

## Attitudes of Women in Voluntary Medical Male Circumcision in Maziba Sub-County Ndoorwa East, Kabale District

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### ABSTRACT

Voluntary medical male circumcision is being scaled up at a slow pace in Uganda. Individuals' awareness must be increased in order for them to develop good attitudes toward male circumcision as an HIV prevention technique. A cross-sectional study design was adopted, with parishes selected using a cluster selection method and the number of homes selected using a probability proportionate to size method. Households were chosen for study using systematic random sampling, and a total of 358 adult female respondents took part in the study. Data was collected using a semi-structured questionnaire. STATA version 14.2 was used to analyze the data. About 72.6% of women had a negative attitude towards male circumcision. Majority of women who had negative attitude towards male circumcision thought it was a painful procedure.

**Keywords:** attitudes, women, male circumcision.

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### INTRODUCTION

Male circumcision is the surgical removal of the penis' foreskin, and it is one of the world's oldest and most prevalent procedures. It is usually done for social, cultural, religious, or medicinal purposes [1,2,3,4,5,6]. A qualified health care professional or doctor performs the medical male circumcision procedure in a medical facility. When performed in a professional setting under sterile conditions by a competent practitioner using correct instrumentation, medical male circumcision is a rapid and safe procedure [3,7,8,9,10].

According to randomized clinical trials that were conducted in Sub-Saharan Africa; South Africa [4]; Kenya [5] and Uganda [6] male circumcision protects against HIV and reduces the incidence of other sexually transmitted infections (STIs), such as genital ulcers, human papillomavirus (HPV), and chlamydia in female partners of circumcised men. Circumcision lowered the probability of heterosexual HIV transmission from an infected woman to a circumcised man by

more than 60%, according to these studies. Because of this, WHO/UNAIDS advised male circumcision as part of a comprehensive strategy to prevent heterosexually-acquired HIV infection in countries with high HIV incidence and low male circumcision rates in 2007 [3]. In 2010, Uganda implemented a safe male circumcision (SMC) policy as part of a comprehensive HIV prevention approach that included abstinence, faithfulness to one partner, and condom usage (ABC). Male circumcision was primarily done for socio-cultural reasons as a rite of passage from childhood to manhood among the Bagisu and Bakonjo ethnic groups, as well as a religious ceremony among Moslems, prior to the implementation of this policy. The SMC policy's purpose was to help reduce HIV and other STIs by providing safe male circumcision services [7,11,12,13,14].

The study was done to assess attitudes of women towards voluntary medical male circumcision of their sons, their male partners and male relatives among women in the study area.

## METHODOLOGY

### Study design

A cross-sectional study design was employed among women living in Maziba sub-county, Kabale South western Uganda.

### Study area

Maziba sub-county is in South East part of Kabale district, and the major economic activity is crop husbandry especially pineapple growing for cash.

### Study population

The research participants were chosen based on inclusion and exclusion criteria.

### Inclusion criteria

Adult women who had been living with a male partner for at least 6 months in the Maziba sub-count and had given their agreement to participate in the study were included.

### Exclusion criteria

Women with Muslim male partners, and those who were found with mental illness or critical illness were not included in the study.

### Sampling techniques

To pick parishes, a cluster sampling approach was utilized, followed by a probability proportionate to size method to determine the number of homes. A household was chosen for study using systematic random sampling. A collection of random numbers was used to generate a random start. If a home was empty at the time of a visit, it was returned later that day or the next day. If the house was permanently vacant, the inhabitant lady changed her mind about participating in the study, or an adult woman who fit the

inclusion criteria was not available for interview after several tries, the next nearest family was visited.

### Data collection instruments

A pre-tested standardized semi-structured questionnaire was used to collect data.

### Data Analysis

The socio-demographic features of research participants were described using univariate analysis. Mean, SD, percentage and frequencies were used to summarize data. Stratification was done over marital status to detect any differences.

### Ethical Considerations

#### Informed consent

The study's primary investigator (Tumwesigye Ronard) presented himself to the participants and discussed all of the procedures involved, as well as the study's aim, participant selection criteria, risks, and benefits. Participants were also told that their participation was completely voluntary, that they could stop at any time during the interview, and that if they had any questions, they could contact the appropriate person. Before participating in the data collecting method, individuals who accepted that they had understood were asked to sign or place a thumbprint on a written informed consent statement.

#### Confidentiality and privacy

All completed questionnaires were kept under lock and key by the lead investigator.

## RESULTS

**Table 1: Women's attitude towards Voluntary medical Male Circumcision of study participants in Maziba sub county Ndorwa East Kabale district**

Item	Response				
	Strongly agree	Agree	neutral	disagree	Strongly disagree
10.1 Male circumcision is something only young people undergo	14 (3.9)	38 (10.6)	23 (6.4)	138 (38.6)	145 (40.5)
10.2. Male circumcision is something only certain tribes undergo	7 (2.0)	11 (3.1)	22 (6.2)	161 (45.0)	157 (43.8)
10.3. Male circumcision is a painful procedure	118 (33.0)	135 (37.7)	61 (17.0)	29 (8.1)	15 (4.2)
10.4 Circumcised men make sex pleasant	85 (23.7)	65 (18.2)	175 (48.9)	25(7.0)	8 (2.2)
10.5. Circumcised men are likely to be womanizers & polygamous	68 (19.1)	55 (15.4)	107 (30)	101(28.3)	26 (7.3)
10.6. Most men like to be circumcised	7 (2.0)	37 (10.3)	110 (30.7)	112 (31.3)	92(25.7)
10.7. Circumcised men are richer	5 (1.4)	7 (2.0)	53 (14.8)	152(42.5)	141 (39.4)
10.8. Circumcised men are educated	7 (2.0)	23 (6.4)	43 (12.0)	150 (42.0)	134 (37.5)
10.9. Our men are not brave	36 (10.1)	83 (23.2)	29(8.1)	75(21.0)	135 (37.7)
10.10 Circumcised men lose their culture	5 (1.4)	16 (4.5)	37 (10.4)	141 (39.5)	158 (44.3)
10.11. Condom use is not necessary when a man is circumcised	24 (6.7)	34 (9.5)	74 (20.7)	129 (36.9)	96 (26.9)

**Table 2: Overall attitude of women towards voluntary medical male circumcision.**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	1.00	3	.8	.8
	2.00	12	3.4	4.2
	3.00	81	22.6	26.8
	3.50	2	.6	27.4
	4.00	175	48.9	76.3
	5.00	85	23.7	100.0
	<b>Total</b>	<b>358</b>	<b>100.0</b>	<b>100.0</b>

**Table 3: Effect of overall attitude towards women support in Voluntary medical male circumcision.**

		q8.2.1 male partner was supported during circumcision		Total
		0	1	
overall attitude	1.00	0	1	1
	2.00	8	9	17
	3.00	0	1	1
	4.00	24	33	57
	5.00	16	17	33
<b>Total</b>		<b>48</b>	<b>61</b>	<b>109</b>

**Table 4: Attitude factors that significantly affect women involvement in voluntary medical male circumcision.**

		q8.2.1 male partner was supported during circumcision		Total	X <sup>2</sup>	df	P value
		0	1				
q10.3. Male circumcision is a painful procedure	1	25	18	43	9.945	4	0.041
	2	15	25	40			
	3	4	10	14			
	4	0	5	5			
	5	4	3	7			
<b>Total</b>		<b>48</b>	<b>61</b>	<b>109</b>			

#### DISCUSSION

Majority (72.6%) of the respondents were in disagreement with the questions used to assess the level of attitude towards voluntary medical male circumcision indicating high level of negative attitude. Even those with circumcised partners, 48% did not support during circumcision process.

The main finding that contributed to negative attitude towards male circumcision was that women thought that male circumcision was a painful procedure with level of significance at 0.041.

Finding of women's negative attitude towards male circumcision is a critical finding in as far as male circumcision program promotion in Kabale is

concerned. This is because Negative perceptions, attitudes and opinions about male circumcision deter acceptance of male circumcision as they act as barriers [8]. This emanates from the fact that, majority of women felt male circumcision is painful. This is consistent with studies from Namibia [9], where respondents cited pain (28.8%) as one of the primary hurdles to male circumcision acceptance, followed by safety (23.6 %).

Despite the fact that the majority of women in Maziba sub-county were aware about male circumcision, they found it difficult to embrace and advocate for it. More awareness campaigns need to be

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attitudetowards male circumcision

## CONCLUSION

because they thought it was a painful  
procedure.

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