

Assessment of Knowledge and Attitude on Male Circumcision towards Reduction of HIV/AIDS among Residents of Ishaka Town Council-Uganda

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Abstract: Circumcision is a surgical process of removing the prepuce of the penis due to religious, cultural or medical reasons. The World Health Organization has given statistical evidence that indicates male circumcision significantly reduces the risk of HIV in men. However, the practice is not shared along cultural and religious divides as some cultures and religions do not accept this practice. In this study, a cross section and descriptive survey was conducted in Bushenyi district with the aim of determining the amount of knowledge and attitudes towards circumcision of Ishaka town male residents towards reduction of HIV/AIDS incidence. Open and closed ended questionnaires were used to assess 100 respondents after all ethical procedures were followed. The results of this study noted that all respondents (100%) understood the meaning of circumcision but 63% agreed that men should be circumcised at an adult age and not during infancy. While 54% of the participants believed that circumcision is done on religious grounds, 72% of the above preferred it be done from the hospital not at home. It was also noted that 63% of the participants believed that circumcision reduces HIV/AIDS. Taking these results into consideration, even though the community knew more about circumcision, more health education and promotion is still needed with particular emphasis on its medical benefits. Moreover, the community should also be encouraged to go for medical circumcision instead of the risky traditional methods.

Keywords: Circumcision, HIV/AIDS, Youths, Prevention, Practice

1. Introduction

Circumcision is an act of removal of foreskin of the male genital organ. It is recommended that this process should be carried out in the hospital by trained health workers. The World Health Organization (2012), The Academy of paediatrics (2012) and the Centres for Disease Control and Prevention (2013) have agreed that male circumcision significantly reduces the risk of HIV acquisition by men during penile-vaginal sex, but also state that circumcision only provides minimal protection and should not replace other interventions to prevent the transmission of HIV.

Circumcision is the world's oldest planned surgical procedure, suggested to be over 15,000 years old, pre-dating recorded history. It is believed that it was a method used to punish captured soldiers without imputing the penis (Alanis and Lucidi, 2004). This procedure has its ancient roots among several ethnic groups in sub-equatorial Africa, and is still performed on adolescent boys to symbolize their transition to warrior status or adulthood (Bhatt et al., 2011).

In some African cultures, Circumcision is carried out on boys and girls as a rite of passage in a traditional ceremony (Davidson, 2013). However, among the Jewish and Muslim population, males must be circumcised shortly after birth, during childhood, or around puberty as part of a rite of passage. Circumcision is commonly practiced in the Jewish and Islamic faiths (Davidson, 2013).

Jewish law states that circumcision is a ("positive commandment" to perform an act) and it is obligatory for Jewish-born males and for non-circumcised Jewish male converts. It is only postponed or abrogated in the case of threat to the life or health of the child (Goldberg, 2012).

In Islam, circumcision is mentioned in some hadith, but not in the Qur'an. Some Fiqh scholars state that circumcision is recommended, others that it is obligatory. Some have quoted the hadith to argue that the requirement of circumcision is based on the covenant with Abraham. While endorsing circumcision for males, Islamic scholars note that it is not a requirement for converting to Islam (Alahmad and Dekkers, 2012).

The early Catholic Church condemned the observance of circumcision as a mortal sin and ordered against its practice in the Ecumenical Council of Basel-Florence in 1442. However, circumcision is customary among the Coptic, Ethiopian, and Eritrean Orthodox Churches among other African churches. Some Christian churches view it as a pagan ritual while others such as the Nomiya church in Kenya, require circumcision for membership.(Thiessen,2011).

Global estimates indicate that 30% of males are circumcised(2012), of whom 68% are Muslims. The prevalence of circumcision varies mostly with religious affiliation and sometimes culture as most circumcisions are performed during adolescence for cultural or religious reasons(2013).

In the protection against HIV and AIDS, several authors have suggested that circumcised men are less likely to contract the HIV virus(Mutabazi et al., 2012). (It is very important here to say that the risk is still far too high and that condoms and safe sex must be used – this also applies also to the prevention of cancer of the cervix in women who have multiple partners.). Studies by the World health organization from different regions have also shown that circumcision reduced vaginal-to-penile transmission of HIV by 60%, 53%, and 51%, respectively (WHO, 2012).

The sexual effects of circumcision are a subject of much debate. The American Academy of Pediatrics (2012) stated that "A survey of adult males using self-report suggests more varied sexual practice and less sexual dysfunction in circumcised adult men. There are anecdotal reports that penile sensation and sexual satisfaction are reduced among circumcised males." They continued that it was noted that there is no difference in exteroceptive and light tactile discrimination on the ventral or dorsal surfaces of the glans penis between circumcised and uncircumcised men. Conversely a 2002 review (Boyle et al., 2002) stated that "the genitally intact male has thousands of fine touch receptors and other highly erogenous nerve endings many of which are lost during circumcision, with an inevitable reduction in sexual sensation experienced by circumcised males." They concluded, "Evidence has also started to accumulate that male circumcision may result in lifelong physical, sexual, and sometimes psychological harm as well(Rizvi et al., 1999).

With regard to this background, awareness of the medical importance of circumcision is essential in combating HIV and other sexually transmitted diseases. Therefore, the objective of the current study was to determine the amount of knowledge, attitudes and practice of circumcision among male youths in Bushenyi District towards reduction of HIV/AIDS incidence.

2. Material and Methods

This was both a quantitative and qualitative descriptive cross sectional study aimed at assessing the Practice, attitudes and knowledge on male circumcision towards reduction of HIV/AIDs among adult residents of Ishaka town council, Bushenyi District- Uganda. Since this was

descriptive cross-sectional study Fisher et al., (1965) formula was used for computing the sample size. Therefore; a total of 100 respondents aged above 18 years were examined after informed consent and ethical clearances were processed.

A self-administered open and closed ended questionnaire was used to collect data from the study participants; this questionnaire contained all the necessary information concerning the respondents.

The data collected from the study area was analysed by using the Statistical Package for Social Scientists (SPSS) version 8.0 for windows to obtain descriptive statistical correlation and the results was presented in form of tables and figures. A $P < 0.05\%$ was regarded as significant and correlation between the data was determined using Pearson's correlation.

3. Results

Demographic Characteristics

Out of the 100 respondents interviewed, 18% were aged between 18 and 25years, 37% aged between 26 and 35 years and 29% of the respondents were aged between 36 and 47 years. The mean average age in this study was 27 years. Most of the respondents (67%) interviewed were males while 33% were females.

On the level of education, 15 % (15) of the respondents had no formal education, 23% (23) had primary education, and 45% (45) had secondary education whilst 17% (17) had tertiary education.

Marital Status of Respondents

Among the respondents, 37% (37) were not married while 48% (48) were married (Table 1).

Table 1: Marital status of the respondents

Marital status	Frequency	Percentage
Non- married	37	37%
Married	48	48%
Separated	2	2%
Widow/widower	9	9%
divorced	4	4%

Occupation of Respondents

In this study, 30% (30) of the respondents were self-employed, 38(38%) were formally employed whilst 32% (32) were unemployed (Figure 1).

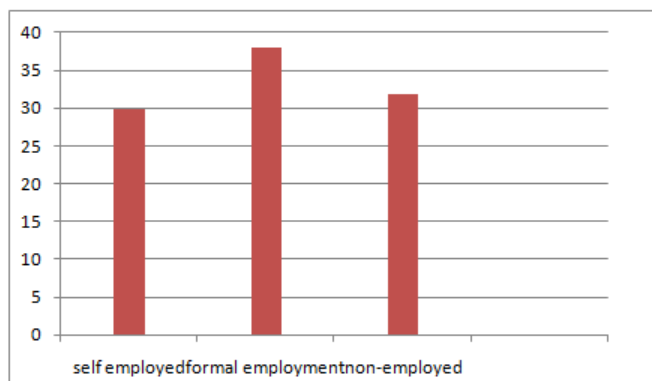


Figure 1: Employment status of the respondents

Religion of Respondents

Majority of the respondents were Christians (64%), followed by the Muslims at 36 % in total (Figure 2).

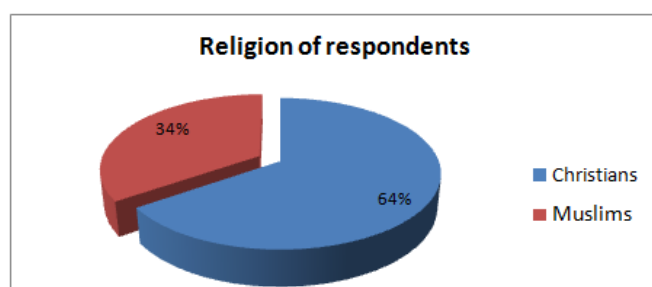


Figure 2: Religion of the respondents

Knowledge on Circumcision

All the respondents (100%) understood the meaning of circumcision as an act of the removal of the fore skin of the male genital organ and that the process should be carried out in the hospital by trained health workers. However, 47(47%) of the interviewed respondents agreed that people should only circumcise infants, while 63%) noted that men should be circumcised while they are adults. All the respondents agree that it is only males who should circumcise but 89% of the respondents agreed to knowing people who have ever circumcised, while the remaining 11(11%) were not aware of anybody who had ever been circumcised(not sure what this paragraph states).

Indications for Circumcision

Most of the respondents (54%) believed that the decision to circumcision should be based on religious grounds, 26% believed that it is based on the culture of an individual (Figure 3).

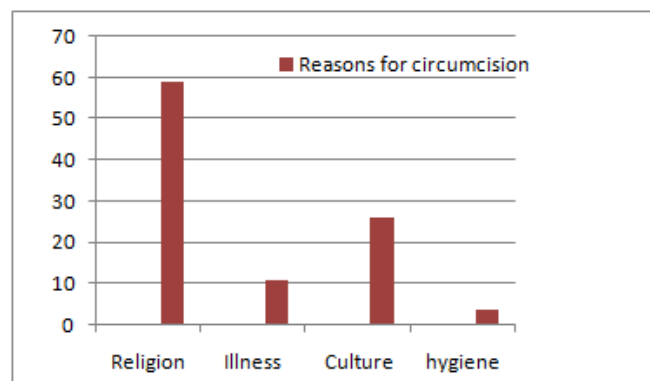


Figure 3: Indications for circumcision

Impression about Circumcised Men

Majority of the female respondents 20 (60%) agreed that male circumcision makes males appear better, while the rest 40%(13) do not see any difference. However; most of the respondents (72%)did not see circumcision as health issue, while the rest (28%) believed that it is a health issue among men.

Practice of Circumcision

Most respondents 98(98%) agreed that the circumcision should be carried out in a hospital. While the rest thought that circumcision can be also be carried out from their homes (Figure 4).

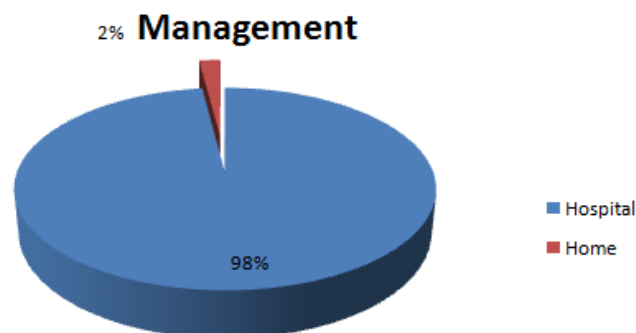


Figure 4: Management of circumcision

Place of Circumcision

Most of the respondents 72(72%) agreed that circumcision should be done from the hospital, while 23% (23) believed that it can be from the village health facility (Table 2).

Table 2: Place for circumcision

Place for circumcision	Frequency	Percentage
Hospital	72	72
Health center	23	23
Home	5	5
Total	100	100

Side Effects of Circumcision

Of all the respondents, 66 % (66) believed that circumcision causes a reduction in sensitivity during sexual intercourse; the remaining 34% (34) said they did not know any side effects of circumcision.

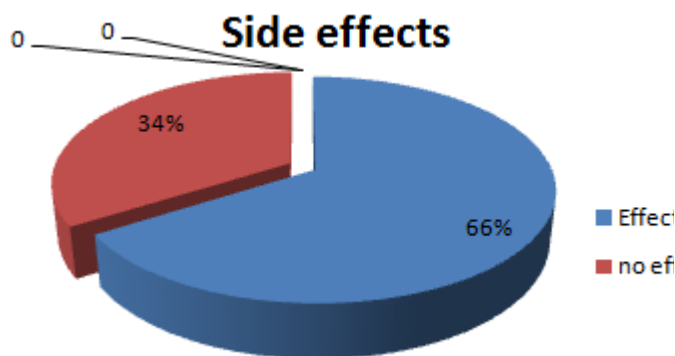


Figure 5: Effects of circumcision

Circumcision on HIV/AIDs Reduction

Of all the respondents, 63% (63) believed that circumcision reduces HIV/AIDS whilst 37% (37) didn't know if Circumcision may reduce HIV/AIDs.

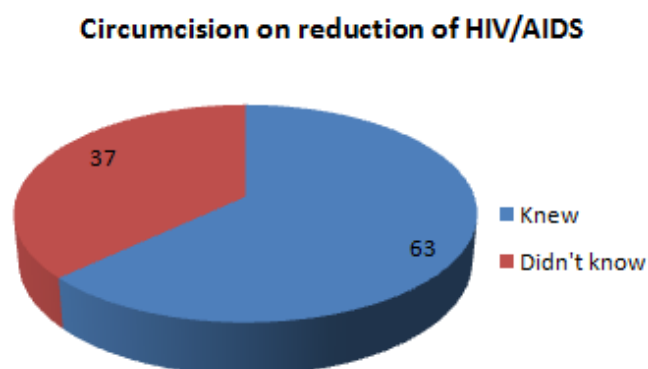


Figure 6: Circumcision on reduction of HIV/AIDs

4. Discussion

Demographic Characteristics

In this study, the majority of the respondents were youths and young adults aged between 26 and 35 years. This age set was more convenient with regards to this project as most youths are sexually active thus they are easily prone to acquire HIV/AIDs. Kirby and Douglas (200) also noted in the studies that throughout history. Many adolescents have engaged in sexual intercourse and contracted a sexually transmitted disease (STD) or become pregnant by the age of 25. Therefore health education needs to be geared towards this age set.

On the level of education of the respondents, it was noted that only 15% of the respondents had no formal education. The decline in HIV has been largely attributed to formal education and to a large extent, many people have opted for circumcision after obtaining formal education. Stroeken et al. (2012) have also corroborated that the overall decline of the HIV epidemic in Sub-Saharan Africa conceals how the HIV burden has shifted to fall on areas with a populace that has low formal education. This suggests that a more educated society will find ways including circumcision to prevent HIV.

Knowledge of Respondents

All the respondents (100%) understood that circumcision is an act of the removal of the fore skin of the male genital organ, this corroborated with the general definition of circumcision as noted in the introductory part of this article. However, 47% of the respondents pointed out that people should only circumcise infants whilst 63% of the agreed that people should be circumcised on reaching adulthood. This argument was well based on an individual's religious and cultural beliefs as Muslims (Rennie et al., 2015) would prefer circumcision during infancy while other tribes consider it as a rite of passage into adulthood. However, Pan et al (2012) concluded in his study that there are more benefits of circumcision during infancy than at adolescence such as faster healing and a reduced likelihood of acquiring sexually transmitted infections.

In the study most of the respondents 54% noted that the decision to circumcise should be based on an individual's religion, whilst only 4% thought the decision to circumcision is based on personal hygiene. However, previous studies (Gasasira et al., 2012; Westercamp et al., 2012) noted that the main motivators for MC were its benefits in HIV/STI prevention (69%) and improving hygiene (49%). This was mainly after publication of the studies carried out in Kenya, Uganda and South Africa concluding that male circumcision can prevent heterosexual HIV infection from female to male up to 60% (Gray et al., 2012; Williams, 2014).

Corroborating with the level of education among the respondents, it was noted the 98% of the respondents would prefer the management of complicated circumcision in the hospital. However, due to the difference in cultural beliefs amongst the respondents, only 72% agreed that circumcision should be done from the hospital. The traditional circumcision is still preferred by some respondents as a rite of passage. Traditional male circumcision has been less studied, but existing evidence indicates that relative to medical circumcision, recipients of traditional circumcision are at higher risk of infections, excessive bleeding, and permanent sequelae such as scarring and deformity (Siegler et al., 2012). For example, a study of Kenyan Traditional circumcision found that 42 % of patients developed infections as indicated by a 1-month post-procedure evaluation (Siegler et al., 2012).

Effects of Circumcision

Majority of the respondents (66%) believe that circumcision causes reduction of sensitivity during sexual intercourse. This however did not corroborate with previous studies (Collins et al., 2002) which confirmed that circumcision does not appear to have adverse, clinically important effects on male sexual function in a sexually active adult. On the contrary, another study done in Korea (Kim and Pang, 2007) noted that there was a decrease in masturbatory pleasure and sexual enjoyment after circumcision, indicating that adult circumcision adversely affects sexual function in many men, possibly because of complications of the surgery and a loss of nerve

endings. These findings corroborated with the findings of this research.

5. Conclusion

The results of this study reported that some communities still do not understand the medical benefits of circumcision even though they may do it based cultural or religious reasons, therefore, more emphasis is required to ensure that these benefits are clearly explained and understood with regard to HIV prevention. Notably, Uganda has a high incidence of HIV thus it requires all interventions including government policies on circumcision to curb the spread disease and new infections.

Even though the community was well aware of circumcision and recommended it for various purposes, a good number is still holding on to their traditional beliefs of doing circumcision during ceremonies. This has led to complications and even penile amputation. Therefore, an integrative approach may be required to allow medical circumcision to be done during these traditional functions.

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