

Perceptions of Men regarding Voluntary Circumcision at a Male Clinic in Lesotho

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Abstract

The prevalence of medical male circumcision in Lesotho remains low even though efforts are made to encourage men to be circumcised. In Lesotho, as one of the countries with a high prevalence of the human immunodeficiency virus (HIV), male circumcision aims at reducing new infections and averting AIDS-related deaths. The aim of this study was to gain an understanding of the perceptions of men regarding voluntary medical male circumcision in Morija, Lesotho. A descriptive, explorative and contextual qualitative study was conducted using in-depth unstructured individual interviews with 10 uncircumcised men who are aged between 29 to 83 years. Tesch's method of descriptive data analysis revealed the following themes: (1) perceived health beliefs (protection from diseases, sexual beliefs and personal hygiene), (2) perceived community-held beliefs (stigma, traditional and religious obligation), (3) men's knowledge regarding circumcision, and (4) perceived misconceptions about circumcision (the right time for circumcision, myths and contraindications to circumcision). Men voiced their opinion that circumcision reduces their chances of being infected with HIV even though they are not circumcised. Improved sexual pleasure tends to be in the mindset of uncircumcised men as they perceive circumcision as improving sexual pleasure. It was therefore concluded that men's perceptions of circumcision are diverse. The uptake of male circumcision depends on influencing the perceptions of men, facilitating access of circumcision services, and ensuring a supportive social support system for uncircumcised men. There is a need to upgrade already existing circumcision policies to include the above.

Keywords: human immunodeficiency virus; Lesotho; male clinic; perceptions; sexually transmitted infections; voluntary medical male circumcision



Introduction

Male circumcision entails the removal of the foreskin which is the tissue that covers the glans of the penis. Maibvise and Mavundla (2015) explain that the aim of the removal of the foreskin is to reduce the risk of human immunodeficiency virus (HIV) transmission and the susceptibility to other sexually transmitted infections (STIs). The Lesotho Ministry of Health (2016a, ix) explains that Lesotho is the third country with the highest prevalence of HIV in the world with an estimate of 23 per cent of the total population. The major route of transmission of HIV is of a sexual nature and circumcision can play a major role in halting the spread.

In 2007, the World Health Organization (WHO) recommended voluntary medical male circumcision (VMMC) as a comprehensive additional strategy for HIV prevention especially in areas where there is a high prevalence of HIV and low circumcision rates (WHO 2012). The WHO (2012) explains that VMMC reduces the chances of HIV and STIs transmission from females to males by 60 per cent. Moreover, VMMC saves costs by preventing new HIV infections hence reducing the number of people needing antiretroviral treatment (ART).

Skolnik et al. (2014) explain that VMMC was initiated as a campaign in Lesotho in 2012. The aim was to circumcise as many males as possible. At the end of 2013, 42 000 men between the ages of 15 and 29 years have been circumcised nationally. The national target of VMMC was 250 000 from 2012 to 2016 but only 100 000 males have been circumcised at the end of 2015 and this shows that there were some challenges in meeting those set targets.

In this article, the problem identified is the low medical circumcision rate, as the Lesotho Ministry of Health (2016b, 199) reports that the circumcision prevalence is 23 per cent in men aged between 14 to 49 years and that the prevalence of HIV tends to increase in areas where there is low circumcision. The article aimed at gaining an understanding of the perceptions of men regarding VMMC in Morija, Lesotho. The objectives were to explore and to describe the perceptions of men regarding VMMC and to make relevant recommendations on how to promote the uptake of VMMC.

Research Methods

Research Approach and Design

A qualitative research design that is explorative, descriptive and contextual in nature was used to gain insight on men's perceptions towards VMMC. A qualitative design was opted for because the researcher wanted to collect this information in a natural environment. The design had to be explorative and descriptive because the researcher wanted to explore in-depth the perceptions of men on VMMC and to subsequently describe these perceptions. In addition, the design had to be contextualised because the researcher wanted to present the findings in the context of the population studied which

is “uncircumcised men at a male clinic in a hospital in Morija Lesotho” (Creswell 2014, 243).

Population and Sample

The population consisted of uncircumcised men at a male clinic seeking other health services besides VMMC. After the population had been identified, the sampling technique had to be chosen. The researcher used purposive sampling which is a type of non-probability sampling approach. Purposive sampling refers to selecting participants that are knowledgeable about the question at hand (Brink, Van der Walt, and Van Rensburg 2012, 141). Uncircumcised men were selected through purposive sampling because they had various reasons of not being circumcised. The number of participants interviewed was determined by data saturation as described by Polit and Beck (2012, 523).

Ethical Considerations

Before conducting the study, the researcher wrote letters of request to the Lesotho Ministry of Health and the Scott Hospital Medical Superintendent explaining the purpose of the study and how the participants will be protected. Written permission letters were received from the two authorities. Permission was also obtained from the men who volunteered to participate in the study and consent forms were signed. The participants were informed that they have a right to terminate their participation at any point and the researcher did not share the recordings of the interview with people not directly involved in the study. In addition, each participant was identified by a code name so as to enable them the freedom to voice their submissions as described by Brink, Van der Walt, and Van Rensburg (2012, 37).

Data Collection

Data were collected by means of in-depth face-to-face unstructured individual interviews and field notes. The interviews allowed uncircumcised men to tell their perceptions on VMMC with minimal interruptions. The interviews were digitally recorded with an audiotape recorder and later transcribed verbatim. Recording allowed the researcher not to misinterpret what the participants had said during the data analysis as described by Van Rensburg (2010, 183).

The interviews were based on the following central question: “What is your understanding regarding voluntary circumcision?” In order to ensure that the central question be adequately dealt with during the interviews, the researcher used facilitative communications skills which included facilitative statements and facilitative questions as outlined by Mavundla, Poggenpoel and Gmeiner (2011, 18).

Data Analysis

The recordings from the audiotape recorder were transcribed verbatim and the analysis was performed following the eight steps of data analysis as spelt out by Tesch cited by Creswell (2014, 248). Transcripts were read repeatedly in order to get the sense of the information. Similar topics were clustered together and the main themes were identified and described. In order to assist in the interpretation and trustworthiness of the findings, a literature review was conducted and the findings were discussed with reference to the reviewed literature (Brink, Van der Walt, and Van Rensburg 2012, 72).

Trustworthiness

In order to ensure validity and reliability of the research, the researcher utilised the trustworthiness criteria as recommended by Lincoln and Guba cited in Streubert and Carpenter (2011, 316), namely credibility, dependability, confirmability and transferability. In order to ensure confidence in the truth of the data and their subsequent interpretations, the researcher applied the credibility criterion. The researcher ensured prolonged engagement, jotted down and kept field notes and also conducted literature control to link the findings with the previous research.

To ensure the reliability of the data after some time, a strategy of dependability was applied. This is where the researcher ensured that all the processes within the study and study methods were reported in detail (dense description). In order to ensure objectivity, where the findings are the results and experiences of the respondents and not the preferences of the researcher, a strategy for confirmability was applied. Confirmability was enhanced by availing tape recorded information of raw data, field notes and a research report for an external audit. To ensure the extent to which the findings of the study can be applicable to other settings or groups, the transferability criterion was considered. The researcher provided a thick description of the phenomena under investigation (Polit and Beck 2012, 584).

Results

The data analysis revealed three themes and literature control was also done to link the findings with previous research (Mavundla 2000, 1573).

Theme 1: Health Beliefs about Circumcision

This theme emerged as the participants explained that they have some health beliefs about circumcision even though they are not circumcised. This study revealed the following perceptions on health beliefs about circumcision: protection from diseases, sexual beliefs about circumcision and personal hygiene.

Protection from Diseases

Most of the participants explained that they perceive VMMC as a means of protecting men and women from diseases. These diseases include HIV/AIDS, STIs and cervical

cancer. Almost all of the participants explained that circumcision provides a certain degree of protection from diseases but that men must also make use of other protective methods against diseases. This is what one participant said about protection from diseases:

It is important because when you are circumcised, you are protected from many diseases. These days we only concentrate on HIV and neglect other diseases.

HIV/AIDS Prevention and STIs

On the issue of disease protection, some men perceive VMMC as a strategy to protect one from HIV infection and STIs. Most of the study participants had an understanding that circumcision reduces men's chances of being infected with HIV and STIs and that circumcision does not offer 100 per cent protection from HIV. This is what one participant said in relation to protection from acquiring HIV and STIs:

We have been taught that removal of the foreskin reduces chances of HIV infection and STIs ... Yes, it reduces chances of being infected with HIV by 60 per cent.

The perception that circumcision reduces men's chances of HIV infection and STIs is also supported by literature. Nevin et al. (2015, 10) explain that there is a clear relationship between male circumcision and HIV. In addition, this is also supported by Peltzer (2013, 5417) who explains that circumcision prevents HIV transmission, and by Nevin et al. (2015, 1) who state that this goes hand in hand with clinical trials conducted in South Africa, Uganda and Kenya.

Some study participants were of the view that even if one is circumcised, there is still a need to use condoms and to be faithful to one's partner in order to be protected from HIV and STIs. The Lesotho Ministry of Health (2016a, 4) classifies faithfulness and the use of condoms as general HIV prevention methods. This is what one participant had to say in relation to condom use:

It is encouraged that we use condoms but if one falls in love too deeply; he does not consider the sexual history of that partner or whether that partner has multiple sexual partners.

Circumcision and Reduction of Cervical Cancer

There is a belief among men that male circumcision reduces the chances of cervical cancer in women. This implies that male circumcision does not only offer protection to men, but that women are also benefiting. This is what one participant had to say in relation to cervical cancer:

Yes, even in women the foreskin still causes dangers ... ones like cervical cancer and so on.

This participant believes that the foreskin can still cause ill health in women, just like it does in men. Maibvise (2012, 84) explains that an uncircumcised penis is at the risk of developing human papillomavirus (HPV), hence uncircumcised men are likely to transmit HPV to their sexual partners. Once a female partner is infected with HPV, she is at a higher risk of developing cervical cancer because HPV is the major cause of cervical cancer in women (NHS 2018).

Perceived Sexual Beliefs about Circumcision

Fink, Carson, and Devellis (2002, 2112) explain that there are different beliefs about circumcision and sexual pleasure. Some men believe that circumcision results in decreased sensitivity of the glans of the penis while other contest that belief. According to the study participants, circumcision tends to have an effect on sexual intercourse as it improves sexual pleasure and promotes full penile erection. In addition, a circumcised penis is viewed as more cosmetically attractive than an uncircumcised one.

Improved Sexual Pleasure

Some participants explained that circumcision improves sexual pleasure in both men and women. Some attributed the increased sexual pleasure to the exposed glans of the penis which becomes more sensitive during sexual intercourse. In relation to improved sexual pleasure, this is what a participant said:

They say that when one is circumcised and have sex with a woman, he feels more pleasure, unlike that time when he was doing sex with uncircumcised penis.

Even though this participant is not circumcised, he explains that when his foreskin is retracted during sexual intercourse, he feels much pleasure as compared to when the foreskin is still covering the penis. This is what he had to say:

So when I engage in sexual activity, there is a time when the foreskin is retracted back and I feel a difference in pleasure.

There is a belief that there is a relationship between male circumcision, sexual pleasure and performance. This belief is also supported by Peltzer (2013, 5417) who argues that circumcision increases men's satisfaction during sexual intercourse. Increased sexual pleasure is attributed to the fact that the glans of the penis, which is regarded as most sensitive, is exposed during sexual activity.

Full Penile Erection and Cosmetically Attractive Penis

Some participants had a view that an uncircumcised penis does not erect to its full capacity. This was attributed to the presence of the foreskin which restricts full penile erection. They believe that if a penis is circumcised, it is likely to get fully erect during sexual intercourse, which later leads to increased sexual pleasure in men and women. This is what one participant said in relation to the full erection of the penis:

One other reason that I have noted is that, when the foreskin is still in place, a men's penis does not get full erection ... The penis does not get straight, it gets slanted.

Fink, Carson, and Devellis (2002, 2114) are of the view that circumcision reduces the erectile function. The kind of erection men had prior to circumcision is reduced and men cannot maintain their erection for long. Yang et al. (2013, 308) explain that circumcised men have erection confidence and they are able to maintain penile erection for a longer time.

On the view of a cosmetically attractive penis, one participant explained that even though he is not circumcised, he views circumcised penises as cosmetically attractive. This implies that the penis is looking good and it is aesthetically pleasing. This is supported by Maibvise and Mavundla (2013, 144) who explain that an enlarged foreskin distorts the physical appearance of the penis forcing some men to be circumcised. This is what a participant had to say:

... circumcised penis looks more beautiful cosmetically unlike the uncircumcised one which does not look good at all.

Personal Hygiene

Maibvise and Mavundla (2017) explain that if an action is perceived positively and an individual is knowledgeable about it, he/she is likely to change behaviour. Improved personal hygiene improves self-esteem leading to improved self-confidence.

Penile Hygiene

Some men had an understanding that the foreskin harbours dirt. This dirt can build up at any time even after bathing. The whitish substance, smegma, found under the foreskin is composed of shed epithelial cells and sebum, which are produced by the sebaceous glands (Murtaza 2015). This is what one participant had to say in relation to penile hygiene:

I have seen that when there is a foreskin, I have noticed the foreskin sometimes collects some dirt ... You will find that this [foreskin] acts as a cover and there is white dirt that looks like 'pap' of which Basotho men call it 'mikhona'.

Evidence suggests that an uncircumcised penis can harbour various microorganisms and dirt (Gasasira et al. 2012). This is made possible by the presence of the foreskin which is a good medium for microbial growth. Peltzer (2013, 5417) and Macintyre et al. (2014, 4) support the above belief as they explain that it is believed that men carry a lot of dirt after sexual activity especially under their foreskin, and therefore circumcision can improve penile hygiene.

Theme 2: Community-held Beliefs about Circumcision

In this study, the participants were from different communities which have different values, norms and morals. In this respect, men's perceptions were based on tradition and religion. This theme emerged as participants explained that circumcision is viewed differently by various communities or groups.

Traditional Obligation and Passage to Manhood

In some cultures, circumcision is viewed as a traditional obligation and a male is obliged to be circumcised in order to be regarded as a man. The inference that can be drawn here is that circumcision is regarded as a passage to manhood (Mavundla et al. 2009, 401). One participant said the following about traditional obligation and passage to manhood:

I have worked with the Xhosas of Transkei in Republic of South Africa in the mines. So, Xhosas when you are in the 'change house' and bath, they look at your genitals. If they see that the head of the penis is exposed and there is no foreskin, they will say 'indoda lena' meaning 'this is a real man'. But when the penis is still covered with the foreskin, they will call that person 'inkwenkwe', meaning 'just a boy'.

Some nations are traditionally circumcising while others are not. Macintyre et al. (2014, 3) explain that some men regard circumcision as a tradition of some tribes and if they get circumcised, this implies that they are leaving their tradition for a different one. Corduk et al. (2013, 171) supports the above belief as they explain that in Turkey, men regard circumcision as a mission or an obligation.

Circumcision as a Christian Religious Belief

An elderly man aged 73 years explained that according to Christian religious belief, it is the duty of every man to be circumcised. It is God's will that all men and boys need to be circumcised. Maibvise and Mavundla (2014, 107) explain that some Christian men went for circumcision because they wanted to look like Jesus Christ as he was circumcised. This is what the participant had to say in relation to religious obligation:

God commanded all Israelites men and boys to be circumcised. Uncircumcised Israelites men died along the way and God made a promise that all Israelites males must be circumcised. After they were all circumcised, there were no longer deaths of men encountered.

Circumcision and Stigma

Men who are not circumcised are stigmatised and they are even scared to expose their circumcision status to their peers. One elderly man explained that he does not talk about circumcision issues with other men. The reason for not discussing circumcision with other men is that he fears to be stigmatised that he is not circumcised as most men are circumcised. Mavundla et al. (2010, 6) explain that in the Xhosa culture, an uncircumcised man is labelled inferior to his age mates who have undergone the

procedure. This is what a participant had to say in relation to fear of exposing his circumcision status:

The reason that I am not talking to people about it is that I know myself I am not circumcised, so I do not know what others will say if they find out that I am not circumcised.

Desire to be Circumcised by a Specific Healthcare Provider

Clients have a right to be provided services by a healthcare provider of their choice. This seems to be true in this context as one of the participant's explains that he wants to be circumcised by a specific male nurse. The reason for his choice is that he has developed a good relationship with the nurse and they are acquaintances and he also trusts him. This is what the participant said:

The main reason I like that male nurse is that I have trust in him ... I once asked him to circumcise me, but he said there are other people in the clinic that can circumcise me. But I said 'I want to be assisted by you, not any other person.'

Theme 3: Perceived Misconceptions about Circumcision

In this study, the men had various misconceptions about VMMC and the following misconceptions were evident: the right time for circumcision, contraindications for circumcision, age for circumcision, myths about and attitudes to circumcision.

Right Time for Circumcision

The time of the year to be circumcised depends on an individual's preference. Some men prefer to be circumcised in summer while others prefer to be circumcised in winter.

Some men explained that they perceive the right time for circumcision as winter as compared to other seasons of the year. Winter is perceived as the right time because they believe that it is cooler and the wound dries faster, hence chances of delayed wound healing and sepsis are reduced. This is what one participant had to say in relation to the right time for circumcision:

So I have realised that if I have a wound in summer, there is a chance of that wound to be septic but if I can have a wound in winter it heals faster ... Increased temperature is the main cause.

Matheka (2017, 17) explains that Basotho men prefer to be circumcised during winter because they believe that winter allows faster healing than summer.

Contraindications for Circumcision

There are those situations that are perceived by some men that can prevent one from being circumcised. If the penis is not straight and it is crooked and also if one is HIV positive, circumcision cannot be performed on such individuals.

Crooked Penis

Circumcision cannot be performed on a slanted penis as perceived by some of the study participants. The rationale for not circumcising the slanted penis is unknown to the participants. This is what a participant had to say in relation to a crooked penis:

We took him to circumcision, it was said that his penis is not straight ... They did not provide the explanation why a crooked penis cannot be circumcised since the boy was brought by my wife to the hospital.

Imm (2015) explains that even in a condition known as Peyronie's disease, the penis can still be circumcised. Peyronie's disease occurs when fibrous tissue develops on the shaft of the penis leading to bending of the penis, painful erection and difficulty in having sexual intercourse (Imm 2015). Circumcision can be performed on a patient with this disease to prevent the foreskin from becoming tight on the penis.

HIV-positive Men

Being HIV positive was perceived as a contraindication to circumcision. One participant explained that he heard from a local radio station that HIV-positive men cannot be circumcised. He still wants to be circumcised, but the information he has prevents him from being circumcised. This is what he said:

So because I have a disease, I cannot be able to remove the foreskin. I thought it is important to be circumcised but when I found that I am HIV positive I felt now there is no need to be circumcised.

HIV-positive clients still need to benefit from circumcision. Apart from benefiting from protection against diseases, circumcision promotes good penile hygiene. It is evident that an uncircumcised penis can harbour various microorganisms. This is made possible by the presence of foreskin which is a good medium for microbial growth (Macintyre et al. 2014, 4; Peltzer 2013, 5417).

Age at Circumcision

Some men do not understand why they should be circumcised because they are old and they have families. They perceive circumcision as a procedure for young men and not for the elderly. Those participants are aged between 49 to 73 years and they regard themselves as too old to be circumcised. This is what they said:

I do not understand why at my age I should get circumcised because I am an aged father who has children and a wife.

Yes, it is my aim to be circumcised but my worry is about my age. I am worried they might say I am too old for that ...I am 73 years old.

Circumcision can be done during the neonatal period, childhood, adolescence and adulthood. Circumcision is believed to be a procedure for young and sexually promiscuous men according to Gasasira et al. (2012) and Macintyre et al. (2014, 5). This is because older men believe that circumcision can lead to bleeding and delayed wound healing owing to their age.

Myths on Circumcision

Some participants believe that the foreskin protects the glans of the penis from cuts, infections and lubricants from condoms. Some men have a belief that during sexual intercourse, the pubic hair of a woman can cause cuts on the penis especially on the glans, and that this can be avoided if a man is uncircumcised. This is what one man had to say:

During sex, the pubic hair of women can cause some cuts on the penis, so circumcised penis can ulcerate due to lack of protection from the foreskin ...

It is not only in Lesotho where the foreskin is regarded as an important part of sex. Colombian men who have sex with other men have various perceptions regarding the foreskin as described by Gonzales et al. (2012, 999). Men regarded the foreskin as an important part of sex and they prefer an uncircumcised penis. This is because they prefer grabbing the foreskin, bringing it down and up.

Attitudes to Circumcision

Some men perceived circumcision as a pain-causing procedure while others explained that they are not circumcised because they fear death during or after the procedure.

Pain-causing Procedure

Some participants expressed their fear of pain and are therefore not circumcised. Fear of pain caused by the surgical removal of the foreskin acts as a barrier for some men. This is what a participant said:

I am being consumed by 'fear of pain'. How can I be helped to reduce my fear so that I can end up being circumcised?

Pain during the procedure is not only the main concern for men in this study. Some men explained that the technique employed by nurses when they dress the circumcision wound makes them reluctant to be circumcised. It was explained that some nurses, when removing the soiled dressing from the wound, are careless and roughly pull the dressing from the wound causing more pain and bleeding of the wound. This is what a participant had to say:

They say that during the time of dressing the wound, they remove the dressing roughly causing pain and bleeding leading to delayed wound healing ... No, but they say when the dressings on the penis are removed, those people who remove the dressings are very rough and they also apply methyated spirit on the wound.

After the surgical removal of the foreskin, pain can occur because a surgical incision has been done. Some men especially under 19 years regarded circumcision as a pain-causing procedure (Gasasira et al. 2012). Corduk et al. (2013, 171) support the above belief as they explain that circumcision is very scary and painful and some men will never repeat that procedure. Matheka (2017, 17) also reports that herd boys in Lesotho fear to be circumcised because of the fear of pain.

Death during and after the Procedure

Some men have negative attitudes to circumcision because of the fear of death. One of the participants explained that he fears that he can die while he is on the operating bed. On the other hand, one participant explained that he believes after the foreskin has been cut, that wound must not be sutured but must be left bleeding. He explained that if the wound is sutured and blood is prevented from oozing, death will occur. The following are quotations from two participants related to these perceptions:

No! My inner fear, I am scared that I will die while I am on the operation bed.

Earlier, I understood that someone after the procedure he can be affected and die ... after the procedure when one is at home. I thought of that suturing thing which may cause some kind of danger ... Yes that is my view, the suture material closes the blood that was supposed to be let go.

Post-operative bleeding can cause anaemia, hypovolaemia, shock and death (Christensen et al. 2009, 689). Surgical wounds need to be sutured to prevent post-operative bleeding. This perception needs to be corrected as this can prevent men with the same beliefs to be circumcised.

Theme 4: Men's Knowledge regarding Circumcision

Some men are still having a knowledge deficit in relation to the importance of circumcision. This is evidenced by the following quote from a participant:

Most of the times one does not have views on issues or subjects that are unknown to him.

Mugwanya et al. (2010, 1192) argue that some men have knowledge about the protective effects of circumcision against HIV.

Limitations

The quality of the data collected from the participants might have been compromised by the fact that the researcher is a nurse and was in full nurse's uniform during the data collection. The researcher was in full nurse's uniform because he was also on scheduled duty during the data collection. Some participants might have not freely voiced their perceptions because of a fear of being interviewed by a nurse on health matters.

Recommendations

Based on the findings of this study, the researcher wishes to make recommendations for healthcare practice, policy formulation and research as set out below.

Healthcare Practice

Men's knowledge needs to be improved, their negative perceptions need to be changed, clients need to choose their preferred service providers, safe VMMC services must be easily accessible to all men, and a multi-sectoral approach in influencing men to be circumcised must be instituted.

Policy Formulation

The provision of incentives for men who have just undergone circumcision must be explored. The incentives can be in the form of information, education and communication materials such as T-shirts and bags. This can serve as a motivator for more men to be circumcised. In addition, there is a need to increase the number of male village health workers in the communities. This is done to offer uncircumcised men the chance to communicate with male healthcare providers about circumcision issues freely.

Research

Because this study and other previously conducted studies explored the perceptions of men regarding male circumcision, there is a need for the development and testing of a research tool to be used in future quantitative survey studies. This study was qualitative in nature therefore the survey instrument referred to above will help sexual and reproductive health researchers to conduct a similar study on a larger sample of men in Lesotho and elsewhere in the world. A quantitative survey looking at the perceptions of uncircumcised men in Lesotho will help with the generalisability of findings to a broader sample of men.

Conclusion

Uncircumcised men have various perceptions of circumcision and it was for this study to explore such perceptions. The recommendations from this study can be used for healthcare practice, policy formulation and research so that the uptake of VMMC services can be promoted.

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