

Strategies for Promoting Male Circumcision through Voluntary Counseling and Testing in Rural Sub-Saharan African Communities

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Project Description

This project is designed to assess logistical and sociocultural challenges involved in promoting male circumcision (MC) as a method of HIV prevention. The project took place in two sites: Mutoko, a rural district in the Mashonaland East Province of Zimbabwe and Vulindlela, a rural district in the province of KwaZulu-Natal, in South Africa. These communities are high HIV prevalence, resource-limited environments where MC is not traditionally practiced. The goal of this study is to better understand how to incorporate the concept of MC into broader HIV prevention planning for sub-Saharan Africa.

Sixteen in-depth interviews were conducted with eight traditional, political, and religious leaders and health care providers key informants at each site. Eight focus group discussions (four focus groups per site) were conducted with community members separated by age and gender: younger men, younger women (ages 18-24 years); older men, older women (25 years and older).

Interesting Findings

- Participants at both sites identify local ethnic and religious forms of MC, but differ with respect to the types of discussions around MC.
- Vulindlela:
 - Media saturation on MC for HIV prevention
 - More frequent discussions on HIV prevention
 - MC is associated with manhood, sexuality and hygiene
 - Discussions focus on male initiation into manhood and sexual pleasure enhancement for men and women
 - Fear of pain, injury and death have been identified as common barriers to the adoption of MC
 - Recommendations:
 - MC promotion be a collaborative approach between health workers and community stakeholders
 - Women be involved in the discussions
 - Risks and benefits of MC be highlighted to enable people to make informed decisions
- Mutoko :
 - Not familiar with MC
 - Regard MC as an alien practice
 - Do not link MC to HIV prevention.
 - Recommendations:
 - Need to highlight the benefits of MC as part of an HIV prevention strategy.
 - MC education should be initiated in clinic waiting rooms and at community meetings
 - Community opinion leaders be central in the dialogue.

Project Website: www.cbvct.med.ucla.edu

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