



REASONS FOR THE LOW UPTAKE OF ADULT MALE CIRCUMCISION FOR THE PREVENTION OF HIV TRANSMISSION IN SWAZILAND

Maibvise, C.*, University of South Africa, Department of Health Studies.
Mavundla, T.R., University of South Africa, Department of Health Studies.



Introduction and Background

- Male circumcision (MC) has been proven to reduce heterosexual female-to-male transmission of HIV by about 60% (Avert 2005).
- Based on this, WHO and UNAIDS recommended mass MC as an additional strategy for HIV prevention in countries with high HIV and low MC prevalence.
- To date, efforts are underway to scale up MC uptake in thirteen priority East and Southern African countries that were identified by WHO as having low MC and high HIV prevalence.
- Swaziland is one such country, with 19% of the general population and 26.3% of the adult population infected (Avert, 2013; USAID, 2010). Up to 4,500 people died of HIV/AIDS in 2013 alone (UNAIDS, 2014).
- Despite intense campaigns to promote the mass MC, uptake of the procedure is still way below the set national targets of circumcising up to 80% of all men aged 15-24 (Ministry of Health [Swaziland] 2009a, Grund 2010).
- The reasons for this low uptake of MC have not been sufficiently explored scientifically.

Purpose and objectives of the study

- The purpose of this study was to explore the reasons for the low uptake of MC in Swaziland despite the campaigns for the procedure.
- The objectives, therefore, were to:
 - explore and describe the reasons for the low uptake of MC in Swaziland, from a client's perspective.
 - propose evidence-based recommendations aimed at preventing circumcision-related threats to public health.

Methodology

- A generic qualitative study design was used, targeting all men aged 18 years and above were considered.
- Ethical clearance was obtained from the Ministry of Health [Swaziland], Scientific and Ethics Committee.
- Participants were identified and selected by convenience sampling as they were coming for MC or other services, or accompanying their colleagues for such services, at Family Life Association of Swaziland (FLAS) Clinic, Mbabane. FLAS Clinic is one of the main providers of the MC services, among other sexual and reproductive health services in the country.
- A written informed consent was obtained from each participants before data collection.
- Data were collected through audiotaped individual in-depth face-to-face unstructured interviews.

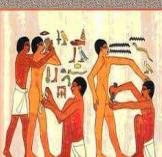


- A total of 17 participants were interviewed, as determined by data saturation.
- Data analysis was done manually as described in Creswell (2003:191-195). The process involved transcription of audiotapes, identifying, coding and categorising similar segments, and identifying and describing main themes.

Findings

Five themes emerged as reasons for the low uptake of MC, and these were as follows:

- Perception of no significant benefit in preventing HIV transmission,
 - Participants felt HIV is an exceptionally deadly infection which cannot be prevented by MC like other STIs
 - The emphasis on the need for circumcised men to continue using condoms is perceived as implying ineffectiveness of MC
- Fear of the procedure and the possible outcome. Feared aspect include:
 - The HIV tests which are associated with the procedure,
 - The surgical pain
 - Possible sexual dysfunction
- Lack of patience,
 - Economically active were impatient to wait or queue for MC at the expense of their precious time for other economic activities.
 - Sexually active men were also impatient to wait for the operation to heal before having sex.
- Religious/cultural beliefs
 - Christians felt MC is a feature of the Old Testament, which is no longer supposed to be followed nowadays.
 - MC was also perceived as an unjustifiable act of tampering with God's temple, the human body.
 - According to customs and values of African Tradition Religion, it is a taboo to remove any body part and dispose it anyhow, without following the proper rituals of a dissent traditional burial.
- Worries about the fate of the foreskin
 - There were some misconceptions that the foreskins were being used to make some Ben's spices.



Discussion of findings

- While general knowledge and awareness about MC is now as high as about 90% (ILO, 2013; Circumcision plans go awry in Swaziland, 2013), findings of this study imply that the public still lacks the specific and precise information on this subject.
- As of 2011, only 54% of Swazi men had comprehensive knowledge about HIV (Central Statistical Office [Swaziland] and UNICEF, 2011)
- Fear of pain has also been reported in literature as one of the main barriers to MC (Circumcision plans go awry in Swaziland, 2013; Adams, 2012).
- However, according to the National MC Policy document effective peri-operative main management is guaranteed in medical MC (Ministry of Health [Swaziland], 2009b). It is not clear why men disregard this assurance, if at all they are aware of it.
- Though 90% of Swazi men know where to get HTC services, only 47% have ever been tested in their lives (Central Statistical Office [Swaziland] & UNICEF, 2011).
- While HCT is part the minimum package for MC, it is not necessarily a mandatory pre-requisite for the procedure (Ministry of Health [Swaziland], 2009a & b; WHO, 2007). Apparently this fact is not clearly understood by men.
- While there are different views about the effect of MC on sexual pleasure and satisfaction, most studies concur that MC enhances sexual pleasure for both partners (Plotkin, Mziray, Küver, Prince, Curran & Mahler, 2011; Senol, Sen, Karademir, Sen & Saracoglu, 2008),
- Biblically, MC has nothing to do with one's righteousness and holiness (Galatians 5:6; Galatians 6:15; Corinthians 7:19).
- The use of human body parts in witchcraft rituals is a common scenario in Swaziland. As such, men no longer trust anyone with their foreskins (Circumcision plans go awry in Swaziland, 2013).

Conclusion

In conclusion, the low uptake of MC is attributed to the following:

- Insufficient knowledge or misconceptions about some aspects of the procedure.
- Uncontrollable physiological forces
- Underutilisation of some potentially influential structures of the community in the campaigns, such as religious and traditional leaders.

Recommendation

Based on the findings and the conclusions drawn thereafter, in order to promote the uptake of MC, it is recommended that:

- More precise and scientific or biomedical explanations of the mechanism of action of MC be incorporated in the MC campaigns or in formal school curricular in order to convince people.
- Other benefits of MC be also emphasised in the campaigns to complement the benefit of HIV prevention.
- Misconceptions and misunderstandings be cleared during the campaigns, including the fate of the foreskins, the effect of MC on sexual performance, peri-operative pain management, as well as issues of HTC.
- Professional counsellors be engaged on HTC issues, and religious leaders on religion related misconceptions.
- Some efforts be directed towards strengthening neonatal MC, before the clients are sexually active.
- Collaborative efforts approach be adopted, including Government and Non-Governmental Organisations, traditional/religious leaders, clinicians and public health personnel, community or institutions based.

Key references:

- Auvert, B., Taljaard, D., Lagarde, E., Sobngwi-Tambekou, J., Sitta, R. & Pure, A. 2005. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 trial. *PLoS Medicine* 2(11):e298.
- Central Statistical Office [Swaziland] & UNICEF (2011) *Swaziland Multiple Cluster Indicator Survey 2010. Final Report*. Mbabane, Swaziland, Central Statistical Office, and UNICEF.
- Ministry of Health [Swaziland] (2009a) *Strategy and implementation plan for scaling up safe male circumcision for HIV prevention in Swaziland, 2009-2013*.
- Ministry of Health [Swaziland] (2009b) *Policy on Safe Male Circumcision for HIV Prevention*, Webster Print, Mbabane.
- Plotkin, M., Mziray, H., Küver, J., Prince, J., Curran, K. & Mahler, H. 2011. Embe halijamnywa: the unpeeled mango. A qualitative assessment of views and preferences concerning voluntary medical male circumcision in Iringa Region, Tanzania. JHPIEGO reports.

Key words: Male circumcision; prevention of HIV/AIDS; public health, Swaziland

Acknowledgements: FLAS; Ministry of Health, Swaziland; The respondent: Rising Stars Scholarship Programmes

CORRESPONDING AUTHOR:

C. Maibvise, University of South Africa, Department of Health Studies, Pretoria, South Africa

Email: cmaibvise08@yahoo.com; cmaibvise@unisa.ac.za

Tel: (+268) 2517 0736; Cell: (+268) 76386252