

Full Length Research Paper

Perceptions of people towards male circumcision as a technical method to reduce HIV and AIDS infection in Masvingo district of Zimbabwe

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This study sought to investigate people's perception towards male circumcision as a tool to reduce Human Immuno-Deficiency Virus (HIV) and Acquired Immuno-Deficiency Syndrome (AIDS) infection in Masvingo district of Zimbabwe. It has been confirmed that few campaigns have been done to convince the general public of the value of male circumcision as a method to combat HIV infection, even among the Varemba and Shangaans who culturally practice male circumcision. The cost of circumcision is too high and prohibitive for many people. People are willing to change their behaviour after circumcision, provided they are well informed about it and there are adequate qualified medical practitioners in clinics and hospitals in the district to pass this knowledge to them. People are aware of male circumcision, though some are afraid of it. The study recommends that HIV and AIDS awareness campaigns should be increased to provide adequate information on circumcision and how it promotes reduction of infection. The cost of medical male circumcision should be subsidized by the ministry of health and child welfare through a national policy.

Key words: Circumcision, male, Human Immuno-Deficiency Virus (HIV), Acquired Immuno-Deficiency Syndrome (AIDS).

INTRODUCTION

This study originates from the fact that Zimbabwe's Ministry of Health and Child Welfare has adopted a policy that includes male circumcision as one of the ways to combat HIV and AIDS infection. Some publication has taken place to encourage males to come for circumcision through donor aided programmes. It is observed that a very insignificant number of people are coming to the district hospital for circumcision. This is at a rate of 10 people being circumcised per month in Masvingo district. The observation promotes the need to find out why people are not coming out in large numbers for circumcision

Male circumcision, which is the surgical removal of some or all of the foreskin (or prepuce from penis), is being introduced in Zimbabwe as an additional prevention method for infection by the Human Immuno-

Deficiency Virus (HIV) and the resultant Acquired Immuno-Deficiency Syndrome (AIDS). The traditional prevention methods are abstinence, mutual marital monogamy (being faithful to one uninfected partner) and correct consistent use of condoms. HIV and AIDS is a pandemic, which is affecting all age groups in the world over, with Southern Africa having the highest prevalence rate of 15 to 35% (UNAIDS, 2004). HIV belongs to a group of viruses called retroviruses that integrate with the genetic material of the host cell.

The World Health Organisation (WHO, 2011), HIV and AIDS Department confirm that "there is compelling evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%". It provides partial protection and is one element of the comprehensive HIV prevention package.

The inner surface of the foreskin contains Langerhans' cells with HIV receptors, these cells are likely to be the primary point of viral entry into the penis of an uncircumcised man (BJM, 2000). Most cases of primary

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HIV infection are thought to involve HIV binding initially to the CD4 and CCR5 or CXCR4 receptors found on antigen presenting cells, in the genital and rectal mucosa. Once infected, these cells fuse with adjacent CD4 lymphocytes and migrate to deeper tissues.

Although, CD4 independent infection by HIV has been reported, it is widely accepted that the primary pathway of entry into target cells involves interaction of the virus with CD4. HIV attacks the CD4 antigen, a site in the blood cells called T4 or T helper lymphocytes. By doing so the virus establishes a permanent infection within the body. The function of the T4 cells is to trigger the production of antibodies, the proteins that attack specific organisms that causes diseases and regulates other cells to fight infections (Jackson 1992:34).

It is against this scientific biological background that it becomes necessary to introduce circumcision as a means of reducing the spread of HIV through the foreskin of the penis. The National AIDS Council and Zimbabwe AIDS Network are the main drivers to the reduction of the prevalence rate through their education and distribution of HIV and AIDS and IEC materials to the general public.

Kachere (2009) studies revealed that male circumcision reduces the chances of HIV infection by 60% in heterosexual sex across all observational studies and randomized controlled trials that were conducted in diverse settings. Joint United Nations Programme on HIV/AIDS (UNAIDS) Fact Sheet (2008) revealed that circumcised men have lower levels of HIV infection than uncircumcised men. Hence, the HIV prevalence is lower in populations that traditionally practice male circumcision than those parts in Africa or South East Asia where most men are not circumcised. However, it is unclear what extent this may be, the result of a biological effect of circumcision or whether other factors including cultural and social ones may also play a role.

Many issues have been published on how circumcision could protect against HIV, there are several biological explanations for why male circumcision may reduce the risk of HIV infection including; by removing the foreskin which is not keratinized or toughened on its underside, circumcision reduces the ability of HIV to penetrate the skin of the penis. Laboratory research has revealed that on the underside of the foreskin are many specialised immunological cells such as Langerhans cells, that are prime targets for HIV. Research shows that male circumcision is associated with a much lower risk of penile cancer and a lower risk of acquiring some sexually transmitted infections. Also, two studies now suggest that female partners of circumcised men have a lower risk of acquiring cervix cancer, which is caused by persistent infection with high risk oncogenic human papilloma virus (HPV), oncogenic means cancer inducing.

In Zimbabwe, according to the Association of Zimbabwe Journalists (2011), a big effort is underway to circumcise 80% of young men in Zimbabwe after a study four years ago found that the operation would reduce the

chance of contracting HIV by 60%.

In Zimbabwe, three main culture groups practice male circumcision as a culture ritual, namely, the Varembe, Chewa and the Shangaan. These groups are scattered but mainly concentrated in the southern parts of Zimbabwe. The Varembe and Shangaan are in Masvingo province. They practice circumcision as a form of initiation into manhood and it is a source of their pride and dignity. As researchers, we had particular interest to interview some men and women who belong to these two groups.

The Varembe claim that circumcision to them is a cultural practice which they borrowed from the Bible and they give reference to Genesis 17 verse 12 "he that is eight years old among you shall be circumcised". The process of circumcision is one of the surgical procedures which is linked back to the Biblical times of Abraham in the Old Testament. The issue that male circumcision is being regarded as a technique to reduce HIV transmission prompted the researcher to find information on the issue since the Varembe tribe used it and still practice it as a cultural method and not as a tool to reduce HIV and AIDS infection. The Ministry of Health encourages those interested to get to Zimbabwe National Family Planning Council (ZNFPC) Centre in Harare, Bulawayo Eye Clinic, Mutare Provincial Hospital and Karanda Mission Hospital in Mount Darwin. It costs between 30 and 60 USD for the surgical operation. As researchers, we interviewed Dr. Zimbwa, a medical practitioner involved in these circumcisions in Masvingo, who told us that its mainly males above forty years of age that are coming for circumcision and yet they are targeting those males between 12 and 30 years who are mostly sexually active. This would be the right group to circumcise for HIV/AIDS reduction purposes. This experience prompted us to find the people's perceptions of circumcision as a means of reducing HIV and AIDS infection.

Society is looking for the solution to HIV and AIDS pandemic which has caused high death rate and is devastating the human race. Male circumcision was known as an initiation to adulthood, but some people around the world look at it as a control method for the spread of HIV and AIDS, contributing to other known used methods of abstinence, mutual monogamy and use of condoms. Hence, it is necessary to study people's perceptions of male circumcision as a means of reducing HIV infection.

The problem

Male circumcision as a tool to reduce HIV and AIDS is being broadcasted by the national broadcast service over television, press and radio. It led to the need to find out the perceptions of the public in general concerning circumcision as a means of controlling the spread of this

pandemic. Emphasis was in Masvingo district, especially in Nyajena, Tadzembwa, Majiri, Mutenda, Nyikavanhu and Nemamwa areas. The study focuses on (1) both male and females perceptions towards male circumcision, (2) male circumcision as an HIV and AIDS preventive method, and (3) male circumcision as control of HIV and AIDS by the aforementioned identified cultural groups.

Conceptual framework

The researchers are guided by progressivist philosophy, where Kneller (1964) believes that social changes and individual development are paramount to adjustment on human daily practices. While Barrow and Woods (1988) believe in 'Education for life' and that once people get the correct knowledge, they are bound to live a better life today and tomorrow. This brings on issues of sustainability knowledge that help people survive today and tomorrow. The involvement of both males and females in support of circumcision for men would bring unopposed circumcision practice, because sexuality involves both men and women. The desired change would be permanent and beneficial to the human race that is under threat from the HIV and AIDS pandemic.

Men and women must have progressive ideas in their minds and practices to foster improved change and enable improved living conditions, especially in terms of better health for all. Scientific activities have taken a centre stage in the development of all societies, as they are the corner stone to the improvement of the people's standards of living. According to Kalichman (1999), behaviour change is the process of changing from an unfashionable behaviour to a morally acceptable behaviour.

Significance of the study

This study was designed to establish the perceptions of people, both male and female towards male circumcision. This paper anticipates that the following approaches will be of great value to a number of stakeholders:

Centres which practice circumcision (medical centres and hospitals)

Ideas from this paper are anticipated to help hospital and medical centres to appreciate people's concerns and feelings about male circumcision. Emphasis is on reduction of fear by the general public.

Media organisation broadcasting on male circumcision

Media personnel should know the general views of the

public concerning male circumcision and should therefore find the correct and appropriate ways to appeal to the public at large.

National policy makers

Results from research will influence the direction of National Policy Makers' to empower the public in general to go for male circumcision.

Current trend in male circumcision

Concept of circumcision

Dean (2000) refers to male circumcision as the surgical removal of some or all of the foreskin (or prepuce from the penis). It is argued that the operation reduces the chance of contracting HIV by 60%. Before circumcision was done under medical practice, it was done by cultural and religious groups which include the Muslims, the Shangaan, the Varembe and the Chewa, just to mention few groups. It is also stated that HIV prevalence levels are lower in circumcising communities than uncircumcising communities. The Population Services Department in Zimbabwe is working to create informed demand for male circumcision and to increase access to safe male circumcision for adolescents and men.

According to Gandari (2010), communication also targets women and community leaders, who help to create a supportive environment for the introduction of circumcision, promote healthy social norms around the procedure and post operative sexual behaviours and encourage individual behaviour change.

An example given in the AIDS context is when one changes from a behaviour of not using condoms to the behaviour of using condoms when having sex. According to Weismann (1993), societal norms, religious criteria and gender power relations infuse meaning into behaviour, enabling positive or negative changes.

Circumcision and behaviour change in promotion of HIV and AIDS reduction

According to Doodad (2003), on behaviour change and circumcision, there remains a need to work more effectively and more directly with men of all ages. There is special need to design programmes that reach and speak to the experiences of older men, not just the more conservative traditional men but also the more educated well resourced men. All evidence suggest a great need for developing and promoting new cultural markers of manhood and new peer norms among boys and men.

Junglebet (2003) confirms that more vigorous effort should be put into changing men's behaviour and attitudes while simultaneously empowering women.

Evidence from other Sub-Saharan countries strongly suggest that changes in behaviours were a major factor in the reversal of HIV trends. Behaviour change should remain the centerpiece of HIV prevention with positive prevention and partner limitation after circumcision. Results of findings done in Kisumu Kenya illustrate that information on male circumcision's protection against HIV has disseminated into larger community and male circumcision accompanied by counseling and HIV testing can foster positive behaviour change and maintain safe sexual behaviour.

Anvert (2006), in a study carried out in Kenya, observed how male circumcision influences sexual risk perceptions and behaviours and also identified and described individual level factors that could facilitate or reduce sexual risk behaviours related to male circumcision. In the study, it was reported that sexual perceptions and behaviours of circumcised men provided a context for sexual behaviour change related to male circumcision among men in Kisumu Kenya.

Stagger (2008) conducted individual in-depth qualitative interviews and focus group discussions among women and circumcised and uncircumcised men to explore sexual risk perceptions and behaviours related to male circumcision. Men circumcised in their youth provided information that circumcision is protective against HIV and influenced their sexual risk behaviours.

Greenheart (2008) says sexual behaviour change can be classified into three categories; (1) adopting protective sexual behaviours defined as reducing the number of sexual partners or increasing condom use, (2) maintain same behaviour, and (3) increase in risk behaviours.

When circumcised for 1 year, an 18 year old boy had this to disclose: "Now I have limited the bad behaviour that I displayed. I did not like my behaviour before I was circumcised. I liked girls, I realized that I was messing up and I could lose my life, so I decided to change and take only one girlfriend instead of the two that I had".

A respondent who took his first HIV test as part of pre-circumcision counseling explained that it was not just the circumcision procedure that changed his behaviour but testing served as an impetus to changing his behaviour. Elvert (2008) illustrates that behaviour change is a dynamic process and found that circumcised men may not just adopt positive behaviours. As it was observed, men who reduced the number of sexual partners to one may in turn stop using condoms with their partner.

Society perception of circumcision in relation to HIV and AIDS

According to the latest Zimbabwe Health Demographic Survey (ZHDS, 2010, 2011), the prevalence rate among the circumcised is 14%, while that of the uncircumcised is 12%. Yikiniko (2012) revealed that it is a worrying development that at a time when the nation is promoting

male circumcision as a preventive measure to combat HIV, the country is recording a high prevalence rate amongst the group that have been circumcised largely due to the uninformed risky compensation behaviours. Zimbabwe society has mixed perceptions about male circumcision as preventive measure of HIV and AIDS infection.

Anvert et al. (2006) say there is compelling evidence about the protective nature of circumcision to men following three successful trials. One was held in Orange farm, an informal settlement in Johannesburg, South Africa where it was shown that circumcision was 60% effective in reducing HIV infection among those who were not circumcised. The results of the other two trials conducted in Kisumu in Kenya and in Rahai Uganda showed a reduction of HIV infection of 53 and 48%, respectively (US National Institute of Allergy and Infection Diseases, 2006). There is need to both culturally contextualize the issue of male circumcision preparedness and undertake some action research that promote male circumcision as a male sexual health issue. It is therefore important to investigate the attitudes, perceptions and beliefs of people from various cultures held regarding both traditional and medical male circumcision as well as acceptability of either practice. Welbourne and Hoare (2008) confirm that new research findings suggest that male circumcision provides some protection against HIV.

According to Jackson (2009) the Ministry of Health and Child Welfare in Zimbabwe recently announced that they are committed to promoting male circumcision as an HIV preventive method. Male circumcision is performed in many societies in the world for cultural and religious reasons. Medical male circumcision is primarily performed to improve the health and hygiene of men and their sexual partners.

Overtime, researchers according to Bolgard (2005) noted that Asian and African communities had a low prevalence of HIV than other communities. Recent research indicates that the foreskin contains target cells that HIV infects during the initial stages of exposure. After it is removed during circumcision, the remaining skin develops a different protective surface which is called keratinized skin which has fewer target cells.

Keratinization is thought to be one of the reasons why circumcision reduces man's risk of acquiring HIV during vaginal sex. There are many questions raised by women in relation to male circumcision and the reduction of HIV transmission. A study funded by the Gates Foundation in Uganda, expected to be completed in 2012 sought to quantify the effect of male circumcision on sexual transmission of HIV from men to women. The WHO meeting in March 2007 indicated that women may face higher than normal HIV risk from having sex with recently circumcised men before the incision from the circumcision is completely healed.

Elinert (2006) argues that using circumcision as a

Table 1. Demographic data (n = 120).

Item	Response	Frequency	Percentage
Gender	Males	80	66.6
	Females	40	33.3
Age	8 - 20 years	64	53.3
	20 - 30 years	40	33.3
	30 - 40 years	12	10
	Over 40 years	4	3.3

means to reduce HIV infection would on the national level require consistently safe sexual practices to maintain the protective benefit. The joint WHO/UNAIDS recommendation also notes that circumcision only provides partial protection from HIV and should never replace known methods of HIV prevention. Circumcision has been judged to be a cost effective method to reduce the spread of HIV in a population though not necessarily more cost effective than condoms.

Mattison (2008) asserts that, qualitative interviews with 30 sexually active uncircumcised men in Kisumu Kenya from March to November 2008 showed that most respondents reported no behaviour change or increased protective sexual behaviours, including increasing condom use and reducing the number of sexual partners. A minority of men reported engaging in higher risk behaviours either not using condoms or increasing the number of sex partners. Circumcised respondents described being able to perform more rounds of sex, easier condom use and fewer cuts on penis during sex.

METHODOLOGY

This study followed mostly the qualitative research design. It is qualitative in the sense that the descriptive survey would encourage respondents to show their perceptions by revealing their feelings and opinions (Baker, 1999). Such feelings and opinions are then supported by the strength of the numbers of people involved in the series of items under review. In this case, interviews and questionnaires were techniques applied including documents read to supply current research data on circumcision. This enabled effective triangulation for valid and reliable information suitable for this kind of problem that is characteristically deeply human. MacMillan and Schumacher (1993) postulate that surveys are used to learn about people's attitudes, values, behaviour opinions, habits, etc. This suits this research concerning individuals' behaviour towards male circumcision as a tool to reduce HIV and AIDS in Masvingo district.

Sample

Leedy (1993) asserts that sampling procedure refer to the process of selecting a number of individuals for a significant study in such a way that the individual represent the larger population from which they are selected. For the people to be interviewed on perceptions, the researchers applied purposive sampling. In purposive sampling, respondents are chosen because of certain characteristics. For

example, here, the cultural groups who mainly practice circumcision. Both the cultural groups and non-cultural groups making 120 people were randomly picked from the groups fairly well distributed across the entire district of Masvingo. This gave a reliable representation of men and women across the district. More of these people selected were between the ages of 12 to 40 years. This being so because this age range is the most sexually active.

Data collection

Researchers visited the identified villages in rural areas where the people who practice cultural circumcision live and identified the people after having introduced themselves to village leaders. According to Gall (1996) contacting respondents before research paves way for carrying out an effective research. Interviews were conducted using an interview schedule and questionnaires were completed by individuals identified. Females were also part of the respondents as they have influence on their male partners' behaviour.

Data analysis

Data were obtained from 15 questionnaire statements where respondents showed their perceptions to circumcision as a tool to reduce HIV and AIDS by showing if they strongly agreed, agreed, disagree, strongly disagreed or were not sure. Data were then quantified, collapsed and tabulated to express respondents' strength of position for each statement, as agree, not sure and disagree. All interview responses were recorded and were analysed to expose the general opinions and expressions of respondents about male circumcision. Respondents also indicated their age and whether they were married, single or widowed. Their perceptions were assessed against their marital status.

RESULTS AND DISCUSSION

The results were organized according to the 15 research questions on the questionnaire. Each statement is considered separately and meaning or new knowledge is diagnosed with reference to recently obtained knowledge from other areas of the world. HIV and AIDS pandemic is a problem that is of great concern for all races in the world. Interview responses are discussed with reference to the questionnaire statements where it becomes significantly and critically new knowledge.

Table 1 shows the demographic data. The table shows that less females (33.3%) participated in the study than their male counterparts. Age group 8 to 20 years had the majority (53.3%) and 20 to 30 years had moderate participants (33.3%) and over 40 had the least participants, below 40 is the target group where society needs to know their position on circumcision, because this is the most sexually active group where control of the spread of HIV needs to be impacted.

Table 2 shows the responses on perceptions for the 15 questions of the questionnaire. The first statement was to find if respondents are convinced that circumcision prevents the spread of HIV and AIDS. Majority (60%) were not sure, while 27% agreed. This revelation means people are not sure of the prevention of HIV and AIDS

Table 2. Responses on perceptions for the 15 questions of the questionnaire.

Item	Responses					
	Frequency	Agree (%)	Frequency	Not sure (%)	Frequency	Disagree (%)
1	32	27	72	60	16	13
2	60	50	-	-	60	50
3	20	17	19	16	81	67
4	28	23	76	63	16	13
5	120	100	-	-	-	-
6	120	100	-	-	-	-
7	-	-	-	-	120	100
8	20	17	-	-	100	83
9	120	100	-	-	-	-
10	120	-	-	-	-	-
11	80	67	28	23	12	10
12	108	90	12	10	-	-
13	60	50	20	17	40	33
14	19	16	17	14	84	70
15	78	65	22	18	20	17

through method of circumcision. This finding seems to concur with Stagner (2008) who says male circumcision cannot facilitate on reduction of sexual risk behaviours. Society is doubtful, because there is need for convincing evidence (Table 2). Jackson (2002), however, says male circumcision is a deeply emotive subject that rigidly adhered to some religions and cultures and equally strongly opposed by others.

When respondents were asked whether they have fear towards the medical procedure of circumcision, 50% agreed that they have fear, while 50% mainly from the Varella tribe have no fear towards medical procedure of circumcision. The cultural practice of circumcision has removed fear among those who practice circumcision. Yet Shillinger (1999) says male circumcision is not without risk. Jackson (2002) confirmed that five deaths of adolescent boys were reported in the national media due to inept and unhygienic ritual circumcision by some cultural groups in South Africa in June 2001. This incident has brought fear in some countries including Zimbabwe. This fear among the non-cultural practice groups should disappear with time once practice is seen among fellows who would have done so, the interviewed indicated. Also, when respondents were asked if circumcision will bring about behaviour change, 17% agreed and the majority 67% disagreed. During interviews, the respondents argued that circumcision may encourage promiscuity since one would know that he is partially safe and women from the non-cultural practice groups feared their men would indulge in multiple sexual relationships believing that they are safe.

On the possibility of maintaining a good sexual behaviour after circumcision, 23% of the respondents agreed, while 63% were not sure and 13% disagreed and this means that the behaviour of people who would have

been circumcised is very difficult to predict. This is emphasized by Bolgard (2008) who argues that the behaviour of circumcised men is highly unpredictable, some will indulge into multi-relationships, but some would like to practice safe sex.

Again, when respondents were asked if circumcision will encourage undesired sexual intercourse, 100% of the respondents agreed. Some men and women were arguing that since one is circumcised, he would know that he is partially safe and would in turn indulge into many sexual relationships. Greenheart (2008) argues that respondents reported the ability to increase the number of rounds of sex after being circumcised which could potentially lead to greater exposure to HIV and STI through an increased frequency of sexual acts (Table 2).

When respondents were asked if there are dangers of practicing circumcision for the society, 100% agreed. All respondents agreed and strongly included those who culturally practice it. They argued that circumcision should be left for them that culturally practice it and they cited the danger would be that the meaning of circumcision would be misinterpreted. They took it as their secluded right. According to Monroe (2005), the results of a trial carried out in South Africa, the ANRS 1265 trial published in October 2005 seem to support the aforementioned issue. Specifically they wanted to know how much male circumcision would cost the society regarding the issue of the dangers of practicing it. Promiscuity was being sighted.

Also, when respondents were asked if people are going to be committed to male circumcision, 100% of respondents disagreed. Most, if not all respondents fear the medical procedure of circumcision plus its costs. According to Boyle (2005), the WHO and the United Nations Population Fund (UNFPA) have pledged to

provide financial support to the development of policy on information dissemination, while Population Services International (PSI) is currently providing funds for the improvement of male circumcision services in the country. This may in turn increase the commitment to male circumcision by the public.

On the issue of women being prepared to encourage their partners to circumcise, 17% agreed and 85% disagreed, none was not sure. It shows that most women, especially those from the non-cultural practice group, are not prepared to encourage their partners to circumcise. They feared that their partners would become promiscuous. These findings seem to concur with Ellnert (2008) who says there are many questions raised by women in relation to male circumcision and the reduction of HIV transmission. Women are more at risk of HIV infection. A study funded by the Gates Foundation in Uganda, completed in 2008 sought to quantify the effect of male circumcision on sexual transmission of HIV from men to women. Preliminary data from this study presented at WHO meeting in March 2007 indicated that women may face higher than normal HIV risk from having sex with recently circumcised men before the incision from the circumcision is completely healed. The aforementioned is the best reason why 85% of women are not prepared to encourage their partners to circumcise.

On the issue of the cost of circumcision, 100% of the respondents agreed that the cost of circumcision is too high for the small operation that is to be done. More so, those in the culture of circumcision are having this done for free by their elders. Doctors are charging between 30 and 60 dollars for the procedure. None of the respondents were not sure or disagreed. Also on the issue of understanding the meaning of circumcision, 100% of the respondents understood it. They know it is the surgical removal of the foreskin.

When respondents were asked if only qualified doctors can do male circumcision, 67% conceded, 17% were unable to decide, while 17% disagreed. 17% disagreed that circumcision should only be done by qualified doctors sighting that in the Varembe tribe; there are people who are not doctors who are doing circumcision perfectly for the young boys. Also, when respondents were asked if circumcision done by people who do not have knowledge of the spread of HIV and AIDS can worsen the spread of the disease, 90% of the respondents agreed. Only 10% were not sure, and none disagreed. According to Best and Kahn (2009) for one to be circumcised one should first have an HIV test and should be negative for him to be circumcised. He was arguing that circumcision that will be done on an HIV positive person can worsen the spread of the disease. When respondents were asked if a circumcised person cannot contract HIV and AIDS, 67% disagreed. Bolgard (2005) says that circumcision has only a 60% effect for reducing the contraction of HIV and AIDS.

On asking respondents if circumcision only reduces the

chances of contracting HIV and AIDS, more than 65% agreed. This shows that circumcision has an effect on the reduction of HIV and AIDS. According to Anvert (2008) evidence that adult male circumcision is efficacious in reducing sexual transmission of HIV from women to men is compelling. The partial protective effect of male circumcision (approximately 60% reduction in risk of heterosexually acquired HIV infection) is remarkably consistent across the observational studies (ecological, cross sectional and cohort).

The following part focuses on the extent circumcision brings about behaviour change in regards to prevention of HIV and AIDS. It also concerns how society perceive circumcision in relation to HIV and AIDS, and whether society regard circumcision as an effective means of HIV and AIDS prevention. The data here were a result of interview discussions.

Most people were not sure if circumcision would bring about behaviour change in regards to the prevention of HIV and AIDS. Many people argued that there will be misconception on the reduction of chances of contracting HIV and AIDS. They were arguing that after medical circumcision, people will indulge in unprotected sex or have multiple partners. In Nyajena, in the Varembe tribe, those circumcised were not encouraged to have sex for several months after the procedure, this was meant for the adults, but for the youngsters they would not be expected to have sex since they are still young. According to Junglebet (2003), more vigorous effort should be put into changing men's behaviour and attitudes while simultaneously empowering women. Evidence from other Sub-Saharan countries strongly suggests that changes in behaviours were a major factor in the reversal of HIV trends. Behavioural change should remain the centerpiece of HIV prevention, with positive prevention and partner limitation after circumcision.

On the issue of behaviour change after circumcision, some were arguing that in the Varembe tribe of Nyikavanhu people that stay in a compound (quarantined) after circumcision, being told not to have sex soon after circumcision on the pretence that the wound would not yet have healed. This in turn would encourage them to change their behaviours at least for a while. It has been found that circumcised men may not just adopt positive behaviours or only increase risk behaviours. Men who reduced the number of sexual partners to one may in turn stop using condoms with that partner. A 20 year old man interviewed had this to say: "I have been circumcised for one year and did not like my behaviour before I was circumcised. This is because I liked girls, but I received teachings, some skills and knowledge that made me realized I was messing up. I felt I could lose my life, so I decided to change; I had two girl friends, but now I decided to stay with one".

Some people from the other cultural groups such as the Christians, disagreed that circumcision would bring about behaviour change, arguing that when someone knows

that he is partially safe he would indulge into sex a lot more.

People from the Varembe tribe perceive circumcision as a tool to reduce HIV, because they were citing that it is hygienic and supported it. One Christian among the group when being interviewed argued "Promoting male circumcision and fidelity to one partner seems to be more effective at curbing the spread of HIV than promoting abstinence and condom use.

The Ministry of Health and Child Welfare of Zimbabwe according to Jackson (2009) recently announced that they are committed to promoting male circumcision as a preventive method. The ministry also opened male circumcision clinics towards the end of June 2009.

However, the Varembe group from Mutenda does not agree that circumcision is effective as a tool to reduce HIV and AIDS. They viewed it as for cultural purposes only and the non-cultural group regard it as a top down approach, meaning that it is being advocated from above (by leaders) to the grassroots level on those young ones who may be interested. Manfred (2008) says promoting male circumcision and fidelity to one partner seems to be more effective at curbing the spread of HIV than promoting abstinence and condom use. He further says a systematic meta-analysis of 38 studies mostly in Africa found that circumcised men appear to have a 50% or more reduction in HIV infection than on uncircumcised men.

Conclusions

Circumcision as a tool to reduce HIV and AIDS has not yet filtered adequately into the cultural groups of the Varembe and Shangaans or the non-cultural Christian groups. Awareness campaigns should be raised to inform the general public of the benefits of circumcision especially targeting the non-circumcising Christian communities. The cost of medical circumcision is too high and prohibitive to many people. People are willing to change behaviour as those interviewed accept the method is effective to reduce the spread of HIV and AIDS on those circumcised. Women partners do not seem to support their male partners to be circumcised as they feel it would make them more promiscuous as they would feel they are generally safe. Therefore, having multiple relationships after circumcision can deter the benefits of circumcision.

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