AN INVESTIGATION INTO THE EFFECTIVENESS OF THE VOLUNTARY MEDICAL MALE CIRCUMCISION PROGRAMME AMONGST SECONDARY SCHOOL LEARNERS IN MAZOWE DISTRICT, ZIMBABWE

By

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DECLARATION

I, **Graduate Makonese** hereby declare that the dissertation for the Master of Arts degree in African Studies at the University of Venda. Hereby submitted by me, has not been previously submitted for a degree at this or any other university, and that it is my own work in design and execution, and that all reference material contained therein has been duly acknowledged.

Signed (Student)…… Date: ……..

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DEDICATION

The study is dedicated to the Makonese and the Mutunja families.

ABSTRACT

Zimbabwe launched the Voluntary medical male circumcision programme (VMMC) in November 2009, with the primary aim of curbing sexual transmitted infections (STI's). In 2010, the district of Mazowe managed to adopt voluntary medical male circumcision programme to curb sexual transmitted infections. It is of concern that the voluntary medical male circumcision programme has been below expectations in Mazowe district. Hence, the aim of the study was to explore the effectiveness of the voluntary medical male circumcision programme among secondary school learners in Mazowe district. Furthermore, the primary goals of the study were firstly check the levels of understanding about the voluntary medical male circumcision programme among secondary school learners in Mazowe district. Secondly, explore the reasons behind the low rate of the voluntary medical male circumcision programme among secondary school learners. Thirdly, investigate whether cultural beliefs influence the learners' choice. Lastly, recommend possible ways of improving the uptake of the voluntary medical male circumcision programme among secondary school learners in Mazowe district. A qualitative research method used in the study. Also, un-structured interviews and focused group discussions. The researcher conducted interviews using purposeful sampling method on three secondary schools in Mazowe district, Zimbabwe and about forty respondents participated in the study. The study adopted a planned behaviour and person/client centered approaches. The thesis's conclusions deduced that most of the male respondents are not ready or willing to receive circumcision due to fear of being screened for HIV/AIDS, the cost of the procedure, pain, bleeding, to mention but a few. Furthermore, the researcher identified that in the Shona culture, medical male circumcision is rarely unknown. In addition, the Ministry of Health and Child Welfare must introduce new ways of circumcision to avoid bleeding, pain and must remove the screening of the HIV testing procedure before one is circumcise. Therefore, by these outcomes the Ministry of Child and Health Care Centre will try to find strategies in which they can scale the programme, since the study highlighted that most males are not going for circumcision, hence their lives are in predicament. More so, the study recommends

that researchers must obtain consent and ethical clearance from different relevant place so that data there will not be harm to respondents. Also, there is a need to look for policies in which the government will use to assess strategies to scale the programme, since it is of paramount importance to test the VMMC programme about the impact that it is giving to the community and to find out whether it is helpful or not. More so, in terms of future researchers, there is a need to reconnoiter barriers that hinders males from circumcised. Hence, fourth, this will motivate number of District schools to bring awareness towards males to take part in the programme and prevent males from being susceptible to the infections as recommended by the WHO in 2007. In addition, decentralizing the programme to the community, stakeholders would be able to work hand in hand with the District to make sure that the rate of the VMMC is up and those males take part in the programme willingly. Hence, this will create an efficacy of the programme since all stakeholders and the community will scale up the programme since the priority of all sides will be to scale the programme. Furthermore, clearing misconceptions associated with male learners (witchcraft, pain, bleeding, and religion, to mention but the few), providing them with right mentality about the good side of the programme. In addition, there is a need for the Ministry of Health and Child Welfare to amend new polices that allows free male circumcision, especially in public hospitals, hence, through these amendments, males might be willing to get the services. Lastly but not least, the Department of Education in Zimbabwe must set up tight mechanism for assessment for the programme, especially at secondary and high schools. This will in turn, develop an effective assessment system to see how effective the programme is in the districts. Finally, it is of paramount importance that the National HIV/AIDS council collaborates with the Ministry of Health and Child Welfare in decentralizing the service of the VMMC, since some respondents were concerned that the distance to the service centers were a hindrance for circumcision.

Keywords: learners, low uptake, person/client approach, planned behavior approach, sexually transmitted infections, voluntary medical male circumcision, Zimbabwe

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS MEDS: Acquired Immune Deficiency Syndrome/ Medication

AIDS: Acquired Immune Deficiency Syndrome Deficiency Syndrome

FGD's: Focused Group Discussions

HIV: Human Immune Virus

IRIN NEWS: Integrated Regional Information Networks

KZN: KwaZulu- Natal

MC: Male Circumcision

MMC: Medical Male Circumcision

NMCP: National Male Circumcision Policy

P/CCT: Person/Client-Centred therapy

PBA: Planned Behaviour Approach

STI'S: Sexual Transmitted Infections

UNAIDS: Joint United Nations Programme on HIV/ Acquired Immune Deficiency Syndrome

UNICEF: United Nation Children's Funds

VMMC: Voluntary Medical Male Circumcision

WHO: World Health Organization

ZMHCW: Zimbabwe Ministry of Health and Child Welfare

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CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

"He who wrestles with a gorilla will find his back dusty".

-**Jude Ezedike**

1.0 Introduction

Many cultural groups practice male circumcision (MC). Nevertheless, the practice varies from country to country based on tradition and religious beliefs. There are diverse countries in the Sub-Sahara regions that practice male circumcision as a transition ritual from childhood to manhood (World Health Organization, 2009). Only a few isolated parts of Zimbabwe practice male circumcision as a ritual as summed up below:

> "In Zimbabwe, circumcision is a complete unknown practice, so at the beginning, a large part of our job was to simply make people understand and increase knowledge levels about the benefits of circumcision" (Ebikeme, 2014:05).

The above citation elucidates that male circumcision is not widely practiced in Zimbabwe, hence, only practiced by a few cultural groups in isolated parts of the country. However, in November 2009, the programme became voluntary and acknowledged as the voluntary medical male circumcision (VMMC). The obscured explanation behind its illumination was to cut the scaling up of sexual transmitted infections (STI's) see also World Health Organization (WHO) report of 2007. According to WHO (2007), medical male circumcision (MMC) is a strategy against STI's and a safer technique (Kang'ethe and Gutsa, 2015). By the scaling up of STI's and HIV/AIDS in Zimbabwe, ten percent of men were circumcise through the VMMC in 2004 (Zimbabwe Ministry of Health and Child Welfare (ZMHCW), 2014). In this manner, the rate of VMMC is very low, because of the level of acceptance among men (UNAIDS and WHO, 2007). In addition, the Integrated

Regional Information Networks (IRIN, 2013) argues that VMMC was unsuccessful; however, explanations behind this low take-up of MC adequately not investigated.

From 2004 to 2009, the VMMC rate remained constant around ten percent, implying that the take-up was very poor, bringing about few men willingly to participate in the VMMC programme (Kang'ethe and Gutsa, 2015). However, Sgaier, Reed, Thomas, and Njeuhmeli (2014) argue that in 2010, the take-up of the VMMC programme falls marginally down to 9.2% among men, showing the sharp decrease in the VMMC programme in Zimbabwe. On the contrary, Nhliziyo (2014) points that since 2013; there has been a slight scale up of the VMMC programme from 9.2% to fourteen percent. Hence, the increase is an indication that more men are willingly to participate in the programme. The UNAIDS 2014 statistics also depict that there is a slight scaling up in the VMMC programme from ten percent to fourteen percent because of the new technique called Prepex that reduces pain prior to and after circumcision operation.

Furthermore, in 2015, the Ministry of Health and Child Welfare had set a goal to reach roughly eighty percent of male circumcision through VMMC programme (Njeuhmeli, Forsythe, Reed, Opuni, Bollinger, Heard, and Hankins, 2011). Additionally, WHO (2015) also stresses that in early 2018, the government of Zimbabwe sets a goal to scale the programme from fourteen to twenty-nine percentages through mindfulness battles at schools, street acts (through Zimbabwe Zim-Dancehall artists like Winky Dee, Jah-Prayzer, Albert Nyathi, Sulumani Chimbetu), social media and daily paper articles. Chikutsa, Ncube, and Mutsau (2014) concur that the Ministry of Health and Child Welfare again targets to have twenty-nine to forty percent of men by 2025 through the VMMC programme. Overall, there is a low uptake of males circumcised through the VMMC resulting in very high outbreak of HIV in the district of Mazowe. Nonetheless, to comprehend the purpose of the low take-up, the dissertation sought to look at the adequacy of the VMMC programme among male secondary schools in Mazowe District.

1.1 Statement of the problem

In Mazowe district, local clinics highlighted that there has been a high prevalence of HIV/AIDS and male learners are at risk and prone to indulge in un-protected sexual intercourse. However, in 2009, most of the males could not take part in the voluntary medical male circumcision programme because of a multiplicity of barriers including age (fifteen to nineteen), level of knowledge, culture, and misconceptions about circumcision in general and the VMMC.

1.2 Significance of the study

The adoption of the VMMC programme in Mazowe district critically targeted secondary and high schools. Hence, the researcher understood that the VMMC programme adopted by the Ministry of Health and Child Welfare to lower the rate of STI's. In addition, the researcher seeks to investigate the effectiveness of the VMMC programme in three schools and the discoveries of the review will enlighten the district of Mazowe, provinces, and the state everywhere about the essentials of the programme. It is of significance that the Ministry of Health and Child Welfare will entirely use the detection and pass endorsements to enable the district to urge males circumcised. Thusly, this study will be a huge investment in the government and partners in mobilizing resources and distributing information, education and communication to targeted populations who include high and secondary school learners.

1.3 Aim of the Study

The aim of the study is to explore the effectiveness of the VMMC programme amongst secondary and high school learners in Mazowe district, Zimbabwe.

1.4 Objectives

- To examine the levels of understanding about the VMMC programme among secondary and high school learners in Mazowe District;
- To explore the reasons behind the low rate of the VMMC programme among secondary and high school learners;

- To ascertain whether cultural beliefs do influence decision after learners' circumcision and,
- To recommend possible ways of improving the uptake of the VMMC programme amongst secondary and high school learners in Mazowe District.

1.5 Research Questions

In-order to discuss the above phenomena, the researcher attempted to respond to the following research questions:

- What are the levels of understanding about the VMMC programme among secondary and high school learners in Mazowe District?
- Why is there a low rate of the VMMC programme among secondary and high school learners?
- Do cultural beliefs do influence decision after learners' circumcision?
- What are the possible ways of improving the uptake of the VMMC programme among secondary school learners in Mazowe District?

1.6 Delimitation of the study

The study is limited to investigating the effectiveness of the voluntary medical male circumcision programme among secondary school learners in Mazowe District, Zimbabwe. The study focused on only three secondary in the Mazowe District, which are all under the surveillance of the VMMC programme.

1.7 Operational Terms

1.7.1. Voluntary medical male circumcision (VMMC)

Voluntary medical male circumcision it is a process by which males' volunteer circumcised by medical health practitioners (Dim and Serwadda, 2010).

1.7.2. Male medical circumcision (MMC)

Siegfried, Muller, Deeks, and Volmink (2003) define medical male circumcision as the removal of the part of the foreskin on the penis through surgical process. Also, WHO (2012) define male medical circumcision as the surgical removal of the foreskin and the retractable fold of tissue that covers the head of the penis. Therefore, the researcher adopted the definition by WHO, since it clarifies how the medical male circumcision.

1.7.3. Prepex method

According to Guvakuva (2015), Prepex method is a non-surgical gadget used to cut the foreskin yet uses an elastic to tie the foreskin.

1.7.4. Sexual Transmitted Infections (STI's)

According to sexually transmitted infections fact Sheet (2013), sexually transmitted infection are infections that are commonly spread by sex, especially vaginal intercourse, anal sex or oral sex or are diseases or infections that have a significant probability of transmission between humans by means of sexual contact.

1.8 Structure of the Dissertation

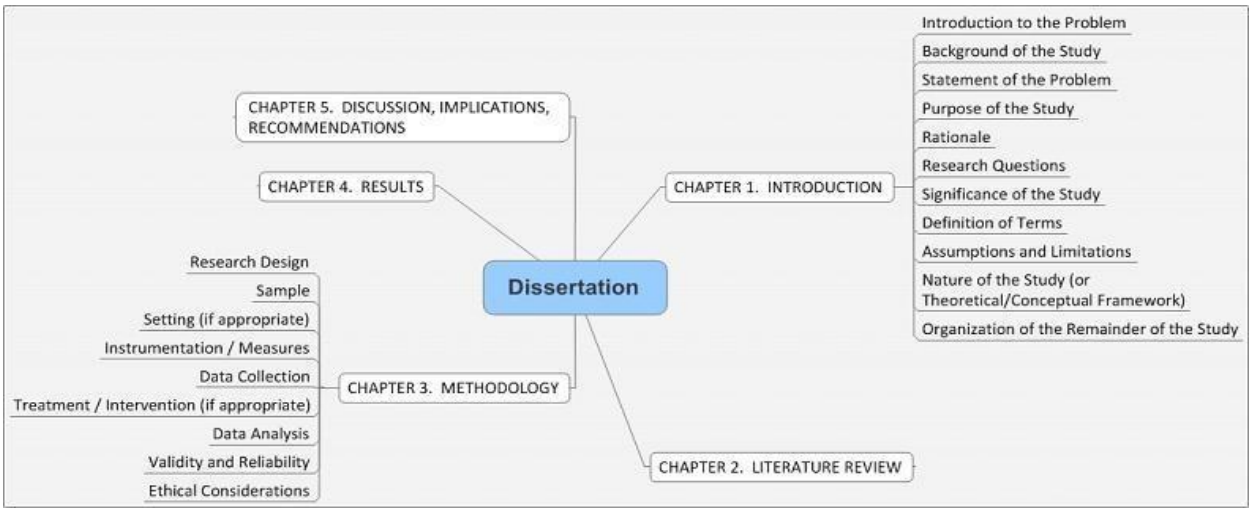
The structure of this dissertation prearranged into five chapters:

- **Chapter One** presents the general background of the study, statement of the problem, purpose of the study and aims of the study. Besides, it also features research questions, significance of the study, limitations of the study and delimitation of the study. Moreover, basic assumptions of the study and operational terms as used in the study outlined.
- **Chapter Two** covers the literature review broken into themes and sub-themes according to the study goals. In addition, the Person/Client Centered approach and Planned Behaviour approach employed in the study dealt with in this chapter. The

theoretical framework of the study briefly discussed, the conceptual framework is, and finally a summary of the literature review is given**.**

- **Chapter Three** presents the research methodology, which includes the research design, the target population, sample size and sample choice as well as methods of data collection. Also, underneath these methods are the validity and reliability of the data collection instruments used and methods of data analysis.
- **Chapter Four** presents data analysis, presentation, and discussions.
- **Chapter Five** finally gives the summary of findings, conclusions, and recommendations both for policy formulation and for further research. References and appendices given at the end.

Fig 1: The structure of the Dissertation



1.9 Summary

The above chapter provided insight on the background of the VMMC programme in Mazowe District schools, Zimbabwe. The chapter also presented the problem statement, research objectives, research question, and delimitation of the study and definition of operational terms. The problem identified by the study was the low uptake of the VMMC programme amongst learners in Mazowe District schools, Zimbabwe. Therefore, the study focus is on investigating the effectiveness of the voluntary medical male circumcision programme amongst secondary school learners in Mazowe District, Zimbabwe.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

"Quite convincingly, circumcision gives the lie to the womb-dream of life in the beautiful state of innocent prehistory, the appealing idyll of living 'naturally,' unencumbered by man-made ritual. To be born is to lose all that. The heavy hand of human values falls upon you right at the start, marking your genitals as its own".

(Philip Roth, the Counterlife, 2005)

2.0 Introduction

The chapter pondered on the accessible literature on investigating the effectiveness of the voluntary medical male circumcision (VMMC) programme among secondary schools in Mazowe District, Zimbabwe. For this study, the researcher adopted mostly Client/Person Centered approach, which centers on individual's ability to make his or her own decisions without the external environment. The researcher unfolded literature from earlier books, journal articles, and earlier research findings, seeking to find out the reasons for low uptake, level of understanding, cultural beliefs and strategies to scale the VMMC programme among secondary schools. Lastly, much attention channeled by the researcher on the effectiveness of the voluntary medical male circumcision in the District of Mazowe.

2.1 The VMMC programme in Zimbabwe

In Zimbabwe, only few remote parts still practice male circumcision as a ritual as male circumcision is rare practiced. Chigondo (2014) also stresses that few cultural groups in some parts of Zimbabwe practice male circumcision (e.g. Tonga of Binga, Chewa, Vavhenda and Shangaan of Chiredzi and a few Muslims) as a traditional or cultural ritual. Additionally, Hatzold (2016) stipulates that as for the Shangaan people, male circumcision mean transition from male child into adulthood. **"**Hoko" is another name of circumcision. **"**Men are not allowed to marry within the community or inherit their father's possessions if they are not circumcised**"**. However, despite a massive comprehensive reviewed literature on religious and traditional male circumcision that is going to initiation schools, the study

hence focuses much attention only the VMMC. Additionally, in traditional and religious settings, males participate in circumcision as part of culture which is regarded as mandatory, however, when it comes to medical male circumcision, men are not forced to receive circumcision as it is not mandatory, but they are circumcised voluntarily in voluntary medical male circumcision. According to WHO and UNAIDS (2007), it is recommended that the medical male circumcision is conducted as an extra strategy against STI's (Hatzold, 2016). In addition, through recent studies WHO and UNAIDS revealed that MMC reduces the chances of men from being infected by STI's and HIV/AIDS.

However, regardless of the recommendation, the MMC does not offer full protection against sexual transmitted infection. To substantiate this, the Editor News cited the National AIDS Council who opine that:

> **"**Because male circumcision does not give complete protection, circumcised men should continue to use other HIV prevention strategies, including abstinence, reduction in the number of sexual partners, correct and consistent use of male and female condoms and knowledge of status**"** (Editor News, 2009:05).

Nevertheless, Murombedzi (2013) argues that the Joint United Nations Programme (UNAIDS) on HIV/AIDS fundamentals about the VMMC programme is something new that Zimbabwe as a nation adopted in November 2009, and the National Male Circumcision Policy (NMCP) which caters for the age of thirteen to nineteen years (Chikutsa *et al*., 2014 and Chadenga, 2016). More so, Chikutsa and Maharaj (2015) also stresses that the MMC does not provide a full fortification against STI's or HIV/AIDS, even-though the VMMC lessens the risks of STI's and infections. However, Auvert *et al.* (2005) propound that the VMMC only lessens the spread of STI's by about fifteen-sixty percent, yet it does not give full fortification resulting in low rate of the VMMC (also, see Kang'ethe and Gutsa, 2015). In support, Agency noted the following citation: "As the medical male circumcision (MMC) only offers less protection against a man's risk of acquiring HIV (sixty reductions over a man's lifetime) correct and consistent condom use is still essential even after undergoing the MMC" (Agency, 2016:06). This quotation denotes that the programme

is not that much safe for men to rely on, but men must make use of other contraceptives or condoms.

Due to the unwillingness of males to take part in circumcision, the Ministry of Health and Child Welfare endorses that they ought to engage in massive campaigns targeting males aged between thirteen to nineteen years for circumcision (Hatzold *et al*., 2014). In addition, due to the unwillingness of males to take part in VMMC the rates of the VMMC programme in 2004-2006 were ten percent, implying that males were eager to receive circumcision, but in some instance (Kang'ethe and Gutsa, 2015) some males refused to take part in VMMC. Additionally, Mavhu *et al.,* (2011) agree that in 2006, the Zimbabwe Demographic and Health Survey denoted that a few males who took part in the MMC regularly were about nine percent. Hence, by slight drop of the rate, this means that there might be some various reason impenetrable to the low take-up, especially among matured males aged fifteen to twenty-nine years. However, none is willing to search what could have been the reason for the low uptake (Perry *et al*., 2014). In trying to fill this gap, the study seeks to investigate the effectiveness of the programme and the flop of the rates among the District of Mazowe. Furthermore, Mavhu *et al.* (2014) also assert that the take-up of the VMMC in Zimbabwe has come too far underneath, meaning that males are not willing to volunteer, and reason are unknown since no one ever thought of researching why the rates are flopping. To add, Nhliziyo (2014) concurs that the VMMC programme take-up reduced roughly by nine percentage from 2010-2013, since they were up by 0.2% in 2006.

Additionally, New Ziana (2013) stipulates that almost ninety thousand males have later been circumcise, meaning that approximately ten percentage of males have been through the VMMC programme. The MOHCW (2013) promulgated that in 2013, around one hundred and fifteen thousand males targeted through the VMMC, and this shows that there is a slight increment of forty thousand, seven hundred and fifty-five. News (2013) reveals that in Zimbabwe, about twenty thousand and one hundred males take part in medical male circumcision, resulting in elven percent in 2010, additionally in 2013, within the past campaign, they have managed to circumcise more than one hundred twenty thousand males. More so, Nhliziyo (2014) added that the willingness and acceptance of

the VMMC programme is low, because of various reasons. After, this, we infer that there is an awesome decrease in the VMMC programme in Zimbabwe, there is by all accounts a slight scale up of the VMMC programme from ten to fourteen percent in 2013-2014. This demonstrates that by all accounts, more men understanding the VMMC and expanding the acknowledgment and assets completely used (UNAIDS, 2014). According to Mahove (2016) due to the extensiveness outbreak of STI's and HIV infection in the surrounding vicinities, the Ministry of Child and Health, Welfare Care set up camps at initiation schools to do HIV and testing (HIV screening). However, the MMC is not a typical practice in Zimbabwe, despite its low recurrence; signs suggest that there is no support for the takeoff of the MMC. Hence, Guvakuva (2015) denote that many males take part in the MMC programme in Zimbabwe, due to the introduction of the Prepex technique as another option to surgical in April 2014 and this new system practice has circumcised more than twelve thousand males in the nation has profited (UNAIDS, 2015).

According to WHO (2015), there is a need to set an objective to scale the programme from fourteen to nineteen percentages by 2018 through VMMC programme. Chikutsa, Ncube, and Mutsau (2014) insinuate that by 2018, around twenty-nine percentages of male take part circumcised through the programme to control recently infections. In the IRIN NEWS (2013), most recent research findings show that in 2015 the Ministry of Health and Child Welfare set focuses to circumcise roughly 1.2 million through the VMMC because of the nation's moderate MMC programme. Plus, News (2011) concur that current discoveries prompt that in accomplishing eighty percentage of MMC scope by 2015 and keeping up it in this way would counteract over twenty percentages of new infections like STI's. Furthermore, New Ziana (2013) also assert that around 217,800 males are additionally focused by this can scale 1.3 million of males to circumcise by 2017.

Mbanje (2015) asserts that recent detections showed that in Mashonaland West, the take-up of the VMMC programme stayed low with the take-up of 7,2%, a figure way off the eighty percent focus of circumcising one hundred and forty-five thousand, six hundred and forty-six males by 2017. Briefly, in trying to meet the problem about the low take-up rate of the VMMC in Zimbabwe, the review sought to research the feasibility of the VMMC

programme among male secondary schools in Mazowe District and to find out the explanations for the low take-up of the VMMC. The researcher focused on whether the leaners understand the programme, why they are not circumcised, whether culture has influence on the MMC programme, and lastly to identify strategies that the District, Province or the Government of Zimbabwe can do to scale the uptake of MMC amongst learners at secondary or high schools. In the next discussion, the researcher will highlight how the males understand the VMMC programme in the Mazowe District.

2.2 Knowledge about the VMMC programme

Many males are dying globally due to inadequate information on a subject like MMC. In Roman law, **"**Ignorance of the Law is not an excuse**"**. Through literature review, found that there is a big debate pertaining the issue of the VMMC. The most extreme of the researchers indicated that a general understanding of males about the VMMC rotates around individual well-being, cleanliness and sexual execution, witchcraft, misconception or misinterpretation, prolonged ejaculation, loss of penis, and death.

2.2.1 Personal hygiene and sexual performance

In Sub-Saharan Africa, reviewed literature indicated that MMC improves one's personal hygiene, also, prevents males from getting STI's and AIDS which lead to males being circumcised through the VMMC. However, the reason why most men take part in circumcision is sexual reasons (Mattson *et al.,* 1999). To substantiate, Westercamp and Bailey (2006) cited that: "How circumcision perceives to influence sexual drive, sexual performance, and sexual pleasure for the man himself or for his partners is likely to influence decision-making around MC" (Westercamp and Bailey, 2006:08). In addition, MMC indeed improves one's personal hygiene and their sexual performance that is why most males are willing to take part in the programme. Besides, Westercamp and Bailey (2006) added that there are issues related with sexual activity *in* males, which are sexual performance. Scott *et, al.,* (2005) identify that these reasons of sexuality influence males to take part than other reasons. "Almost males were eight times more likely to agree to take male circumcision, believing that to be circumcised as males enjoys more sex and six times additional

probably to agree to take circumcision if they thought females appreciate sex more with circumcised males in South Africa" (Scott *et, al.,* 2010:10).

The study by Mattson *et al*., (2005) indicated that in Kenya, one of the vicinity countries of Zimbabwe, males who were really accepting circumcision were probably sixty percent males. However, Mattson and Collegues (2005) argues that male performance and satisfaction is leading many males to take up circumcision as he posits that "Females love to have sex with circumcised men and not uncircumcised, meanwhile they believed that more feelings come from the circumcised penis are more enjoyable and they could confide themselves on them" (Mattson and Collegues, 2005:182). In addition, Rain-Taljaard *et, al.,* (2003) opine that a large portion of the males take up the VMMC, trusting that the uncircumcised penis is extremely dirty if opened, and allows ailment like penile growth, STI's in this manner unfortunate and cleanliness. Besides, Grund and Hennik (2011) insinuated that the MMC improves sexual joy and performance in which a large portion of the females need circumcised males more than uncircumcised. To substantiate, Majaha added by quoting Chifamba's story as follows**:** "When I compare with the past in terms of hygiene, I am cleaner and more confident in myself" (Majaha, 2015:10). Furthermore, Scott, Weiss, and Viljoen (2005) added that the increases sexual satisfaction in women, even though it reduces penile sensitivity increases period. However, most of the males take part in the programme to please their female partners, thus why there is high acceptability globally of males on the MMC programme.

2.2.2 Misconception about the MMC

Kavhu (2015) insinuates that men developed wrong misconception on the issue of the MMC. This is because most of the males believed that the MMC influences negatively on them to do very well on sexual intercourse. According to the research findings by Krieger, Mehta, Bailey, Agot, Ndinya-Achola, Parker (2008), MMC is in the business of destroying male's performance on bed, which might be true or not true. However, the Center for Disease Control and Prevention (2008) stipulated that by the removal of foreskin of which most of them want to take part in circumcision so as to increase their sexual performance, which some men fear performing bad in the bed. In addition, another side of the issue, about the misconception by the male about MMC programme. AIDS MEDS (2014)

asserts that most of the males have wrong misconception about the MMC programme. Of which the reason is that most of the circumcised males are no-longer using condoms since they feel that being circumcised, is an entryway pass and keep the new infection about fifty to sixty percentages as stressed by (WHO, 2007). Majaha (2015) corroborates this that most of the males are not willing take part on circumcision, since they believed that condoms protect them from HIV infections. Majaha, quoted Nathan Mutendi, that university students, trust that circumcision is a pointless as it is not as effective as wearing a condom when having sexual intercourse: "I do not see the reason I should receive circumcision to protect myself from HIV and then later wear a condom which is proven more than nineteen nine percent safe" (Majaha, 2015:15). According to Majaha (2015), most of the uncircumcised males argue that condoms don't really gives a full protection, since having sex, some of the condoms might burst or wear down exposing males to infections.

To support this statement Majaha, cited by Makaure that, "There are incidents in which a condom is worn in a wrong way and, due to friction, breaks down. In such cases, uncircumcised men are at a higher risk than those who are circumcised" (Majaha, 2015:15). Hence, this can make males to have wrong perception about condoms, since they might expose males from infection. Males are not willing to receive circumcision because of the misconception they have upon condoms. However, the Southern Eye newspaper demonstrates that various circumcised males feel circumcision. They can now have unprotected sex, Southern eye quoted that: "Two commercial sex workers operating in Zimbabwe's second largest city, Bulawayo, say these circumcised men are having sex with them at their own risk, and some are HIV positive but because of money there are not refusing" (Southern Eye, 2016:02). As denoted by Rain-Taljaard *et, al.,* (2003) there is a scale up in dangerous practices among circumcised males, because of wrong perception about the MMC as it gives full fortification against STI's. However, the National Policy coined that for one to take part in circumcision, should be receive screening first for HIV and Counseling testing.

In addition, most of the males are happy at this phase because they get the opportunity to understand or know their HIV status (SHARE, 2013). In addition, circumcised males are two to eight times more hostile to wind up noticeably infected with recently STI's, since they are relinquishing use of condoms and this leaves them at danger of getting infected

(Szabo and Short, 2000). To agree, Misa noted one of the following quotes of a certain person about the issue of male circumcision and this is what he noted: "What are you talking about? Look, when we grew up we used to laugh at the boys …., and I cannot voluntarily go and do that now. I will lose all my sexual appetite; the operation was not safe as one could bleed to death. Going into surgery is always not a safe thing and getting cut that side of the body is dangerous" (Misa, 2010:09). Furthermore, WHO (2012) stipulates that the MMC programme requires a legitimate way. Meaning that for men the issue of misconception about losing their penis results in decreases of the level of take-up (also, see BBC News, 2010). Males are aware of the MMC programme and trusted that uncircumcised male are prone to danger of STI's than circumcised (Weiss, Quigley and Hayes, 2000). WHO (2007) also insinuated that the MMC programme is an added strategy against sexual transmitted infections by fifty to sixty percentages, yet it does not give a full fortification on the infection. To concur, Agency Staff quoted one of the following words by public health specialist Marina Rifkin, from HIV management organization Care Works: "As medical male circumcision (MMC) only offers partial protection against a man's risk of acquiring HIV (60% reduction over a man's lifetime) correct and consistent condom use is still essential even after undergoing MMC……. It is also important to remember that MMC does not protect against all STI's, nor does it prevent pregnancy" (Agency, 2016:06*).*

2.2.3 Prolonged ejaculation

Bensley and Boyle (2001) aver that circumcised men are not prone to STI's than uncircumcised; they only meet prolonged ejaculation of sperms. According to Westercamp and Bailey (2007), various males believe the MMC increases sexual drive, performance, and delight. Additionally, Auvert, Sobngwi-Tambekou, Cutler, Nieuwoudt, Lissouba, Pure, and Taljaard (2009) also maintain that a circumcised penis has side effects of prolonged ejaculation, yet females enjoy that because they normally reach orgasm due to long prolonged ejaculation. As noted by the Sunday Mail Reporter, failure in full erection due to reduction of sensitivity as the reported quote one of the following says by Dr. Nleya commenting on male circumcision that it enhances sexual intercourse: **"**The foreskin of a male sexual organ is very sensitive during intercourse; the male prolongs the process compared to before circumcision. This means after circumcision, men increase their chances of satisfying their partners**"** (Sunday Mail Reporter, 2014).

2.2.4 Protect against sexual transmitted infection

Sexual transmitted infections passes through sexual intercourse of infected partner to the uninfected one. Hence, to the outcry of people due to the STI's, medical male circumcision was therefore launched or initiated as an extra strategy to prevent the spread of such infections. However, Nkala and Mbuisa (2014) noted that research discoveries indicated that the MMC does not protect against disease. To concur, Agency Staff quoted one of the following words by public health specialist Marina Rifkin, from HIV management organization Care Works: "Medical male circumcision (MMC) it only offers partial protection against a man's risk of acquiring STI's and HIV (60% reduction over a man's lifetime) correct and consistent condom use is still essential even after undergoing MMC……. It is also important to remember that MMC does not protect against all STI's, nor does it prevent pregnancy" (Agency, 2016:06). Furthermore, Mwanaka (2015) a famous renowned author of Health wrote on this article **"**HIV avoidance and treatment**"** insinuate that the MMC programme is a decent activity and it incorporates wonderful benefits. Hence, the MMC programme is not "a door" to wantonness, but rather it limits the danger of recently contaminations by roughly fifteen - sixty percent (Kavhu, 2015).

In addition, Wawer *et, al*., (2008) agree that the MMC programme does not offer one hundred percent security against recently infections, but rather it reduces chances of infection by fifteen - sixty percentages. To concur, the MC is not a magic bullet against HIV/AIDS, but prevents on males from infections (WHO, 2013). Additionally, Chimuti (2013) noted that the research findings by doctors opposing circumcision informed that the MC removes nerves from the penis cause real loss of sexual sensitivity and purpose and as a result, most of circumcised men are reluctant to use condoms. Moreover, in one of the interviews about circumcision, IRIN NEWS asserted the following: "I thought the circumcision system would have been exceptionally painful however I didn't feel a thing" (IRIN NEWS, 2011:05). By this quote, one can realize that pain comes mentally, not physically, so generally, pain does not hinder males from taking part in the programme. Gairdner (1949) also stipulated that the MMC fortify against penile disease, counteraction of balanitis and balanoposthitis. Moreover, Pang and Kim (2002) posit that a study announced that males are twice as prone to experience issues with their sexuality by lessening the process.

2.2.5 Benefits of the male circumcision

Tenge (2009) postulated that males are not complete if they did not receive circumcision like the Tonga, Varemba, or Shangaan people. Notwithstanding, these are some of the benefits of being circumcised, the MMC diminishes the danger of urinary tract contamination, and enhance person cleanliness which keeps the end of the penis clean not noticing (Niang and Boiro, 2007). In addition, circumcised males have low risk of getting infected by the STI's such as genital herpes; cancroid; genital mycoplasmas; hepatitis B; trichomonas's; gonorrhea and syphilis, HIV, chlamydia trachomatis; human papilloma virus (HPV) which can cause cervical, penile or anal cancer (Hankins, 2007 and Weiss et al 2008). More so, due to late discoveries or findings by Hankins (2007), Weiss *et, al.,* (2008) highlighted that there is a decrease in infections among circumcised males reducing chances of getting infection if the sleep with an infected person. To concur, Mugurungi cited by (Chibaya, 2013) indicate that young people should take part in the programme, since its benefits are not only on curbing HIV/AIDS. As noted by the WHO and UNAIDS (2007), when take part in the programme, prevention of urinary tract infection occurs in the first year of life and penile cancer as per evidence based on clinical trials in the Sub-Sahara regions. Finally, Hankins (2007) concluded that there was no evidence that the VMMC had a protecting effect for males who have sexual intercourse.

2.2.5.1 The surgical MMC and its protective effect

MMC is the surgical removal of the foreskin that protects the head of the penis. Generally, the skin of uncircumcised penis acts a main entrance point for sexual transmitted and HIV/AIDS during sexual intercourse with an infected person (Jackson, 2002). To concur, Sunday Mail Reporter quoted Dr. Nleya who pointed out that: "Being circumcised means the head of the male sexual organ would have hardened making the skin resistant to bruises and injuries that pave way for HIV to penetrate…. "However, even if the inner skin is removed during circumcision, the opening of the male organ (urethra) remains with very tender tissues that can tear during intercourse and can pave way for the HIV virus to be transmitted…. That is the reason why we say male circumcision reduces chances of HIV transmission by sixty percent because the unsafe forty percent is room left for incidences where the virus can be transmitted through the urethra" (Sunday Mail Reporter, 2014: 10).

2.3 Barriers to the VMMC programme amongst males in Zimbabwe

Fear of death, pain, cost of operation, and fear of mistakes, for example, extreme dying, danger of infection; and trouble in stitching, fear of screening the HIV and testing. Lastly, fear of removal of penis distinguished as obstacles to the MMC programme (Chimuti, 2013; Bailey, Muga, Poulussen, and Abicht, 2002; Kebaabetswe, Lockman, Mogwe, Mandevu, Thior, Essex, and Shapiro, 2003; Ngalande, Levy, Kapondo, and Bailey 2006; Scort, Weiss, and Viljoen, 2005; Westercamp, and Bailey, 2006). As Westercamp, Bailey and Kamango (2011) added that existing assessments engaged by Okeyo take note that loss of penis affectability, inordinate sexual desire, expanded in discriminating and social motivations to males yet the few are elements ruining male to receive circumcision. In addition, Brooks, Etzel, Klosinski, Leibowitz, Sawires, Szekeres, Weston, and Coates (2010) contends because of the above components the take-up of the VMMC is low.

2.3.1 Fear of pain after the VMMC

As noted by one of the other renown authors that “pain is a troubling feeling often created by extraordinary or harming shocks, such as, stubbing a toe, consuming a finger, putting liquor on a cut, or knocking the "entertaining bone. In addition, "pain is an offensive tangible and passionate experience related with genuine or potential tissue harm, or portrayed on such damage" (International Association for the Study of Pain: Pain Definitions, 2015). According WHO and UNAIDS (2008) fear of pain is one of the obstruction to low take-up the MMC among males globally not just in Zimbabwe. “We have realized that the 6-week healing period is a punishment … so I told myself that I will first write my O-levels, then when I am waiting for my results that’s when I can go (16-year-old Zimbabwean male)”. Furthermore, to support, Musheko (2015) and Muhangi (2010) also added that fear of pain prevents males to take-up circumcision; since they have heard that; the pain during the healing period is unbearable. More so, WHO and UNAIDS (2008) added that fear of pain resulting in during the procedure makes males not to afford the pain, since circumcision involves the removal of the foreskin from the penis. Additionally, Musheko postulate that fear of pain after the procedure and is boundary for male whom are looking for male for circumcision irrespective of how much beneficial the programme is.

Furthermore, IRIN NEWS (2013) pinpoints that in some present research findings and reports, different researchers demonstrated that the biggest obstruction to the MMC is fear of pain during circumcision in which males are not comfortable to sacrifice such. However, Westerkamp and Bailey (2007) beg to differ with the notion that, in some societal groups pain before and after is not considered an obstruction, but enduring pain symbolizes that an individual is a man enough and that male is a man enough to inherit his father's possession and women love real men, not cowards. To concur, WHO and UNAIDS (2007a) aver that male circumcision is childhood experience to adulthood, implying that males should show their fortitude in persevering pain within the method. Mattson, Bailey, Muga, Poulussen and Onyango (2005) argue that some of the African societies, endurance of pain symbolizes a trial of a character and quality of a man. Hence, according to Westercamp and Bailey (2007) Ngalande, Levy, Kapondo, and Bailey (2006) to endurance of pain symbolizes that a man is a man.

2.3.2 Fear of excessive bleeding

Medical male circumcision is the removal of the foreskin on male's penis, hence the process of cutting the foreskin. Research findings identified bleeding as an impediment to the MMC programme. Moreover, Herman-Roloff, Otieno, Agot, Ndinya-Achola and Bailey (2011) postulate that circumcision brings a lot of bleeding which hinders many males to take part in the circumcision process. To concur with the Southern eye noted the following from the Senator said circumcision had serious side effects for children: "I have an example of a young Bulawayo boy who was refusing the procedure at Grade 6 last year, but his mother and sister forced him to undergo it since all the boys in his class had done so. When the same sister narrated the story to me, she says the boy bled so much and after some days, his body swelled so much that he could not walk to school and had to miss classes for three weeks" (Southern eye, 2014:15). According to Rapfute, Tshuma, Tshimanga, Gombe, Bangwe, and Wellington (2014) in Mazowe District (Zimbabwe) males are afraid dying by excessive bleeding, since they have heard that in South Africa males are dying due to excessive bleeding. Research findings by Westercamp and Bailey (2007) that in Kenya ideology of long healing period, anxiety about fear operation, bleeding, and other complications as a barrier to circumcision. Additionally, not only excessive bleeding that

hinders males from circumcision but also the issue of fear of getting sick, death, and losing of penis after circumcision due to wrong circumcision procedure practiced.

2.3.3 Fear of sickness and death

Even though bleeding and pain are aspects hindering from taking part in the programme. Mavundla, Netswera, Bottoman and Toth (2009); Essex and Shapiro (2003); and Okeyo, Westercamp, Bailey and Kamango (2011) aver that there was a huge number of people at hospital due to complication that emerged from poorly performed operation leading to loss of penises among males as result of infection at mountains. To agree, Mavundla, Netswera, Toth, Bottoman and Tenge (2010) aver that during the circumcision seasons, there is a sharp increase in the sickness and death rates among young people especially place like initiation school due to fear of losing the penis due to un-well-trained nurses. Also, Zhou (2016) argued that males are not going for the circumcision, this is because they do not want to lose their penis during the circumcision, since some case un-well-trained nurses might be involved in the procedure and end up cutting the penis and this can a be a big barrier to most of the males. Zhou also added that most of the males are losing their manhood during the circumcision, and this is what he cited: “Masuku had his penis accidentally cut while one of the nurses was putting a ring on the foreskin. He has since been taken to intensive care where he is reportedly in a critical condition. The sister in charge revealed that the nurse who had accidentally cut Masuku's private part suspended ask her matter awaits disciplinary hearing” (Zhou, 2016:05). Fihlani added that people who are responsible of the procedure are not qualified to do the procedure as he interviewed Chief Jongumhlaba Hlangu, a traditional leader in Nqgeleni, a village a few kilometers outside Mthatha" this is what he said: "Many of the incubi [traditional surgeons] today untrained and are not qualified to perform the circumcision," “(Fihlani, 2012:10).

2.3.4 Fear of healing period

Healing period is one of the process that every male fear especially after removing/losing his foreskin through the circumcision. Skolnik, Tsui, Ashengo, Kikaya, and Lukobo-Durrell (2014) assert that fear of healing period frustrates males from looking for the MMC programme. Furthermore, Muhangi (2010) argues that most young male imagined that bleeding after the circumcision takes an excessive amount of time or half a month, so

they cannot bear the cost of it. Moreover, Westercamp and Bailey (2012) posit that impression of healing period after that procedure ruins to the MMC programme. Research finding by Herman- Roloff, Otieno, Agot, Ndinya - Achola, and Bailey (2011) highlights that delayed wound healing and delayed time are barriers of MMC programme that have been recognized in which some males cannot wait for 6 weeks to heal so that they can have sex, so some are not willing to volunteer. “Males have questions like; what if something goes wrong? “Will the wound heal? Where will my foreskin go? These are some of the fears that we hear every day from men who are considering going for the procedure.” (IRIN NEWS 2011: 05). Furthermore, Herman-Roloff, Otieno, Agot, and Ndinya-Achola (2011) concur that delayed wound healing is one of the boundaries of the VMMC programme. Adams (2012) agree that many of the circumcised males announced that having sex earlier before complete healing of their operation creates the injury to take longer periods to heal. However, not only healing is a barrier regardless of how impact it does on males, but also the issue that is hindering many males is the issue of screening for HIV/AIDS testing, since it is a package that comes with the circumcision, but it’s given before the circumcision.

2.3.5 Fear of screening for HIV testing counselling

Screening for HIV, testing and counselling is a package in the MMC when WHO endorsed it (WHO, 2007). Therefore, WHO provides that males will not undergo through circumcision without screening for HIV/AIDS? Hence, the primary goal of the MMC is to protect males from STI’s and HIV/AIDS, so if one is already positive they are not encouraged to take part in the programme but encouraged to use condoms to prevent the spreading of the virus. Additionally, Gwata (2009) is of the view that fear of HIV results made some male not going for the circumcision, since males are not ready to know their results making the rates to go down. In addition, Peltzer, Nqeketo, Petros and Kanta (2008) concur that if the VMMC programme is with quality administrations this can lessens healing time and in this way, diminution the danger of STI's. More so, Moyo, Mhloyi, Chevo, and Rusinga (2015) propound that the piece of surgery operation requires a month and a half, and most males are do not come anymore. As noted by the WHO and UNAIDS, the MMC has comprehensive HIV prevention package which includes HIV testing and counselling correct and consistent use of male condoms, treatment for STI’s

and promotion of safer sexual practices, such as avoidance of penetrative sexual intercourse (WHO and UNAIDS, 2012).

Furthermore, Uncobe (2012) points that before offering HIV counselling, they undergo through screening for HIV to ensure that they are not circumcising HIV positive, since the programme covers only those who are HIV negative. According to Westercamp and Bailey (2007), HIV testing prior the circumcision has turned into a hindrance to most of the males in Zimbabwe because of the dread their HIV status. Additionally, Chenga (2013) notes that most of the males in Zimbabwe are not willing to take part in the circumcision process because they fear stigma and knowing their HIV status since this can destroy their lives. The News Editor Chenga cited Merissa Kambani, the chairperson of the Private Hospitals Association of Zimbabwe who pointed out that: "In as much as we would like to believe that the HIV stigma is no more…, people don't want to be tested. A small percentage of people believes knowing is power and because with male circumcision they are looking for HIV negative men to perform the procedure, that alone brings back the stigma issue because on average not many people want to know their status and, yet the circumcision procedure requires that one's status must be known first. It's not an easy decision," (Chenga, 2013:19). Moreover, Moyo, Mhloyi, Chevo and Rusinga (2015) stipulate that compulsory HIV testing before VMMC programme triggers negative behaviour towards the VMMC programme among males, since they are now seeing the process of the circumcision as a bad initiative. Hence, it is not only the issue of screening for HIV/AIDS testing hindering males from recieiving circumcision, but also the issue of fear of the procedure itself.

2.3.6 Fear of the procedure of the MMC

Fear of the procedure of MMC is another barrier to the MMC programme. In most instances, the MMC involves using hospital razors, scissors, etc. resulting in few males willingly to receive circumcision, since they fear the process. To concur, Nleya (2014) note that males' fear of the surgical procedure since they normally use sharp razor blades thus, why they are not settling on the MMC. Additionally, link Muhangi (2010) notes that feelings of fear about the danger of symptoms panics amongst of the males and these fears seem to situations where people are not assured of good facilities and competent staff to support the ways. Moreover, Halperin, Fritz, McFarland, and Woelk (2005)

insinuated that there is a strong procedure done in wellbeing offices by very much ready well-being staff. Smeltzer *et, al.,* (2010) insinuated that circumcision is an unpredictable thing of a surgery, where it an occasion is that is so distressing and prompts fear and stresses. Subsequently, for a large part of males to pick, it is hard, and in this way, there is low rate and acceptance of the MMC. IRIN NEWS argued that the surgery or the procedure has become a barrier to most of the males in Zimbabwe as it cited the Zimbabwe Lawyers for Human Rights HIV/AIDS manager Tinashe Mundawarara saying, "Another barrier to the programmes success is the fact that male the circumcision is a surgical procedure, and people are generally fearful of medical procedures. Social marketing efforts should aim to allay people's fears about the circumcision" (IRIN NEWS, 2013:03).

As noted by Wamai, Morris, *et, al.,* (2011) there is a large part of the males fearing circumcision, since they have heard about the operations, which turn out badly and lose their penis, they surmise that imagine a scenario where the operations could be dealt with by non-qualified people at the offices. Additionally, queues, shame and cost of the programme hinders males from accessing the programme. Due to the fear of surgical process by males in Zimbabwe, which leaded to low uptake of the MMC. Hence, the Ministry of Health and Child Welfare in 2015 introduced Prepex device (an instrument that round the foreskin, which allows the blood not to move around the penis, until the blood stops moving and then slices blood supply to the end) it does not put pain doing the procedure (Guvakuva, 2015:10).

2.3.7 Cost of the voluntary medical male circumcision programme

The UNAIDS and WHO have endorsed the MMC as another strategy to curb infection and done free. After many countries have adopted the programme, many males have received circumcision. However, the problem of the shortage of instruments to carry out the programme has since threatened the programme progress. With most of the private hospitals in Zimbabwe offering it with payment, and most males pay and not to do it free. Since then, the programme have becomes expensive and males are no longer willingly to take part in the programme. Hence, most of the scholars denote that the cost of the MMC as a barrier towards low rate of the VMMC programme. Research findings also note that in a few sections of the Sub-Sahara regions e.g. Zimbabwe, males are paying for the

MMC programme and the cost is very high bringing about some not standing to receive circumcision (Evens *et, al.,* 2014). Mattson, Bailey, Muga, Poulussen, and Onyango (2005) also stressed that the cost of the procedure for the MMC is very high and most the males cannot afford, since they cannot afford the payment. Bailey, Muga, Poulussen and Abicht (2002) and Lagarde, Dirk, Puren, Reathe, and Bertran (2003) concur that cost of the procedure is a huge obstruction to MMC in a few segments of the Sub-Sahara like Zimbabwe, Zambia to males. To add, Lukobo and Bailey (2007) noted that if the VMMC programme procedure was free or to a great degree reasonable (less than $2.5US) more males would receive circumcision. Additionally, Khumalo-Sakutukwa (2012) reveals that the cost of the structure irritates many males to go for the circumcision particularly perverse covering, meds, and transport expenses to visit the wellbeing office.

2.3.8. Misconception about the VMMC

Failure to understand the importance might lead to low uptake of the MMC, since males do not have enough knowledge about the programme. However, misconception act as one of another barrier to the VMMC (Hargreaves, 2010). Additionally, Chenga (2013) note that the News Editor in the financial Gazette argued that indeed men are full of misconception about the male circumcision. As he quoted a citation by one of the author that: “Suggestions of its origins are many. However, it has been, among a host of submissions, largely associated with: the rite of passage marking a boy’s entrance into adulthood; ensuring virility or fertility; enhancing sexual pleasure; aiding hygiene where regular bathing was impractical; marking those of higher social status; humiliating enemies and slaves by symbolic castration; differentiating a circumcising group from their non-circumcising neighbors; discouraging masturbation or other socially prescribed sexual Behaviors; removing “excess” pleasure; increasing a man’s attractiveness to women; demonstrating one’s ability to endure pain; copying the rare natural occurrence of a missing foreskin of an important leader; and as a display of disgust of the fluid produced by the foreskin” (Chenga, 2013:19). Accordingly, absence of learning would add to the above obstructions why males are not selecting to the VMMC programme (Herman-Roloff *et. al*., 2011). In addition, the impact of the VMMC on the sexual delight of fulfillment stay dubious, in the discoveries of the review. There is a mass or inconceivable existing writing demonstrating that the MMC increases sexual pleasure in both parties.

Furthermore, Senkul et al. (2004) insinuate that consistent uncovering the penis gives a long pleasure during sexual intercourse or climax. Furthermore, a large part of the female love males that took part in the programme, since they demonstrated that penis that is not circumcised is extremely messy and it is not sterile (Plotkin *et, al.,* 2013). "Misconceptions seem a significant deterrent. Fear of pain and sexual performance problems afterwards keep many men away. Older men approach me to ask if it is painful. The pain is nothing to write home about" (Ebikeme, 2014:05). More so, Majaha (2015) noted that some of the males they have this misconception that they can only wear condoms during having sex since it protects them from receiving circumcision.

2.3.9 Fear of witchcraft

Some scholars could ask a rhetorical question "Does witchcraft[1][2] hinder male circumcision?" However, in trying to understand the part behind witchcraft and the circumcision, it is of paramount importance to know what witchcraft is. Witchcraft defined "as a practice of, and belief in, magical skills and abilities people and certain social groups as insinuated" by Jeffrey Russell. Recent research findings indicated that witches used human body parts for rituals in some nearby countries of Zimbabwe. To concur, Southern eye (2014) quoted one of the following words by the MDC-T Matabeleland South senator Sithembile Mlotshwa that: "There is a Nyathi's case of witchcraft in Zimbabwe. We so much want to use the parts of a body of a person to pursue finance, marriage, or work. What happens to these foreskin of 100 boys that in a basket by this doctor? What happens to this foreskin of these children, colleagues? Is it not better to give each person his foreskin to dispose the way they see fit? This is because putting them together in a basket will invite witchcraft" (Southern eye, 2014:14). However, by the above citation, one can deduce that witches are there, and they use human body parts for their ritual, they do not usually use animals, since the

[1] Witchcraft as the practice of secretly using supernatural power for evil to harm others or to help oneself at the expense of others (Tebbe, 2007:184).

[2] Witchcraft is the use of magic powers; especially evil ones (also, see Oxford Advanced Learner's Dictionary (2008). Witchcraft include 'a wide range of practices and norms but in their various forms they usually share the idea that the power to inflict injury and benefit could be exercised through unobservable, supernatural means" (also, see Mutungi, 1977).

blood of a human is where there is life. Therefore, it is importance to use human blood and their body parts for their ritual. To concur, IRIN NEWS (2013) highlighted various events that the elderly, and children' have been found having missing body parts and have suspected witches to have done this. In such circumstances, this left most males securing their foreskin. However, by this rumor around Zimbabwe, most of the males are refusing to take part in the circumcision, since they want to protect their lives from such act. Nevertheless, witchcraft is not only the issue hindering males but also the shortages of nurses and doctors who are fit to do the procedure.

2.3.10 Shortages of nurses and doctors

Doctors with the help of nurses are the ones who are responsible for performing a surgical procedure as recommended by the Ministry of Health and Child Welfare. Hence, since the adoption of the MMC in Zimbabwe, there has been an outcry of long queues, which are a result of an outbreak of few doctors and nurses to carry on the procedure. Sgaier *et al.*, (2014) state that males are not choosing MMC, since there are few doctors and few nurses who are there to do the procedure. To concur, IRIN NEWS cited the Minister of Health and Child Welfare Dr. Henry Madzorera that: "A health worker strike that began in November 2008 shut down public health services for several months. The loss of qualified nurses and doctors who left to work in other countries made it even more difficult to deliver the service" (IRIN NEWS, 2011:10). To concur, the Ministry of Health and Child Welfare National HIV Prevention Coordinator, Getrude Ncube noted the following: "The programme encountered problems, especially a shortage of doctors, counsellors, and nurses. There is low commitment by staff not involved because of poor pay and we are urging the responsible authorities to offer incentives to health workers involved in the programme" (Misa, 2010:16). Hence, the above quote indicates how much males fear circumcision. The nurses and doctors are to do such procedure making males to take part in the programme, since they cannot afford to wait for hours at the queue. However, not only the shortage of nurses and doctors are barriers leading to low rate but also the issue of distance travelled, and hours of queues male wait to take part in the services.

2.3.11 Distance travelled and queuing

Most of the hospitals or local clinics that are practicing the MMC programme complained that the services are far from people. Even though most of the men want to take part in the programme, however, they cannot afford to travel such distance regardless of few who are going and getting such treatment. Some scholars argue that the distance travelled by males, also the issue of waiting for hours on queues act as barriers to the VMMC programme. To add, IRIN NEWS cited Dhlamini about distance travelled and long ques "People have travelled from as far as five hundred kilometers to the few centers available. We want to make it more accessible for them by establishing the district centers and taking the service to them, using the mobile centers." (IRIN NEWS, 2011:05).

Research findings showed that the VMMC programme services are five kilometers far from the general population and just a couple of people will go there. Furthermore, not only distance traveled but also the hour that males sitting tight for the sign obstructs males from receiving circumcision because some are anxious. As insinuated by Canada.com (2006), on July 2006, which was on Sunday, a daily paper article expressed that in a doctor's facility around 5.30 am. In addition, Peltzer, Nqeketo et al. (2010) stress that since VMMC calmed many male and the greater part of them they are upbeat, however this did not evacuate the issue of impatience in an exceedingly sexual dynamic male.

2.3.12 Decision-making amongst male learners

According to the Person/Client Centered approach, an individual has a free will or a choice to decide without influence by any external force. However, in some cultures, males that are still teenagers do not have choices in making their own decisions. That is why some scholars denote that in life, every individual deserves to make their own decisions without consulting anyone. Hence, it is one barrier-limiting male to access circumcision without consent from parents. UNICEF (2008) also demonstrated that current review reveals that a large portion male undergo MMC after their guardians have made choices for them as they are not allowed to choose for themselves by their being minors. A few researchers also attested that some young male receive circumcision when they are young, of which parents have a lot of say in their lives (also, see Wamai, Morris,

Bailis, Sokal, Klausner, Appleton, Sewankambo, Cooper, Bongaarts, de Bruyn and Wodak, 2011). However, to sum up the above discourse on hindrances to low rate of the VMMC programme in Zimbabwe. Various researchers have highlighted and perceived diverse subjects prompting to low take-up of the VMMC programme in Zimbabwe among males, from now on they cleared out some gaps in these last passages that agony leads to low take-up of the VMMC programme on males.

Nevertheless, from above, researchers less it is there relating pain prior and later the MMC. Essentially, pain i.e. experienced last mentioned and earlier the MMC an obstruction to the VMMC, since in some cultures pain symbolizes part of the ceremonies and serves to test an individual's boldness (Hellsten, 2004). Thus, researchers never burrow much about the issue of time of mending; however simply say it as hindrance. Finally, error its confusion, myth, deficiencies of medical helpers of wellbeing doctors, as hindrances to the VMMC programme, and researchers above have contended that there is low take-up of the VMMC among males.

2.4 Cultural beliefs influence learners' participation in the VMMC programme.

> "Changaans boys go for initiation schools since to be acceptable by the society they must go to initiation schools or mountains as a process to usher boys into manhood when small groups of males in dim lights inside the dark singing, shaking reeds as they walk, signify their circumcision. Also, if a woman passes where they are doing it, they must kneel and hide their faces when the recently circumcised pass…" (Hatzold and Madidi, 2013:14).

Culture is one of the vital elements in human's life. In addition, culture and social ceremonies have an awesome pertinence in our lives and it is the explanation for what we think, do, and the decisions we make with what we think about ourselves. Enculturation implies that people learn themselves (Duvha, 2015). In any case, "MMC programme… is attempted for different reasons: religious, social, social, and restorative" (also, see Thomas, 2003). Chiringa, Ramathuba and Mashau (2016) also stressed that medical male circumcision is a social-social concern and worsened action in edifying males who had distinctive recognitions i.e. preventing them used by the governments.

Furthermore, WHO (2010) and Kwata (2009) suggest that postulation social convictions and practices are urgent musings that may prompt to low take-up of the VMMC programme. Moreover, Evans (2015) also stresses that the Varemba male transitional experiences young men from the age of 12 to the initiation customs amid winter in the mountains over the Mberengwa area. It is amid these state functions that the young men get the opportunity to take part in the programme. Also, Mandova *et, al.,* (2013) stipulate that the VMMC is not a typical practice in Zimbabwe except for among the Shangaan and a couple of different groups who hone customary the VMMC programme as a soul changing experience from adolescence to adulthood.

In addition, the KwaZulu Natal division of Health (2010) define MMC as a custom of soul changing experience for young men to masculinity. The reason is that a large part of the way of life sees the MMC as a move from adolescence to masculinity life, so if the male is not circumcised, he is a kid and cannot wed in that culture. In addition, Sibanda (2013) argues that in the way of life of Varemba culture, young men at twelve years old are compelled to go to start school amid winter in the Mberengwa locale as a ceremony to section to masculinity. Additionally, Shisana and Simbayi (2002) indicated that societies like Shangaan, Vavhenda, vaTonga hones MC as social and religious purposes, in Zimbabwe where all young men must go if not circumcised. More so, Van Vuuren and De Jongh (1999) insinuated that most of the males it is a mandate at early puberty (thirteen-fourteen years) or later that (eighteen to twenty-four years) to go for the circumcision in view of their way of life.

Nonetheless, one can contend that if a male is not circumcised, he is not thought to take care of business, so which instrument or what are that qualities of a man exact, the reason is that it's exclusive socially thing not that men are not men according to state. In addition, Stinson (2011) agrees that according to other custom, if a person did not receive circumcision, he cannot wed or begin a family, acquire belonging, nor administer in custom functions. In addition, Mehlomakulu (2000) agree that culture influences males circumcised if they have a place with the way of life, so males who go for the circumcision view it as collective pride, and person worth. Moreover, Okoloko and Majivolo (2016) attest that MMC programme frames a noteworthy piece of another culture Ndebele,

Shangaan, Chewa, and Varemba. Additionally, WHO (2012) push that other than being compelled to experience the MMC method without sedative, males go through the span of the stored procedure to go up against torment and distress as legitimate mails. Moreover, Evans (2015) agrees that the Varemba culture, it's a space instrument for the circumcision of which they go to the mountain circumcised as a major aspect of their way of life since they have solid put stock in their social conviction frameworks. Nevertheless, if a man does not take over what the way of life says about start school they are now permitted to wed under the Varemba convention. On a social basis, all Shangaan males start a procedure, which takes about a month, and the principle part of the start is the circumcision. Receiving circumcision conveys social importance of masculinity, sexuality and other social critics and not really HIV counteraction action.

Even though culture has a great impact on male's choices, likewise it assumes a positive part in helping them, since they are extremely sexually active. Furthermore, Taljaard and Colleagues (2000); Grund and Hennik (2011) imply that culture dictates that males should be circumcised since, circumcised penis gather soil which advances sickness. Gardner (1949) also stresses that the VMMC programme helps in protecting males from penile diseases and a decreased danger of cervical tumor in female sex accomplices, the counteraction action of balanitis and balanoposthitis, avoidance of phimosis and paraphimosis. Furthermore, it is essential to comprehend the implications appended to conventional types of the circumcision. Prior reviews observed that some ethnic gatherings in which the circumcision is not regularly rehearsed object to the circumcision (Bailey, Muga, Poulussen, and Abicht, 2002). Since, the MMC trial comes about in extreme sub-Saharan African, nations have created aggressive national rollout plans.

Despite large amounts of announcing agreeableness of the MMC in both conventional and non-customary circumcision's groups (also, see Westercamp and Bailey, 2007) couple of nations have accomplished generous scale-up of the circumcision administrations. Up to this point, performance exchanges have concentrated on top-down issues of wellbeing administrations limit, including quantitative appraisals of the wellbeing experts, right wellbeing focuses, expenses, and client charges. Moreover, Bailey et al. (2002) stressed that culture assumes an imperative part in social orders from era to era,

that one receive circumcision particularly in the Xhosa culture since it fills in as a hindrance to marriage. Besides, in a few societies like Vhalemba, Shangaan, for that seventy percentages communicated expect that vilified from the group and in marriage if they didn't finish the conventional culture, they would be slandered the conventional.

To some degree, what culture does is disregarding the human rights, the privilege of kids in settling on choice as in S.A Constitution 1996 and the Children's Privilege of 2005. In this way, the Ministry of Health and Child Welfare supported that Voluntary Medical male circumcision programme in which male volunteer to receive circumcision be set in motion. In this way, the greater part of the male will receive circumcision. To a lesser degree, culture, particularly in Zimbabwe, just few gatherings hone it, however, individuals are now currently volunteering to receive circumcision and not constrained by culture. Nevertheless, doctors and the nurses will also distinguish approximately few angles in the process amid the information and writing audit to discover a whole.

2.5 Strategies to scale the VMMC programme

In Zimbabwe, males are not willingly to receive circumcision, hence, a low rate of the MMC. However, there is a need to produce and execute approaches to scale the VMMC programme. In this unique circumstance, to guarantee that there is a scale up and acknowledgment of the VMMC programme in Mazowe District. Firstly, there is a need of high-caliber management to run the VMMC programmes and types of gear at open and private wellbeing centers, thirdly, there is a need to create and actualize communication methods and materials to make educated requests. Fourthly, there is a need to lower the costs, lift the screening of HIV/AIDS process. In conclusion, decrease the cost of the VMMC among local and city areas, also, there is a need to supply well-trained nurses and doctors and a need to present some new ways of MC.

2.5.1 Introducing new techniques (Prepex)

WHO (2014) asserts that Prepex technique is another strategy for the non-surgical strategy launched in 2014, which does not instill pain in the body. To concur, Guvakuva

(2015) stipulates that Prepex strategy limit pain. Before the introduction of Prepex, males perceived razor blades as a hindrance to the uptake of MMC. In addition, Yikiniko (2015) concurs that Prepex technique is a decent instrument, which has the advantages of being the most preferred method by most males to want the MMC, which by insightful, lessens pain. Furthermore, WHO (2013) concurs that Prepex method can wind up scaling up the VMMC programme. Muchetu (2016) also added that Prepex technique is an instrument, i.e. is accessible a large part of the locales (facilities, doctor's facility, state schools) since, males can get to the government to scale up most of the males volunteering for us the administration.

Fig 2 show Prepex device as a device used for circumcision in Zimbabwe

Additionally, the Ministry of Health and Child Welfare (2014) propound that to scale up the VMMC programme among males, Zimbabwe must receive and use the new strategy called Prepex that speeds the procedure and it does not have confusions, which make more males to decide on the MMC. The introduction on new technique called Prepex will allow more males to come for the circumcision, since it does not allow blood to come out or someone to feel pain. To concur, a report by Batte (2014) denoted some of the words by Dr. Leon Ngeruka a Prepex specialist at the Prepex Center of excellence at the Rwanda Military Hospital noted the following: “The only pain felt is when you get an erection. You might not see a single drop of blood during fixing and removing of the rubber rings, including the healing process. The healing process takes seven days with the rings on, and after removing them, you will need another twenty-one days to cure and start engaging in sexual intercourse” (Batte, 2014:06).

2.5.2 Increasing well trained nurses and doctors (health practitioners)

According to the Health Ministry, people who carry out the procedure are doctors and are assisted by nurses. Males for not volunteering to get the circumcision see shortage of nurses and doctors as a barrier. To concur, Sgaier, Reed, and Thomas and Njeuhmeli (2014) propose that to manage the hindrance to males choosing the VMMC in Zimbabwe. Hence, there is a need to scale the number of health practitioners, and the Ministry of Health and Child Welfare must prepare more medical health practitioners with the end goal that males will not fear to receive circumcision because of the myth about untrained nurses. Sgaier et al. (2014) also added that Ministry of Health and Child Welfare ought to expand or increase the number of health practitioners and other human services laborers ready to perform the VMMC programme to scale up the VMMC programme. To concur, Chakanyuka (2014) insinuates that there is a need to increase the number of nurse and doctors to improve the number of males coming for the MMC programme as they refuse to come since they are waiting on long queues and as normally the procedure takes twenty to thirty minutes. Additionally, Chakanyuka quoted what Dr. Mutasa-Apollo noted pertaining the issue of nurses and doctors. She said the following: “Firstly, we are increasing the number of doctors, nurses, and support staff providing voluntary medical male circumcision (VMMC) services. Secondly, additional service sites are opened during the year as a way of increasing availability and access to services” (Chakanyuka, 2014:10). As proposed by Shears (2009) that with a specific end goal to scale up the programme among learners or males, there ought to be fortification doctors who know observing, assessing and who meet all requirements to direct the people earlier and later during the circumcision.

2.5.3 Scale up the access of the VMMC programme

Marseille, Kahn, Beatty, and Perchal (2011) attest that to scale the take-up of the VMMC programme in Zimbabwe amongst male, the government through the Ministry of Health and Child Welfare must expand the entrance to the MMC programme. Marseille, Kahn, Beatty and Perchal (2011) concur that there should be fixed outreach and mobile services which allow males to access them. Research findings by the Progress write about Kenya's (2008) argue that if services have same costs, male could get to them simpler than to make some costlier as this can expand the take-up of the MMC programme among males

at any age. Additionally, Herman-Roloff, Otieno, Agot, Ndinya-Achola and Bailey (2011) denotes that the VMMC programme must change when there is popularity, implying that it goes high when males are settling on the services. Most districts use a coordinated approach of using health practitioner. However, there are three remain solitary destinations that are completely committed to VMMC benefit (also, see Ministry of Health and Child Care Zimbabwe, 2014).

2.5.4 Empowering males to recieve the VMMC programme

Research findings by Hatzold, Mavhu, Jasi, Chatora, Cowan, Taruberekera, Mugurungi, Ahanda, and Njeuhmeli (2014) allude that in Zimbabwe, men need awareness about the VMMC and its benefits and effects. Furthermore, Chatora (2013) agrees that there is a need to make some recommendation in promoting MMC programme for a lifestyle choice and not a medical intervention. Therefore, those males are scared of receiving circumcision because of its benefits or effects, but as a life choice and style thing. In addition, Staff Reporter (2016) asserts that there are various campaigns running in Zimbabwe through radios, social media, in schools, including celebrities like Winky Dee, Jah Prayzer, Albert Nyathi advocating for the MMC. Hence, in doing this, there will be a dramatic turn-around scaling up of the VMMC programme, since some of the celebrities are role models. “The campaign is a tour de force that has recruited celebrities as role models or champions to motivate and lend a certain level of peer support to encourage both older and younger generations alike to undergo the procedure…… “My friend got circumcised” goes a long way as encouragement.” (Ebikeme, 2014:05).

Fig 2: Jah Prayzer, Albert Nyathi, and some other artist in Zimbabwe campaigning for VMMC programme.

Majaha quoted some of the words by Chifamba's story as follows, "At first, I thought the medical procedure was targeting only those who are promiscuous since they are at high risk of contracting HIV but, through awareness campaigns, I realized that the procedure offers a lot of other benefits, such as protecting my wife from cervical cancer" (Majaha, 2015:09). Sibanda (2013) contend that males are not willing to volunteer in mass for the MMC programme since they need information on the MMC programme and its advantages, while for a few, males who receive circumcision misleadingly wind up substituting another HIV/AIDS strategy, for example, condom use with the MMC programme.

2.5.5 Decentralization of the VMMC programme

Services are far away from people leading to the low uptake of the VMMC among males because some will not able access the service. Hence, the programme provides at all levels of health sectors from rural to urban hospital into private sectors. Subsequently, the programme given at all levels of wellbeing segments from country to urban healing center into private segments. Peltzer, Nqeketo *et, al*., (2010) assert that if the MMC programme is decentralized to all hospital settings, the greater part of the males that are from profound regional place will partake in the programme, which benefits them. To concur, Dube, cited the National Male Circumcision Coordinator, Sinokutemba, who spoke something about the issue of decentralizing the services of MMC to other local

districts. **"**Ten districts next week while eleven others are expected to start in July this year all in rural areas. We are also planning to open two more MC centers in Harare and Chitungwiza," (Dube, 2013:05). In initiation school in Mberengwa (Masvingo) males opt to go to the mountain, since MMC services are additionally accessible for people to use them along these lines side, yet some who are originating from profound regions are not circumcised because the services are a long way for them to reach (also, see WHO, 2003). In addition, it is vital to note that for the mobile arrangements, they must have a well-designed client follow-up system (Sabone, 2013).

2.5.6 Lifting the screening of HIV counselling and testing prior VMMC

WHO in 2007 recommended that there should be screening for HIV/AIDS before the VMMC procedure since the recommendations were targeting people who are HIV free as it was part of the package of MMC? To concur, SHARE (2013) asserts that screening first for HIV/AIDS is a package. Henceforth, most of the male's fear circumcision because they fear of knowing their HIV status, consequently turning into another hindrance to males receive circumcision. The WHO and UNAIDS suggested that HIV test is offered before the procedure (WHO, 2007). Additionally, the Ministry of Health and Child welfare must allow males to take part in the programme, regardless of the possibility that they are not screened for HIV; thus, this will let many males receives circumcision by lifting the procedure. Sabone *et, al*., (2013) agree that if the prerequisite screening of HIV testing is lifted, permitting males receives circumcision without being screened will encourage a lot of males to receive the service and this can increase the number of males volunteering for the programme.

2.5.7 Proper communication of the VMMC programme

Medicinal male circumcision has turned into a typical myth among the Zimbabweans in a way that males are dissenting that they ought to wipe out the issue of the circumcision in the nation. Research findings demonstrated that a large part of the males is terrified to go for the circumcision since they catch wind of the pain, dying, procedure, and the idea of screening HIV and testing. In addition, to manage such imaginary fears, the wellbeing doctors in Zimbabwe must comprehend what to state when they are urging males to

receive circumcision. It must not seem as though one is not circumcised, it's an issue or its clean everything relies on upon your choices as whether circumcised or not. Furthermore, UNAIDS (2007) proposes that the VMMC programme as here to young males who think about their cleanliness, decrease of HIV/AIDS transmission and cervical disease danger of his female partner. WHO and UNAIDS (2011) also stresses that the VMMC programme does not give a full fortification on AIDS, however they make sure that people should comprehended it as a part for HIV avoidance. "The message is repeated during the obligatory visits to a medical Centre after the procedure. After these visits, we keep on reminding those circumcised through multi-media campaigns, so there is no let-up." (IRIN NEWS, 2011:10). Therefore, this shows that if the doctors and nurses properly communicate the messages, males could volunteer for the circumcision as noted on the quote above. In addition, Stopes South Africa quoted the following by David that*:* **"**My brother told me about it, he went, and so I went, and the doctor told me more of the details, and I agreed that it was a good idea to be circumcised then…. We had heard about how it protects against HIV and AIDS as in reducing against the chance of getting HIV/AIDS**"**. (Marie Stopes South Africa, 2013:07).

2.5.8 Outreach programme and community mobilization

The issue of not going out doing some outreach and community mobilization acted as a barrier to male opting for the circumcision, however, there is low uptake of the VMMC programme although Zimbabwe is country that was not practicing MMC (Chikutsa, and Maharaj, 2015; Mandova *et, al.,* 2013) due to the introduction and the launching of the VMMC by WHO. However, to scale the scales up, research findings indicated that male should advance in technologies like social media e.g. WhatsApp, Facebook in trying to mobilize young males in awareness and taking part in the programme. Mhofu (2012) cited one of the following words by the deputy head of Population Services International [PSI] Zimbabwe, Dr. Karin Hatzold who said that her organization is using the twenty-five-year-old singer and other entertainers to persuade young men receives circumcision. "We have campaigns that are specifically targeting adolescents, people in schools, so during school holidays we are doing massive mobilizations on media... **"**So, get smart, receive circumcision. Male circumcision is not only HIV prevention intervention, but it is improving hygiene, you are cleaner, you are smarter.*"* In addition, McConnell (2009) concurs that through media advertising on radio or in newspapers like Herald newspaper, Kwayedza,

H-Metro, they will encourage males to receive circumcision (Zimbabwe Policy Guidelines (ZPG).

2.5.9 Individual's rights to participate in decision-making

Culture hinders male not opting for the circumcision. In some cultures, like the Xhosa or Shangaan, women will not marry males who never go through circumcision. Forcing a male child to receive circumcision is against the right of an individual's choice. In addition, policies and programmes for HIV reduction through the VMMC programme designed with the best interests of males. These should also respect the individual's rights to take part in decision-making. Furthermore, Fox and Thomson (2010) corroborate that medical ethics and human rights violated in the scaling up the VMMC programme in Africa. More so, Kahari (2013) concurs that in Zimbabwe, the Varemba, Xhosa and Shangaan still practice the VMMC programme and it was highly condemned by International Human Rights Organizations for violating people's rights and was equally condemned by Health Professionals for increasing health risks of HIV transmission because of 'unsafe objects'. Research findings by Lukobo and Bailey (2007) stipulate that most of the clients in Zimbabwe, partly in Chiredzi (Hatzold and Madidi, 2013) requested that there should be campaigns to promote VMMC programme as a protective effect against STI is including HIV infection.

2.5.10 Reduce prices charged of the VMMC programme

Another issue that went about as a barrier to the VMMC is costs charged for males to receive circumcision. If these charges drop, hence a large part of the males cannot manage the cost of the payment; so, bring down the rate of males going for the circumcision. Most of the males will not see the advantages of going there if costs are high. Kang'ethe and Gutsa (2015) stipulate that costs at private and open MMC professionals in Zimbabwe are high. WHO (2002) agree that the greater part of the people is not satisfactorily put to manage the cost of costs of therapeutic administrations of the MMC programme. Mateveke *et, al.,* (2012) uncovered that the costs charged by general society and private professionals to encourage the circumcision were exorbitant in

Zimbabwe since they needed a male to volunteer to complete the services, however, imagine a scenario in which the services are high no male can manage the cost of it and putting them on the hazard. Mateveke *et, al.,* (2012) and Mhangara (2011) concur that the cost of the VMMC programme in Zimbabwe was extremely higher than the costs built up by the World Health Organization. Moreover, Wamai, Morris, Bailis, Sokal, Klausner, Appleton, Sewankambo, Cooper, Bongaarts, de Bruyn and Wodak (2011) stipulate that the issue of cost on the MMC has turned into another issue in male seeking the circumcision, since the cost is high, and males cannot manage the cost of it. In addition, presumably, this issue can just apply at initiation schools, yet in any case, among private clinics, the cost of the MMC is high because of treatment, this makes the MMC affordable.

2.6 The Conceptual Framework

Hyman (1980) defines a conceptual framework as an analytical tool with several variations and contexts. There are diverse sorts of approaches that the researcher distinguished during through in-depth literature review and thorough reading that were applicable to the conceptual framework system of study, namely Client-Centered approach, Cognitive approach, Reasoned Action, Health belief approach and Planned Behaviour approach. Nevertheless, they are just two approaches, planned behaviour and person/client centered approaches employed. The researcher employed the approaches meanwhile person/client centered approach asserts that a person has freedom of choice to decide or to settle on their choice without obstructed by any environment and they can settle on a more extensive scope of decisions (Rogers, 1959). In addition, the planned behaviour approach states that an individual’s behavioural expectations are behavioural goals in an individual's disposition toward the conduct (Stern, 2000). Consequently, the researcher chose this approach, for the moment, it concentrates on the intentions of the behavior and the disposition towards that specific conduct. In addition, the other approach focuses on individual’s free will to choose certain actions without the influence of the external force; hence, some males are not willing to receive circumcision.

2.6.1 Person/client-centered approach (P/C.C. A)

Carl Rogers, a psychologist formulated an approach called person/Client-centered approach (PCA), also known as person-centered psychotherapy, or person-centered counseling, and the client-centered therapy. This approach's primary aim is to equip people with a chance to acknowledge their characters and behaviour (also, see Rogers, 2004). Moreover, the work arose out of the client centered approach and the terms like "patient" wasn't regularly utilized, since the relationship amongst client and therapist fixated on equal and trusting. Person/client centered approach also proposes that advisory did not believe it is conceivable completely enter client educational experience (Rogers, 2004). Furthermore, Rogers (1959) acknowledges that as if each approach trusted to deal with treatment contains an "unclear measure of mistake and human induction". Despite his endorsement and paying little respect to allegations of imprecision and insufficiency. Rogers' confidence in positive human instinct, and the demonstrated capacity of his treatment in permitting and urging the individual to find their own answers and to find a course towards satisfying their potential.

Permitting an individual to achieve their own decisions is regularly, for them, an enabling background, which encourages confidence (Rogers, 1959). Additionally, the approach concentrated on an individual or individual fixated treatment concentrates on the individual's subjective perspective of the world (Rogers, 1959). For that reason, the researcher noted that if an individual has a free will to choose or to decide on their will then learners also have the right to decide if they can. In this case, the researcher concentrates on the VMMC of which individuals are not guided by any situation to be circumcise. In this way, as individuals, they have a choice to make decisions and they are not constrained when they go to receive circumcision by any rigidity of the thoughts. Furthermore, the researcher chose the approach since in one of the targets as the scientist poses a question to find out if culture has energy to impact somebody to receive circumcision or not. In addition, the approach says, “Flexibility of decision is not being shackled by the confinements that impact a congruent individual, they can settle on a more extensive scope of decisions even more smoothly”. They trust that they assume a part in deciding their own behaviour, thus feel in charge of their own conduct. The client-

centered approach encourages the individuals in completing inclination (*self-realization is the conviction that all people will seek after what is best for them*).

Additionally, the approach of the Person-Centered Approach trusted that people are unique and remarkable, and that people know themselves as superior to any other individual it was unrealistic for a researcher to completely comprehend or enter the perceptual universe of a client's beneficial encounters (Rogers, 2004). The VMMC its procedure prescribed by the WHO and UNAIDS that protect males from STI's, so if they comprehend the reason for them circumcised, they will be special, and they will better their lives. The person/client-centered approach insinuates that individuals have their own one of a kind way to deal with themselves and relationship around them, revealed wide application in different places such person/client-centered, training, associations, and other gathering settings (Rogers, 1975). Moreover, relating the issue of the VMMC programme, people do understand whom they are in which for them to settle on a choice they should recognize what they need, not what individuals need with the goal that they can get distinctly remarkable. Additionally, whether people get circumcise or not through the VMMC, it is something that they can think of since they are not forced to do that, they will feel to be part of the public. The mentally sound individual has an inspirational point of view, keeps on developing, is not reluctant to settle on choices, and acknowledges the outcomes of same (Rogers, 1951). Additionally, for this assessment, the individual has the will and decision in life, from now on decision helps people to choose even in going for circumcision without being constrained like what societies do. They also create confidence, which makes them not fear getting the circumcision since the system itself is exceptionally difficult if one is not circumcise. Concisely, a Client/Person Centered approach denotes that people have free will to do what they want to do, hence for this study, males volunteer to undergo circumcision and they are not forced by anyone to do so.

2.6.2 Planned behaviour approach (P.B.A)

Planned Behavior (PBA) approach is an extension of the Reasoned Action Approach (Fishbein and Ajzen, 1975). In this sense, that the PBA denotes that an individual's

behaviour is driven by behavioural goals, where expectations are an element of an individual's mentality towards the behaviour (Icek, 1991). Also, plain behavioural control is ventured to influence genuine conduct, specifically, as well as influence it by implication through behavioral expectations (Noar and Zimmerman, 2005), hence, disposition towards the behaviour as the individual's certain or negative emotions about playing out the conduct. It is through an appraisal of one's convictions regarding the results emerging from a behaviour and an assessment of the allure of this outcome. Moreover, behavioural expectation questions behavioral control s one's impression of the trouble of playing out a conduct. The approach sees the control that people have over their behaviour as lying on a continuum of practices effortlessly performed to those requiring extensive exertion, assets (Ajzen, 1985). In addition, variables control the approach that manages behavioral expectations e.g. demeanor towards behaviour dictated by the conviction that a behaviour will have a solid outcome and the assessment of this result (McLeod, 2009). Furthermore, are the subjective standards or the faith in whether other significant people will favor one's conduct to fit in with the desires of others (Ajzen, 1991). Another component is the perceived behavioral control, controlled by the conviction about access to the assets expected to act effectively, in addition to the apparent accomplishment of these assets (Tegova, 2010). By including perceived behavioral control", the approach of planned behaviour can clarify the relationship between behavioral goal and genuine behaviour (Dutta-Bergman, 2005).

Since the kind of MMC advanced under VMMC is not a social routine of this group, the decision to experience it for an individual often includes a ton of exertion as one might be viewed as an outsider or dismissed in the wake of experiencing the system. The individuals who experience this in a few ranges in the area might oppose the social standards and later, the approach is a capable and prescient approach for clarifying human conduct. Concerning the approach, individuals' assessments of, or states of mind toward behaviour by their available beliefs about the conduct, where a belief as the subjective likelihood that the behaviour will deliver a specific result. From time to time, the males might experience MMC because of the result and its suggestion later. These states of mind men have figured out if they will acknowledge or dismiss the MMC as a HIV remedial action strategy as changed by the social environment, that is, the group, or

society in which one lives or sees as critical. To understand why the males are not taking up the VMMC services requires learning of their social-social foundation, their socialization and how their states of minds. This makes PBA important because its support of feelings of poise would be helpful because the males choose to go for MMC as the approach advances sentiments of control and self-viability in consulting with accomplices. Approach of planned behaviour is in this way, essential to comprehend the procedure of basic leadership in either to embrace or not receive the MC as a choice HIV infection.

2.7 Summary

It has been uncovered that pain, dying, myth, false notions or fancies, and culture are a portion of the hindrances that result to the low take-up of the VMMC programme in Zimbabwe. Consequently, the government of Zimbabwe through the Ministry of Health and Child Welfare is attempting to decentralize the services, making some mindfulness battlegrounds optional and secondary schools or even tertiary. Media and social networks are battling on presenting various techniques of male circumcision systems like (*Prepex technique*) expanding and preparing of staffs like medical health practitioners at hospitals to enhance or scale the VMMC programme in Zimbabwe and the nearby countries. Subsequently, in doing this, they will be more males volunteering for MMC around schools in which they will not be susceptible to the STI's and other new infections. The enthusiasm behind this segment was to familiarize the practical structure of the analysis and harmonizing with the study. Henceforth, two notions “planned behaviour” and person/client-centered approach", executed, very much considered and all around assigned. In addition, the enthusiasm behind this was to attract thought regarding two approaches; the person/client centered approach and planned behaviour approach. These two approaches utilized to investigate various types of inquiries of wellbeing like male circumcision. In addition, the theoretical framework was required to use PBA and CCA to treat and seek after our association. In this way, the researcher chose two approaches because of their appropriateness and straightforwardness.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

"It is evident that if a method is used wrongly, a study of it is likely to show that it does not improve therapy and may even show a worse outcome. ..... Recognition that current research has led to wrong conclusions and stagnation in the field of pre-hospital emergency medicine. Is it now the time for a change?" (Schou, 1998:177-180).

3.0 Introduction

This chapter presents the research method used in collecting and analyzing data for the study. It covers the methodology employed to conduct the study, the instruments used, as well as the structure of the research draft. For any acknowledgement of the study, there is a need to check if the method employed is correct and the subject or theme examined should give way to the methodologies implemented. Therefore, the chapter outlines the justification for selecting qualitative research methods and techniques. The chapter further covers the issues pertaining to the relationship between the researcher and the respondents, access issues, data analysis methods and the limitations of the research.

3.1 Research Design

Research design is a thought of the logic or master plan that throws light on how the study conducted as it shapes the study (Henn, Weinstein, and Foard, 2006). In addition, Bless and Higson-Smith (1995) define a research design as a programme to guide the researcher in collecting, analyzing, and interpreting observations and results to find answers to research questions. From the given definitions, one can deduce that it is a plan that includes sampling as well as data collection and analysis. Vogt, Gardner, and Hoeffel (2012) define a research design as the basic methods that a researcher can use to collect evidence used to make conclusions about an issue under investigation.

3.1.1 Qualitative Research Approach

Strauss and Corbin (2014) aver that a qualitative[3][4][5] method as a comprehensive approach that understands many methods that vary on diverse theoretical assumptions such as seeking to gather an understanding of individual's behaviour and reasons to that behaviour. Bogdan and Ksander (2000) maintain that there are different kinds of data collecting methods in qualitative research used by researchers e.g. interviews (*structured interview, semi-structured interview and unstructured*) and participant observation and non-participant observation.

3.2 Description of the Study Area

The researcher conducted the field study in the Mazowe District, Zimbabwe. It is located 45 km Northeast of Harare, the capital city of Zimbabwe, and nearby Ningani Hills, Tsindi, and Ndire. The district is one of the southernmost of seven districts of the province of Mashonaland Central in Zimbabwe and it consists of 186,831 people, of which 116,255 are males and 117,195 females. Furthermore, Mazowe district encompasses of various primary, secondary, and high schools. However, during the fieldwork the researcher chose three secondary school in Mazowe District namely: Shingirirayi, Henderson Research, and Kundayi, which are located along the Bindura-Harare drive and Harare-Concession and Mvurwi Drive. Hence, the researcher targeted male learners aged fifteen

[3] Kumar (2005) denoted that qualitative research approach allows reflection, interpretation, description and, usually refluxing effort needed to describe and understand real instances of human action and experiences from the perspective of the respondents who are living through a situation.

[4]Qualitative research attempt to look insight into the problem, since the problem is not known (Blanche, Blanche, Durrheim, and Painter, 2006).

[5] **"**Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that makes the world visible. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them". (See also, Sakarombe 2014 citing Denzin & Lincoln 2005:03).

to nineteen years within the Mazowe District, Zimbabwe, since the district is one of the major targets for the VMMC programme.

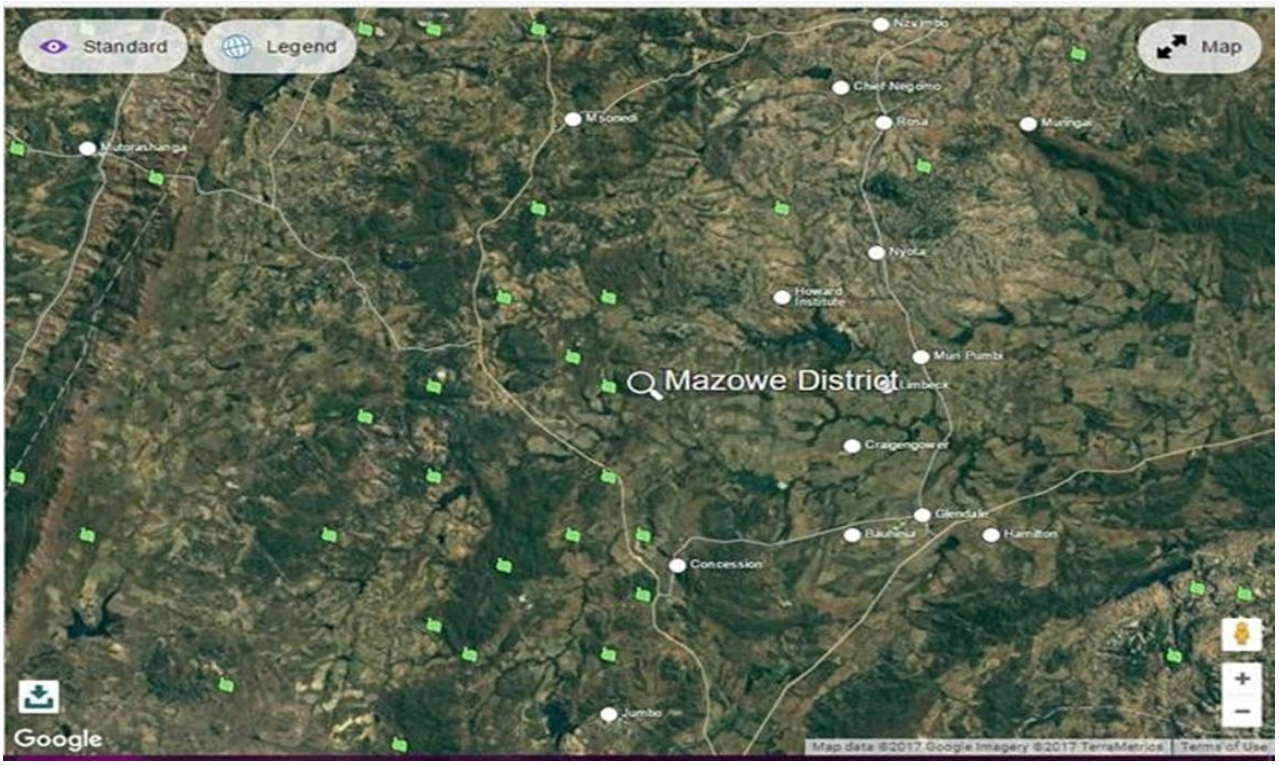


Fig 3: shows the area of the study.

Source: Viewed on 29/08/2017 from https://mapcarta.com/14118444/Map.

3.3 Entry into the study Area

Since this study required the respondents from the Mazowe District, Zimbabwe, the researcher requested permission to carry out the study from the Ministry of Higher Education of Zimbabwe, and granted. Purposive sampling method employed in choosing the respondents to take part in the study in the Mazowe District from Shingirirayi, Kundayi and Henderson Research secondary schools. The researcher chose these schools because their geographical location was more accessible to the researcher. All the respondents who participated in the study were Shona speaking males under the age group of fifteen to nineteen years. This was a merit to the researcher because he also speaks Shona, which is the local language. The rendezvous chosen, due to the study findings indicated that in Mazowe District, the rate of people willing to receive circumcision

services that is very low, however, this puts males in danger of susceptible infections. Hence, underneath is a comprehensive explanation of the area under study.

3.4 Sampling

According to Bernard (1986), it is noticeably basic that choosing the way of attaining material, and from whom the data obtained, should be done with sound judgment since no measure of investigation can reimburse for outrageously collected data. The researcher used purposive/ judgmental sampling because it enabled him to focus on his personal judgment to select cases or respondents and that chance of each respondent being included in the study. The researcher chose the sampling technique because it was affordable in terms of time limitations and economic expenditures.

3.4.1 Sampling

The researched opted for purposive sampling which falls under non-probability sampling. Hence, purposive sampling method discussed below:

3.4.1.1 Purposive Sampling

The researcher utilized purposive/ judgmental[6] sampling because of his own judgment in selecting the sample frame size. In this type of sampling, the chances of each respondent being included in the study. The first primary target of the programme by the UNAIDS and WHO is males in secondary schools. Sakarombe (2014) asserts that the number of respondents using purposive sampling done by using researcher judgement even though not all people had the equal chance of being included in the study. To agree, Anderson (2009) opines, “Sample size in qualitative research has no rules and is governed by the purpose of the study”. The categories of respondents targeted were male learners between the ages of fifteen to nineteen years old from three different secondary schools (*Henderson, Kundayi, and Shingirirayi*) in Mazowe District. The reason why the

[6] Purposive/judgmental sampling method deals with observed units selected based on the researcher’s decision or judgment about which one is right to use (Babbie, 2007).

researcher chose the sample size because, not all of the respondents were going to be chosen in the study, but only the judgment of the researcher.

3.4.2 Sampling Size

Babbie (2010) define sampling size as a process of selecting units/objects for a representative of a population to give enough data about a population and consists of probability and non-probability sampling. The researcher, in this study interviewed about forty male learners, meaning that about ten males participated via semi-structured interviews and about thirty participated via FGD's in the study. To elaborate more, in Kundayi secondary school one focused group is consisting of ten males participated and three interviews conducted to three male respondents. Secondly, in Henderson Research secondary school also, one focused group conducted consisting of ten male learners and three interviews conducted to three male respondents. Lastly, at Shingirirayi High school also, one focused group conducted there, consisting of ten males but at this school only four male respondents were chose through purposive sampling to participate in semi-structured interview.

3.5 Data Collection Methods

Data collection methods are a series of questions on various aspects of the data provided as part of the assessment of data reliability described (United States, Government Accountability Office, 2005). According to Bell (1998), research that is mainly concerned with views, opinions, attitudes, and feelings collected through use of questionnaire and interview schedules. The research study employed interview schedule and focused group discussions to gather in-depth information from the respondents' feelings, emotions etc. when answering the research questions. The researcher employed the following instruments to collect data from the participants: semi-structured interviews and focus group interviews.

3.5.1 Interviews

De Vos et al., (2005) posit that when conducting an interview[7] or interviews, one must follow the following stages: in first stage, there is an issue of recording information through the method of note taking (which involves the issue of writing down important notes when one is speaking) or also the issue of recording, maybe using tape recorder. In addition, followed by note filling, which involves the issue of recording voices, body languages, and gestures noted when someone is talking in meetings or workshops. The researcher should ensure that when meeting with the respondents, mechanisms should be put in place to ensure that the participants feel very free or comfortable in a way that they can talk without any disturbances, whether the interviews are conducted in the classroom, house, under the tree or in the office. When an individual agrees to meet and do recording, it shows how much the person is willing to share the data. Furthermore, during the session, members guaranteed safety. In addition, the format of the questions through questioning are also explained before proceeding to the interview. Hence, during the process, there are assessments done each time to see if people or not (also, see Breen, 2006) and these questioning are done each day. Therefore, the information and descriptions included on the cover letter handed over to the respondents indicated all the meeting plans for forthcoming investigations.

3.5.1.1. Semi-Structured Interviews

Doyle (2017) maintains that semi-structured questions[8][9] are more open-ended, allowing the interviewer not to subscribe to straightforward questions and answer format. Therefore, for the study the respondents were as follows: Ten respondents were

[7] Interviews are methods of gathering information through oral quiz using a set of pre-planned core questions

[8] Semi-structured interview is a meeting in which the interviewer does not strictly follow a formalized list of questions (Doyle, 2017).

[9]Flick (1998) highlighted that semi-structured interviews allow open-ended questions in the form of an interview guide and allows the respondent to expand upon their answer, give more details, and add more perspectives.

interview from Kundayi, Henderson Research Secondary and Shingirirayi Secondary schools.

3.5.2. Focused Group Discussions (FGD's)

Focused group discussions[10][11] are forms of qualitative research, which comprise of interviews in which a group of people asked questions about notions and attitudes towards a certain phenomenon. These FGD's led group discussions or interviews are envision engendering understanding of respondents' practices and views. By doing this, they permit informants to the study to "express freely their thoughts" on the matter underneath examination, and this process leaves room for respondents to source descriptive data from which conclusions could be completed. Therefore, focused group's discussion employed in the study, meaning that three groups carried out and each group had ten male respondents. Hence, the researcher booked for venues at the three diverse secondary schools to allow respondents to feel comfortable and to minimize disturbances. Since the study was incorporating males from ages fifteen to nineteen years, consent forms from guardians sought. The FGD has constituted of ten respondents from each school (Shingirirayi, Kundayi, and Henderson Research Secondary) in Mazowe District. This was in line with WHO (2007) which targeted males aged fifteen to nineteen years. To concur, Anderson (2009) postulated, "Sample size in qualitative research has no rules and is governed by the purpose of the study". The purpose of utilizing the FGD's was to create an understanding of participants' skills and opinions. Hence, this allowed male respondents in the study to "express their free minds" on the issue under study, also FGD's leaves room for respondents to supply descriptive data from which conclusions could be made. To concur, Stewart and Shamdasani (1990) aver that the group of FGD's should not be large to allow almost all respondents to talk, and the group determined by

[10] Kelly (2007) defined focused group discussions as qualitative research method that involves the way of listening to people and learning from their personal chronicles.

[11] FGD's are as a small, but demographically diverse group of people whose reactions studied especially in market research or political analysis in guided or open discussions about a new product or something else to determine the reactions that expected from a larger population (Merriam- Webster.com, Oxford Living Dictionaries, 2016).

the topic under study. In addition, he added that the size of FGD's should range from six to twelve respondents. For the study, ten respondents targeted to take part in the study.

3.6 Data Analysis Method

Data analysis is a process of systematically searching and arranging the interview transcripts and field notes so that one could increase one's own understanding of them, to enable one to present findings to others (Boijie, 2010). As noted by Duane and Thomas (2008) data analysis is a process of placing observations in a numerical form and manipulating them according to their arithmetic properties to derive meaning from them. Therefore, the researcher read transcripts and re-read to name common words, phrases, and perceptions coded. These common codes will produce patterns, which are categorized so under themes. This study employed a thematic data analysis method.

3.6.1 Thematic data analysis method

The researcher employed a watertight approach to break the ice of the data. Themes, depicted as a shade, which shapes, are recognizable by researchers some time presently, after, and during the data gathering. Hayes (2005) views themes as erratic opinions, which documented in the feelings scrutinized, and, they often originate up in in a precise preparation of data (thematic analysis[12]). In addition, these themes can similarly be illustrious by bearing in mind the first field proceedings. Hence, the researcher illustrates each information that classifies the earlier mentioned theme appropriately. In this instance, the researcher copied themes form investigating the marks of the investigation. However, the researcher employed this approach as the strategy to investigate the data. To add, King (2004) stipulated that thematic analysis can be easily manipulated, since they provides rich, flexible, and self-explainable information but complex. In addition, Braun and Clarke (2006) argues that thematic analysis gives better access in analyzing particular data. Lastly, King (2004) postulated that thematic analysis summarizes large amount of data structured properly to handle data.

[12] Thematic analysis is a way of using themes that emerge as being significant to the description of a phenomenon Braun (2006).

3.7 Ethical considerations

For approval, the proposal submitted (*through the head of department*) to the Higher Degrees Committee of the School of Human and Social Sciences before commencement of the research project for presentation. The University Higher Degrees Committee of Venda and the University's Research Ethics Committee for ethical clearance before the commencement of the study approved the proposal. The researcher employed voluntary participation, privacy, confidentiality, informed consent, the right to withdraw and anonymity as guidelines for ethics[13].

3.7.1 Voluntary participation

The researcher sufficiently informed the respondents about the purpose of the research before their participation. None of the respondents was force to participate (Rubin and Babbie, 2005). Respondents who volunteered to participate were interviewed, hence the researcher sought consent from the respondents after providing them with full details of the study and giving them room to decide whether to participate or not (Blanche, Durkheim and Painter, 2006).

3.7.2 Privacy

The researcher ensured that the venues for the interviews kept private from many people. This to ensure that the respondents could feel secured when taking part in the study (Engel and Schutt, 2013). Oulasvirta *et, al.,* (2014) assert that there will be places secluded and well-maintained that will allow respondents to take part freely in the study.

3.7.3 The right to withdraw at any time

During the session, respondents guaranteed the right to withdraw from the interview if they felt like doing so. The researcher informed the respondents that they were free to

[13] An ethics is an information about a consensus among researchers on what is wrong and improper in the conduct of social inquiry is a requisite of research studies (Babbie and Mouton, 2001).

withhold any information, which seemed sensitive to them. Hence, the researcher never forced anyone to take part in the research and the respondents could pull out at any given time if they so wished (Blaikie, 2010).

3.7.4 Confidentiality

The researcher told the respondents that the material collected from the interviews would be for academic purposes only. The names of the respondents attached to any information collected, and only some few demographic characteristics. Nothing that belongs to the participants interviewed would be divulged (Rouse, 2008).

3.7.5 Anonymity

The names of the respondents withheld and only pseudonyms in place of the names of the respondents used to shield the integrity and privacy of the respondents. In addition, the researcher also used pseudonyms with no real names written down (Wiles, 2013).

3.7.6 Informed consent

Informed consent is a process of seeking explicit agreement from subjects to take part in a research project and is based on their full understanding of the ways involved and the likely effects (Blanche *et, al.,* 2006). Informed consent involves providing respondents with clear information about what participating in a research project will involve and giving them an opportunity to decide whether they want to take part (Wiles, 2013). Therefore, for the study, the researcher-sought consent inform the participants of the study.

3.8 Conclusion

The chapter discussed the way in which the research study carried. The researcher embraced a qualitative approach. Empirical data[14] collected from forty respondent is

[14] Knowledge received by means of the senses, particularly by observation and experimentation (Pickett, 2006).

selected using purposive sampling technique. The instrument employed in collecting and analyzing data and ethics utilized.

CHAPTER FOUR

RESEARCH PRESENTATION, INTERPRETATION, AND FINDINGS

"A fly without an adviser, usually follows the corpse to the grave"

Andrew Uwaoma

4.0 Introduction

The chapter presents data on the effectiveness of the VMMC programme among Secondary school learners in Mazowe District, Zimbabwe. The researcher used an interview schedule to collect data in form of semi-structured interviews, which consist of open-ended questions[15] that allowed the researcher to probe questions in-order to get an in-depth information about a certain phenomenon. The data findings of the research were in line of the below five sections. Firstly, profile of the respondents, levels of understanding about the VMMC programme among secondary school learners in Mazowe District. Thirdly, barriers behind the low rate of the VMMC programme among secondary school learners; fourthly, whether cultural beliefs influence decision-making of male learners to undergo circumcision and lastly, strategies of scaling the uptake of the VMMC programme amongst secondary school learners in the Mazowe District.

4.1 Profile of learners as respondents of the study

This section presents biographical information of the respondents who participated in the study. The overall number of respondents who participated in the study was about forty male respondents. Some different secondary schools that the research targeted were approximately fifteen from each school that is Kundayi, Shingirirayi, and Henderson Research) in Mazowe District, Zimbabwe. The researcher assigned the respondents with

[15] These are question that cannot be answered with a "yes" or "no" response, or with a static response and are phrased as a statement which requires a response (Betty, 2010).

pseudonyms. Information from the learners on the VMMC programme in Zimbabwe, Mazowe District.

4.2 Data Findings

In this section, the findings of the study are available and analyzed. Hence, in-order to improve the knowledge of male learners towards their understanding of the voluntary medical male circumcision programme, the researcher asked the question below, to clarify or explain respondents understanding on the VMMC programme.

4.2.1 Explanation of medical male circumcision

The researcher asked the following question to the respondents "How would you define medical male circumcision?" The motive behind the question was to find out if respondents had knowledge of medical male circumcision and its general understanding. However, most male learners could describe medical male circumcision. Therefore, they described medical male circumcision as follows:

> *"Oh, okay. Medical male circumcision is the removal of the foreskin of the male penis forehead"* **Tapiwa.**
>
> *"Mmmm, medical male circumcision, (**scratching nose**) it's the removal of the foreskin from the penis done by health practitioners"* **Tanaka.**
>
> *"Medical male circumcision, it's the surgical removal of the foreskin done by razors, scissors only done by doctors"* **Takudzwa.**

Most of the male respondents who participated in the study managed to describe the programme called VMMC. The programme was recommended by the WHO and UNAIDS as an additional strategy to prevent males from being infected by sexual transmitted infections. WHO stated that before receiving circumcision, one must pass through a process called screening for HIV and other infections to ensure that they will not make a mistake of circumcising an infected person? As this is corroborated by Siegfried, Muller,

Deeks, and Volmink (2003) as they defined MMC as a remedial removal of all or part of the foreskin of the penis through surgical. In addition, to concur, Rudolph and Rudolph (2011) define MMC as the surgical ejection of the foreskin from the penis. The researcher engaged a definition by Rudolph et al., which states that MMC involves the ejection the foreskin and leaving the penis outside. Therefore, the above findings indicate that most of the males do have little knowledge about the programme. To expound more, through the course of the study the researcher tried to show the procedure which people through during medical male circumcision. To concur, Dim and Serwadda (2010) define voluntary medical male circumcision as a surgical removal of the foreskin. Also, WHO (2002) defines VMMC as the entire removal of the foreskin of a penis. The researcher further probed the male respondents on their knowledge of the MMC, to find out if they understand the programme practiced.

4.2.2 Knowledge about MMC

Some of the respondents indicated that the programme enhances hygiene in male and increases sexual performance during sexual intercourse. To substantiate this, this is what the respondents said:

> *"Sir, you know what when one is circumcised you are clean from all those dirty germs that accumulates from the forehead".* **Take sure**

> *"I thinks the MMC removes dirt's that comes each morning when one visit toilet, also, it is good for sexual intercourse because they won't be no disturbance i.e. caused by the available foreskin*" **Tanaka.**

Most of the male respondents indicated that MMC improves one's personal hygiene even though some pointed out something very different. However, most of the respondents indicated that when one receives circumcision, it improves one's hygiene as there is no need for one to clean the foreskin by opening it and circumcision shall have exposed closing it since it. However, to some extent, some denied that it does not provide hygiene, since this programme has not been there before, and that their grandfathers never underwent circumcision, but they never complain about hygiene or anything.

Therefore, this could not answer or properly give clarity to the researcher, hence the researcher probed for more information about the enhancement of personal hygiene by medical male circumcision. Therefore, it emerged through exploring that as one loses the foreskin all germs that were on the foreskin of the penis disappear. In that respect, the researcher investigated why most of the male respondents noted the issue of improving personal hygiene. Therefore, this is how some of the respondents offered their reasons.

> *"Before, I gets circumcised, mmmm my brother, it was very bad I tell you, it was very disgusting each time I wake up I in the morning to urinate, I could see this whitish thing aaaah, it wasn't pleasant at all, so I think being circumcised it removes all those whitish things around the foreskin"* **Tanatswa.**
>
> *"Aaaah, laughing, it was a nightmare wean, especially if you discharge urine and sperms whilst sleeping, it's really bad, I tell you, aaaah, this whitish thing is not good can disturb your comfortability to be fine, won't feel okay at all, because of the smell that it creates"* **Tariro.**
>
> *"Since, this is the removal of the foreskin, it destroys the accumulation of germs upon the skin and I tell you it's very bad that smell that is produced by uncircumcised, so it does reduce the smell and allows one to be very hygiene"* **Tafadzwa.**

Most of the male respondents emphasized that when one is being circumcised, the head of the penis is exposed, and all the germs that accumulate on the penis head prior to the removal of the foreskin vanish. Rain-Taljaard et al. (2003) maintain that a large part of the males takes up the VMMC, trusting that the uncircumcised penis is extremely dirty if opened, and allows ailments like penile growth, STI's. Additionally, some respondents prefer circumcision since they free from germs that grow or appears when one cannot receive circumcision services. Therefore, some respondents also stressed that these germs accumulate if an individual is not circumcise, it helps to reduce the number of germs after urinating, or sexual intercourse. The following reasons presented as follows:

"Mmmm I tell, you before I was circumcised, if I only opens the foreskin to my surprise I would see the whitish thing occupying my glans and it was very disgusting I tell you man. Yoooh. Mmmm, laughing" **Tapiwa.**

"Whitish things are always around the penis, and haaaa, they are very bad" **Tanaka.**

I hate more, I sees those whitish things around my penis and its very disgusting I tell you" **Takudzwa.**

However, some of the few respondents pointed out that someone who is not circumcise is always hygiene, meaning that without being circumcised and hygiene can be maintained. In addition, other respondents pointed out that their fathers who were never circumcise because the programme not known in their country never raised any complaint at all. The respondent indicated that the problem is that people were using technology to frighten others. Additionally, some male respondents indicated that circumcision is just a myth, and they are not experiencing what others are experiencing. To concur, some of the respondents noted the following to show that there is no reason for one to receive circumcision:

"The funny part of all thing hey is that my grandfather does not even know anything about this thing, but they have never experienced any physical discomfort at all" **Tinotenda**.

Therefore, this is just a conundrum and not a quandary because most of the male respondents indicated that male circumcision is very good, since it does have many advantages except for improving hygienic which is of paramount importance. This is because most of them went through the process and they end up realizing that this programme is very helpful in their lives. Hence, the results indicate that most of the male respondents are noting that MMC programme is a very useful programme since it is now improving people's health in terms of hygiene. However, some of the male respondents indicated that male circumcision is very good, since it removes germs that stick on the male private parts each morning. The researcher also probed on the answer of removal

of germs. Some of the respondents also indicated that circumcision is a very good on males, since most of the smell emanates from the germs that the foreskin creates because of the uncircumcised penis. Rain-Taljaard et al. (2005) and Weiss et al. (2008) noted that when stressing that an uncircumcised penis is extremely dirty and creates a certain odor. In addition, some of the male respondents pointed out that MMC creates good fresh air on males. Hence, the following results discussed:

4.2.2.1. Create good fresh air

Most of the male respondents indicated that circumcision removes germs and bad smell, so, that makes males to feel good fresh air. Some of the male respondents also stressed that circumcision involves the removal of the foreskin, hence cleaning the dirt that accumulates in the foreskin creating a good fresh air on the penis. As a result, most of the men are willing to take part in the programme. The following reasons presented as follows:

> *"Every day when I go to school, I feel free and good, those germs won't make you feel comfortable, but you will feel bad air coming out, in such a way that every day you have to take a bath a bath twice a day most thrice*" **Tanaka.**

> *"Nowadays I feels very good, and good fresh air I have each day, am no longer spraying perfumes to create good and fresh air"* **Takudzwa.**

Some of the male respondents stated that regardless of creating fresh air that is produced by MMC, the period of bathing changes since the germs would be removed when one takes a bath. Therefore, the researcher probed male respondents about the bathing issue and respondents raised the following:

4.2.2.2. Reduce number of bathing per day

Most of the male respondents asserted that one bathes several times when one is not circumcised. Meaning that especially if it is in summer, if the sun scorches the penis, this will create many germs inside the foreskin and this will trigger a discomforting smell that

is unbearable. Therefore, one is obliged to bath almost three times per day trying to get rid of the smell and to wear perfumes. The following reasons presented:

> *"Before I was circumcised, I would make sure that I takes a bath three times a day, even my friends would laugh at me thinking that I love water not knowing that am trying to reduce the smell, but now awaaaa, I does not feel anything bros, no smell no anything I tell you"* **Tanatswa.**

Many of the male respondents asserted that medical male circumcision helps in removing the germs that sticks on the foreskin of the head of the penis. Therefore, after this stinking odor on the males' private parts, one has a fresh air, and one will not feel embarrassed by spraying a lot of perfume to get rid of the odor. Hence, most of the male respondents pointed out that above all, circumcision improves one's personal hygiene since all it is encompasses after being circumcise. However, other male respondents raised different views when they stated that it is just a myth and that cleanliness comes in different formats. Some of the respondents noted that from generation to generation, their grandfathers never complained about their penis smelling. In addition, some respondents also stressed that a long time ago, males could live without receiving circumcision and no odor would come out, but today people seem to have learned, so this is destroying the beliefs they had a long time ago. Narvaez (2011) argues that an uncircumcised penis, when bathed properly each day, will not give off an odor called "smegma". So generally, the smell or odor comes out of people who do not bathe and not from being uncircumcised. The following responses explained more:

> *"Myself amn't circumcised but am confused with what these guys are saying about odor, I don't smell at all, am always smart and this issue of removing the foreskin I don't think it's a good thing"* **Tapiwa.**

The data gather by the researcher showed that most of the male respondents indicated that medical male circumcision improves hygiene. In this sense, some respondents added that by the removal of the foreskin the head becomes expose to harsh conditions in such a way that it will also be strong to endure any infections. In addition, by removing this will remove the stinky smell and the germs that are inside the foreskin. Some of the

respondents also denoted that the times taken to bath would be reduced since one will not smell the bad odor. In addition, this will help in improving the freshness of the person as the self. The results also indicated that few of the male respondents indicated that the issue is just a myth, since most people do not smell badly.

4.2.3. Prevention from HIV/AIDS or STI's

The researcher asked the participants as to "How does medical male circumcision prevent males from HIV/AIDS or even STI's?" The following reasons as follows:

> *"I heard that when one is cut, the penis will be so hard in such a way that no infection can enter, and it's very safe"* **Tapiwa.**

> *"Aaaah, it helps because no virus can enter or no bruise since the head of the penis is very hard that nothing can penetrate"* **Tanaka**.

Most of the male respondents interviewed indicated that male circumcision makes the penis hard, in such a way that it will not allow the virus or infections to penetrate the penis. To concur, research findings by WHO and UNAIDS (2011) indicated that circumcised males had sixty-five percentages low incidence of the HIV and fifty teen percentages lower incidence of HIV prevalence than uncircumcised males in Orange Farm, South Africa in 2007-200. Hence, this indicates that circumcised males are less prone than uncircumcised males to HIV/AIDS. The male respondents imply that for an uncircumcised male, the foreskin will be very soft, and males will have more chances of receiving infection if the skin is soft. However, if the penis head is hard, nothing enters. This is corroborated by Westercamp and Bailey that when someone is being circumcised, T-cells are removed which make the penis and its head to be very hard in such a way that no infection will penetrate, except if there are bruises (Westercamp and Bailey, 2007). Some males also indicated the following to the researcher:

> *"Aaaaah, most of the males are being affected because they sleep without condoms, hence if you are circumcised no problem is being seen, so yaaah man circumcision prevents us from getting infected"* **Tariro.**

However, some males indicated that they are also prone to diseases that pass through sexual intercourse but only if they sleep recklessly with women. Most of the male respondents interviewed noted that medical male circumcision lessens the chances of males to acquire infections. Meaning that when one receives circumcision, the foreskin becomes very hard in such a way that no infection will penetrate, except through bruised foreskin. Nevertheless, most of the respondents indicated that nothing can enter if one is circumcised. Sakarombe cited (Patterson, et al. 2002 and Morris, 2007) that the MMC programme lessens males to the risk of STI's and AIDS. The following reasons presented as follows:

> *"Nothing can enter inside, if the penis head is outside, it was so hard that even HIV cannot infect someone"* **Take sure**.
> *"I have been sleeping around with my girlfriends a lot without wearing a condom and have got tested and negative the results comes so yaaah, so being circumcised you don't have to wear a condom"* **Tanaka.**

Most of the respondents argued that medical male circumcision prevents males from sexual transmitted infection or HIV/AIDS. Respondents indicated that medical male circumcision is helping males in reducing the chances of males receiving infection by STI'S. In addition, they noted that as the foreskin removed, the forehead of the penis would be hard in such a way that no penetration of STI's during sexual intercourse will be possible. But surprisingly, most of the males are turning a blind eye to the use of condoms, meaning they are now putting much trust in circumcision since according to them, the removal of the foreskin reduces the capacity of STI's to infiltrate the skin of the penis. This is how one responded:

> *"Since, my circumcision, I enjoyed sexual intercourse like never before without wearing a condom, you know what, what is the reason of wearing a condom when you are circumcised, now I am still healthy and strong, I has never heard a problem of STI's"* **Takudzwa**.

However, some male respondents argued that medical male circumcision does not give a full protection against sexual transition infection. Meaning that if circumcision takes

place, chances of them not to be infected are 50 %. Hence, some male respondents argued about the issue of protection. Some also argued that some of the male are now ignoring the use of the condoms, since they believe that medical male circumcision averts against sexual transmitted infections. This is corroborated by Southern Eye when maintaining that "……two commercial sex workers operating in Zimbabwe's second largest city, Bulawayo, say these circumcised men are having sex with them at their own risk, and some are HIV positive but because of money there are not refusing" (Southern Eye, 2016). The following reasons as follows:

> *"I recall this last year March, I was diagnosed of sexual transmitted infection around my penis, to the shocking part man is that I got circumcised when I was 8yrs, even though this programme is good but it did not protect me these STI's I cannot even trust them at all"* ***Take sure.***
>
> *"Awaaaa, I went to the doctor to get medication for STI's last year, I thought am safe because am circumcised, yoooh it tough"* **Tafadzwa.**

However, regardless of how much the programme protects males from receiving infection by HIV/AIDS. Some of the males are not using condoms, since they have the myth that medical male circumcision prevents them from infections, so males are ignoring the use of condoms. Through interviews with the researcher, some of the males argue that most of the males are no longer using condoms, since they believed that they protect them from infections. Also, being circumcised does not mean that one must turn a blind eye to the use of the condoms, meaning circumcision does not protect one from infections, but it only lessens the risks of infections by about 50 %. Some male respondents also added that if the penis has some bruises, one would be in trouble. In that regard, the researcher also probed for more information. Auvert et al. (2005) corroborate that VMMC only lessens the spread of STI's by about fifteen - sixty percent, yet it does not give full fortification resulting in low rate of the VMMC (also, see Kang'ethe and Gutsa, 2015). However, Kang'ethe et al. argues that males are no longer focusing on using condoms since they believe that circumcision is the safest procedure ever and that it protects them from getting infections. This is how one responded:

"When I took part in the programme, I have never used the condoms during my sexual intercourse, since I heard that this can protect me from infection and I have never diagnosed with any infection before, so, it protects" **Tanatswa.**

In addition, some of the respondents indicated that it is very safe from infections like STI's or HIV/AIDS. In this instance, they indicated that one is not good when one has some bruises on the head of the penis and that it is very risky. To support, some respondents noted that it is still not safe to sleep without condoms, especially, if your penis head is not hard and having bruises. Medical male circumcision is very safe if the penis head becomes hard and has no bruises on the head, because infection or viruses usually look for an opportunity to enter the blood and infect the person. This is how one responded:

"Okay, you know what the penis head is very sensitive but when it is so hard no infection will enter but I heard someone was infected because of the scars that he had on his private parts" **Tafadzwa.**

The data gathered by the researcher shows that some of the respondents denoted that the chances of them to be infected is very low as compared to the uncircumcised ones. The results also show that only if the penis has bruises, the chances of infection are very limited. However, some respondents raised a contrary view when stating that males are now ignoring the use of the condoms since they are now sleeping without protecting themselves, this is because what makes someone infected is the issue of the scars or something that can allow the virus or infection to enter. Nevertheless, most stated that the only protection measure from infection is wearing condoms, thus why condoms give 100% scientifically proven protection against the deadly disease.

4.2.4. Increase in sexual performance after circumcision

The researcher, through interviews, identified that most of the male respondents pointed out sexual performance is increased after undergoing circumcision. Therefore, in-order to get in-depth information about what the respondents meant, the researcher then probed for more information from the respondents. The researcher asked the following

question: "Why are you saying MMC improves sexual performance? In that regard, the researcher probed with regards to the issue asked?" This is what the some of the respondents replied to the question"

> *"Am not sure if it's true hey, I was told that when you are circumcised, the way you perform in bed if amazing. Amn't sure maybe it's a myth"* **Tanatswa.**

> *"Ahhhaaa, before I was circumcised, I usually spent less minutes but mmm, after being circumcised I tell you I enjoyed much, more time and hours enjoying myself"* **Tariro.**

Most of the male respondents denoted that through medical male circumcision, they normally last from 30 minutes to an hour during sexual intercourse without ejaculating. Hence, this can ease more rounds since the erogenous zone of male is no longer there. Therefore, some respondents also asserted that if one has been to medical male circumcision, chances of them having few rounds is very slim, since the foreskin is no longer there. As a result, males will prolong their sexual rounds as compared to before circumcision. Weiss et al. (2008) corroborates that medical male circumcision improves sexual pleasure, performance and improves sex resulting in more males opting for MMC. One of the respondent presented the following reason:

> *"Laughing, what I can say is that before I was cut of the foreskin I usually disappoint my girlfriend, but I has never seen this before after losing the foreskin I spend almost an hour without ejaculating"* **Tapiwa.**

Though probing, the researcher identified that some of the males denoted that MMC does not end there, but also goes beyond, meaning that when one is circumcised most of the times this lessens the sensitive part, resulting in males delaying ejaculating sperms during sexual intercourse. However, in finding this, the researcher probed the male respondents asking a question: Why is it that males ejaculate late as their normal time?" In that regard, this is how the respondents replied to the question asked:

> *"Laughing, bros, when you are not circumcised there is more disturbance, but when you have a smooth flow of penetration without disturbance and the hours during sexual intercourse is increased"* **Take sure.**

After the researcher probed the male respondents during the interview, most of the respondents noted that circumcision prolongs the normal time of ejaculation. Meaning that the foreskin it is an erogenous zone were the man's sexual pleasure comes from. Therefore, if the zone is no longer there, males lose their pleasure in sex, however, this might also be an advantage to the males meaning that they will not disappoint their women during sex, since they can go for an hour without ejaculating. Some male respondents denoted that medical male circumcision prolongs the state or the normality of ejaculation. Two respondents presented the following reasons:

> *"Am still in shock now, since the day I was circumcised, I have been delaying ejaculating and I could see my girlfriend enjoying sex like never"* **Tanaka.**

> *Some time, I was shocked why am not ejaculating and it was a little bit uncomfortable to me, since I was scared that I might not give birth, but I realized that it was a good thing because my partner was also enjoying the process"* **Tariro.**

Furthermore, some of the males also denoted that circumcision gives more of orgasm during sexual intercourse in all sides. Through interviews, the researcher noted that some of the male respondents noted that sexual intercourse is about two people enjoying, and not only one person. Therefore, generally, if a man prolongs to ejaculate this will also give rise to orgasm in a woman and everyone will enjoy sex. Some of the respondents indicated that if you want to please a woman take her to a state of orgasm, which is where she will enjoy the act, so circumcised males push women to that state of orgasm. by Grund and Hennik (2008) corroborated that medical male circumcision enhances sexual pleasure and performance in which most females prefer circumcised males than uncircumcised males, meaning that most of the males receives circumcision to please their partners. One of the respondents presented the following reason:

"Hey, (laughing)I tells you, I has never seen such a thing in my life, the way am now performing wow, it's so great, I am able to go for give my partner satisfaction before ejaculating feeling like I have more power" **Tariro.**

However, regardless of how much males and females enjoy sexual intercourse, they are also dangers regarding the circumcision part. To concur, Grund and Hennik (2008) also stress that medical male circumcision enhances sexual pleasure and performance in which most females prefer circumcised males more than uncircumcised males, and that is the part that everyone loves. Nevertheless, there is the issue of destroying sexual pleasure in males since the sexual zone on males is no longer there as the foreskin that helps to quicken the pleasure in males will be off. Some of the male respondents asserted that regardless of the pleasure that a male give to a woman or wife, circumcision can also kill the zone of males to enjoy also sexual intercourse, this is because enjoyment does not usually come from sexual intercourse but both parties reaching state of orgasm. The following reasons presented as follows:

"….to tell you the truth, since I was circumcised I have never enjoyed sex like before I was circumcised, I thinks this was a bad idea of being circumcised crying" **Tanatswa.**

Most of the male indicated that when one did not receive circumcision, there encounter problems during sexual intercourse. Hence, they pointed out that when one is circumcised, the disturbances are lessened, and people enjoy that the act. The researcher hence probed more about the issue of disturbances of the foreskin during sexual intercourse.

4.2.4.1. Limited disturbances of the foreskin

Some of the male respondents indicated that if one did not receive circumcision services, there is a lot of disturbance of the foreskin during sexual intercourse. However, the chances of feeling the foreskin is very limited when one did not receive circumcision services, as the penis will not be having the foreskin that hold the condoms. Hence, medical male circumcision helps in eliminating the disturbance that the foreskin brings

during sexual intercourse. The following example from one of the respondents illustrates this:

> *"Laughing, that experience, when having sexual intercourse neah, the foreskin goes up and down, so it actually irritates a lot, but after that they will be just smooth sail of the penis during sexual intercourse"* **Tapiwa.**

However, some of the respondents differed with the view that it disturbs or prolongs sexual intercourse to mention but a few. Some of the respondents hinted that many married men do not complain about the issue of pleasure. Meaning that if a male cannot satisfy a woman, it is a problem, hence, there is no pleasure that men feel. In addition, some of the respondents implied that MMC destroys the zonal pleasure on males and the ejaculation period. Some of the respondents also indicated that sexual pleasure is just a psychological matter as everything comes from the mind. The following examples illustrate this:

> *"Aaaah, you know what am proud of not circumcised, I has never encountered any problem during sexual intercourse and I have been pleasing my girlfriend ever, so I think it's just a myth, thus all"* **Tapiwa**.

> *"Laughing. Man, if you do not know how to please your woman bring them to us, don't say circumcision improves performance, personally amn't circumcised but I can go for hour until its hot awaaaa. Performance"* **Tafadzwa.**

The data gather by the researcher showed that most of the male respondents argued that medical male circumcision is helping them a lot as they can last longer. Some of the respondents denoted that even though there is prolonged ejaculation among males, but the good part is that there is more pleasure in males. In addition, some respondents noted that regardless of hours one spends during sexual intercourse, it is very helpful because there is no more disturbance of the foreskin that used to be there prior to circumcision. However, to a lesser extent, the results also assert that the issue of sexual pleasure it is just psychological.

4.2.5. Fear of being tested acted a barrier to MMC

The researcher interviewed the respondents basing on reasons behind the low uptake of male circumcision on males. The respondents indicated that screening for HIV/AIDS is something they fear most. This was one of the major reason hindering most males from accessing the programme. In that regard, the researcher probed by asking the following question: "Why are you men fearing the screening process, is it not a good thing?"

> "*You know what, to be tested is something that one faces during the procedure of circumcision, I feared getting tested, but I was encouraged by nurses and doctors to know my status but aaaaah, that was the most terrible moment I tell you, even though I was tested and circumcised"* **Takudzwa.**

However, most of the male respondents denoted that they fear screening process for HIV/AIDS. Most of the male respondents denoted that they could not bear to know their status. Then, they defended it as follows:

> *"Just to know my status, if am negative or positive that feeling I don't like it, I has never been tested so yoooh, it's so scary"* **Tapiwa.**

Some of the respondents indicated that they test for HIV/AIDS and other sexual transmitted infections. They also indicated that they tried to refuse testing, but the nurses highlighted that the reason why male undergo through the process is that its main purpose of male circumcision is to prevent males from STI's and HIV/AIDS. If one is positive, there is no need to circumcise, but advice to use condoms and not to spread the infection to others. So, most of the respondents fear their status thus why they are not circumcised at all. WHO (2007) maintains that HIV testing and counselling it is one of the package that MMC comes with, so they recommend males to take part in the screening for HIV first before circumcision. After the researcher identified that the respondents fear screening process, he then probed them to indicate why they do not like screening. Most of the respondents denoted that they have slept around due to peer pressure and never been tested for HIV since then. Therefore, after the nurses are saying they are not able

to receive circumcision services without tested for HIV/AIDS they do not want to know their status as shown by one of the following illustrations from the respondent:

> *"Am not prepared to know my status now, I wanted to be circumcised but status made me to be feel comfortable as I don't know what will happen after knowing them. So, it's hard to live knowing bad status and I don't know if they are good or bad, so I would rather stay uncircumcised"* **Take sure**

> *"Laughing, bros, knowing my status thus the problem, I have been sleeping around with girls and I know they are still healthy but fear knowing them since one has to be screened and then circumcised but yoooh, it's just hard for me I tell, you know I cannot go there"* **Tanaka.**

Gwata corroborates that the fear of HIV/AIDS results/status has made some males not going for medical circumcision (Gwata, 2009). Hence, this becomes an obstacle resulting in lowering the rate of MMC since male's fear knowing their results. The following example from one of the respondents illustrates this:

> *"One thing that is making me not to be circumcised bros is that I has been skipping using condoms when I was having sex with ladies and this other day I later realized that the girl that I was sleeping with is HIV positive. So, I heard that for one to be circumcised they must be tested first for HIV so for me if they found out that am positive they will not circumcise me so I fear knowing my status"* **Tariro.**

Additionally, most of the respondents were insinuating that they fear circumcision services since they will later know their HIV status so it is good for them not to receive circumcision. In addition, most of the respondents asserted that they circumcision services, since they will know their status and they are not ready for that. Additionally, some of the respondents denoted that they did not receive circumcision services even though they want to, but the screening for HIV it is very scary for them to know your status when the time of you is not ready. The following responds by the respondent illustrates this:

> *"To be circumcised man it's very good you know, but the problem is the issue of screening for HIV and testing and one cannot be circumcised so, yoooh that part I*

fear, so I ended up cancelling the part of me being circumcised I just end up accepting who am" **Tinotenda.**

According to Westercamp and Bailey (2007), HIV testing prior the circumcision has turned into a hindrance to most of the males in Zimbabwe because of fear of knowing their HIV status. Uncobe (2012) concur that before one receives circumcision services offer HIV counselling, yet HIV testing is not necessary. The following reasons presented as follows:

"Knowing my status, mmmm I am not ready to be tested, and if it's so, it's better for me not to be cut. Also, the way they do it, it's so scary pinching my finger mmm, I tell you" **Tanatswa.**

Furthermore, through probing the respondents about the screening issue before being tested, the researcher identified that some of the respondents do not have a problem about the issue of being tested, in this instance; they would love to know their status. WHO and UNAIDS (2012) assert that MMC has a comprehensive HIV prevention package which includes HIV testing and counselling, correct and consistent use of male condoms, treatment for STI's and promotion of safer sexual practices, such as avoidance of penetrative sex. This is what some of the other two respondents noted:

"HIV/AIDS testing was offered freely, and I was glad to know my status, also happy that I will stay safe after being circumcised as recommended by doctors and nurses at our local clinic" **Tanaka.**

"When I went for circumcision I ended up knowing my status, I has never thought that I might know it since I usually forget to wear condoms because I enjoyed sleeping with ladies like that and I am happy that I now know my status" **Tinotenda.**

Some of the respondents insinuated that knowing one's HIV status comes when one receives circumcision services, they do not skip the part, as it is a good package. In addition, some of the other respondents postulated that MMC and its package could

reduce the number of people who are living positive as the programme only covers HIV-negative individuals. However, one may disagree that screening for HIV and testing is hindering males from circumcision services because if one has money, one can go to the private hospital and pay money to the doctors to know one's status. Therefore, it does not mean that screening hinders males to some extent, but it only depends on whether you have money or not. Through interviews, this is what the respondents noted about the issue indicated:

> *"You know sir, I pardon with my brother there, meaning that YES, screening is very scary but in some cases, if you go to a private hospital and pay those guys, one can be circumcised, so I don't think it can hinder people haaaa nooope I differ"* **Tapiwa.**

The data gathered by the researcher shows that most of the males' fear to circumcisiom services because of the issue of screening of HIV/AIDS. In addition, they indicated that most of the males usually sleep around without protecting themselves or not using condoms. In addition, some of the respondents are scared of knowing their status, since they really do not know their status, so this becomes a barrier to them to be circumcised. However, only few respondents denoted that they are happy by this stage of screening since they get to know their status in time and they play safe. So generally, the results insinuated that most of the males could not circumcise, since at the clinic they are not circumcise before they are tested.

4.2.6. Fear of witchcraft and Satanism

The researcher also probed the respondents about the issue that they have mentioned about witchcraft and Satanism. Through interviews by the researcher, the researcher recognized that most of the respondents are indicating the issue of witchcraft as to the reason of them not volunteering for circumcision. In that repute, the researcher asked the following question to the respondents: "Why are males pinpointing witchcraft and Satanism as hindering them to take part in the process of circumcision?" Some of the respondents interviewed noted that circumcision is a bad idea since it is associated with Satanism and witchcraft. This is how one of the respondents responded to the question:

"Bros, I will never receive circumcision never. Aaaah, from what I saw here a lady caught with male foreskin and said she uses it for rituals from that day I changed my mind from getting circumcised it's better to use condoms" **Tariro.**

Furthermore, most of the respondents, after interviewee, indicated that they are not willing to take part in the circumcision programme. The reason is that they have heard rumors that there are some female nurses who have male' foreskins and they said they want to use them for rituals. In addition, in some instances, some confessed that witches were using body parts of humans for rituals. Some respondents also denoted that there was a case found at their clinic that female women were found with foreskins of men and they reported to use them for rituals, that is why some respondents are not willing to risk their lives in that. The following response from one of the respondents:

"Mmmm, you know what, a lady was arrested by police when they suspected her of looting foreskin of males at clinic and using them to get rich, so yoooh even if someone comes and speak about it, I will never admit going for circumcision" **Tinotenda.**

To concur, some of the respondents fear circumcision services because they have heard that Satanists were using people body parts for rituals. In addition, some of the other respondents added that Satanists are now at hospitals and they are looking for male's body parts since it has a lot of money if they present parts of people in their sacrifice. IRIN NEWS (2013) also stresses that various events noted that elderly, and children have been found having missing body parts, and have suspected witches to have done this. In such circumstance, this left most men securing their foreskins. More so, some of the other respondents argued that circumcision is a good thing, but if the nurses are now using body parts for their possession of money, they are hindering men to come for the circumcision. In addition, this is how one of the respondents responded:

"You know, what to be used my body parts for sacrifices I don't like it at all, I would rather not receive circumcision aaaah, rather than to be used for sacrifices" **Takudzwa.**

Some of the other respondents argued that body parts are very expensive, so normally, Satanists have realized that at clinics during the circumcision, most of the males are leaving their foreskins at the clinic and these people misuse the foreskins for something else, so it is making males not to opt for circumcision. One of the respondents presented the following reasons:

> *"Mmmm it very risky bros, what (laughing) I cannot lose or expose my life by doing that, you know what, let me tell you a secret, nowadays people are not trusted at all I tell you, this other day when I was watching TV broadcasting news @20 00 hrs., there were some nurses who were caught by camera stealing circumcised foreskin of males after males have been circumcised and they were arrested. They were interviewed on TV, said that they were told to bring those foreskins so that they can be rich and could earn a living, so they were doing that for long. So immediately after seeing that I said to myself I won't go there again and receive circumcision, and I don't think males after watching this are willing to go there"* **Take sure.**

IRIN NEWS corroborates that various events have assumed that elderly and children bodies have been found and missing some body parts and has suspected witches to have done so (also, see IRIN NEWS, 2013). Additionally, Staff Reporter (2016) also argued that most of the males cannot afford circumcision, since they have read a certain case that took place in Gokwe, where a granny was caught having a foreskin. Staff Reporter also added that the foreskin was for the family ritual. This is what Chief Nemangwe said: "I presided over a case where a woman has for the past years been keeping a clay pot containing foreskins. The family was demanding that I give them the right to expel her from the village, but I turned down their request and asked them to go back and resolve the issue peacefully before taking such a decision," (Staff Reporter, 2016: 10). However, the researcher probed again the respondents about the issue. Some of the respondents argued that today, people fear it all, not the issue of witchcraft. Some respondents indicated that how do they show that this is a witch. To concur, scholars do not hold similar views that males are full of myth about the issue of the MMC and witches and Satanism. One of the respondents presented the following reasons:

"Most of the people have excuses why they are not circumcised, you know that, and is not okay, but there is nothing like witchcraft in this world at hospital, if it was, so people would have died long time ago when they visit for treatment" **Tapiwa.**

The other respondent insinuated that when they went for the circumcision, the foreskin was borne into ashes whilst they were watching, so the foreskin is safe at hospitals. Some of the respondents also added that using the foreskin for ritual is insane, so generally, the foreskin is burnt or thrown into the dust bin, that is why they are willingly to take part in the programme no-matter what. Some of the respondents disagreed that the foreskin was burn whilst they were there in the hospitals. Therefore, obviously, witches and Satanists are there every day and they can bewitch anyone. Therefore, some of the respondents argued as follows:

"What I know neah is that the foreskin is burnt after one is circumcised, go and what I heard about witches you can believe what you want to believe it's your own child neah, but people are full of beliefs that are wrong, and some are dying because of this issue" **Tariro.**

"You know what sir, us guys we just don't want to receive circumcision thus all not that we have this things nooope, in my place males are not willing to do that they can use condoms rather than losing their foreskin" **Tafadzwa.**

Therefore, most of the males have misconceptions about services of circumcision that are offered at clinics. This is because some are just hearing and not seeing what is happening. However, one can end up concluding that most males are keen for knowledge since they are just full of misconceptions about the programme. Most of the respondents argued that males have wrong conceptions and ideas about circumcision. One of the respondents cited the following reasons:

"*I beg to differ, with what some people are saying here, witches are there yes, I don't deny, but how people were circumcised since the beginning of the programme. Haaaa, so it is just a myth about these people. They can kill, yes, but they do not use people's foreskins for that, awaaaa, I differ"* **Tatenda.**

The data gathered by the researcher show that most of the respondents could not access circumcision services because they fear witches and Satanism. In addition, some denoted that witches are there, and they are using body parts for rituals, since they were some cases cited of, witches using male is body parts for rituals. Most of the males again denoted that to be circumcise is very good; however, the problem is that they feel that it is better to protect themselves and not allow their foreskins used for rituals. However, the results also indicate that few of the respondents are up against the issue of witches, since these people are always there every day.

4.2.7. Hours spent walking hinders males from MMC

The researcher, through interviews, identified that most of the respondents are pinpointing the issue of distance and queues as factors hindering them from circumcision. He then probed the respondents and they indicated that hours spent on queues was a hindering factor. In that repute, the researcher asked the following question to male respondents: "Why are respondents pinpointing the issue of hours spend walking?" One of the respondents cited the following reasons:

> *"Mamela, what this guy said is true, this other day I visited the clinic, I waited, and nurses told us to wait there, and in some cases, they will be drinking tea, and going to lunch, so I returned home without getting circumcised just imagine, so yoooh it very bad I tell you"* **Take sure.**

Some of the males denoted that they cannot access circumcision not because they do not want to but cited the long distance to the service center which hinders many people from getting circumcised. This is how one of the focused group respondents replied towards that questions asked by the researcher:

> *"To tell you neah, sir, the truth is that our services are quite far, even if you think of going o clinic, you have to wake up as early as possible so that you can get treatment and come back around 10 in the evening so yoooh"* **Tapiwa.**

Additionally, most of the respondents argued that they really want and are prepared to be circumcise. The reality of the problem emanates from the hours spent walking to the local clinic making which makes them to think twice before going to the clinic where circumcision is done. Some of the respondents also added that the problem is that the local clinic is very far in such a very that even most children are born at their homes. It is very good to enter *"mu SMART",* but the problem is that people fear to travel long distances, not just that but also when they come back, the circumcision wound does not need to be disturbed. Hence, one of the respondents cited the following reasons:

> *"Mmmm, you know what bros, our local clinic is very far I tell you, you can travel for 6-7 hours and there are no taxis that can help you reach there. So that's why myself I managed to receive circumcision, but it wasn't here, I went to my uncle places in Harare when I visited him that's were I was circumcised"* **Tapiwa.**

This show that most of the males are not going for the circumcision since the distance that they travel is very long, also, the hours they spend waiting for circumcision are too many. Furthermore, some respondents also denoted that they could not spend hours whilst on the queue. Most of the respondents interviewed noted that they wait for between 5 and 6 hours at the queue for circumcision services. So most of them argued that they could not go to a clinic to access circumcision services when they must wait for hours and in some cases, some will return home without receiving circumcision. Hence, one of the respondents pertaining the hours on queues cited the following reasons:

> *"It was on Monday, I went to clinic and to my surprise, there was this long queue of young males queuing for circumcision, I waited for approximately 5-6 hours at the queue and I went back home because I knew they will send people home and its quite boring"* **Tatenda.**

In contrast, some of the respondents were arguing that distance could not hinder males from getting circumcise at all since some could travel from far. In addition, some of the respondents argued that males are just lazy to walk. Since they know that MMC can protect them from STI's, they must just walk as they can go travel a long distance to

school but don't complain, so I think males are just lazy to walk. Hence, two respondents cited the following reasons:

> *"You know what sir, yoooh, personally I hate travelling but I recall I went to our local clinic, it was very far, but I waited at the queue and I was helped, so I beg to differ with the other guys"* **Tapiwa.**

> *"I disagree with that guy, you know what, as for me I travelled that distance and I was circumcised, you know man, if you want your health to be fine you do travel yoooh."* **Tanatswa.**

Canada.com asserts that on July 2006, which was a Sunday, a daily paper article expressed that in a doctor's facility around 5.30am, just thirty males have experienced a process, and a similar number of males going back home because of absence of persistence and tired of queuing (Canada.com, 2006). To support this, some of the respondents insinuated that the problem is that the clinic that offers circumcision is very far. Some male respondents denoted that they are not getting circumcise because they fear that nurses who practice the procedure are not well trained and doctors are few. However, the researcher then probed to understand from males as to why they think so. One of the respondents cited the following reasons:

> *"Man, you know what, most males are afraid to be circumcised by nurses, especially as some nurses are not well trained to carry out the procedure without a doctor who is more qualified. There were a case here in the District when a nurse mis-circumcised a certain guy and lose his private parts, so I think from that day no one wants to visit the place"* **Tariro.**

4.2.7.1. Shortage of nurses and doctors

The researcher then probed the male respondents about the issue of queues and hours spent walking. Then, the researcher later realized that most of the males are not going to receive circumcision because of shortages of nurses and doctors, that is why when they visit the hospital, they wait for hours at the queue and go back home without having been circumcised. Some male respondents denoted that few doctors who practice circumcision

at their clinics. That is the reason why some males do not go to the hospital because they might go back home without having been circumcised. Therefore, these results to males' unwillingness to be circumcise. According to UNICEF (2008), shortages of doctors and nurses hinders most males accessing circumcision services and results in males spending long hours on queues. The researcher also probed to find out why male respondents are pinpointing the issue of nurses and doctors. One of the respondents cited the following reasons:

> *"Mmmm, this issue neah, is bad I tell you, you can wait for hours at the queue, to my surprise end up realizing that they are only four nurses and one doctor who are practicing circumcision, and imagine, males came in numbers"* **Tariro.**

Furthermore, some of the respondents denoted that they are not ready for circumcision because of unwell-trained nurses who are not good with the issue of medication. Sgaier, Reed, Thomas, and Njeuhmeli (2014) state that males are not choosing MMC since there are few medical nurses and doctors who are all around ready to do the procedure. Therefore, some of the male respondents argue that the problem is that there are nurses carry out the procedure. In addition, some indicated that there is a high death rate of circumcised boys because in some cases, some nurses who are not well-trained end up performing botched circumcision on males which at times results to death of the young males.

> *"As for me at our local clinic there are junior nurses who do not have experience to circumcise, imagine if they cut someone wrongly, what will happen, so for me, I never have the chance of losing my foreskin to untrained nurses'"* **Tapiwa.**

The researcher, through probing on male respondents, discovered that some males are bringing out the issue of shortage of tools for circumcision, since the number of males volunteering is very huge. The researcher probed again male respondents to find out "Why is it that tools have become a factor too for MMC?"

4.2.7.2 Lack of enough circumcision tools (equipment)

Through probing, the researcher identified that males are not coming for circumcision because of lack of enough circumcision equipment. Some of the respondents propounded that males are not volunteering, and they are waiting for someone to come from the Province. In addition, some are insinuating that tools are a problem that side because of the number of people who wanted to be circumcised, which had increased, but the problem is that there were not enough tools to cater for everyone, resulting in some males giving up and going home without receiving circumcision services. This is what some of the respondents say about the shortage of equipment for circumcision:

> *"When I went for circumcision, they were a very long queue, many people were coming, but the problem arose when the equipment was finished, and they told us that they will go fetch them, we must come next week, so the issue it's so boring"* **Tapiwa.**

Some of the respondents denoted that it is not only the tools, but the problem is that they really travel a long distance to the clinic. Some males do not have money to buy food and end up not going for circumcision. In addition, some argue that they are scared to get circumcision not because it is bad, but because if they go there, sometimes there will not be adequate equipment which may result in waiting for long hours and besides, they stay far from the clinic. The researcher identified that some of the respondents are not afraid of getting circumcise, but they cannot afford to buy food as they do not have enough money. They researcher probed on the issue brought by the respondents by asking the following question: "Why are you scared of starving?"

> *"Man, you know what, some of us we stay far from clinics and even come to school, it's even far what more about clinic for circumcision, aaaaah. On top of that some cannot manage food to buy, I had a problem of school fees, how can I manage to buy food, so I would rather stay home"* **Take sure.**

Some of the male respondents indicated that they went to the far away clinic, wait in the queues for hours, and became hungry. They denoted that they fear hunger, since some

of them will not manage to carry food or to buy food, since there are no shops around the clinic. The researcher interrogated the respondents about the issue of the shops.

4.2.7.3. Shortages of Shops

Most of the respondents indicated that the problem that worries them is that at the local clinic, there are no shops, and that they might feel hungry due to the time spent on the queues for circumcision. So, most of them denoted that they cannot afford to risk themselves of starving. One of the respondents cited the following reasons:

> *"There are no shops near the clinic, and I don't know why they have done so, not even a tuck shop, so that people might buy and eat at lunch time if the queue is still long"* **Tanaka.**

> *"Aaaah I starved this other day when I went to the clinic, I will never go back again I tell you it's worthless aa"* **Tanatswa.**

The data gathered by the researcher show that some respondents fear hunger when the go to the local clinic. In addition, they are no shops for people to buy food and they might found that people are many and they are long queues. Most of the respondents denoted that they want to be circumcise, but the problem is that they cannot travel long distance, and spending hours on the queues is hard for them. However, this shows that respondents are willing to be circumcise, but the problem is distance, queues, hours spent walking, shortages of shops and hunger. In view of the cited reasons, male is refusing to go and receive circumcision since these factors are standing on their way. In addition, the issue of lack of well-trained nurses who are not capable to perform the procedure and lack of equipment are contributing factors cited by male respondents for going back home without having been circumcised.

4.2.8. Fear of death lead by MMC

The researcher explored on the issue of fear of death from the respondents as this has emerged from some of the cases that have been identify by the researcher that during

initiation or medical male circumcision, some males would die after the process. In that regard, the researcher asked the following question: "Why do you fear to die during the process?" One of the respondents presented the following reasons:

> *"What if something wrong happens during the procedure, what if they cut wrongly and I lose my penis and then die"* **Tanatswa.**

However, through probing, the researcher discovered that some males fear cut during the process.

> *"I regret getting circumcised hey, I lost my entire foreskin, I meant they didn't leave any because they pulled it too much"* **Tapiwa.**

In addition, many of the respondents denoted that they ca not receive circumcision services because they fear to be to lose their manhood, since there are some cases of men who have been circumcised in a wrong way. So, most of the male's respondents pointed out that they cannot go through that torture of experience. Some cases occurred when parents were complaining at local clinics about men losing their foreskin. Therefore, no male respondent would love to risk losing their whole foreskin through medical male circumcision due to poorly trained nurses. One of the respondents cited the following reasons:

> *"Last week my friend went and got circumcised, yoooh, he was crying telling me that his whole foreskin was removed, so from that day I hated being circumcised, and I cannot experience what my friend e, he is crying"* **Tanaka.**

To concur, some of the respondents indicated that they could not get circumcise because they fear losing their manhood. Zhou (2016) argued that men are not going for the circumcision because they do not want to lose their manhood during the circumcision, since some cases of poorly trained nurses who might be involved in the procedure and end up cutting the penis have been reported and this can a be a big barrier to most males. However, this issue is quite touching, especially because there are many cases that occurred where male regret getting circumcise, since they have lost their manhood and

are now living with stigma because they are no longer having children. Some respondents fear losing their manhood because they have heard of cases that took place at their local places. Two respondents cited the following reasons:

> *"I cannot risk losing my manhood yoooh, man, what will I do, what if they cut me wrongly, or my wound does not heal, and I end up removing the whole wound haaaa, never I won't do that"* **Tinotenda.**

> *"Mmmm, bros, cutting what, what if they remove all of it by mistake and might lose again the penis, mmmm, it's hard to receive circumcision"* **Takudzwa.**

After discovering that males fear being circumcise, the researcher interrogated them based on their fear of losing their foreskin by asking them the following question: "Why do you fear this phase of removing the foreskin?" The following responses from one of the respondents:

> *"Mmmm, I cannot imagine removing my skin and then I lose my penis, and I automatically die musi, how can I survive with that, many males are dying, my neighbor came from initiation school recently in July eeeey, he only spends few days at home next morning he was gone"* **Tariro.**

Most of the respondents indicated that they fear dying, because of that they cannot receive circumcision. Through probing by the researcher, most of the respondents denoted that they fear dying after being circumcise. Mavundla, Netswera, Toth, Bottoman and Tenge (2010) corroborate the findings when they maintain that during the circumcision seasons, there is a sharp increase in the sickness and death rates among young males, especially in places like initiation schools due to unwell-trained nurses. One of the respondents presented the following reasons:

> *"Akiri, it involves cutting, mmm for me I cannot allow anyone to cut my skin, for what, what if they cut me and I die, so it's good I remain like this"* **Tapiwa.**

However, few of the respondent interviewed in a focused group maintain that at hospitals, nurses they are not equipped to conduct circumcision. They added that nurses do not partake in any surgery, as this process is a surgery, so people do not usually die, since doctors spend 7 years training to do such acts. Some respondents disagree that in MMC people usually die, since this is a good set up for proper medication and checkups done each time within 1 week after the circumcision to check if there is an infection. In addition, some respondents insinuated that at clinics or hospital, there are well-trained people who know their job, so circumcision is one of their job, which they take seriously since it is rare to hear of people who have passed away due to botched circumcision by medical doctors unlike at traditional initiation schools. Two of the respondents cited the following reasons:

> *"Laughing, well, people that perform such procedures are well trained as much I know, no one can perform medical work if you are not adequately trained man, so deaths cases are rare at the hospital"* **Tariro.**

> *"No one can perform medical work, you must have gone for 7 years, death is there but not in hospitals, yes maybe at mountains"* **Tafadzwa.**

So, one can realize that the issue of death might be a myth since at hospitals nurses are not allowed to do the circumcision, they must wait for the doctor so that they can help in assisting doctors with medication, not that they do the procedure. The data gathered by the researcher show that some of the male respondents denoted refused circumcision because of fear of death and loss of manhood that normally happens after circumcision. Therefore, the rate of medical male circumcision is very low not just in the District, but also globally in general. However, only few male respondents are arguing that doctors will never make such a mistake of making someone to lose their manhood.

4.2.9. Fear of pain as a barrier

The researcher also probed on the issue about why male respondents are not willingly to receive circumcision. In this sense, it came to attention to the researcher that most of the male's fear pain that occurs after the cut. In that regard, the researcher probed "Why do the male respondent mean by pain?" One respondent cited the following reasons:

"Aaaah that fear of feeling pain, just imagine when the foreskin is being removed what will happen haaaa, the pain is too much" **Tapiwa.**

Additionally, some of the respondents also indicated that they fear to get circumcise because of excessive pain that is unbearable. When one is going through circumcision, doctors and nurses normally use anesthesia to relieve pain. However, the pain revolves around after the cut, hence this causes male to deny circumcision. Male respondents denoted that there is excessive pain that comes after 30 minutes and it is very unbearable. To this juncture, one respondent cited the following reasons:

"You know what man, eish, those guys who perform the surgery yoooh are strong, I recall when I was sitting on the bed, they began to talk making funny jokes when they were circumcising me, I didn't feel pain, but when I was home the whole night until I was healed but I was in pain" **Tapiwa.**

Furthermore, in some cultures, pain bearing shows that one is a man. However, some respondents maintain that pain is scary. That is why some of the male respondents argued that in their culture, generally, pain is nothing, since to endure that pain denotes a strong man. So, few of the male respondents indicated that after being circumcised, they felt a lot of pain, it is quite terrible, but they endure it since in their culture, enduring pain symbolizes manhood. However, most of the male respondents fear pain but the pain comes only in the morning when one wakes up, and when the wound is healing, it is not that painful at all. One of the respondents cited the following reasons:

"Bros, after getting circumcised neah nothing was painful, but the only problem comes every day in the morning, mostly in males, the blood will be running up to the penis and thus the problem since the stiches are still fresh, but I was taught how to endure every pain I went in life, as to be a real man" **Tanaka.**

The researcher identified that most of the respondents are refusing circumcision because they fear pain felt after circumcision. Nevertheless, some few maintain that enduring pain is viewed as a quality of manhood in their culture. However, according to Kebaabetswe,

Lockman et al. (2003) various researchers aver that in Zimbabwe, 35% of men agreed that there is great pain i.e. released after the procedure making men not to like even the procedure itself resulting in few people getting circumcised (Kebaabetswe, Lockman, Mogwe, Mandevu, Thior, Assex and Shapiro, 2003). Additionally, the researcher in trying to understand the respondent's opinion about the pain that is produced after circumcision also found out that they don't only fear pain after being circumcised, but the bleeding that comes out worries a lot of males. Therefore, the researcher probed for more understanding, since this is a qualitative paradigm. Then the question asked to the respondents pertaining bleeding as in "What is it they fear most about bleeding?"

4.2.9.1 Excessive bleeding

Most of the respondents indicated that they mostly fear excessive bleeding that occurs after the procedure. This is because during the process of circumcision, blood normally gushes out and the duty for doctors is to stitch the wound and bandage it. So, most of the men are refusing to undergo circumcision in case they have a disease which does not allow blood to clot. Therefore, one of the respondents cited the following reasons:

> *"*Mmmm, *am scared wean Yoh. I don't know if my blood clots or not, when I get wound it's hard to heal sometimes, so I have this problem, so I cannot be circumcised"* **Takudzwa***.*

> *"Yoooh bros, laughing, I remember, this other time when I was circumcised, when they were cutting I never felt any pain, but after mmmm, I tell you it was awful, I couldn't stand it, I was taking pills to reduce the pain, but I had a terrible day when the blood couldn't stop"* **Tariro.**

Nevertheless, some of the scholars argue that there is pain and excessive bleeding after the circumcision. Scholars believed that in some cultures, endurance of pain shows that you are a man. To support, Mattson, Bailey, Muga, Poulusse, and Onyango (2005) posit that in African society, endurance of pain after the circumcision or in everyday life symbolizes a trial of a character and quality of man: two of the respondents cited the following reasons:

*"*Aaaah*, you know what, I never felt any pain when I was cut, that's to be a man in my culture"* **Tanaka.**

"In our culture, man if you cry they will say you are not a man, our fathers could say a man has to endure every challenge that he can encounter so when I was done so I just said I am a man" **Take sure.**

The data gather by the researcher show that some of the male respondents denoted that they fear pain, excessive pain, and bleeding caused by the cut of circumcision. Most of the male respondents indicated that they could not get circumcise at hospital because they fear that the pain after the cut is much unbearable. In addition, some indicated that they could not stand up the excessive bleeding that comes out after the procedure. Since the problem of bleeding can kill a person, that some are not prepared to take the risk. Therefore, one can dispute the other respondent and other scholars who maintain that there is pain during the process of the MMC or excessive bleeding. This is because recently in Zimbabwe, they have adopted a new technique that removes pain from the penis during the circumcision (Prepex method). Darby and Van-Howe (2011) concur that death by excessive bleeding cannot occur, because the Prepex method does not instill pain or death as it is not characterize by excessive bleeding.

4.3 Cultures influence Circumcision

The researcher, through interviews, identified that most of the men are not really influence by culture. The reason is that in the Shona culture, circumcision is rare has never been done, that is why many respondents indicated that it does not influence males to access circumcision. However, the researcher realized that male respondents do volunteer to access circumcision. However, in some instances, the researcher interviewed respondents and noted that in their culture the Varemba and Changaan males go to the mountain for initiation. In addition, some male respondents pointed out that parents, peers, girlfriends, media itself, and lastly, school have a greater influence on the decisions they take in life (***teacher, or headmasters***). One respondent cited the following reasons:

> *"*Laughing*, what kuchekwa, maya, in our culture, I once spoke about it, my parents sat with me down to check if am crazy or not"* **Tanaka.**

Therefore, the researcher asked the following question to the respondents: "Does *culture influence you to receive circumcision or not?* The male respondents noted that according to Shona culture circumcision is a choice. In that regard, one of the respondents about his culture cited the following reasons*:*

> *"*Aaaah*, you know what I have never heard that thing being practiced in my culture, if it's done they considered it as a taboo. I have never forced by the culture to do so. If you speak of it, it's a terror, it's shocking"* **Tapiwa.**

4.3.1. Varemba and Changaan culture

The researcher, through probing, identified that some of the male respondents postulated that circumcision in the Varemba and Changaan culture is done as a ritual or a form of transition from childhood to manhood. Few of the male respondents interviewed through probing asserted that in their culture, children normally take part in the programme at the age group of eight upwards when they already know what they are doing. In addition, some noted that it is hard to inherit your father's possession without being circumcise. To support, Funani (1990) concurred that men take part in the programme, but if young men go beyond the age without having been circumcise, they cannot get their father's inheritance, nor build up a family through marriage. Some male respondents noted that they usually go to the mountain during June to July for healing of the wound. Two respondents cited the following reasons:

> *"My origin of birth from Mberengwa, so the issue is that most of the males when they are young they go to initiation school for circumcision almost every winter. So that the wound can heal, and if you don't go you are not considered to be a man, hence, because you want to fit in the culture, you are forced to receive circumcision"* **Tapiwa.**

"Oh, you know what Sir, in my culture, I recall this other year when my brother was taken by other brothers so that they can go to initiation school. They went for almost 2 months, and he didn't have a choice to refuse because in our culture, all males have to be circumcised, so he came back end of July, he was shining I tell you" **Take sure.**

The research findings indeed revealed that to some extent, some cultures influence males to be circumcise. The questioned asked to respondents was "Why do males or culture prefer to circumcise in winter, why not during other seasons?" Then male respondents mentioned that the healing process of the wound much quicker in winter than in summer.

4.3.2. Healing process

The researcher identified that most of the respondents who are from the Varemba and Changaans culture maintain that during winter, the wound heals faster. Most of the male respondent denoted that circumcision happens mostly in June and July, which are the most preferred months of the year. Some respondents indicated that they usually ask for permission from their school principal released for at least two to three months so that they can go to the bush. Some added that circumcision happens in winter because it would be cold, and the healing process of the wound. In addition, they cannot be circumcised in hot weather like summer, since the healing process would take very long because the province experiences extremely high temperatures. That is why circumcision is not done during summer since it will disturb the healing process. Hence, two of the respondents cited the following reasons:

"Of course, as the Varemba and Changaan cultural males, we are circumcised during winter to hasten the healing process and it's very risky to go anytime it will never heal fast **Tapiwa.**

"Aaaah man you know what, being circumcised during hot season the wound won't heal fast because it does not want heat, it will swell, so generally in winter it allows the wound to heal so fast and they won't be infection at all thus why they love the winter mostly" **Take sure.**

The researcher, after identifying that most cultures they prefer winter mostly than other seasons, asked male respondents the following question: "Why do cultures I prefer to circumcise males at mountain rather than allowing them to receive circumcision at hospitals?"

> *"What I think neah is that since this is a cultural thing, as commemorating their culture, it is good to still practice the culture as the Changaan, thus what I was told by my grandfathers"* **Take sure.**

Through probing about the issue of why cultures prefer mountains, the researcher identified that culture does not force males to access circumcision services, hence it differs from parents, peers, stigma, teachers, and media influence. Then the researcher probed the respondents on why parents influence them to get circumcise.

4.3.3 Parents' influence

At most times, being circumcise depends on a person or the parent forcing the child to undergo circumcision. Some respondents asserted that their parents are the ones that are forcing them to undergo circumcision. The respondents added that some parents would force or take their children to the clinic and allow them to take part in circumcision. Some of the respondents also noted that in some cases, parents would sit down and discuss the issue with their children and encourage them to see the good and bad side of circumcision. Hence, two of the respondents cited the following reasons:

> *"If I recall this other day, in the evening and my dad asked us as boys in the house: Have all of you been circumcised all yet? No one responded to him, but laughter liking us, and he said you must take a responsibility and receive circumcision as soon as possible"* **Tapiwa.**

> *"Mine its worse, my dad took me to the clinic, and he was circumcised and then asked the nurses and the doctors to circumcise me it was awful I tell you, laughing kwaaaaak.* **Take sure.**

4.3.4. Peer influence

Some of the respondents asserted that normally as pupils, they discuss the issue of circumcision and end up encouraging on another circumcised. In addition, some added that normally, if you were not circumcise they would influence you to volunteer and receive circumcision. Some respondents noted that peers influenced them when they went to the mountain and that is where they lost their manhood. One of the respondents presented the following reasons:

> *"You know what man, when I was around 12 years old, my friends told me that we have to go to the circumcised, and told me many reasons, I found myself being circumcised"* **Tanatswa.**

4.3.5. Stigma

Some of the respondents asserted the biggest problem influencing males to receive circumcision is the issue of stigma. To add, some of the respondents argued that stigma is the worst thing ever; since most of the males lose, their foreskin whilst young, so if one is not circumcised one might end up one day deciding to receive circumcision without wanting to. The Client/Person centered approach avers that an external environment does not influence an individual, but they have their own free will (also, see Roger, 1951). Some also noted that in some cases, if you want to fit in your friends and you are not, one or the other way, you will feel like an outcast and end up deciding, because of the stigma, you have fit with your friends. One of the respondents cited the following reasons:

> *"I recall for myself neah, all my friends were circumcised and usually talk about the issue and myself I wasn't circumcised because of Shona culture. So as a result they asked me questions and I ended up feeling like a stranger in the group, one-day I made a choice and receive circumcision, since that day we are now on the same page"* **Tafadzwa.**

4.3.6. Principal/headmaster or teachers' influence

Some of the respondents denoted that teachers have greater influence in their lives. He added that the teacher just gave a personal testimony to the boys. This shows how much the teacher can be a role model to the young ones. Some respondents noted that the teacher, during class, taught about this subject and ended up encouraging men to take part in the programme of circumcision. One of the respondents presented the following reasons:

> *"Around my school, the teacher came to our class and addressed males to go and receive circumcision, since he discovered that males are dying, and this might help them to be protected, so I end up going and receive circumcision at the hospital"* **Tariro.**

4.3.7. Media influence

Male respondents asserted that because of the media, most of them now participate in the programme. Hence, through social media and TV, most of the campaigns carried out resulted in most males now take part in the programme. Some respondents indicated that through the media, they saw Winky Dee, Jah Prayzer, Chimbetu, and Albert Nyathi speaking about the programme and pointing out how good it is, and they later took the advice and were circumcised. However, one may argue that cultural practices and other factors highlighted influence males to be circumcise, noting that it occurs just as a free will or human choice. To agree, some of the respondents insinuated that they just went for the circumcision and no one forced them to, but it was out of their own will. Hence, the Client Centered Approach maintains that males have a choice in making their own decisions they are not force by any external forces. Some of the respondents insinuated that going for the circumcision it is one's own personal choice because today everyone can make his/her own choice. One of the respondents cited the following reasons:

> *"Laughing," when I heard about the programme, I did not want anyone to tell me to receive circumcision, but I decided on my own to do so"* **Tapiwa.**

The data gather by the researcher show that some of the male respondents asserted that they take part in the programme. Some respondents pointed out media and others as a, mentioned peers and stigma influencing factors. Therefore, this shows that most of the males that are being circumcise in the Masvingo side of Mberengwa are still following their culture to such an extent that they cannot do anything if the culture is not telling them to do so. In addition, their parents influence some males, but generally, for the Varemba and Changaans, culture influences men to get circumcise. To a lesser extent, culture is not a force towards male to access circumcision services. Additionally, the results also show that some of the male respondents denoted that they no forced is being exerted for them to get circumcision by any external or internal force, but they do so out of their own free will. This is in line with the client person centered approach, which posits that males are not forced to do anything by any external forces, but they only do this out of their own free will, hence, males volunteer to be circumcise at the clinics and not at the mountains.

4.4. Removing screening and testing for HIV/AIDS

The screening of HIV and AIDS testing is one of strategies that has been identified by the WHO and UNAIDS as an extra strategy to prevent infections in the sense that if one wants to undergo circumcision, they should be tested first. However, through interviewing, the respondents highlighted that the Ministry of Health and Child Welfare should remove the screening of HIV/AIDS. The researcher asked the respondents the following question: *"Why is it important to remove the phase of screening of HIV/AIDS since WHO recommends it as an additional package to the programme?"* One of the respondents cited the following reasons:

> *"We don't want this issue of being tested first before being circumcised, why should we get tested huh, thus not fair, so it's better to remove it"* **Tapiwa.**

Most of the respondents indicated that most males fear screening for HIV/AIDS. As to support that notion, SHARE agrees on the idea that screening first for HIV/AIDS is a package (SHARE, 2013). They indicated that the government must lift the screening process, since, none can be circumcise without being tested for HIV, and since the

programme's mandate is to prevent men from being infected by sexual transmitted infection. Some of the male respondents indicated that after being the screening and if an individual is HIV positive, they are not to take part in the programme. Two of the respondents cited the following reasons:

> *"I think the local clinics must remove the issue of screening, aaaah, abantu, are scared to be tested, so they should remove that stage and circumcise everyone that is willing to be circumcised"* **Tapiwa.**

> *"Sir, I hated the process of screening, the nurses mustn't test people of this infections but allow people to be circumcised"* **Tanaka.**

Furthermore, not forgetting the issue of stigma. So, some of the males' respondents indicated that the issue of being screened should be lifted to allow more males to volunteer for medial male circumcision. Mostly, after screening, there is always stigma attached to one found to be HIV positive. Most males pointed out that it would not feel good if you went with your friend and then you are not circumcise and then your friend is because of your HIV-positive status. Two of the respondents cited the following reasons:

> *"Just imagine after being tested and then you realize that you are HIV positive, you cannot be circumcised, and you friends might laugh at you each day when you meet them, so there are some challenges regarding being screened for circumcision"* **Tariro.**

> *"You know, what is killing many males is the stigma associated with the screening process, so there is a need to uplift these processes so that males won't suffer from stigma after discovering their status"* **Tapiwa.**

However, some of the respondents argued against the lifting of the screening for HIV/AIDS. Some of the male's respondents indicated that screening for HIV/AIDS to everyone for every medical procedure. The reason is that WHO recommends that screening is a package that MMC comes with, hence omition will be no reasons for males to be circumcise then. One of the respondents cited the following reasons:

> *"I didn't know my status before and I was nervous, but when I wanted to receive circumcision, I was tested, and I was happy to see my results"* **Tapiwa.**

Through probing, the researcher identified that some of the respondents fear to know their status. Some respondents noted that if they would realize that they are HIV-positive, the stigma might kill them, hence early death could come to them. Therefore, through what the respondents indicated, the researcher asked them about the issue of stigma and death.

4.4.1 Early death result of stigma and results

The researcher probed more on the issue of stigma wanting to know more about it. One of the respondents cited the following reasons:

> *"Most people they die because of finding their results, and especially if you have friends and all of you are circumcised and this only one is not and friends laugh at him that will increase the chances of this person to kill himself"* **Tapiwa.**

To concur, some of the male respondents indicated that to scale the programme, the stigma that comes after screened of the HIV/AIDS omitted. This is because some men are not ready to undergo circumcision that causes death comes after one realizes his HIV-positive status. Hence, the screening of HIV testing before circumcision omitted to prevent the death of young men in the country. The results indicate that the number of males that are not coming for circumcision is high since they fear the stigma associated with the process. Male respondents insinuated that by the removal of the process of Testing for the HIV, men would love circumcision, but they cannot afford it if the nurses are still trying to test them when they come to the clinics. Furthermore, the results also indicated that other respondents emphasized that lifting the phase of the HIV testing might be a doorway to most males since some are not coming because of their status. This is corroborated by Sabone et al. (2013) that if the prerequisite of screening of the HIV testing and counselling is removed or lifted and permitting males to receive circumcision without

being screened, males would go for it. Hence, this shows that screening is one of the hindrances that is standing as a barrier to male circumcision.

4.4.5. Education scales the MMC programme

The researcher probed male respondents about the issue of education. As it emerged during the interviews, most e male learners were of the view that education is the key to the scaling up of the medical male circumcision. Hence, the researcher probed by asking the following question: "Why have males indicated education as a measure to scale the programme?" One of the respondents cited the following reasons:

> *"Most of the people don't even know this programme, so there is a need to educate these young ones about the programme"* **Takudzwa.**

To concur, most of the male respondents indicated that mass campaigns conducted in the country to scale the programme. In most cases, educational campaigns are less pertaining to the programme; hence, there are few cases of doctors and nurses doing campaigns. However, this could also enable males to come for circumcision. Some of the respondents denoted that they are few campaigns educating males about the programme, some of the males are not educated enough to understand the issue of programme. Kang'ethe and Gutsa (2015) concur that if knowledge is in-cultured to people through educating them through mass campaigns this can scale up the MMC programme in Mazowe District. One of the respondents cited the following reasons:

> *"I think neah, nurses and doctors should do some shows about this programme, some males don't even know this programme this might help I tell you"* **Tapiwa.**

> *"For me to know this programme, neah maboss, I saw it through nurses who were campaigning with fliers around"* **Tanaka.**

However, through probing, the researcher discovered that some of the respondents denoted that there are programme scaled by social media e.g. TV and radios. These are

some responses to the question: "*Why do you say media can scale the programme?"* Two of the respondents cited the following:

> *"Most of the people are now on media, so if they can broadcast the programme encouraging male to receive circumcision or via messenger more males will be circumcised"* **Takudzwa.**

> *"When I recall this other guy, I saw on TV the likes of Winky Dee, Chimbetu, Albert Nyathi and his son, also Jah Prayzer were encouraging males to be circumcised as they have done it also"* **Tariro.**

To concur, some respondents indicated that media like TV, radio, newspapers, social networks like Facebook, WhatsApp, and messenger could pass knowledge to males. In this sense, some of the males are not well equipped pertaining the issue of circumcision. Therefore, if people broadcast it via television whilst people are watching, some might be circumcise due to the awareness campaign to educate or give knowledge to young males about circumcision and this might clarify some of the misconceptions that young males might be having about the programme. Mavhu, et al. (2011) denote that males are full of misconceptions; the scale rate will be very low. Clarification of issues to males could lead more males are willingly to accept the programme. In addition, some of the respondents indicated that the programme scaled through teaching at schools. As the researcher probed again about how to scale the programme, one of the respondents cited the following reasons:

> *"Aaaah, this programme we have never heard it being taught at schools, so if the government tries to enforce it to be taught at secondary schools this might help"* **Tapiwa.**

Some of the respondents indicated that teachers at school are the ones that are responsible for the students they teach. Meaning that the more time spent with the child at school than home, so generally, teachers must teach students about this fundamental principle of life since the teachers are the ones that figure the wellbeing of the children at school. In addition, some denoted that this should able be taught as an awareness to children because everything starts at school, that is where children are nurture.

4.4.5.1. Parental Teachings

Most of the male respondents denoted that charity begins at home, so parents should sit down with their children and try to teach them about the benefits, and consequences of the programme. Therefore, if children learn about circumcision when they are still young, it will be simple for them to understand the programme in detail. One of the respondents cited the following reasons:

> *"My father told me this thing, this other day, that I must receive circumcision, because it does help to protect against the infection, it was awful moment,"* **Tariro.**

The data gathered by the researcher show that some of the male respondents indicated that to scale the programme males should be educated about the programme. In addition, not only parents should teach the young males, but nurses and doctors should also teach males at school about the programme to scale the awareness of the programme. The results also indicated that there should be more advertisement of the programme on both print, electronic and social media since most of the males spend most of their times on social medias and on TV. There is also a need to have regular mass campaigns around school to enable males to know about the programme.

4.4.6. Decentralizing VMMC programme

Most male respondents indicated that the resources are located very far, and few male respondents can get access to them. Therefore, they suggested that the resources should be decentralized. Accordingly, decentralization would imply that the resources that are afar from the people brought back to people. The researcher also probed on the issue of decentralizing the resources to scale the programme to find out more of their opinion. Two of the respondents cited the following reasons:

"Where I resides my bros neah, it's too far from the clinic, so normally to go and receive circumcision as for me it was very tough even though I wanted to, I end up travelling for almost 10 km to just get the services so that I can be safe" **Tapiwa.**

"Bros, the place hey, it's very far, mmmm I tell you, and to go there you think twice, so I think they should bring the services around or do some campaigns to allow many people to come." **Tanatswa.**

The researcher found out that some of the male respondents argued that the services of MMC programme decentralized to all places so that males can access them. Hence, in doing so, males argued that there should be new buildings that are well resourced and more accessible to everyone. Hence, the researcher probed the respondents by asking the following question: "What do they mean about building new buildings?"

4.4.6.1. Building new local clinics near the community

Most male respondents indicated that in-order to scale the services of medical male circumcision, there is a need to build new clinics so that most of the males circumcised. The reason is that one of the hindering factors was the issue of distance travelled by males and the time spent in the queue. Hence, the government and the Ministry of Health and Child Welfare should build new hospitals or local clinics to local people; this might help males from travelling long distances to access such services. According to Nqeketo (2010), if MMC programme were closer to the community, a greater number of males would want to be circumcise. Two respondents cited the following reasons:

"They should build new clinics, so that we can access the services well enough, and this will be a beneficity to the community also, since, some mothers will no longer be giving birth to their babies inside their houses." **Tapiwa.**

"I think clinics are too far, so what they can do, is that they have to build new blocks to accommodate other people whom travel long distances to access such services" **Tanaka.**

Through probing, the researcher identified that some of the respondents argued that regardless of the number of buildings the country has, the issue revolves around recruiting more well trained nurses to help doctors to do the procedure. However, some of the respondents argued that if local services were decentralized, there would be a need for more nurses and doctors to operate the new buildings. Some of the respondents indicated that there is a need to increase the number of nurses and doctors to operate the new buildings. In addition, some added that if the number of nurses and instruments that used by the nurses and doctors scaled too. Sgaier, Reed, Thomas, and Njeuhmeli (2014) corroborate that there is a need to scale the number of doctors and nurses, and the Ministry of Health and Child Welfare must train more doctors and nurses with the end goal that men will not fear circumcised by untrained nurses. One of the respondents cited the following reasons:

> *"You know what, if buildings were being constructed, they will be demand for more nurses and more equipment, so the Ministry of Health must assist us as the community by that"* **Takudzwa.**

4.4.6.2. Electrifying the buildings

Most of the respondents argued that there is a need to electrify the hospital, not only the new buildings, but also the old buildings to scale the number of males for circumcision. Electricity is one of the essentials needed at a local clinic to make sure that everything moves well. Therefore, some of the male respondents indicated that there is no electricity at their local clinic, so the government or the district should start this programme and electrify the buildings in-order to scale the willingness of males to be circumcise. One of the respondent cited the following reasons:

> *"We are in deep rural areas, so chances of us getting electricity mm, so there is a need electrify to those local clinics regardless of how far they are"* **Take sure.**

The data gathered by the researcher show that some male respondents indicated that the services to the local community should be decentralized and buildings electrified to scale up the VMMC programme. Some of the male respondents denoted that whilst the

government is building new buildings and electrifying them, they should also consider the issue of more nurses and doctors required in those positions to reduce long queues and walking distances. This is a paramount thing to do since most of the hospitals are in deep rural areas and few places have electricity to run the place. The results also indicate that electrifying of new buildings will enable most of the males to volunteer undergoing circumcision. This is in line with the Person/Client Centered approach, which maintains that any individual has a free will to do anything without the forces from the external environment.

4.4.7. Un-trained nurses that are performing the job

The researcher asked the respondents about the ways in which male would love to receive the services of circumcision in the District. The question came to the researcher after learners pointed out the issue of un-trained nurses that are performing the job. One of the respondent cited the following reasons:

> *"I lost the whole foreskin when they were cutting me, when I went for circumcision, and later realized that the person who was responsible for cutting wasn't around, thus why the nurse did it, so I think they should train their nurses properly"* **Tanatswa.**

The male respondents insinuated that the problem that most males are facing when they go for circumcision is when nurses not well trained to carry out the surgery circumcise them. They also noted that circumcision is a surgery carried out by someone adequately trained for the procedure. The study findings revealed that most males are losing their manhood or dying because of untrained nurses who end up performing botched circumcision. Mavundla, Netswera, Bottoman and Toth (2009) Essex and Shapiro (2003) and Okeyo, Westercamp, Bailey and Kamango (2011) concur that there were many people at hospital, due to complications that emerged from poorly performed operations leading to loss of penises among males as result of botched circumcision conducted at the mountains. Additionally, some of the respondents were grumpy that these un-well-trained nurses are not allowed to carry out the procedure alone. In addition, some assert that nurses did not go to medical schools, so they should not practice such operations

without the supervision of doctors. Some male respondents indicated that they fear circumcision conducted by nurses without alone since generally, doctors are the ones well trained for seven years to carry out medical practices and not nurses. In this regard, one of the respondents cited the following reasons:

> *"You know what neah, I don't think males are comfortable even to be circumcised by females, so they shouldn't do this alone, to avoid risky, recently someone died at our school and we heard that he was circumcised by nurses, so you see, it's very dangerous, some friends of mine are now scared of participating in this programme."* **Tapiwa.**

However, in support, some of the respondents also argued that the problem is that nurses are few and males cannot manage to wait at the queue for hours to take part in the programme. Sgaier, Reed, and Thomas and Njeuhmeli (2014) assert that there is a need scale the number of doctors and nurses, and the Ministry of Health and Child Welfare must train more doctors and nurses with the end goal that males won't fear to receive circumcision because of the myth about untrained nurses. Some also added that nurses recruit, since there are crises at clinics of few nurses who can help doctors to carry out the procedure. One of the respondents cited the following reasons:

> *"At our local clinic, nurses are few I tell you, even if you want to be helped, they are only four that are active, so I think they should recruit more and more, so that the queue for circumcision will be reduced"* **Tanaka.**

The research findings pointed out that nurses well trained, and they should know their boundaries as incompetent. Hence, the following question asked, *"Why should nurses be trained, are they not well trained to carry on the procedure?"* The research findings show that were nurses making silly mistakes of cutting people wrongly because of less money paid to them. This question pops out, as *to* "Why nurses are involved in mistakes of wrong surgery? Two of the respondents presented the following reasons:

"I think nurses are the least paid people in the formal sector, so they might be trying to protest by having these kinds of mistakes, so they must be given a lot of money so that they can also survive" **Tafadzwa.**

"Aaaah, nurses are not paid well, I tell you, my friend's mother always complain that they are not paid well, so the government has to pay or increase more money to nurses so that they can work well" **Tariro.**

Some of the male respondents indicated that to scale the MMC programme, salary for doctors and nurses increased. This is because in some instances, nurses embark on a go-slow, and they will be working slowly since their salaries are very slow. This will also cause queues to be long and people will have to wait for hours, since nurses and doctors are well paid. One of the respondents cited the following reasons:

"They are really few health Practioners and it begins to be a problem, but I think if they pay more money to nurses this can ease their job" **Takudzwa.**

However, regardless of the increment of the money to the nurses, the respondents also denoted that the issue of shortages of doctors is also resulting to the low uptake. Since males fear circumcision by well-trained nurses, so the Ministry of Health and Child Welfare should employ more doctors and deploy them to areas where they are needed most, this can scale the programme. Therefore, the researcher probed the respondents about the issue they raised about employing more doctors to understand the real meaning.

4.4.7.1. Employ more doctors

The researcher also probed the respondents and realized that they were pinpointing the employment of more doctors. Hence, the researcher probed about the issue. Most of the male respondents indicated that there is a need to increase the number of doctors that carry out the surgery of medical male circumcision at clinics. Doctors are well-trained health practitioners who specialize in surgery, so if more doctors recruited, this would

ease the process since only few doctors are at local clinics. One of the respondents cited the following reasons:

> *"Doctors are very few at our local clinic that is why this other day males waited for hours to receive circumcision, so they should employ or deploy more of them to circumcise people this side, because a normal surgery takes place with 20-30 minutes, so imagine how many males want such a service, but doctors are few "***Tapiwa.**

Sgaier, Reed, and Thomas and Njeuhmeli (2014) assert that there is a need to scale number of doctors and nurses, and the Ministry of Health and Child Welfare should train more doctors and nurses with the end goal that males will not fear to be circumcise because of the myth about untrained nurses. In addition, some of the respondents denoted that if more doctors are employ it might allow more males to volunteer to be circumcise, by doing this, it could reduce long queues at clinics since doctors will be few. In addition, some respondents indicated that there is also a need to buy more equipment for circumcision since males are volunteering in the programme in large numbers. Therefore, the researcher probed the respondents to understand more about the shortage of equipment.

4.4.7.2. More equipment's for circumcision needed

Some of the male respondents indicated that adequate equipment for circumcision should be provided to cater for the large number of males coming for circumcision. Most of the male respondents indicated that to scale the programme in the District, there is a need to buy more equipment for surgery, since hospitals have few equipment resulting in males returning home. Two of the respondents cited the following reasons:

> *"The last time I went for circumcision, I just overheard nurses speaking that because many people are coming for circumcision, there is now a shortage of equipment to carry out the procedure which makes many males to queue until all the people are circumcised" "***Takudzwa.**

"Males are just going back to their supremacies since the public hospitals offer free circumcision, more equipment is needed to circumcise a lot of people, this has become a big problem" **Tariro.**

The data gathered by the researcher show that most of the male respondents indicated that the uptake of the VMMC programme scaled up by increasing the number of doctors and well-trained nurses. Since males are complaining about being circumcise by untrained nurses, this is because there are cases that occurred when males lost their foreskin, and some lost their manhood. The results also indicated that there is a need of paying more money to the nurses since some were embarking on go-slow. In addition, the results indicated that more doctors recruited and paid to scale up the rate of male circumcision. Furthermore, there is a need to buy more equipment for circumcision, since some of the respondents were arguing that in some cases, males could go back home without being circumcised because of lack of resources.

4.5 Analysis

Most of the male respondents understood the benefits of receiving the services of male circumcision; however, some they are still refusing to take part in the programme. Emanated by various obstacles highlighted above by the respondents and literature. In addition, the findings indicated that in some cultures circumcision it is a mandate, but to some culture, male are volunteering to get services like male circumcision. Nevertheless, in some culture like Tonga, Venda, or Changaan, circumcision it is by force due to cultural beliefs. Hence, to deal with the obstacles highlighted by male respondents they are some factors mentioned by respondents that can scale the uptake of male circumcision in Zimbabwe.

4.5. Summary

The above chapter unraveled the effectiveness of the VMMC programme among secondary school learners in Mazowe District, Zimbabwe. The chapter also identified that many learners in the Mazowe District do not know the VMMC programme as only a few knew about the existence of the programme, resulting in men turning a blind eye to such

programme. The findings of the study suggest that there are kinds of barriers including fear (pain, excessive bleeding, and screening for HIV testing) to mention but a few that frustrate the effectiveness of the programme, resulting in its low rate. In addition, the above findings show that in some instances, culture does have some influence, even though it is not that much. Furthermore, respondents argued that the government must introduce new techniques like Prepex technique, removing HIV testing and decentralizing the services to scale up the programme in the Mazowe District. Furthermore, the section also integrated the Client/Person Centered approach with the responses by the respondents. Finally, some of the respondents denoted that circumcision is not a manadate, since they have a free will to make decisions/ choices in their lives by any culture or any external environmental factor.

CHAPTER FIVE

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

"Strange advice against entering into contracts with neighbors or strangers, advising that some mutual sleep deprivation should sort the situation out"

Proverbs 6:1-5

5.0 Introduction

The primary purpose of this study was to investigate the effectiveness of the voluntary medical male circumcision programme amongst secondary school learners in Mazowe District, Zimbabwe. In this case, the attained findings are a suitable basis in articulating the recommendations of effective voluntary medical male circumcision programme amongst secondary school learners. This section outlines explicit steps to be undertaken and an overall summary of the research results. The section also highlights some recommendations, which can induce the programmers' progress if attended too. Therefore, the researcher concluded by showing the effectiveness of the programme amongst learners based on the data provided by the respondents at Mazowe District schools in Zimbabwe.

5.1 An overview of research findings

The purpose of the study was to find out the effectiveness of the voluntary medical male circumcision programme amongst secondary school learners in Mazowe District, Zimbabwe. The researcher investigated the effectiveness of the voluntary medical male circumcision at the study area to understand why the rates of the programme are so low in the District. Recently, the VMMC programme launched with the primary goal of protecting males from sexual transmitted infections during the sexual intercourse l. By doing this, the VMMC programme could fulfil its primary goal of reducing the rate of sexual transmitted infections or HIV/AIDS by approximately fifty to sixty percent. This was recommended by the WHO/UNAIDS in 2007 to introduce VMMC programme to prevent males from infection, especially regions which have high prevalence of HIV infections like

the Sub-Sahara. The findings or the results highlighted that most of the males are not willing or accepting the services of circumcision due to reasons mentioned earlier on and some, unidentified. Hence, the response rate to the programme is still abysmally low.

The research findings revealed that some males in Zimbabwe are even against the implementation of this programme since only a few cultures accept MMC. Even though there are barriers limiting males from volunteering, the programme is less effective, but only a few males are participating in the programme. Males ought to take part or be willing to accept the services, but if they do not accept the services, the rates will remain constant or fall drastically. Additionally, in 2015, the Ministry of Health and Child Welfare Centre initiated Prepex device as a new method of circumcision that does not instils pain during circumcision to scale the programme (Guvakuva, 2015). To concur, some scholars acknowledged that there is a slight increase males volunteering for circumcision due to the new method that is safe and painless. However, because of sexual transmitted infections, most males are getting circumcise through Prepex. Hence, this can alter most of the males' perceptions to circumcision, and this is likely to scale up the rates of circumcision in the Mazowe District. More so, the primary target of the medical male circumcision programme are learners who are at secondary or high school because biologically, they are more sexually active as proven by various doctors who maintain that secondary or high school learners are more susceptible to sexual transmitted infections (Christakis, Harvey, Zerr, Feudtner, Wright and Connell, 2000). VMMC programme managed to capacitate males with knowledge about its perquisites. Voluntary medical male circumcision empowered the community of Mazowe with knowledge about the values of circumcision and particularly males with the right knowledge to dispel the misconceptions of male circumcision in the minds of the males of Mazowe District.

According to the Client/Person centered approach, every person has the will to take decisions despite the external environment. Despite the misconceptions stirred by the voluntary medical male circumcision programme in other district located within Zimbabwe, most males are willing to take part in the programme. This is mainly due to the new techniques introduced in the country. The programme still encounters challenges in the acceptance amid the males in Zimbabwe, since some males are not comfortable of

circumcision due to their own personal aggrandizements. The study identified that the rate of the programme is very low after most of the respondents pointed out that they were not willing to take part in the programme due to reasons given above. Finally, if the ministry of Child health Care Welfare Center failed to collaborate the programme with other stakeholders, the infections will spread very fast among the males, especially those at high and secondary schools, since most of them are more susceptible to these infections. In addition, male need awareness on how to protect themselves during sex since for them, condoms are a taboo. The study findings revealed that male youth only think that it is important for them to use condoms to prevent pregnancy and they ignore infections. Apart from that, the programme is lacking enough exposure in the form of advertisements to entice most males who watch TV and listen to the radio to take part in the programme. Lastly, if the government focuses on the barriers noted by the respondents, this can boost the programme rate in Mazowe District and males will be safer if they take part in the programme.

5.2 Conclusion

The study demonstrated that there is still lack of understanding of the VMMC and those misconceptions such as witchcraft, pain, and excessive bleeding, lack of well-trained doctors and l nurses trained in the programmes discourage males from circumcision. Hence, the only thing to achieve the purpose of VMMC is through enlightening them about the merits and demerits of circumcision. In addition, the voluntary medical male circumcision programme does play a significant role in safeguarding males from infections like STI's. However, the government organized strategies to scale the programme as its primary chief apprehension. Since the main goals of the study were to find out the effectiveness and the reasons behind the low rate of the programme amongst males in Mazowe District schools. The introduction of new techniques like Prepex in 2015 helped to increase the number of males who participated in the programme, but still, limited males willingly take part in the programme. In addition, even though the programme has helped few males from infections, it capacitated them with skills and knowledge to take good care of themselves.

5.3 Limitations

Through the course of the study, the researcher encountered various challenges in trying to find out the effectiveness of voluntary medical male circumcision in Zimbabwe.

- The study put more attention on men aged from fifteen to nineteen years; hence, most of them needed consent from the parents since their age did not allow them to participate without consent from parents.
- In addition, even though the researcher had consent forms and ethical clearance from the School, during data collection, the researcher had to wait for males to for home during the holidays and get consent from their parents.
- The respondents seemed uncomfortable, since receiving circumcision in Zimbabwe is something that one should not be proud of. The reason is that circumcision is rare practiced in the country.

5.4 Recommendations

Recommendations for the future researchers

- There is a need to look for policies in which the government will use to assess strategies to scale the programme, since it is of paramount importance to test the VMMC programme about the impact that it is giving to the community and to find out whether it is helpful or not.
- There is a need for the future researchers to reconnoiter these barriers and to have good turnout of men for circumcision, as this will merge the number of District schools to motivate males to take part in the programme and prevent males from being susceptible to the infections as recommended by the WHO in 2007.

Recommendations for the community

- The decentralization of services to the community is a profound step before the enclosure of services to scale the programme. In addition, by decentralizing the programme to the community, stakeholders would be able to work hand in hand with the District to make sure that the rate of the VMMC is up and that males take part in the programme willingly. This will create an efficacy of the programme since

all stakeholders and the community will scale up the programme since the priority of all sides will be to scale the programme.

- There is also a need for the community of Mazowe to make sure that VMMC is taught at secondary and high schools to make sure that all learners will understand the benefits of the programme and in turn, reduce the susceptibility of males to STI's and other infections.
- Also, the guardians should be taught about this programme because if the parents accept the programme, they can teach their children about the programme, that is why the saying goes, **"**charity begins at home**".**, hence, by addressing such issues, they will be encouraging young males to take part in the programme.
- Also, not forgetting the issue of clearing misconceptions associated with male learners (witchcraft, pain, bleeding, and religion, to mention but the few), providing them with right mentality about the good side of the programme. There is a need for the community to empower or urge males to volunteer to undergo circumcision.

Recommendations for the policy makers

- There is a need for the Ministry of Health and Child Welfare to amend new polices that allows males to access free circumcision, especially in public hospitals, hence, through these amendments, males might be willing to get the services.
- Lastly, is it of good that the Department of Education sets up tight mechanism for assessment for the programme, especially at secondary and high schools? This will in turn, develop an effective assessment system to see how effective the programme is in the districts.
- Finally, it is of paramount importance that the National HIV/AIDS council collaborates with the Ministry of Health and Child Welfare in decentralizing the service of the VMMC, since some respondents were concerned that the distance to the service centers were a hindrance for circumcision.

Appendix A: Consent Form

I am **Graduate Makonese** and studying for Masters in African Studies at the University of Venda and invited to participate in this study on the following theme.

1) Procedures

I, _____ (Name), understand that participation in this research is voluntary, and that I have the right to pull out from participation at any time. I understand that I can contact the researcher about any concerns I have about this project and may contact the following contacts with any questions concerning this research and about my rights as a participant,

- Dr. Rendani Tshifhumulo (Rendani.Tshifhumulo2@univen.ac.za),
- Dr. Elias Cebekhulu (Cebekhulue@ukzn.ac.za), and
- Dr. Pfarelo Matshidze (Pfarelo.Matshidze@univen.ac.za.)

You may be asked to answer questions contained in a face-to-face discussion or individual group interviews.

2) Right to Refuse Participation

Participation in this project is voluntary and participants have the right to withdraw at any time. You may skip any questions you do not want to answer. Your decision whether to participate in this study will not in any way be prejudicial to you. This consent form may contain words that you may not understand. Therefore, feel free to stop me and ask any questions concerning the consent form and other things related thereto. I will take my time to answer and explain to you all you need to know.

3) Confidentiality

All information obtained in this project kept private, confidential, and used only for purposes of research only. A code or number that is unique to you for this study. No one will know whether you participated in this interview. All information will be stored in a locked file cabinet. Only authorized research staff members can view it. No information about names released and recorded other than in terms of the consent forms. All personal

information about you kept private. When the study completed, all information linking participant's names to the study destroyed and your name not used in any report.

4) Risks and Benefits

Risks of participating in this study are negligible. Participating in this study will help the researchers to understand how effectiveness the voluntary medical male circumcision amongst male learners in Mazowe District, Zimbabwe is. It may also tangentially benefit your community. There are no direct benefits given to participants.

5) Participants with limited legal capacity

I will endeavor to obtain consent of the guardians on behalf of persons with limited legal capacity and those with disabilities.

6) Informed Consent

By signing this consent form, you indicate that you have read the procedure described above and that you voluntarily agree to participate in the procedure and you have received a copy of this form. You also consent that this interview will be audio recorded.

7) Signature

Signature of participant: _____ Date: _____

With my signature, I affirm that I am 18 years of age and that I have received a copy of the consent form to keep.

Appendix- Semi-Structured Questions

1) As male secondary school learners, do you know or understand the importance of accepting circumcision?
2) In your opinion, how much knowledge do male secondary school learners have on the VMMC programme?
3) Does the medical male circumcision protect males from STI's?
4) Do you think the VMMC programme can protect you from HIV infection or it is just a myth from the past?
5) What do you think are the reasons why they are few males who are receiving circumcision?
6) What are the challenges faced by male secondary school learners in receiving circumcision?
7) Do you think that male at secondary school need permission/ or what is influencing some of you circumcised?
8) Does culture influence you as males to go for medical male circumcision, if so, how?
9) What role do you think the schools should play in encouraging males in getting circumcised getting circumcision?
10) As male secondary school learners, what do we do to improve the uptake of medical male circumcision?

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Annex. 1: Approval letter from the University of Venda

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mr G Makonese

Student No:
11613095

PROJECT TITLE: **An investigation into the effectiveness of the voluntary medical male circumcision programme amongst secondary school's learners in Mazowe District, Zimbabwe.**

PROJECT NO: **SHS/17/AS/11/0408**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

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Mr G Makonese	University of Venda	Investigator – Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: August 2017
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. G.E. Ekosse

UNIVERSITY OF VENDA
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