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Views And Sentiments Of Teenage Boys On Male Circumcision In The Advent Of HIV And AIDS In Masvingo South Rural Community In Zimbabwe

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Abstract:
The article was an exploration of the views and sentiments of teenage boys in Masvingo South rural community on male circumcision as an HIV and AIDS transmission mitigation measure. The researchers got primed to undertake the research study by the fact that studies have established that male circumcision, among other benefits, is 60% efficient in curbing the spread of HIV and AIDS. Theoretically, the study was informed by Vygotsky's socio-cultural theory and Bronfenbrenner's ecological systems theory. The descriptive survey research design was used with individual interviews as the key data gathering instruments. A sample of 80 teenage males in the 15 -19 year age range was purposively chosen in Masvingo South rural community. The majority of the respondents expressed negative attitude towards undergoing male circumcision for medical reasons. The respondents' limited information, the imagined pain associated with male circumcision and some cultural considerations to some extent accounted for their negative sentiments. A small proportion of the respondents revealed attitudinal neutrality regarding the adoption of male circumcision for medical reason. The researchers arrived at the conclusion that there is need to continue devising ways of making people aware of the crucial role of male circumcision in mitigating the spread of HIV and AIDS. Male circumcision should not be viewed as a cultural or religious preserve of some tribal groups since it has now gained a new status as a lifesaving medical practice.

Key words*: teenage, culture, adolescence, HIV and AIDS transmission, HIV and AIDS transmission mitigation measure, neonatal circumcision*

1.Introduction

Van Niekerk and Prins (2001) acknowledge that the HIV and AIDS scourge has wrecked havoc the world over principally because the cure of the pandemic is still elusive despite the universal frantic efforts of medical personnel. It was upon realising the devastating effects of HIV and AIDS that the United Nations included the need to reduce the effects of HIV and AIDS as the sixth Millennium Development Goal (United Nations, 2006). The use of condoms, abstinence, refraining from wife inheritance, faithfulness to one's partner and knowing one's HIV status have all been adopted and are still being emphasised as HIV and AIDS transmission mitigation measures. Amid such frantic efforts to curb the spread of HIV and AIDS, male circumcision has suddenly entered the limelight as an additional way of curbing the spread of the ravaging pandemic (WHO, 2007; Bateman, 2010). Auvert, Taljaard, Lagarde, Sobngwi-Tambekou, Sitta and Purren (2005) and Bateman (2010) confirmed that research trials carried out in Sub-Saharan African countries which entail Kenya , Uganda and South Africa established that male circumcision can offer circumcised men at most sixty percent (60%) reduced risk of being infected with HIV. It was with these developments in mind that the researchers decided to explore the attitudes of males in Zimbabwe's Masvingo South rural community towards male circumcision.

In some parts of Zimbabwe, male circumcision has been in practice primarily for religious and cultural reasons. Originally male circumcision was not practised for reducing the spread of HIV and AIDS since its practice in some Zimbabwean communities commenced well before the advent of HIV and AIDS. Tribal groups such as the Xhosa in Umguza District in Matabeleland North Province, the Lemba and the Shangaan tribes in the Southern parts of Zimbabwe are good examples of tribes whose culture originally entailed male circumcision. In the Shangaan tribe, male circumcision was and is still being undertaken as a means of initiating boys into manhood. Those who undergo male circumcision in the Shangaan culture primarily do it for legitimising their participation in crucial social functions as well as gaining recognition in their communities.

According to Kotze (2009), the majority of the countries in Southern Africa which entail Botswana, Lesotho, Namibia, Swaziland and Zambia have already started putting in place mechanisms of seriously putting male circumcision into practice as an HIV transmission mitigation measure. Mfecane and Mkhwanazi (2010) intimate that a staggering 90 000 men and 16 800 men were circumcised for medical reasons in Kenya

and Zambia respectively. Zimbabwe has also taken the initiative to persuade its male citizens to consider undergoing male circumcision primarily for the sake of minimising their chances of contracting HIV. It was on the basis of such deliberate endeavours by the Zimbabwean HIV and AIDS activists that the researchers decided to explore the attitudes of males in Masvingo South rural community.

World Health Organisation [WHO] (2007) indicates that UNAIDS and WHO recommended after 2007 that male circumcision be considered as an additional HIV transmission mitigation measure especially in countries where HIV cases are prevalent. Although the Zimbabwean Ministry of Health and Child Welfare and the National AIDS Council jointly recommended that male circumcision should be infused into the National AIDS Prevention Strategy in 2007, the idea was first put into practice in mid-2009 with technical and financial backing from Population Services International – Zimbabwe (Ministry of Health and Child Welfare, 2010). By world standards, the HIV and AIDS prevalence level in Zimbabwe, which stands at around 10.3%, is too large to be ignored (NAC and UNAFPA, 2009) although at regional level it is ranked amongst the lowest as claimed by the Zimbabwe Central Statistical Office (2007). Furthermore, Zimbabwe has decided not to be complacent in connection with the male circumcision issue as evidenced by the ongoing male circumcision campaigns through electronic and print media together with dramas and bill boards.

The frantic efforts to undertake male circumcision in Zimbabwe have been fuelled by the USAID(2009)'s assertion that mathematical projections revealed that about 750 000 new HIV infections can be averted if 80% of the Zimbabwean males in the 13 - 29 years age range are circumcised within the next seven years. The use of male circumcision as an HIV and AIDS transmission mitigation measure is arguably in its infancy in Zimbabwe because the medical centres where it can be undertaken are in the process of being increased. According to National AIDS Council [Zimbabwe] personnel based in Masvingo, the medical centres in Zimbabwe where male circumcision is already being undertaken for medical reasons include Chinhoyi Hospital in Makonde, Karanda Mission Hospital in Mount Darwin, Mutare General Hospital in Mutare, Mpilo Hospital in Bulawayo while in Harare it is carried out at the Zimbabwe National Family Planning Council at Spilhaus and at Harare Central Hospital. The number of Zimbabwean males who had undergone circumcision for different reasons including reducing the spread of HIV and AIDS by the end of 2010 stood at 10.3% of the male population. Research studies in Zimbabwe are pointing to the notion that the proportion of males in Zimbabwe

who are embracing male circumcision as an alternative method of curbing the spread of HIV and AIDS is slowly increasing. Knowledge of such developments in the war against the deadly pandemic compelled the researchers to enter the fray and attempt to shed more light on the acceptability of male circumcision as an HIV and AIDS prevention strategy in Masvingo South rural community in Zimbabwe.

Having or not having the cogent scientific knowledge of how male circumcision actually reduces the spread of HIV and AIDS is sometimes critical in determining the attitudes of people towards its practice and acceptability .Titus and Moodley (2008) intimate that the moist and soft inner layer of the foreskin of an uncircumcised male sex organ is vulnerable to cuts, bruises and being torn during sexual union. It is through such bruises and cuts that HIV, the virus which causes AIDS, can get into an individual's body. Removing the foreskin facilitates the hardening of the skin on the head of the male sex organ. This subsequently reduces the likelihood of sustaining bruises and cuts during sexual intimacy. Titus and Moodley (2008) further indicate that the moist folds of the foreskin of the male sex organ act as a favourable environment for the prolonged survival of HIV and other bacteria which cause sexually transmitted infections. This therefore implies that male circumcision to some extent reduces the chances of contracting HIV and AIDS on the part of males.

2.Theoretical Framework.

The ecological systems theory propounded by Urie Bronfenbrenner was found to be theoretically handy in the study. According to Bronfenbrenner, the individual's attitudes, values and knowledge are influenced by the five nested systems which are the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem (Donald ,Lazarus and Lolwana, 2010:40). While the microsystem refers to the individual's immediate social environment such as the family with parents and siblings as well as the school, the mesosystem refers to the interaction between microsystems http://virtual.yosemite.cc.ca.us/childdevelopment/Cheryl/Sp10/EcologicalHandout.pdf) . The exosystem refers to variable which are not directly in conduct with the individual but have an impact on their development. The macrosystem refers to the bigger environment with factors such as culture, religion and political ideology. The chronosystem focuses on how the already mentioned four systems influence the individual over a given period of time (http://virtual.yosemite.cc.ca.us/childdevelopment/Cheryl/Sp10/EcologicalHandout.pdf).

Vygotsky`s socio-cultural theory places a lot of importance on culture in the cognitive and social development of an individual (Feldman, 2009:). Attitudes, skills and knowledge that are held in high esteem by people in a certain culture are imparted to the young ones by their skilled adults and more competent peers through various methods in the prevailing social context settings in that culture (Tassoni, Beith, Bulman and Eldridge, 2007:71). The attitudes of Masvingo South males regarding male circumcision were discussed in some instances with reference to Vygotsky`s socio-cultural theory. Moreover, the observational learning principle of Bandura's social learning theory was made use of in the interpretation of some research findings.

3.Research Questions

The study was guided by the following research questions:

- What are the attitudes of males towards male circumcision as a means of curbing the spread of HIV and AIDS in Masvingo South rural community?
- What are some of the reasons given by males constituting the sample to justify their attitudes towards male circumcision?
- How knowledgeable are the respondents in connection with the use of male circumcision to combat the spread of HIV and AIDS?

4.Methodology

The descriptive survey research design was used with semi-structured face-to-face interviews as the only data gathering instruments. Chiromo (2006:26) supports the use of semi-structured interviews by claiming that they enable the researchers to pursue any relevant leads which might emanate from interview sessions. From a population of about 600 male adolescents aged between 15 and 19, a sample of 80 respondents was purposively selected. The research participants fell within the Population Services International-Zimbabwe male circumcision target group whose age range is 13 to 29 years (NAC and UNFPA, 2009). The respondents had an average age of 17.4 years with a standard deviation of 1.1years. The sample was taken from a rural community in which male circumcision is not practiced for cultural or religious reasons. The respondents were unique by virtue of being adolescents who are developmentally known for being erratic, moody, experimental and sometimes adventurous (Feldman, 2009: 426- 427). They are actually part of the target group for male circumcision since they were either on the brink

of being sexually active or were already sexually active. The ethical principles of informed consent, confidentiality and anonymity were observed.

5.Research Findings

Below are the main research findings which emerged during the researchers' interaction with the respondents who constituted the sample:

- 24 out of the 80 respondents expressed favourable attitudes towards male circumcision. However, their justifications for the positive attitudes towards the exercise were different. Only 16 out of the 24 research participants who expressed favourable attitudes attributed their positive attitudes to the desire to volitionally curb the spread of HIV and AIDS.
- One third of the 24 research informants ascribed their favourable attitudes towards male circumcision to their belief in the claim that circumcised men have increased virility and more likely to gratify their partners in bed than their uncircumcised counterparts.
- 55% of the sample members attributed their negative attitudes towards being circumcised to the fear of sustaining permanent bodily injuries coupled with the fear of physical pain during and after male circumcision.
- The respondents' level of factual knowledge was found to be low resulting in misinformed decisions and attitudes pertaining to the utility of male circumcision when it comes to curbing the transmission of HIV and AIDS.
- The presence of alternative HIV and AIDS transmission mitigation measures, especially the use of male condoms which offer a higher level of protection against HIV transmission than male circumcision, caused some respondents to express negative attitudes towards undergoing male circumcision.
- Some respondents expressed the misconception that undergoing male circumcision provides an individual with total immunity against contracting HIV and AIDS.
- Culture was cited by some participants to be a critical variable in determining how readily one is prepared to undergo male circumcision for medical reasons.

6.Discussion OF Findings

The researchers' interaction with the teenage respondents revealed a wide range of sentiments. 24 out of the 80 respondents (30%) expressed positive attitudes towards male circumcision. The respondents gave various reasons to back their favourable views towards male circumcision. 16 out of the 24 teenagers indicated that their favourable attitudes towards male circumcision were anchored on the desire to remain safe from the HIV and AIDS pandemic which had actually extended its ugly tentacles in their very rural communities. The 16 research informants alluded to the fact that they have even lost some of their close relatives through HIV and AIDS and were consequently determined to undertake any drastic action to avert the menacing challenge. The fear to die in such a gruesome manner in which one first undergoes drastic emaciation before becoming virtually incapacitated to the extent of requiring continuous care from other people like a small baby was cited as a strong impetus for accepting various methods of minimising the transmission of HIV and AIDS, including male circumcision. They attributed their favourable attitudes towards male circumcision to the various campaigns primarily targeted at males to consider male circumcision as an additional HIV and AIDS transmission mitigation measure. Hence the male circumcision campaigns which belong to Bronfenbrenner's microsystem, mesosystem and exosystem, had a positive bearing on these teenage respondents' attitudes towards medical male circumcision.

The researchers also learned with shock that there were some respondents who erroneously believed that once one undergoes male circumcision, one becomes utterly insulated from contracting HIV and AIDS. This approximates the findings of Mfecane and Mkhwanazi (2010) who established that some men considered it irrelevant to use condoms once they have been circumcised. On the basis of such revelations, it can be argued that some respondents probably expressed positive attitudes towards male circumcision on the basis of this erroneous and dangerous premise. However, only 5 out of 24 respondents hinted that male circumcision should not be misconstrued as a warranty to engage in high risk sexual behaviour such as promiscuity and unprotected sex. They emphasised the need to complement male circumcision with other already established HIV prevention measures such as condom use and having a single faithful partner. This agreed with the sentiments of Lagakos and Gable (2008) and Klausner, Wamai, Bowa, Kagimba and Helperin (2008) who indicated that male circumcision could only provide 60% protection against HIV transmission and not 100 % protection. Moreover, Green, McAllister, Peterson and Travis (2008) who boldly declared that male

circumcision is not the HIV and AIDS vaccine which the entire world has been yearning for, further warned that male circumcision should be adopted with caution.

Quizzed about the source of information regarding male circumcision, 15 out of the 24 respondents indicated that they occasionally hear some of the male circumcision campaigns from the radio. Only 11 respondents indicated that they had seen some video clips which promote the adoption of male circumcision as an HIV and AIDS transmission mitigation measure on television. This can be attributed to the limited number of television set owners in rural communities. Of the 24 respondents who expressed positive attitudes towards male circumcision, 13 admitted that they could not scientifically articulate how undergoing male circumcision can insulate someone from contracting the virus.

By virtue of being teenagers who were not yet married, who were therefore lacking practically information regarding sexual matters in some cases, 11 out of the 24 supporters of male circumcision admitted that they once heard that male circumcision has an additional advantage of enhancing men's chances of gratifying their sexual partners in bed. They pointed out that if that hypothesis was true, they were prepared to give it a try. This perspective is in line with the belief strongly held by some people that circumcised men satisfy their sexual partners in bed more than their uncircumcised counterparts as indicated by Peltzer, Nqeketo, Petros and Kanta (2008). However, these very same adolescents confessed that they had also gathered that male circumcision reduces sexual pleasure on the part of men as it reduces sensitivity on the male sex organ when the skin on its head hardens due to circumcision. They admitted that they had unofficially heard that the hardening of the skin on the male sex organ was also likely to be a source of discomfort to women during intimacy. This tentatively implies that the scientific explanation regarding the association between male circumcision and sexual satisfaction needs to be explored so as help people in deciding whether to embrace male circumcision or not.

The researchers established that 55% of the respondents (44 out of 80) were unwilling to embrace male circumcision as an HIV and AIDS transmission mitigation measure for several reasons. Fear of sustaining permanent physical injuries on the genitals was cited by a number of such respondents as a deterrent factor. This agrees with the sentiments of Lukoho and Bailey (2007) together with Ngalande, Levy , Kapondo and Bailey (2006) who indicate that one popular hitch to the acceptability of male circumcision is the fear of possible negative consequences during and after male circumcision. Twenty-two out

of these 55 respondents (40%) hinted that they were not very enthusiastic to undergo male circumcision because they habitually imagine the possibility of botched operations by doctors which could tragically terminate their vital manhood. They fervently reiterated that in the African society and even beyond, loss of manhood automatically makes one a laughing stock by virtually everyone in one's locality. Nevertheless, the respondents could not cite even a single example of such botched operations during medical male circumcision.

The physical pain which an individual has to endure during and after undergoing male circumcision was blamed by a reasonable number of respondents as a cogent justification for their negative attitudes towards male circumcision. These respondents narrated that they could not come to terms with the mental picture of nursing a wound on the genitals. They imagined that a wound on such a sensitive part of one's body is highly likely to be a thorn in the flesh. Such sentiments tally with the research findings of Peltzer, et al (2008) who established that the physical agony associated with male circumcision was a deterrent variable when it comes to arriving at the decision to willingly undergo male circumcision. However, the researchers gleaned from the National AIDS Council personnel in Masvingo urban that the question of physical pain during medical male circumcision is not really a problem since injections meant to render the male sex organ numb during circumcision are available. Furthermore, these personnel disclosed that there are pills which can minimise pain during the healing period, that is, after the circumcision. This then tentatively implies that the fear which was harboured by some of the respondents was probably based on insufficient or superstitious information which actually differed from what practically transpires during and after medical male circumcision.

One popular justification among the 44 teenage respondents who expressed negative attitudes towards male circumcision was the fear of becoming a laughing stock of their peers especially at school. They were afraid of being given some sarcastic or telling nicknames which may tarnish their image. This confirmed the importance of the microsystem in the social and attitudinal development of individuals as postulated by Bronfenbrenner in his ecological systems theory. (Donald, et al, 2010 :40). Moreover, the respondents speculated that such derogatory names may draw the attention of their female counterparts resulting in them being unnecessary talking points among their peers. This to some extent implies that peer influence is a fundamental variable in attitude formation especially among adolescents. This is in partial agreement with the

findings of Peltzer, et al (2008) who established that 13 % of the male circumcision pre-initiates in the sample of their study confirmed that their decision to undergo male circumcision was influenced by their peers. Moreover, the adolescent respondents' sensitivity to the potential reaction of peers can be attributed to Vygotsky's socio-cultural theory which postulates that an individual is influenced by the social environment in which he or she resides during social interaction.

The availability of alternative methods of curbing the spread of HIV and AIDS was to some extent found to be a contributing factor towards negative attitudes male circumcision. Some research participants admitted that they did not seriously bother to figure out how male circumcision reduces HIV transmission because they were satisfied with the level of protection offered by male condoms. They argued that apart from the credible notion that male condoms are more efficient in curbing HIV transmission than male circumcision, condom use does not subject one to the physical anguish which is brought about by male circumcision. One respondent gave the following remarks:

'Since we were small boys, we heard that the use of male condoms is the safest method of mitigating HIV transmission, of course, after abstinence. I now do not know where male circumcision fits in.'

Regarding the feasibility of introducing neonatal circumcision in their locality, the respondents largely expressed doubts since they postulated that such a programme was likely to be met with stiff resistance. The research participants indicated that a lot of groundwork was required to ultimately convince parents to allow their newly born babies to be subjected to such an exercise. The imagined fear of accidentally injuring the tender genitals of the newly born boys was cited by some teenage boys as a strong notion to be disproved before neonatal circumcision can gain roots. This contradicts the sentiments of Binagwaho, Pegurri, Nuita and Bertozzi (2010) who support the notion that neonatal male circumcision is good because it is more cost-effective than adult male circumcision in the long-term.

One of the most popular reasons cited by respondents of to justify their attitudes towards male circumcision was culture. 61 out of the 80 respondents conceded that people from communities where male circumcision is a common cultural practice are highly likely to abruptly embrace it without persuasion, education or even role modelling. They conversely argued that people whose culture does not enshrine male circumcision have a higher probability of taking long to accept the practice even for medical reasons. The respondents contended that the fact that their fathers and

grandfathers who acted as their social role models had not been circumcised made it virtually tricky for them to quickly accept male circumcision. Undergoing male circumcision, according to the boys, would be deviating from the dictates of their culture. This can be explained by making reference to Bandura's social learning theory which claims that human beings learn through imitation of models who are usually significant others in the society (Santrock, 2004: 227; Kosslyn and Rosenberg, 2006: 269; Feldman, 2009: 201). 26 out of the 44 reluctant respondents the efforts to introduce male circumcision in their community was to some extent a form of cultural infiltration by the tribal groups where male circumcision is a common practice. Peltzer, et al (2008) who conducted at least two research studies on male circumcision in the Eastern Cape Province in South Africa, confirmed that the attitudes males towards male circumcision were significantly dependent on the cultural acceptability of male circumcision in the community under consideration.

Twelve respondents who constituted 15% of the entire sample remained undecided regarding their attitudes towards male circumcision. They only managed to give non-committal answers arguing that they required more time and more information to make informed decisions pertaining to their preparedness to rally behind male circumcision campaigns. Some of them pointed out that they would serious contemplate trying male circumcision when they were about to get married. Four of these 12 respondents hinted that since they were not yet sexually active, that is, they did not even have any girlfriends, they were not bothered about male circumcision as a drastic measure to reduce the negative effects of the menacing pandemic. They pointed out that they were concentrating on their school work.

7.Conclusion

The views and sentiments of Masvingo South teenage respondents towards male circumcision as a competing HIV transmission intervention measure were found to be largely negative since only 30% of them expressed positive attitudes towards male circumcision. Variables such as cultural barriers, the imagined pain during and after male circumcision and the fear of botched operations were mentioned by some the respondents as the rationale for harbouring negative attitudes towards male circumcision. The presence of alternative HIV transmission intervention measures, particularly the use of male condoms, to some extent caused some males not to seriously consider male circumcision for minimising the spread of HIV and AIDS. It was also a source of worry

for the researchers to realise that some of the views of the research participants were anchored on misconceptions, superstitious beliefs and ignorance of scientific principles regarding male circumcision.

During their interaction with the research participants, the researchers perceived that there are a lot of attitudinal constraints which needed to be dealt with before male circumcision could be embraced by a significant proportion of the male population in Masvingo South rural community. Key stakeholders such as the National AIDS Council[Zimbabwe], Population Services International-Zimbabwe and the Ministry of Health and Child Welfare[Zimbabwe] should continue to disseminate information regarding the new status of male circumcision as an alternative intervention measure in the crucial battle against the transmission of HIV and AIDS. Moreover, there is need to further intensify campaigns meant to clarify as many medical benefits of male circumcision as possible so that the males may be willing adopt it not for cultural or religious reasons but principally for medical reasons.

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