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## Attitudes of University Students towards Male Circumcision

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### **Abstract:**

*Male circumcision has become one of the methods used to prevent HIV transmission through heterosexual contact. This study was undertaken among university students to ascertain their attitude and knowledge about male circumcision and prevention of HIV infection. The cross-sectional descriptive survey collected data from a simple random sample of 100 students. Data collected using a structured questionnaire was analysed using descriptive methods. With a response rate of 85%, the mean age of respondents was 21 years and knowledge level about male circumcision was fair. Students acknowledged the importance of male circumcision but their majority reported that they would not wish to be circumcised. Those who wish to be circumcised would prefer to have the surgery at hospitals. Students wished to have more information about this practice. The study recommends that HIV and Life skills programmes should include male circumcision. University Life Skills programme should also include negotiation and decision making skills.*

**Key words:** University students, Male circumcision, Attitudes, HIV, Infection

### **1. Introduction**

Zimbabwe is one of the countries worst affected by HIV/AIDS in the Southern sub-region of Africa, although transmission rates have been declining in the last few years. The Zimbabwe government has set a goal of circumcising 1.2 million men, free of cost, by 2015 (Mugurungi cited by Mahove, 2013) mainly to reduce the risk of heterosexually transmitted HIV by approximately 60 percent of adults (PSI, 2010; Mugurungi cited in Mahove, 2013). Male circumcision (MC) is a voluntary procedure in Zimbabwe and elsewhere since there is no evidence of organisations who recommend routine circumcision of neonatal males, as is the case for BCG, Hepatitis, Polio, measles and other disease preventive vaccines. However, plans are underway to introduce neonatal circumcision who is expected to reach full throttle in 2015 (Sinokuthemba Xaba in Mahove 2013; GertrudeNcube in Mbanje, 2013). The project started in Harare and Bulawayo. Ncube in Mbanje, (2013) said adding that, gradually, all maternity sites across the country would be circumcising newly born babies by 2014.

Internationally, especially in the developed world, the United States of America has the highest rate of non-religious circumcision (Goldman, 2004). In most developing societies, the choice to circumcise is largely driven by cultural preference. In East Africa, Australia and some ethnic populations like Tonga, Chewa, Shangani and Ndauc MC is considered a passage from boyhood to adulthood and a symbol of manhood. The Jews do it as a covenant with God. Only circumcised men make family and community decisions.

By 2005, most males in Zimbabwe (89.7%) were not circumcised (Demographic Health Survey, 2005/6). According to Owen Mugurungi, a Ministry of Health and Child Welfare HIV/AIDS and TB Specialist, cited by Mahove (2013), Zimbabwe could save up to US\$3 billion in treatment of HIV and AIDS and downstream costs if the country can scale up its Voluntary Medical Male Circumcision (VMMC). The 15 to 49 age group being the most vulnerable and productive appears to be dominated by the youths studying in tertiary institutions, university students included.

This study concerned itself with establishing knowledge and attitudes of university students, as representative segment of the youths, towards the MC practice.

### **2. Theoretical Framework**

This study was informed by realism and interpretivism. This study contends that reality exists in the mind of people. People react due to forces that are beyond their control. The interpretivist philosophy also acknowledges that human beings are complicated and can only be studied and understood through observation and asking questions. The Theory of Reasoned Action (TRA) with added advantages

of the Theory of Planned Behaviour (TPB) developed in the field of social psychology to study human behaviour and develop appropriate interventions will also inform this study. This model informs that behaviour and attitudes are determined by intentions, attitudes and subjective norms and explained by a person's beliefs which depend on his/her information base about him/her, and the immediate determinant of behaviour. TRA tells us that knowledge of a person's attitudes permits prediction of one or more specific behaviour(s). TRA will be helpful to understand how university students think and explain their attitudes towards MC. People also make decisions based on their perceptions which in most cases are selective and subject to social influences.

### 3. Statement of the Problem

MC was introduced in Zimbabwe in 2007 and to date there seem to have been little progress in having a large proportion of males opting for MC. Little is known about university students position on MC in Zimbabwe yet both male and female university students are more vulnerable to HIV/AIDS infection since they belong to the sexually active part of the population. While the MC targets males, university female students may influence the decisions and perceptions of their male counterparts towards MC since it takes two to tango thereby qualifying participation of female students also in the study. This is because in Africa, the vulnerability of women and girls to HIV remains high, with women constituting 59% of people living with HIV (Mahove, 2013).

Knowledge, attitudes and practice on MC seem to show a growing concern over reluctance by the youth, inclusive of university students, to make complex decisions in favour of undergoing MC. The decision to be circumcised or not is largely determined by the level of awareness and education level of those involved and their being at home with the risks involved and subjective weighting of prevention and possible complications (Christakis, Connell, Zerr, Harvey et al., 2000). University students are considered quite knowledgeable about the virtues and vices of MC.

Little is known about factors incorporated into the medical decision making process among the parents hence some parents agree to having their sons circumcised without understanding the procedure or its risks as they base their decision on information on preconceived ideas and social conformity rather than facts. University students have unquestionable sound maturity to proffer their perceptions regarding MC.

Currently Zimbabwe is offering free circumcision to adolescents and adults, not infants, as a public health intervention, reflecting a gap in youth involvement. This study is crucial as there is huge national investment by government and partners such as PSI who are in the process of mobilising resources and disseminating information, education and communication to targeted populations who include university students.

It was therefore the object of this study to establish the position of university students towards MC so that the intervention programme is more holistic, strengthened and focused for effective HIV/AIDS prevention.

### 4. Research Questions

- What is the understanding of university students about MC?
- What attitude do university students have about MC?

### 5. Significance of the Study

Southern Africa is a region with hyper-endemic HIV epidemics that cannot be ignored. Scaling up male circumcision programmes among youth reduces costs of treatment. Despite the many prevention programmes in Zimbabwe, people with new infections continue to be registered among sexually active youths and adults. Male circumcision is not common practice in Zimbabwe (Chikutsa, 2011) yet literature reports of the evidence that circumcision reduces susceptibility of STI transmission (Bailey et al, 2001). Allowing students to discuss about male circumcision promotes deliberations about HIV prevention and other health issues. "Successful implementation of male circumcision programmes can avert over seven thousand male adults and newly-born babies by 2025" (Chikutsa, 2011:2). Success of the Circumcision programmes can only be achieved if the university male and female students and other concerned stakeholders are aware and able to make informed decisions.

### 6. Literature Review

As alluded to earlier on, Government of Zimbabwe planned to circumcise about three million people by the end of 2015 for effective reduction of heterosexually transmitted HIV/AIDS infections in the country by approximately sixty percent (Manika, 2013). Dr Owen Mugurungi in Manika (2013) observed that going by the pace at which the programme is being implemented; it looks unlikely that this ambitious target would be reached. This low uptake of the MC programme, which was introduced as a form of HIV prevention method sometime in 2009, has caused an excruciating worry to the Ministry of Health and its partners in the HIV/AIDS sector in Zimbabwe. Literature reveals that more men in held attitude towards this method of HIV prevention and were willing to be circumcised (Mbabazi, 2011; bailey, Muga, Poulussen and Abicht, 2014). The actual number of men who go for surgery remains low (Mtemeri et al., 2013; Chibaya, 2013). Chibaya (2013) notes that only 8% of the targeted males had responded positively to the MC campaign, less than two years before the 2015 deadline and that while resources had been availed to circumcise over 100 000 males in 2012 alone, far less than half the ambitious target was achieved.

The United Nations Joint Programme on HIV and Aids (UN Aids) country director, Zimbabwe, Tatiana Shomiliana, cited by Chibaya (2013), attributed the poor response to the MC programme to wrong packaging of campaign messages citing the message 'Be a winner, Be smart, Get circumcised' which she said was unfortunately unclear about what it is that one would be winning or getting smart by getting circumcised. There is need to further consolidate partnerships with all stakeholders in the health sector, religious and

traditional leaders and the media to help their communities better understand the benefits of male circumcision to men (Xaba, cited by Mhlanga, 2012). In concurrence, Tatiana Shomiliana underscored the need to re-strategise the campaign so that more young people can be mobilised for the circumcision programme (Chibaya, 2013) a clear indication that feedback from stakeholders seemed to suggest that the programme is not being taken seriously because of poor messaging. Surely this re-stratification should take on board tertiary students in general and university students in particular since they belong to the high HIV/AIDS vulnerable group.

Tatiana Shomiliana, cited by Manika (2013), said a lot of resources were mobilised in anticipation of the uptake of a large number of men following the circumcision of Zimbabwe's lawmakers at the beginning of the campaign. Sinokuthemba Xaba, Zimbabwe's National Male Circumcision Coordinator, cited by the New Ziana (2011) stated that about 11,000 men were circumcised by December 2010 but over 20,000 had been circumcised in 2011 alone. In the same vein Ministry of Health and Child Welfare, HIV and Aids and TB Specialist, Dr Owen Mugurungi cited by New Ziana (2011), said there was need for a rapid scaling up of the programme among the 15 to 49 age groups to above the 80% mark, which translated to 1.9 million men for the VMMC to make an impact in the country. Dr Mugurungi went on to add that "If we do that, we will be able to reduce the rate of HIV infection from the current 130 000 new infections to less than 50 000 per year by 2020. What it means is we would have also prevented close to 750 000 new HIV infections throughout the country and we would have invested around between US\$100-US\$120 million, but in terms of treatment and downstream costs, we will probably save US\$2, 9 billion" (New Ziana, 2011).

MC offers 60% protection to men against HIV infection as evidenced by clinical trials conducted in three African countries namely South Africa, Kenya and Uganda. However, MC is not a magic bullet against HIV/AIDS but part of the package (WHO, 2013; Mugurungi in Mhlanga, 2013) which includes abstinence, the provision of HIV testing and counselling services, treatment for sexually transmitted infections, the promotion of safer sex practices, the provision, promotion, correct and consistent use of male and female condoms (WHO, 2013).

At community level, there are also even more benefits for partners of circumcised men and others. MC should be encouraged on young people as its benefits are not only for combating HIV, but for personal hygiene and elimination of the human papilloma virus which affects the male organ and is the major cause of cervical cancer in young women (Mugurungi cited by Chibaya, 2013). MC has also the possibility of preventing urinary tract infection in the first year of life (Auvertet al, 2005; Bongaarts, Reining, Way and Conant, 2005; WHO and UNAIDS, 2007), and penile cancer as per evidence based on clinical trials in South Africa, Kenya and Uganda (Mhlanga, 2013).

Corollary, New Zimbabwe Staff Reporter (2011) had indicated that more than 40,000 Zimbabwean men had undergone circumcision since the programme was launched in 2010 to help reduce the risk of HIV with officials from the Ministry of Health and Child Welfare attributing the high statistics to widespread health awareness campaigns carried out in the southern African country. Waters, Stringer, Mugisa, et al., (2011) note that 15% of men in Botswana had been circumcised. Waters et al., 2011 note that the percentage is very low in Zambia as it is practiced as a religious practice less than 1% Muslim people. The benefits of reducing one's chances of HIV infection and risk of cervical cancer through circumcision should encourage men to take up the free service. Informal interviews with a number of men reveal much more needs to be done by the government and its partners if they are to successfully sell the circumcision program to ordinary and suspicious Zimbabweans.

While more and more men have heard about the benefits of MC, they have various fears and concerns that deter them from getting circumcised. Xaba cited by Mhlanga (2012) acknowledges some of the fears and concerns as "What if something goes wrong? Will the wound heal? Where will my foreskin go?" These concerns are exacerbated by the death, during a cultural initiation ceremony, of 23 young men, due to infection and loss of blood after circumcision in Mpumalanga Province, South Africa, (New Zimbabwe, 2013). To correct the fears, Xaba cited by Mhlanga (2012) indicated that male circumcision was a simple, safe and painless 20 minute procedure conducted by highly trained doctors and nurses under local anaesthesia. He added that with good hygiene and care, the healing process is fast and foreskins are placed in plastic bags and incinerated as per Ministry of Health and Child Welfare guidelines and the Human Tissue Act of Zimbabwe. However, important to note is that religious circumcisions by some cultural groups are not performed by doctors but by religious leaders during initiation ceremonies. This practice is a far cry for better and safe initiation schools to ensure the safe passage of young initiates to manhood and prevent the unfortunate loss of lives. Waters, Stringer, Mugisa, et al., (2011) found that important concerns include fear of pain, issue of cultural identity and age at which the surgery is to be performed.

Some societal members feel that MC encourages men to cheat more so without condoms since they think they are HIV secure thereby increasing STIs and HIV. They also feel MC reduces sensitivity during sex and reveals their HIV status, and that it should not be performed on adults who have reached their sexual prime but young males who are highly vulnerable to HIV/AIDS (Goldman, 2004; Mhlanga, 2013). Others feel that it increases sex satisfaction to females since reduced penile sensitivity increases duration of the sexual act (Mhlanga, 2013; Manika, 2013; Scott, Weiss and Viljoen, 2005). However, Christians get confused when the New Testament reads "Neither circumcision nor non-circumcision has any value" (Galatians 5:6 in The Bible, 2011) but the redeeming grace of Jesus Christ and not the ritual of circumcision (Acts 15:7-11 in The Bible, 2011) although Jesus Christ himself was circumcised as a Jewish rite. Against this background, it was the object of this study to determine the understanding and attitude of university students about MC.

## 7. Methods

A descriptive cross sectional survey was conducted at Chinhoyi University of Technology. Data was collected through an anonymous structured questionnaire from a random sample of 100 students. Participation was sought after explaining the purpose of the study and respondents were informed that they were free to withdraw from the study should they feel uncomfortable with the subject. Issues of confidentiality and anonymity were stressed before distribution of the questionnaires. Quantitative data collected was cleaned,

captured and analysed using SPSS version 16.0. Qualitative data was analysed using frequency tables of emerging themes permeating the study. Responses on attitude towards male circumcision were evaluated using a Likert type scale.

**8. Results**

*8.1. University students' knowledge about MC*

With a response rate of 85%, almost all (94.8%) respondents had read something about male circumcision. The radio was the major source of information, followed by newspapers. Almost half (42.9%) of the respondents had discussed the issue with friends; 28.6% discussed the issue during HIV/AIDS sessions at medical facilities. Only 18.2% read about male circumcision from posters and flyers. Less than half of the respondents were aware of the importance of male circumcision. Only 33.8% identified reduction of STI/HIV transmission, while 0.04% felt that it was just a religious practice or just to keep clean 0.08%. The majority of the respondents (49.4%) were sure that men are being circumcised, 36.7% were not sure.

Although the majority of students would like to have male circumcision done at birth (N=28) or during the first year of life (N=21), the majority of the female students said the surgery should be done when boys reach puberty (N=13). Male students were more concerned about pain they would endure while female students were concerned about being able to get an opportunity to decide whether to be circumcised or not (Table 1).

Time	M	F	T	Reason	M	F	Total
Just after birth	17	11	28	Reduced pain	8	4	12
				Fast healing	4	2	6
				No knowledge of sex	1	3	4
				Young have no room to disagree	2	1	3
				Reduce HIV/ AIDS infection	1	1	2
				In line with Biblical practice	1	0	1
During the first year of age	11	10	21	Fast healing	3	4	7
				Reduced pain	4	3	7
				Reduced HIV/ AIDS infection	2	2	4
				Not yet shy	1	1	2
				No waiting period before sex	1	0	1
When they are teenagers	7	13	20	Can make independent decision	5	5	10
				Teenagers are a high risk group to infection	2	8	10
When they are mature	6	9	15	Can make own decisions	6	6	12
				To make them STI/HIVAIDS resistant	0	3	3

Table 1: Opinion about the appropriate age for male circumcision

The majority of the students were aware of at least one place where male circumcision was being practiced (96.1%). The majority (71.4%) identified the hospital and clinic (32.5%); 16.9 % identified the bush as a place where Zimbabwean men do practice circumcision. Students however, had mixed opinions about who should decide to have the male child circumcised as shown in Figure 1.

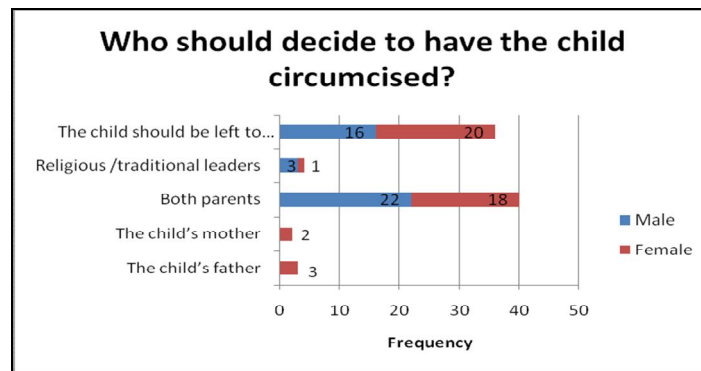


Figure 1



8.2. University Students' Attitude towards MC

Among the respondents, was 16.9% who were circumcised and only 0.05% were willing to be circumcised. The majority (50.6%) was not willing to be circumcised and 18.2 were not decided. Most students (53.2%) would encourage other male students to be circumcised. Thirty five percent would use the reason that it reduces chances of contracting STIs including HIV too persuade their peers to be circumcised and 11.7% said they would explain that it be done for hygienic reasons. A paltry 0.04% believed that if they were circumcised, they would enjoy sex longer than when they were not circumcised. Those who would encourage other males to be circumcised preferred the hospital to the clinic. Figure 2 shows the major reasons why males do not opt to be circumcised.

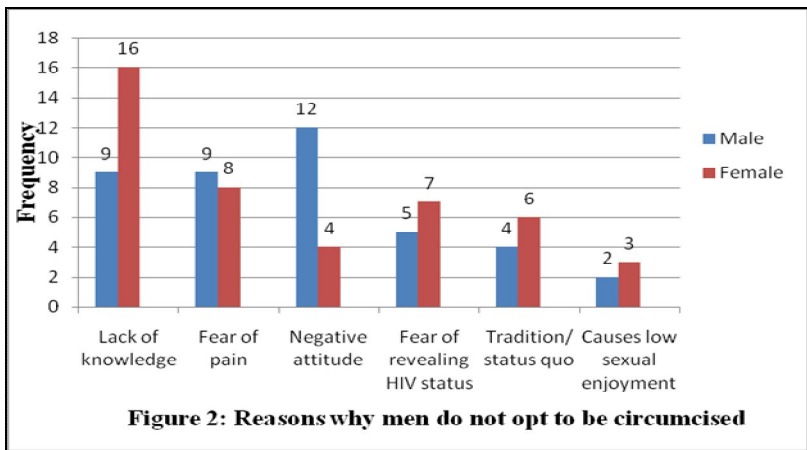


Figure 2

Both male and female students were positive about the idea of male circumcision as preventive methods, only 14.1% felt that this was not a good idea and 16.5% were not sure. While 24.7% were not sure about the effectiveness of this method in preventing HIV infection, the majority of the students believed that male circumcision can reduce the spread of HIV. The majority of students felt that girls like men who are circumcised (N=41) although 44.7% were not sure whether they would enjoy sex if they were circumcised or had sex of someone who was circumcised (Table 2). The majority of students (74.1%) indicated that they were not shy to talk about male circumcision and would like to have it taught in institutions. More than half of the students (56.5%) were willing to teach others about this method of preventing the spread of STIs and HIV.

Attitude Statement	SA	A	NS	DA	SDA
Male circumcision is a good idea	25	34	14	7	5
Male circumcision can help to reduce the spread of HIV	14	38	21	7	5
My religion encourages male circumcision	12	21	33	14	5
If you are circumcised, you will not enjoy sex.	5	7	38	11	24
Ladies do not like men who are circumcised.	6	5	33	19	22
I am too shy to talk about male circumcision.	8	11	11	39	24
The importance of male circumcision is being overemphasized.	21	21	12	24	7
Given the opportunity, I would have my son circumcised.	17	19	15	13	11
Male circumcision should be taught in institutions.	22	41	9	10	3
Given a chance, I would teach about male circumcision.	22	26	15	17	5
Circumcision should be done only by a trained medical doctor.	43	25	8	5	4
Circumcision can be done by nurses.	9	24	24	14	14
Male circumcision violates religious ethics.	8	5	29	23	20
People should be forced to have their male children circumcised.	5	6	8	25	41
Government should pass a law that forces all males to be circumcised.	4	5	5	24	47

Table 2: Attitude of students towards male circumcision

9. Discussion and Conclusion

HIV and AIDS are the major causes of health problems in Zimbabwe. The Zimbabwe Millennium Development Goal Number 6 in line with the in line with the United Nations Development Goals aims to combat HIV and AIDS, Malaria and other diseases by 2015. This study confirms that students have fair knowledge of the advantages of being circumcised. The findings are in concordance with findings of students at Midlands State University (MSU) (Mtemeri, Zivanai and Shoniwa, 2013). However while students at MSU read from papers, this study found out that students learnt of male circumcision mainly through the radio.

Although the majority of students were aware of the importance of being circumcised, only 0.05% was willing to go for the surgery, while the majority, 50.6% had reservations. Corollary, Ngodji (2010) found out that 75.5% from Onandjokwe District reported that they were willing to go for the surgery. This study found out that lack of knowledge was cited as the major reason for not being circumcised by female students (N=16) while negative attitude was noted by male students (N=12). Both male and female students (N=17) had the opinion that some men do not opt for this method of prevention because the surgery is painful. Mbabazi (2011) agree with the results of this study in that the major reason for men refusing to be circumcised is fear of pain. Mbabazi also found that some men felt that they were too old for the surgery. This fear of pain and opinion about when to get circumcised indicates that information that gets to people about male circumcision is not fully addressing their concerns. This finding is in consistent with findings from literature reviewed (Bailey et al, 2014; Naidoo et al., 2012; Mhlanga, 2012) who cited that pain is the major reason why men refused to be circumcised. Over thirty percent, 38.8% of the students indicated that their religions encouraged them to go for circumcision while another 38.8% were not sure. This could imply that issues of HIV prevention are not being discussed in their religious groupings. The majority of the students (61/85%), argued that HIV prevention including male circumcision should be taught in institutions Tradition, level of education and age were identified as factors influencing decision to be circumcised (Ngodji, 2010). Mtemeri et al., (2013) observe an acceptability rate of 48-85%, the higher rates the higher rate being more for religious reasons that it is for protection.

The majority of students felt that the procedure should be done at a hospital (78.8%) or by qualified nurses 38.8%). Students in this study were of the opinion that circumcision should be done at birth (32.9%) or during their first year of life (24.7%). This study reveals that 42.4% of the students would agree to have their sons circumcised. In Rwanda, 50% were willing and 78.5% would support the surgery for their sons if services were provided. Students argued that pain would be reduced (14.1%) and healing would be faster if surgery is done at this early age (0.07%). Muga et al., (2014) concur arguing that infants experience less irritation. When they come of age, they would not have any graven image of the surgery. Bailey et al., (2014) note a different view point from medical professionals who fear that neonatal and infant circumcision is prone to errors and post surgery complications.

Students felt that circumcision did not influence their decision to choose a partner (48.2%). The majority of the students 77.6%), however, did not agree with the idea of having a legislation that forces parents to have their male children circumcised neither should government force men to be circumcised (83.5%). The majority of the students (42.3%) instead agreed that they would teach their male children about male circumcision. Slightly more than half of the students (56.5%) were willing to teach about the subject as 74.1% were not shy to talk about the subject. The majority of the students felt that although the idea of male circumcision is noble (49.4%), the issue of having men go for circumcision was being over emphasized (49.4%). This shows that the students had positive attitude about the positive side of male circumcision as a preventive measure.

This study has demonstrated that circumcision in Zimbabwe is still a topical issue. The study reveals that students lack knowledge of the process and dangers of male circumcision hence develop mixed feelings about this process. This study has shown that students have a fair knowledge of male circumcision as a method of preventing HIV infection. The students have a positive attitude towards the method and are willing to take part in the campaign for male circumcision. They are willing to encourage men to go for this method but have it done by professionals. They were of the opinion that people should be left to make a decision to be circumcised or not. Information about male circumcision is not fully understood and students would wish to have more lessons on the subject.

## 10. Recommendations

The study recommends that:

- Universities should develop comprehensive Information, Education and Communication (IEC) programmes that include such topics as male circumcision during the HIV and AIDS and skills development programmes
- The need to develop decision making skills is necessary just as negotiation skills in the development of skills should be for both men and women.
- More information is needed for HIV prevention strategies especially the potential of circumcision in reducing the risk of HIV infection and STIs.

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