

MEDICAL REASONS FOR PERFORMING ADULT MALE CIRCUMCISIONS IN SWAZILAND

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ABSTRACT

Following recommendations by the world Health Organization, Swaziland has adopted mass male circumcision in an effort to reduce sexual transmission of HIV. Few Swazi men request circumcisions despite nation-wide circumcision campaigns. This implies that the reduction of the probability of HIV transmission, through circumcision, might not be a sufficient cause to convince people to undergo circumcision. It is thus necessary to reinforce this drive with other motives, such as medical reasons, to boost the acceptance of circumcision. However, it was uncertain whether there were any prevalent medical problems warranting adult male circumcisions in Swaziland. This study aimed at identifying medical reasons that motivated men to undergo circumcisions in Swaziland.

A generic qualitative study was conducted, in which 17 men were interviewed individually. Data were coded, grouped and themes identified. Results showed that medical problems warranting circumcision included congenital abnormalities and delicacy of the foreskin, which interfered with cosmetic and sexual functions of the penis. Medical reasons could be used as relevant additional motives for circumcision in Swaziland to reduce HIV transmission. It is recommended that medical reasons for circumcision be incorporated into Swaziland's national mass circumcision campaigns.

KEYWORDS: male circumcision, medical reasons for male circumcisions, motivations for undergoing male circumcisions in Swaziland

INTRODUCTION AND BACKGROUND INFORMATION

Male circumcision refers to the surgical removal of all or part of the prepuce/foreskin of the penis. This practice is done for religious, cultural, social, hygiene or medical reasons (WHO, 2009a:5). It is estimated that approximately 30% of all males worldwide are

circumcised, about two thirds of them being Muslims (WHO, 2009b:10; WHO & UNAIDS, 2007:7). The prevalence of circumcision varies from time to time and from country to country, depending on cultural, religious, ethical, public health and other factors that influence the practice of circumcision (Castro, Jones, Lopez, Barradas & Weiss 2010: 268).

Traditionally Swaziland has been practising male circumcision widely in the past as part of the initiation rites into adulthood, but the practice waned with urbanisation and westernisation (WHO, 2006:510; WHO, 2009b:17). According to the Swaziland Demographic and Health Survey of 2006-07, only 8.2% of men aged 15–49 were circumcised countrywide Central Statistical Office (CSO, 2008:176). Traditionally Swaziland has been practising male circumcision widely in the past as part of the initiation rites into adulthood, but the practice waned with urbanisation and westernisation (WHO, 2006:510; WHO, 2009b:17). According to the Swaziland Department of Health Survey (SDHS, 2006-07), only 8.2% of men aged 15–49 were circumcised countrywide (CSO [Swaziland], 2008:176). However, the potential protective effect of circumcision to reduce the chances of HIV infection brought a new reason for scaling up circumcisions in Swaziland (Avert, Taljaard, Lagarde, Sobngwi-Tambekou, Sitta, & Puren, 2005:298). Swaziland has the highest prevalence of HIV and AIDS worldwide, estimated at 26.3% among the economically active group, aged 15–49 (USAID, 2010). As many as 11 958 people in the country died of HIV/AIDS in 2008 (UNDP, 2009). Life expectancy at birth, which has been rising over the past three decades has fallen from about 60 in the 1990s to 31 years in 2007, less than half of what it would be without AIDS (NERCHA, 2010:10). With all this impact already evident, the incidence rate of HIV is still significantly high, estimated at 2.9% in 2009 (NERCHA, 2012:2). Because of this situation, the WHO's recommendation of making circumcision an additional measure for reducing HIV transmission was adopted in Swaziland.

In 2007, the Government of Swaziland introduced a policy on male circumcision, with the goal of reducing the spread of HIV and to achieve an HIV-free generation in the country (CSO [Swaziland], 2008:176; WHO, 2009a:4). Many activities were implemented to scale up circumcision, such as integrating circumcision into already existing health care facilities, establishing new circumcision centres, training personnel as well as raising awareness through campaigns (WHO, 2006:509; WHO, 2008:8; Nqeketo, 2010; Mazzotta, 2011). These strategies helped to increase the prevalence of circumcision in Swaziland from 8.2% in 2007 to 14% in 2008 and 19% in 2010 (CSO [Swaziland], 2008:177; WHO, 2008:4; CSO [Swaziland] & UNICEF, 2011:229). The numbers are gradually decreasing, making it difficult for the country to meet its targets unless efforts are strengthened to increase the number of male circumcisions in Swaziland (Nqeketo, 2010). In collaboration with non-governmental organisations, Swaziland launched an initiative at the beginning of 2011 to circumcise between 125 000 and 175 000 HIV negative males aged 15–49 during a 12-month period (AVERT,

2012). The campaign was known as “Soka Uncobe,” a siSwati expression meaning “circumcise and conquer” (Mazzotta, 2011). Only 460 (1%), out of about 44 000 male high school pupils in Swaziland, indicated an interest in being circumcised by August 2011 (Geldenhuys, 2011:21). Reducing the chances of HIV transmission was not a sufficient motive to convince Swazis to undergo circumcision. There is a need to reinforce it with other or potential benefits during the campaigns.

In Swaziland, religious or cultural motives are not important since Swaziland’s population generally consists of a homogeneous population of non-circumcising religious and ethnic groups. Motives like hygiene and social desirability are individualised but non-lethal compelling few men to undergo circumcision. However, medical reasons are not optional, and if not addressed they might interfere with one’s quality of life. Ignorance about circumcision, as a possible remedy for some problems, could prevent these men from considering circumcisions. Unless people are sensitised about the medical benefits of circumcision, its utilisation might remain limited. This will impinge on the overall utilisation of circumcision and the ultimate goal attainment by the national circumcision campaigns. However, in order to convince people about the relevance of this motive for circumcision, it is necessary to have tangible evidence of the prevalence of such medical problems that warrant circumcision as a possible solution. Within the context of Swaziland no such evidence could be found.

STATEMENT OF THE RESEARCH PROBLEM

The medical conditions that commonly warrant circumcision, as a treatment option, include phimosis, balanoposthitis and balanitis xerotica (Spilsbury, Semmens, Holman & Wisniewski, 2003:156). Phimosis refers to the narrowing of the orifice of the prepuce, leading to an inability to retract the foreskin, or prepuce, over the glans penis. This may be congenital during childhood (Rickwood, 1999:46) or may result from recurrent infections later in life such as balanoposthitis, often secondary to poor hygiene or underlying medical conditions like diabetes mellitus (Terlecki & Kim, 2011). Other inflammatory conditions like lichen sclerosus et atrophicus and balanitis xerotica obliterans may also result in phimosis (Aynaud, Piron & Casanova, 1999). In its severe form, phimosis may cause pain on voiding, urinary retention, urinary tract infections, localised skin infections, and calculi. Later in life it may also be associated with sexual dysfunction and squamous-cell carcinoma (Spilsbury et al., 2003:155). Such complications necessitate circumcisions.

Limited numbers of men underwent circumcisions in Swaziland (Nqeketo, 2010). This might be attributed to a lack of tangible evidence of the prevalence, and hence relevance, of these motives among the Swazi community. A study by Spilsbury et al. (2003:156) showed that 56% of all circumcisions performed in Western Australian hospitals were medically indicated. The main indication was phimosis followed by balanoposthitis and

then balanitis xerotica. According to Rickwood (1999:47) the incidence of phimosis reaches a peak just before puberty and in general, approximately 1.5% of all boys are affected by this condition by the age of 17.

It is uncertain whether there are such, or similar problems in Swaziland. Apparently, none has been documented to be prevalent and hence relevant among the Swazi adult males. This study aimed at identifying medical reasons for circumcision in Swaziland.

PURPOSE AND OBJECTIVE OF THE STUDY

The purpose of the study was to explore the reasons for which Swazi men undergo circumcisions, with a specific focus on identifying medical reasons underlying adult male circumcisions. The objective was to design evidence-based recommendations aimed at strengthening the on-going circumcision campaigns by incorporating and/or strengthening medical reasons as a motive for circumcision.

Definitions of keywords/concepts

Male circumcision refers to the surgical removal of all or part of the prepuce/foreskin in a male. Prepuce, also known as the foreskin, refers to the covering fold of skin over the tip of the penis. Under normal circumstances, the foreskin can be freely pulled back and forth to expose or cover the glans penis. Primarily it serves as a source of genital sensation and pleasure as well as protecting the glans penis.

A medical reason is a rationale that is based on, or rooted in, the need to attain healing. Healing entails restoration of optimum structure and/or function of the body or body part. Thus, a medical reason has an underlying abnormality or impairment in structure and/or function.

Motive refers to an idea, belief, emotion, desire, physiological need, or similar impulse that acts as an incitement to action. Motives are inspirations which constitute an internal drive towards fulfilment of one's physiological or psychosocial needs or desires, such as freedom from pain.

RESEARCH METHODOLOGY

A generic qualitative research design was used, targeting all men in Swaziland who had been circumcised or agreed to undergo circumcision. Participants were selected by convenience sampling as they came for circumcision or related services to the Family Life Association of Swaziland (FLAS) in Mbabane. Sampling and data collection were done concurrently and continuously, by interviewing individual participants, until data

saturation was attained. Data were collected through in-depth unstructured face-to-face interviews. Participants had an option to be interviewed either in English or siSwati. The interviews were based on the grand tour question “what has made you to make up your mind and come for circumcision”. Further probing questions were asked based on each participant’s response. With permission from the participants, the interviews were audiotaped. In addition to the audiotaped verbal conversations, field notes were also kept.

DATA ANALYSIS

Data were analysed manually using the generic process of qualitative data analysis, as described by Creswell (2003:191-195). The major steps in the process included transcription of the interviews from the audiotapes and merging the transcripts of the interviews with field notes into one written document. The transcripts were read many times while coding and categorising the data into similar segments. The main themes for analysis were identified. Each theme was described separately. Ultimately, the data were interpreted, formulating an exhaustive description of the medical reasons influencing Swazi men’s decisions to be circumcised.

DISCUSSION OF RESEARCH RESULTS

A total of 17 Swazi men were interviewed as the sample size was determined by data saturation. The sample comprised men who were waiting for the procedure as well as men who had already been circumcised. Their ages ranged from 19 to 42. While some were employed, others were unemployed school leavers or students either at high school or tertiary education institutions. All participants could effectively communicate in English even though the least educated men had only reached grade 7 in school.

Some participants resided in the urban area of Mbabane while others came from semi-urban or rural areas. All participants were Swazi men who spent much time in South Africa either working or pursuing further education or staying with relatives. Only one participant was a Mozambican who resided and worked permanently in Swaziland. All participants were Christians except one who did not belong to any specific religion.

Based on the transcribed interviews, the following themes were identified.

The main themes

Medical reasons that influenced Swazi men’s decisions to be circumcised are summarised in table 1.

Table 1: Themes and categories indicating Swazi men's reasons for circumcision

Theme	Category
Congenital malformations	The foreskin is too big leading to impaired: cosmetic function sexual function
Delicacy of the foreskin	The foreskin is prone to tearing, leading to: pain increased risk of infection

Congenital malformations

Congenital malformations, also known as congenital anomalies or birth defects, are developmental disorders of the embryo and fetus, which can have cosmetic and/or functional significance. These can be categorised as structural, functional, metabolic and hereditary conditions (Kurinczuk, Hollowell, Boyd, Oakley, Brocklehurst & Gray, 2010:1). They can also be categorised as major or minor, depending on the severity of the impairment of function or appearance. Major congenital malformations can be identified at birth, and treated as soon as possible, while the minor ones could be left till adulthood or for life. This explains why abnormalities like phimosis and non-separation of the foreskin, described as the major medical reasons for circumcision in the reviewed literature, were not identified in this study, focussing on adults. The only congenital malformation identified during this study was enlargement of the foreskin, which is a minor abnormality with some cosmetic and sexual functional impairment.

Cosmetic functional impairment

Cosmetic functions entail superficial measures to make something or someone appear better, more attractive, or more impressive. It emerged in this study that an enlarged foreskin, though not lethal, distorted the natural appearance of the penis causing concern to the affected individuals, especially during puberty and early adulthood. From a psychosocial perspective, adolescents, at the stage of identity versus role confusion, according to Erikson's Theory of Psychosocial Development, are concerned about their secondary sexual development and compare their bodies with their peers' bodies. Any penis anomaly is likely to cause anxiety (Baron, Kalsher & Henry 2008:278). One participant, motivated to undergo circumcision by this concern, stated:

"I always wanted to circumcise because, you know, when we were with a group of friends, like, I was in a hostel, so when we were going to take a shower it was only my foreskin which was like longer than the others."

Circumcision for cosmetic purposes is not an uncommon phenomenon. Some new circumcision techniques are invented to improve the cosmetic result of circumcision

(Brisson, Patel & Feins, 2002). However, circumcisions for cosmetic purposes, with an underlying abnormality like enlargement of foreskin, are not widely documented. Possibilities are that, such abnormalities are rare, or people endure living with these abnormalities because they might lack information about circumcision as a possible remedy. Any abnormality in structure might be associated with some degree of impaired function, making it difficult to endure.

Sexual function impairment

Impairment in sexual function, secondary to an enlarged foreskin, was another motive for circumcision. One participant expressed this problem as follows:

“Basically I had a problem with my foreskin, it was like big, very big, such that it really affected me when I was using a condom, and for hygienic purposes of course.”

According to Erikson’s Psychosocial Theory, boys at the adolescent age start to experiment with sex. As they move into the intimacy versus isolation stage, in addition to the appearance of their sexual organs, they also start to be anxious about their sexual performance, at the same time fearing the issues of unwanted pregnancies, sexually transmitted diseases and HIV and AIDS (Baron, Kalsher & Henry 2008:278). Some might lack courage to consider medical circumcision with the aim of promoting their sexual activities. Circumcision might not be socially acceptable at that stage. Some might not even be aware of circumcision as a possible solution.

Delicacy of foreskin

The inner foreskin is generally thin and susceptible to tears. This feature seems to be worse in some individuals, affecting their sexual function and threatening their safety. One participant said:

“Another thing that pushed me is sometimes when you are making love, the skin, the foreskin, it tears sometimes. You find that it gets cracks, so when I heard that FLAS is doing [circumcision] and you don’t have to wait for a long time to be circumcised I went in.”

These tears of the foreskin diminish the pleasure of sexual intercourse among individuals. Participants felt that these tears served as portals of entry for HIV. This problem of “cracks” or tears on the foreskin seemed to compound, and at times be masked by, the problem of sexually transmitted diseases (Edgar, 2007:2096). The following quotation from one participant illustrates these experiences:

“Early January [2012] I had STIs, like my penis was cracking. So when he [a member of the circumcision campaign team] told me that you reduce the risk of getting STIs and HIV [by circumcision] I decided to circumcise [sic].”

The delicacy of the foreskin has not been documented as an independent or isolated medical reason for circumcision. The commonly cited reason would be prevention or treatment of STIs (WHO & UNAIDS, 2007:7). This problem could be addressed by circumcision.

CONCLUSIONS

Some medical reasons warranted circumcision among adult Swazi men. The identified reasons included enlargement of the foreskin, which interfered with the cosmetic and sexual functions of the penis. These abnormalities became a cause of concern during puberty when individuals started to be concerned about their sexuality. Delicacy of the foreskin was another reason which surfaced when individuals started to be sexually active. While these problems were not life threatening, they had significant psychological impacts. Affected men might not be aware of circumcision as a remedy for such problems.

RECOMMENDATIONS

It is recommended that medical reasons for circumcision should be integrated into the national circumcision campaign, as a motive for circumcision in addition to the reduction of HIV transmission.

LIMITATIONS OF THE STUDY

The study was conducted at only one site, on a limited number of participants. Thus the results might not be generalised to Swazi men. The prevalence of the identified medical problems among Swazis could not be ascertained.

REFERENCES

- Auvert, B, Taljaard, D, Lagarde, E, Sobngwi-Tambekou, J, Sitta, R & Puren, A. 2005. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 Trial. *PLoS Medicine*, 2(11):e298. Available at: <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0020298> (accessed on 5 August 2011).
- AVERT. 2012. *HIV and AIDS in Swaziland*. Available at: <http://www.avert.org/aids-swaziland.htm> (accessed on 20 July 2011).

- Aynaud, O., Piron, D. & Casanova, J.M. 1999. Incidence of preputial lichen sclerosis in adults: histologic study of circumcision specimens. *Journal of the American Academy of Dermatology*, 41(6):923-926.
- Baron, R.A., Kalsher, M.J. & Henry, R.A. 2008. *Psychology: from science to practice*. 2nd edition. Boston: Pearson Education.
- Brisson, P.A., Patel, H.I. & Feins, N.R. 2002. Revision of circumcision in children: report of 56 cases. *Journal of Pediatric Surgery*, 37(9):1343-1346. Available at: <http://www.sciencedirect.com/science/article/pii/S0022346802000921> (accessed on 06 November 2012).
- Castro, J.G., Jones, D.L., Lopez, M., Barradas, I., & Weiss, S.M. 2010. Making the case for circumcision as a public health strategy: opening the dialogue. *AIDS Patient Care and STDs*, 24(6):367-372.
- Central Statistical Office [Swaziland] & UNICEF. 2011. *Swaziland Multiple Cluster Indicator Survey 2010. Final Report*. Mbabane. Available at: http://www.childinfo.org/files/MICS4_Swaziland_FinalReport_2010_Eng.pdf (accessed on 5 June 2012).
- Central Statistical Office [Swaziland]. 2008. Swaziland Demographic and Health Survey 2006-07. Available at: <http://www.measuredhs.com/pubs/pdf/FR202/FR202.pdf> (accessed on 5 August 2011).
- Creswell, J.W. 2003. *Research design: qualitative, quantitative and mixed method approaches*; 2nd edition. Thousand Oaks, CA: Sage.
- Edgar, E.J. 2007. Should newborns be circumcised? Yes. *Canadian Family Physician*, 53(12):2096-2098. Available at: <http://www.cfp.ca/content/53/12/2096.short> (accessed on 06 November 2012).
- Geldenhuys, N. 2011. Only 460 boys interested in 'Back to School' circumcision. *Times of Swaziland*, 25 August: p21.
- Kurinczuk, J.J., Hollowell, J., Boyd, P.A., Oakley, L., Brocklehurst, P. & Gray, R. 2010. Inequalities in infant mortality project briefing paper 4. The contribution of congenital anomalies to infant mortality. Oxford: National Perinatal Epidemiology Unit. Available at: <https://www.npeu.ox.ac.uk/files/downloads/infant-mortality/Infant-Mortality-Briefing-Paper-4.pdf> (accessed on 30 October 2012).
- Mazzotta, M. 2011. Science Speaks: HIV & TB News. Swaziland embarks on ambitious plan to circumcise 80 percent of men 18 to 49 this year. *Centre for Global Health Policy*. Available at: <http://sciencspeaksblog.org/2011/03/04/swaziland-embarks-on-ambitious-plan-to-circumcise-80-percent-of-men-18-to-49-this-year/> (accessed on 30 August 2011).
- National Emergency Response Council on HIV and AIDS. 2010. Monitoring the declaration of the commitment on HIV and AIDS (UNGASS). Swaziland country report, March 2010. Available at: https://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/swaziland_2010_country_progress_report_en.pdf (accessed on 10 November 2012).
- National Emergency Response Council on HIV and AIDS. 2012. *Swaziland country report on monitoring the political declaration on HIV and AIDS. March 2012*. Available at: http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2012countries/ce_SZ_Narrative_Report%5B1%5D.pdf (accessed on 11 June 2012).
- NERCHA - see *National Emergency Response Council on HIV and AIDS*.
- Nqeketo, A. 2010. Male circumcision country update, Swaziland, 8-10 June 2010, Arusha, Tanzania. Available at: www.malecircumcision.org (accessed on 11 June 2012).
- Rickwood, A.M.K. 1999. Medical indications for circumcision. *British Journal of Urology International*, 83(Suppl 1):45-51.

- Spilsbury, K., Semmens, J.B., Holman, C.D.J. & Wisniewski, Z.S. 2003. Circumcision for phimosis and other medical indications in Western Australian boys. *Medical Journal of Australia*, 178(4):155-158.
- Terlecki, R.P. & Kim, E.D. 2011. *Phimosis, adult circumcision, and buried penis*. Medscape. Available at: <http://emedicine.medscape.com/article/442617-overview> (accessed on 24 October 2012).
- UNDP - see United Nations Development Programme.
- United Nations Development Programme. 2009. *UNDP in Swaziland – GOAL 6: combat HIV/AIDS, malaria and other diseases*. Available at: http://www.undp.org.sz/index.php?option=com_content&view=article&id=35&Itemid=64 (accessed on 10 June 2011).
- United States Agency for International Development. 2010. Swaziland. HIV/AIDS Health profile. Available at: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/swaziland_profile.pdf (accessed on 20 July 2011).
- USAID. See United States Agency for International Development.
- WHO – see World Health Organization
- World Health Organization & UNAIDS. 2007. Male circumcision: global trends and determinants of prevalence, safety and acceptability. Available at: http://www.malecircumcision.org/media/documents/MC_Global_Trends_Determinants.pdf (accessed on 07 May 2012).
- World Health Organization. 2006. Demand for circumcision rises in a bid to prevent HIV. Bulletin of the World Health Organization 84(7):509-514. Available at: <http://www.who.int/bulletin/volumes/84/7/news.pdf> (accessed on 4 August 2011).
- World Health Organization. 2008. Circumcision Saturday: A case study from Swaziland. Available at: http://www.malecircumcision.org/publications/documents/WHO_Case_Study_MC_Swaziland_19_May_2008.pdf (accessed on 7 May 2012).
- World Health Organization. 2009a. *Country experiences in the scale-up of male circumcision in the Eastern and Southern Africa Region: Two years and counting. A sub-regional consultation Windhoek, Namibia June 9-10 2009*. World Health Available at: http://www.who.int/hiv/pub/malecircumcision/cntry_experiences_se_africa_06.09.09.pdf (accessed on 14 August 2011).
- World Health Organization. 2009b. Traditional male circumcision among young people: a public health perspective in the context of HIV prevention. Geneva. Available at: http://www.malecircumcision.org/programs/documents/TMC_final_web.pdf (accessed on 07 May 2012).