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Level of Women Involvement in Voluntary Medical Male Circumcision in Maziba Sub-County Ndorwa East, Kabale District

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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. Study participants had a mean age of 33 years and peasants were the majority. About 71% of women had knowledge about circumcision. Majority of women in a community setting have good Knowledge and negative attitude towards male circumcision. Majority of women who had negative attitude towards male circumcision thought it was a painful procedure.

Keywords: Women, voluntary, 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 [1,2,3,4]. 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 [3,5,6,7].

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 [4,5,6,7,8,9]. In 2010, Uganda implemented a safe male circumcision (SMC) policy as part of a comprehensive HIV prevention approach that included abstinence, faithfulness to one partner, and condom usage (ABC). 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 [6,10,11,12,13,14,15,16,17].

The study was done to determine the level of women involvement in voluntary medical male circumcision in Maziba sub county Ndorwa East Kabale district.

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 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 mean age of the study participants was 33 years, and 71% of them were peasants. Approximately 60% were catholic women and less than 13% had attained tertiary education. Only 31% of the participants reported that their male partner was circumcised.

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

Variable	Overall	Marital status		
	N=358	Married(n=325)	Other (n=33)	P-value
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

Table 2. Approximately 56% (61/109) of women with circumcised male partners were involved in male circumcision of their partner. The activities they were involved in included wound care (84%), 6 weeks abstinence (95%), decision making (51%) and partner escorting to the health facility (24%). Non married women were also involved in supporting their partners about circumcision (5%) with a larger number (7%) being helpful in escorting partner to health facility for circumcision.

Table 2. Level of women involvement in safe male circumcision among women with circumcised male partners in Maziba sub county Ndorwa East Kabale district

Did you support your spouse in circumcision	Overall	Married	Others	P-value
No	48 (44.0)	46 (95.8)	2 (4.2)	<0.001
Yes	61 (56.0)	58 (95.1)	3 (4.9)	<0.001
In what ways did you help him?				
a) Advising him about male circumcision				
No	27 (44.3)	26 (96.3)	1 (3.7)	<0.001
Yes	34 (55.7)	32 (94.1)	2 (5.9)	<0.001
b) Decision making				
No	30 (49.2)	27 (90.0)	3 (10.0)	<0.001
Yes	31 (50.8)	31 (100.0)	0 (0.0)	<0.001
c) Escorting him				
No	45 (76.3)	42 (93.3)	3 (6.7)	<0.001
Yes	14 (23.7)	14 (100.0)	0(0.0)	<0.001
d) Wound care				
No	10 (16.4)	10 (100.0)	0 (0.0)	<0.001
yes	51 (83.6)	48 (94.1)	3 (5.9)	<0.001
e) 6 weeks abstinence				
No	3 (5.0)	2 (66.7)	1 (33.3)	0.22
Yes	57 (95.0)	55 (96.5)	2(3.5)	<0.001
If partner not circumcised would you support him in circumcision				
No	31 (12.9)	29 (93.5)	2 (6.5)	<0.001
Yes	209 (87.1)	200 (95.7)	9 (4.3)	<0.001

DISCUSSION

The study found that approximately 56% of women with a circumcised male partner were involved in VMMC and 87.1% of women with uncircumcised partners were willing to support their male partners in circumcision. The findings of the study agree with [7] who reported that 57.9% of women supported in male circumcision in 2007 cross sectional survey. The majority of women whose partners were circumcised reported having discussed circumcision with their partners before he got circumcised, which included discussing the positive aspects of VMMC, such as reduced HIV risk, reduced STI risk, and reduced penile problems like swelling, according to a study by [8] in Nyanja province Kenya.

The delivery of VMMC services provides a critical opportunity to reach men and women in stable relationships with the support they need to talk about and adopt HIV preventive behaviors.

The finding could be due to the fact that most VMMC health education and communication messages are passed on to men and forgetting female partners as most people view male circumcision as only men's service.

CONCLUSION

More than half of women get involved in male circumcision of their male partners either before the procedure, escorting their partners, wound care, 6 weeks abstinence or in decision making.

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