PERCEPTIONS AND ACCEPTABILITY OF MALE CIRCUMCISION POLICY: A CASE OF CHIMANIMANI EAST CONSTITUANCY.

BY

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Abstract

In 2009, the government of Zimbabwe through the Ministry of Health and Child Care embarked on a massive campaign for voluntary medical male circumcision. The ministry adopted a policy that includes male circumcision as one of the ways to combat HIVand Aids infection .It had been observed that more and more people of all age groups were continuing to be affected and infected by the AIDS pandemic. Some publication has taken place to encourage males to come for circumcision through donor aided programmes. These were in the form of banners, pamphlets, billboards and some broadcasting services .Male circumcision, which is the surgical removal of some or all of the foreskin (or prepuce from the penis), is being introduced in Zimbabwe as an additional prevention method for infection by the Human Immuno-Deficiancy Virus (HIV) and the resultant Acquired Immuno-Deficiency Syndrome (AIDS). This study sought to investigate people's perceptions and acceptability towards male circumcision as a tool to reduce (HIV/AIDS) scourge in Chimanimani East Constituency. It has been confirmed that quite a number of campaigns have been carried out to convince the general public of the value of male circumcision as a method to combat HIV infection. These campaigns have also been extended to the Varemba and Shangaan who culturally practice male circumcision. The cost of circumcision is subsidized by UNICEF.Using the qualitative research methodology, the study revealed that the people are willing to change their behavior after circumcision, provided they are well informed about it and there are adequate qualified medical practitioners in clinics and hospitals in the constituency to pass this knowledge to them. A sample size of fifty was used for the questionnaires. It composed of thirty males and twenty females. However there has to be a stronger political will for scaling up VMMC by the government.

Declaration

I, Dziwa Davidson, do hereby declare that this research Project/Dissertation is my original work except where sources have been acknowledged. The work has never been submitted, nor will it ever be, to another University in the awarding of a degree.

Student…… Date……

Signature

Supervisor…… Date……

Signature

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Dedication

This dissertation is dedicated to my late father, Rev .Nisbert Shingirai Dziwa who had always wanted me to pursue a Master's degree. I know you would be proud.

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List of Acronyms

ACHAP	African Comprehensive HIV/AIDS Partnership.
AIDS	Acquired Immune Deficiency Syndrome.
EIMC	Early Infant Male Circumcision.
HIV	Human Immunodeficiency Virus.
HMIS	Health Management Information System.
HTC	HIV Testing and Counseling
ICASA	International Conference on AIDS and STIs in Africa.
IEC	Information, Education and Communication.
MC	Male Circumcision.
MoHCC	Ministry of Health and Child Care.
NAC	National Aids Council.
PEPFAR	President's Emergency Plan for AIDS Relief.
STI	Sexually Transmitted Infection
TAGIMC	Technical Advisory Group on Innovations in Male Circumcision.
UNAIDS	Joint United Nations Programme on HIV/AIDS.
VMMC	Voluntary Medical Male Circumcision.
WHO	World Health Organisation.

CHAPTER ONE

INTRODUCTION

There is a growing concern from countries of the world about how to reduce the negative effects of the killer disease HIV/AIDS that is continuing to devastate the global population. Scientists have come up with some medicines and drugs to combat the negative effects of the pandemic. Researchers are also battling to try and find measures and policies on how to control the scourge. One such measure is the crafting of the circumcision policy.

1.2 Background

The World Health Organization (WHO) 2011, HIV and AIDS Department confirm that there is compelling evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. It provides partial protection and is one element of the comprehensive HIV prevention package.Manfred (2008) stated that the inner surface of the foreskin contains Lagerhans' cells with HIV receptors. He goes on to say that these cells are likely to be the primary point of viral entry into the penis of an uncircumcised man. Most cases of primary HIV infection are thought to involve HIV binding initially to the receptors found on antigen presenting cells, in the genital and rectal mucosa. By doing so the virus establishes a permanent infection within the body.

In 2009, the Ministry of Health and Child Care in Zimbabwe after this confirmation embarked on a vigorous campaign for male circumcision. The environment is littered with bill-boards, newspaper advserts, magazines, radio and television adverts encouraging all males to get circumcised. The commuter omnibuses are also inscribed with information on male circumcision. Caps and T-shirts are distributed to the general public.

It is against this scientific biological background that it becomes necessary to introduce male circumcision as a means of reducing the spread of HIV through the foreskin of the penis. The National Aids Council and Zimbabwe Aids Network are the main drivers to the reduction of the prevalence rate through their education and distribution of HIV/AIDS materials to the general public.

Perception (from Latin perception, percipio) is the organisation, identification and interpretation of sensory information in order to represent and understand the environment. It is also the way in which something is regarded, understood or interpreted. All perception involves signals in the nervous system. The environment is littered with bill boards, newspaper adverts, magazines, and radio and television adverts encouraging all males to get circumcised. However though not yet a fully-fledged policy on its own in Zimbabwe, such encouragements have had mixed reactions among the population.

According to the Cochrane-meta analysis of studies done on sexually active men in Africa found that male circumcision reduces the infection rate of HIV among heterosexual men by 38-66% over a period of 24 months. The World Health Organisation (WHO) recommends considering male circumcision as part of a comprehensive HIV programme in areas with high endemic rates of HIV such as sub-Saharan Africa where studies have concluded it is cost –effecting against HIV. Male circumcision reduces the incidence of HSV-2 infections by 28% and is associated with reduced oncogenic HPV prevalence and a reduced risk of both UTIs and penile cancer but routine circumcision is not justified for the prevention of those conditions. Studies of its protective effects against other Sexually Transmitted Infections (STIs) have been inconclusive. Lissauer et al (2011) state that a 2010 review of literature worldwide found that male circumcision procedures performed by medical providers to have a median and complication rate of 1, 5% for newborns and 6% for older children with few severe complications. They went on to say that bleeding infections and the removal of either much or too little foreskin are the most common complications cited. Male circumcision does not appear to have a negative impact on sexual function.

1.3 Statement of the Problem

It seems that citizens especially men in Chimanimani District, are not willing to accept male circumcision as a measure to reduce adverse effects and the prevalence of HIV .Women do not seem to encourage their husbands to go and be circumcised. More and

more cases of infections and HIV/AIDS related deaths continue to be recorded in order to come up with policies and more viable strategies for community mobilization.

The adverse effects include economic and social effects. Economically, it is the working class that is affected. Many days on end are spend while the infected are in hospitals and on sick leave. Hence this affects production in the industry.

Socially a lot of children have been orphaned through the pandemic. Therefore it is the Zimbabwean population at large that looks into the welfare of the orphaned children. There may not be adequate resources for this.

1.4 Purpose of the Study

The purpose of this study was:-

(i) To establish in citizens the health benefits of the programme on male circumcision.

(ii) To assist policy-makers so that they come up with well-informed health policies on male circumcision.

(iii) To develop strategies of mobilizing members of the community on male circumcision policy.

(iv) To encourage citizens so that they go and be circumcised.

1.5 Significance of the Study

The study is significant in a number of ways. It was designed to establish the perceptions and acceptability of people, both men and women towards male circumcision. If the research would establish that men are not willing to accept the practice, then the government would be compelled to change its mobilization strategies. Hospitals and those medical centres that are performing the procedure have to appreciate people's concerns and feelings about male circumcision. Men may not be willing because of fear of the pain in the procedure.

Therefore emphasis would be on reduction of fear by the general public. The unwillingness may also be caused by the fear to be tested to find out one's HIV status before the procedure because that's one of the qualifications to the operation. Therefore benefits of knowing one's status are also going to be highlighted.

Results from research would influence the direction of National Health Policy Makers to empower the public in general to go for male circumcision and also to assist them to come up with informed decisions in formulating health policies.

1.6 Research Objectives

The objectives of the study were to:-

(i) Investigate if the male circumcision policy is adequate to satisfy the needs of Chimanimani East Constituency to combat the spread of HIV.

(ii) Analyse the worthiness and relevance of male circumcision policy being accepted.

(iii) Establish how the male circumcision policy is interpreted.

(iv)Analyse organization and understanding of the consequences to social, political, religious and economic environment.

(v) Establish the extent to which male circumcision policy is appreciated.

1.7 Research Questions:

The central research question was, "What are the perceptions of both men and women in Chimanimani East Constituency towards male circumcision as a method to reduce HIV/AIDS infections?" This main research question could further be answered by asking the following sub-questions:-

(i)Is it acceptable to make male circumcision mandatory?

(ii) How will male circumcision affect people's attitudes towards abstinence and protected sex within Chimanimani East Constituency?

(iii) Is the male circumcision viewed as the panacea to the Aids pandemic in Chimanimani East Constituency?

(iv) How would one determine the worthiness and relevance of male circumcision policy in Chimanimani East Constituency?

(v)Has the male circumcision policy made an impact on women in terms of mobilizing men to go and be circumcised?

1.8 Assumptions

The study assumed that:-

(i) There seems to be a relationship between male circumcision and fewer incidences of HIV infections.

(ii) The more men are encouraged by women to be circumcised, the better the mobilization becomes.

(iii) The more men are circumcised, the less the incidences of HIV infections.

(iv) Women can positively change men's attitudes towards male circumcision.

1.9 Delimitations of the Study

This study was delimited to the study of men and women only in the Chimanimani East Constituency.

The study focused on the perceptions and acceptability of the policy on male circumcision to persons between twenty and forty years of age.

1.10 Summary

This chapter looked at the background of the study. There is a growing concern from countries of the world about how to reduce the negative effects of the killer disease HIV/AIDS that is continuing to devastate the global population. One of the strategies that could help in trying to redress the spread of the pandemic is the introduction of the male circumcision.

It was the objective of the researcher to find out the perceptions and acceptability of the male circumcision policy.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed literature pertaining to male circumcision. It covered what other researchers found out about male circumcision especially about its origins, history, health benefits and how people regard it. There was also an attempt to link the theoretical framework to the specific area of study which is perceptions of male circumcision generally in Zimbabwe and in Chimanimani East Constituency in particular.

2.1 Theoretical Framework

There is a belief that male circumcision greatly reduces the incidences of HIV/AIDS infections. Kneller (1964), a progressivist philosopher, believes that social changes and individual development are paramount to adjustment on human daily practices. In other words it is important for an individual to change his/her attitude towards life. When one changes the inner attitudes of his/her mind, this will inevitably affect the outer aspects of an individual. Barrow and Woods (1988) believe in what they call 'Education for life' and that once people get the correct knowledge, they are bound to live a better life today and tomorrow.

This brings on issues of sustainability knowledge that help people survive today and tomorrow. The involvement of both males and females in support of circumcision for men would bring unopposed circumcision practice because sexuality involves both men and women. The desired change would be permanent and beneficial to the human race that is under threat from the HIV and AIDS pandemic. Men and women must have progressive ideas in their minds and practices to foster improved change and enable improved living conditions, especially in terms of better health for all. Scientific activities have taken a centre stage in the development of all societies as they are the people's standards of living. According to Kalichman (1999), behavior change is the process of changing from an unfashionable behavior to a morally acceptable behavior.

2.2 Relevance of the Conceptual Framework to the study

The relevance of the conceptual framework to this study was that the researcher would be kept focused to the basis of the study which lies on the perceptions and acceptability of male circumcision policy. It is of paramount importance for individuals, both males and females to change their attitudes towards circumcision practice because this would affect their health and life. Once people have correct knowledge and information, they are likely going to make informed decisions about their welfare and also they would have a better understanding of how people are infected with the Aids pandemic.

2.3 What Male Circumcision Is

The word circumcision, according to Lissauer et al (2011) state that it came from Latin, circumcidere-meaning to cut around. It is the surgical removal of the foreskin (prepuce) from the human penis. They go on to say that in a typical procedure, the foreskin is opened and then separated from the glans after inspection. The circumcision device (if used) is placed and then the foreskin is removed. Topic or locally injected anesthesia may be used to reduce pain and physiologic stress. For adults general anesthesia is an option and the procedure is often performed without a specialised circumcision device.

The procedure is most often elected for religious reasons or personal preferences but may be indicated for both therapeutic and prophylactic reasons. It is a treatment option for pathological phimosis, refractory balanoposthitis and chronic urinary tract infections. Lissauer et al further argue that it is contraindicated in cases of certain genital structure abnormalities or poor general health. The positions of the world's major medical organisations range from considering neonatal circumcision as having a modest health benefit that outweighs small risks to viewing it as having no benefit and significant risks. No major medical organization recommends either universal circumcision for parts of Africa or banning the procedure. Ethical and legal questions regarding informal consent and anatomy have been raised over non-therapeutic neonatal circumcision.

According to Sawyer, (2011), he states that the history of male circumcision is the world's oldest planned surgical procedure suggested by anatomist and hyper-diffussionist to be over 15000 years old, pre-dating recorded history. He goes on to say that there is no firm consensus as to how it came to be practiced worldwide. One theory is that it began in one geographic area spread from there; another is that several differing cultural groups began its practice independently.

Rudolf, et al (2011) suggested that it began as a less severe form of emasculating a captured enemy, penectomy or castration would likely have been fatal while some form of circumcision would permanently mark the defeated yet leave him alive to serve as a slave.

Again according to Lissauer et al (2011) about one third of males worldwide are circumcised. The procedure is most prevalent in the Muslim world and Israel 9where it is near-universal), the United States and parts of Southeast Asia and Africa. They go on to say that it is relatively rare in Europe, Latin America, parts of Southeast Africa and most of Asia. The origin of circumcision is not known with certainty; the oldest documentary evidence for it comes from ancient Egypt. Various theories have been proposed as to its origin inclusively as religious sacrifice and as a rate of passage marking a boy's entrance into adulthood. It is part of religious law in Judaism and in an established practice in Islam, Coptic Christianity and the Ethiopian Orthodox Church.

Dean (2000) refers to male circumcision as the surgical removal of some or all of theforeskin (or prepuce) from the penis). It is argued that the operation reduces the chance of contracting HIV by 60%. He goes on to say that before circumcision was done by cultural and religious groups which include the Muslims, the Shangaan, the Varemba and the Chewa, just to mention few groups. It is also stated that HIV prevalence levels are lower in circumcising communities than uncircumcising communities. The Population Services Department in Zimbabwe is working to create informed demand for male circumcision and to increase access to safe male circumcision for adolescents and men.

According to Gandari (2010), communication also targets women and community leaders, who help to create a supportive environment for the introduction of circumcision, promote healthy social norms around the procedure and post-operative sexual behaviours and encourage individual behavior change.

An example given in the AIDS context is when one changes from a behavior of not using condoms to the behavior of using them when having sex. According to Weismann (1993), societal norms, religious criteria and gender power relations infuse meaning into behavior, enabling positive or negative changes.

According to the NewsDay, March 21,2014, it is stated that the Ministry of Health and Child Care director for Aids and TB Unit, Owen Mugurungi told NewsDay that 204 310 men were circumcised between May 2009 and December 2013.

The paper goes on to state that there has been steady progress in the males being circumcised. In 2009, 2801 males were circumcised and in 2013 alone, 112 869 males went through the procedure. Mr.Mugurungi had this to say, "The programme is indeed growing and we are very optimistic that we will continue to grow (it) until we have reached a minimum of 80% of the adolescent and male population."

The paper went on to state that since the programme's inception, the has not been significant resistance as demonstrated by the sharp increase in the number of men coming forward and the ministry's target is to have circumcised 1,3 million males by 2017. On the issue of factoring women into the equation of male circumcision, the paper explained that although there have been widespread reports of the benefits that men have accrued from

Surrendering the foreskin of their manhood, it would appear as if women, on the other hand, have been factored out of the whole circumcision equation. Mugurungi further elaborated that there are, however, some factors that enhance a man's ability to decide to get circumcised. Support of the spouse is one such important factor and so in this

instance there has to be encouragement of people in relationships to talk openly about sexual reproductive health issues, including VMMC and for the female partners to also encourage their men to get circumcised.

According to Population Services International (PSI-Zimbabwe Annual Report, December, 2013) male circumcision manager Roy Dhlamini argued that women have not been left out as they had something to gain from the procedure. The report stresses that Dhlamini is on record as stating "end-stream" gains such as lowering the risk of contracting cervical cancer and other sexually transmitted infections among partners of circumcised men. He goes on to say that there is a lower risk of chancroid and syphilis infection, lower risk of human papilloma virus (HPV) infection and cervical cancer, possibly lower of gonorrhea and Chlamydia and lower risk of bacterial vaginosis. He concluded by saying that it would be folly to cancel out women from the circumcision equation as they were key factors to its success.

According to Jackson (2009) the Ministry of health and Child Welfare in Zimbabwe recently announced that they are committed to promoting male circumcision as an HIV preventive method. Male circumcision is performed in many societies in the world for cultural and religious reasons. Medical male circumcision is primarily performed to improve the health and hygiene of men and their sexual partners. Overtime, researchers

according to Bolgard (2005) noted that Asia and African communities had a low prevalence of HIV than other communities.

Recent research indicates that the foreskin contains target cells that HIV infects during the initial stages of exposure. He goes on to say that after it is removed during circumcision, the remaining skin develops a different protective surface which is called keratinized skin which has fewer target cells. Keratinisation is thought to be one of the reasons why circumcision reduces man's risk of acquiring HIV during vaginal sex. There are many questions raised by women in relation to male circumcision and d the reduction of HIV transmission. A study funded by the Gates Foundation in Uganda, expected to be completed in 2012 sought to quantify the effects of male circumcision on sexual transmission of HIV from men to women. The World Health Organisation (WHO) meeting in March 2007 indicated that women may face higher than normal HIV risk from having sex with recently circumcised men before the incision from the circumcision is completely healed.

Elinet (2006) argues that using circumcision as a means to reduce HIV infection would on the national level require consistently safe sexual practices to maintain the protective benefit. The joint WHO/UNAIDS recommendation also notes that circumcision only provides partial protection from HIV and should never replace known methods of HIV prevention. He goes on to say that circumcision has been judged to be a cost effective

method to reduce the spread of HIV in a population though not necessarily more cost effective than condoms .

Anvert et al (2006) states that there is compelling evidence about the protective nature of circumcision to men following three successful trials that were carried out. One was carried out in Orange farm, an informal settlement in Johannesburg, South Africa where it was shown that circumcision was 60% effective in reducing HIV infection among those who were not circumcision. The results of the other two trials conducted Kisumu in Kenya and in Rahai Uganda showed a reduction of HIV infection of 53 and 48% respectively (US National Institute of Allergy and Infection Disease, 2006). They went on to say that there is need to contextualize the issue of male circumcision preparedness and undertake some action research that promotes male circumcision as a male sexual health issue. It is therefore important to investigate the attitudes, perceptions and beliefs of people from various cultures held regarding both traditional and medical male circumcision as well as acceptability of either practice. Welbourne and Hoare (2008) confirm that new research findings suggest that male circumcision provides some protection against HIV.

According to the BioMed Central (BMC)2012 report on Public Health, it state that current Joint United Nations Programme on HIV/AIDS (UNAIDS) statistics show that 68% of total HIV infections occur in Sub-Saharan Africa (SSA).Despite of the

availability of already known HIV prevention methods, most new infections continue to occur in this region. The report continues to state that recently, three randomized controlled trials in African countries have demonstrated that medical male circumcision reduces the risk of acquiring sexually transmitted infections, including HIV, from infected women to uninfected men by about 60%. The (WHO) and UNAIDS estimate that approximately 30% of males aged fifteen years or older are circumcised globally and two thirds are Muslims. In addition, the report shows that ethnicity and social or health-related factors are determinants of male circumcision and that the practice is almost universal in North and most of West Africa.

On the contrary, male circumcision is less common in South Africa where the national HIV prevalence and the practice is 18, 1% and 35% respectively. In line with the benefits of male circumcision, recently, population-based data from Orange Farm in South Africa have shown lower HIV prevalence and incidence among circumcised men compared to uncircumcised men. The report has also highlighted that WHO and UNAIDS have widely recommended the scaling up of male circumcision activities in countries and regions with heterosexual epidemics with high HIV and low male circumcision prevalence. It is emphasized that as male circumcision only provides partial protection of male acquisition of HIV, it should not replace other existing biomedical and behavioral interventions.

Furthermore, male circumcision has proven to be effective in reducing the risks of penile and cervical cancers in female partners of circumcised men, urinary tract infections in infants and children, ulcerative STIs, bacterial vaginosis and trichomonas among female partners of circumcised men. One of the potential challenges in adopting male circumcision in African communities as an HIV intervention strategy may be the lack of awareness that it could minimize risks of HIV transmission.

What Other Countries Are Doing About Male Circumcision

Tanzania

In Tanzania, the national HIV prevalence is 5, 6% and there is great regional heterogeneity with adult HIV prevalence ranging from 1% to 15% according to the (BMC). Similarly, the prevalence of male circumcision in Tanzania was estimated to be 95% circumcision rate, while others are as low as 24%. The reasons for the geographical differences could be that male circumcision is influenced by culture, traditions and religion. For regions where male circumcision is mainly done for cultural reasons, about 75% of men are circumcised. In a draft proposal on national strategy for scaling up male circumcision for HIV prevention, the government of Tanzania set a goal of 80% Voluntary Medical Male Circumcision (VMMC) coverage. This strategy prioritises eight regions of relatively high HIV rates and low male circumcision prevalence and men aged ten to twenty-four years and twenty-five to thirty-four years are targeted as the primary and secondary priority groups respectively.

There have been many efforts to mitigate the increasing and devastating impact of HIV and AIDS in Tanzania. Initial efforts were directed to HIV prevention as well as reducing the personal and social impact of the epidemic. This was based on Information, Education and Communication (IEC) campaigns that were regarded as vital in improving people's knowledge, attitudes, and practices on HIV prevention .Additionally, voluntary HIV counseling and testing (VCT) was introduced as a strategy for preventing HIV transmission. The target of the government has been to encourage people who are HIV negative to take definite steps to avoid becoming infected and for those who are HIV positive to receive the necessary counseling to cope with their status and prolong their life without infecting sexual partners who are negative. Accessibility to anti-retroviral therapy (ART) that prolongs life of infected people and reduces the risk of HIV transmission has been a priority, although to date only 30% of people with advanced HIV infections are able to access (ART). For those who are HIV negative, male circumcision has been advocated as an important strategy to complement the existing biomedical prevention methods to reduce HIV transmission from infected women to uninfected men.

Ethiopia

In Ethiopia, according to the (WHO) regional office for Africa's report (Jan-Dec) 2012, it states that there is no national Ministry of Health (MoH) voluntary medical male circumcision focal person, but a regional focal person at Gambella region is in post. The

adult HIV prevalence was 1, 5% as of 2005 and the male circumcision at baseline was 93% in the same year 2005. In 2012 (MoH) received support from Jhpiego who helped with human and institutional capacity building, awareness creation to Health Extension Workers (HEW) and supported counselors. The report also stated that there is no other ministry involved in (VMMC) champions who cover all sites in Gambella province. There is no advocacy strategy. The most successful advocacy activities in 2012 were mass mobilization that was carried out through community mobilization and orientation of (HEWs) by Jhpiego for house-to-house mobilisation. Women (HEWs) participated in orientation sessions on male circumcision benefits.

The Regional Health Bureaus provide salaries for health workers who provide VMMC services in health facilities and Jhpiego supports capacity building and supplies. The VMMC has not been integrated into infant care programmes but integrated into adolescent health services. The availability of medical supplies in the local market is a major challenge. Categories of staff trained in 2012 were health officers, nurses and doctors. There is a national policy on task shifting. Health officers and nurses perform male circumcision. No other innovative staffing model was implemented in 2012.

A communication strategy is still being developed. Effective oral presentation with group discussion and question and answer sessions in the community are part of the

strategy for community mobilization. For grassroots organizations and networks, there is the involvement of community elders and religious leaders.

However Ethiopia's challenges include lack of community awareness on the importance of VMMC, absence of electricity in the health centres and scattered community from health facilities. Its successes are that there has been an expansion of the male circumcision sites from three to eleven sites and eight outreach sites , it has managed to achieve more than the target planned for the year and finally in collaboration with Jhpiego, Ethiopia has managed to increase demand by using local radio and television for Gambella region.

Malawi

In Malawi, according to the same report of the (WHO), there is a national Ministry of Health (VMMC) focal person in post. The adult HIV prevalence was at 10,6% as of 2010 and the male circumcision prevalence at baseline was 21% in the same year 2010.There are quite a number of partners' support that include WHO,USAID, Banja Lamtsogolo, Marie Stopes International and Christian Hospital Association of Malawi.

Other ministries have also been involved in male circumcision programmes. Ministry of Local Government and Rural Development has been involved in advocacy by engaging traditional leaders and their subordinates. They have participated in the development of

the male circumcision policy. The Ministry of Defense has been involved through military health services offered VMMC services to eligible males in their institutions and also surrounding communities.

They also participated in VMMC campaigns organized by the Ministry of Health. The Ministry of Education allowed demand creation teams into schools for public lectures. In terms of human innovations, a policy on task shifting is in place. The policy allows state-registered nurses to provide surgery to male clients. This applies to the forceps-guided method that has been adopted for efficiency. Registered nurses have been trained in clinical skills and are providing surgery.

Trained nurses are able to perform any task in the VMMC client care management, including the actual surgery and administering of local anesthesia. Another innovative staffing model involves using both nurse counselors and lay counselors to provide health education and administer testing prior to the procedure.

In terms of strategy for communication mobilization, branded banners or sign posts are displayed at the facility where the procedures take place. Meetings with local leaders, religious and other influential people in the community are carried out. Meetings with older men and women surrounding the service delivery point are also done. The lay counselors are involved in the distribution of communication materials. Community

mobilisers and initiators have village gatherings where there will be discussion groups. There will also be public talks in schools and workplaces, interactive drama sessions and letters to mosques and churches.

However the Ministry of Health in Malawi has challenges that include inadequate resources to scale up nationally. There are limited stocks of VMMC disposable kits. Supervision of programmes is lagging behind due to lack of vehicles. There are also few VMMC mobilization campaigns. There is inadequate number of providers to accelerate services in districts that are not supported by the President's Aids Relief Plan. The successes are that task-shifting and task-sharing have been key to service delivery. The use of efficiency models that apply task-shifting and task-sharing are an ideal approach to balance demand and supply.

School-centred mobilization activities have been very important and above 85% of the responsive clients are from secondary schools and other higher educational institutions. There was a combination of communication and mobilization strategies. Finally the engagement of traditional leaders and other gatekeepers is key in breaking deep-rooted cultural values pertaining to VMMC.

Namibia

In Namibia, the WHO regional report states that a national Ministry of Health and Social Services VMMC focal person is in post. The implementation of the VMMC programme activities is supported by the President's Emergency Plan For Aids Relief (PEPFAR). The adult HIV prevalence was 13, 5% as of 2011 according to the report.

The male circumcision prevalence at baseline was 21% as of 2007. Other ministries are involved in the male circumcision programmes and these include Ministries of Finance, Education and Defense. Also involved are Maternity and Child Health (MCH) and Adolescent Sexual and Reproductive Health programmes. In terms of the service delivery approach, the VMMC has not yet been integrated into adolescent health services. VMMC is not currently specifically linked to other programmes. In terms of human resource innovations, there is no policy on task-shifting but about thirty registered nurses have been assessed for proficiency and were issued with proficiency certificates for surgical VMMC.

Although there is a national VMMC champion, in 2012 he did not carry out any activity. The advocacy strategy is available. In Namibia, involvement of women and girls is in place. An IEC material, educational materials on benefits of VMMC and support to partners undergoing VMMC takes place. On capacity building, categories of staff were trained in 2012.Health facility managers and VMMC trainers were also trained. In other

words this was the training of trainers that was conducted. In terms of quality assurance, it is available. Three proficiency assessments were conducted.

In terms of the existence of communication strategy and plan, a funded communication strategy is in place. The strategy for communication mobilisation includes interpersonal communication, engagement of traditional leaders, mass media and peer to peer mobilisation.

For monitoring and evaluation system, VMMC routine reporting system is in place. Data is collected separately. Data flows through health sector .For coordination and accountability mechanism, it is done through ministerial management meetings at all levels. In terms of the existence of VMMC Technical Working Group(TWG), it is chaired by the national VMMC Coordinator. This group meets monthly. The agencies involved include PEPFAR,WHO, NGOs and MOE. This group does not carry out annual review.

However Namibia is faced with challenges of critical shortage of dedicated staff. There is low demand for male circumcision services almost in all regions. The funds have been frozen. The successes and lessons learnt are that male circumcision programmes are driven by dedicated staff members though in short supply will facilitate service delivery. There is the approval of task shifting by the Nursing Council. Task shifting is really

good and it is evident that trained registered nurses perform male circumcision procedures with minimal or no adverse events.

Botswana

According to the BMC (2012) report, Botswana's population is at 2, 1 million. The adult HIV prevalence rate is 17, 6%. The Ministry of Health in Botswana has appointed a national focal person for leadership and advocacy of (VMMC). In terms of partners' support, the African Comprehensive HIV/AIDS Partnerships (ACHAP) is giving assistance in planning, infrastructure, human resource, supplies, transport and service delivery. The funding of implementing partners is done by (PEPFAR).

In terms of existence of national (VMMC) champions, a young renowned musician serves as Botswana's national champion. His most successful activities in 2012 included a school VMMC campaign, edutainment at a consumer fair targeting the general population, motivational speeches in various districts, motivational radio talks, participation in two site launches, being part of posters, billboards and newspaper advertisements and composing a song on (VMMC) in Botswana. According to the same report there are also local champions in sixteen out of twenty-eight districts composed of influential people of different backgrounds. Their most successful activities in 2012 were health talks and motivational speeches. There were some missions conducted by Botswana to learn more about male circumcision in South Africa and Kenya.

The purpose was to learn about other service delivery strategies, including pros and cons, understand the use of devices such as PrePex, Tara Klamp and Shang Ring. Coordination of partners and stakeholders as well as demand creation strategies was also learnt from these missions that were conducted. Lessons learnt were that PrePex as a method of circumcision is associated with less pain, is easy to use, does not require a sterile setting, has lower commodity costs and requires minimal time lost from work. The current available sizes were said to be suitable for adults only.

Secondly the Shang Ring method was said that it comes in different sizes that are suitable for all ages, does not require sutures, and requires injectable local anesthesia, sterile environment and functional surgical backup for emergency cases. Thirdly the Moonlight or Night-time method, sunrise and weekend services might increase the number of older and working class men who need to be circumcised but have no time during the day. Lastly the other lessons learnt were that strengthening district level capacity to plan and coordinate VMMC activities was vital and that campaigns were crucial in increasing numbers but need to be well planned and coordinated.

In terms of the existence of advocacy strategy in Botswana, it was available. The report stated that the most successful advocacy activity carried out was a school campaign conducted in June/July 2012 which resulted in 9 668 males circumcised .In line with human resource innovations, there was no specific national policy on task shifting.

However task shifting was implemented through the Move strategy, with only doctors allowed to perform surgical procedures. A communication strategy is in place. There is also a costed and funded communication plan.

In terms of monitoring and evaluation, there is a VMMC routine reporting system that is parallel to the existing national monitoring and evaluation system. All data is submitted to the Ministry of Health from where it is disseminated to relevant partners. VMMC data is discussed by the safe male circumcision project governance board before being reported to WHO.

However the challenges that are faced in Botswana in scaling up voluntary male circumcision are that there is low client uptake towards set targets, inadequate transport and funding for VMMC services at district level. Post-operation care during outreach and campaigns lacks. For the school going age groups, it is difficult to obtain consent from working parents or guardians. The other challenges are that there is negative media coverage for VMMC, there is inadequate space in some facilities and little is known on the effect of traditional circumcising communities on VMMC programme (either positive or negative).

South Africa

According to the BMC report 2012, South Africa's population is 50, 7 million. The adult HIV prevalence rate is 18%. A national Ministry of Health VMMC focal person is in post. In 2012, the health ministry received support from PEPFAR in terms of technical support and service delivery. On sub-national level VMMC champions, there are nine provincial champions covering 100% of sites.

The most successful activities carried out by sub-national champions in 2012 involved creating awareness and demand, setting up and coordinating service delivery sites, training and providing staff, procuring supplies and equipment and then monitoring and evaluation of performance. SADC has supported policy update and resource mobilisation for VMMC. Successful events supporting circumcision were for higher education launched by the Minister of Health and the World Aids Day.

On the involvement of women and girls, issues of gender-based violence are part of group education for VMMC clients. Couples counseling has been introduced for circumcision. As part of communication strategy, women are involved as mothers and sexual partners. Girls are involved as part of community mobilisers, peer educators and health promoters on campuses of higher education. As part of the service delivery approach, the VMMC is not integrated in adolescent health services as part of school health and out-of-school youth programmes. VMMC is linked to HIV testing and counseling (provider initiated HIV testing and STI screening through referral of clients

for circumcision. For capacity building, categories of staff trained on circumcision in 2012 included doctors, nurses, lay counselors and community outreach staff, health promoters and higher education peer educators.

In terms of innovation for scaling up, a research was carried out on male circumcision devices. There was a pilot study on safety and acceptability of PrePex device in three provinces. On human resource innovation, although there is no official policy on task shifting, the Department of Health has consulted with the South African nursing council and permission has been granted for professional nurses to conduct circumcisions. However task shifting has not been implemented.

Successes that have taken place in South Africa include integration of medical male circumcision into traditional practice in Limpopo province using general practitioners to conduct circumcisions at initiation schools. Permission was granted by the South African Nursing Council for professional nurses to conduct circumcisions. There was also the use of roving mobile teams to conduct high volume circumcisions in underperforming provinces. The challenges in South Africa are that there are human resources shortage and seasonality of circumcisions. There is high demand during winter months.

2.4 Summary

This chapter explored the major concepts that are significant to the researcher's area of study. The researcher focused on what male circumcision is, the attitudes, perceptions and beliefs of people from various cultures. The researcher also looked at what other countries are doing about male circumcision. The countries looked at are Tanzania, Ethiopia, Malawi, Namibia, Botswana and South Africa.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses and justifies the research design to be adopted for this study and the methodological procedures to be used in sample selection, data collection, presentation and analysis of data. Data collection instruments found suitable for the study are discussed giving the rationale for their choice. The ethical considerations are also going to be discussed.

3.2 Research Design

Schummacher (1989) defines research design as data collection procedures used to answer the research questions. Kerlinger, F and Pehhazur, J (1973) define research design as the plan, structure and strategy on investigation conceived as to obtain research questions and control variances. They go on to say that it is the overall plan on how things will be done. It also includes an outline of what the researcher will do from hypothesis and implications to the final analysis of data. From the two definitions, the researcher can conclude by saying that research design is about laying down a strategy and tactics for planning, organizing and conducting research in an orderly manner. The design used in this study was a qualitative paradigm, the survey method in particular. Borg and Gall (1996) qualitative research designs are done for the purpose of either developing possible explanations of a phenomenon or producing a detailed description

of a phenomenon. Therefore the qualitative research design was found to be suitable for this study especially in terms of describing how men and women view male circumcision.

Qualitative research designs seek insight or deeper understanding about a problem and its context. Striven (1970) in Borgdan and Biklen (1992) suggest qualitative research paradigm seeks to understand human behavior from the actors' own frame of reference. Baker (1999) states that it is qualitative in the sense that the descriptive survey would encourage respondents to show their perceptions and acceptability by revealing their feelings and opinions. He goes on to say that such feelings and opinions are then supported by the strength of the numbers of people involved in the series of items under review. In this case, interviews and questionnaires are techniques to be applied including documentations read to supply current research data on male circumcision.

This will enable effective triangulation for valid and reliable information suitable for this kind of problem that is characteristically deeply human. MacMillan and Schumacher (1993) postulate that surveys are used to learn about people's attitudes, values, behavior, opinions, habits etc. This suits this research concerning individuals' behavior towards male circumcision as a tool to reduce HIV/AIDS in Chimanimani East Constituency.

Leedy (1993) said: The descriptive survey method is employed to process the data that comes to the researcher through observation. The observation stated here is made through the use of questionnaires and interviews. Haralambos (1990) argues that Survey method is appropriate to be used because the type of research is a qualitative one. The survey lends itself to the use of questionnaires and interviews.

Although the survey method is the one most commonly used by educational and researchers of human behavior, it also has some shortcomings, some of which could still be identified by researchers of the day. One of these is that longitudinal survey takes too long before the results are known. Williamson (1977) states that this might dishearten the researcher.

3.3 Population

The population of this study comprised of men and women. A total of ten villages were involved. The researcher preferred Chimanimani East Constituency because of the low uptake of male circumcision in the area. The researcher identified that there was a need for research on perceptions and acceptability of male circumcision policy as it had a direct bearing on the people's lives in the district. The researcher realized that there was a gap in this area that needed attention. The age group of twenty to forty years was the target of the research.

3.4 Sample

A sample is a portion taken from the main population from which data is collected. Sampling is a process of selecting a number of individuals for study in such a way that the individuals represent the larger group from which they are selected. The purpose of sampling is to gain information about the population. Data is then gathered as a small part of the whole parent population or sampling frame and used to inform what the whole picture is like.

Sampling is important because there is simply not enough time to deal with whole populations. Also, sampling saves time, money and energy. An appropriate sampling strategy needs to be adopted to obtain a representative valid sample of the whole population.Leedy (1993) asserts that sampling procedure refer to the process of selecting a number of individuals for a significant study in such a way that the individual represent the larger population from which they are selected. For the people or (respondents) to be interviewed on, the researcher is to apply purposive sampling. In purposive sampling, respondents are chosen because of certain characteristics. For example, the professionals like teachers constituting a group.

A total of seventy respondents were recruited into the study. Thirty men and twenty women were given questionnaires. A different group of twenty interviewees were involved in the interview, which are ten men and ten women. The researcher felt that

this would give a reliable representation of men and women across the constituency. The target respondents were men and women aged between twenty to forty years. This age group was chosen because they are the most sexually active.

Table 1: Respondents in the study

No. of Respondents	Age	Category of Respondents
10	20 – 25	Professional Men
10	25 – 30	Professional Women
20	30 – 40	Non - Professional Men
10	35 – 40	Non- Professional Women

3.5 Sampling Techniques:

Random sampling is complemented by Purposive and Snowball sampling techniques and judgmental methods. Purposive techniques are especially helpful in selecting gender, age and the specific group. Given this purpose, it is important that the population to be studied is relevant to the study, thereby avoiding those unsuitable for the study. In this study random sampling was used.

3.5 Data Collection Methods

For this study, the researcher made use of questionnaires and interviews. The researcher travelled from village to village personally hand distributing the questionnaires. Face to face interviews were conducted after having introduced himself to the village leaders. According to Gall (1996) contacting respondents before research paves way for carrying out an effective research. Interviews were conducted using an interview schedule or guide and questionnaires were completed by individuals identified. Females were part of the respondents as they have influence on their male partners' behaviour. The researcher elaborated questions during the face to face interviews. Other non-verbal questions relevant to the study were noted during the interview sessions.

Interview Guide

Interview guide is directly taking information from respondents through an interactive process. The researcher initiates discussions guided by structured or semi-structured questionnaires.

Interviews seek to describe the meaning of the central theme in the life world of the subjects. The main task in interviewing is to understand the meaning of what the interviewees say. Interviewing has the advantage that it is often more explanatory in nature and allows for more flexibility. Interviewing also requires that the researcher uses good techniques when conducting the interviews. It requires that the researcher listens

carefully to interviewee .However, this may prove hard because the researcher needs to listen not only to what the participant is actually saying but also to listen to the 'inner' voice of the participant.

3.6 Data Analysis Procedure

It is the bringing of data together and verifying complex facts. Before analysis, data must conspire with original information .Sorted data must also match exactly with collected data to avoid loss of important information .The researcher used Open Coding frameworks where field notes were studied.

The researcher located themes and assigned initial codes or labels on themes. Data was collected through asking questions from the research's prepared questionnaires which among other things were sought to identify perceptions and acceptability of people on male circumcision policy in Chimanimani East Constituency. Findings were presented in the form of narrative text, graphs, tables and charts.

Qualitative research design produces qualitative data which can largely be presented in descriptive form. In (1986) in Marshal and Rossman (1999) suggested that qualitative data can be analyzed through descriptive statistics of graphs, percentages and means. Miles and Huberman (1984) suggested that data presentation is an organized assembly of information that permits conclusion drawing and action taking. The analytic process

involved data reduction, organization and coding. They also argued that in the process of using words to summaries and reflection the complexity of data, the researcher would be undertaking this interpretive act which gives shape and meaning to volumes of data. Analysis is the process of finding out what the information to be collected means. The purpose of analysis is to summaries from the data the messages it contains.

3.7 Ethical Considerations

i) Respondents should be handed over the letter to show that the researcher is a student carrying out a research.

ii) Provide information explaining the nature of the study.

iii) Tell respondents that their information may not be published in any way but it is strictly for study purposes. (Information is treated in confidence).

iv) Emphasis that they are not to write their names.

v) Tell the respondents that they have a right to withdraw from the process at any stage.

3.8 Summary

This chapter identified the research paradigm to be used in this study as qualitative. The target population was men and women aged between twenty to forty years of age and the random sampling procedure was used to select participants. Interviews and

questionnaires were used for data collection. Finally an insight into the data presentation and analysis procedure was highlighted.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction

In this chapter, the collected data from the field work is presented, analysed and discussed. Focus is on management of data that was collected. Data analysis is the process of bringing order, structure and interpretation to the masses of data collected from the ten villages. The data was collected using an interview guide and two questionnaires for both men and women. This chapter was categorised into the phases, namely (a) Data presentation. (b). Data analysis and discussion.

4.1Data Presentation

This section analysed the quantitative data by themes combined with triangulation of qualitative data**.**

Table 2: Age distribution of male and female respondents

Age	Male N=30	Female N=20	Total
20 – 25	10	0	10
26 - 30	0	10	10
31 - 35	8	0	8
36 - 40	12	10	22

4.1.1 What Male Circumcision Is

All the 20(100%) interviewees that were interviewed stated that male circumcision is the removal of the foreskin from the male reproductive organ. Older men regarded male circumcision as some form of practice that is no longer applicable to them. Some had this to say,"*We are not interested in the practice because this is a new phenomenon for the new generation. We do not benefit anything from the practice. "*Older men also regarded male circumcision as something that interferes with their working time tables. The young men regarded male circumcision as something for the modern day.

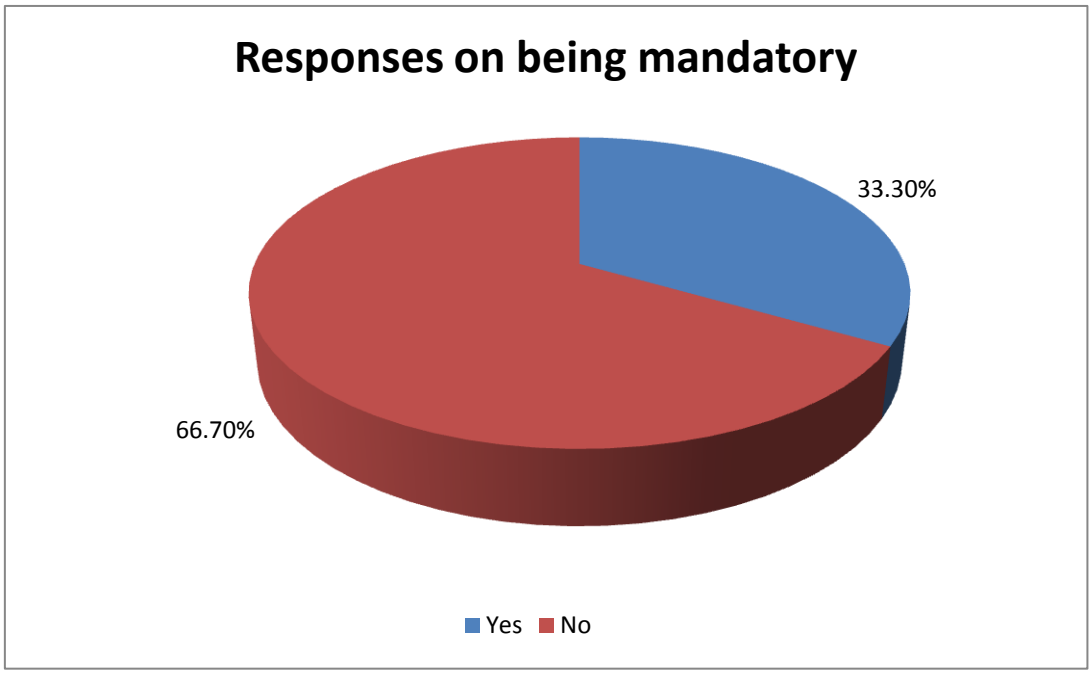
Despite the fact that male circumcision is being introduced in a community that does not culturally practice male circumcision, young men are regarding it as something to be put into practice. Women regarded male circumcision that was worth considering. They felt that male circumcision was a panacea to combat HIV infection. Women felt that men were to play a pivotal role in protecting them against the killer disease.

4.1.2 Making Male Circumcision Mandatory

It has emerged from the data collected that respondents were willing to make male circumcision mandatory. The general public has been affected with the HIV virus in one way or the other. People are now afraid of being infected with the virus. Twenty (66.7%) of the respondents agreed with making male circumcision mandatory, while ten(33.3%) of the respondents did not conform to that. The general populace is accepting male

circumcision and willing to make it mandatory because everyone wishes to have a long lasting solution to the problem of HIV. Although the issue of male circumcision being made mandatory could violate issues of human rights, people could still need to make it being made mandatory. In the Western countries like America and Britain it would be violating issues of human rights, but here in Zimbabwe it would be taken as a solution to the HIV/AIDS pandemic.

Figure 1: Showing responses on being mandatory



4.1.3 Male Circumcision and HIV/AIDS

It has emerged from the data collected that respondents agreed and strongly agreed that male circumcision is the remedy to the reduction of HIV and Aids. Eleven (55%) respondents agreed that male circumcision is the remedy to the reduction of HIV and

Aids and eight (45%) of them strongly agreed. It is of paramount importance that in order for men not to be infected, they have to be well informed on how people contract the HIV virus. Having been circumcised does not necessarily mean to say that one is no longer going to be infected with the virus. Male circumcision only reduces the chances of contracting the HIV virus.

Male circumcision, which is the surgical removal of some or all of the foreskin (or prepuce from the penis), is being introduced in Zimbabwe as an additional prevention method for infection by the HIV and the resultant Aids. The World Health Organisation (who, 2011), HIV and Aids Department confirm that there is compelling evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. It provides partial protection and is one element of the comprehensive HIV prevention package.

4.1.4 Women's Voices

Junglebet (2003) emphasizes the empowerment of women. Empowerment here could be on legal matters. Women are supposed to have the right to make negotiations on condom use. In other words, women are not supposed to be forced into having unprotected sex by men. It is supposed to be a matter of consent. The issue of male circumcision and HIV and Aids is a matter between men and women. Women are supposed to have powers to sue men who knowingly infect them with the virus. Some men would argue

that they do not know of their status, so women are supposed to know of men's HIV status before going to bed. Male circumcision has its own benefits to women.

According to a report revealed by the Joint United Nations Programme on HIV and Aids(UNAIDS,2012), suggested that female partners of circumcised men have a lower risk of acquiring cervix cancer which is caused by persistent infection and also a reduction in the chances of acquiring the HIV virus. Women would also need to be empowered economically. Perhaps the government could offer some loans to women so that they embark on income generating projects. If women are not empowered economically, some of them may be forced to indulge in immoral practices like prostitution thereby exposing them to the HIV scourge.

4.1.5 Foreskin-Traditional Elements

Fifteen (75%) of the respondents regarding the issue of the foreskin, stated that the foreskin was to be discarded just like any other human part by the hospitals by burning at the incinerators. Five (25%) had a feeling that they would rather be given their foreskins for fear that they could somehow be taken for some ritual purposes.

Traditionally, it is believed that in some cases the foreskin could be used for some ritual purposes (Juju). One may end up losing his manhood. Some men circumcised could experience some erectile dysfunction and their libido is affected. Libido is the emotional

energy or urge, especially that which is associated with sexual desire. Because of these rituals, men would not want to be circumcised fearing for their manhood.

4.1.6 Need for Circumcision

It has emerged from the data collected that respondents had a feeling that male circumcision was very necessary .60% of the males and all the females that participated regarded male circumcision as a vital tool for the reduction of the spread of HIV and Aids. This revelation also means people are willing to accept male circumcision.

It has also been revealed especially by young males that the practice enhances sexual pleasure, not only for men but for women also. Young males also believed that male circumcision increases sexual performance and confidence. This were revealed through probing during interviews. They believed that even if one uses a condom, it will be easier as far as penetration is concerned. They also believed that male circumcision proved manhood. There was also a very interesting revelation that not being circumcised brought bad luck. Therefore men would not want to be associated with any bad luck.

Young men believed that if one is circumcised, it would bring good luck especially in terms of boosting income generating projects. If one was selling some products, then one would experience a lot of customers.

4.1.7 Application of the Theoretical Framework

In this study, the researcher wanted to find out how both men and women perceive male circumcision as a tool to reduce HIV. A progressivist philosopher, Kneller (1964) believes that social changes and individual development are paramount to adjustment on human daily practices. The outer aspects of an individual are shaped by the inner aspects of the mind. In other words, the behavior of an individual is controlled by one's attitudes. The behavior that an individual displays is a result of his/her way of thinking. In order for male circumcision to be effective and efficient as the remedy to the reduction of HIV/AIDS, it is important that individuals have the right attitudes. Having been circumcised is not a guarantee that one is not going to contracts HIV but according to Kneller in relation to the study, it is the right attitude that makes men to survive. Promoting male circumcision and fidelity to one partner seems to be more effective at curbing the spread of HIV than promoting abstinence and condom use.

Barrow and Woods (1988) believe in what they call ' education for life' and that that once people get the correct knowledge they are bound to live a better life today and tomorrow. People need to be given the correct knowledge about male circumcision. This would enable individuals to shape their decisions and perceptions about the practice. People will live because they will be having the correct knowledge. Barrow and Woods also talk of sustainability knowledge. This enables men to be able to survive today and tomorrow because they would be having good human daily practices. The mere fact that one is circumcised does not prevent a man from contracting HIV but it is through having

the correct knowledge. Experts from health institutions are providing this scientific knowledge that help people today and tomorrow. The involvement of both males and females in support of circumcision for men would bring unopposed circumcision practice because sexuality involves both men and women. Therefore this scientific knowledge would bring positive results and desired change to humanity that is under threat from the HIV and AIDS scourge.

According to Kalichman (1999), behavior change is the process of changing from an unfashionable behavior to a morally acceptable behavior. Unfashionable behavior could be one where a man decides to have casual sex with a prostitute while a morally acceptable behavior is where one puts due caution when having sex possible with an uninfected faithful partner. A faithful monogamous marriage is highly recommended. The male circumcision mobilisation that is carried out by the community mobilisers, has shown that men's attitudes towards abstinence and protected sex have been positively affected within the constituency.

According to Doodad (2003) on behavior change and circumcision, there remain a need to work more effectively and more directly with men of all ages. There is special need to design programs that reach and speak to the experiences of older men, not just the more conservative traditional men but also the more educated well resourced men. He goes on to state that all evidence suggests a great need for developing and promoting new

cultural markers of manhood and new peer norms among boys and men. If men are able to change their behavior of immoral acts like indulging in casual sex, they will be in a position to curb the spread of HIV in societies. Men would need to be informed that although they may have been circumcised, it is not a license for them to misbehave. Male circumcision only reduces the chance of men from contracting HIV. The AIDS pandemic knows no bounds, it affects and infects men of all levels in society, the rich, poor, educated or not educated. Therefore for the men that would have been circumcised, emphasis has got to be placed on morally acceptable behavior and self control.

Junglebert (2003) confirms that more vigorous effort should be put into changing men's behavior and attitudes while simultaneously empowering women. He goes on to state that evidence from other Sub-Saharan countries strongly suggest that changes in behavior were a major factor in the reversal HIV trends. Behavior change should remain the centre piece of HIV prevention with positive prevention and partner limitation after circumcision. According to Junglebert, the results of the study done in Kisumu, Kenya illustrate that information on male circumcision's protection against HIV has disseminated into larger community and male circumcision accompanied by counseling and HIV testing can foster positive behavior change and maintain safe sexual behavior. Therefore men should not bank on male circumcision in the fight against HIV but focus on self control and limiting the bad behavior.

According to the information collected from Mutambara Mission Hospital which one of the centres that perform male circumcision in the constituency, they stated that between January and December 2013, 1104 procedures had been performed. Amongst the men who had the procedure done there was one who was aged 60 years. They also stated that there was one client who showed interest in taking his foreskin home.

4.1.8 Counseling and Behaviour Change

From the data collected, it has emerged that counseling plays a pivotal role in behavior change. Although one may be circumcised, it is important that an individual has to behave appropriately in order not to be infected. Some individuals could feel protected after circumcision but with proper counseling they would stick to proper and consistent practices of promoting abstinence and condom use. It is of paramount importance for an individual to be given proper information and counseling. This inevitably fosters behavior change. The pre and post counseling process that takes place, has a positive impact on behaviour change. According to the Zimbabwe Health Demographic Survey (ZHDS, 2010, 2011), a certain 20 year old man interviewed had this to say:

> *I have been circumcised for one year and did not like my behavior before I was circumcised. This is because I liked girls, but I received teachings, some skills and knowledge that made me realized I was messing up. I felt I could lose my life, so I decided to change, I felt I had two girl friends, but now I decided to stay with one.*

4.1.9 Male Circumcision and Promiscuity

Eleven (55%) of the respondents interviewed stated that in young males, male circumcision could promote a promiscuous attitude. They would now have a feeling of being protected or being resistant to contracting HIV. Five (25%) of the respondents had a feeling that the procedure of male circumcision may not affect one's attitude and behaviour to become promiscuous. They would just stick to their usual principles and four (20%) of the respondents stated that male circumcision through the counseling and mobilisation that take place, the procedure actually has appositive impact on behaviour change. The circumcised man is at risk because he feels protected by the procedure.

4.2 Data Analysis and Discussion

Marshal and Roseman (1999) define qualitative data analysis as 'a search for general statement about relationships among categories of data, it builds grounded theory" the following themes and patterns have emerged from the data presented above which indicate perceptions and acceptability of male circumcision.

Data was obtained from the interview guide and from the questionnaires for both male and female where respondents showed their perceptions to circumcision as a tool to reduce HIV and AIDS by showing if they strongly agreed, disagree and strongly disagreed. The data was then quantified, collapsed and tabulated to express respondent's strength of position for each statement as agree, strongly agree and disagree. All interview responses were recorded and were analysed to expose the

general opinions and expressions of respondents about male circumcision. Respondents also indicated their age and whether they were married, single or widowed. Their perceptions were assessed against their marital status.

The results were organized according to the questions on the questionnaires, each statement is considered separately and meaning or new knowledge is diagnosed with reference to recently obtained knowledge from other areas of the world. HIV and AIDS pandemic is a problem that is of great concern for all races in the world.

The findings showed diverse views regarding adult male circumcision. Knowledge beliefs, perceptions and attitudes towards male circumcision seem to influence the acceptability of male circumcision among adults. Most informants expressed an increased awareness about the benefits of male circumcision in the prevention of sexually transmitted infections (STIs). Although men prioritized male circumcision as a health promoting practice, they expressed concerns including an interference with sexual desires especially older men. However they recognised the consequences of not going for circumcision. These consequences include high risks of contracting HIV and poor sexual pleasure and confidence. They suggested that formal and informal policies should promote male circumcision and increase coverage of these services during childhood.

4.3 Summary

This chapter presented and analysed the data collected from the ten villages studied. Data collected from the interviews and questionnaires was presented and analysed. The researcher looked at the following themes and patterns, need for circumcision, foreskin-traditional element, male circumcision and promiscuity, counseling and behavior change, making male circumcision mandatory and male circumcision and HIV/AIDS. The researcher also looked at women's voices. Lastly the researcher also looked at the application of the theoretical framework.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS.

5.0 Introduction

This chapter represents a summary of the research findings in relation to the foretasted research questions and sub-problems in chapter one. From these findings, alternative explanations were suggested and also conclusions were drawn. Recommendations were also suggested in light of the shortcomings this study had revealed. Further studies of the problems were proposed to further complement, concretise or prove findings of this research.

5.2 Summary of Results

The central research question of this study was, what is the impact of the male circumcision policy on high incidences of HIV/AIDS infections in Chimanimani East Constituency. Through the various data collection methods employed, the study has revealed that men especially of younger ages have shown a keen interest in getting circumcised. The following factors have necessitated this desire. Men have come to believe that male circumcision enhances sexual pleasure and confidence. It is the desire of every men to be regarded as a champion in this aspect and hence the keen interest.

Some men are driven by the desire to experiment with new methods. Men are inquisitive to find out what really it means to be circumcised.

Thirdly, the intensive mobilisation drive that includes celebrities like musicians has also created a keen interest in young men to be circumcised. These young men would want to be associated with such celebrities. There is a general belief among males that male circumcision brings with it good luck by boosting business ventures or income generating projects. No one would not want to be associated with misfortunes. Lastly male circumcision brings self-actualisation. One would feel that he is now a real man. Hitherto, circumcision was largely just a rite of passage into manhood among some minority tribes.

The study has also revealed that women are willing to encourage men to go and be circumcised. Women have a lot to gain from the procedure, such as a lower risk of chancroid and syphilis infections, lower risks of human papilloma virus (HPV) infection and cervical cancer.

The study has revealed that the campaigns being made about male circumcision are enough given the progress in the males being circumcised. Billboards, pamphlets, use of radios and television are some of the methods being used in the mobilisation process.

The study has revealed that both men and women are willing to see male circumcision being made mandatory by the government. People have joined the government in the fight against the AIDS scourge, so they would want male circumcision to be made mandatory because it had been proved to reduce the chances of HIV infection by about 60%.

The study also has revealed that both men and women have accepted that male circumcision is necessary. The general public is now geared towards creating an AIDS-free generation. Male circumcision is a vital tool the reduction of the spread of HIV/AIDS.

Lastly, the study has also revealed that once an individual has made a decision to undergo male circumcision that does not attempt him to become promiscuous. Instead one becomes more careful so that he maintains the negative status.

5.3 Conclusion

From the data collected and the findings revealed, the following conclusions were made. These conclusions were made in light of the research questions discussed at the beginning of the study. Male circumcision is necessary as a tool in the fight against the AIDS pandemic. One's chances of contracting the HIV virus after a man has been

circumcised are reduced by approximately 60%. The populace is accepting male circumcision to be made mandatory as it is viewed as a panacea to the disease.

Male circumcision positively affects people's attitudes towards abstinence and protected sex. Both the pre and post counseling fosters behavior change in the circumcised men. Women play a pivotal role in encouraging men for male circumcision. Support of the spouse is an important factor because male circumcision is an issue of sexual reproductive health.

5.4 Recommendations

In light of the research findings and conclusions discussed above, the following recommendations are made to improve the situation of the AIDS pandemic. The major recommendations are as follows:

(i) The male circumcision strategy should not be used alone, but as part of "a comprehensive HIV prevention package" whose basket also includes provision of HIV testing and counseling services, treatment of sexually transmitted infections, promotion of safer sex practices and provision of male and female condoms to all corners of the general public.

(ii) There has to be a stronger political will for scaling up (VMMC) by the government.

iii) There has to be a hotline to answer questions on male circumcision and HIV in general.

iv) Lastly there could also be perhaps an increase in the amount of the performance based remuneration for mobilisers.

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Appendix A: Questionnaire for Men

Section A: Biographical Data

Please Tick in the appropriate Box.

1. Age

20 – 25 Years	
26 – 30 Years	
31 – 35 Years	
36 – 40 Years	

2. Marital Status

Single	
Separated	
Divorced	
Widowed	
Married	

3. Academic Qualifications

Grade 7	
ZJC	
'O' Level	
'A' Level	
Other (Specify)	

4. Professional Qualifications

Non-Professional	
Certificate	
Diploma	
Bachelor's Degree	
Master's Degree	
Other (Specify)	

Section B

5. Do you think it is necessary to be circumcised? Justify

.....

6. Do you agree with making male circumcision mandatory? Yes ☐ NO ☐

		SA	A	D	SD
7.	There is no relationship between circumcision and sexual dysfunction				
8.	Male circumcision is the remedy to the reduction of HIV/AIDS disease.				
9.	Older men feel that male circumcision is for younger people.				
10.	The foreskins from the procedure are discarded at the incinerator.				
11.	It is very safe to be circumcised.				

Section C

12. In your own opinion would you recommend male circumcision to be a policy?

YES ☐ NO ☐

Elaborate:

.....

13. Are the campaigns being made enough?

.....

14. Are men willing to go and be circumcised?

.....

KEY: SA - STRONGLY AGREE

A - AGREE

D - DISAGREE

SD - STRONGLY DISAGREE

Appendix B: Questionnaire for Women

Section A: Biographical Data

Please Tick in the appropriate Box.

1. **Age**

25 – 30 Years	
35 – 40 Years	

2. **Marital Status**

Single	
Separated	
Divorced	
Widowed	
Married	

3. **Academic Qualifications**

Grade 7	
ZJC	
‘O’ Level	
‘A’ Level	
Other (Specify)	

4. Professional Qualifications

Non-Professional	
Certificate	
Diploma	
Bachelor’s Degree	
Master’s Degree	
Other (Specify)	

Section B

5. Do you think it is necessary for men to be circumcised? ☐ YES NO ☐

6. Do you think you would encourage men to go and be circumcised? ☐ YES NO ☐

		SA	**A**	**D**	**SD**
7.	Circumcision should be made mandatory by the government.				
8.	Circumcised men positively change their behaviour.				
9.	Circumcised men will refrain from having unprotected sex with multiple partners.				
10.	Women are able to motivate their partners to go and be circumcised.				
11.	Men are not willing to know of their HIV status.				

Section C

12. What do you think makes men not to be willing to go and be circumcised?

.....

13. Do you think men will comply willingly to a male circumcision policy?

YES ☐ NO ☐

Justify

.....

14. Do you think the campaigns about male circumcision are enough?

☐ YES NO ☐

If not what do you think should be done?

.....

.....

KEY: SA - STRONGLY AGREE

A - AGREE

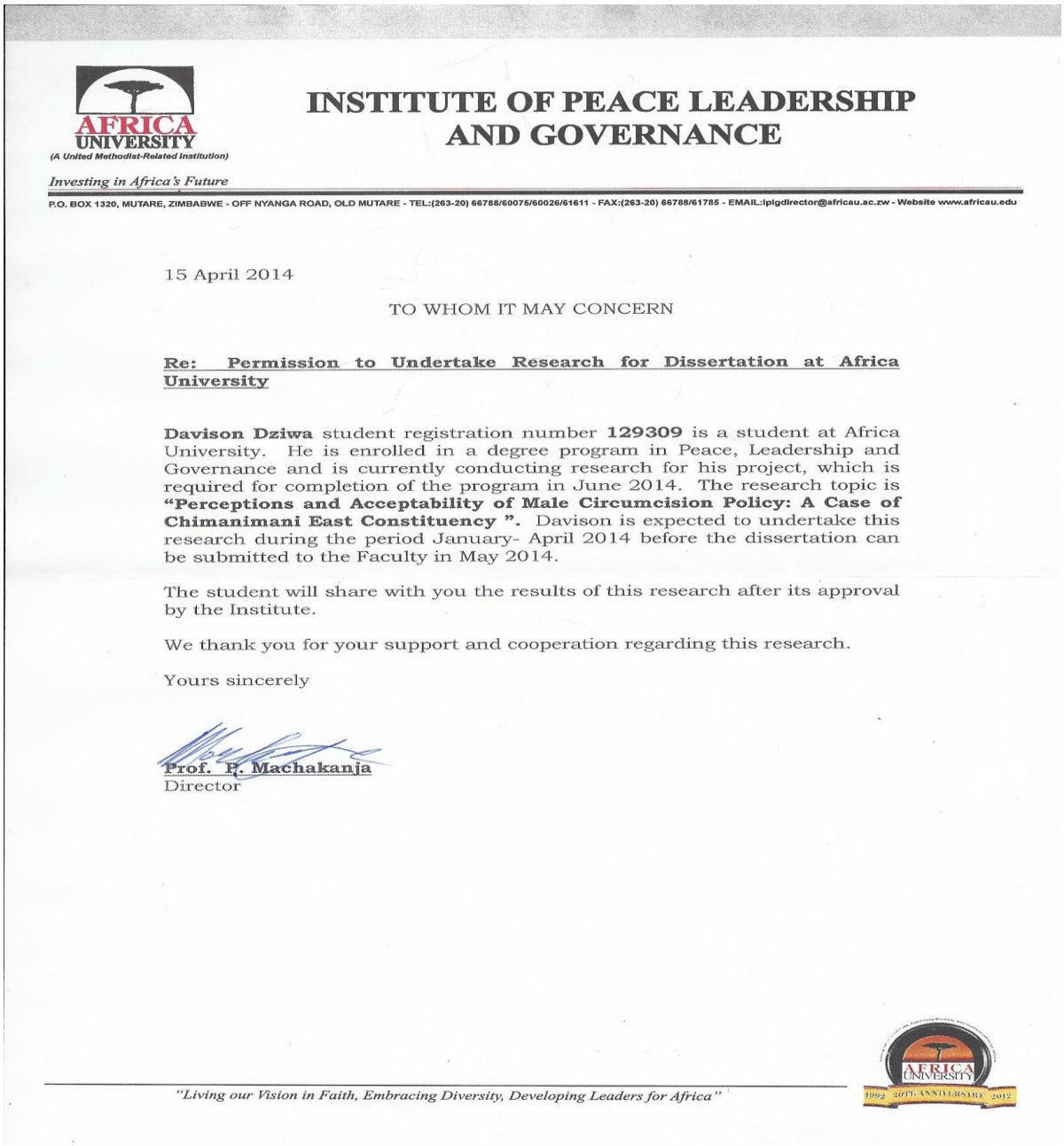
D - DISAGREE

SD - STRONGLY DISAGRE

Appendix C: Interview Guide

1. What is male circumcision?
2. If male, have you had direct or indirect encouragements for male circumcision by females?
3. Do you think it is safe to be circumcised?
4. Do you think male circumcision promotes a promiscuous attitude and behaviour?
5. What do you say about the discarding of the foreskin?
6. From your understanding of male circumcision, is there need for continuous use of a condom when circumcised?
7. Any bad news about circumcision?

Appendix D: Authorisation Letter



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15 April 2014

TO WHOM IT MAY CONCERN

Re: Permission to Undertake Research for Dissertation at Africa University

Davison Dziwa student registration number **129309** is a student at Africa University. He is enrolled in a degree program in Peace, Leadership and Governance and is currently conducting research for his project, which is required for completion of the program in June 2014. The research topic is **"Perceptions and Acceptability of Male Circumcision Policy: A Case of Chimanimani East Constituency ".** Davison is expected to undertake this research during the period January- April 2014 before the dissertation can be submitted to the Faculty in May 2014.

The student will share with you the results of this research after its approval by the Institute.

We thank you for your support and cooperation regarding this research.

Yours sincerely

Prof. P. Machakanja
Director

"Living our Vision in Faith, Embracing Diversity, Developing Leaders for Africa"