

Factors that Influence Decisions to Seek Medical Male Circumcision Services

A Report of Qualitative Research in Kampala, Kayunga, Pallisa, Kasese and Mbale Districts - Uganda

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ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
FGDs	-	Focus Group Discussions
HCP	-	Health Communication Partnership
HIV	-	Human Immunodeficiency Virus
JHU	-	Johns Hopkins University
KIIs	-	Key Informant Interviews
LC	-	Local Council
MC	-	Male Circumcision
MMC	-	Medical Male Circumcision
MoH	-	Ministry of Health
MUSPH	-	Makerere University School of Public Health
SoW	-	Scope of Work
STIs	-	Sexually Transmitted Infections
USAID	-	Unites States Agency for International Development

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EXECUTIVE SUMMARY

This report contains the findings of the study on ‘Factors that Influence Decisions to Seek Medical Male Circumcision (MMC) Services’ commissioned by the Johns Hopkins Bloomberg University – Health Communication Partnership (HCP) with funding from the United States Agency for International Development (USAID). The fieldwork for the study was conducted in December 2009. The purpose of this study was to establish the factors that influence the decisions of young men to seek medical male circumcision. The specific objectives were: (i) To determine the factors that positively influence young men to get circumcised and those that prevent them from getting circumcised; (ii) To explore the attitudes and roles of opinion leaders including religious and cultural leaders, teachers, health workers and others in influencing young people’s decisions to get circumcised; and (iii) To identify communication gaps that should be focused on in designing a communication strategy for promoting medical male circumcision for HIV prevention among different target audiences. The results of the study are intended to help HCP, MUSPH and the Ministry of Health (MoH) to design a communication strategy to promote male circumcision for HIV prevention.

The study utilized a qualitative approach to data collection and analysis. Data was collected in 5 districts of Uganda representing three target groups, namely; a) Traditionally circumcising areas (Mbale and Kasese Districts), b) Non-Traditional Circumcising areas with little utilization of MMC services (Pallisa District), and c) Areas where there is widespread access and utilization of MMC services (Kampala and Kayunga Districts). Participants in the study included both the primary and secondary target audiences relevant to male circumcision, namely; (i) Uncircumcised Young men aged 15-25; (ii) Medically circumcised young men; (iii) Parents of traditionally circumcised, medically circumcised and uncircumcised young men; (iv) Women aged 18-25 who are spouses or cohabiting partners of both circumcised and uncircumcised young men; (v) Opinion leaders (religious leaders, local leaders, teachers, health workers).

Data was collected through focus group discussions (FGDs) with uncircumcised young men, parents of young men, and women (spouses/partners of young men). In addition, in-depth interviews were conducted with medically circumcised young men, parents of medically circumcised young men, spouses/cohabiting partners of medically circumcised men, and key informants considered to be opinion leaders.

Key Findings

Factors that Positively Influence Young Men’s Decisions to Seek MMC in Non-Traditional Circumcising Areas

In non-traditional circumcising areas, the key factors that positively influence young men’s decisions to seek MMC include exposure to information about MMC, peer influence, spousal/partner influence, the influence of parents and other family members, availability and quality of MMC services and affordability of services.

Exposure to Information about MMC – It was found that a number of medically circumcised young men went for the service after they or their parents heard about the benefits of being circumcised. In addition, in places such as Kayunga where people have been exposed to information about MMC and its benefits, most people were more agreeable to MMC compared to other non-traditional circumcising areas.

Peer Influence – Where one's peers were already circumcised, or where they made a group decision to get circumcised, one was likely to comply with peers and go for circumcision. Peer pressure was found to be important not only in influencing young men's decisions, but those of parents as well – in seeking MMC for their male children. Women reported that they could be influenced by their female friends and neighbors to have their sons circumcised.

Spousal/Partner Influence – Most women are supportive of male circumcision and they, as spouses/partners/girl-friends are capable of bearing positive influence on their men to get circumcised through sharing information, giving advice, urging and exerting pressure, and promising to offer care and support during the process of circumcision. Women's potential role as key positive influencers partly arises from their perception of sexual and health benefits arising from the circumcision of their male partners.

Influence of Parents and other family Members – Male parents serve as models in cases where they themselves are circumcised. They also help to identify where the MMC service is available, make appointments, and meet the costs of circumcision. In cases where grown up sons decide on their own to get circumcised, it was reported that they would still seek the opinion of their parents and in some cases, other family members.

Positive Societal Attitudes towards Circumcised Men – Positive societal attitudes mean that people find social support and acceptability within their communities when they get circumcised. Where societal norms are receptive of MMC and do not stigmatize men that are circumcised, this is likely to provide a positive environment for more young men to adopt MMC.

Availability and Quality of MMC Services – Most uncircumcised men reported that they would go for circumcision if the services were easily accessible, without involving transport costs, and if they were assured of the safety of the procedure, and availability of treatment thereafter.

Affordability of MMC Services – Similarly, many young men thought they would go for male circumcision if the service was free or subsidized, if no or other additional costs were involved, e.g. if there were free post-surgery care arrangements. Some parents said they would take their sons for circumcision if they had the money needed to do the surgery.

Factors that Negatively Influence Decisions to seek MMC in Non-Traditional Circumcising Areas

Cultural Barriers - Among non-traditionally circumcising ethnic communities, many young men and their parents feel they should not get circumcised because this practice is not part of their cultures. Male circumcision is perceived as alien, and as a preserve of particular religions and ethnic groups and cultures.

Religious Barriers – Believers in non-traditionally circumcising faiths worry that male circumcision is not acceptable in their faiths. Many, especially Catholics think that circumcision would contradict their faith or would mean that they have converted to Islam.

Lack of Awareness/Inadequate Knowledge – In places where there was little information about MMC, such as in Pallisa, many male study participants were reluctant to recommend MMC for themselves or their sons. Lack of complete knowledge also meant that people had all sorts of fears, myths and misconceptions about MMC and its impacts.

Fear of Pain – A key factor that constitutes a barrier to seeking MMC is the fear of pain entailed in the procedure and thereafter.

Fear of Side-Effects – Fears about the risk of side-effects such as getting tetanus, impotence or other sexual malfunction, over-bleeding and even death were commonly mentioned. These fears seem to be linked to situations where people are not assured of good facilities and competent staff to support the procedures.

Fear of Promiscuity – These fears are based on the myth that circumcised men and the women with whom they have their first sexual encounter after circumcision become hyper-sexually active. They are also related to the belief that since 'circumcised men are better at sex', women will be pursuing them all the time.

Perceptions about the Healing Period – Many young men thought that healing after circumcision takes several weeks or even months. The significance of the length of the healing period is not only in terms of the length of time one is required to abstain from sex, but also the length of time one may be forced to keep off work. Worries about spending several weeks without working were found to be widespread especially among the urban youths who work in casual and informal settings, depending on daily earnings and having no alternative means of meeting their financial needs.

Economic Barriers – Economic factors, specifically costs of medical circumcision services, transport to and from the facility that offers MMC, care and maintenance during the post-surgery period, and the financial status of the individual and/or his family are critical determinants of young men's decisions to seek MMC. Where these costs are

perceived to be high, people are likely not to go for MMC, especially if they are also low income earners or from families with a poor financial status.

Lack of Parental/Spousal Support – Most female participants in the study reported lack of support for male circumcision. This study also found limited spousal and parent-child communication on matters of circumcision. This is partly related to the African cultural context where matters of a sex are hardly openly discussed.

Role and Attitudes of Opinion Leaders in Non-Traditional Circumcising Areas

The opinion leaders who were found to have the biggest influence on decisions to seek MMC in non-traditionally circumcising areas are religious leaders and health workers. Religious leaders are looked upon to define whether circumcision is acceptable in their respective faiths or not. The point of view of different religious faiths on MMC is likely to influence the decisions of their followers with regard to the adoption of MMC. In the Catholic faith for instance where HIV prevention strategies are limited to abstinence and faithfulness, MMC for HIV prevention is likely not to be embraced. Catholic leaders are reluctant to promote MMC as a measure of HIV prevention because of the perceived danger that people might abandon other preventive measures hence increasing infidelity. Health workers are trusted for their expert knowledge and most study participants said they could adopt MMC if recommended or advised about its benefits by doctors. Other opinion leaders such as politicians, teachers and the media also have access to big audiences of young men, and therefore are important in influencing decisions to seek MMC. All opinion leaders from non-traditionally circumcising areas were supportive of MMC and would potentially promote it if equipped with the right information.

Preferences with regard to Circumcision Method

In non-traditionally circumcising areas, preferences were almost exclusively for medical circumcision. MMC was preferred over traditional circumcision because it is handled by qualified personnel and because of the overall quality of services that supersedes traditional circumcision services.

Actual and Preferred Age of Circumcision

The actual age at which circumcision takes place varies, with people who circumcise medically doing it at any age depending on when they get information or the motivation or the readiness to seek the service. The exceptions are Muslims and Pentecostals who circumcise their sons within 7 days after birth. Preferred ages of circumcision also vary widely but with most people preferring infancy.

Communication Gaps in Non-Traditional Circumcising Areas

The communication gaps identified in non-traditionally areas which need to form the focus of the communication strategy include; gaps in knowledge about MMC and its role in HIV prevention; myths and misconceptions about male circumcision; and some common fears. For non-traditionally circumcising areas, these are:

- Limited knowledge about the exact mechanisms through which MC works to reduce the risk of HIV infection
- Some people want evidence to prove that MMC actually reduces the risk of HIV infection among men
- People have unanswered questions about what MMC actually entails, how long one takes to heal – and therefore to resume sexual intercourse and to resume work, what food they can or cannot eat after circumcision, and how to nurse the wound after circumcision.
- Misconception that male circumcision provides 100% safety from infection with HIV and other STDs; if one is circumcised, he cannot get these diseases.
- Misconception that male circumcision is only for people that belong to particular religions or ethnic/cultural groups.
- Myth that circumcision contradicts one's religious faith; it means that he has converted to Islam.
- Misconception that circumcision means one has changed his culture.
- Misconception that the wound from circumcision takes very long to heal; it may mean keeping off sex and work for many weeks or months.
- Misconception that circumcision leaves a bare delicate skin that can easily catch infections.
- Fear that if one has been having unprotected sex, he might already be infected with HIV; so there is no need to circumcise. This concern applies more to sexually active young men (adolescents and young adults).
- Myth that circumcised men are hyper-sexually active.
- Myth that the girl/woman that is the first to sleep with a man after his circumcision becomes lustful and promiscuous.
- Myth that if one is circumcised, he cannot eat meat from animals that have been slaughtered by uncircumcised men. This was found among non-traditionally circumcising communities and groups.
- Fear of side-effects such as contracting tetanus, over-bleeding and becoming impotent.
- Fear that 'circumcision is very painful'.
- Fears that one's family will be unhappy with one's decision to get circumcised.

Factors that Positively Influence Decisions to seek MMC in Traditionally Circumcising Areas

Cultural Factors – In traditional circumcising areas, young men are already inclined to get circumcised to conform to the requirements of their respective cultures. In areas like Kasese where MMC is already readily accepted alongside traditional circumcision, this offers a great opportunity to promote MMC.

Peer Pressure – Peer pressure in traditionally circumcising areas works through ridicule and stigmatization of the uncircumcised males. Young men seek circumcision in order to gain social acceptability among peers. To some extent, peers also influence the

choice of circumcision method – although instances where young men opted to go for MMC to look like traditionally circumcised peers were also found.

Influence of Parents and other Family Members - In traditionally circumcising areas, parents play a key role in deciding when their sons would be circumcised, especially where boys are circumcised at younger ages, mostly between ages 5 to 8. Where boys are circumcised at older ages of 16 and above, parents advise their sons when and where to get circumcised, and are involved in preparing for the ceremonies, including stocking food, drinks and gifts to be used on the event of their sons' circumcision.

Factors that Negatively Influence Decisions to Seek MMC in Traditionally Circumcising Areas

Cultural Barriers – Culture-related factors were the most pronounced barrier to the adoption of MMC. Among traditionally circumcising communities, those who are strongly attached to their cultural traditions such as the Bagisu insist on traditional circumcision and circumcision in medical settings does not confer the social status of a 'real man' as conferred by traditional circumcision. This has the potential to prohibit the adoption of medical circumcision. In Kasese, immigrants from non-traditionally circumcising communities did not support male circumcision because they wanted to retain their cultural identity.

Roles and Attitudes of Opinion Leaders

Opinion leaders in traditionally circumcising areas generally promote traditional circumcision in order to preserve their cultural heritage. In Kasese, however, they are opening to promoting MMC based on its merits, if they are equipped with more information. In places such as Mbale where there is a strong attachment to traditional circumcision, schools may offer a culture-neutral platform to discuss MMC.

Preferences with regard to Circumcision Method

In traditionally circumcising areas, preferences were divided between medical and traditional methods, with the Bagisu mostly preferring traditional circumcision because of its cultural significance, while the Bakonzo are liberal with regard to circumcision method and their preferences are almost equally divided between traditional and medical circumcision. Among the Bagisu themselves, female parents and spouses/partners of men were found to be more supportive of MMC compared to male parents and male young men. MMC was preferred over traditional circumcision because it is handled by qualified personnel and because of the overall quality of services that supersedes traditional circumcision services. The suggestions by young men from traditionally circumcising areas to modify certain aspects of their traditional circumcision also provides scope for integration of some aspects of MMC into the traditional circumcision approaches to enhance its efficacy for HIV prevention.

Age at Circumcision

Age at circumcision falls between 16-20 among the Bagisu, where it marks a rite of passage from 'boyhood' to 'manhood'. In Kasese, age at circumcision used to be

between ages 5 and 8, but it has progressively lowered to between the ages of 1 and 3. Preferred ages of circumcision vary between the two areas of Mbale and Kasese. In Mbale, most people would want to maintain the status quo due to its cultural significance as a sign of maturity, while in Kasese, preferences vary from early infancy to about 12 years, but with most people preferring infancy.

Communication Gaps in Traditionally Circumcising Areas

The communication gaps unique to traditionally circumcising areas are mainly in form of fears, namely:

- Fears that one's family will be unhappy with decision to go for MMC rather than traditional MC. This fear applies more to the Bagisu.
- Fears that being medically circumcised will not be culturally recognized/will not make one a 'real man'.

Factors that Positively Influence Decisions to seek MMC in Both Traditionally and Non-traditionally Circumcising Areas

Knowledge and Beliefs about the Benefits of MMC - In both traditional and non-traditionally circumcising areas the most known benefits of male circumcision included prevention of STDs and improved hygiene. There were other perceived benefits such as improved sexual performance and physical/aesthetic benefits. Others reported benefits included the safety against kidnapers of children for ritual sacrifice who do not kidnap circumcised boys. In both types of areas, gaps in knowledge, myths and misconceptions were found with regard to the link between MMC and HIV prevention. Awareness about the role of MMC in HIV prevention was non-uniform among study participants, with those from areas where there has been greater exposure to information about MMC most knowledgeable about this. Knowledge about the role of MMC in reducing the risk of cancer in men and women was limited.

Religious Factors – Male circumcision is a requirement for all males that subscribe to the Islamic faith and therefore young men who are Muslims naturally get circumcised at an early age. In addition, some religious denominations such as the Pentecostals promote circumcision of male children. Members of these faiths have a strong inclination to adopt MMC. Pentecostals in traditional circumcising areas opt for MMC for their sons as a middle ground position i.e. to be seen to fulfill the cultural requirement of circumcision, but at the same time without exposing their sons to what they regard as 'satanic' rituals entailed in traditional circumcision.

Factors that Negatively Influence Decisions to seek MMC in Both Traditionally and Non-traditionally Circumcising Areas

Lack of Access to MMC Services – In both traditional and non-traditionally circumcising areas, MMC services are still limited, this being compounded by lack of information

about where to find such services. In traditionally circumcising areas, traditional surgeons are more accessible than hospitals.

Communication Gaps Common to Both Areas

Gaps in Knowledge

- Some people have not heard about the role of MMC in reducing the risk of transmission of HIV among men
- Inadequate knowledge of the other health benefits of MMC including penile hygiene, reduction in the risk of penile cancer among men, and reduction in the risk of cervical cancer among women. In fact most people do not know about the latter two.
- Many people do not know what kind of health facilities can offer MMC services, and what type of staff can conduct the procedure

Conclusions

The study findings reveal differences based on geographical/location, cultural, and gender factors. In places where there has been greater exposure to information about MMC, people indeed know more about the link between MMC and HIV prevention, and there is greater acceptability of MMC.

In non-traditionally circumcising areas, it appears that the most important motivation for men to get circumcised will come from exposure to authentic information about MMC and its benefits, coming from trusted and respected sources such as health workers, a supportive environment to adopting the practice and availability of MMC services within easy reach. It must be added however, that HIV prevention as a benefit was not cited as a strong motivating factor for seeking MMC, and may not, on its own, promote its adoption. Communication about the benefits of MMC may therefore have to emphasize broader benefits of MMC, with HIV prevention as one of them.

In traditionally circumcising areas where men are already inclined to get circumcised traditionally, the motivations that will make them opt for medical rather than traditional circumcision have been identified to include: confidence of being handled by better qualified personnel, lower costs of medical circumcision compared to traditional circumcision; desire to save their sons from pain; and desire to save their sons from 'satanic' or 'pagan' rituals performed during traditional circumcision. Yet, the most important barrier that will need to be overcome, especially in places such as Mbale is the belief that one is not a 'real man' unless he is circumcised the traditional way.

Indeed, it must be appreciated that given the strong attachment to traditional circumcision among the Bagisu, promoting MMC as a replacement for traditional circumcision might not be successful. Instead, a viable strategy might be to integrate some good aspects of MMC into the traditional Gisu circumcision in order to make it safer, and to make it achieve the aims of MMC. The suggestions by young men from Mbale to modify certain aspects of their traditional circumcision provides scope for

integration of some aspects of MMC into the traditional approaches to circumcision to enhance its efficacy for HIV prevention.

Recommendations

The general recommendation is that there should be different strategies for traditionally circumcising and non-traditionally circumcising areas. However, even for one set of communities such as traditionally circumcising areas, some elements of the strategy will need to be varied to cater for the peculiar realities of different target audiences, such as those found between Kasese and Mbale communities.

To address the identified knowledge gaps, the planned communication strategy should disseminate information on the role of MMC in HIV prevention alongside other benefits of MMC. To address the identified myths and misconceptions, the planned communication campaign should aim to dispel these myths and misconceptions and instead provide the correct information, based on what is scientifically known and socially demonstrated. To address the fears, the strategy should provide guidance on how to deal with those fears.

Recommendations for Non-Traditional Circumcising Areas

Specifically, the planned communication strategy for non-traditionally circumcising areas should disseminate information on:

- The exact mechanisms through which MMC reduces the risk of HIV infection among men
- What the MMC procedure entails; what happens before, during and after the procedure
- Disseminate information that MMC for health reasons has no cultural boundaries, and its benefits should be enjoyed by anyone. Emphasize that getting circumcised does not necessarily entail changing of one's culture. To do this, there is need to involve political/cultural leaders in non-traditionally circumcising areas to confirm publicly to their people that MMC can also be done and is acceptable in their cultures because of its benefits and that MMC does not mean change of one's culture
- Disseminate information that MMC for health reasons is religion-neutral and doesn't mean that one has changed his faith. To do this, there is need to involve different religious leaders (especially for non-traditionally circumcising religions) to confirm publicly that their faiths accept MMC for health reasons and MMC does not mean change of one's religion
- Give information about the normal or expected healing period; about the recommended period of abstinence from sex; about need to confirm with a health worker before resuming sex; and about how soon one may resume work. Emphasize that return to work after circumcision can be in very few days
- Give information about the need for testing for HIV if one is unsure about their HIV status. Give information that MMC may not be helpful to people who are already infected with HIV, although it may still be helpful in terms of prevention of other STIs and cancer

- Disseminate information to dispel myths that circumcised men and their first sexual partners become hyper-sexually active
- Disseminate information to dispel other myths such as those about what one can eat or not eat after circumcision
- Give information that the risk of side effects is minimal if MC is carried out by qualified medical personnel in approved settings
- Give information about the realistic amount of pain expected. Get successful examples of medically circumcised young men to give testimonies
- Promote MMC for young men who are not yet sexually active. Highlight the need for people to take an HIV test.
- Promote spousal, parent-child communication and intra-family communication on MMC

Recommendations for Traditionally Circumcising Areas

- Disseminate information about how MMC and traditional MC do not contradict each other. Nevertheless, highlight risks and dangers of undertaking MC by unqualified personnel in unhygienic settings. Emphasize need to improve traditional circumcision where it is retained to make it safer, and realize its benefits.
- Carry out advocacy communication targeting political and cultural leaders and other opinion leaders in traditionally circumcising areas to create acceptability of MMC
- Among groups such as the Bagisu where MC takes place at older ages, communicate information about benefits of earlier circumcision and carry out advocacy for lowering age of circumcision

Recommendations Applicable to Both Areas

- Disseminate information on the extent of protection offered by MMC. Highlight the limitations of MMC as a prevention measure against HIV infection and emphasize the need to use MMC alongside other prevention measures
- Disseminate information about the benefits of MMC, including benefits for women, and including HIV prevention, without necessarily making HIV prevention the lead message in the communications.
- Simplify and disseminate the scientific evidence that proves the efficacy of MMC in HIV prevention.
- Information about places where MMC services can be obtained and what caliber of staff are recommended to carry out the procedure.

1 INTRODUCTION

1.1 Introduction

This report contains the findings of the study on 'Factors that Influence Decisions to Seek Medical Male Circumcision (MMC) Services' commissioned by the Health Communication Partnership (HCP) with funding from the United States Agency for International Development (USAID). The fieldwork for the study was conducted in December 2009.

1.2 Background

Recent studies have shown that male circumcision can reduce the risk of heterosexually acquired HIV infection in men by approximately 60%¹. Following this evidence, the World Health Organization (WHO) and UNAIDS have recommended that male circumcision be recognized as an additional intervention to reduce the risk of heterosexually acquired HIV infection in men. It is recommended that male circumcision should always be considered as part of a comprehensive HIV prevention package, and should be seen as complementary but not a replacement for other prevention strategies such as abstinence, faithfulness and condom use.

Accordingly, the Ugandan Ministry of Health (MoH) has drafted a policy on male circumcision (MC) for HIV prevention in Uganda. The primary target audiences have been identified as young uncircumcised men aged 15-25 and their parents. The secondary audience consists of circumcised men, women, health workers, and opinion leaders (media workers, teachers, religious/cultural leaders and politicians).

The draft policy on male circumcision in Uganda aims to sensitize young men about the extent to which male circumcision can prevent HIV infection and its association with other health benefits including: reduced risks of acquisition and spread of other sexually transmitted infections (STIs), improved genital hygiene as well as prevention of penile cancer among men and cervical cancer among women.

It is therefore important for communication programs to target young men with messages about male circumcision and HIV prevention because:

- They are highly vulnerable to HIV infection as they are at the age of starting to become sexually active, and some are already sexually active
- A majority of them are HIV negative and thus can be protected if they adopt male circumcision and other complementary HIV prevention practices
- These young men are most likely to get circumcised in the next 10 years and thus benefit from the protective advantage of circumcision and other advantages including improved hygiene

¹ -Gray H. Ronald et al (2007): Male Circumcision for HIV prevention in Men in Rakai, Uganda: A Randomized Trial. The Lancet, Vol.369, Issue 9562, pp 657-666.
-<http://www.who.int/hiv/topics/malecircumcision/en/index.html>

Health Communication Partnership (HCP) is supporting Makerere University School of Public Health and the Ministry of Health to design a communication strategy to promote medical male circumcision (MMC) for HIV prevention. The objective of the MMC communication campaign is to increase public knowledge about the importance of safe male circumcision and its limitations in the prevention of HIV and other STIs; to foster positive attitudes and ultimate uptake of male circumcision services.

1.3 Justification for the Study

A situation analysis conducted in 2008 found that there is over 70% acceptability of male circumcision among men, women, and local leaders in Uganda. However, there is no evidence in the literature about existing communication gaps for promoting medical male circumcision among young men and their parents. In order to inform the design of its communication campaign, HCP conducted this study to determine the factors that influence young men to get circumcised in both traditionally circumcising areas of Uganda and in those areas where circumcision is not traditionally practiced. The study also sought to explore the attitudes and roles of religious and cultural leaders, health workers and other opinion leaders in influencing young people's decisions to get circumcised, in both traditionally circumcising and non-traditionally circumcising areas.

1.4 Purpose of the Study

The purpose of the study was to determine the factors that influence the decisions of young men to seek medical male circumcision.

Specific Objectives

The specific objectives were:

- 1) To determine the factors that positively influence young men to get circumcised and those that prevent them from getting circumcised
- 2) To explore the attitudes and roles of opinion leaders such as religious and cultural leaders, teachers, health workers and other opinion leaders in influencing young people's decisions to get circumcised
- 3) To identify communication gaps that should be focused on in designing communication strategies for promoting medical male circumcision for HIV prevention in traditionally circumcising areas and areas where circumcision is not a tradition.

1.5 Study Methodology

The study utilized a qualitative approach to enable an in-depth exploration of the factors that influence young men's decisions to adopt medical male circumcision. A qualitative approach was suited to this kind of study because it enables the interpretation of meanings that people attach to their behaviors. It is also suited to exploring people's

views and opinions on an intimate and sensitive subject such as circumcision that touches on people's sexuality and private body parts.

The study was conducted in 5 districts of Uganda representing three geographical areas of interest, namely:

- Traditionally circumcising areas (Mbale and Kasese Districts)
- Non-Traditional Circumcising areas with little utilization of MMC services (Pallisa District)
- Areas where there is widespread access and utilization of MMC services (Kampala and Kayunga Districts).

Participants in the study included:

- Uncircumcised Young men aged 15-25
- Medically circumcised young men in traditional and non-traditional circumcising areas
- Parents of traditionally circumcised, medically circumcised and uncircumcised young men
- Women aged 18-25 who are spouses or cohabiting partners of both circumcised and uncircumcised young men
- Opinion leaders (religious leaders, local leaders, teachers, health workers)

Data was collected through focus group discussions (FGDs) and in-depth interviews. A total of 23 FGDs and 30 in-depth interviews were conducted. FGDs were conducted among uncircumcised young men, parents of young men, and women (spouses/partners of young men). FGDs for parents were held separately for men and women. All FGDs were conducted in the respective local languages spoken in the study districts. On the other hand, in-depth Interviews were conducted with medically circumcised young men, parents of medically circumcised young men, spouses/cohabiting partners of medically circumcised men, and key informants considered to be opinion leaders (*see Table 1 for details of sample selection across the study sites*).

All key informant interviews were conducted in English or in the local language as preferred by the respondent.

Data collection tools consisting of FGD Guides and Key Informant Interview Guides for the respective categories of informants were used to collect data. All interviews and FGDs were recorded and hand-written notes were also taken.

Table 1: Number of FGDs and Interviews Conducted by Audience Category and by Study Site

Data Collection Method	Audience category	Kampala		Kayunga		Pallisa		Kasese		Mbale		Total		Tot
		M	F	M	F	M	F	M	F	M	F	M	F	
FGDs	Uncircumcised young men	1		2		1						4	-	4
	Parents of uncircumcised young men	1	1	2	1	1	1					4	3	7
	Traditionally circumcised young men							2		2		4	-	4
	Parents of traditionally circumcised young men							1	1	1	1	2	2	4
	Women – spouses or cohabiting partners of circumcised and uncircumcised men		1		1		1		1		1	-	5	5
	Total													23
In-depth Interviews	Medically circumcised young men	2		2		2		1		2		9	-	9
	Parents of medically circumcised young men		1	1	1	1	1	1	1	1	1	4	5	9
	Women – spouses or cohabiting partners of medically circumcised men				2							-	2	2
	Opinion leaders	2	1	1	1		2	3	1	3	1	9	6	15
		Total												

The study team consisted of a Team Leader (External Consultant), Field Supervisors and Research Assistants. Staff of HCP and MUSPH participated in the design of the study methodology and tools, training of the study team, and supervision of data collection. The team was divided into sub-teams each responsible for a district or a set of districts. The sub-teams were constituted according to the languages spoken in the respective study districts. Thus there were 4 sub-teams for Kasese, Mbale, Pallisa, Kampala/Kayunga.

To process the data, all interview and FGD notes were re-written and the recorded ones were transcribed and translated into English. Data from the transcripts was entered into an analysis grid, a matrix that enables comparison of responses across different study sites and respondent groups. This was followed by reading and re-reading through the analysis grid to derive responses to questions, to identify major patterns of response, differences in responses, and to account for any deviations from main patterns of response. Data is presented in this report in textual form. The analysis compares responses from different study sites and respondent groups and identifies areas of uniformity and those where there are disparities. Direct quotations of individual responses or group discussions are cited to illustrate the respondents' views and bring out their voices.

1.6 Organization of the Report

The remaining part of this report is organized into four sections. In Sections 2, 3 and 4, the findings from the study are presented and discussed. This is done separately for those from non-traditional circumcising areas, traditionally circumcising areas, and those which are common to both. For each section, we present and discuss the factors that positively influence decisions to seek MMC in these areas, then the barriers, the roles and attitudes of opinion leaders, and some other findings. The conclusions from each section, including the communication gaps identified are also included. The final section contains the recommendations.

2 FINDINGS FROM NON-TRADITIONAL CIRCUMCISING AREAS

2.1 Introduction

This section presents the study findings from non-traditional circumcising areas of Kampala, Kayunga and Pallisa.

2.2 Factors that Positively Influence Decisions to Seek MMC

The key factors identified through this study which positively influence young men's decisions to seek MMC in non-traditional circumcising areas include: perceptions about the benefits of male circumcision, exposure to information about benefits of MMC, peer influence, spousal / partner influence, parental and family viewpoints, positive societal attitudes toward circumcised men, availability and quality of MMC services, affordability of services, and religious factors.

2.2.1 Exposure to Information about MMC

Exposure to information about the benefits of male circumcision was reported to have led some young men to be circumcised. In fact, exposure to information from trusted sources such as radio health programs was found to have been a tipping point in young men's decisions to get circumcised:

I listened to a radio program ... they were talking about male circumcision generally; its benefits regarding how it can help to reduce chances of getting HIV infection. Before this radio program, I had also heard from one of my friends who was circumcised that a circumcised man is normally clean and has reduced chances of acquiring STIs (Medically Circumcised Male, Kayunga).

...one day I was listening to the radio and there was a health talk concerning circumcision and prevention of diseases. So I thought about it and made a decision to get circumcised (Medically Circumcised Male1, Pallisa).

The quotations above highlight the role of IEC in influencing people's decisions to adopt 'new' behaviors.

2.2.2 Peer Influence

Peer influence was found to be a key factor that influences decisions to seek MMC. Where one's peers were already circumcised, or where they made a group decision to go for circumcision, one was likely to comply with peer influence and go for circumcision. Some young men got circumcised in order to be accepted, respected and

to enjoy the company and support of their peers. To a considerable extent, peers also influence the choice of circumcision method.

Actually I do not think there was a particular reason that made me decide to get circumcised. We were a group of five and we decided that we should go for circumcision. Literally we knew nothing about it, neither its benefits nor challenges or how it's done. All we knew was where it's done. So we all went to a hospital and got circumcised (Medically Circumcised Male, Kampala).

I think my friends did influence my decision to get circumcised. You know it's very hard to let down your friends. If you do they might lose trust in you and could no longer be your shoulder when in need, so I think they did influence my decision. I had to do it so that they could still respect and trust me (Medically Circumcised Male, Kampala).

Peer pressure was found to be important not only in influencing young men's decisions, but those of parents as well – in seeking MMC for their male children. Women commonly reported that they could be influenced by their female friends and neighbors to circumcise their young sons.

2.2.3 Spousal/Partner Influence

Men and boys who have spouses/partners/girlfriends can be greatly influenced by their female companions in their decisions to seek MMC. Male participants in this study said that their female partners could influence their decisions to get circumcised and/or get their sons circumcised. Some men also reported that they would seek the consent of their wives/partners before going to get circumcised.

I think my partner could influence me to get circumcised. These women believe that men who are circumcised are better at making love to a woman (Uncircumcised Male, Kampala).

It's the mother of my children that is most likely to influence me to get my boys circumcised. Usually women do have a lot of friends, both Muslims and non Muslims ... they make her get interested in circumcision. So on coming home she tells me about what the friends think about and most probably this can encourage me to get my boys circumcised (Male Parent of Uncircumcised Boys, Kampala).

I would consult my wife if she is okay with it, because I may go secretly then she later learns of it and runs away from the marriage (Uncircumcised Male, Pallisa).

This study also found that most women are supportive of male circumcision and are capable of bearing positive influence on their men. They thought they could do this by discussing the benefits and dangers of male circumcision. Some thought they could also share information and motivate their husbands by bringing home DVDs that shows the risks STDs due non-circumcision. Others reported that they can threaten to leave

the men or deny them sex until they get circumcised. Some said they can convince men to accompany them to the health facility, where men can obtain more information about circumcision. Others said they could promise to offer care and support through the process of circumcision. Women interviewees who are spouses/cohabiting partners of circumcised men reported that they had supported their men before and after circumcision, including showing empathy when the man felt pain and advising on how to deal with pain.

No data about spousal support was obtained from medically circumcised males interviewed in this study because all those who were interviewed were not married by the time they got circumcised.

On the other hand, the role of women in positively influencing their husbands to get circumcised or get their sons circumcised was found to be constrained by limited spousal communication on the subject of male circumcision as well as men's refusal to listen to women's views as will be discussed ahead under negative influences (section 2.3).

2.2.4 The Influence of Parents and other Family Members

Parents and other family members were reported to be key influencers of decisions to seek male circumcision.

Asked about who influenced them to get circumcised, medically circumcised boys reported parents among their key influencers:

My father simply motivated me to get courage and remain focused at implementing my decision because he also works in Kayunga hospital. He helped me and my young brother to make arrangements and preparations with the healthy workers at the hospital (Medically Circumcised Male, Kayunga).

It was also reported that even grown up boys would still seek the opinion of their parents so as not to offend them or digress from their cultures, especially in non-traditionally circumcising areas.

I would seek approval from my father. In a family setting fathers have a say in any decision one can take and one cannot disapprove what he has said, so I see it as necessary to consult my father (Uncircumcised Male, Kampala).

I would consult my parents because in the Iteso culture circumcision is a new phenomenon. I would not love to bring confusion in the family because of my being circumcised (Uncircumcised Male, Pallisa).

In some cases, other family members are also consulted or involved in other ways in these decision-making processes.

I had influence from my in-laws and relatives because most of their children are circumcised (Parent of Medically Circumcised Boy, Kayunga).

It was my uncle who is a doctor. He told me, "my nephew I also at one point got such a disease but I was circumcised and got completely healed". I asked him about the pain, he told me it was normal surgical operation because I would be given some sleeping tablets. He gave me a go ahead and I took it with both hands (Parent of Medically Circumcised Boy, Pallisa).

The family members especially your parents can also influence one's decision especially if it is a Christian family. They would need to understand the reasons for circumcising their grand son so that they do not take it to have been done as an act of crossing to Islam (Male Parent of Uncircumcised Boys, Kayunga).

Lack of parent-child communication about circumcision was cited as a serious challenge for young men to get medically circumcised. Parents reported that there is hardly any communication between them and their children about male circumcision.

Well, this is still a new subject in the community and very few people have properly understood it especially regarding its benefits to the health of the children. For me I would be sincere to mention that I have never discussed this topic with my children because I need more information about it. Right now I do not know what to tell them (Male Parent of Uncircumcised boys, Kayunga). [Other FGD Participants agreed with him].

No, we do not discuss issues of circumcision with our sons. At this very moment I do not have any idea of taking my boys to get circumcised so I do not see any reason for talking to them. Probably after getting money for circumcision, I will discuss such issues with them; by the way I do not like to worry my boys (Male parent of Uncircumcised Boys, Kampala).

It is a strange thing so discussing it is next to impossible, what if the boys ask me whether am circumcised, what do I answer? (Male parents of Uncircumcised Boys, Pallisa)

It is easy to appreciate the challenge of lack of communication between parents and their children about male circumcision. The Ugandan culture is that matters relating sexuality are hardly discussed between parents and children.

Parents of medically circumcised boys however, had discussed with the children in cases where the boys were already grown up. However, in cases where the boys had been circumcised while still young, no discussion was possible:

Yes especially my big son who is 19 years of age, because I sat with him and told him the benefits of male circumcision like prevention of STD's and he accepted to do it (Parent of Medically Circumcised Boy, Kayunga).

Yes, I talked to my son and when I told him about male medical circumcision he accepted. I did not force him into the procedure. I just talked to him, I emphasized to him that I am also circumcised, he accepted. So we just matched to the hospital (Parent of Medically Circumcised Boy, Pallisa).

Overall, the findings show that there had been parent-child communication about circumcision in families where boys were medically circumcised, especially if the father was also medically circumcised. On the other hand, there was limited parent-child communication on the same subject in families where both the boys and parents were uncircumcised. The proposed communication campaign will need to promote parent-child communication as a means to getting more young men to take up MMC. It is also evident that parent to child communication tends to be easier if the male parent is circumcised.

2.2.5 Positive Societal Attitudes towards Circumcised Men

The importance of positive societal attitudes is that they offer social support and lend social acceptability to certain practices. As such most people are likely to adopt those behaviors for which there is such social support. A number of FGD participants thought circumcised men were viewed favorably in their respective communities, which was thought to encourage more people to adopt circumcision.

They are friendly with them and most people admire them especially those who know its benefits. They want to consult them about how and where they did it, the costs, and healing process ... (Male Parent of Uncircumcised Boys, Kayunga)

They say circumcised males are real men. They are ever clean and they do have a positive attitude towards them (Parent of Medically Circumcised Boy, Kampala).

Some of us like me are proud about them because they will have joined a list of people of reduced risk of getting HIV infection (Uncircumcised Male, Kayunga).

They are looked at as normal because it is not a sin to get circumcised (Uncircumcised Male, Pallisa).

As will be shown in the next section, however, negative societal attitudes were also found to exist which may discourage some men from adopting medical male circumcision.

2.2.6 Availability and Quality of MMC Services

Questions of availability and quality of services for male circumcision were also key in the decisions to seek medical male circumcision. Parents of uncircumcised boys for instance reported that the key considerations they would put into account before taking

their sons for circumcision would include the assurance of good treatment and safety of the procedure.

The whole thing is about being able to have treatment after circumcision. If I had assurance that my children would be circumcised and be fine after ..., what then would stop me from encouraging them to get circumcised? (Male Parent of Uncircumcised Boys, Kayunga)

What I would mainly be interested in is the assurance about the availability of safe and effective services which do not expose my child to danger of losing his man hood (Male Parent of Uncircumcised Boys, Kayunga).

These concerns highlight the need to give people assurance about the safety of the procedure, and the type of facilities where a good service can be found.

2.2.7 Affordability of MMC Services

In addition, the issue of affordability came up as a key consideration in the decision to seek medical male circumcision. Many young men were acceptable to adopting MMC if it was not going to cost them money.

I would also go for circumcision if it's a free service ..., but if it involves incurring costs then I wouldn't go for it (Uncircumcised Male FGD, Kampala).

To add on what my colleague has said, if it's a free service and the administrators are willing to further provide for my needs after circumcision till I heal then I would also go for circumcision (Uncircumcised Male FGD, Kampala).

It would appear that MMC services will need to be subsidized if majority of youths are to access them.

2.3 Barriers/Factors that Negatively Influence Decisions to seek MMC

This study also investigated the barriers to seeking medical male circumcision, which include fears, knowledge gaps, misconceptions and myths, as well as negative influences from different sources. These included: cultural barriers, religious barriers, lack of awareness about the benefits of MMC, fear of pain and side-effects, economic limitations, lack of spousal support, and belief that healing takes long. Other barriers included negative societal attitudes, and fear of promiscuity.

2.3.1 Cultural Barriers

Findings from the study show that, apart from its positive influence on young men's decision to seek male circumcision, culture can also negatively affect such decisions in certain ways especially as regards medical male circumcision. The role of culture in negatively influencing decisions to seek MC and MMC arises from the fact that circumcision is not traditionally practiced in majority cultures in Uganda.

In this study, some young men and their parents from non-traditionally circumcising ethnic communities expressed strong feelings against male circumcision because this practice is not part of their cultures. In such cases, male circumcision was perceived as alien, and as a reserve of particular religions and ethnic groups and cultures. They argued that they could not adopt a practice that their forefathers never had.

For me, my parents have never been circumcised so it's of no value for me to begin my own lineage of circumcised Christians (Male Parent of Uncircumcised Boys, Pallisa).

Cultural barriers in non-traditionally circumcising areas were also evident in societal attitudes towards circumcised men and uncircumcised men. In such cases, it is the uncircumcised men who were perceived as normal and upright in their communities.

Usually the person is taken as someone who is bogus, mentally disturbed since he has decided to remove something that he was born with (Uncircumcised Male, Kampala).

Others feel circumcised men are people without sense of direction especially if they circumcise when they are old, and for no medical reason (Uncircumcised Male, Pallisa).

On the other hand, it is the uncircumcised men who were perceived as normal and upright in such communities since their cultures do not practice circumcision as the quotes from Pallisa below reveal:

Uncircumcised men are looked at as the most upright people because they are upholding their culture (Uncircumcised Male, Pallisa).

It is our culture not to be circumcised, it is normal for us not to be circumcised (Uncircumcised Male, Pallisa).

Negative attitudes towards circumcised men may imply that people who opt for circumcision will not have social support from their communities. It can be expected however that such attitudes can change gradually with access to accurate information about male circumcision and its benefits.

2.3.2 Religious Barriers

We have previously discussed the positive role of religion in relation to young men's decisions to seek MMC. However, this study found out that religion has an equally negative influence on people who do not subscribe to faiths that require or promote male circumcision. Religious barriers rotated around the belief that circumcision was for Muslims and that other faiths such as Catholics do not allow circumcision or that if a non-Muslim got circumcised, he would have automatically converted to Islam:

I have forbidden my son to get circumcised because I know it is only one religion that circumcises ..., to advise my son to be circumcised is like forcing him into a different religion , culture or tribe (Male Parent of Uncircumcised Boys, Pallisa).

Some people, especially the Catholics, tend to associate circumcision to Islam. They think that when a boy is circumcised, he has automatically become a Muslim which is not true (Male Parent of Uncircumcised Boys, Kayunga).

It depends on one's religious denominations. If I am not a Muslim then why circumcise? (Female Parent of Uncircumcised Boys, Kampala).

Indeed, religious concerns were mentioned as some of the key issues that people would consider before going for circumcision or taking their sons for the same.

Yes I have considered getting/ advising my male child to get circumcised, but if I get him circumcised, I would have disrespected my faith. There is need for the religious leaders to come out and advise. After that it will become easy for me to take my children for circumcision (Male Parent of Uncircumcised Youths, Kampala).

Some of us Catholics, would want to know the position of the church as regards male circumcision. I want to know whether it does not contradict with my religion or is acceptable to the church (Male Parent of Uncircumcised Boys, Kayunga).

From the above quotations, it is apparent that many people may not adopt MMC unless they understand that even non-Muslims can be circumcised, and that other religions accept circumcision for health reasons. These findings highlight the need to advocate to and involve religious leaders of non-traditionally circumcising religions to support MMC.

2.3.3 Lack of Awareness/Inadequate Information

For some people, lack of awareness about the benefits of male circumcision was a key constraint to the adoption of MMC. Indeed, it is difficult for people to adopt male circumcision if they do not know much about it; its benefits or where to get the services.

This subject of male circumcision is a new one especially in the rural communities like ours, so most of us do not know its benefits. The little information people have cannot help them take decisions from an informed point of view. Very few people have had the opportunity to get this information from qualified health workers and majority of the young people in the community hear about them from friends and from other sources which are very difficult to trust (Uncircumcised Male FGD, Kayunga).

I have not been sensitized about male circumcision, so I can't risk my son. May be after some clear teaching (Male Parent of Uncircumcised Boys, Pallisa).

Others wanted to be convinced with evidence about the benefits of MMC.

For me I would want to be sure that male circumcision is one of the ways for controlling HIV transmission. I need to get it from the doctors or scientists with evidence.... (Male Parent of Uncircumcised Boys, Kayunga)

In fact, some study participants said they would be reluctant to recommend MMC to others because they neither had enough information about nor any experiences with circumcision:

I would not recommend it...because I don't know the benefits of circumcision in detail apart from what I hear on radio and rumors (Uncircumcised Male, Pallisa).

I think you can recommend it to somebody only when you have also been circumcised so that you have experiences to share with them. If you tell someone to go for circumcision when you are not circumcised, they will challenge you because you will not have any thing to tell them. When you tell them that it is good for HIV prevention, they will ask you for evidence (Uncircumcised Male, Kayunga).

It appears from the above quotations that most people would recommend male circumcision to others only if they are fully aware of what the procedure entails and the related benefits, but more importantly if they are circumcised themselves. This highlights the need to both give out more information about male circumcision and work with men who have gone through MMC to tell others about their own experiences and the benefits they are enjoying as a result.

In addition, some participants did not believe that male circumcision plays any role in HIV prevention. In such cases, respondents completely dismissed the claim as untrue as already discussed in previous sections. Others yet completely dismissed male circumcision as a practice with no benefits:

I do not think there are any benefits from male circumcision. It involves loss of blood; to me anything that involves blood loss is not good. Whoever wants to teach me that male circumcision promotes better personal hygiene should just teach me how to keep myself clean rather without circumcision (Uncircumcised Male, Kampala).

I don't think there is any importance in circumcision since sexually transmitted infections can attack both the circumcised and those that are not. I really see circumcision as something that violates ones right. ...By the way sexually transmitted infections can also be hereditary, so can circumcision prevent one from getting an inherited disease? (Male Parent of Uncircumcised Boys, Kampala).

The shortcoming I see is that in case I have sexual encounter with 'a narrow lady' there are chances of her damaging me further because the foreskin that could have protected me is no longer there (FGD, Uncircumcised Males, Pallisa).

Yet still, others were concerned that male circumcision may not help where one is already infected with HIV.

In light of the above, it will be crucial to simplify existing scientific evidence and disseminate it to the public as regards the efficacy and benefits of MMC, for the communication campaign to achieve the desired objectives. It is also important to address existing myths and misconceptions about the effects of circumcision.

2.3.4 Fear of Pain

The fear of the pain arose from the thinking that 'circumcision is a major and painful' surgical process, moreover on the most private bodily organ. Most men, young and old, in this study pointed to the fear of 'pain entailed in the procedure' as well as in the immediate post-surgery period.

The pain people go through during circumcision is too much and something has to be done about it to attract people's interest to circumcise. When I see those who are circumcised suffering with pain, I simply lose interest and morale to go for the procedure (Uncircumcised Male, Kayunga).

It is very painful to get circumcised. For instance, when one gets an erection after circumcision, the wound breaks and bleeds. This scares many. When I imagine such, it becomes practically impossible to get my own son circumcised (Male Parent of Uncircumcised Boys, Pallisa).

The perceived extent of pain as reflected in the above quotations seems to reflect an exaggeration of the amount of pain involved in male circumcision. Nevertheless, these perceptions may have a strong influence on young men's decisions to go for circumcision. Providing information about the realistically expected amount of pain and how it can be managed are important elements to communicate about during the planned communication campaign on MMC.

2.3.5 Fear of Side Effects

At the same time, many young men feared that the procedure could go wrong, leading to over-bleeding, sexual malfunction (such as impotence), or even death. The fear of such side-effects was also linked to the doubts respondents had about the skills and competences of the surgeons (both traditional and medical) that perform circumcision.

They say when the fore skin is cut off it affects some nerves within the penis and this might cause malfunctions. Also it is said when you circumcise you become sickly and cannot do manual work, that is why most Muslims are businessmen instead of laborers (Uncircumcised Male, Pallisa).

I have heard that some times the surgeons are not good, they do not do their work well and that at times they destroy young people's manhood in the process of circumcision (Uncircumcised Male FGD, Kayunga).

During circumcision, it's very easy to get tetanus. Secondly circumcision can result into death as the wound could fail to heal ...; the penis being detached from the body. All of these can result into death (Uncircumcised Male, Kampala).

These fears are genuine, although they appear to be exaggerated. They nevertheless point to critical implications. First, circumcision is sometimes performed by unskilled personnel, using inappropriate equipment and in unauthorized settings. Secondly, there is a risk of phony surgeons opening up 'clinics' to provide MMC, with the risk that they will inflict damage in the process of providing the services. Thirdly, the increasing number of people seeking circumcision may drive many to traditional and unqualified circumcisers. There is therefore need for disseminating information on the necessity for circumcision to be performed by qualified health workers in approved medical settings where the standards of safety and hygiene are satisfactory; to ensure that male circumcision, popular as it is becoming, is safe for everyone.

2.3.6 Fear of Promiscuity

Others feared that male circumcision results into increased sexual drive and promiscuity for the circumcised men and even the girls with whom they have their first sexual encounter after the circumcision. Although there is no scientific evidence to back this claim, it was found to be widespread. Some previous studies have also documented the prevalence of similar claims².

Some are discouraged by their parents claiming that they will become too promiscuous (Female Parent of Uncircumcised Boys, Pallisa).

I hear people saying that if someone gets circumcised, the first lady to have sex with him becomes a sex maniac and that is why I do not support circumcision (Uncircumcised Male, Pallisa).

Some study participants also reported on how circumcised men are generally perceived within their communities as being highly promiscuous:

We look at them as people who are spreading HIV because of their hyper sexual desires with all kinds of women (Male Parent of Uncircumcised Boys, Kayunga).

We look at them as sex machines. In fact I have one nephew who circumcised because he loved sex a lot and the foreskin was always bothering him during intercourse. So he decided to go for circumcision so that his organ is sharpened

² Baine Olikira S., Opio A., and Tumwesigye Mbona N.(2008): Situation Analysis to determine the Acceptability and Feasibility of Male Circumcision Promotion in Uganda. Family Health International (FHI)/MoH.

and makes it easy for the woman to put in during sex. So we look at them as sex machines (Male Parent of Uncircumcised Boys, Kayunga).

It therefore appears that the myth about increased sexual drive and increased attraction to women for a circumcised man is widespread and needs to be addressed.

2.3.7 Perceptions about the Length of the Healing Period

Perceptions of a long period required to heal after circumcision is another factor that was found to have implications for men's decisions to go for MMC. Some men thought it could be difficult to abstain for long after circumcision, while others thought there was a risk of their wives looking for sex elsewhere as they abstained after circumcision:

...after circumcision one has to abstain from sex since it's required that someone has to heal before resuming sexual activities. I really see it as a challenge (Uncircumcised Male, Kampala).

... during that period of healing, your wife could easily engage in extramarital affairs, circumcision brings about adultery as one cannot fulfill the woman's sexual desires (Uncircumcised Male, Kampala).

The healing period was also conceptualized in terms of the length of time one may be forced to keep off work as already mentioned in the previous sub-section. Worries about spending several weeks without working were found to be widespread especially among the urban youths who work in casual and informal settings, depending on daily earnings.

For me, my biggest challenge is the time one spends while treating the wound. You can not do any thing for your self within that period and this has been my biggest problem with circumcision. ... (FGD, Uncircumcised Males, Kayunga).

Even me I fear that period. I have a friend of mine who was circumcised and he took long treating the wound, he was not working and he lost a lot of money during that period (FGD, Uncircumcised Males, Kayunga).

The communication campaign should address the perception about a lengthy healing period as most people think that one takes several weeks or even months to heal which implies spending long periods away from work. It would appear that most people think it takes the same length of time off work as it takes abstaining from sex after circumcision. The differences in these two need to be clearly distinguished in the communication messages.

2.3.8 Economic Barriers

Economic barriers to circumcision related to the costs of consultations and surgery, treatment and care after circumcision, travel to and from the health facility, as well as the opportunity cost in terms of the foregone earnings during the post-surgery time

when one 'may not be able to work'. Fears of costs for travel, surgery, and treatment were more pronounced in rural areas, whereas respondents from urban areas like Kampala were concerned about the direct and indirect post-surgery maintenance costs since where people live off purchases from the market using daily earnings, at times from casual, informal sector work. In such cases, taking some days off work after circumcision is considered very difficult, because survival is based on earnings made on a daily basis - meaning that days not worked would affect individual and household livelihood.

Yes I have ever consideration getting circumcised and I still have it in mind. But since I do not have money to help me during the healing process ..., I have failed to get circumcised. I once went ... and they asked me a lot of money to get circumcised (Uncircumcised Male, Kampala).

...I think because of the prevailing poverty, people have failed to go for circumcision. Someone comes to think about the 3 weeks when he will not be working yet he is the breadwinner for the family (Uncircumcised Male FGD, Kampala).

Here in Kisoga, if you want to be circumcised, you have to have enough money to pay for the service, treatment and to look after yourself in the period of treatment. On top of that, you have to have money to transport you to Kayunga Hospital for circumcision and on all the other follow up days. The service is free in Kayunga hospital but it becomes expensive if you have to spend on transport to go there for check up every week. Additionally, when you get circumcised, you cannot continue wearing the same ordinary clothes, you have to buy a tunic "These are all costs ... (FGD, Uncircumcised Males, Kayunga)

It can be noted from the above responses that even in places such as Kayunga, where the service is available for free, other costs associated with MMC remain a key constraint. Indeed, money matters were among the prominent issues that young men and their parents said they would first consider if they were to go for MMC.

My pocket has to be 'heavy' that is, having money at hand in case the child gets complications after circumcision such that I afford treatment for him (Female Parent of Uncircumcised Boys, Kampala)

For me it is all about having my money ready and I will just go for circumcision. As we have already explained, circumcision is generally an acceptable idea but people have not embraced it yet because it is a very expensive venture to undertake. You need to have money for transport, drugs, feeding and so many others. If there was a way service providers were meeting these costs, I would be the first one on the line tomorrow morning (Uncircumcised Male, Kayunga).

The implication is that if the cost of MMC reduces, for instance if there are subsidized MMC services, and if there are free or cheap post-surgery care arrangements, more

people are likely to go for the services. This is especially true in the case of low income earners employed in casual labor and other informal occupations who find the associated costs of MMC prohibitive and the opportunity cost in terms of labor days lost high. For this category of the population, subsidizing services, taking services nearer, and reducing the costs involved would be essential to generate demand for the service. Another implication is the need to disseminate information about how short the healing period can be, and how soon one can return to work after circumcision.

2.3.9 Lack of Parental and Spousal Support

The decision to take up male circumcision often requires the consent and support from key significant family members especially parents and spouses. To circumcise male children, both parents often need to agree on this, whereas a man needs consent from his sexual partner before taking up the surgery. Lack of consensus and support from spouses was found to be one of the factors prohibiting male circumcision.

My wife can easily discourage me from getting my son circumcised. In Buganda there is a saying that "it's a woman who usually knows the true father of the child". So if I insist on going on with circumcising the child the woman can reveal that the child is not mine, that it's for another man literally meaning that I do not have authority over such a child (Male Parent of Uncircumcised Boys, Kampala).

Women who participated in FGDs for instance talked about lack of support from men.

Sometimes we women want it but the men do not agree with us. Therefore you cannot take the boy before getting permission from the man (Female Parent of Uncircumcised Boys, Kayunga).

Some men suspect their wives of cheating so these men think that if the woman takes the child for circumcision then the child does not belong to him but to a Muslim man who is demanding that the boy gets circumcised ... so that's why some men stop women from circumcising their children (Female Parent of Uncircumcised Boys, Kampala).

Women's role in positively influencing men's decisions to seek MMC was found to be constrained by poor communication between them and their husbands. Female participants in FGDs (spouses/cohabiting partners of circumcised and uncircumcised men) were asked if they discussed circumcision issues with their husbands/partners. Most women said they often talked about circumcision with their men, encouraging them to get circumcised, but often the men did not want to listen to their partners.

We talk a lot with our husbands but sometimes they refuse. Things concerning circumcision, we are trying to protect ourselves from those diseases like syphilis...so many... like AIDS, but the other person refuses because most men look down on women; they cannot tell them anything and they take it as a point... (Female FGD Participant, Kayunga).

We talk about those things of going for circumcision; sometimes you may tell him to go for circumcision so that we stay safe but a man will say that you do not have anything to say in a home, yet your are trying to help each other not to get that disease (Female FGD Participant, Kayunga).

In Kampala, women also pointed out men's refusal to listen to women about circumcision. In Pallisa, most FGD participants reported that the subject of circumcision is not discussed as it is not part of their culture or religion. Only a few of them reported that they discuss about the circumcision of the children. This must also be understood in the broader African cultural context; where matters of sexuality are considered as taboo and rarely freely discussed.

2.3.10 Suggestions to Address Fears and Challenges to the adoption of MMC

FGD participants were also asked how the challenges and fears that stop young men from getting circumcised can be addressed. Suggestions as how to make more young men go for medical circumcision included: more sensitization; free counseling and treatment services; and using medically circumcised males to educate and sensitize others.

To address the problem of costs and maintenance, participants suggested that financial help should be given to men that get circumcised to help them and their families 'during the time when they cannot work'. Others suggested that free medical attention should be assured.

To deal with costs of transportation to and from the health facility, participants suggested that either transport should be provided, or male circumcision services should be taken to the community in form of outreaches for easy access.

With regard to lack of information – it was suggested that people should be sensitized:

There should be seminars on male circumcision to clear all the doubts in our minds and also learn that the person handling the circumcision process is well trained. We are just guessing (Uncircumcised Male, Pallisa).

The role of religious leaders was called upon to clarify the positions of their faiths on MMC, so as to guide their followers.

2.4 Attitudes and Roles of Opinion Leaders

Interviews were conducted with selected key informants who were considered opinion leaders in their communities or organizations with the aim of assessing their roles and attitudes in influencing decisions to seek MMC. These key informants included religious leaders, politicians, health workers, teachers and cultural leaders. The views of such opinion leaders were taken to reflect the views of the communities or organizations that they represent.

Religious Leaders

Catholic priests interviewed in Kampala and Kayunga reported that the Catholic Church has no official policy on male circumcision. It was reported that the Catholic Faith neither prohibits nor promotes male circumcision; thus believers are free to seek circumcision, on their own, for any health benefits but would have nothing to do with their faith. Thus contrary to many people's belief that circumcision is not acceptable in the Catholic faith, the views of the religious leaders tell us the contrary. This highlights a critical information gap among the public that needs to be filled, probably with the assistance of the religious leaders themselves. It was further mentioned that if there was to be any policy about MMC, it would come from Rome, the headquarters of the Roman Catholic Church.

Regarding MMC and HIV prevention, Catholic religious leaders reported that they do not promote MMC for HIV prevention because there are better ways of preventing HIV infection such as abstinence, faithfulness in marriage, HIV testing before marriage, and disclosure.

We don't have enough facts about circumcision but we are encouraging other ways that do help to prevent HIV/AIDS for example abstaining, being faithful and continuous HIV testing. Before any couple could have a church marriage, they are expected to produce medical forms that show that they were tested for HIV, so through this we are promoting HIV testing (Catholic Priest, Kayunga).

The Catholic Church only promotes abstinence and faithfulness (A&B). It does not promote condoms or male circumcision because they are not 100% effective in HIV prevention. The Catholic Church does not promote any measure that just reduces the risk. That is the official position of the church on HIV prevention (Catholic Priest, Kampala).

Catholic religious leaders were concerned that many people may think that male circumcision completely stops HIV infection which is not the case.

We want the person to be 100% protected. The danger with our people is that if they hear that circumcision is the solution, they will just go for that and forget that they can still get HIV (Catholic Priest, Kampala).

In the Pentecostal church, it was reported that male circumcision was promoted as a way of following in the footsteps of Jesus Christ who was circumcised as an infant. Pentecostal believers are encouraged to circumcise their sons within 7 days after birth.

Health Workers

Health workers interviewed in this study were well aware of the HIV preventive role of MMC. Health workers preferred medical male circumcision and discouraged traditional circumcision because, they argued, traditional surgeons are not trained to carry out the circumcision properly, they do not adequately ensure hygiene and infection control, and

they sometimes lead to complications. Health workers reported that they often receive patients with severe complications and infections following traditional circumcision. They also mentioned that unlike MMC, traditional circumcision had not been scientifically proven to play a positive role in HIV prevention. All health workers interviewed reported their facilities offer the circumcision service to men who demand for it. They also recommended circumcision for those who are suffering from certain types of genital ailments, especially those affecting the foreskin.

Health workers reported lack of policies or guidelines to enable the promotion of MMC. Only one health worker from Kayunga hospital reported that they had guidelines for MMC, provided by Makerere University Walter Reed Project (MUWRP). Their guidelines cover issues of community sensitization, eligibility, and ensuring safety of the procedure.

Health workers were found to have a potentially significant role in influencing young men's decisions to get circumcised. Uncircumcised young men reported that they would go for MMC if recommended by a doctor or other trusted health worker.

For me it is the doctor who can influence because he is trained to handle human health and is able to tell me the health conditions and may be the advantages of circumcision (Male Parent of Uncircumcised Boys, Pallisa).

Teachers

Teachers interviewed in non-traditionally circumcising areas did not much about the role of male circumcision in HIV prevention. They however, were open to learning more facts about this subject, and getting involved in disseminating information about it, if they were equipped.

Politicians

Politicians who were interviewed in the different non-traditionally circumcising areas reported that there were no official policies from the government/local government institutions that they represented on male circumcision. They reported that they were not promoting male circumcision but thought it would be necessary to sensitize people about its benefits and to provide guidance on how to promote it.

2.5 Preferences in relation to Circumcision Method

Preferences in relation to the method of circumcision were assessed basing on responses to three questions asked to the various categories of informants. The questions were; (i) What method of circumcision would you prefer/recommend, traditional or medical? (ii) If medical circumcision services were available, would you go for them? and (iii) (for circumcised youth and their parents) Why did you choose to go for medical/traditional circumcision instead of the other method? Responses to the three questions are integrated in the discussion that follows.

There were divided opinions as to the preferred circumcision method but with an overwhelming preference for medical circumcision. Some respondents had no preferences and instead wanted more information before making a choice.

Different categories of people who preferred medical circumcision did so mainly because medical settings have the appropriate equipment to do the procedure and related skilled personnel. Moreover, they believed that medical male circumcision is religion-neutral and culture-neutral.

I would go for medical circumcision. I think within the hospital, there is necessary equipment for circumcision and circumcision is done by trained and skilled personnel ... (Uncircumcised Male, Kampala).

I would prefer medical circumcision because traditional circumcision would turn me into a Muslim or a Mugisu depending on where I went. Yet medically I would remain in my religion and tribe. Besides the hospital has trained personnel who can handle me in a proper way in case of any problem (Uncircumcised Male, Pallisa).

Medically circumcised males and their parents were asked why they chose medical and not traditional circumcision. The reasons given were mostly related to the availability of better facilities and skilled personnel in the hospitals, compared to traditional settings, less pain, limited risk of getting HIV/AIDS through the instruments used, better treatment, the hygiene and cleanliness in medical settings as compared to traditional settings, and lack of faith in traditional surgeons.

I thought traditional circumcision would be very painful and secondly, I would not get treatment if I had not gone to the hospital. I also think my parents would not have allowed me to go for traditional circumcision... (Medically Circumcised Male, Kayunga).

All parents of medically circumcised boys from non-traditionally circumcising areas who were interviewed for this study said they would recommend medical circumcision rather than traditional circumcision.

A few young men from non-traditionally circumcising areas unwaveringly preferred traditional circumcision:

I would go for traditional circumcision ...; once one is traditionally circumcised, he is given material and financial help after circumcision unlike in the medical settings (Uncircumcised Male, Kampala).

I would prefer traditional circumcision because these people have been circumcising for generations and know how to take care of the circumcised ones – they are experienced (Uncircumcised Male, Pallisa).

Other young men had no preferences. Instead they expressed need for more information about the pros and cons of the two alternative methods.

I would prefer sensitization from both the traditional and medical personnel before I choose which one to use. This will help in making a sound decision ...
(Uncircumcised Male, Pallisa).

It is important to note that among the uncircumcised youths in Kayunga, nobody preferred traditional male circumcision– unlike in the two other districts. The findings indicate that most uncircumcised youths in all the three non-traditionally circumcising areas would go for MMC if services were available. Going for the service was, however attached to the conditions that the service is available nearby, does not involve transport costs, the service is free, and for some, that there is free post-circumcision medical and material care.

Overall, this study found some room for acceptability of MMC in non-traditionally circumcising areas, although this was non-uniform across the different population groups.

2.6 Usual and Preferred Age at Circumcision

2.6.1 Usual Age of Circumcision

There is no particular or standard age at which male circumcision takes place in non-traditional circumcising. Among the parents of medically circumcised boys in non-traditional circumcising areas, it appears that parents who took their children for medical circumcision did so whenever they had information and the motivation to do so, or when circumstances suited them, rather than following a particular standard. This might mean that there is need to provide guidance communication or policy legislation about the appropriate age for circumcision.

2.6.2 Preferred Age at Circumcision

There were mixed preferences with regard to the age at which males should be circumcised. No clear patterns of preference can be discerned. For instance, among medically circumcised young men, preferred age varied among the different respondents from 16 (Kampala); 10-12 (Kayunga); 5 (Pallisa1); 10-12 (Palisa2). Broadly, however, the preferred ages can be roughly clustered as:

- i) Early infancy (immediately after birth or a few weeks thereafter) - Those who preferred early circumcision argued that the wound heals faster, the boy is easy to nurse and he does not feel much pain, although the latter might be more of a perception than a reality. The child has not gained mobility and can be monitored from one place. The younger boy would also not be disturbed by erections after circumcision. They were also concerned that if one is circumcised when he has

- ii) Late Infancy (a few months to 2 years) - The boy is still young and the parents can make the decision
- iii) Childhood (about 5 to 8 years) - Ages of 5 to 8 were preferred in cases where it was the parents to make the decisions. This age was also preferred because at that age the child can talk and explain what pains he has after circumcision or if there is any other problem.
- iv) Early adolescence (10-12 years) – This age was justified that it is an age when the boy has not yet become sexually active. At that age, the boy is also old enough to nurse himself and follow the advice of health workers. For purposes of HIV prevention, this may be the best time to intervene with circumcision at the onset adolescence and becoming sexually active.
- v) Early adulthood (18 years) - Those who preferred older ages wanted circumcision to be an individual's decision; because legally, that is when someone is an adult capable of making the decision himself.

Overall, however, the dominant view seemed to favor infant circumcision as the quotations below illustrate, when parents were asked at what age they would prefer to circumcise their boys:

3 months because the child has not yet started sitting and cannot kick the legs. Young kids at such age get healed so fast. At such age a kid has not yet started thinking about girls so cannot get frequent erections that cause pain (Parent of Medically Circumcised Boy, Kampala).

For me, I see we should do it early enough when the boys are still young between 6 months and 1 year so that he cannot feel a lot of pain. Also they should grow well knowing that they were circumcised. When you let them grow older they may tend to refuse to get circumcised, and it might become a tag of war. So it's better to circumcise at an early age, if it were possible they all get circumcised at the hospital at birth or at least when the boy is taken for immunization, he should be circumcised at least a month old (Parent of Medically Circumcised Boy, Pallisa).

It can be noted that some of the arguments advanced in support of particular circumcision ages are based on people's perceptions (such as claims to less pain) rather than what may be scientifically proven. Secondly, preference for early male circumcision also means that parental choice supersedes personal choice.

2.7 Conclusions for Non-Traditionally Circumcising Areas

The key factors identified by this study which positively influence young men's decisions to seek MMC in non-traditionally circumcising areas include: exposure to information

about MMC, peer influence, spousal/partner influence, the influence of parents and other family members positive societal attitudes, availability and quality of MMC services, and their affordability. Of these, access to information from a trusted source and having social support from parents and peers seem to be the most determinants of decisions to go for MMC.

On the other hand, the factors that negatively affect decisions to seek MMC include cultural barriers, religious barriers, lack of awareness about MMC, fear of pain, fear of side effects, economic barriers, fear of promiscuity, perceptions about the length of healing period, and lack of parental/spousal support. Of these, cultural and religious, as well as fears of pain and potential side effects appear to be the most influential. Economic costs constitute one of the key barriers to the adoption of MMC especially for low income groups employed in casual occupations.

Overall, it was found that opinion leaders have a potentially significant role to play in men's decisions to seek MMC. Opinion leaders often know more than most other community members, influence public attitudes, and shape the wider environment for the adoption of new behaviors. The opinion leaders who were found to have the biggest influence in non-traditionally circumcising areas are religious leaders and health workers. Religious leaders are looked upon to for guidance as to whether male circumcision is acceptable in their respective faiths or not; while health workers are trusted for their 'expert knowledge'. Yet, even other opinion leaders such as teachers and the media have access to big audiences of young men, and therefore are critical in shaping their decisions to seek MMC. Opinion leaders from all the three districts representing non-traditionally circumcising areas were supportive of MMC.

Overall, this study found some room for acceptability of MMC in non-traditionally circumcising areas, although this was non-uniform across the different population groups.

2.7.1 Communication Gaps in Non-Traditionally Circumcising Areas

The communication gaps identified by this study that need to be focused on by the communication strategy in non-traditional circumcising areas can be grouped into three categories, namely; (i) Gaps in knowledge about MMC and its role in HIV prevention; (ii) Myths and Misconceptions; (iii) Common fears

Gaps in Knowledge – the gaps in knowledge include the things that people do not know, or have not heard about, such as any unknown benefits of MMC, but also issues about what MMC actually entails, how long it takes to heal and so on. Some of these are also in form of unanswered questions that people have. The key gaps in knowledge identified were:

- Limited knowledge about the exact ways through which MC reduces the risk of HIV infection
- Evidence to prove that MMC actually reduces the risk of HIV infection among men

- People have unanswered questions about what MMC actually entails, how long one takes to heal – and therefore to resume sexual intercourse and to resume work, what food they can or cannot eat after circumcision, and how to nurse the wound after circumcision.

Myths and Misconceptions relating to MC – Myths, misconceptions, rumors and misinformation constitute a group of communication gaps that need to be addressed. Specifically these include:

- That male circumcision provides 100% safety from infection with HIV and other STDs; if one is circumcised, he cannot get these diseases.
- That male circumcision is only for people that belong to particular religions or ethnic/cultural groups
- That circumcision contradicts one's religious faith; it means that one has converted to Islam'
- The belief that circumcision means one has changed his culture
- That the wound from circumcision takes very long to heal; that it may mean keeping off sex and work for many weeks or months
- That circumcision leaves a bare delicate skin that can easily catch infections
- That if one has been having unprotected sex, he might already be infected with HIV; so there is no need to circumcise
- That circumcised men are sex maniacs
- That a girl/woman that is the first to sleep with a man after his circumcision becomes a sex maniac
- That if one is circumcised, he cannot eat meat from animals that have been slaughtered by uncircumcised men

Fears – The common fears include:

- Fear of side-effects such as contracting tetanus, over-bleeding and becoming impotent
- Fear that circumcision is very painful
- Fears that the family will be unhappy with decision to circumcise

3 FINDINGS FROM TRADITIONALLY CIRCUMCISING AREAS

3.1 Introduction

This section presents the study findings from non-traditional circumcising areas of Kasese and Mbale.

Traditional Male Circumcision among the Bagisu of Mbale

Among the Bagisu, male circumcision (*Imbalu*) is an initiation ceremony which marks the transition from being a boy to being a man. The initiates are first prepared for a few weeks by elders, taught songs, and prepared to become men. The circumcision ceremony entails hundreds of decorated adolescents with adolescent female companions dancing in the village paths and roads on the eve of the circumcision. They carry spears, clubs and fresh tree branches and sing war songs. It is considered a merry-making evening marked with drinking, dancing the *kadodi* and sexual activity. The boys are taken to a place known as *Mutoto* known for its evil spirits that give courage to withstand the knife. After this, the boys are circumcised by traditional surgeons using knives. The surgeons are believed to be empowered by ancestral spirits to perform that role. The procedure is done in stages; first one layer of the foreskin is cut off, then the boys run around and come back for a second layer to be peeled off. No anesthetic is used, as the candidates for circumcision are expected to stand the pain in full view of their families and the public as a show of bravery. The boy is then given a hoe, a panga (machete), and an axe, equipping him to go and work and set up his own home. The ceremony is also marked with exchange of gifts and hosting relatives of the family of the boy being circumcised.

Traditional Male Circumcision among the Bakonzo of Kasese

Traditionally, the circumcision ceremony of the Bakonzo involved walking to Bwamba (current Bundibugyo) and dancing of the traditional dance, the *omukumu*. The target candidates for circumcision would be young boys from age 3 onwards up to puberty stage. The circumcised young men were not allowed to interact with women until they were healed. Things have since changed, and these days, no ceremonies take place. Surgeons move from home to home looking for young boys to cut. The surgeon is paid with a hen of some money.

3.2 Factors that Positively Influence Decisions to Seek MMC

The key factors identified through this study which positively influence the decisions of young men in traditionally circumcising areas to seek male circumcision in general and medical male circumcision in particular include: cultural factors, peer pressure and the influence of parents and other family members. Other factors at play, such as spousal/partner influence, parental and family viewpoints, and exposure to information about benefits of MMC were found applicable to both traditionally circumcising and non-traditionally circumcising areas and are discussed in Section 4 ahead.

3.2.1 Cultural Factors

Fulfillment of cultural traditions was found to be the major reason for male circumcision among traditionally circumcising cultural-ethnic groups such as the Bakonzo of Kasese and the Bamasaaba of Bugisu. Study participants from traditionally circumcising areas emphasized the perceived 'cultural benefits of circumcision', mentioning that it enhances self-esteem and social status, and one's point of view can be respected in the community. In these communities, a circumcised man does not only gain personal respect but brings pride and honor to his family. Male circumcision is a sign of public embracement of the distinctive cultural values of the local culture by a circumcised man and thus a personal demonstration of courage that ultimately delivers him to the 'rank of a real man'. Focus group participants as well as key informants from these areas pointed out that circumcision was a link both to the ancestors and to the spirit world and one is not a 'man' unless he is circumcised.

As a Mumasaaba it's prestigious to be circumcised. Even if you are very rich and have so much as long as you are not circumcised you don't have prestige. Circumcised men have prestige (Female FGD Participant, Mbale).

Even if a woman wants to get married, she can't marry an uncircumcised man because he is referred to as a boy. (Female FGD Participant, Mbale)

...for us it is our culture ... we follow culture. We do what our grandfathers also used to do.... We always don't want to leave those things behind. When they (ancestors) were doing that, they had a reason (Female Parent of Traditionally Circumcised Boys, Kasese)

It is a cultural practice that should be performed by all males in the community. So it is a spiritual instinct ("kasambwa") in the boy who pushes the parents to prepare for him (Female Parent of Traditionally Circumcised Boys, Mbale).

The value attached to male circumcision is also revealed in the responses of traditionally circumcised young men, when asked about how they felt after getting circumcised:

I felt ready to marry, I felt a man (Traditionally Circumcised Male, Mbale)

I felt well and got respect and dignity, although I felt pain when I was being circumcised (Traditionally Circumcised Male, Kasese).

You get a feeling of relief (after circumcision) that 'I have now finished the demands of the ancestors' (Traditionally Circumcised Male, Mbale)

In addition, traditionally circumcising communities said that circumcision is a sacred tradition that not only brings a man divine favor but also makes him worthy of a dignified death and funeral. On the other hand, respondents believed that a male community

member who avoids circumcision can bring misfortune to himself, his family and the entire community.

...long ago, whenever one died and was circumcised, a traditional ceremony would be performed. You wouldn't participate in it if you were not circumcised. This traditional ceremony is called "omukumu" and it would not be performed at the burial of the uncircumcised (Male Parent of Circumcised Males, Kasese).

It is known to the Bagisu that if you do not circumcise your boys, they become retarded and inactive. I chose to do it to save my son from future problems (Female Parent of Traditionally Circumcised Boys, Mbale).

For me I circumcised mine because my grand father used to tell me. "omutsule siwakulya" meaning an uncircumcised man is not supposed to grow up in your family. So that thing grew in my head, so when I produced one I decided to circumcise him like the way I was circumcised (Male Parent of Traditionally Circumcised Boys, Kasese).

From the above quotations, it is clear that circumcision for boys in traditionally circumcising communities is a deeply rooted cultural practice that is not negotiable. Males get circumcised because their grandfathers did it too. Circumcision of males is a marker of identity and belongingness; a rite of passage from 'boyhood' to 'manhood'. A man who is not circumcised is taken as a curse to the family and society. He is ridiculed, and regarded as a boy even in old age. The same attitude is passed on from generation to generation to the extent that young boys tend to put pressure on their parents to get them circumcised.

I had to get my son circumcised last year because he pressured me and was determined to find a traditional surgeon on his own if I didn't permit him (Female Parent of Traditionally Circumcised Boys, Mbale).

There was peer pressure from his friends and fellow age-mates, he was isolated and regarded as unclean and weak ... This affected his confidence and it made him very depressed (Female Parent of Traditionally Circumcised Boys, Mbale).

Medical male circumcision was interestingly, adopted by some people to serve cultural purposes. Parents of medically circumcised young men gave testimony to why they got their sons circumcised.

...this boy, his father died and he is with me alone. The reason I took him to hospital for circumcision is that during traditional circumcision, so many visitors are expected to come and I did not have money and food to feed them. The traditional rituals require money, gifts and food and I didn't have money for these gifts or money to give to people who carry out the circumcision. ... And those who get circumcised with the boy during the same period come demanding for gifts and I didn't have, if you don't give them gifts the boy can be cursed with bad

words and something bad happens to him. Another reason is this village has a problem of AIDS which is spreading rapidly, the traditional surgeons who are usually in a hurry to make more money will rush from one place to another and from one candidate to another using the same knife... and so they may use the same knife with my son so I decided to take the boy to hospital (Parent of Medically Circumcised Boy, Mbale).

The above shows that although the circumcision was not done in the traditional way, it was still seen as a means of fitting into the culture of the community in question.

The restoration of their cultural institution, the *Obusinga bwa Rwenzururu* in Kasese was found to be another potential aspect of culture that will influence the trend of male circumcision in that area. The institution is expected to breathe new strength into the tradition of male circumcision that was getting weakened. Many informants argued that with their King returning to the throne, the Bakonzo are likely to revert to the traditional circumcision ceremonies that entailed the *Omukumu* dance and other cultural rituals. As such the institution of the *Obusinga* is likely to be a strong influence on the practice of male circumcision, but the real impact on MMC is not yet clear. It means however that MMC promotion campaign might have to enlist the kingdom players.

The strong attachment to traditional circumcision may indeed have a positive influence male circumcision generally but become a strong barrier to the adoption of MMC because of the cherished rituals entailed in traditional male circumcision. This is especially true for Mbale as discussed in section 3.3 of this report.

It is important to point out some differences between the two traditionally circumcising areas of Mbale and Kasese with regard to the cultural expectations relating to circumcision. This study found that attachment to 'traditional' circumcision was very strong among the Bagisu of Mbale, to the extent that those who are circumcised medically are still not recognized as 'real men'. The belief here is that one ought to go through the rigorous rituals of traditional circumcision, and be circumcised in public for him to join the ranks of men. Among the Bakonzo of Kasese on the other hand, it was found that the attachment to traditional circumcision which used to exist generations ago has weakened, and people can get circumcised either traditionally or medically and will still be largely accepted as circumcised.

3.2.2 Peer Influence

Peer influence was found to be a key factor that influences young men's decisions to male circumcision in general and MMC as well. Where one's peers were already circumcised, or where they made a decision to get circumcised, one was likely to comply with peer influence and go for circumcision. In traditionally circumcising areas, peer influence worked through peer pressure, characterized by teasing, ridiculing and isolation of uncircumcised boys and men.

Peer pressure was for instance cited as a key reason for male circumcision in Kasese. Young men who had undergone medical circumcision reported their main reason for doing this as being the need to be like most peers, who were already circumcised. Thus

gaining social acceptance from peers was a key factor that drove some young men to get circumcised.

The boys I associate with - my friends here - majority of whom are circumcised ... these boys would encourage me... telling me that if it kills that they would die from there as others were laughing at me (Medically Circumcised Male, Kasese).

In these traditionally circumcising communities, peer influence is so powerful that it extends to immigrants to the area who seek male circumcision to conform to the cultural standards of the host society, as the quotation below illustrates:

First of all, most of my village friends were circumcised and I wasn't, so they were laughing at me especially during the holidays, and I also decided to get circumcised like them. Also my parents, especially mummy, encouraged me to get circumcised. Because we stay with the Bakonzo who circumcise and we have been integrated.... I felt secure against my peers. ... Before the Bakonjo were given "Obusinga" (Kingdom) I did not mind much... I had no interest, but after... I was concerned as I had heard that those who were uncircumcised would be chased from Kasese (Medically Circumcised Male, Kasese).

Socially, I can now mix and be with my friends without shame. I now consider myself healthy, I am not like before. Before getting circumcised, I was being harassed, that I am not a Mukonzo but at least now after being circumcised, I feel a sense of belonging and this has uplifted my esteem (Medically Circumcised Boy, Kasese).

They say... their friends are now true friends, they no longer laugh at them even if they bathe together or move together (Parent of Circumcised Boy, Kasese).

3.2.3 The Influence of Parents and other Family Members

Parents and other family members were reported to be key influencers of decisions to seek male circumcision. In traditionally circumcising areas, parents were reported to play a key role in deciding when their sons would be circumcised. This was more so in Kasese, where boys are circumcised at the age of 5 to 8. In this case, the decision is entirely that of parents. In Bugisu where boys are circumcised at of the age of 15 and above, parents are involved in preparing for the ceremonies, including stocking food, drinks and gifts to be used on the event of their sons' circumcision. However, it was reported that boys in Bugisu tend to remind and compel their parents to commence preparations when they feel they are due for circumcision.

Decisions are usually made by the parents of the boys and the boys themselves when they want to be cut in order to become men (Male Parent of Traditionally Circumcised Boys, Mbale).

The boy makes the decision first and he informs the parents about it who then carry out preparations for circumcision ceremony (Female FGD Participant, Mbale).

Female parents of traditionally circumcised boys in Kasese reported that they usually played a leading role in deciding when to circumcise the boys because they are the ones looking after them most of the time, as men do not spend a lot of time at home. Asked about who influenced them to get circumcised, medically circumcised boys reported parents among their key influencers:

Yes ... my mother is the one who mainly influenced me... (Medically Circumcised Male, Kasese).

Eeh..., I first thought about it and told my mother and it did not take a week and after few days, she brought a doctor after I had told her about it.... In fact she brought him, the following day (Medically Circumcised Male, Kasese).

3.3 Barriers/Factors that Negatively Influence Decisions to seek MMC

The key barriers to seeking medical male circumcision in traditionally circumcising areas were mainly found to consist of cultural barriers.

3.3.1 Cultural Barriers

Whereas in earlier sections of this report we had shown culture as bearing a positive influence on decisions to seek MMC, culture was at the same time also found to have potentially negative influences on decisions to seek medical male circumcision.

Among the Bagisu, although all males were expected to be circumcised, the cultural requirement is traditional male circumcision conducted by a traditional 'surgeon'. Although the cultural demands positively influence the Bagisu to get circumcised, MMC is not popular or encouraged. Circumcision in medical settings is not culturally recommended and those who get circumcised in medical settings are regarded as cowards and not 'real men'. For instance, parents of traditionally circumcised boys in Mbale were asked if they would take their sons for MMC if services were available in health facilities. Typical responses from them included the following:

My boy cannot be circumcised medically because I believe in my culture/tradition (Male Parent of Traditionally Circumcised Boy, Mbale).

The tradition recommends that all men and boys be circumcised traditionally; otherwise if one went to hospital the society looks down on him and regards him a coward (Female Parent of Traditionally Circumcised Boys, Mbale).

The tradition recommends that all men and boys be circumcised traditionally; otherwise if one went to hospital the society looks down on him and regards him a coward (Female Parent of Traditionally Circumcised Boys, Mbale).

Those who go for medical circumcision are the fearful ones (Male Parent of Traditionally Circumcised Boys, Mbale).

In addition, people circumcised in medical setting in Mbale would not be allowed to run for elective offices such as being elected as political leaders.

It appears therefore that cultural attachment to traditional circumcision may be the most outstanding barrier to the adoption of MMC. The stigma and negative attitudes towards medically circumcised men are one of the key barriers to overcome if at all MMC is to be promoted among the Bagisu.

Nevertheless, there were variations in the responses, with females in Mbale expressing more accepting attitudes towards MMC, compared to males as will be shown later.

In Kasese, immigrants from non-traditionally circumcising communities did not support male circumcision because they wanted to retain their cultural identity.

3.4 Attitudes and Roles of Opinion Leaders

Interviews with opinion leaders in traditionally circumcising areas reached a number of such key informants, including religious leaders, politicians, health workers, teachers and cultural leaders.

Religious Leaders

In the Pentecostal church, it was reported that male circumcision was promoted following the circumcision of Jesus Christ. Parents are encouraged to circumcise their sons within 7 days after birth.

A Pentecostal church in Mbale leader also reported that they promote medical male circumcision; because traditional male circumcision is associated with bad practices like curses which violate the teaching of their faith.

When a child is circumcised traditionally he usually gets gifts from people and there are some people like aunts or uncles or those who have been circumcised in the same month as him they come demanding for some gifts and if you don't give them, some curses are pronounced upon the boy's life and so this is not good, so I would encourage medical circumcision (Religious Leader, Pentecostal Church, Mbale).

I encourage medical male circumcision ...because the traditional way encourages bad morals. You find that girls and boys are following each other for

sexual encounters; some even sleep at the venue of the circumcision ceremony (Religious Leader, Pentecostal Church, Mbale).

Talking about the challenges they face in promoting MMC, one religious leader from Mbale had this to say:

The challenge is that some people regard those who go to hospital as still being boys and not men. They only consider the traditionally circumcised men to be called real men and not those who have done it while young as babies and in hospitals (Religious Leader, Pentecostal Church, Mbale).

For me and some other people who have circumcised our sons from the hospital, we are ridiculed and laughed at by those who circumcised their kids traditionally and this is not good to us. They still consider our sons to be boys and not men because they did not face the 'raw knife'. But for me I consider that my sons are more obedient than theirs because when I circumcised them young and in hospital they now don't have to prove to me that they are men. How can you help us deal with these accusations that our sons are not real men? (Religious Leader, Pentecostal Church, Mbale)

The above shows that though some people in traditionally circumcising areas have adopted medical male circumcision to meet cultural requirements, the general community mindset has not yet accepted the idea. The implications of this, however, may be twofold. Some people in traditionally circumcising communities have already considered and/or sought medical male circumcision for cultural purposes and this provides a good entry point for promoting MMC. Again, there is need for effective communication to promote consensus that men who are circumcised young or medically can be as valuable to the society as those circumcised traditionally. This means that the value of circumcision must be taken beyond the traditional notion of initiation into 'manhood' to the delivery of health benefits such as HIV prevention, which every man enjoys whether traditionally or medically circumcised. A co-existence of MMC with the Gisu culture needs to be found.

The Muslims in Mbale reported that in accordance with their faith, they circumcise young boys who are 7 days old. They reported that they do not promote traditional circumcision as illustrated in the quotation below:

The Islamic faith considers the traditional rituals performed in cultural circumcision among the Bagisu as satanic (Islamic Religious Leader, Mbale).

Teachers

Teachers from traditionally circumcising areas also reported that their schools promote male circumcision. This was done in order to promote and fulfill the requirements of their respective cultures, but also to promote hygiene. The schools did not mind what method of circumcision was used, but encouraged boys to get circumcised after their examinations so as not to interfere with their studies.

Politicians

Politicians who were interviewed in traditionally circumcising areas reported that there were no official policies from the government/local government institutions that they represented on male circumcision. Politicians from traditionally circumcising areas promoted male circumcision as part of their cultural heritage. In Kasese, they were agreeable to promoting MMC because of its advantages over traditional circumcision (such as the quality of services). In Mbale on the other hand, they were not committal as they would not want to contradict the values and virtues of their culture.

Cultural Leaders

In both Kasese and Mbale, the cultural custodianship of circumcision is not clearly defined. In Kasese for instance, the tradition has weakened partly because the *Obusinga*, the cultural institution of the Bakonzo had been suspended and the cultural leader exiled for many years, only being restored in 2009. In Mbale, it was reported that there are no known cultural leaders, not even clan leaders. In both places, the custodianship of circumcision as a cultural ritual seems to be resting with people themselves and the traditional surgeons. Traditional surgeons in Mbale were believed to possess some spiritual powers that conferred that surgeon role onto them.

Traditional surgeons in Kasese and Mbale reported that male circumcision was a valued aspect of their culture.

Male circumcision is considered important in my community because it is a tradition of Bamasaaba, and every boy of sixteen and above years born in Bugisu should be circumcised in order to become a man in his community (Traditional Surgeon, Mbale).

Because of the value attached to traditional circumcision, there was no acceptance of medical male circumcision among the Bagisu. It was argued that men who underwent MMC were cowards and not recognized as 'full men' culturally:

My community only promotes traditional male circumcision because it is commonly known that for you to be a full man you have to stand in public and are circumcised by a traditional surgeon. The medically circumcised males are not considered as men and can't be listened to or believe in by the community (Traditional Surgeon, Mbale).

Traditional circumcision surgeons in both traditionally circumcising areas had heard about the relationship between male circumcision and HIV prevention, and reported that they had heard that government was in the process of promoting male circumcision for HIV prevention. They also believed that circumcision reduces the chances of getting diseases because after circumcision, the man's penis no longer gets easily bruised.

There were also differences in preferences of circumcision methods among the different opinion leaders. Although traditional surgeons in both areas promoted traditional

circumcision, those in Kasese were more accepting to medical male circumcision. Traditional surgeons in Kasese, however, preferred to be the ones administering circumcision not so much for cultural reasons, but because it was a source of livelihood for them. In Mbale, the surgeons preferred traditional circumcision because it was viewed as an embodiment of their culture, a bond with their ancestors but also a source of income for the circumcisers.

Other participants in the study revealed that the Bagisu traditional circumcision surgeons are believed to be empowered and possessed by the ancestral spirits to perform that role. Thus, preference for traditional circumcision was also linked to the natural powers that were possessed by the traditional surgeons which were lacking among the medical surgeons.

On the basis of above, it seems that the MMC campaign will need to find areas of co-existence with the Bagisu traditional circumcision, rather than trying to replace it. Any efforts to promote MMC will also need strong advocacy among cultural, political and other leaders from the area in order to generate acceptability. In places such as Mbale where there is a strong attachment to traditional circumcision, schools may offer a culture-neutral platform to discuss MMC. In Kasese, on the other hand, MMC is likely to find more acceptability as there is no longer strong attachment to the traditional procedures of circumcision.

3.5 Preferences in relation to Circumcision Method

There were also divided opinions as to the preferred method of male circumcision. Although most people preferred traditional circumcision, there were some who preferred medical. Preference for medical circumcision was more pronounced in Kasese compared to Mbale.

Those who preferred medical circumcision preferred it mainly because they believed medical settings have the appropriate equipment to do the procedure, skilled health workers, the need to save young boys from future pain entailed in traditional circumcision, and the need to ensure safety from infection with diseases like HIV/AIDS.

I would rather go for medical circumcision because of the fact that there is the HIV/AIDS disease which is wide-spread yet in traditional circumcision they cut so many people using the same knife (Female FGD Participant, Mbale).

In Kasese, there was overwhelming preference for medical circumcision among parents.

<p>R6: I would say my child is circumcised medically because you are assured that the doctor is well equipped with the necessary skills and therefore can properly care for the patient.</p>

R7: I would also support that the doctor does it because these village surgeons just circumcise and leave the patient for you....

R4: Yes... as far as bleeding is concerned, you find that if somebody over bleeds in the village he can lose his life but if it was done in the hospital, the doctor knows how to stop or avoid over bleeding.

R1: Now... me I think it should be done in hospital because the doctor in the hospital uses well sterilized equipment unlike those village surgeons who use same "knives" to circumcise a group of boys, so a child can easily contract disease and he losses his life jokingly. (*Parents of Uncircumcised youths, Kasese*)

The findings show that in the case of Kasese, there is widespread preference for medical circumcision. This is explained by the general acceptance of medical circumcision and weakening attachment to traditional circumcision in this area as already discussed.

Medically circumcised males and their parents were asked why they chose medical and not traditional circumcision. The reasons given were mostly related to the availability of better facilities and skilled personnel in the hospitals, compared to traditional settings, less pain, limited risk of getting HIV/AIDS through the instruments used, better treatment, the hygiene and cleanliness in medical settings as compared to traditional settings, and lack of faith in traditional surgeons.

I considered the situation ...and then I decided to take the boy to hospital seeing that the HIV/AIDS disease is widespread in this village ... (Parent of Medically Circumcised Boy, Mbale).

All parents of medically circumcised boys who were interviewed for this study said they would recommend medical circumcision rather than traditional circumcision.

On the other hand, some of the reasons given for choosing traditional circumcision were: following in the footsteps of their forefathers, gaining social status, and bringing respect to the family of the circumcised boy.

...for us we are just following our culture like our grandfathers did..... No sterilization is required, therefore you do it like "a man"... so sometimes, and this tests your bravery as a Mukonzo man - like your ancestors (Traditionally Circumcised Young Man, Kasese).

There is no one in our community who can be respected if he was medically circumcised. It is in us that you have to be circumcised traditionally (Male Parent of Traditionally Circumcised Boys, Mbale).

Male circumcision through the traditional way was also preferred because of the material benefits that accrued to newly circumcised boys in form of gifts. In Mbale, these are given to congratulate the newly circumcised young man, praise him and recognize his bravery in facing the knife, and bestow on him a new rank of a man.

Cultural circumcision exposes us to chances of getting presents from our relatives and friends like land, animals and others (Traditionally Circumcised Young Man, Mbale).

The cost of medical circumcision was also pointed out as a factor for preference of traditional circumcision, especially in Kasese.

Sometimes we really fear the expense involved in the care of the patient at the hospital. (Traditionally Circumcised Young Man, Kasese).

Now, sometimes you may not afford the money charged at the hospital, because they charge a lot ... yet circumcision by a traditional surgeon is similar to that of a doctor. Traditional surgeons circumcise a boy and treat him like at the hospital, and their charges are fair. They keep coming to check on the child all the time. (FGD, Female Parents of Traditionally Circumcised Boys, Kasese)

But some also had misconceptions about medical circumcision:

We choose cultural because the medicines used in the medical process weaken our manhood later (Traditionally Circumcised Young Man, Mbale).

Some women from traditionally circumcising areas were supportive of medical male circumcision as illustrated in the voices below:

Yes I would accept to go for medical circumcision because of the numerous diseases. During traditional circumcision, the knife is shared by all the boys, and chances of infection of any disease are very high (Female Parent of Traditionally Circumcised Boys, Mbale).

Traditional surgeons have a problem, they are chosen by the spirits who possess them. Their minds and movements are uncontrolled. Some of them panic and shake as they circumcise which may result in mistakes, hence damaging the penis. Some of them fight amongst themselves to circumcise the boys, resulting into accidents like cutting the whole penis off.... Then they run off. There are possibilities of death in this case. That is why I would rather go to hospital because the doctor knows what to do and I trust him (Female Parent of Traditionally Circumcised Boys, Mbale).

However, the women also pointed out that their husbands would not accept to take their sons for medical circumcision.

My husband would not agree to go medical because he does not want to disobey his ancestors who are believed to inflict punishment if disobeyed. They make your son impotent and retarded. So it's like a rule that if you circumcised your

son in hospital, it is bad luck (Female Parent of Traditionally Circumcised Boys, Mbale).

The father would disown their son if the mother made the decision to go to hospital for circumcision (Female Parent of Traditionally Circumcised Boys, Mbale).

Overall, traditional male circumcision was found to be extremely popular among males than females in Bugisu. Whereas female parents in Mbale are more inclined to adopt MMC for their sons, they believed that their spouses would not support the idea. Traditionally circumcised young men from Mbale also argued that one risked being mocked by peers if he went to be circumcised in hospital.

However, traditionally circumcised young men proposed that aspects of medical male circumcision should be accommodated in traditional procedures. When asked what they would prefer done differently if they were to be circumcised again, some proposed government interventions like provision of drugs to aid the healing process, making sterilization of knives compulsory, introducing pre-surgery anesthesia, outlawing the sharing of circumcision knives, and abolishing the practice of 'cutting twice' during circumcision.

R3. My advice would be that we maintain the cultural method but reduce the age for quicker healing.

R4. Personally, I would do it at a lower age because then I would not know about women, erections and other chances of getting STDs would be lower.

R8. I swear personally, if I were to go back, I would ask government to intervene with drugs to help us, whether you afford or not.

R6. I would love them to remove this method of live circumcision; instead, they should sterilize you first, to reduce pain.

R4. I would rather be circumcised once rather than twice where the foreskin is removed, then run around then return to be finished. *(FGD, Traditionally Circumcised Young Men1, Mbale)*

It appears from the above that young men are not entirely opposed to MMC; some want a blend of both traditional and medical circumcision at once. Others suggested that the age at circumcision in Bugisu should be lowered. These findings indicate that there is desire to integrate aspects of MMC into traditional circumcision and thereby increase the efficacy of the latter in HIV prevention.

Overall, this study found some room for acceptability of MMC in traditionally circumcising areas, although this would be more in Kasese than in Mbale. The cultural attachment to traditional circumcision appears stronger in Mbale. In Kasese, what matters is that every male is circumcised irrespective of from the circumciser – though medically circumcised Bakonzo would be denied participation in such cultural rites as *omukumu*, dance performed during the burial of a traditionally circumcised man.

3.6 Usual and Preferred Age of Circumcision

3.6.1 Usual Age of Circumcision

The age at which male circumcision usually takes place in traditionally circumcising areas was found to vary between the two communities studied.

In Mbale, where circumcision takes place as part of the long-held Gisu traditions, the usual age of circumcision was reported to be between the ages of 16 and 20. From the descriptions given, this was the adolescence stage for males. It was described to be the stage when the voice of a boy changes gaining a low, dense tone characteristic of adolescence. The circumcision takes place at this age to signify the transition of a boy into manhood. Passage into manhood also signifies that a circumcised man is ready for marriage. It was pointed out that boys who wait to get circumcised after the age of 20 may feel ashamed to be circumcised together with those of age 16. Age 16-20 was also considered the age when one is courageous enough to withstand the rigorous ceremonies and the pain of the knife – as the procedure is traditionally performed without applying anesthesia. If on the other hand a boy is circumcised at a younger age and fails to withstand the pain, it would be an embarrassment to his family. The extract in the box below gives the responses from a focus group discussion with female parents of traditionally circumcised young men in Mbale .

R6: At the age of 18 or 20, a child is old enough to understand ...at that age, that child will be able to take responsibility to help the rest of the family members on behalf of his parents.

R5: At that age a child sits with his fathers who advise him that circumcision is done without anesthesia and it is very painful when you are young, ... That boy is then informed that after circumcision, he will be brave and bold enough to face and accept life challenges. It is at this stage that the father gives wisdom to his son.

R3: He is given a hoe, an axe and a slasher. He is advised that the hoe is meant for digging in the garden ...an axe is for splitting wood ... and a slasher for slashing the compound. He is told that he is old enough to find a woman and marry

R4: A boy is circumcised at this age because he is old enough to understand the pain that his father went through at circumcision. This is because they don't want the boy to be embarrassed and be rendered a coward by the community and the family by failing to withstand the pain. *[FGD with Female Parents of Traditionally Circumcised Boys, Mbale)*

Within the range of 16 to 20 years, the physical appearance and strength of each boy was reported to determine whether he was circumcised earlier (e.g. at 16) or later (at 20). It was said that boys who were energetic and looked physically stronger had been circumcised at age 16, while those that are not as energetic are circumcised at the latter ages.

For purposes of HIV prevention, it seems that the age at which circumcision takes place among the Bagisu is a little late as many boys may have already started sexual activity

by the time they are circumcised. Data from the Uganda Demographic and Health Survey (UDHS)³ shows that 10% of men aged 20-49 years in Uganda reported that they were sexually active by age 15. The median age at first sexual intercourse for men aged 20-49 years was 18.1%. If for HIV prevention purposes young boys should be circumcised before they become sexually active, it means dialogue may be necessary to lower the age of circumcision among the Bagisu to about 12-14.

In Kasese, on the other hand, it was reported that Bakonzo boys were traditionally circumcised at around 8 years. At this age, the boy would be able to walk long distances to the site of circumcision. Ability to walk long distances was important because the circumcision ceremonies entailed walking to the Bwamba in Bundibugyo and back to Bukonzo (Kasese). This was reported to have changed, and nowadays, even children of 1 month are circumcised, depending on the time when parents wish or are ready to present their children for circumcision. Nevertheless, some informants reported that they hear that when a child is circumcised before the age of 5, the foreskin may grow again and so some people preferred to circumcise the boys after the age of 5. This is a critical myth and should be addressed with communication.

Female participants in the FGDs in Kasese who were parents of traditionally circumcised boys reported that they often circumcised their children between one and three years of age. Some women reported that they circumcised their boys when they were few weeks old, because then they could easily take care of them – e.g. by keeping them held in their hands. Some women argued that when a child is circumcised when still very young, they do not feel a lot of pain. Others thought that those circumcised when they are a few weeks old heal quickly.

Among the parents of medically circumcised boys in traditionally circumcising areas, there was no particular age that was commonly taken as a standard. It appears that parents who took their children for medical circumcision did so whenever they had information and the motivation to do so, or when circumstances suited them, rather than following a particular standard. Again there might be need for professional guidance on the appropriate age for circumcision.

3.6.2 Preferred Age of Circumcision

The preferred age for circumcision were found to be relatively uniform among study participants from Mbale, with most preferring to maintain the status quo, of circumcising adolescents and young adults. The main reason for this was that male circumcision is supposed to serve as a rite of passage from 'boyhood' to 'manhood'. In Kasese, there were mixed preferences with regard to the age at which males should be circumcised, but with a predominant preference for infant circumcision. The reasons for preference of circumcision at various ages in Kasese were similar to those given in non-traditional circumcising areas already discussed.

³ Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. *Uganda Demographic and Health Survey 2006*. Calverton, Maryland, USA: UBOS and Macro International Inc.

Overall, however, the dominant view seemed to favor very early circumcision as the quotations below illustrate, when parents were asked at what age they would prefer to circumcise their boys:

From 1 to 6 months because the wound at this age heals faster, and also it's easy to care of a young boy, and there are limited infections to young boys especially STDs (Key Informant - Health Worker, Kasese).

As already noted in the previous sections, some of the arguments advanced in support of particular circumcision ages are based on people's perceptions rather than what may be factually correct. Once again, preference for early circumcision also means that parental choice rather individual/personal choice would be relied on in making decisions to go for MMC for young men.

3.7 Conclusions for Traditionally Circumcising Areas

The key factors identified through this study which positively influence the decisions of young men in traditionally circumcising areas to seek male circumcision in general and medical male circumcision in particular include: cultural factors (with variations for Kasese and Mbale), peer pressure and the influence of parents and other family members. In both Kasese and Mbale, the longstanding practice of male circumcision makes males already inclined to get circumcised. The difference, however is that in Kasese, there is already a degree of acceptability for MMC, while in Mbale, strong attachment to traditional circumcision may actually be a barrier to the adoption of MMC. Thus the most important barrier that will need to be overcome, especially in places such as Mbale is the belief that one is not a 'real man' unless he is circumcised the traditional way.

The findings thus also reveal diversity in what would otherwise appear like uniform cultures. The striking differences between the acceptability for and attitudes towards MMC in Mbale and Kasese send a caution that we cannot generalize about traditionally circumcising areas. Despite their common feature as traditionally circumcising areas, their contexts are different, and their cultural traditions are at different stages of transition. Each of these areas therefore demands differentiated interventions to address their unique circumstances.

In both places, however, the considerations that will make them opt for medical rather than traditional circumcision have been identified to include: confidence of being handled by better surgeons who understand human anatomy and how to manage emergencies, lower costs of medical circumcision compared to traditional circumcision; desire to save their sons from pain associated with the 'raw knife' of traditional surgeons; and desire to save their sons from 'satanic' or 'pagan' practices performed during traditional circumcision.

In Mbale, the suggestions by young men from traditionally circumcising areas to modify certain aspects of their traditional circumcision also provides scope for integration of

some aspects of MMC into the traditional approaches to circumcision to enhance its efficacy for HIV prevention. Indeed, it must be appreciated that given the strong attachment to traditional circumcision among the Bagisu, promoting MMC as a replacement for traditional circumcision might not be successful. Instead, a viable strategy might be to integrate some good aspects of MMC into the traditional Gisu circumcision in order to make it safer, and to make it achieve the aims of MMC.

3.7.1 Communication Gaps in Traditionally Circumcising Areas

The communication gaps that are unique to traditionally circumcising areas are mainly in form of fears. These are:

- Fears that one's family will be unhappy with decision to go for MMC rather than traditional MC
- Fears that being medically circumcised will not be culturally recognized and one will not make one a 'real man'. This would also mean that one loses entitlements such as marrying a girl from that ethnic group or standing for a political office.

4 FINDINGS COMMON TO BOTH TRADITIONAL AND NON-TRADITIONAL CIRCUMCISING AREAS

This section presents findings which we found cross-cutting both traditional and non-traditional areas. Though these are not many, they highlight some of the aspects that might need a common approach in all areas, irrespective of whether the tradition of circumcision exists or not.

4.1 Factors that Positively Influence Decisions to seek MMC in Both Areas

4.1.1 Knowledge and Beliefs about the Benefits of MMC

Knowledge and Perceptions about the Role of MMC in HIV Prevention

Different categories of informants were asked if they had heard about the relationship between male circumcision and HIV prevention. The data reveal that most participants had heard about the relationship between male circumcision and HIV prevention. However, there were some differences in awareness levels between geographical localities, as well as by gender.

In both traditionally circumcising and non-traditionally circumcising areas, some people had heard about the role of MMC in reducing the risk of HIV infection.

They say that if you do circumcision of a male child and especially if it is done by a medical worker, the chances of this boy getting AIDS are limited. Circumcision helps men not acquire HIV compared to the uncircumcised ones (Parent of Medically Circumcised Boy, Kampala).

I have also heard from friends and health workers that male circumcision reduces the risk of HIV transmission. The health workers in Kayunga hospital introduced the idea to me one time when I had taken my sick child for treatment. ... (Male Parent of Uncircumcised Boys, Kayunga).

I have heard over the radio that somebody who is circumcised has less risks of acquiring HIV than that one who is not circumcised (Traditionally Circumcised Male, Kasese).

Further analysis reveals geographical/location differences; with study participants from areas where there has been greater exposure to information about MMC (Kayunga) were found to be more aware about the role of male circumcision in HIV prevention than in areas where information was less. It was also found that in the traditionally circumcising areas, most people knew more about the risk of HIV infection from sharing

unsterilized instruments during circumcision, than the preventive role of male circumcision.

However, it was also found that among people who heard about the link between MMC and HIV prevention, some had incomplete and sometimes distorted information. A few of the study participants from Kayunga for instance had heard about the role of male circumcision in HIV prevention, but understood it as if MC completely takes away the risk of HIV infection:

I have also heard that when you get circumcised, you cannot get STDs even HIV/AIDS (Parent of Uncircumcised Boys, Kayunga).

Yes, even me that is what I know about circumcision. One cannot get STDs when he has been circumcised and I think it is really a very good thing to do (Parent of Uncircumcised Boys, Kayunga).

The responses above may reflect a misconception that male circumcision offers 100 percent protection against STDs and HIV – which highlights the need to give out accurate information about the extent to which MC offers protection against HIV and other STDs.

Responses from some of the FGDs in Kampala and Pallisa revealed inadequate information about the link between MC and HIV risk reduction. Indeed, some responses from study participants indicated that they had unanswered questions about the link between MMC and reduced risk of HIV infection.

I have heard rumors that once one is circumcised his chances of contracting HIV are fewer than someone who is uncircumcised [Uncircumcised Male, Kampala].

Me as (mentions his name) I want to find out from you, how does circumcision prevent HIV? Because I know that HIV is mainly transmitted through sexual intercourse through the male semen and the fluids in the lady, so how then does circumcision prevent HIV transmission? [Uncircumcised Male, Pallisa].

I do not know how this circumcision prevents HIV but I hear it miraculously does. [Uncircumcised Male, Pallisa].

It is clear from the above responses that study participants had heard about the relationship between MMC and HIV prevention, but they had heard it from sources they called “hearsay” and “rumors”. From their arguments, it can be noted that most did not believe that MMC can play a role in HIV prevention. Overall, they had inadequate information, and the little they had was from sources they did not trust; thus they had many unanswered questions. Further probing indicated that they had got their information from family members, radios (probably from DJ chats – not health programmes), and employers (probably talking informally).

Differences in awareness were also found by gender, whereby even in one locality, males were found to be more knowledgeable than females about the role of male circumcision in HIV prevention. Some female participants in FGDs in Pallisa and Kayunga reported that they had never heard about the relationship between male circumcision and HIV prevention. For instance one female parent from Kayunga had this to say when asked if she had ever heard about this:

I have never heard, I just know it prevents syphilis or other STD's but not heard about HIV prevention (Female Parent of uncircumcised boys, Kayunga).

There is therefore need to adopt effective and creative approaches to reach women with critical information about MC. Several other FGD participants reported that they had not heard about the preventive role of male circumcision in relation to HIV infection.

Besides what they had heard about the link between male circumcision and HIV prevention, study participants were also asked if they believed that male circumcision could indeed prevent HIV infection. The responses reveal a mixture of beliefs. Some of the participants believed that male circumcision could indeed reduce the risk of HIV infection among men.

I think it helps a little because as I have heard when that foreskin is on the man it can hide that virus and so in case he is circumcised it helps because what I have heard is that the chances of getting the virus are minimal. When circumcised the probability is a half (Female FGD Participant, Mbale).

I believe one has chances of not contracting HIV when he is circumcised. I think once one is circumcised he has seventy percent chances of not contracting the virus (Uncircumcised Male, Kampala).

When you are circumcised, the foreskin of the penis which keeps germs and other diseases is removed. Secondly, when the skin is removed, the one inside becomes hard and difficult to tear up during sexual intercourse. This puts that person in a safer position and this greatly reduces his risk of acquiring HIV/AIDS. However, this should not be an excuse for unprotected sex because male circumcision per se does not eliminate but rather reduces the risk (Male Parent of Uncircumcised Boys, Kayunga).

The analysis shows that study participants from Kayunga, especially females were more likely to believe that MC was important in HIV prevention. They were also more likely to know the mechanisms through which male circumcision reduces the risk of getting HIV.

On the other hand, some participants did not believe that MC plays any role in HIV prevention. In such cases, such participants completely dismissed the claim as untrue.

To me I see no difference between those that are circumcised or not circumcised. If someone is circumcised and engages in unsafe sex with

someone who is HIV positive he definitely gets the virus, circumcision does not in any way prevent HIV spread (Uncircumcised Male, Kampala).

But I totally disagree with such statement. When someone gets circumcised, the head (glans) becomes exposed and in such situation someone can easily get a wound on the head of the penis especially if the woman lacks enough fluids in her vagina. So blood from an HIV positive woman easily gets into blood of the male thus HIV spread (Male Parent of Uncircumcised Boys, Kampala).

...because here in Gogonyo we have buried very many Muslims who were circumcised when they were still young, so it means even if they circumcise it is a waste of time because even those who were circumcised are dying of AIDS (Male Parents of Uncircumcised Boys, Pallisa).

There is no connection because even if the other fore skin has been removed, it does not mean that the man has stopped womanizing. (mmm...). He will still go and look for women. That new body/ scar may bring for you AIDS/ HIV (Female FGD Participant, Kasese).

Some of the above perspectives are correct to the extent that participants acknowledged that male circumcision does not take away the risk of HIV infection. What they failed to acknowledge, however, is that MC can reduce the risk of HIV infection. This highlights to a critical information gap that should be addressed through communication campaigns. These findings also point to an opportunity to build on the valuable information resident within the community, boosting it with more scientific facts about safety in circumcision and pertinent benefits thereof.

The study findings show that male study participants from non-traditionally circumcising areas (Pallisa) with low exposure to information on MMC disagreed most with the fact that MC could reduce the risk of HIV infection among men.

Some of the study participants disagreed with the claim that MC can reduce the risk of getting HIV because they thought male circumcision would simply give men false confidence and thereby increase promiscuity and non-use of other preventive methods i.e. 'behavioral disinhibition'.

I think circumcision will not help in HIV prevention because it would bring up an idea of not using condoms thus further HIV spread (Uncircumcised Male, Kampala).

Personally I do not agree that there is relationship between MC and HIV prevention. Actually it just increases the spread of HIV. People are told that they cannot contract HIV after circumcision, so when an individual gets circumcised he gets false confidence and goes for any woman, which exposes him to several infections. I believe that there are other ways other than circumcision that could help (Uncircumcised Male, Kampala).

Others totally doubted the role of MC in HIV prevention.

I know that HIV is mainly transmitted through sexual intercourse through the male semen and the fluids in the lady, so how then does circumcision prevent HIV transmission? (Uncircumcised Male, Pallisa).

Such questions highlight the need to disseminate information about the extent and mechanisms through which MMC reduces the risk of HIV infection among men.

Yet still, others were concerned that male circumcision may not help where one is already infected with HIV.

Some young men say for them they started having sex long time ago and may have contracted the virus and thus circumcising them changes nothing towards their HIV status. It is better not to circumcise other than endure the pain when they are already HIV positive (Uncircumcised Male, Kayunga).

This belief by some people that they may already be infected and therefore MMC is of no relevance to them highlights important implications for policy and for the communication campaign. It implies that there is urgent need and it makes sense to target those who are not yet sexually active – as those who are already sexually active may believe they may already be infected hence circumcision will not make a difference for them. At the same time however, it also raises the need to urge young men, to take an HIV test to know their HIV test before going for circumcision. There is also need to communicate that even those who are already HIV infected, circumcision might be helpful for the prevention of other STDs and cancer.

Others wondered whether MMC was also capable of protecting women from HIV infection:

I think it does not help the woman because even if the man gets circumcised the virus passes through his body and so if he has it, it will pass to the woman's body (Female FGD Participant, Mbale).

..., a circumcised man is smooth; therefore it is hard for a woman to get wounds that may result into HIV infection (Female Interviewee 1, Kayunga).

These views highlight the need to provide information about the mechanisms and extent to which MMC may reduce the risk of HIV infection for women.

Knowledge and Beliefs about other Benefits of MMC

Most of the study participants knew about the other benefits of male circumcision including improved penile hygiene and prevention of other STDs. There were also claims to other benefits such as better sexual performance and better appearance of the man's penis, if circumcised.

(i) Prevention/Treatment of STDs

In most FGDs, participants mentioned that some people seek circumcision as a way of avoiding STDs, while others who are already suffering from such diseases may be advised by health workers to take up circumcision. Most participants argued that the foreskin on the man's penis was vulnerable to STIs; therefore men undergo circumcision to reduce such risks.

Parents encourage their children to get circumcised because they know that a child who is not circumcised contracts diseases easily especially those that are sexually transmitted so that's why they encourage them (Female Parent on Uncircumcised Boys, Kampala).

Male circumcision is done to avoid diseases especially those that are transmitted through sexual intercourse such as "kabotoongo" (syphilis) and gonorrhoea (Uncircumcised Males, Kayunga).

Others went there because they had STDs and were simply instructed to do so by the health workers (Uncircumcised Male, Kayunga).

It's also healthy to get circumcised (laughs) because you can get protected from HIV/AIDS and other STIs. I saw it as a way of protection on my side (Medically Circumcised Male, Kasese).

(I got my son circumcised) because...it can help to prevent contracting sexually transmitted diseases. ...it is also said that a circumcised man has limited chances of contracting AIDS ("eseny") because his penis is hardened which can limit the entry of HIV/Aids (Parent of Medically Circumcised Boy, Pallisa).

The view that some people get circumcised to treat STDs or because they have been advised so by doctors needs to be addressed as it carries the danger that other men suffering from STDs may think that circumcision is a cure for such illnesses. Some men might actually end up in the hands of fake surgeons and thus suffer injury as they seek cure for STDs. The communication campaign should emphasize that MCC is not necessarily a cure for STDs and that people who suspect that they have an STD infection should seek medical attention before they go to be circumcised.

(ii) Prevention of Penile and Cervical Cancer

Little mention however was made by the study participants about such benefits of male circumcision as reduced risks of penile and cervical cancers among men and women respectively. Only one FGD participant mentioned the reduced risk of cancer as a possible benefit from male circumcision. Lack of knowledge about these could be one of the reasons why some people do not support MMC. This point indicates to the need for communication on MMC to emphasize the other benefits of male circumcision, including those that accrue to women.

(iii) Improved Hygiene

Most study participants from both traditional and non-traditional circumcising areas knew about the hygiene benefits of male circumcision. It was also widely believed that men get circumcised as a means of improving their penile hygiene, by removing the foreskin which harbors dirt. Removal of the foreskin was also believed to make bathing and cleaning of the penis easier.

And another benefit is that... you know the uncircumcised penis always has a whitish substance and this makes one unhealthy and therefore after circumcision the "dirt" is history (Traditionally Circumcised Male, Kasese).

The belief in these benefits was also confirmed by parents of medically circumcised boys as well as spouses/partners of circumcised men:

I wanted to ... for hygiene purposes, when a boy is circumcised he is clean compared to the uncircumcised ones. ... (Female Parent of Medically Circumcised Boy, Kampala)

(I got my son circumcised) to keep his hygiene, because I learnt that, for a boy who is circumcised it is easier to keep his hygiene especially if he doesn't bathe frequently during his adolescence... (Female Parent of Medically Circumcised Boy, Pallisa)

I feel there is no dirt because when we were studying they used to tell us that, somebody who is not circumcised is dirty. So him being circumcised ... its better for me (Female Interviewee, Kasese).

(iv) Sexual Benefits

Improving sexual performance was mentioned as one of the reasons men to seek circumcision. It was argued that many people, especially women, believed that circumcised men were 'better in bed' and able to satisfy the sexual needs of women. While there is no scientific evidence to support this claim, it was reported that some men get circumcised in order to improve their sexual performance while some women also entice or even pressurize their male partners to be circumcised.

For some women they like circumcised men and they entice their husbands to be circumcised because circumcised men have "enjawulo" (a difference) so some men get circumcised because their women want it so (Female Parent of uncircumcised Boys, Kampala).

I think it's women who encourage their male children to get circumcised. Probably out of experience, they think circumcised men are better in the act of sex so they circumcise their boys (Male Parents of uncircumcised Boys, Kampala).

The alleged sexual benefits were also confirmed by women who had experiences with circumcised men. In addition to having more energy and being better at sex, other sexual benefits were reported to include the smoothness of circumcised men's sexual organs and the ease with which they can put on condoms.

The men who are circumcised! "Bawoomesa akantu" (they make the thing –sex - 'sweet') and also their chances of contracting diseases are minimal as compared to men who are not circumcised and in case the uncircumcised man contracts the disease, his condition is much worse compared to the circumcised men. Do you understand? (Female FGD Participant, Kampala).

There is a difference during sexual intercourse between a man who is circumcised and one who is not. When it comes to sexual intercourse ...when the man enters into the woman and tries to go deep you will notice he will need to get circumcised because he can't get deeperWhile a circumcised man is not limited ... during sexual intercourse (Female FGD Participant, Mbale)

The above views were found in all the study sites. The perceived sexual benefits such claims of better sexual performance raise some implications. First, it highlights the key role of women as positive influencers of their spouses and sexual partners in seeking male circumcision, which means that the planned communication campaign can successfully enlist women to support MMC and mobilize their partners to adopt the practice. However, the excitement about circumcised men being sexually better highlights a potential risk for women, especially if also coupled with beliefs that circumcised men do not have HIV or do not transmit it. Women should be told emphatically that in case of sexual relations with circumcised men, they still must observe HIV prevention measures such as being faithful to one sexual partner, HIV testing, condom use, and post exposure prophylaxis.

(v) Other Perceived Benefits from Circumcision

Also reported were physical and aesthetic benefits, which related to how the women emotionally felt or how organs of circumcised men looked like in the eyes of the women. Some women for instance argued that the sexual organ of a circumcised man looked smart with no foreskin.

When he was not circumcised he looked bad Also was not pleasing to look at but now when he got circumcised doesn't look as bad as he was before (Female Interviewee2, Kayunga).

Other benefits from circumcision were thought to include protection of boys from kidnappers for purpose of human sacrifice. The belief is that people who sacrifice children accept one who has a scar, including such as inflicted at circumcision.

...also nowadays, circumcision is done so much because of cutting people's heads, so when a child is circumcised he cannot be sacrificed (Female parent of uncircumcised boys, Kayunga).

Some study participants also said that young men may seek circumcision to win a girl if she is either a Muslim or if she insists that she wants a man that is circumcised. In such cases, circumcision is undertaken for the sake of love and desire for social acceptance.

4.1.2 Religious Factors

Although this study did not focus much on male circumcision in the Islamic faith, it is well understood that male circumcision is a requirement for males in this faith. Indeed, most informants in this study said that male circumcision is solely a mark of Islamic faith, and that most men get circumcised as a way of conversion or dedication to Islam. This view was most widespread in non-traditionally circumcising areas where there has been little exposure to information about MMC.

I know that Muslims circumcise because of religion (Female Parent of Uncircumcised Boy, Pallisa).

What I know about circumcision is that it is a religious thing. There is a religion that circumcises (Male Parent of Uncircumcised Boy, Pallisa).

Yet, some of the study participants acknowledged that male circumcision was neither a mark of membership to Islam nor a preserve for Muslims. Acknowledging other reasons for male circumcision, some participants mentioned that all males could get circumcised, irrespective of their religion.

It used to be done by Muslims or to mean that one is a Muslim but today people do it to avoid child sacrifice or to prevent sexually transmitted diseases (Female Parent of Uncircumcised Boys, Kayunga).

To me circumcision literally means that one is Muslim, although there are several developments these days as medical personnel have come up with a thinking that people who are circumcised have less chances of getting HIV/AIDS (Parent of Uncircumcised Boy, Kampala).

These views were more common in areas where there was substantial degree of exposure to information about MMC.

Besides Muslims, it was found that Pentecostals also circumcise as part of their religious rituals, following in the footsteps of Jesus Christ. Believers in the Pentecostal faith were therefore as a matter of religious belief to be practicing circumcision of male infants. In Mbale, Pentecostals were reported to be taking their children for medical male circumcision at a young age, to save them from the traditional circumcision later in life. They also believe that traditional Gisu circumcision involves invoking ancestral spirits and other 'unchristian' rituals. This seems to suggest that MMC is more likely to be acceptable among the members of Pentecostal churches.

Today, there is the born-again (Kilokole) belief that when a woman gives birth to a baby boy, the mother should circumcise the boy while the boy is still young i.e. at 7 days old because the traditional way of circumcision is not acceptable to them. During the traditional ceremony, there is a lot of spiritual involvement. So in order to avoid traditional way of circumcision that contradicts their faith the mother ensures that she circumcises the boy at an earlier age (Female Parent of Traditionally Circumcised Boys, Mbale).

It would appear therefore that the preference for medical circumcision by such born-again (Pentecostal) believers in a traditionally circumcising area might provide an entry point for promoting MMC in such an area

4.2 Barriers/Factors that negatively Influence Decisions to seek MMC in Both Areas

4.2.1 Inaccessibility of MMC Services

Lack of easy access to MMC services was highlighted as barrier to the adoption of services in both traditionally and non-traditionally circumcising areas. This was more especially in Kasese where many people are already inclined to use MMC instead of traditional circumcision. It was argued for instance that traditional surgeons were more accessible in Kasese, because the move from house to house looking for boys to circumcise. Parents therefore often give their boys to such surgeons to circumcise them rather than going to look for hospitals or health centres far away from home. At the same time, people know the homes of the traditional surgeons, so they can easily go to them.

... like me when I got circumcised medical circumcision was not common but in the villages we knew homes and families of people who circumcise / traditional surgeons,..... so you would find yourself there one day because of the peer group influence (Traditionally Circumcised Young Man, Kasese).

For me I thought about getting my son circumcised, but I did not even know where to take him (Female Parent of Uncircumcised Boys, Kampala).

It can be observed that limited access to MMC services is also intertwined with lack of information about where these services can be obtained.

4.3 Conclusions Common to Both Areas

The key conclusion from this section is that there are clear knowledge gaps about the role of male circumcision in HIV prevention in both traditional and non-traditional circumcising areas. Most people do not have adequate information about the role of

MMC in HIV prevention, and hear it as hearsay. There are also disbeliefs and controversies about whether and how male circumcision reduces the risk of HIV infection. On the other hand, there are fairly high knowledge levels about the health benefits of male circumcision, including prevention of STDs and improved hygiene. At the same time there are perceived benefits of male circumcision in terms of improved sexual performance of a circumcised man. Whether this is correct or not, it highlights the attraction that male circumcision is likely to attract because of the perceived sexual benefits. This however potentially carries a risk for women, especially if combined with the belief that circumcised men do not have or do not transmit HIV, as they may pursue circumcised men in order to enjoy better sex with no protection. Knowledge about the role of male circumcision in reducing the risk of penile and cervical cancers is very limited.

In light of these findings, HIV prevention alone may not be enough to make people adopt MMC. Any efforts to promote MMC will need to emphasize the already known benefits such as prevention of STDs, better hygiene, alongside HIV prevention.

It is further concluded that many people are likely to support and embrace MMC if they get information about its benefits, including non-HIV related benefits and benefits for women.

4.3.1 Communication Gaps Common to Both types of Areas

- Some people have not heard about the role of MMC in reducing the risk of heterosexual transmission of HIV among men
- Inadequate knowledge of the other health benefits of MMC including penile hygiene, reduction in the risk of penile cancer among men, and reduction in the risk of cervical cancer among women. In fact most people do not know about the latter two.
- Many people do not know what kind of health facilities can offer MMC services, what type of staff can provide the procedure

5 RECOMMENDATIONS

The purpose of this study was to establish the factors that influence the decisions of young men to seek medical male circumcision. The specific objectives were: (i) To determine the factors that positively influence young men to get circumcised and those that prevent them from getting circumcised; (ii) To explore the attitudes and roles of opinion leaders in influencing young people's decisions to get circumcised; and (iii) To identify communication gaps that should be focused on in designing a communication strategy for promoting medical male circumcision for HIV prevention among different target audiences. The preceding sections of this report have presented and discussed the findings from the study in relation to these objectives.

The general recommendation is that there should be two different communication strategies; one for traditionally circumcising areas; and another for non-traditionally circumcising areas. It must be cautioned, however, that even for any single group of communities such as traditionally circumcising areas, the actual communication messages will need to be varied to respond to the peculiarities of each community or audience.

Based on the findings, the communication strategies should aim to: address the knowledge gaps identified by providing factual information; dispel the incorrect rumors, myths and misconceptions about male circumcision in general and MMC in particular; provide information that addresses the fears to the adoption of MMC. It is important that the communication campaign also takes the opportunity to build on the knowledge that people already have. For instance many people already know that HIV is transmitted through contact with blood and other body fluids such as semen. This piece of information is important to build on to communicate how MMC reduces the risk of HIV infection and what its limits are. The specific recommendations for addressing the identified communication gaps are provided in the table below:

Table 2: Specific Recommendations to Address Identified Communication Gaps

Target Audience	Communication Issues to be Addressed	Recommended Actions
Non-Traditionally Circumcising Areas	Unanswered questions about what MMC entails and what happens thereafter	<ul style="list-style-type: none"> • Give information on what MMC entails, what happens before, during and after the procedure. Q&A (question and answer) brochures would be appropriate for this.
	Misconception that male circumcision provides 100% safety from infection with HIV and other STDs.	<ul style="list-style-type: none"> • Disseminate information on the extent of protection offered by MMC • Emphasize the need to use MMC alongside other prevention measures
	Male circumcision is only for people that belong to particular religions or ethnic/cultural groups	<ul style="list-style-type: none"> • Disseminate information that MMC for health reasons has no cultural boundaries, and its benefits should be enjoyed by anyone • Get political/cultural leaders in non-traditionally circumcising areas to confirm publicly that MMC can also be done and is acceptable in their cultures because of its benefits
	Circumcision contradicts my religious faith; it means that I have converted to Islam	<ul style="list-style-type: none"> • Disseminate information that MMC for health reasons is religion-neutral and doesn't mean that one has changed his faith • Get different religious leaders (especially for non-traditionally circumcising religions) to confirm publicly that their faiths accept MMC for health reasons and MMC does not mean change of one's religion
	Circumcision means one has changed his culture	<ul style="list-style-type: none"> • Disseminate information that MMC is culture-neutral and does not entail changing of one's culture • Get political/cultural leaders in non-traditionally circumcising areas to confirm publicly that MMC does not mean change of one's culture
	The wound from circumcision takes very long to heal; it may mean keeping off sex and work for many weeks or months	<ul style="list-style-type: none"> • Give information about the normal healing period; about the recommended period of abstinence from sex; about need to confirm with health worker before resuming sex; and about how soon one may resume work. • Emphasize that return to work after circumcision can be in very few days
	Circumcision leaves a bare delicate skin that can easily catch infections	<ul style="list-style-type: none"> • Disseminate information that to the contrary, new harder skin grows after the foreskin has been removed
	Circumcised men are sex maniacs	<ul style="list-style-type: none"> • Disseminate information to dispel these fears
	The girl/woman that is the first to sleep with a man after his circumcision becomes a	<ul style="list-style-type: none"> • Disseminate information to dispel these fears

	prostitute	
	If one is circumcised, he cannot eat meat from animals that have been slaughtered by uncircumcised men	<ul style="list-style-type: none"> • Disseminate information to dispel these fears – since circumcision does not mean of change of culture, it has nothing to do with eating animals slaughtered by circumcised or uncircumcised men
	Fear of side-effects such as contracting tetanus, over-bleeding and becoming impotent	<ul style="list-style-type: none"> • Give information that the risk of side effects is minimal if MC is carried out by qualified medical personnel in approved settings
	Fear that circumcision is very painful	<ul style="list-style-type: none"> • Give information about the realistic amount of pain expected • Get successful examples of medically circumcised young men to give testimonies
	Fears that the family will be unhappy with decision to circumcise	<ul style="list-style-type: none"> • Promote spousal and parent-child communication on MMC
	People who have been having unprotected sex might already be infected with HIV; so there is no need for them circumcise	<ul style="list-style-type: none"> • Give information about the need for testing for HIV if one is unsure about their HIV status • Give information that while MCC may not be helpful to people who are already infected with HIV in terms of HIV prevention but it may be helpful in the prevention of other STDs and cancer • Promote MMC for young men who are not yet sexually active • Among groups such as the Bagisu where MC takes place at older ages, communicate information about benefits of earlier circumcision and carry out advocacy for lowering age of circumcision
Traditionally Circumcising Areas	Lack of knowledge on the type of health facilities and staff that can offer MMC	<ul style="list-style-type: none"> • Provide information on where MMC services can be obtained and what health staff are trained to provide the service • Emphasize need to improve traditional circumcision where it is retained to make it safer, and realize its benefits. Emphasize the risks and dangers of undertaking circumcision by unqualified staff and in unhygienic settings
	Fears that the family will be unhappy with decision to go for MMC rather than traditional MC	<ul style="list-style-type: none"> • Disseminate information about where MMC and traditional MC do not contradict each other • Promote parent-child and intra-family communication on MMC
	In traditionally circumcising areas, fears that being medically circumcised will not be culturally recognized/will not make you a real man	<ul style="list-style-type: none"> • Disseminate information about where MMC and traditional MC do not contradict each other • Disseminate risks and dangers of undertaking MC by unqualified personnel in unhygienic settings • Carry out advocacy communication targeting political and cultural

Both traditionally and Non-Traditionally Circumcising Areas	Lack of knowledge on role of MMC in HIV prevention	<ul style="list-style-type: none"> • Disseminate information on role of MMC in HIV prevention
	Limited knowledge on the exact mechanisms through which MC reduces the risk of HIV infection	<ul style="list-style-type: none"> • Disseminate information on mechanisms through which MC reduces risk of infection with HIV and other STDs
	Need for proof that MMC actually reduces risk of HIV infection	<ul style="list-style-type: none"> • Simplify and disseminate scientific findings that demonstrated role of MMC in HIV prevention
	Inadequate knowledge of other health benefits from MMC	<ul style="list-style-type: none"> • Give information on other benefits of MMC, including possible benefits for women
	Lack of knowledge on the type of health facilities and staff that can offer MMC	<ul style="list-style-type: none"> • Provide information on where MMC services can be obtained and what health staff are trained to provide the service

APPENDIX 1: QUESTIONS ASKED BY STUDY PARTICIPANTS

The following questions were asked by study informants to the study team. They exemplify some of the unanswered questions that most people have about male circumcision and HIV prevention.

Uncircumcised Males, Pallisa

- If you are circumcised from the hospital, will the doctor tell you to change to Islam or remain a Christian?
- What kind of cells have doctors found out in the fore skin of the penis that transmits HIV?
- How long do you take to heal after you have been circumcised?
- Is the Government going to provide monetary assistance to those who have been circumcised?
- After circumcision what kind of water should one use for bathing cold or hot?
- Am requesting government to put up specialized clinics for circumcision just like they did for AIDS/TASO.
- Is it possible to give specialized kind of medicine such that if you feel like having sex you could continue to have it before healing?

Medically Circumcised Young men

- When one circumcises from a hospital and the other from home, is there any difference?
- Is it true that if you are circumcised the first woman you sleep with can become a sex maniac?

Traditionally Circumcised Males, Kasese

- I would recommend that government takes the initiative to re-train the Traditional surgeons since they are the ones we are used to and whom we know as skilled.
- Some of us come from very rural areas where it takes time to reach a health unit and sometimes we fear vehicles as it has done and trained Traditional Birth attendants.
- Secondly..... or on addition, at parish level / or Health Centre II, the surgeons trained should be send to these Health centres.
- Is there any other statistical data to defend the position of circumcision as a tool for HIV prevention?
- There other tribes or races that do not circumcise, does it mean that really these people have more HIV/AIDS than us people who circumcise.

Traditionally Circumcised Males, Mbale

- Is government waiting to erase our culture? Ask them for us.
- This program is really good i hope you come back to teach us more.

Male Parents of Uncircumcised boys, Pallisa

- I wanted to know from you whether the rate at which the Sabins or Bagisu are dying of AIDS is much lower than for some of us who are not circumcised.

Male Parents of Uncircumcised Boys- Pallisa

- Will the government compensate me in case I circumcise but learn later that I have contracted HIV?
- Has the government given up condom use and abstinence in favor of male circumcision?

Female Parents of Uncircumcised Boys- Pallisa

- Is it other people's intention to change us to their religion?

Women – Spouses/Cohabiting Partners - Mbale

Women raised questions about link between circumcision and HIV/AIDS, healing period, cost, dressing after circumcision, sexual advantages, side effects and period of abstinence after circumcision.

- Please tell us is circumcision a good thing or a bad one?
- Is it true that when a man gets circumcised he does not get infected with HIV/AIDS?
- Why do the circumcised men claim that they can't catch HIV/AIDS?
- Why is it that when a man is circumcised he has a lot of sexual energy?

Women – Spouses/Cohabiting Partners - Pallisa

- After circumcising what do you put on the wound?
- If you are circumcised yet it's not your religion, do you die?
- After circumcising you are you paid?
- If you are circumcised and fail to nurse the wound, do you get tetanus?
- The day you get circumcised, do you eat?
- When you are circumcised, why do they make you wear a *Lesu*?
- If my husband is circumcised, how long does it take before he can have sex?