Persons giving information

Name

Title or duty\*

Phone number (mobile if possible)

1.

2.

\* Ex: circumciser, MOIC, peer educator, pastor, head of health education,

etc.

What year did the program begin?

Ethnic group(s) of boys :

Are girls included?

## OVERVIEW OF CIRCUMCISION ACTIVITIES

	2003	2004	2005	2006
How many boys?				
How many days did they stay?				
Where did boys sleep?				
How much did parents pay?				
Who did the surgery?				
Who did the teaching?				
Topics taught				
Printed materials?				
Donor support – from whom ?				
Were girls included in teaching? If so, how many?				

TEACHING TOPICS &amp; MATERIALS (videos, syllabus, handouts) -- make a list, get copies if possible.

*Write details on back of sheet*

**ADOLESCENT MALE CIRCUMCISION PROGRAMS**  
**SPONSORED BY FAITH-BASED GROUPS IN KENYA**  
**2000-2006**

NOTES: \* indicates a site visit

Sponsoring organizations abbreviated in table: **ACK** = Anglican Church of Kenya, **AIC** = African Inland Church,  
**MCK** = Methodist Church of Kenya, **PCEA** = Presbyterian Church of East Africa

Number of boys -- since first year of the program in each institution. Note: 2006 figures are estimates, as programs were still in session.

ID No.	PROVINCE & District	Sponsoring organization	Ethnic groups	Year & no. of boys	2006 – venues	2006 -- No. of days	2006 -- Teaching program ?	2006 -- fees - whole program - surgery alone
01	NAIROBI	Catholic Archdiocese of Nairobi	Kikuyu (& some others)	2006 250	Muguga High School	10	Yes	Kshs 4000
02 *	CENTRAL Kiambu	ACK Diocese of Mt. Kenya South	Kikuyu	2002 600+ 2003 700 2004 800 2005 700 2006 700	Limuru Girls' School, Tigoni	12	Yes	Kshs 3300
03 *	CENTRAL Kiambu	Catholic Nazareth Hospital	Kikuyu	2006 190	Classroom on hospital grounds	6	Yes	Kshs 2000
04 *	CENTRAL Kiambu	Catholic Riara Parish	Kikuyu	2006 30-50	Riara Secondary School (Surgery at Bethsaida Health Center)	7-14	Yes	Kshs 4000 for 2 weeks Kshs 2000 for 1 week
05 *	CENTRAL Kiambu	Catholic St. Charles Lwanga Parish, Kamirithu	Kikuyu	2004 ? 2005 ? 2006 50	Kamirithu Polytechnic School	7	Yes	Kshs 4000

ID No.	PROVINCE & District	Sponsoring organization	Ethnic groups	Year & no. of boys	2006 – venues	2006 -- No. of days	2006 -- Teaching program ?	2006 -- fees - whole program - surgery alone
06 *	CENTRAL Kiambu	Catholic St. Joseph Loreto Parish, Limuru, Christian Men's Association	Kikuyu	2006 23	Benedictine Monastery, Tigoni	8	Yes	Ksh 3800
07 *	CENTRAL Kiambu	PCEA Githunguri Presbytery, Men's Fellowship	Kikuyu	2006 60 +	Gitwe Girls' School	9	Yes	Kshs 4000
08 *	CENTRAL Kiambu	PCEA Lay Training Centre at Kikuyu	Kikuyu	2000 20 2001 180 2002 371 2003 600 2004 950 2005 1000 2006 1000	Musa Gitau School at Kikuyu  (Surgery at PCEA Kikuyu Hospital)	6-7	Yes	Kshs 5500  Kshs 1500 for surgery alone
09	CENTRAL Nyahururu	Catholic St. Martin's Parish, Nyahururu	Kikuyu	2005 50 2006 60	School dormitory	9	Yes	Kshs 3500
10	CENTRAL Nyeri	PCEA Tumutumu Hospital	Kikuyu	2000 118 2001 106 2002 143 2003 ? 2004 52 2005 87 2006 108	Surgical ward	7	No	Kshs 3500
11	EASTERN Meru Central	Catholic Chaaria Cottolengo Hospital	Meru Samburu Turkana	2004 50 2005 63 2006 ?	Special room in hospital	5	Yes	Kshs 400 for the surgery  Kshs 100 per day

ID No.	PROVINCE & District	Sponsoring organization	Ethnic groups	Year & no. of boys	2006 – venues	2006 -- No. of days	2006 -- Teaching program ?	2006 -- fees - whole program - surgery alone
12	EASTERN Meru Central	Catholic Nkubu Hospital	Meru	2004 ? 2005 60 2006 54+	Surgical ward	5	No	Kshs 4500
13	EASTERN Meru Central	MCK Kaaga Synod, Men's Fellowship	Meru (& some Kikuyu, Luo, Luhya)	2005 240 2006 360	Meru High School	21	Yes	Kshs 7500
14	EASTERN Meru North	MCK Maua Hospital	Tigania	2001 ? 2002 ? 2003 ? 2004 ? 2005 ? 2006 25+	Surgical ward	7	No	Kshs 4500
15 *	EASTERN Meru South	PCEA Chogoria Hospital	Meru, plus a few Embu & Kikuyu	Previous figures not available 2000 269 2001 259 2002 226 2003 214 2004 310 2005 318 2006 ?	Special dormitory on hospital grounds	5	Yes	Kshs 3500  Kshs 1000 for surgery alone
16	EASTERN Samburu	Catholic Wamba Hospital	Meru Samburu Turkana	2003 ? 2004 40 2005 55 2006 27 +	Surgical ward	5	No	Kshs 1500 for the surgery  Kshs ?? per day
17	NYANZA Kisii South	Catholic St. Camillus Hospital, Tabaka	Kisii	2006 20 +	Special room in hospital	3	Yes	Kshs 500

ID No.	PROVINCE & District	Sponsoring organization	Ethnic groups	Year & no. of boys	2006 – venues	2006 -- No. of days	2006 -- Teaching program ?	2006 -- fees - whole program - surgery alone
18	NYANZA Migori	Catholic St. Joseph's Hospital	Bukusu & some Luo	2004 10 2005 17 2006 ?	Do not spend the night	0	No	Kshs 1500 for surgery
19	RIFT VALLEY Bomet	African Gospel Churches (AGC) & Tenwek Hospital	Kalenjin	2000-02 ? 2003 ? 2004 ? 2005 500 2006 500	Homes of designated church members in the communities	14	Yes	Kshs 600 for circumcision  Parents cover other needs
20	RIFT VALLEY Bomet	Catholic Kaplong Hospital	Kipsigi	2003 ? 2004 10 2005 16 2006 ?	Do not spend the night	0	No	Kshs 500 for surgery
21	RIFT VALLEY Buret	AIC Litein Hospital	Kisii Kipsigi	2006 10 +	Special building in hospital compound	14	Yes	Kshs 1700 for circumcision Kshs 300 per day in hospital
22	RIFT VALLEY Elgeyo-Marakwet	AIC Kapsowar Hospital	Nandi	2006 250	Special hospital ward	3	Yes	Ksh 1,700 for whole program
23	WESTERN Bungoma	Friends Church Lugulu Hospital	Luhya	2005 10 2006 25	Surgical ward	7-10	No	Kshs 2500
24 *	WESTERN Bungoma	Inter-Christian Fellowships' Evangelical Mission (ICFEM)	Luhya	2002 1778 2003 4526 2004 7757 2005 5198 2006 7700+	Special shelters in village camps  Special room in Greenlands Health Center	14	Yes	Kshs 2500

Other faith-based programs, which we heard of, but were unable to contact in 2006:

<b>PROVINCE</b>	<b>Places</b>
NAIROBI	PCEA Eastleigh Parish; PCEA Ngamena
CENTRAL	North Kinangop Hospital (Catholic); ACK Thika Diocese; Githiga
RIFT VALLEY	Ngong town; Njoro; West Pokot

**TOPICS TAUGHT**  
**IN MALE CIRCUMCISION PROGRAMS SPONSORED BY FAITH-BASED GROUPS IN KENYA**  
**2006**

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NOTES: \* indicates a site visit

Sponsoring organizations abbreviated in table: **ACK** = Anglican Church of Kenya, **AIC** = African Inland Church,  
**MCK** = Methodist Church of Kenya, **PCEA** = Presbyterian Church of East Africa

ID no.	Sponsoring organization	Who are taught?	Teachers & teaching materials	TOPICS TAUGHT			
				Health	Adolescence	Religion	Culture & society
01	Catholic Archdiocese of Nairobi	Boys & girls		Sex AIDS	Boy-girl relationships Life skills		
02 *	ACK Diocese of Mt. Kenya South	Boys & girls	Clergy Lay persons Specialists Both men & women	Human sexuality Drug dependance	Parent-child relationships Student-student relationships Self-control Challenges of adolescence Self-reliance How to make it in life Adjustment to see own self	Cults Spiritual initiation Christian maturity Christian integrity	Kikuyu traditional values Dangers of secular music

ID no.	Sponsoring organization	Who are taught?	Teachers & teaching materials	TOPICS TAUGHT			
				Health	Adolescence	Religion	Culture & society
03 *	Catholic Nazareth Hospital	Boys	Counselors Teachers Elders Specialists  A 50-page booklet for the boys, " <i>Stepping into Manhood: Shoulder to Shoulder</i> " covers all the topics	Teenage sexual behaviour Drug & substance abuse Human sexuality HIV/AIDS	Self-awareness Peer relationships/ friendships High school challenges Peer bullying Relationships with teachers Relationships with parents Goal setting	Boys' booklet Includes scripture or religious teaching throughout (on about half the pages)	Environment Culture & Christianity (circumcision)
04 *	Catholic Riara Parish	Boys	Educators from Nazareth Hospital	STIs Drug abuse		Christianity	Environmental care Kikuyu culture
05 *	Catholic St. Charles Lwanga Parish, Kamarithu	Boys	Parish priest Hired counsellors	STDs HIV		Christianity	Manhood
06 *	Catholic St. Joseph Loreto Parish, Limuru, Christian Men's Association	Boys & girls	Parish catechist School counsellors Psychiatrist	Behavior change Human sexuality Reproductiv4 health HIV-AIDS, STIs Chemical dependence	Relationships with older students Unrest & discipline in school Study techniques Leadership Team building	Spiritual awareness Bible study & discussion Prayers	Initiation in Kikuyu context

ID no.	Sponsoring organization	Who are taught?	Teachers & teaching materials	TOPICS TAUGHT			
				Health	Adolescence	Religion	Culture & society
07 *	PCEA Githunguri Presbytery, Men's Fellowship	Boys & girls	School teachers School counsellors Recent graduates Religious leaders Some well-versed in Kikuyu traditional values	Drugs & abuse Sexuality HIV/AIDS	Challenges of adolescence Peer pressure Adjustment in secondary school Self discipline		Traditional values
08 *	PCEA Lay Training Centre at Kikuyu	Boys & girls	Pastors Teachers Clinical officers Counsellors Specialists  A 20-page teaching manual <i>"Speed Governor Age Group"</i> covers most of the topics, some in outline only.	Chemical dependence Female reproductive system Human sexuality STDs HIV/AIDS	Life skills Adjustment in secondary school Home as a school Adolescent stress Self esteem Understanding your potential Pornography in schools Girls in a mixed school Youth & crime Boy-girl relationships Time management Child/Parent relationship	Spiritual initiation  Christian integrity  Specific scripture or religious teaching on a few pages of the manual	What is a rite of passage? African traditional values Leadership formation Female abuse Adulthood Manhood Womanhood Lesbianism
09	Catholic St. Martin's Parish, Nyahururu	Boys & girls	Church & community adults	Drugs HIV	Preparation for Form One (secondary school)		Community & family responsibilities
10	PCEA Tumutumu Hospital	Boys	Medical workers Church leaders Community leaders & elders	HIV/AIDS		Christian teaching	Kikuyu tradition

ID no.	Sponsoring organization	Who are taught?	Teachers & teaching materials	TOPICS TAUGHT			
				Health	Adolescence	Religion	Culture & society
11	Catholic Chaaria Cottolengo Hospital	Boys	Student doctors COs Male nurses				Adulthood Manhood
13	MCK Kaaga Synod, Men's Fellowship	Boys & girls	Trained counsellors Pastors Local leaders Meru elders Medical personnel	Health issues		Christian maturity	Responsible manhood Meru tradition
15 *	PCEA Chogoria Hospital	Boys	Church leaders Chiefs Local leaders Peer counselors  A 20-page booklet for the boys, " <i>Climbing to Manhood</i> ", covers some of the topics	Good mental health Malaria STIs HIV&AIDS – available services, opportunistic infections Substance abuse & alcohol	Changes & choices Relationships with parents, friends, girls Stress & stress management	Christian maturity What does it mean to be a Christian man?	Violence What does it mean to be a traditional man? Requirements of the law Community expectations Meru traditions
17	Catholic St. Camillus Hospital at Tabaka	Boys	Catechist Medical staff Elderly men	HIV/AIDS		Christianity	Kisii traditions
19	African Gospel Churches (AGC) & Tenwek Hospital	Boys	Field health educators Hospital chaplains	HIV/AIDS	Adulthood	Religion	
21	AIC Litein Hospital	Boys & girls	AIDS coordinator	Health		Religion	

ID no.	Sponsoring organization	Who are taught?	Teachers & teaching materials	TOPICS TAUGHT			
				Health	Adolescence	Religion	Culture & society
22	AIC Kapsowar Hospital	Boys	Counselling department Health workers Pastors	HIV/AIDS		Spiritual matters	
24 *	Inter-Christian Fellowships' Evangelical Mission (ICFEM)	Boys	Health workers Respected community leaders & elders Church leaders	HIV/AIDS STDs		Biblical principles Character Spiritual life	Community responsibility

## MISCELLANEOUS ISSUES

### Decisions to be made as the 2007 teaching materials are developed:

- What is the best way to present current research on the health benefits of male circumcision?
  - Will any special topics be included for girls?
  - Will masturbation be discussed as a sin or as a solution to adolescent needs?
  - Will a group name be used? Traditionally, in several ethnic groups, boys circumcised in the same year received a group name, which went with them through life. The modern PCEA-Kikuyu program gives its boys a name, which often reflects current events in Kenya: "Constitution Group" (2002), "Speed Governor Group" (2006), etc. Will a standard name be suggested for all boys in the 2007 programs?
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### Many Kenyan adolescents are not reached in current circumcision programs

- In almost all areas of Kenya outside Nairobi and Central Province, we heard that hospital circumcision is not widely accepted. Kenyan families resist it for two main reasons. First, the actual circumcision is not done in the traditional way, which often requires that no anesthesia be used, that boys suffer pain, and (among some groups) that particular traditional styles of the cut be performed (See Brown, Micheni et al. 2003). Second, families consider hospital circumcision as more costly than the traditional operation and ceremonies and indeed, it often is. We note that the AGM-Tenwek (# 19) and the ICFEM (# 24) programs are trying seriously to combine some traditional practices with modern teaching, and still keep the costs in line with traditional costs.
  - Some ethnic groups do not circumcise boys at all (Luo, Turkana). However, many families may be interested now, as the protective health effects of circumcision become known.
  - In some ethnic groups, boys are circumcised at age 5-10 (Kamba in Eastern Province, Borana & Somali in Northeast). Some health and adolescence teaching can perhaps be done, even for these pre-adolescent boys.
  - Religious groups (Muslims) who circumcise newborn boys may be interested in teaching their boys and girls during adolescence, using some of the health and adolescence materials produced in hospital or church programs.
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### Circumcision surgical procedures

Surgical circumcision is not taught in detail in Kenyan schools for nurses or clinical officers (COs). These health professionals need practical information and diagrams in a simple procedural manual. The authors of this study examined the current draft of a manual by WHO. Mr. Micheni, an experienced nurse and teacher of circumcision procedures, judged it extremely helpful and useful. The manual perhaps contains more

theory and detail than necessary, but Kenyan nurses and COs (in training and in practice) badly need the practical parts of this manual.

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