

ORIGINAL PAPER

# Perceptions and Beliefs of University and College Students Towards Male Circumcision in Lusaka

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## ABSTRACT

**Background:** Data from a range of observational epidemiological studies, conducted since the mid 1980s, showed that circumcised men have a lower prevalence of HIV than those who are uncircumcised. Furthermore recent randomized controlled trials conducted in Uganda, Kenya and South Africa have presented a myriad of data pointing to a 60 – 70% protection against HIV transmission. This evidence supports the notion that there are substantial health benefits from scaling-up male circumcision in Zambia, due to the country's high HIV prevalence and low rates of male circumcision.

**Study Objective:** To gain insights into the perceptions and beliefs about Male circumcision among University and college students in Lusaka, Zambia. The study was purely qualitative, was conducted with an iterative approach.

**Results:** Manifest content of the study findings suggests that there is a remarkable and consistent trend in the way that Medical Male Circumcision is perceived amongst college and university student. They present virtually universal knowledge about the procedure, its practice, where it should be conducted, the facts about circumcision and what the prevailing untruths are about the procedure. The female respondents approve of male circumcision for males of all ages. They were quite conservative in their speech where to express themselves adequately they would have to be coerced for example, into explicitly referring to the male sex organ as a penis.

**Conclusions:** The results from this particular study suggest that most young male adults are willing to go for circumcision and for the correct reasons as stipulated in the clearing house on “Basic facts about Circumcision”. In their opinion the main aspect which may limit scale up of circumcision would be lack of services as near to the prospective clients as possible and lack of sufficient information about male circumcision in various sections of society. The female students have grasped the opportunity and have become partners in their counterpart's health seeking behavior. They are aware that there are indirect benefits for them when their male partners have undergone circumcision

## INTRODUCTION

Throughout the world, HIV prevalence is generally lower in populations that practice male circumcision than in populations where most men are uncircumcised. Data from a range of observational epidemiological studies, conducted since the mid 1980s, showed that circumcised men have a lower prevalence of HIV than those who are uncircumcised. Three randomized controlled trials have been conducted which make it possible to separate a direct protective effect of male circumcision from behavioural or social factors that may be associated with both circumcision status and risk of HIV infection. These trials have been conducted in Orange Farm; South Africa, Kisumu; Kenya and Rakai district; Uganda. The results of these trials showed that following circumcision, the incidence of HIV infection was reduced in men by more than half.

The South Africa Orange Farm trial, which enrolled 3,274 uncircumcised men aged 18-24years showed a 61% protection against HIV acquisition. The trial in Kisumu, Kenya, of 2,784 HIV negative men aged 18 to 24 years showed a 53% reduction of HIV acquisition in

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circumcised men relative to uncircumcised men. The trial of 4,996 HIV negative men aged 15 to 49 years in Rakai, Uganda, showed that HIV acquisition was reduced by 51% in circumcised men.

All three trials were halted early because the evidence of a protective effect was so strong that it was considered unethical to ask the study participants in the control group to continue waiting to be circumcised. Further analyses of the data from these studies suggest an even greater protective effective against HIV. Some participants assigned to be circumcised did not undergo the procedure, while some in the comparison groups went to other providers to get circumcised before their trial participation had ended. When data on these men were excluded from the analysis, the average reduction in risk of HIV across trials was approximately 65 percent.

**MATERIALS AND METHODS**

The sample was drawn from University of Zambia and Evelyn Hone College within Lusaka, the two tertiary institutions were selected conveniently considering the feasibility of accessing the institutions and the advantage the institutions have of enrolling a large number of students each academic year. *Quota (purposive) sampling technique* was employed, where both male and female subjects were recruited for each focus group from each institution, therefore assuming a 1:1 block gender ratio. Hence, one focus group for males and one for females from each institution. *Snow ball (purposive) sampling* was used for the in depth interviews following the focus group discussions. Participants from the focus groups were used to refer the researcher to other people who participated in the study. This strategy got to the relatively inaccessible and hidden groups on campus. The

*primary inclusion population* were male students enrolled at UNZA and EVELYN HONE regardless of year of study. The *Secondary inclusion populations* were female students enrolled at the same University and colleges as above. They are close to the primary target so they can either facilitate or impede the desired action.

Data collection included completion of a demographic form by each participant followed by the focus group discussions. Four focus group discussions were conducted at University of Zambia and Evelyn Hone College with between 6 and 8 participants in each group. The focus group discussions were audio taped. One tape recorder was used at each discussion to provide backup recordings to the written scripts. Additionally, data was collected through in depth interviews with the aid of the semi-structured questionnaire. The participants in the focus group discussions recommended 10 participants for the in depth interviews, 6 and 4 participants from the University of Zambia and Evelyn Hone College respectively.

Respondents			
		Number	Percentage
<b>Target Group</b>			
<b>Sex</b>	Male	22	55%
	Female	18	45%
	<b>Total</b>	40	100%
<b>Circumcision Status (Males only)</b>	Uncircumcised	15	68%
	Circumcised	7	32%
	<b>Total</b>	22	100%
<b>Employment Status</b>	Employed	2	5%
	Unemployed	38	95%
	Student	40	100%
	<b>Total</b>	40	100%
<b>Marital Status</b>	Married	3	7.5%
	Unmarried	37	92.5%
	<b>Total</b>	40	100%
<b>Recruitment Form (Type)</b>	Focus Group	28	70%
	In Depth Interviews	11	30%
	<b>Total</b>	40	100%

## RESULTS

Manifest content of the study findings suggests that there is a remarkable and consistent trend in the way that Medical Male Circumcision is perceived amongst college and university student. They present virtually universal knowledge about the procedure, its practice, where it should be conducted, the facts about circumcision and what the prevailing untruths are about the procedure. The female respondents approve of male circumcision for males of all ages. They were quite conservative in their speech where to express themselves adequately they would have to be coerced for example, into explicitly referring to the male sex organ as a penis.

They are convinced that men are mainly going for circumcision because they have learnt that when you go for circumcision, the risk of contracting HIV and AIDS is reduced. However for them, the manifest issue was about enhanced hygiene for which they preferred circumcised men to ones who were not, as sexual partners.

## DISCUSSION

The focus groups had a well balanced mix, with homogeneous age-grouping. This apparently ruled out the danger of one group (age-group) being dominated or intimidated by the other. It was clear that they were "naturally occurring groups" (as in this case, people who school together) because friends and colleagues can relate each other's comments to incidents in their shared daily lives. An additional advantage was that they challenged each other on contradictions between what they profess to believe and how they actually behave (for example, "Male Circumcision is the removal of the foreskin from a male penis", in response one peer retorted, "Come on man, just say from the penis because there's no such thing as a female penis", a comment which basically was a very good icebreaker - Males 21 and 23.

Manifest content of the study findings suggests that there is a remarkable and consistent trend in the way that Medical Male Circumcision is perceived amongst college and university student. They present virtually universal knowledge about the procedure, its practice, where it should be conducted, the facts about circumcision and what the prevailing untruths are about the procedure.

The male respondents gave no hesitation to indicate that they are motivated to go for circumcision because of its protective effect against acquisition of HIV and other common STIs. Others said they would do it for maintaining good hygiene. An interesting finding was that there is a feminine influence to men going for

circumcision on campus. As the young male respondents reported:

*"Yeah, they say when you have that skin, some viruses are harbored that can cause infections, so others would want to do that for hygienic purposes."* - Male respondent 20 yrs)

*"Some male students do actually have influence from their sexual partners (Girlfriends), and it seems this has become a major factor in coercing them to go for the operation even though they were unwilling to go for circumcision themselves. Sometimes our girl friends are the ones that advise us the guys to go for circumcision."* - (Male respondent 24 yrs)

Others still want to do it for "macho" reasons. It is evident that men are very much concerned about satisfying their sexual partners, or better still about achieving mutual satisfaction with their girlfriends, assuming they were having a sexual relationship.

*"Yes sir, and just looking at benefits, apart from hygiene, for me, it would motivate me especially if I heard people say that I would become strong. That I will become strong, yeah, because most of the time ladies complain that they are not satisfied that men satisfy themselves and easily tire. So they say that when circumcised, you can have sex for 30 minutes. Ha ha ha (Laughing), able to perform 10 sexual rounds. So the skin is a problem, when the foreskin is present, it feels like a sponge, but when circumcised, it is like the lips, you know how hard the lips are, you can even drink hot tea. Or maybe just to capitalize on what he was saying, yes it may be true, because when the penis is inside the skin, someone can just ejaculate when they touch the penis, so without the foreskin, someone can last longer."* Males 19 – 25 yrs)

In addition, the respondents were concerned more about the other members of society who were not privileged with having correct information as they were. They did attest to the fact that some young men had concerns about going for circumcision because of the reports they get from peers, of say, experiencing pain during and after operation, one respondent reported as such:

*"I think the other reason as well could be that when someone has undergone circumcision, it depends on what information they receive or the feedback that they get. For an instance I have a friend that was circumcised, I asked him how it*

was, so what he told me scared me, yah, the way he was walking it was like he was dying. So meaning I will go through the same experience, he said since I'm not strong for me it will be worse than him, so that scared me. So that is also contributing to the number of people failing to go for circumcision. At least for me who has been reading about circumcision knows that this may not necessarily be true.”(Male 21 yrs)

“Lack of sensitization in both rural and urban areas is what is hindering people from accessing circumcision services. You know because in most cases, if I can remember very well, sometime last year, a friend of mine from Samfya district in Luapula province didn't not even know about this, he said he only knew of the Luvales and Lozis to be practicing circumcision because of the Mukanda ceremony. So I told him that it is not about tribes, but it is for everyone. So maybe the major reason could be that there is no much sensitization.”(Male 25 yrs)

There were varying views expressed among the respondents however, for instance one such student highlighted the fact that sometimes it was the interplay of a couples personal decisions which emanate from their own constructed personal values.

“I think it also depends on how a person perceives himself. For an instance, there are people that believe in themselves so much, they say they will never play around; they are faithful and trust their sexual partners. So when you advise them to go for circumcision, they tell you that as sexual partners, they are faithful to each other. So I am relating this to RESPONDENT #3's point of lack of sensitization.” (Male 22 yrs)

### **Women's perceptions and beliefs about Circumcision**

The female respondents approve of male circumcision for males of all ages. They were quite conservative in their speech where to express themselves adequately they would have to be coerced for example, into explicitly referring to the male sex organ as a penis.

They are convinced that men are mainly going for circumcision because they have learnt that when you go for circumcision, the risk of contracting HIV and AIDS is reduced. However for them, the manifest issue was about

enhanced hygiene for which they preferred a circumcised men to one who was not. The latent beliefs that they expressed unanimously were that they would encourage their partners because of sexual satisfaction, as one female respondent put it:

“I'm not sure but i hear that.....during sexual intercourse, a circumcised man takes time to ejaculate??.....and it helps to satisfy their sexual partners.”- (Female 22 yrs).

It was quite interesting to realize from the findings that the women are becoming involved in men's health also for their own benefit. They say that they need to be empowered by protecting themselves as well. The manifest revelation could pick out this fact as quoted below.

“Some girls push their boyfriends to do that because they believe whatever is there around the uncircumcised penis causes cervical cancer.”- Female 25 yrs.

Though the female respondents presented a very good standing in as far as knowledge and beliefs surrounding the subject under discussion, they had some beliefs that were inconsistent with current research which the researcher sought to dispel and clarify as quoted below.

Beliefs to change: “Somebody I met said maybe they are just trying things like they do with malaria medicine, first it was Chloroquine, then Fancidar then now Co-artem and so he said maybe in future those that are circumcised will be told that there's something else more effective and one does not need to bother about circumcision.”(Female 19 years)

Concerning acceptability of the procedure, the research suggests that all male respondents, who are coming from communities that do not traditionally practice circumcision, would be willing to undergo the procedure. The participants said they would be willing to be circumcised because they have learnt that the procedure protects against acquisition of HIV by a large margin, while others were asked if they would undergo the procedure if it were provided in a hospital at low or no cost.

In latent content analysis there was a subtle emergence of the aspect of risk compensation which was detected. One of the male respondents challenged his peer when he remarked, “What about when you said before the study

that at least male Circumcision provides a condom like effect to your penis”? .However the majority of respondents clearly registered un-conflicting statements regarding the effects on sexual function. Most of them, both male and female respondents believed that sex was a construct of the mind and that it was up to two individuals to achieve sexual satisfaction.

While the knowledge that circumcision is conducted in a lot of public and private institutions is abound, it is apparent from the responses that there is more confidence expressed for accessing the service from larger and more renowned institutions. The drawback would be that people are less inclined to go to places of a much lower level than those expressed in the group.

*“The other thing is going to a place where you find most experienced people. Some places, people are not experienced and would want to train on you, which might lead to a complication. So it is better to go to places where one knows they will not have a complication. Well personally, I would want to go to the UTH because that is the biggest hospital in Zambia and the most experienced doctors are found there, so it would be good to go there.”* - Male Respondent.

Furthermore the practice of traditional circumcision which is conducted by certain ethnic groups is highly respected and the students felt that the practice should continue.

*“I also think some prefer to go to traditional places like the Mukanda, others prefer to go there maybe because it is their traditional belief and due to the other reasons, the reason is that it also helps with them from contracting HIV. But some prefer health centers and others, the Mukanda.”* - Female Respondent

## Conclusion

The results from this particular study suggest that most young male adults are willing to go for circumcision for the correct reasons as stipulated in the clearing house on “Basic facts about Circumcision”. In their opinion the main aspect which may limit scale up of circumcision would be lack of services as near to the prospective clients as possible and lack of sufficient information about male circumcision in various sections of society. The female students have grasped the opportunity and have become partners in their counterpart's health seeking behavior.

They are aware that there are indirect benefits for them when their male partners have undergone circumcision.

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