

ASSESSMENT OF THE PROVISION OF EDUCATIONAL MATERIALS ON HIV/AIDS PREVENTION AMONG BOYS WHO UNDERGO MALE CIRCUMCISION AT HOSPITALS IN THE VHEMBE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA

Background

Health education coupled with educational materials are important tools towards HIV/AIDS prevention. HIV/AIDS remains a major obstacle against the achievement of the Millennium Development Goals (MDGs) with 33.4 million people living with HIV world-wide.¹ Male circumcision (MC) is one of the HIV prevention strategies endorsed by the World Health Organization (WHO) ².

Although MC has been practised as a traditional initiation rite of passage to manhood, boys are currently found to prefer medical than traditional male circumcision (TMC) due to increased safety concerns with TMC.³ The VhaVenda people are amongst the ethnic groups in South Africa who have been practising TMC and have now shifted to medical male circumcision (MMC).



Medical Male Circumcision



Traditional Male Circumcision

Problem Statement

The educational role played by TMC seems missing in MMC. TMC is known for its educational role on sexuality education, which is of importance in HIV/AIDS prevention as boys are being prepared for manhood.⁴ Little is known regarding the provision of educational materials on HIV/AIDS prevention during MMC.

Objective of the Study

- This study aimed to assess if the boys undergoing MMC were provided with educational materials regarding HIV/AIDS prevention.
- The study further aimed to determine their knowledge of HIV/AIDS and STIs prevention including male circumcision.

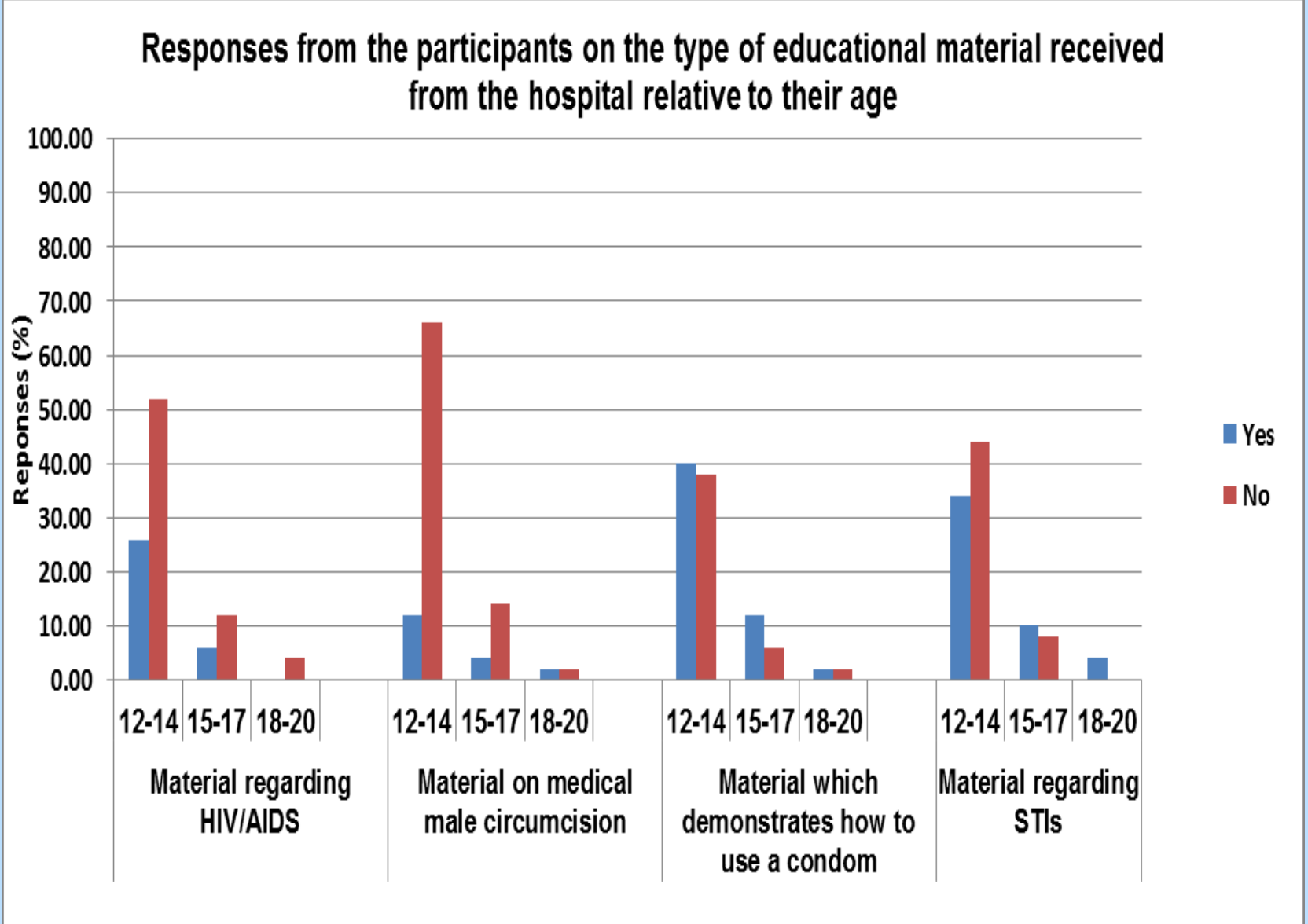
Methodology

The study applied a descriptive quantitative survey. Convenience sampling was applied to select 50 males from hospitals A, B and C which were based where most of the VhaVenda ethnic group were residing and receiving health care services.

Data was collected by means of a structured questionnaire through face-to-face interviews. The data set was for period 24 June until 07 July 2013 from boys aged 12 to 21 years. Analysis was conducted through descriptive statistics wherein cross tabulations and measures of central tendency were applied to achieve the results.

Results

Figure 1



Participants were asked if they were given materials from the hospital were responses were compared against participants' ages. Results shows that about 40% of boys aged between 12 and 14 did receive materials which demonstrate how to use a condom and about 35% received material regarding STIs. Less than 30% did receive materials regarding HIV/AIDS. However, a significant percentage (68%) across ages 12 to 14 years did not receive materials on all the categories as reflected in figure 1.

Results

Figure 2

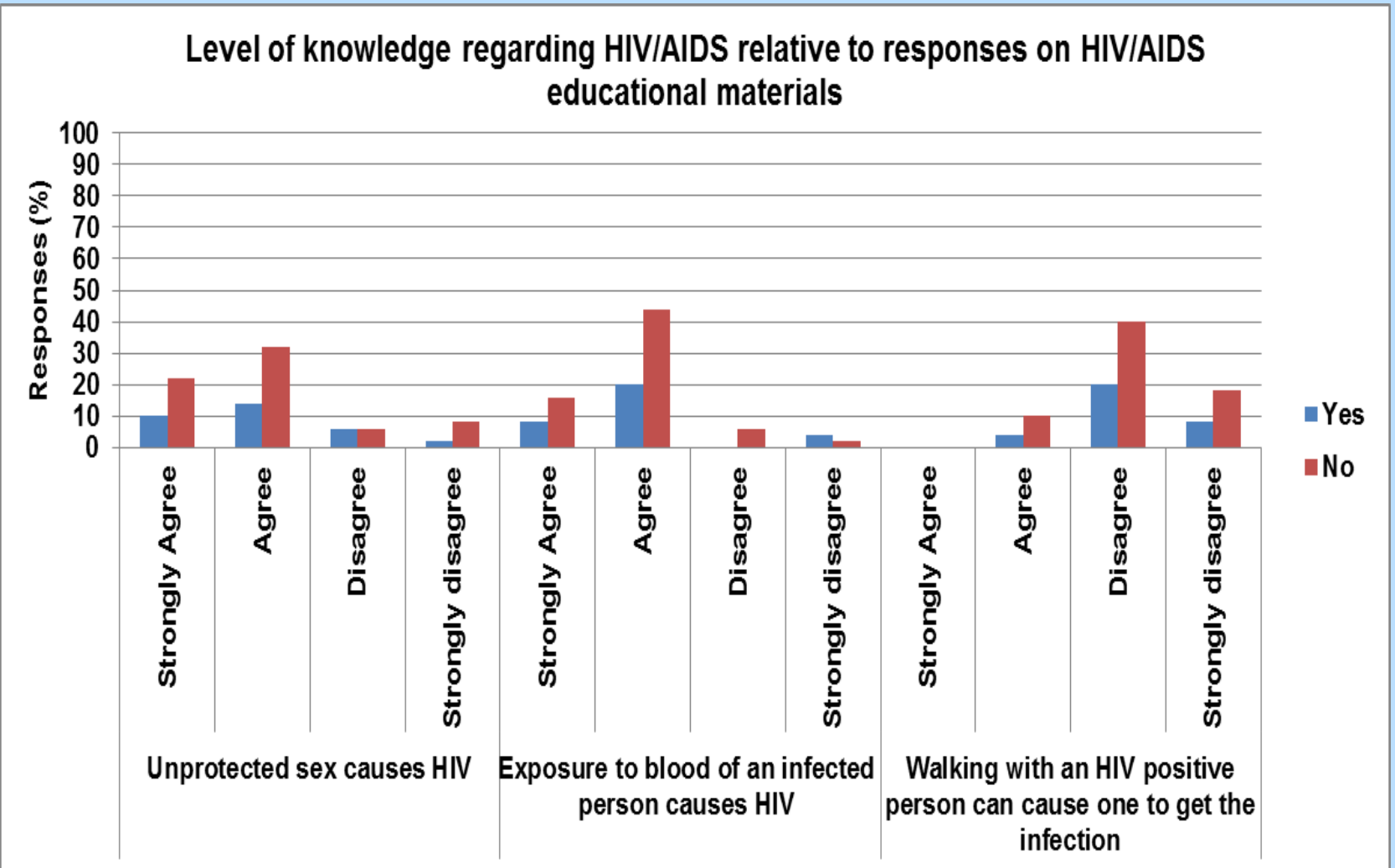
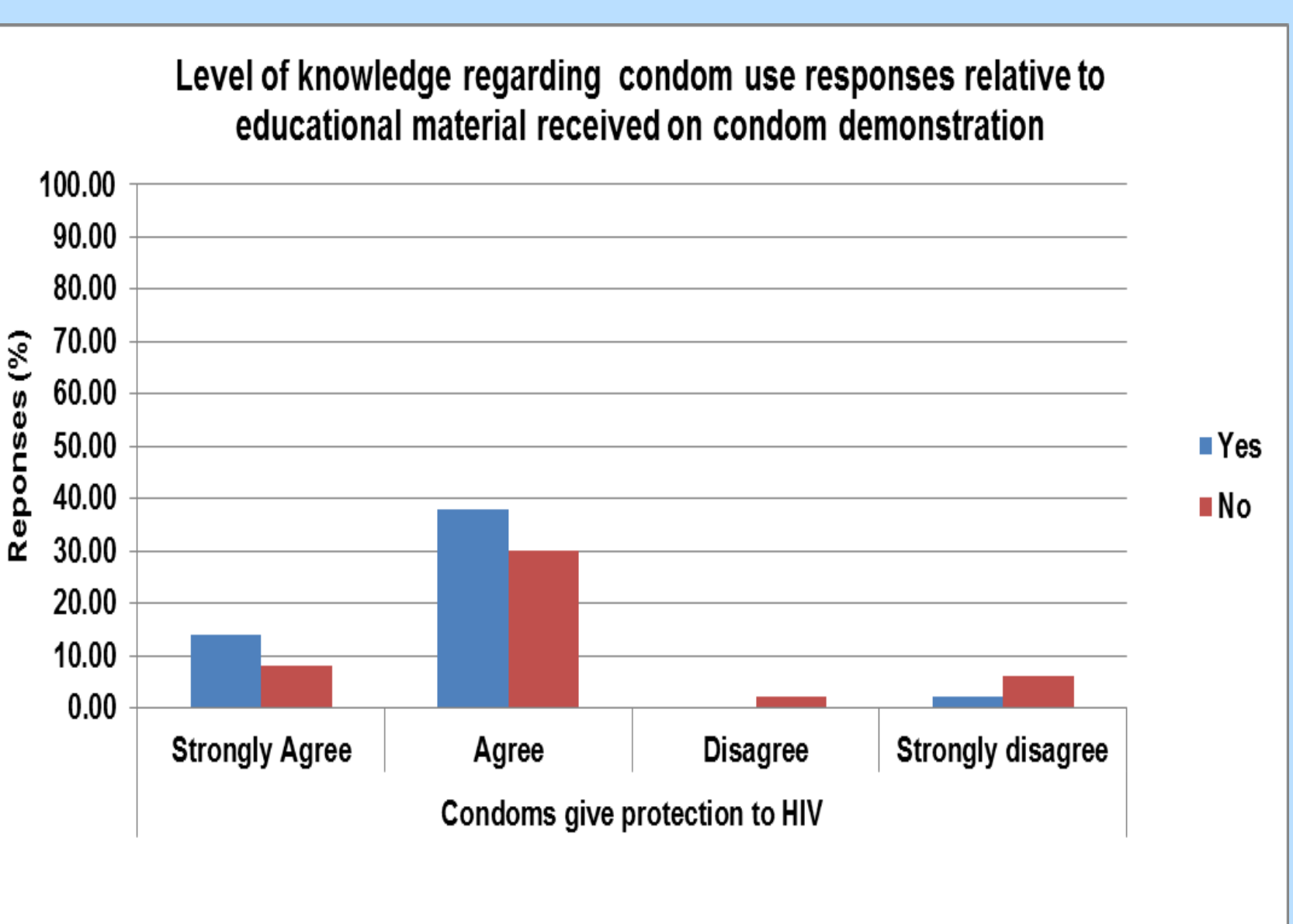


Figure 3



Most of the participants who agreed (30%) and strongly agreed that unprotected sex causes HIV did not receive educational materials. Also, a significant number who agreed (42%) and strongly agreed (14%) that exposure to blood of an infected person causes HIV did not receive any educational material (Figure 2). Nonetheless, most of the participants who agreed (38%) and strongly agreed (14%) that condoms give protection to HIV did receive material on condom demonstration (Figure 3).

A significant percentage (48%) agreed that MC is another method of HIV prevention, and that it should be performed at a hospital setting (58%); although at most they never received educational material on MC as shown in Figure 4.

Results

Figure 4

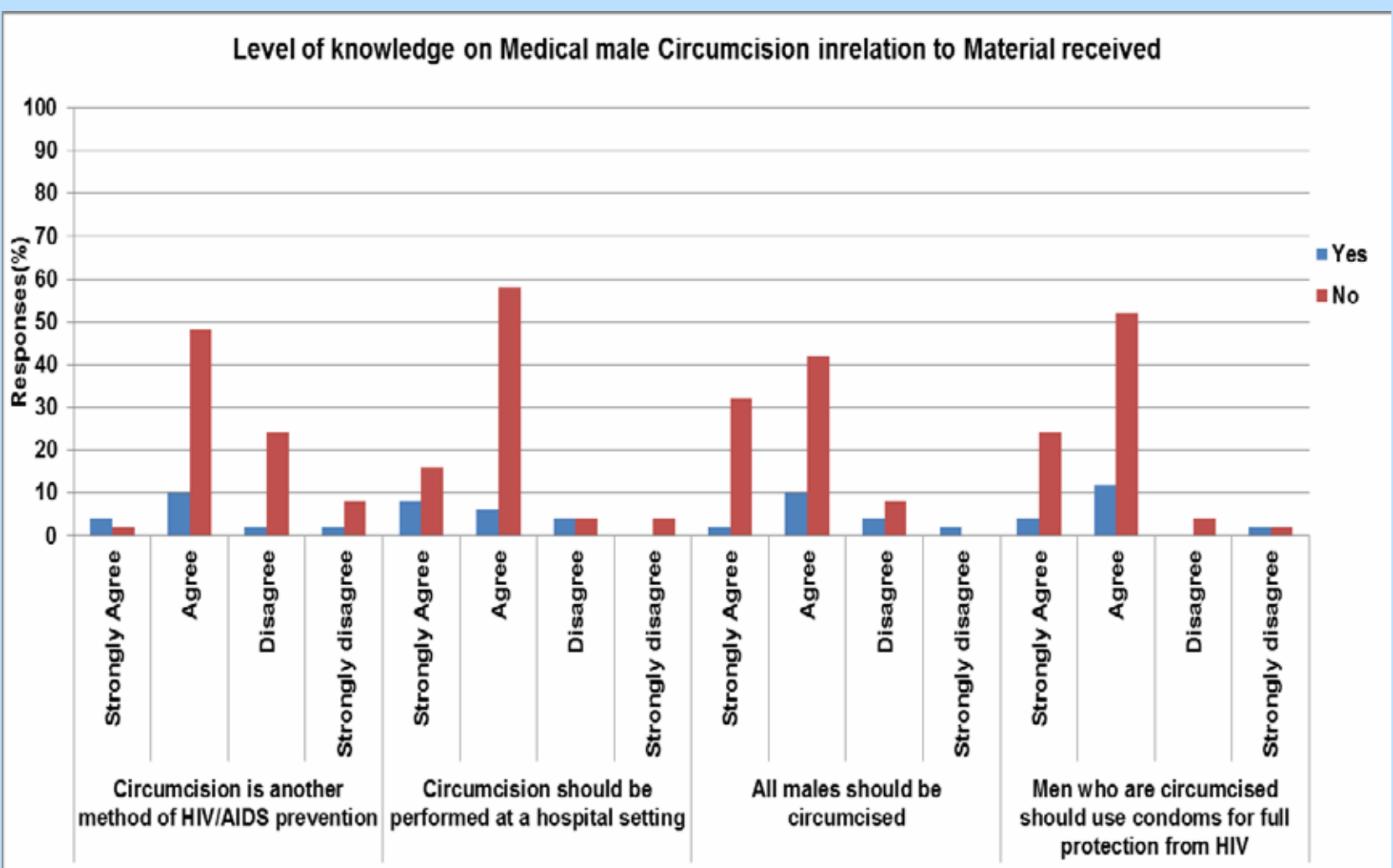
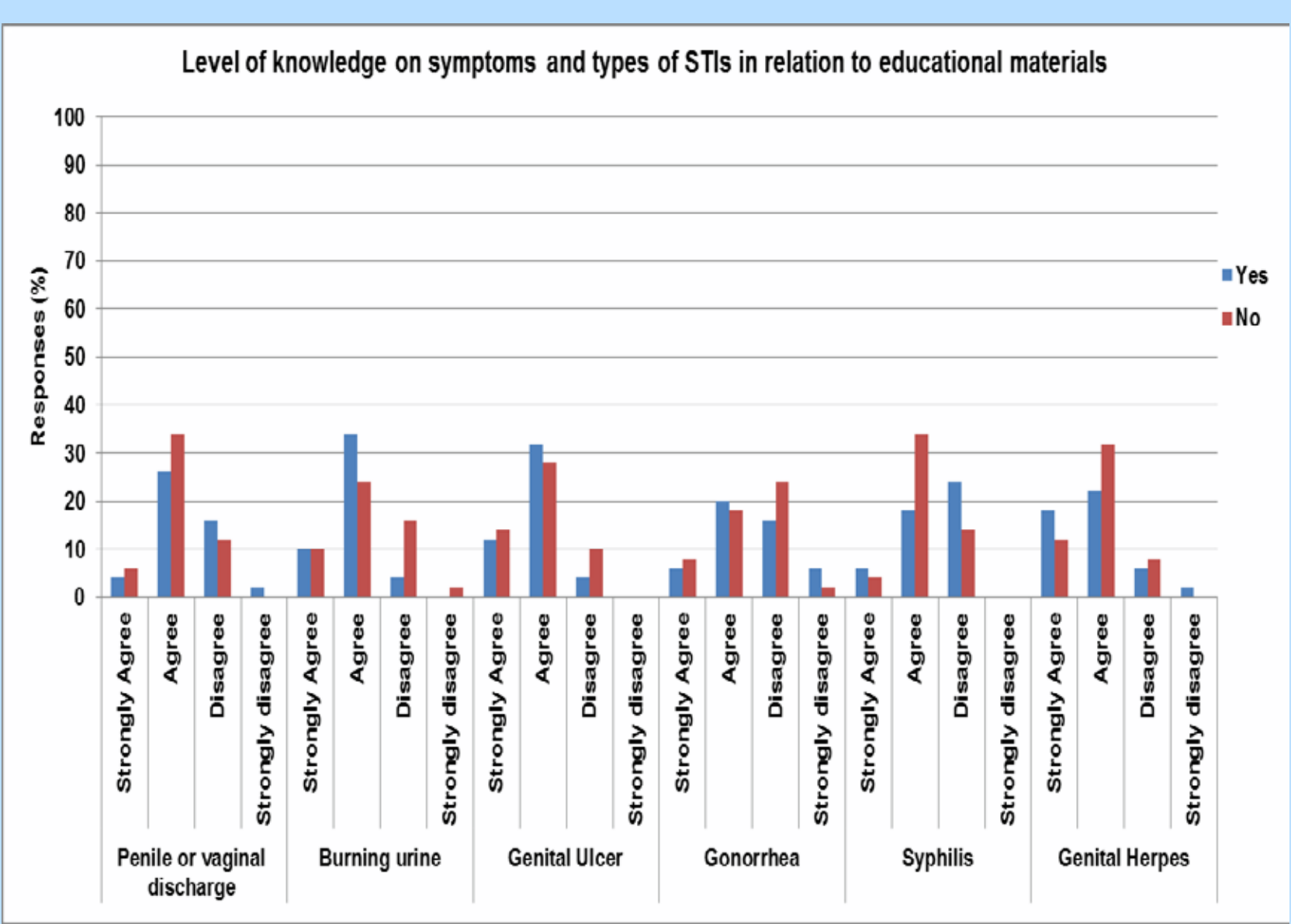


Figure 5



Although some of the participants did not receive materials regarding STIs; most of them received such as reflected in figure 5. However, they seem to have basic knowledge regarding STI symptoms and lack knowledge regarding the types of STIs.

Conclusion

The study revealed that there is limited provision of educational material even to the 12-14 year age group which is a matter of concern as they are just starting to develop their sexual debut and therefore an important age group to target for HIV/AIDS prevention.

Conclusion

It was however revealed that boys who underwent MMC had at least basic knowledge of HIV/AIDS and STIs prevention including MC as one of the prevention mechanisms.

It is recommended that emphasis be made to hospital health care providers on the importance of providing health education coupled with educational materials to boys undergoing MMC, including the 12-14 year age group for prevention of HIV/AIDS as a necessity for the achievement of MDGs. There is therefore a need to even reinforce on the role of MMC in HIV/AIDS prevention other than just a rite of passage to manhood.



The development of a culture sensitive educational package for HIV/AIDS prevention for boys, who undergo MMC is recommended.

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Contact information

- Malala Lufuno Charity,
E-mail: lufuno.malala@gmail.com
- Prof Mulaudzi Fhumulani Mavis
E-mail: Mavis.mulaudzi@up.ac.za