

# Level of Knowledge of Women Involvement in Voluntary Medical Male Circumcision in Maziba Sub-County Ndoorwa East, Kabale District Tumwesigye Ronard

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## ABSTRACT

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

**Keywords:** knowledge, women, male circumcision

## INTRODUCTION

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

Circumcision lowered the probability of heterosexual HIV transmission from an infected woman to a circumcised man by more than 60%, according to these studies. Among addition, a systematic review and

meta-analysis indicated that circumcised males were two to three times less likely than uncircumcised men to be infected with HIV, with the differences being most obvious in men who were highly exposed to HIV infection [4]. Male circumcision was primarily done for socio-cultural reasons as a rite of passage from childhood to manhood among the Bagisu and Bakonjo ethnic groups, as well as a religious ceremony among Moslems, prior to the implementation of this policy. The SMC policy's purpose was to help reduce HIV and other STIs by providing safe male circumcision services [5].

The study was done to assess the level of knowledge of women about voluntary medical male circumcision in the study area.

## METHODOLOGY

### Study design

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

### Study area

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

### Study population

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

### Inclusion criteria

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

### Exclusion criteria

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

### Sampling techniques

To pick parishes, a cluster sampling approach was utilized, followed by a

Tumwesigye probability proportionate to size method to determine the number of homes. A household was chosen for study using systematic random sampling. A collection of random numbers was used to generate a random start. If a home was empty at the time of a visit, it was returned later that day or the next day. If the house was permanently vacant, the inhabitant lady changed her mind about participating in the study, or an adult woman who fit the inclusion criteria was not available for interview after several tries, the next nearest family was visited.

#### Data collection instruments

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

#### Data Analysis

The socio-demographic features of research participants were described using univariate analysis. Mean, SD, percentage and frequencies were used to summarize

data. Stratification was done over marital status to detect any differences.

#### Ethical Considerations

##### Informed consent

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

##### Confidentiality and privacy

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

## RESULTS

**Table 1: The socioeconomic characteristics of research participants in Maziba sub-county, Ndorwa East Kabale district**

Variable	Overall	Marital status		P-value
	N=358	Married( n=325)	Other ( n=33)	
Mean Age(sd)	33.2(9.3)	33.3(9.2)	32.2(9.91)	0.55
Occupation n(%)				
Peasant	254 (70.95)	237 (93.3)	17 (6.7)	<0.001
Business	59 (16.5)	52 (88.1)	7 (11.9)	<0.001
Medical worker	8 (2.2)	7 (87.5)	1 (12.5)	<0.001
Teacher	21 (5.9)	17 (80.9)	4 (19.1)	<0.001
Other	16 (4.5)	12 (75.0)	4 (25.0)	<0.001
Employment n(%)				
Government employed	15 (4.21)	14 (93.3)	1 (6.7)	<0.001
Self employed	311 (87.4)	284 (91.3)	27 (8.7)	<0.001
Employed by NGO	16 (4.5)	13 (81.3)	3 (18.8)	<0.001
Other	14 (3.9)	14 (100.0)	0 (0.0)	<0.001
Religion n(%)				
Catholic	236 (65.9)	219 (92.8)	17 (7.2)	<0.001
Protestant	119 (33.2)	103 (86.6)	16 (13.4)	<0.001
Pentecostal	3 (0.8)	3 (100.0)	0 (0.0)	<0.001
Education n(%)				
None	34 (9.5)	30 (88.2)	4 (11.8)	<0.001
Primary	196 (54.8)	185 (94.4)	11 (5.6)	<0.001
Secondary	83 (23.2)	75 (90.4)	8 (9.6)	<0.001
Tertiary	45 (12.6)	35 (77.8)	10 (22.2)	<0.001
Circumcised Partner				
Yes	109 (31.1)	104 (95.4)	5 (4.6)	<0.001
No	241 (68.9)	220 (91.3)	21 (8.7)	<0.001

Tumwesigye

Generally about 71% of respondents had knowledge about male circumcision.

Of whom approximately 45.8% disagreed and 28.8% strongly disagreed to a statement that they don't know about male circumcision.

44.4% disagreed while 29.1% strongly disagreed to a statement that they don't know the benefits of male circumcision; 43.6% agreed while 26% strongly agreed that circumcision reduces the risk of contracting HIV in males.

It was also found out that 48.6% agreed while 24.9% strongly agreed that circumcision of males decreases the risk of contracting sexually transmitted infections; 46.4% agreed while 40.8%

**Table 2: Women's knowledge about safe male circumcision of study participants in Maziba sub county Ndoorwa East Kabale district**

Item	Response				
	Strongly agree	agree	neutral	disagree	Strongly disagree
9.1 I do not know about male circumcision	10 (2.8)	55 (15.4)	26 (7.3)	164 (45.8)	103 (28.8)
9.2. I do not know the benefits of male circumcision	11 (3.1)	57 (15.9)	27 (7.5)	159 (44.4)	104 (29.1)
9.3. Circumcision reduces the risk of contracting HIV in males.	93 (26.0)	156 (43.6)	68 (19.0)	33 (9.2)	8 (2.2)
9.4 Male Circumcision reduces the risk of contracting Sexually transmitted infections	89 (24.9)	174 (48.6)	56 (15.6)	33 (9.2)	6 (1.7)
9.5. Male circumcision improves penile hygiene	146 (40.8)	166 (46.4)	36 (10.1)	8 (2.2)	2 (0.6)
9.6. Circumcision is a commandment from God	11 (3.1)	14 (3.9)	105 (29.4)	96 (26.9)	131 (36.7)
9.7. Male circumcision reduces the risk of contracting cancer of the penis.	80 (22.4)	159 (44.5)	73 (20.5)	24 (6.7)	21 (5.9)
9.8. Circumcised men need to use a condom to protect themselves from HIV/STDs	90 (25.1)	171 (47.8)	55 (15.4)	29 (8.1)	13 (3.6)
9.9. Circumcised men have reduced risk of transmitting a virus that causes cancer of the cervix	122 (34.1)	155 (43.3)	52 (14.5)	22 (6.2)	7 (2.0)

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strongly agreed that Male circumcision improves penile hygiene; 26.9% agreed, 36.7% strongly agreed while 29.4% were neutral to a statement that Circumcision is a commandment from God; 44.5% agreed, 22.4% strongly agreed while 20.5% were neutral to a statement of male circumcision reducing the risk of contracting penile cancer; 47.8% agreed while 25.1% strongly agreed that men who are circumcised need to use a condom to protect themselves from acquiring HIV/STDs; 43.3% agreed while 34.1% strongly agreed that Circumcised men have reduced risk of transmitting a virus that causes cancer of the cervix.

**Table 3: Overall knowledge of respondents.**

Responses	Frequency	Percent	Cumulative Percent
1.00	66	18.4	18.4
2.00	188	52.5	70.9
3.00	78	21.8	92.7
4.00	22	6.1	98.9
5.00	4	1.1	100.0
Total	358	100.0	

**Table 4: Knowledge level and involvement in male circumcision**

		q8.2male partner circumcised				Total
		0	1	2	3	
knowledge	1.00	29	37	0	0	66
	2.00	115	60	1	7	183
	3.00	61	10	1	3	75
	4.00	21	1	0	0	22
	5.00	3	1	0	0	4
Total		229	109	2	10	350

## DISCUSSION

### Level of knowledge of women about voluntary medical male circumcision.

Approximately 74% of women had knowledge about VMMC indicating a good level of Knowledge in the community. This finding did not agree with [6] who reported that 64% of women knew male circumcision. This finding is also consistent with previous studies conducted in Kenya's Nyanza Province, where 81% of women believed uncircumcised men were more likely to contract STIs than circumcised men [7], and women in Jamaica (20.4%) believed male circumcision reduced the risk of STIs [8], indicating a high level of knowledge. The finding of good knowledge level could be due to availability of VMMC radio campaigns by USAID-RHITES and having about 90.5% respondents as having attained a primary and post primary level of formal education.

Circumcision reduces the risk of HIV infection in males, according to 69.6% of respondents (43.6% agreed and 26 % strongly agreed). It was also discovered that 73.5 % agreed with the assertion that male circumcision reduces the risk of obtaining sexually transmitted infections (48.6 % agreed, 24.9 % strongly agreed). Surprisingly, more than 87 % believe male circumcision improves penile cleanliness (46.4 percent agreed while 40.8 percent strongly agreed that Male circumcision improves penile hygiene). This discovery has consequences for risk compensation because it may lead to women engaging in dangerous sexual conduct. These findings could be due to Voluntary medical male circumcision campaigns that were being conducted by USAID RHITES on radios and VMMC camps.

## CONCLUSION

Majority of women in the community had Knowledge

about Voluntary Medical Circumcision.

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