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BELIEFS AMONG SWAZI MEN ON MALE CIRCUMCISION AND HIV MITIGATION

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ABSTRACT

About 20% of men globally and 35% in developing countries are circumcised for religious, cultural, medical and a variety of other reasons. Research has revealed that male circumcision reduces the risk of contracting HIV by 60%. Swaziland has one of the highest HIV prevalence rates globally. The purpose of this study was to determine Swazi men's beliefs on male circumcision in relation to HIV. The study utilized an exploratory descriptive design. It was conducted in Matsapha at the *Litsemba Letfu* Men's Clinic, Swaziland. Data were collected from a convenience sample of 10 participants. Descriptive statistics and themes were used to describe and summarize data. Of the participants, 70% believed that male circumcision could reduce the risk of penile cancer, 60% thought that it could reduce the possibility of cervical cancer, and 90% believed that it could reduce the risk of contracting sexually transmitted infections. Seventy-five percent (75%) of the participants above 40 years of age believed that male circumcision reduced the transmission of STI's including HIV. Importantly, 20% of the participants believed that male circumcision eliminated HIV transmission; thus, there was no need of condom use after being circumcised. Two (2) themes emerged from the data: (1) less attention on male sexual and reproductive health issues and traditional practices by health workers; and (2) that information about circumcision shared with sexually active men must be more precise, clearer, and in sync with Swazi cultural beliefs and practices. Further research is essential to determine the sexual behaviours of circumcised men for the control of HIV in Swaziland, a nation where polygamy is still practiced.

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INTRODUCTION

Male circumcision is a surgical procedure that involves the removal of the foreskin, the tissue covering the head of the penis (glans) in males (Lewis, Heitkemper, and Dirksen, 2004). Male circumcision is an ancient practice that has its origin in religious rites. However, there is also female circumcision in some cultures. This manuscript, however, focuses solely on male circumcision. In 2009, a policy in Swaziland on male circumcision was developed. Its purpose was to provide a framework to guide policy makers, non-governmental organizations [NGOs], public sector health professionals, and lay workers to ensure the provision of safe,

accessible, and sustainable male circumcision services (MOH, 2009). The policy commits to implementing evidence-based interventions that can contribute to reducing the HIV epidemic in Swaziland (World Health Organization [WHO], 2009a). About 20% of men globally and 35% in developing countries are circumcised for religious, cultural, and medical reasons. According to Lewis, Heitkemper, and Dirksen, (2004), male circumcision has been traditionally practiced throughout the world for centuries. In Egypt, for example, male circumcision was a ritual that transformed the youth into manhood, allowing them admittance to the divine mysteries.

This practice was thought to be a method of purification as the body's openings were considered portals through which impure and malignant spirits could enter. Among ancient Jewish people, male circumcision was part of the covenant between man and God, which was initiated through Abraham.

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Male circumcision ensured the promise of fertility to the Jewish people and also acted as a tribal sign (Dunsmuir and Gordon, 1999). In a prospective observational study in Kenya, Africa (Ogodo, 2007), research findings revealed that traditional male circumcision protected low-risk rural Kenyan men against contracting the HIV virus. The spotlight on male circumcision was informed by three randomized controlled trials which demonstrated the effectiveness of circumcision as an intervention to help reduce HIV infections by 48-61% in Kenyan, Ugandan and South African men (Wawer *et al.*, 2009).

To this day, male circumcision still has significant historical and cultural importance among various cultural and tribal groups in the world community, and in southern Africa. In South Africa, among the Xhosa people, male circumcision is traditionally performed on boys who have reached their mid-to-late adolescent stage, around 18-20 years of age. Circumcision is a major act that introduces boys to manhood (WHO, 2009c). However, within the same geographical area, male circumcision is not usually performed among other cultural and tribal groups such as Zulus and Swazis (Wester camp and Bailey, 2007). Swaziland is facing an HIV and AIDS pandemic, is a country that still practices polygamy, and is situated in a region where men have rights that may not always be shared with women (Mathunjwa and Gary, 2006). Health benefits of male circumcision include the decreased risk of urinary tract infections, protection against penile cancer, a reduced risk of cervical cancer, balanitis (inflammation of the glans), and balanoposthitis (inflammation of the glans and foreskin).

Furthermore, male circumcision prevents the development of phimosis (the inability to retract the foreskin) and paraphimosis (the inability to return the foreskin to its original location) and makes it easier to keep the end of the penis clean (Lewis, Heitkemper, and Dirksen, 2004). As much as there are benefits related to male circumcision, there are also some risks. Pain, bleeding and infection at the circumcision site, irritation of the glans, increased risk for meatitis (inflammation of the opening of the urethra), and risk of injury to the penis, must be considered as hazardous outcomes. However, there is limited scientific literature on the beliefs about male circumcision practices in Swaziland, hence this study. The purpose of this study was to examine Swazi men's beliefs on male circumcision in the control of HIV. The research objective was to explore the men's beliefs and perceptions about male circumcision and HIV.

MATERIALS AND METHODS

The study was performed in compliance with the Ministry of Health Scientific and Ethics Committee guidelines. Permission was sought from and received by the Scientific and Ethics Committee, relevant health authorities in the health facilities, and the participants. The study utilized an exploratory design, and it was conducted at a male clinic in Matsapha (*LitsembeLetfuMen's Clinic*), Swaziland. Data were collected from a convenience sample of 10 participants. Descriptive statistics and themes summarized the data.

RESULTS

The sample ($n=10$) was comprised of male participants within the age range of 18-50 years. Ten percent (10%) of the participants were between 18-20 years of age, 50% were between 21-30 years of age, and 40% were between 41-50 years age. Of the participants, 50% were unemployed, 30% employed, and 20% were self-employed. The marital status of the participants revealed that 50% were single, 30% were married, 10% were cohabiting, and 10% were widowed. Forty percent (40%) of the participants had attained a college / university degree, 20% had completed high school, 20% had completed secondary education, and 20% had attended primary school (Table 1).

Table 1. Swazi men Socio-Demographics (n= 10)

Variable	N	%
Age (years)		
18 - 20	1	10
21 - 30	5	50
31 - 40	0	0
41 - 50	4	40
Employment status		
Unemployed	5	50
Employed	3	30
Self-employed	2	20
Marital status		
Single	5	50
Married	3	30
Cohabiting	1	10
Widowed	1	10
Level of education		
Primary education	4	40
Secondary education	2	20
High school education	2	20
College / University	2	20

Research Objective: Explore the men's beliefs and perceptions about male circumcision and HIV.

Benefits: Based on responses from the men, 70% of the participants believed that male circumcision could reduce the risk of penile cancer; 60% thought that it could reduce the possibility of cervical cancer on female partners; and 90% believed that it could reduce the risk of contracting sexually transmitted infections such as HIV. Among participants with primary and secondary education, 75% of the men reported that they were not sure about the benefits of male circumcision in relation to cervical and penile cancer.

On the other hand, 67% of participants with high school education reported that they were aware of the benefits of male circumcision with regards to cervical and penile cancer. These findings reflected that the level of education influenced the level of knowledge on male circumcision. Men with lesser education had knowledge deficit on the benefits of male circumcision compared to men with more education. Sixty percent (60%) of the participants believed that male circumcision reduced the risk of contracting HIV, and 80% believed that circumcised men should continue using a condom during sexual intercourse. All the participants believed that HIV testing was important as a method of controlling the disease. The findings revealed that most (90%) participants had correct information on the importance of HIV testing irrespective of the circumcision status. The men

believed that testing would provide them with information about their HIV status, but had no influence on protecting them from the disease. This understanding makes it imperative to be faithful to one partner and also to condomize for every sexual activity.

Beliefs about circumcision: Seventy-five percent (75%) of the participants above 40 years of age did not believe that male circumcision reduced the transmission of STIs, including HIV. However, 20% of the participants believed that male circumcision eliminated and completely prevented the transmission of the HIV virus. Hence, there was no need for condom use or any other type of preventive measures after having been circumcised. The finding suggests that despite the dissemination of information from the MOH and developmental partners, some individuals have not yet fully understood the benefits and limitations of circumcision. For emphasis, from scientific studies, there is evidence that male circumcision reduces the chances of contracting HIV by 60% (Wawer *et al.*, 2009).

Themes

Two themes emerged from the data: (1) less attention on male sexual and reproductive health issues and traditional practices by health workers; and (2) that information about circumcision shared with sexually active men must be more precise, clearer, and in sync with Swazi cultural beliefs and practices. Each of the two themes is briefly discussed.

Theme 1: Less attention by health workers on male sexual and reproductive health issues.

The findings revealed that issues related to male sexual reproductive health were not given much attention during formal and informal health teaching. Males found it challenging to discuss their sexual reproductive health issues and practices since, in the Swazi culture; such topics are deemed to be private, personal, and “hush-hush.” It was also disclosed that each male who participated in the study had his own perception and beliefs about the transmission of the disease. Their perceptions were not typically shared with others, including their male counterparts; clandestine approaches to their sexual beliefs and practices are embedded in the Swazi culture, and passed from one generation to the next. On the other hand, according to the participants, female sexual reproductive health, beliefs and practices, are often “tackled” through public discussion, dialogues in the media, public announcements, and in women’s groups across the nation and the region. One 45 year old man stated, “*Everybody is more concerned about female sexual matters as if we (men) do not exist*”. Another participant had this to say, “*Women and children’s issues are given more attention by Government and donors in this country*”. Such statements seem to indicate that male sexual reproductive health services need to be reviewed and strengthened.

Theme 2: That information about circumcision shared with sexually active men must be more precise, clearer, and in sync with messages sent across on male circumcision are not clear, and conflict between male circumcision and Swazi cultural beliefs and practices

The study findings revealed that information disseminated on male circumcision in the control of HIV was inconsistent and not clearly explained to the men. One of the results of the study is that twenty percent (20%) of the men believed that male circumcision was being offered as full protection against contracting HIV. This finding suggests that additional health information is urgently needed. One participant stated that, “*Once I am circumcised I will not need to carry any condoms with me*”. Whereas another expressed that, “*Circumcision will keep me protected from getting HIV*”. Some of the reasons men thought the information about circumcision and HIV prevention was being misunderstood were related to the beliefs that male circumcision centred on the sexual organs, a part of the body that is private, and not easily discussed with others, including health professionals. It tends to violate their basic cultural practices and the ways of their fore fathers.

This long-term cultural practice was further evidenced in the behaviours of the majority of the male (60%) participants, who reserved their comments on male circumcision. What was revealed were comments such as ... “*Other men bluff at circumcised men... it is not yet acceptable among Swazi men.*” Another participant had this to say “*We have heard through the media that health workers want to prepare soup with our foreskins*”. One participant commented, “*Without my foreskin I will not be comfortable bathing with other men in the hot springs*”. The practice of male circumcision conflicts with Swazi cultural beliefs and practices; it has not been a traditionally practice in Swaziland. The recent introduction of circumcision as an intervention to address the reduction of HIV is a new and unique concept in the society. One participant was quoted saying “*All of a sudden, we should circumcise... our forefathers did not circumcise... and there was no HIV.*” Another participant said “*Circumcision is just not part of Swazi culture..... they must leave us alone.*”

Based on the comments and attitudes among the men, male circumcision is not only a new concept, but has created misunderstandings, and has created tension between the practice and Swazi men. Yet, some Swazi men, believe that circumcision is a 100% safe method for the prevention of HIV transmission. Both findings—the tension between the culture and the intervention and the 100% safety that was associated with circumcision—will require immediate attention and further work with the men. Importantly, one category emerged from the themes: ignorance about the transmission of HIV as expressed among the men. There might be several factors that contribute to this finding. First, the involvement of males in sexual reproductive health issues and family matters is lacking in Swaziland. The males indicated that they are basically “ignorant” on male sexual and reproductive health issues. The traditional familial and cultural structures where males once met with each other and discussed gender related issues no longer exist in the nation. The transmission of information and the infusion of new practices no longer has a mechanism in the society. Second, the health sector structures do not address issues of men’s sexual reproductive health needs. For the most part, the focus is on women’s and children’s health issues, including family planning and prenatal care for pregnant women. Third, information acquired by men from different community sources that consists of informal conversations with “buddies” are not necessarily reliable; there is no

evidence that their information is coordinated through professional public health efforts. The lack of a national comprehensive and accurate health promotion and disease prevention program helps to create inconsistent and conflicting information on sexual reproductive health, including male circumcision.

DISCUSSION, RECOMMENDATIONS, AND CONCLUSION

The study revealed that with increase in the education level, there was increase in knowledge of male circumcision. This finding was consistent with Mugwanya *et al.* (2010), who reported that knowledge on male circumcision increased with higher educational levels. It is likely that the more the individual learns, the more he will seek information including details about male circumcision. Younger adult males had increased knowledge on the benefits related to circumcision. This finding was consistent with Mugwanya *et al.* (2010), in a study that was conducted in Uganda, that reported younger ages as significant determinant of knowledge on HIV and AIDS. The young adults may be keen to research and interested in learning more about their sexual reproductive health issues.

Most participants were knowledgeable about the effects of male circumcision in relation to the control of HIV. This finding was consistent with Mugwanya *et al.* (2010) who reported that participants in Uganda were knowledgeable on the benefits and risks of circumcision. However, some of the participants in this study believed that male circumcision eliminated the possibility of contracting HIV, and believed that they did not need to use a condom after the surgical procedure. This finding was consistent with UNAIDS (2007), who reported that men might overestimate the protective effect of male circumcision and engage in riskier sexual behaviour, with the belief that they are completely protected from HIV. Yet science has revealed that circumcision only offers 60% protection from HIV (Wawer *et al.*, 2009). Such a belief could result in having the whole nation wiped by the HIV pandemic. To dismiss this belief needs strengthening of messages to both males and females on the benefits and risks of circumcision. Emphasis need to be put on the need for circumcised men to continue using the condom to protect themselves from contracting HIV.

Participants were not comfortable in voicing their opinions with regard to their sexual and reproductive health, as male involvement—discussing sex with health providers, women, and other men is uncommon in Swaziland. This finding was consistent with Guttmacher Institute (2002), whose report revealed that men had sexual related information and needs much like their female counterparts. Even though much attention has been given to women's sexual reproductive health issues, men played a major role in making decisions for women's sexual and reproductive health, such as the number of children in a family, and the frequency of sexual intercourse. Therefore, structures that address male sexual reproductive health need to be strengthened within the context of cultural practices and current available science. The study will assist health care workers in ensuring that the male clients receive in- depth knowledge and skills that will help to

adequately answer their questions, remove myths, and instill confidence that they can improve their sexual health, and understand the positive effect that male circumcision can have on them and their families.

Recommendations

Based on the study findings the following recommendations were made:

- There is need to utilize the existing male group forums to share issues related to sexual reproductive health. In these forums men could deliberate on male sexual reproductive issues and exchange correct information
- Educate health providers about how to more effectively communicate with the men.
- Involve the media in disseminating information about male sexuality.
- Further research is essential to determine the sexual behaviour of circumcised men in the control of HIV.
- There is need for operational research into the socio-cultural meanings and impacts of male circumcision to guide health and social programming.
- The need for human capacity building for care providers, including nurses, on the knowledge and skills needed to perform male circumcision should be given high priority in the private and public sectors.

Conclusion

Most men in Swaziland seem to accept male circumcision as one of the means in the reduction of contracting HIV. At least there is an additional strategy (male circumcision) that involves men in the control of HIV. However, men need to be well informed that male circumcision does not provide complete protection against contracting HIV.

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