THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

Youth Attitudes towards Voluntary Male Medical Circumcision and Their Implications for HIV and AIDS Reduction and Prevention: The Case of Hwange District in Zimbabwe

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Abstract:
This paper sought to establish youth attitudes towards voluntary male medical circumcision (VMMC) in Zimbabwe with reference to Hwange district. The descriptive survey design was adopted as it was found appropriate for the examination of attitudes. The research population comprised of about 500 youths found in Hwange, and a sample of 60 (N=60) youths was selected for the study. Simple random sampling technique was used in coming up with the sample. A questionnaire was used as the primary data collection instrument. The study revealed that the majority of the respondents (youths) had good knowledge on VMMC and that their attitudes towards the programme were positive. While the majority of the respondents indicated that VMMC was a positive tool for reducing HIV and AIDS, some were not sure and implied that some youths were not aware of the VMMC programme. The study concluded that the youth had mixed attitudes towards VMMC. Even though the majority of the respondents reported good knowledge on VMMC, some indicated ignorance about the existence of VMMC which had serious implications on HIV and AIDS management. The study mainly recommended that the practice of circumcision be adopted since it was proved to reduce the spread of HIV and AIDS. It further recommended that in order to achieve the intended results for the VMMC initiative, more campaigns should be done in Zimbabwean communities for the youth.

Keywords: *Youth, attitudes, voluntary male medical circumcision*

1. Introduction

The term ‘youth’, is often used to refer to young people undergoing physical, mental and cultural transition from childhood to adulthood. The World Health Organisation cited in Page and Nzuba (2009) defines ‘youth’ as young people between 10 –24 years. Ministry of Health, the Zimbabwe National Family Planning Council (ZNFPC) and the Central Statistical Office (CSO) consider those who are in the age group 10 – 24 as youths (Kasambira, 2006).Youth attitudes towards voluntary male medical circumcision (VMMC) were considered in the current study in the context of how male medical circumcision has been adopted as a strategy to mitigate the spread of HIV and AIDS. According to Zimbardo (1999), an attitude is an expression of favour or disfavour toward a person, place, thing or object. Oramasionwu (2011) says that attitudes are outward actions which show distaste or likes for a particular thing or object. The current study sought to establish youth attitudes towards VMMC in Hwange District in Zimbabwe, with the view of generalizing the findings to communities of similar circumstances in Zimbabwe and elsewhere.

2. Background to the Study

Even though previous reports argued for high prevalent records of HIV and AIDS in Zimbabwe and Sub-Saharan Africa in general, the Zimbabwe Country Report (2010) reported a steady decline in its prevalence. HIV prevalence in the adult population in Zimbabwe was estimated to be 23, 7% in 2001 and declined to 18, 4% in 2005 and 14, 3% in 2009 (Mhangara, 2011). An epidemiological report commissioned by the Ministry of Health and Child Welfare (2005) to ascertain the incidence and decline in HIV prevalence in the country attributed the decline to change in sexual behaviour, specifically a decrease in number of sexual partners, increased condom use and Voluntary Male Medical Circumcision uptake. The potential impact that VMMC has on the HIV prevalence rate is to decrease the current 13, 9% prevalence to 4, 4% by 2025 meaning that for every four males that are circumcised, one is averted form getting

infected (Nyazema, 2011). According to statistics by Population Services International Zimbabwe cited by Nyazema (2011), 99% of Zimbabwean men who have been circumcised have tested negative and have reduced their chances of getting infected by 60%. Accordingly, the Government of Zimbabwe, in 2009 adopted VMMC as one of the comprehensive HIV prevention strategies (Kotze, 2009).

Male circumcision has been practiced in the world for a long time, and it is also popular amongst Moslems, who practice it for religious purposes (Arnet , Taijard Sitta, and Puren 2002). The same source notes that in Zimbabwe, male circumcision is popular amongst the Chewa, Lemba and the Tshangane as a cultural ritual and initiation. These groups are scattered but mainly concentrated in the southern parts of Zimbabwe. In these cultures, if a male is not circumcised, he is considered less of man. For example, it is a known fact that amongst the Chewa and Lemba tribes, an uncircumcised male is not allowed to slaughter any cattle for his family or community and he is not allowed to hold any leadership position. Eastern countries such as Arabia have in the past been largely populated by Moslems who also have been carrying out male circumcision as a religious practice (Bailey, Plummer and Moses, 2007). Studies in those Arabic countries have shown that there is less HIV prevalence despite the fact that they still practice polygamy. It was from such studies that it was then deduced that the less HIV prevalence rates could be a result of male circumcision (Halperin, Fritz ,McFarland and Woelk, 2005). This then drove many nations and various HIV activists to advocate for male circumcision to all males despite religion, culture, race or tribe.

Within Hwange, are many mines such as Hwange Colliery Company, Coal brick, Chilota Colliery and Makomo Resources which attract long distance truck drivers who carry coal from the Mines to all parts of the country and outside Zimbabwe such as the Democratic Republic of Congo (DRC), South Africa and Zambia. Consequently, prostitution is rife due to these high number of haulage trucks that come to carry coal from the mines to some parts of Zimbabwe and beyond the borders. The truck drivers spend weeks at the truck stop waiting for their trucks to be loaded, hence, they are likely to end up engaging in sexual relations with prostitutes. According to National AIDS Council report (2012), Hwange was found to be one of the districts in Zimbabwe with high HIV and AIDS prevalence. In Hwange, there is a drama group called *Vulindlela*, which assists in raising awareness on VMMC as a measure of reducing HIV and AIDS. This group performs on Fridays in most high schools and it has been effective in raising awareness on HIV and AIDS amongst youth who have shown interest on VMMC. It is against this background that the current study sought to explore youth attitudes on VMMC and their implications on HIV and AIDS reduction and prevention in Hwange.

3. Statement of the Problem

The Government of Zimbabwe, through the Ministry of Health and Child Welfare adopted a policy on Voluntary Male Medical Circumcision (VMMC) in 2009 as a strategic action of reducing HIV and AIDS across all cultures, tribes and races in the Zimbabwe (Ministry of Health and Child Welfare, 2009). However, the Ministry carried out a survey and found out that the majority of male youths in Zimbabwe are reluctant to get circumcised especially those in non- circumcising tribes and religion which is likely going to compromise the success of VMMC strategies. This is against the background that VMMC was proved the world over to be a tool which reduces HIV incidences by 60% (Moon, 2007; WHO, 2008). It is in this light that the current researchers sought to establish youth attitudes towards VMMC considering that the uptake thereof VMMC has critical implications on HIV and AIDS reduction and prevention.

4. Research Questions

This study is guided by the following questions:

i. What is the level of knowledge amongst youth on VMMC?
ii. How do attitudes of youth affect VMMC?
iii. In what ways have attitudes of youths on VMMC impacted on HIV and AIDS reduction and prevention in Hwange urban?

5. Significance of the Study

This study is of benefit to several stakeholders. These include Hospitals and clinics, the Government, Zimbabwe AIDS Council (NAC), national policy makers, NGOs involved in the fight against HIV and AIDS, both male and female youth, the media, organisations broadcasting on male circumcision, non-circumcising tribes and cultures in Zimbabwe and societal perception on medical male circumcision. The significance of the current study does not, therefore, not only contribute to the effectiveness of VMMC as an HIV and AIDS inhibiting tool, but it also enhances the general fight against HIV and AIDS in Zimbabwe. As the uptake of VMMC has implications for HIV and AIDS management, current findings may lead to increased efforts and resources by government and other organisations being channeled towards more VMMC campaigns consequently resulting in HIV and IDS reduction and prevention.

6. Review of Related Literature

The youth like any other groups of people in society have attitudes which they develop towards certain objects. Nations are fighting HIV and AIDS and Zimbabwe has developed through the Ministry of Health and Child Welfare, a policy on VMMC as a way of reducing the HIV and AIDS incidence by 60% (Population Services International, Zimbabwe, 2010). Youth attitudes on VMMC are very essential to analyze; youth being the productive generation of the future will be required to ensure that they embrace VMMC and promote a world free from HIV and AIDS. Most countries in the sub Saharan region including Zimbabwe are the highly affected by HIV and AIDS, hence the need to embrace VMMC as a measure to reduce the spread of HIV and AIDS.

According to Arnett (2002), in Arabic and Jewish countries which practice circumcision since time immemorial, was proved that it reduces HIV and AIDS incidences by 60%. For Arnett (2002), the impact of negative attitude on VMMC is the spread of HIV and AIDS and the increase of AIDS mortality. Every nation would want to ensure that HIV and AIDS were removed from its face so that its people are free. Hassett (2002) stated that youth being young and still learning, need guidance and counseling all the time before they make sexually related decisions for themselves. As noted by ZIMSTAT (2010), Hwange is one of the districts with a high prevalence of HIV and AIDS and this has prompted NGOs to concentrate their campaign on VMMC, abstinence and promotion of condom use for safe sex.

Arnett (2002) stated that in order to determine youth uptake on VMMC and the main reasons why youth would take it up or decline it, the following negativity should be noted; pain of circumcision, staying out of school nursing the wound, knowledge gap on VMMC perceived benefits, beliefs that it causes sexual displeasure and that it causes delayed ejaculation.

Hassett (2002) maintained that the level of youth awareness on health risk taking behaviours such as prostitution, practice if unsafe sex, drug abuse and alcohol abuse calls for behaviour change strategies and guidance. The youth being the most vulnerable group in the society, require a lot of guidance and shaping so that they are properly brought up and counseled on health issues which may harm them including contracting HIV and AIDS. Youth in Zimbabwe appear to be aware of VMMC programmes, however, some of them seem to have decided to distant themselves for some reason (N A C report, 2010).

Most Youth in Zimbabwe have been educated on VMMC and their level of knowledge on this tool is satisfactory. However, because there may be certain reasons or ignorance which make them draw back from circumcision, Government though the Ministry of Health and Child Welfare, in collaboration with Population Services International Zimbabwe, is intensifying the awareness of VMMC especially in schools and colleges (Ministry of Health & child welfare, 2009). Zishiri (2010) states that HIV and AIDS remains the core cause of death and illness, especially in Africa. Consequently, attempts to curb the pandemic persists through sexual attitude modification and national policy execution. VMMC is increasingly being cited as one of the HIV and AIDS prevention strategies. As a result, following the 2007 recommendation by WHO and UNAIDS that VMMC be included as an HIV prevention measure, Africa in particular is witnessing initiatives to promote VMMC as a critical preventative measure against HIV infection (Human Rights Watch, 2005). The recommendation pertains especially to Zimbabwe, Kenya, Malawi, Mozambique, Lesotho, Namibia, Rwanda, South Africa, Swaziland, Botswana, Uganda, Zambia and Tanzania. In most of these countries, campaigns advocate for the circumcision of males of all ages including children (Zishiri, 2010).

Knowledge, opinions, attitudes and perceptions of youth towards HIV and AIDS are important for prevention, care and support .Youth are aware that HIV and AIDS is incurable but they think it is not a personal issue (Ramjee and Daniels, 2013). Youth are very much aware that sex without a condom may result in one contracting STIs and HIV; however some choose to ignore all the risks involved and indulge in health risk behaviour which gets them infected. Several research studies that have investigated the youth attitudes on VMMC such as in Kisumu, Kenya have proved that attitudes have an influential factor on HIV infection, prevalence and incidences. Subsequent studies in Rakai, Uganda have shown that youth are developing negative attitudes on VMMC, thereby increasing the risk of being infected with HIV and AIDS (Bailey et al, 2007). It is often and worth stating that in Africa, the risk of male to female infection is higher than that of female to male infection. This is due to the fact that sexual relations are largely shaped by the powers and desires of men and reflect the heightened sense of patriarchy in Africa (Bailey, et al, 2007).

Mhangara (2011) asserts that youth in Zimbabwe were so skeptical about VMMC at its inception and they felt that it was not necessary to have it since condoms were already proved to inhibit the transmission of HIV and STIs. In a study carried out by Terthu on Knowledge and attitudes of youths on VMMC in Namibia, youth proved that they have beliefs and perceptions on circumcision which affected their attitude towards VMMC as some youth expressed reservations over the perceived effectiveness of the VMMC (Sandman and Weinstein, 2003 in UNAIDS, 2010). Kotze (2009) notes that in most parts of the Sub-Saharan countries, youths still believe that circumcision is done only for religious purposes and that they viewed it negatively as just meant to increase the sexual play.

In Zimbabwe, youth have voluntary counseling centers before they get tested for HIV and AIDS and in these centers, they discuss with their peers factors affecting their health such as smoking, alcohol abuse and drug addiction and health risks (Arnett, 2002). It was found that youth were aware that HIV and AIDS infection incidences are reduced by using condoms during penetrative and oral sex. The Ministry of Health and Child Welfare has been tasked by Government to collaborate with the Ministries of Education to ensure that VMMC programmes reach every youth in Zimbabwe and the benefit explained (UNAIDS report, 2010).

In Kenya, a study conducted in Nyanza province among 107 men and 110 women revealed that 91% of men in Nyanza province associated VMMC with better penile hygiene and 9 % said it was associated to culture and religion (Oramasionwu, 2011)). The same study found out that the majority of women, irrespective of their partners' circumcision status, believed that uncircumcised men are more likely to contract STIs and even HIV quicker. In some African countries such as Zambia and Malawi, there is a belief that women's STI transmission is linked to their husbands/partners' non circumcision status (Kadiyala et al, 2005). Although prevention of STI was overwhelmingly mentioned as a health benefit of VMMC in non-circumcising communities, the association of VMMC and HIV specifically, was less evident (Kadiyala, and Rawar 2005).

Even in some societies where VMMC prevalence was high, VMMC is believed to be beneficial for penile hygiene and reduction of STIs. There was however no mention of a potential benefit on the reduction of STIs, HIV and AIDS transmission (Barongo, Borgdorff and Mosha 2002). In Zimbabwe, 80% of the 86 males interviewed had heard of the positive health benefits of VMMC, such as the reduction of STIs and maintaining penile hygiene. However, the reduction of HIV or AIDS as resulting from VMMC was only mentioned by 20% of men in the study sample (Halperin *et al.*, 2005).

A similar knowledge pattern was reported in Malawi (Ngatu, 2012) and Tanzania (Barongo, et al, 2002) where VMMC and HIV associations are less known. Circumcised men were found to have positive beliefs and attitudes with regard to VMMC and its benefits when compared with uncircumcised men (Bailey, 2007). In a Korean study, circumcised men favoured VMMC more than uncircumcised men and were more willing to request VMMC for their sons (Oramasionwu, 2011). Similar findings were reported from studies done in Botswana and South Africa, where circumcised men were more likely to state positive health benefits of being circumcised and agreed about the advantages of VMMC (Majaja, Setswe, Peltzer, 2009). According to Bailey et al (2007), the perception that circumcision influences sexual drive, sexual performance, and sexual pleasure for the man and for his partner, is likely to influence the decision to circumcise, hence, embrace VMMC.

Furthermore, in a qualitative study in Malawi, all sex workers and younger men interviewed reported that circumcised men enjoy sex more and give more pleasure to their partners than uncircumcised men. In contrast, older and married participants believe that a circumcised penis is dry, not warm, and less sensitive and induces pain (pricking) during penetration (Rawat, et al, 2013). Haacker (2009) concluded that beliefs around sexual pleasure are more influential in some societies, thus, VMMC promotion campaign within the societies with influential belief about sexual pleasure, might have more impact if it were to promote, better sex over safer sex.

In the only study on VMMC acceptability in Zimbabwe conducted in Harare, 45% of the respondents were males and they expressed an interest in being circumcised if the practice was confirmed to reduce the risk of contracting STI, HIV and AIDS and was being conducted safely and affordably (Kotze, et al, 2009). Youth in Zimbabwe have a leading role in most of the HIV and AIDS programmes, hence, the Government of Zimbabwe through the relevant Ministries unveiled funding to some organisations such as NAC and Lubancho House to raise VMMC awareness and help fight HIV and AIDS (UNAIDS, 2010). Though it is now a known fact that male circumcision reduces the incidences of HIV and STIs during penetrative sex, youth still have inconsistent attitudes towards VMMC (Mills, 2011). In order to compliment Government efforts in the fight against HIV and AIDS, it is necessary to find out youth attitudes towards VMMC in the broad view that the uptake of VMMC has critical implications on HIV and AIDS reduction and prevention.

7. Methodology

7.1. Design

The descriptive survey design was adopted for the current study and involves gathering data that describes events and then organizes, tabulates, depicts and analyses the data collected (White, 2009). Descriptive research was found appropriate because the subject is observed or studied in a completely unchanged natural environment and was found to be consistent with examining youth attitudes.

7.2. Population and Sample

The population comprised of about 500 youths (+ or -) found in Hwange District. The youth were targeted by the researcher because they are highly sexually active and that they are the productive generation of the future (Hassett, 2002). A sample of 60 (N=60) youths was selected for the study and the sample was noted to be representative of the entire population. Simple random sampling, which is a probability sampling technique was used in the current study, and was found appropriate as every youth had the equal chance of being selected as a subject of the research. This method guaranteed that the selection process is completely randomized and without bias (White, 2009)

7.3. Data Collection Instruments

A questionnaire was used as the primary data collection instrument, which according to Mhloyi and Chikoko (1990), is a list of written questions which can either be open ended or closed ended which are used to gather responses on particular issues from the respondents. Questionnaires were considered suitable for the current study considering that the targeted respondents were geographically dispersed, and that data could easily be collected within a short space of time. Hassett (2002) points out that the other advantage of questionnaires is that they can be used to explore potentially sensitive or embarrassing areas (such as sexual and criminal matters) more easily than other methods, hence, questionnaires were found to be compatible with the current study as it solicited for youth attitudes on VMMC.

7.4. Data Collection Procedure

The researchers personally distributed questionnaires to the youth who had been selected for the study. All questionnaires were collected from participants on the same day which they had been distributed mainly in order to avoid interference on responses by non-participants. Permission to conduct the study was sought from the local authority and leadership, hence, clearance was secured.

8. Results

Youth Knowledge	Very Poor	Poor	Unsure	Good	Very Good	Total
Respondents	3	11	12	24	10	60
%Response	5	18,33	20	40	16,67	100

Table 1: shows the rating of youth's knowledge of VMMC

Table 1 above shows that the majority of the respondents 24 (40%) said the level of youth knowledge about VMMC was good and 10 (16.67%) rated it as very good. This meant that the majority of the youth were aware that VMMC exists and the onus was upon them to take it up or not. Twelve (20%) of the sampled youth reported that they were not sure (unsure) whether youths knew about the VMMC or not. Eleven (18.33%) said the level of youth knowledge was poor and 3 (5%) rated youth knowledge to be very poor. There is therefore need to increase awareness on VMMC amongst the youth in Hwange in order to improve on the unsure, poor and very poor ranks scored by some of the respondents.

Awareness	Yes	No	Total
No of Respondents	56	4	60
(%)Response	93.33	6.67	100

Table 2: shows scores and ratings on respondents' awareness of VMMC

Table 2 sought to establish whether youths were aware of VMMC programmes offered in Hwange to which 56 (93.33%) said they were aware of the programme, while 4 (6.67%) said they are not aware of any VMMC programmes. There is need for Government and those NGOs involved in VMMC programmes to increase awareness in schools, colleges and through the media and churches.

Youth Opinion	Yes	mixed	Unsure	Total
No of Respondents	32	17	11	60
% Response	53.33	28.34	11.33	100

Table 3: shows youths awareness of VMMC programmes

Table 3 above shows that the majority of the respondents 32 (53.33%) were aware of the VMMC programmes, which shows that the programme exists and it is up to the minority youths to take it up. Seventeen (28.34%) of the respondents youths were not sure whether they are VMMC programmes and 11 (18.33%) said it does not exist. There is need to increase VMMC awareness programmes to assist the youth who expressed ignorance about the existence of the VMMC programme.

Attitude Impact	Positive Response	Promotes Unsafe Sex	Waste of Time	Negative Response	Total
Respondents	33	23	2	2	60
% Response	55	38.34	3.33	3.33	100

Table 4: shows responses on the impact of youth attitudes on VMMC

Table 4 sought to find out the impact of youth attitudes on VMMC. Interestingly, thirty three (55%) of the youth in the sample group said youth attitudes impacted positively on VMMC, meaning they were likely to take up the programme. A total 23 (38.34%) said it promotes unsafe sex. Two (3.33%) saw it as a waste of time and 2(3.33%) had negative responses indicating that VMMC does not reduce HIV and AIDS. It is apparent that with some of the responses, there is need for more campaigns and awareness on the perceived benefits of VMMC.

Youths Attitude	Positive	Mixed	Negative	Total
No of Respondents	13	39	8	60
Percentage %	21,67	65	13,33	100

Table 5: shows youth attitudes on VMMC

Table 5 above sought to find the youth attitudes on VMMC. As many as 39 (65%) of the sample group said they were mixed attitudes on VMMC. Some youth in Hwange were, therefore, not sure whether VMMC was a progressive or regressive programme (mixed attitudes). Thirteen (21.67%) of the youth under study said the youth in Hwange had positive attitudes on VMMC and 8 (13.33%) said there were negative attitudes amongst the youths. There is need to engage and persuade the youth to help change their attitudes towards positivity which will help them to take up VMMC to achieve a zero on negative and mixed feelings.

Solution	Increase Awareness	Leave them Alone	Compulsory	Other	Total
Respondents	43	4	13	0	60
Percentage %	71,67	6,67	21,66	0	100

Table 6: show's ratings on what should be done to ensure youth take up VMMC

Table 6 sought to find out what should be done in order to ensure all youth take up VMMC of which 43 (71.67%) of the sample group said there is need for all stake holders in this programme to increase awareness. It was evident that the majority of the youth requested for increased awareness campaigns on VMMC in Hwange urban. Thirteen (21.66%) said it should be made compulsory so that all youths are circumcised. This shows that the youth are concerned about VMMC and wish every youth should take it up. Only 4 (6.67%) felt that youth should be left alone.

Reason for Attitude	Lack of Knowledge	Pain	Fear of missing School Days	Fear of transmission	Other	Total
Respondents	28	18	7	7	0	60
Percentage %	46,66	30	11,67	11,67	0	100

Table 7: shows table on why youth develop attitudes on VMMC

Table 7 shows lack of knowledge consumed the large part of the sample group judgment on why youths develop attitudes towards VMMC as represented by 28 (46.66%), this meant that youth in Hwange were being starved of information on VMMC and its perceived benefits. Seven (11.67%) of the sample group said they feared staying out of school and lose lessons while at home nursing the wound after circumcision. Eighteen (30%) of the respondents said the youth are afraid of the pain involved in circumcision, hence, there is need to educate the youth on pain management so that they understand it as a phase which will pass with time. Seven (11.67%) said youths would not take up VMMC because it is perceived as increasing the chances of contracting HIV and AIDS.
Item 8.8 sought to find the importance of VMMC to the youth apart from children and adults. Thirty one (51.67%) of the respondents said the youth were the most highly sexual active group. Six (10%) said youths were still experienced in making decision and 5 (8.33%) highlighted that youth were the productive generation of the future and 13 (21.67%) said because the youth are the most sexually active group, VMMC will reduce HIV incidences. Five (8.33%) said VMMC is important because it makes them stay smart.
Item 8.9 revealed that the majority of the respondents 51 (85%) believe that VMMC reduces chances of contracting HIV and AIDS during penetrative sex. From the sample, 5 (8.34%) believed that MMC is done for personal hygiene purposes while 4 (6.66%) felt that it delayed ejaculation during sex.
Item 8.10 sought to find out the youths' opinion on the impact of culture on VMMC. This question was asked in order to assess on the effect of culture on VMMC and how it can affect behaviour. Twenty nine (48.33%) of the respondents said culture promotes VMMC programmes, as some cultures was positive while some are negative regarding this programme. Fifteen (25%) of the sample group said culture was neutral on VMMC which meant that the culture in Hwange did not have an effect on VMMC the programme. However, 16 (26.67%) of the respondents believed that culture had no influence on the uptake of VMMC.

8. Findings

The following were the major findings on the current study which sought to examine youth attitudes towards VMMC and their implications for HIV and AIDS reduction and prevention in Hwange:

- The majority of the respondents 24 (40%) reported that youth knowledge on VMMC was good and 10 (16.67%) rated it as very good. However, the concern was that 11 (18.33%) rated it as poor.
- Fifty six (93.33%) of the sample group highlighted that they were aware of the VMMC programme, which meant somehow most youths know of the programme Hwange urban
- The majority of the respondents 32 (53.33%) highlighted that they were aware of VMMC programmes while 17 (28.33%) were not sure. A total 11 (18.33%) reported that the youth were not aware of the VMMC programmes.
- Thirty three (55%) of the respondents reported that youth attitudes on VMMC were positive while 23 (38.33%) said it promotes unsafe sex. It was evident that a considerable number of the youth in Hwange had negative attitudes on VMMC hence the need to increase in-depth knowledge on the effectiveness of male circumcision.
- Thirty nine (65%) of the respondents (youths) had mixed feelings on VMMC and 13 (21.67%) saw it as a positive tool of reducing HIV incidences and 8 (13.33%) viewed it negatively.
- Forty three (71.66%) of the respondents said there is need to increase awareness on VMMC in Hwange urban

9. Conclusions and Recommendations

From the research findings, the study made the following conclusions.

- Youth had mixed (different) attitudes towards VMMC and its implications on HIV and AIDS management;
- Though the majority of the respondents reported that youth knowledge on VMMC was good, some indicated that some youth were ignorant about the existence of VMMC
- Most youth highlighted that they were aware of the VMMC programme, which meant somehow they know of the programme in Hwange;
- While the majority of the respondents revealed that youth attitudes on VMMC were positive, some said it promotes unsafe sex.
- The majority of the youth highlighted that VMMC reduces HIV and AIDS incidences
- Considering that some youth have negative attitudes towards VMMC and limited knowledge about it, measures need to be taken to ensure that all youth in Hwange and elsewhere in Zimbabwe are made aware of the VMMC programmes.
- Based on research findings and conclusions, the following recommendations were made:
- There is need to increase rigorous campaigns on VMMC amongst the youth, in schools, youth friendly centers and new start centers.
- There is need to educate the youth on pain management since findings showed that some respondents were afraid of the pain after circumcision which consequently deterred them from taking up VMMC

- Tribes, cultures and religions that practice circumcision should uphold it and pass it to their future generations while those which do not practice it are encouraged to adopt circumcision as one of their strong custom or 'norm' in the era of HIV and AIDS.
- There is need to conduct circumcision during school holidays so that the wound can heal before schools open. Most youths do not want to miss school, be it at college or high school.
- In order to achieve the intended results for the VMMC initiative, more campaigns should be enhanced in Zimbabwean communities, schools and colleges to the youth and information should be distributed generously.

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