ACCEPTABILITY, CONCERNS AND EXPERIENCES OF MEN CIRCUMCISED BY FEMALE HEALTH PROVIDERS IN LUSAKA DISTRICT

BY

AGNESS MAHULE

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DECLARATION

I Agness Mahule do hereby declare that this dissertation represents my own work and that it has never been submitted before for the award of a degree or any other qualification at this university or any other.

Student:

Signature………………………………………………………………. Date……………….

Agness Mahule

(MPH candidate)

Supervisors:

We have read this dissertation and approved it for examination.

Dr Oliver Mweemba Signature…………………….. Date………………….

Mrs Doreen Sitali Signature……………………… Date………………...

Department of Public Health, School of Medicine, University of Zambia

CERTIFICATE OF COMPLETION OF DISSERTATION

I Agness Mahule, do hereby certify that this document is the product of my own work and in submitting it for my Master of Public Health Promotion Programme, further affirm that it has not been submitted to another university in part or whole for the award of any programme.

Signature…………………………………………… Date……………………………….

We, **Dr. Oliver Mweemba** and **Mrs. Doreen Sitali**, having read this dissertation are satisfied that this is the original work of the author under whose name it is being presented. We confirm that the work has been completed satisfactorily and is hereby ready for presentation to the examiners.

Supervisor: **Dr. Oliver Mweemba**

Supervisors Signature…………………………

Date……………………………………………

Supervisor: **Mrs. Doreen Sitali**

Supervisor's Signature…………………………

Date…………………………………………….

Head of Department

Signature……………………………………….

Department of Public Health, School of Medicine, University of Zambia

CERTIFICATE OF APPROVAL

This dissertation of Agness Mahule is approved as fulfilling the requirements for the award of the Degree of Masters of Public Health in Health Promotion of the University of Zambia.

Signature ………………………………… Date…………………………………

Examiner I

Signature…………………………………. Date…………………………………..

Examiner II

Signature………………………………… Date………………………………….

Examiner III

Head of Department:

Signature ………………………………… Date ………………………………..

DEDICATIONS

I **Agness Mahule** dedicate this dissertation to my beloved four daughters; **Jean, Korin, Hannah Chakkoma and Nchimunya Phiri** for the inspiration and tolerance they showed me during the entire period of doing my programme. Above all I give thanks to my heavenly father who was with me at all times.

I also dedicate this to Mr. John Yangalani Phiri for his continued encouragement.

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ABBREVIATIONS

AIDS	:	Acquired Immune Deficiency Syndrome
FGD	:	Focus group discussions
HIV	:	Human Immune Virus
IDIs	:	In-depth interviews
LUDHMT	:	Lusaka District Health Management Team
MOH	:	Ministry of Health
NGO	:	Non-Governmental Organisation
RCTs	:	Randomised Control Trials
TMC	:	Traditional Male Circumcision
UNAIDS	:	Joint United Nations Programme on HIV/AIDS
UNZA	:	University Of Zambia
VMMC	:	Voluntary Medical Male Circumcision

DEFINITION OF TERMS

Experience: A personally encountering or undergoing something. In this study the men undergoing circumcision by a female provider will be termed as the ones who have an experience.

Male Circumcision: A surgical removal of the foreskin (prepuce) from the human penis. The foreskin is opened and separated from the penis.

Female Health Providers: A woman who offers health services to patients or people. In this study female provider will refer to females who circumcise men**.**

Acceptability: Capable or worth of being accepted. In this study acceptability will be associated with men accepting VMMC offered by females.

Concern: It is anything that can be a source worry or interest to a person. In this study concerns will be referred to all such issues or circumstances that would affect their perception.

ABSTRACT

Background: The Zambian government has endorsed voluntary medical male circumcision (VMMC) as a biomedical strategy for HIV prevention after a decade of debating its effectiveness in the local setting. The current policy recommends that male circumcision (MC) should be clinically based, as opposed to the alternative of traditional male circumcision (TMC). Acceptability concerns are among the challenges threatening the mass rollout of VMMC. In terms of acceptability, the gender of clinicians conducting the operations may particularly influence health facility-based circumcision. Currently, Zambia is advocating circumcising 80% of all HIV negative men. Most studies globally are on acceptability and barriers to access MC services in general and research is yet to profile the experiences of men who are to be attended to and have been attended to by female providers.

Aim: This study explored the concerns and experiences of male clients, of female clinicians or providers taking part in the circumcision procedure.

Methods: This was a qualitative study. Data was collected through in-depth interviews with 29 circumcised men at three health facilities. Interviews were audio recorded. Data were verbatim transcribed and analyzed thematically using NVIVO version 10.

Results: All 29 participants got circumcised by a female provider. Reasons for accepting were mainly due to lack of choice and that most services offered in health facilities may be done by any experienced provider regardless of gender affiliation. Significant concerns are; shame, stigma and erection. To undress in presence of a female for circumcision purpose was accepted reluctantly owing to culture concerns and that some men erect inadvertently which is rather embarrassing. Additionally male circumcision is an elective procedure and one would wait until a male provider was available. However male circumcision offered in hospitals can be done by any trained health personnel.

Conclusions: Concerns and experiences were shame and embarrassment associated with undressing in presence of an opposite sex and the negative attitude of the community to male circumcision offered by female providers. Sex of a provider may be communicated to people or possible clients at individual and community level to prepare clients psychologically. Since the Zambian government is recommending circumcising 80% of all HIV negative men, policy and practice must focus on educating the target group on myths, facts and assumptions surrounding male circumcision offered by female providers. There is room for improvement in modes of offering male circumcision services in health facilities.

Keywords: female providers, male circumcision, experiences, concerns

CHAPTER ONE

1.0 BACKGROUND INFORMATION

Voluntary Medical Male Circumcision, a procedure done in most health facilities by trained health personnel. Trained female and male providers offer Voluntary Medical Male Circumcision in health facilities. Zambia just like many African countries with low circumcision and high HIV rates has a target of circumcising 80% of all HIV negative men. This resulted from the evidence that one circumcision performed can avert six-eight new HIV infections (Organization, 2007). Despite the worlds perception on surgery as being a man′s profession even females get trained as surgeons and doctors. This factor is no longer holding any water as the entire world is calling for gender equality in all profession.

Currently empirical information on concerns and experiences of clients attended to by an opposite sex is limited. Patients or clients are purported to be more comfortable with a provider of their sex. Caring for an opposite sex requires physical close involvement in intimate care like in male circumcision (Martínez Pérez et al., 2015). According to a study by Umar et al, 2013, men said male circumcision is an elective procedure and they could always wait for a male health provider to circumcise them rather than be exposed to a female provider. The following statements were derived from a Malawian study;

"*You are not sick, you are intact and you could always reschedule an appointment if no male clinician was available.*"

"*Being circumcised by a woman, or having one in the room is similar to wearing a torn short that shows your manhood and you are aware that a woman is looking at you but you can't hide it.*"

From a study done by Umar, clients experience embarrassment if an opposite sex has to take care of them in a hospital setting (Umar et al., 2013). In this same study men argued that it was non-negotiable to involve females in male circumcision. Men would always wait for a male provider.

Figure 1 below: Global map of male circumcision prevalence at country level

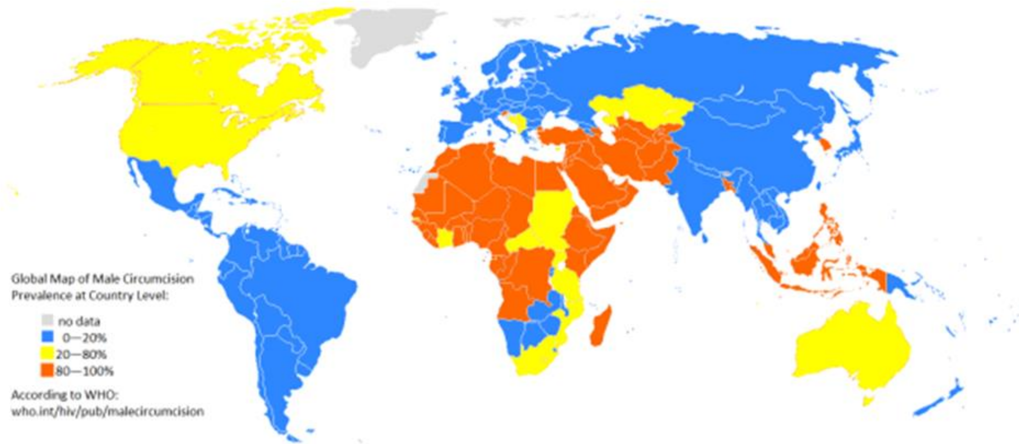
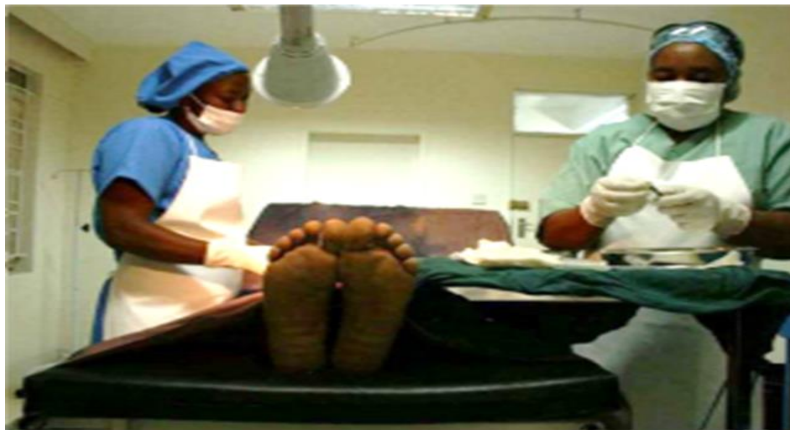


Figure 2: Female providers performing VMMC at YWCA, Zambia



"The kindest cut; how circumcision is the secret weapon in the battle against HIV/AIDS", ***by Jeremmy Laurance*****. (Independent News, UK)**

Over forty (40) observational studies have established that MC reduces the risk of contracting HIV Type-1 among heterosexual men, by approximately sixty per cent (60%) Among these studies the most published ones were done by Auvent et al, 2005, Gray H et al, 2002, and Bailey et al. The studies were done in Africa and they all showed evidence on partial preventive measures against HIV transmitted sexually (Auvert et al., 2005, Bailey et al., 2002, Gray et al., 2007). The World Health Organization (WHO) through observation studies guides that for every 5-15 male circumcision performed, one new HIV infection could be averted (Organization, 2007). Other studies that showed significance on the relationship between HIV and male circumcision were those done by Bailey et al and Gray et al (Bailey, 2007, Gray et al., 2010, Bailey et al., 2002).

In 2007, the World Health Organization (WHO) and the joint United Nations Program on HIV/AIDS (UNAIDS), recommended male circumcision as a component of comprehensive HIV prevention strategy in eastern and southern African countries with high HIV prevalence where circumcision rates were low, and where heterosexual activity is the main mode of acquiring HIV (Organization, 2007).

Zambia is among the sub-Saharan countries with low circumcision and high HIV prevalence. According to the 2013-2014 Zambia Demographic Health Survey (ZDHS) the prevalence rates for HIV and male circumcision was at 13 and 12 percentage respectively. If Zambia circumcised 80% of all HIV negative men, HIV and AIDs related disease burden will reduce resulting into huge savings towards treatment requirement. The World Health Organization recommended circumcising 80% of all men aged between 15 and 49 by 2015. The survey reported that only twenty-two per cent (22%) were recorded as circumcised though 79% out of the 22% circumcised were from North western province where male circumcision is traditionally provided by males (Demographic, 2014). The adoption of VMMC as a component in HIV preventive measures was done before the massive roll out of the services.

Following the trends in Zambia, VMMC services and programs have reasonably scaled up and knowledge levels on male circumcision have increase. This can be attributed to availability of male circumcision information on media and many other means by medical institutions and stake holders (Demographic, 2014). Since knowledge on male circumcision is relatively high, there is need to explore concerns and experiences of clients circumcised by female providers in health

facilities.

As eluded above the world at large focuses on gender equality in all professions. Male circumcision just like any other service offered in health facilities, can be provided by male or female providers. This can be interpreted that men who seek VMMC may find themselves in hands of an opposite gender. Findings from a study done by Adudu and Adudu were that clients perceived female and male Doctors differently(Adudu and Adudu, 2008). In addition a study done by Phega, 2011 reported that nurses were uncomfortable to take care of men with circumcision complications (Phega Mangena et al., 2011).Some studies to done in South Africa, Mpumalanga by Vincent in 2008 had similar findings. In this study both clients and female nurse were uncomfortable to do intimacy care(Vincent, 2008)

Most studies in MC focused on acceptability of male circumcision and empirical scientific evidence on experiences of men or providers is still lacking in Zambia, there is little work or studies done on experiences of men circumcised by females in health facilities, this study explored on this phenomena. Acceptability studies include those done by Bailey, 2002, Halpern, 2005, Lukobo, 2007 and Herman-Roff, 2011 (Bailey et al., 2002, Halperin et al., 2005, Lukobo and Bailey, 2007, Herman-Roloff et al., 2011). Among these studies, Umar et all did a study which gave empirical evidence on what men felt about females involved in male circumcision. In this study some men argued that men were comfortable with same gender providers. There is still a gap in Zambia scientifically on the experiences of men circumcised by female providers.

The study findings will add more knowledge on experiences of men taken care of by opposite gender. From the findings operational planning team will have empirical evidence on concerns and experiences of men circumcised by female providers. In addition policy and practice in Ministry of Health and other stake holders involved in voluntary medical male circumcision will use this evidence to adjust on progress in scaling up voluntary male medical circumcision to improve service delivery.

1.1 PROBLEM STATEMENT

The Zambian government has endorsed voluntary medical male circumcision (VMMC) as a biomedical strategy for HIV prevention after a decade of debating its effectiveness in the local setting. The "policy" recommends that male circumcision (MC) should be clinically based, as opposed to the alternative of traditional male circumcision (TMC). Acceptability concerns are among the challenges threatening the mass rollout of VMMC. In terms of acceptability, the gender of clinicians conducting the operations may particularly influence health facility-based circumcision. Currently, Zambia is advocating circumcising 80% of all HIV negative men.

There are three main problem areas which show a gap in knowledge as shown in the literature. Most studies globally are on acceptability and barriers to access MC services in general and research is yet to profile the experiences of men who are to be attended to and have been attended to by female providers. There is as such, limited information published on experiences of men who are about to be circumcised by female providers and those who have had an event to be circumcised by a female provider. In the absence of empirical evidence, there have been speculations that delays to meet the MC targets in Zambia are a result of men shying away from MC when it is discovered that even women attend to men. This scenario is seen as a cultural taboo. In a related development, there are other claims that men do not worry if the provider of MC was female. Therefore based on these contradictions, it is yet to be established what the motives of men for accepting or rejecting the service are and particularly their concerns and experiences.

OBJECTIVES

1.1.1 Main Objective

This study aimed at exploring the concerns and experiences of male clients, of female clinicians or providers taking part in the circumcision procedure.

1.1.2 Specific Objectives

1. To determine concerns of men allocated to a female MC provider.
2. To explore experiences of men circumcised by an opposite sex or a female provider

3. To understand motives behind accepting an opposite gender in circumcision.

1.4 RESEARCH QUESTION

1. How do men perceive male circumcision offered by female providers?
2. What are the experiences of men circumcised by a female provider?
3. Why do men accept voluntary medical male circumcision offered by a female?

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

The chapter presents literature on Voluntary Medical Male Circumcision. The focus was on acceptability and experiences of men seeking VMMC. Most literature published is on acceptability of VMMC, literature on experiences of men circumcised by female health providers is limited. Therefore, the following literature is on general acceptability, experiences and some factors associated with male circumcision.

ACCEPTANCY OF VOLUNTARY MEDICAL MALE CIRCUMCISION

Men accepted male circumcision because of associated benefits they would get. Various studies were conducted to determine the acceptability of voluntary medical male circumcision; a study done by Bailey et al (2002) published information on the acceptability of male circumcision. The findings of the study were that men accepted male circumcision for various factors. They didn't associate the service to gender affiliation of the provider. Men accepted to be circumcised because MC provided partial protection against acquisition of HIV, hygienic purposes, cultural/ religious reasons and tribal identity (Bailey et al., 2002, Vincent, 2008, Halpern et al., 2005, Lukobo and Bailey, 2007, Herman-Roloff et al., 2011)

2.1.1 Hygiene

A study done by Lukobo and Bailey (2007) depicted that men were attracted to male circumcision because circumcised men were perceived as more clean and smart when compared to the uncircumcised. Circumcised men were cleaner and their sexual partners had less trouble cleaning them after sex. Meanwhile, another study done by Herman and his colleagues, collected data confirming that women preferred circumcised men to uncircumcised men (Herman-Roloff et al., 2011). Acceptance of male circumcision from this view means that men would get circumcised by any person regardless sex. This study explored on male circumcision and never associated it to gender. The study focused on MC offered by female health providers and why men accepted the service offered by female providers.

Partial prevention against HIV

Over 40 observational studies and three randomized clinical trials were done; the results were that male circumcision offered partial protection against HIV acquisition by 60%. A study done by Westercamp and Bailey was among the studies with information that men would go for male circumcision if it had the potential to protect them from acquiring HIV and other Sexually Transmitted Infections (Westercamp and Bailey, 2007). Other studies that explored the relationship between HIV and male circumcision were done by Gray et al, 2002 and Auvent et al, 2005 (Auvert et al., 2005).

In the study, men had one main objective which was to be a circumcised man and have the 60% protection against HIV. On this most men said they were decided to be circumcised and never thought about gender. Circumcision was tagged with some benefits even when females provided it.

2.1.2 Cultural Beliefs and influence

Some tribes globally practice male circumcision as part of cultural practice. This is known as Traditional Male Circumcision (TMC) that has no medical affiliation. The providers in this process are traditional circumcisers with experience in male circumcision. In Zambia, the people of North-western province are well known for this practice. A study done by Chinyama Seleji (2011), reviewed that adolescents are circumcised in order to be accepted as real men in the society. This study reveals that men are circumcised by fellow men because the process is considered a man issue. In South African a similar study was done by Mungena, et al, 2011. This focused on experiences of nurses taking care of circumcised men with complications; the findings were that both parties (female nurses and circumcised men) were not comfortable with the whole process because of gender concerns (Mungena et al; 2011).

In another study done in South Africa by Vincent, (2008) circumcision is practiced for traditional values and for one to be accepted in the community (Vincent, 2008). In the traditional setting, female providers are never allowed to attend male circumcision ceremony.

The study focused on how culture values influenced a person on male circumcision provided by females. According to culture values men shunned male circumcision because the process involved intimacy care. To be circumcised by a female was described as depriving a person's

privacy and a source of embarrassment. Most men are uncomfortable to be circumcised or to be treated by an opposed gender.

2.1.3 Religious Reasons

Religion would have some similarities to culture values. People in the community observe cultural values. In most religious beliefs, circumcision is a requirement for one to be accepted. In Zambia, a study was done and published by Bailey, 2007and the findings were that most Christians accepted male circumcision because of their religion (Bailey et al., 2002, Bailey, 2007). They argued that male circumcision was biblical because Jesus Christ, their master was circumcised (Lukobo and Bailey, 2007). This applies Moslems as well who believe in Mohammad.

In the study a young Moslem man came for male circumcision because he wanted to be accepted in the house of worship. This young man was not bothered that a female circumcised him. Sex of a provider did not bother men in the study; they regarded the service as biblical.

2.1.4 Tribal Identity

Some men accepted male circumcision in order to be recognized and accepted by tribal mates. This is similar to cultural concerns. Vincent's study in South Africa depicts that men got circumcised because they wanted to fulfill the sense of tribal belonging (Vincent, 2008). This study opinionated that men who were uncircumcised were as good as females, and they were stigmatized by those circumcised. It was for this motive why men accepted the procedure.

In some acceptability studies, female provider involvement was least explored. The principal investigator in the study conveniently enrolled men for in-depth interviews. Men seeking VMMC allocated to a female provider described their concerns and experiences with service providers. Not only did they allude to their concerns and experiences but they also described some motive behind the acceptance which some are outlined above.

2.1.5 Concerns of men on circumcision offered by females

Male circumcision can be offered by any health affiliated person as long as they are trained. In Zambia, medical doctors, clinical officers and nurses get additional training in voluntary medical

male circumcision and this qualifies them to offer VMMC services within a health facility.

Men were concerned with female involvement or to be treated by one. According to a study by Adudu and Adudu in Tanzania, clients perceived female and male doctors differently. Adudu reported that most people preferred to be treated or handled by male doctors arguing that men were more competent and they were good when communicating to patients (Adudu and Adudu, 2008). In a more closely related study to this study, some men were uncomfortable with the presence of female providers in theatre or to be circumcised by one. Men argued that circumcision was supposed to be offered by fellow men and not females (Umar et al., 2013). They were concerned with intimacy care involving an opposite gender. The study recruited 47 circumcised men in Lilongwe district. Six focus group discussions were used to collect data. Data was audio recorded and verbatim transcribed. Transcribed data was thematically analyzed.

The findings of the study were that men were uncomfortable to be circumcised by female providers. They argued that male circumcision was not an emergency and that a client would wait until a male provider was available to circumcise them. Participants in the study expressed concerns that include shame, lack of privacy and described the process as unacceptable. A few men in the Malawian study argued that female providers were competent and it was appropriate to involve them in voluntary medical male circumcision programs (Umar et al., 2013). The study determined the concerns and experiences of men had varied after undergoing circumcision.

Men in some studies that looked gender and service provision depicted that motives and reasons for declining or being uncomfortable with an opposite sex were not established adequately. A study done by Adudu and Phega, 2011 reported that clients perceived gender differently but some preferred to be treated or screened by an opposite sex. Those who favored male providers attributed men to better communication skills in their profession (Adudu and Adudu, 2008, Phega Mangena et al., 2011). Phega also found out that traditionally circumcised men were not supposed to be seen by any other person outside the circumcising team, this brought some misunderstanding and uncomforting levels to female nurses during management of men with MC complications.

2.2.6 Experiences of men circumcised by female providers

With the increasing number of female health practitioners working as providers in male

circumcision, empirical evidence on the feelings of men is valid. The phenomena were described by all men who were allocated to a female provider. In the study men described how they interpreted the phenomenon of waiting to be handled by a female health provider and what they went through in theatre. These men narrated their experience through actual agony and feelings they went through during the entire process.

In some studies that researched on experiences of men or females being nursed by an opposite gender reported that there was always some uncertainty and discomfort during the process. In Adudu study in 2008 clients or patients looked at female and male doctors differently (Adudu and Adudu, 2008). In this study clients preferred to be handled by fellow men especially if the process involved intimate care. Some men in this same study argued that there was nothing wrong for a patient to be nursed by an opposite gender. In another study by Keogh, 2006 he explored on experiences of male nurses caring for female patients. The findings were that, some nurses were using coping mechanism to handle the embarrassment and misunderstanding they got from the people around them. Handling female patients involved touching them and this was negatively perceived by patients. (Keogh and Gleeson, 2006)

In another study, a study that closely related with this study was done in Malawi by Umar (2013). This study was qualitative. Six (6) focus group discussions (FDGs) were conducted with a total of 47 circumcised men from non-circumcising communities or tribes participating in the study. These men were circumcised in three different private institutions in Lilongwe in 2010. The men were circumcised four – six months before the study commenced. Data were audio recorded and transcribed verbatim, and later analyzed using narrative analysis.

The findings of the study were that female involvement in male circumcision was non-negotiable. The presence of females in theatre rooms made most male clients uncomfortable. These men further argued that male circumcision was not an illness and one would go about with their foreskin until male providers were available to do the procedure (Umar et al., 2013). The following statement was from the Malawian study;

> *"Being circumcised by a woman or having one in the room is similar to wearing a torn short that shows your manhood and you are aware that a woman is looking at you but you can't hide it".*

Men according to the study in Malawi felt ashamed to be handled by female VMMC providers. In this Malawian study men were ashamed and described the service as devaluing culture norms. On the contrally, a few men described circumcision offered by as acceptable as females were adequately trained and were knowledgeable.

Furthermore, a study done in South Africa by Vincent reviewed that female nurses who were assigned to take care of circumcised men with complications were uncomfortable to nurse the circumcised men as this was not normal in their culture (Vincent, 2008). In this study circumcised men did not expect to be exposed to an opposite gender.

The study collected data from men through in-depth interviews and this resulted into understanding what men experienced with the phenomena. The findings of the study were from real life lived experiences by men seeking VMMC offered by a female health provider. From this study and a few other studies that explored on experiences of patients cared by an opposite sex provider, clients accepted an opposite gender provider because they had already made up a decision to get the service. In other services like ant-natal and delivery, mothers were in clinical need and there was little they could do to change. Additionally, male providers working as midwives had to take care of female clients because that was their profession.

For some clients circumcised by female provider were satisfied and content with the care they received (Umar et al., 2013). Female providers are generally known to be caring hence the reasons behind acceptance by some clients. Otherwise most men opposed to presence of an opposite gender in theatre due to various feelings including; shame, self-discrimination, fear, pain and sexual arousal

CHAPTER THREE

3.0 METHODOLOGY

3.1 STUDY DESIGN

The study used qualitative methods with descriptive phenomenological approach. The focus was on concerns and experiences of men on male circumcision offered by female providers. Phenomenology includes discovering, analyzing, clarifying and seeking patterns of certain phenomena based on individual's daily life experience (Cresswell, 2003). It emphasizes on describing the meaning of several individual's perceptions, feelings and lived experiences in order to have a deep understanding of the phenomena. Creswell refers to phenomenological study in social sciences, as an approach that looks at a real life situation that a person experiences and describes it in his own natural understanding and setting (Cresswell, 2003)

Men allocated to a female provider were recruited to express their views and experiences before and after being circumcised. Meaning only men who experienced the process were selected to participate in the study.

3.2 STUDY SITE

The study was conducted in Lusaka province at three health facilities Chawama, Makeni and railway clinics where females were the main providers of VMMC services. Chawama is a mini-hospital with a theatre in place. Services provided include HIV counseling and treatment (HCT), Prevention of Mother to Child transmission (PMTCT), Out and In-patient management, maternity cases and TB screening and management.

Chawama health center has been offering VMMC since 2008. Chawama has female male circumcision providers who offer services daily except during holidays and weekends. Available services and space qualified Chawama to be selected as a study site.

Makeni and Railway clinics are relatively small when compared to Chawama. The two clinics offer VMMC on specific days. Services offered at the two centers are specifically outpatient cases. In addition to OPD services HAART patients are taken care of and this includes HIV positive pregnant mothers (PMTCT). Makeni was closed by Health professions council of Zambia (HPCZ) during data collection.

As part of study site requirements, the three centers had female male circumcision providers. In addition the facilities were geographically well placed for the researcher and the participants. Men went to these centers for VMMC because they were convenient to them in different ways. Each facility had an average of a client daily during school days.

3.3 STUDY POPULATION

The study population consisted of men who came for VMMC services. Eligibility was all men aged 18 years seeking VMMC services at the mentioned health facilities within Lusaka province. Most participants were unemployed.

3.4 SAMPLING PROCEDURES AND SAMPLE CONSIDERATION

Participants were conveniently selected meaning we only involved men who came voluntarily for male circumcision services. The providers at these facilities were actively involved in identifying the eligible males. The principal investigator interacted with the clients as they sat in the waiting room for VMMC service. Clients were informed about the study and those willing to participate were recruited immediately.

Men differently abled in hearing, talking (dumb) and mentally ill were excluded from participating. Only eligible men willing to participate were interviewed.

I intended to interview 32 participants, eight (8) from each of the following categories; single, married, circumcising and non-circumcising tribes. However saturation was attained before reaching this working sample hence twenty-nine (29) interviews were conducted. Out of the 29 men interviewed twenty-three (23) were from Chawama health centre, 5 (five) from Railway and 1(one) was interviewed at Makeni because Makeni centre was closed by Health Professions Council of Zambia (HPCZ) during the study. Most clients at Railway were aged below 18. The initial idea of getting specific categories was challenging and proved unrealistic as the turn up of clients during data collection period was very low. It was difficult to get the categories as earlier planned.

3.5 DATA COLLECTION

I collected data through in-depth interviews. All interviews were done in a room with privacy. An in–depth tool guide with two separate categories was used, the questions were based on concerns before and experiences of men allocated to a female provider for male circumcision.

The researcher gave out information on the study and made available a consent form for authentication. Interviews only commenced after a participant understood the purpose and I expected to get from them.

I was guided in the flow of question by the in-depth tool guide while taking time to probe on issues that didn't come out. The audio-recorded interviews were done face to face. The recorder used was a voice recorder which in this case was a smart phone. Initials of respondents were used in cases where respondents were uncomfortable to use their real names. This was aimed at enhancing privacy and confidentiality.

An average interview lasted between 15 and 25 minutes. The focus was on acceptability, concerns and experience after circumcision. Most men were asked on how they felt while waiting to be circumcised and what they experienced in theatre during circumcision. Men who came for interviews were included in the study. I also asked them if they would recommend male circumcision offered by female providers in the community. I documented collected data within 24hrs post collection. The transcribed verbatim were stored on a secure laptop.

The researcher ceased collecting data when no more new data was being realized from the respondents. This in qualitative research is known as theoretical saturation. Theoretical saturation in qualitative data analysis is when data collection is not adding value or new ideas to the collected information (Cresswell, 2003).

3.6 DATA MANAGEMENT AND ANALYSIS

Collected data was stored on a secure computer by the first author. All data was transcribed and entered into NVIVO 10. Data was analyzed using the thematic framework. This method was used to identify, analyze and report information in themes and sub-themes within the data that was collected. Thematic analysis was done in six phases in order to create established

meaningful patterns within the context of information on male circumcision offered by female providers. These phases were; familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and finally producing the final report (Cresswell, 2003, Joffe, 2011).

Familiarization of data was achieved by reading and re-reading of transcribed data. I took time to read my data many times until I got some ideas on the raw data. I went through all words and phrases in the transcripts from the data. After getting clearly what men said about male circumcision offered by female providers, I then grouped all similar ideas into units. The phrases and words were then compared for similarities and differences and at this stage coding of transcripts was initiated. Again I compared codes for similarities and differences within the unit analysis.

Similar codes were then grouped to generate themes within the context. These in the study were concerns before going into theatre and experiences in theatre. I proceeded by reviewing the themes to make sure that they were falling under appropriate category or theme. All unity of analysis with sentences like fear to erect or ashamed to be naked were put under concerns. And transcripts like pain, sexual arousal and care experienced in theatre were put under experiences. Defining of themes was continued by making sure that the searched themes were named appropriately. The theme developing was completed after all transcripts were analyzed and interpreted to identify the critical meaning.

Finally by using this thematic analysis I was able to generate three major themes; acceptability, concerns and experiences of men circumcised by female providers. This information was later put in tables in summery.

The summary of themes is shown in a table below;

Table 1: *Showing themes that came up*

Acceptability of male circumcision offered by females
Lack of choice
Competency and skill

Themes on Concerns of men allocated to a female provider

Before MC	Embarrassment associated with the process
	Stigma
	Fear to erect
	Invasion of privacy
	Fear of pain
	Against culture
	Females are competent/care
	Experiences of men circumcised by female providers
After MC	Confidentiality
	Shame
	Norms
	Satisfaction
	Rejection
	Arousal sexually
	Anxiety

3.7 ETHICAL CONSIDERATION

After recommendations from my two supervisors, the study was submitted to ERES CONVERGE for ethics clearance and the reference number is 2015-Nov-015. In March 2016, approval was obtained. The approved study was submitted to the Ministry Of health (MOH), Ndeke house and Lusaka District Health Office (LUDHMT) with an application letter for permission to go into the selected health facilities for data collection. The researcher was given a go ahead written permission within March.

3.7.1 Respect for Person and Confidentiality

The study was sensitive as it involved questions with personal ideas and issues. The challenge was so vivid in the way participants behaved to the researcher who was female. Men could have withdrawn because of this fact. Participants were concerned with privacy and confidentiality. As the researcher I took care of these concerns by providing adequate information on the purpose of the study and the expectations involved in the process through an information sheet. In addition, all interviews were done in a room with privacy. Participants unwilling to take part were not forced to do so.

Inconveniencing of participants was minimized by selecting participants who came for male circumcision at the facility. Participants were informed that the interview was going to be conducted in two phases. Participants were engaged in interviews before and after experiencing the phenomena. As participants waited, the principal investigator did some introductions and gave information on the study. Those willing to participate were given written consent to authenticate before engaging them into in-depth interviews.

An information sheet written in Nyanja or English dependent on the participants' preference was offered. After the reading and understanding of the information sheet, a written consent form was obtained

3.7.2 Beneficence

Participants were informed that there was no direct personal benefit for participating in the study. However, responses made some participants uncomfortable psychologically. The interviews were verbal and there was no direct physical harm involved in the process of interviewing the

participants.

Participants valued to be given audience to express themselves before and after undergoing VMMC offered by females. But the participants did not get any physical or tangible benefit for the time they spent in the interview. They were all interviewed within clinic environment as they were waiting for the actual VMMC services or shortly before leaving the premises.

3.7.3 Fairness

Eligible participants were all given equal opportunity to participate and adequate time to ask questions. The in-depth tool guide used was cleared and approved by ERES (Excellence in Research Ethics and Science). In addition permission to collect data was granted by Ministry of health and Lusaka District Health Management Team (LUDHMT) since all the three facilities fall under Lusaka.

3.7.4 Disposal Plan for Used Materials

The voice recordings were deleted immediately after transcription of the interviews by the researcher. The tool guides and other materials were destroyed according to guidelines provided by the ethical board.

3.7.5 Dissemination Plan

The information collected from the study will be disseminated to the responsible Ministry (Ministry of Health), School of Medicine (Public Health Department) and published as articles to the public. The document will also be made available at the library for Masters of Public Health (MPH) students

CHAPTER FOUR

4.0 CHAPTER OVERVIEW

The chapter presents major findings of the study. The findings are outlined according to the study themes. This chapter starts by giving a brief outline of participants, followed by an outline of major themes then giving illustrations using verbatim quotations from participants. The major themes presented are concerns while in the waiting room (before circumcision) and their experiences with peers, providers and the process at the health facility.

4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS

Participants in the study were aged between 18 and 40. The majority were single aged below 30 years (Table 2). Eight out of twenty nine (29) participants were married. Most participants came for the actual male circumcision procedure though a few came for reviews. A preliminary review showed that the clientele had some knowledge on male circumcision and the benefits.

Table 2: *Profile of participants*

Age	Total per age group	Knowledge on male circumcision	Religion			Marital Status	
			Christian	Muslim	Non-Religious	M	S
15 - 19	9	9	7	1	1	0	9
20 - 24	5	5	3	1	1	1	4
25 - 29	6	6	5	1	0	3	3
30 - 34	4	4	3	1	0	1	3
35 - 39	4	4	3	0	1	2	2
40 >	1	1	0	0	1	1	0
Totals	29	29	21	04	04	08	21

4.2 KNOWLEDGE ON MALE CIRCUMCISION

All 29 clients interviewed had some knowledge on male circumcision. Men said that by getting circumcised they will be cleaner and would be protected against most sexually transmitted infections including HIV and AIDS. One man mentioned that male circumcision protects against cervical cancer in women. This information is shown on the above table (table 4.1).

4.3 ACCEPTABILITY, CONCERNS AND EXPERIENCES OF MEN CIRCUMCISED BY A FEMALE PROVIDER

We found out that men had concerns and experiences associated with male circumcision provided by females. From these two major themes emerged. The two themes which emerged from the data were; concerns and experiences of men circumcised by female provider. On acceptability it was not very clear to why men accepted to be circumcised by a female but a few said they had made a decision that was not worth abandoning upon seeing a person of an opposite gender. Before male circumcision, men had the following concerns; embarrassment, Stigma, Fear to erect, Invasion of privacy, Fear of pain and care from female providers. The following table shows concerns and what men said about concerning male circumcision offered by female providers;

Table 3: *Concerns of men allocated to a female provider for circumcision*

Concerns of men allocated to a female provider (before circumcision)

Sub-theme	Single	Married
Invasion of privacy	To be circumcised by a female is depriving my privacy It is an offense for a man to be naked in her presence I would prefer to be circumcised by a fellow man but it does not really matter as long as I get circumcised. All what matters is to be circumcised man It is better for a male provider because he has similar organs as mine Female talk a lot being naked in her presence would be heard in the entire community Nakedness can only be seen during sex There would never be privacy if females are allowed to circumcise men. It is not fair	A female can circumcise me because she is trained Females are just as good as male providers, it is fine for them to administer MC There would be no privacy because the provider is not my wife There would be no privacy and confidentiality if a female is present Any person married would feel insulted if a female touches their private part at will
Embarrassing	It would be very shameful to be circumcised by a female provider Remaining uncircumcised is better than get circumcised by a female It is traumatising psychologically to see a female when naked To undress before a female is not good for me. In my mind I will just look at the female as if she was a man	The idea that its females circumcising is very shameful. I feel nervous right now There is nothing to worry about because all females know what we have in our trousers. Female providers are like our wives who always see our nakedness. I can never be ashamed to be naked in front of a female nurse Getting ashamed to be helped by a trained person is being unrealistic. The process will deprive of my freedom as a man
Fear to erect	I may get aroused by her touch I will be naked and she will be touching my manhood and I may erect My concern is being awake while she handles me It is obvious that a man may be aroused If she is my sexual partner its fine but that she is not will make me start thinking in the negative direction	A female touching me may entice me sexually Its only that she will be touching me while naked, I may be attracted sexually The problem is that I easily get aroused when I see a female

Against culture	It will be abnormal for her to see me naked In my tradition only men can be allowed to circumcise us. It is not normal and unacceptable	It is just not normal to be naked in presence of a female who is not your wife It is only a wife who is allowed to see a husbands nakedness not all females Its lack of culture and manner for a female to willingly circumcise a man Men must receive respect at all times whether at a health facility or any place Manhood of a man must be seen by his wife
Fear of pain	I think it will be painful People say MC is painful What if it's a female student? She may make mistake and injure me. I will be comfortable with a man because they are skilled and may do the procedure with less pain.	I have never liked anything that come with physical pain Pain makes me worried I think it is a painful process
Stigma	Some men always say females must never offer MC so they will look down on me Iam shocked and this will never go to any person, I won't tell anybody because I fear to be looked down upon. My close friends said they were circumcised by a female and it encourages me	People would think I was somehow mental, if they hear this People know that services can be provided by either a female or a man People will just laugh at me for allowing this to happen I will be a laughing stock for my friends
Competence and care	Females are caring and providers here are trained so they will offer a quality and safe MC They are gentle in handling anything Females are friendly	Females are mothers so they are always careful Females are gentle at all times and this gives me courage The circumcised said female providers are kind

4.3.1 Invasion of privacy

Invasion of privacy was another outstanding concern raised by males before undergoing circumcision administered by female providers. Amongst other outcomes, it was discovered that, the majority of married men took offense that female providers administering male circumcision were invading their privacy. Out of the 14 (fourteen) who were concerned with privacy 8 (eight) were married. One man from Chawama described how male circumcision administered by female providers affected him:

> When they told me that it was a woman, I felt very bad and wanted to go back home because I don't like any other woman apart from my wife to see my male private parts (24 year old married man, IDI 04)

Another passionate participant pointed out how disrespecting it was towards men's right of privacy when female providers administered male circumcision at health centers. The following was what the man said;

> Involving female providers in circumcision is really disrespecting men's rights to privacy because we have different body features naturally and now if a female is allowed to see our private parts then there will be no privacy and confidentiality (28 years old married man, IDI 06).

However, not all males perceived the presence of female providers during male circumcision as invasion of privacy. Some men said female providers were simply doing their work that they trained. One participant eluded that it does not matter sex of a provider but what matters is being circumcised when one wants to get circumcised. The following supports this idea;

> Even when I find a male or female it is fine for me because I know that male circumcision is good and I don't have to think of anything but just want to be circumcision (20 years old single man, IDI 15).

It is evident from these findings that the majority of married men would take offense on their right of privacy when female providers administer services of male circumcision to adult men. Married men were concerned with presence of a female or being circumcised

by one especially when the age difference was wide. Men in this case preferred male circumcision to be offered by males because they had similar private parts. Others said that it would be easier to ask questions to men than female providers who will never experience male circumcision.

4.3.2 Fear of embarrassment

We found that most men were afraid of being embarrassed if females circumcised them. Men said undressing in presence of a female was a shameful process that could not be easily afforded. Their concerns stressed from shame of being naked in front of an opposite sex who is not a sexual partner to the embarrassment of having their genitals touched by a female person without intimacy or sexual relations. Six married men out the 13 feared to be embarrassed if they got circumcised by a female. One married participant aged 28 said:

> It brings mixed feelings of shyness and embarrassment to have a female person to see my nakedness for something I voluntarily choose to undergo (IDI 19).

Most single men were concerned with the embarrassment they would have with the process. Some of these men worried about the shame they would face in front of a female. One of them said;

> It would be better to remain uncircumcised than be exposed to a female provider. I cannot stand the thought of being naked in front of a female for a service that I can even get whenever there is a man (single man aged 18, IDI 02).

To the contrary a few of them pointed out that it was just alright for female providers to administer circumcision because they were just performing their professional duties. Men who were comfortable with this service argued that health workers are trained and they can do anything that they got trained into. They said thinking negatively about the service was unjustifiable because health workers like nurses and doctors know the anatomy of human beings including the anatomy of a man; therefore there was nothing to be ashamed for. The following quote came from a man:

> The females who work in hospitals are trained and know what to do; there is no need to feel shy about these females who administer male circumcision here. It's fine to have a female as a circumcision provide because even women are at work and we need their services (29 years old married man of Chawama, IDI 24).

4.3.3 Fear of Erection

Participants were concerned that if female providers circumcised them, they would definitely feel aroused. This idea made them to be concerned with sex of a provider and thought it would be better for men to circumcise men. In the study, the majority who feared to erect were married. The following quote came from one of them;

> The problem is that whenever I am with a woman I erect. Now this female provided circumcision, means that I have to be naked to me this will be the worst experience in my whole life. Imagining a female touching and cleaning my manhood, apart from being embarrassing, I may be sexually aroused in the process. (34 years old, IDI 29).

A few concerned with developing an erection were unmarried young men. They said being with a woman in such a situation is more suggestive of a sexual affair. Females were supposed to see the nakedness of a man if they were about to have sex. Others in this group said females were gentle and their touch would arouse them sexually. An 18 year old single man said;

> I am afraid that if I find a female provider in the circumcision room I may erect. Females are naturally gentle and if they touch me, I may be aroused sexually. It would be more fair and acceptable if males provided these services (18 years old single young man, IDI 27).

In addition, a single man said unless a man is abnormal sexually then he cannot be aroused when he is touched by a female while naked. Otherwise expect an erection in presence of a female. This was qualified with the following statement by a single man;

> It is common sense that, when one is with an opposite sex the body will definitely react by erecting. I think you can even erect in theater because the mind is not asleep but fully awake (21 years old single young man, IDI 22).

4.3.4 Against Cultural Values

Culture can be defined as a way of life for a certain tribe or people. Some tribes accepted male circumcision as a rite of passage. The research study brought out evidence on how cultural aspects could influence processes of male circumcision administered by females.

In this study, participants were straight to point out that they would prefer male circumcision to be administered by fellow men for reason of cultural background that they have been raised from. Men said circumcision was for men and it was appropriate for fellow men to offer the services because they had similar organs and wound understand the process and participants better when compared to females who just get training while they have different private organs.

Most married men were concerned with cultural values. Married men were concerned with culture norms and values if circumcision was offered by females. A married man said;

> According to our culture, females are supposed to show respect by not allowing themselves to see the nakedness of a man just for a service that would still be offered by a fellow man (28 years old married man, IDI 03).

They related VMMC to traditional male circumcision (TMC) where only men are allowed to circumcise men. However, although the coming of Voluntary Medical Male Circumcision (VMMC) has been welcomed by most people, participants stated that allowing female providers to circumcise adult males has demeaned cultural values. Men said if females continue to offer male circumcision services, they must be paired with a male provider or must do other things like counseling or specifically circumcise adolescents. A married man aged 34 said;

> Men are supposed to be respected in the community, a man is always considered the head of a family and they will easily feel disrespected if females keep seeing their nakedness anyhow and getting circumcised by one is both unacceptable and demeaning our culture (IDI 26).

A few single men said female involvement in male circumcision was against culture, one of them said;

> It is not normal to be circumcised by a female provider; this process is perceived by all as normal if men provide the services. It is unacceptable and abnormal to allow females see naked men against their will who are not sick. (Aged 19, IDI 29)

However some men still argued that culture was not supposed to be brought in matters of health, any man who thinks of culture when he comes for male circumcision is not realistic. They argued that these female providers are trained and they qualify to offer the services in hospital. In addition these men said men must worry about traditional male circumcision and the modern one which is offered in hospitals. The following was what was said;

> it is okay because I want to be circumcised and my opinion I think it is not worth to think of other things like culture because these people are trained and they what to do to us. (idi 20)

4.3.5 Fear of pain

Research finding shows that besides other concern, fear of pain and possible injury to the penis worried the clients. This brought anxiety for both married and single men in the study. Men narrated that male circumcision was a surgical procedure and the process involved cutting of the skin. The process would be painful because a man needs to be injected before they start cutting off the foreskin. Out of the men who worried about pain, a single participant said;

> My friend was circumcised here and he told me that male circumcision was painful. I even saw him walking with so much difficult because of pain so I think this procedure is painful. (man aged 24, IDI 04).

One participant was concerned with the professional experience of some female MC providers stating that they could be female students still in their training and therefore were prone to make mistakes during their operation which could lead to the participant sustaining injuries that could even be fatal. The concerned man said;

> I fear that I may find nurse practitioners who are trained for only a short period and they are likely to make mistakes and cause injury to my private parts during the circumcision process. Circumcision focuses on a very important organ of a man and I would not want my organ to be injured because I am not yet married (21 years old single young man, IDI 07).

However, the majority of those that mentioned fear of injury and pain referred to normal surgery that came as a result of having been circumcised and the pain associated to surgical wound. Another man said:

> The only fear I have is that of pain because my friends were saying circumcision was painful. I hear they inject you on the manhood and this is scaring and I wish there was a man who knows how important this organ is to a man (25 years old married man, IDI 11).

It is evident from the study results that male circumcision was perceived by men as a service that scared most men due to pain and possible injury associated with the procedure.

4.3.6 Stigma

People circumcised by female providers had a possibility of being looked down upon by friends and the community at large. This study revealed that men circumcised by females faced some challenges in the community. People made fun of them saying it was unwise to allow an opposite sex to see you naked. Some men said they would never tell anybody that they were circumcised by a female because of fearing to be stigmatized. They said that people talked negatively in the community. A man aged 21 of Chawama said;

> I would not be foolish to tell anyone that I was circumcised by a female because they would not come for the services and also that my friends will laugh at me because of allowing a female to my nakedness (21 year old man, IDI 15).

Others said they would not imagine being naked in front of an opposite sex. The whole process made some men to feel exposed. A man said;

> It is only that I had already made a decision otherwise this is very unfair because I don’t know how I will feel in there. Ok I will just close

> my eyes and imagine that it is a man working on me.(IDI 21, man aged 24)

4.3.7 Competence and care

In this study we found out that some men perceived female health practitioners as competent and caring if compared to male providers. Men in this study said that naturally females are caring beings, they are never rough or careless but they would always be careful and very considerate in taking care of patients. Additionally, females get trained and this makes them to have an advantage to circumcise men. Male circumcision was perceived as a delicate procedure that required caring and competent providers. A man at Railway said;

> Females are caring and providers here are trained so they will offer a quality and safe MC. Even when they talk to you, they are so caring so in my opinion I think they will do a good job in theatre (38 year single, IDI 17).

The concerns were mentioned by all participants according to how they perceived female provided VMMC. We found out that men made a decision to get circumcised individually but most of them never figure out who would handle them at the facility. They learned about gender of a provider shortly before male circumcision was administered, finding a female provider was accepted with mixed feelings that range from; lack of choice of a provider to perceiving the provider as a health person who was qualified to do anything at a facility. A few participants thought being circumcised by a female was non-negotiable because the procedure was not an emergency and that it would be done whenever a male provider was available; they argued that female provider were better off to circumcise younger boys or were supposed to be paired by a man if they were to circumcise an adult.

4.4 EXPERIENCES OF MEN CIRCUMCISED BY FEMALE PROVIDERS

In the second phase which is the other major theme, participants described their experience in theatre. Men described various feelings in theatre as they were being circumcised. We found out that most men were embarrassed and felt that there space was robbed off. After undergoing male circumcision administered by female providers participants were asked to describe their experiences in theatre. The key findings were; confidentiality, shame, Against Norms, Satisfied, Rejection, Arousal and pain. These findings are shown below table 4 below in summery.

Table 4: *Showing themes on experiences on male circumcision offered by female providers*

Experiences of men after male circumcision

Category **Sub-themes**	**Single**	**Married**
Confidentiality	It is only that I had no choice otherwise I was very ashamed in theatre. It was not easy for me, and I think it can never be easy for any man to remain naked while a female is watching. I have never felt so disrespected before in my life It is very unfair to have female providers in theatre In theatre I felt at home and happy I never realised that I was naked in theatre I was at peace because these people see a lot of	I think I had no offense with her, infact I enjoyed myself In theatre nothing moved me as I only looked at her as my doctor. It is unworthy to think of privacy in theatre I felt as if the whole world was looking at my nakedness. It was like a dream, two females were present as the procedure was going on It was just fine for a female to work on me

	things in this job. I was very comfortable in theatre	
Shame	Undressing in her presence was unbearable I just concentrated on what I had come for	I had nowhere to hide and so I just closed my eyes I just prayed that she finishes fast Though shameful but I got what I wanted In theatre I was very free because she was so friendly What helped me was perceiving her as a doctor She was with a friend and this made me feel very good I got so helpless with her presence Just the way she was staring at me was an embarrassment
Satisfaction	In theatre she was even chatting with me She kept asking me if I was in pain	In theatre I was really handled beyond my own expectations The provider was very gentle, I could not feel anything All the questions on MC were answered She talked in a calm voice at all times Its only that before MC you get disturbed but in theatre the experience is good
Rejection	I can't even make a mistake of mentioning sex of a provider I will be looked down upon so I will be quiet on sex of the provider The torture from peoples comments can discourage one from getting circumcised	The community might say iam mentally ill The important thing is getting circumcised and let people make their own perceptions Those who laugh are just ignorant I felt bad Being laughed at is so disrespectful
Arousal	In theatre as she worked on me nothing	I just felt pain but no erection

	happened. It was hard but I had to control my feelings It was interesting because the gentle touch caused me to feel good.	I never allowed her to touch me, so iam going back uncircumcised I feel embarrassed right now because I got aroused terribly as she handled me Just hearing her voice was enough to wake my manhood up
Pain	The procedure was not as painful as I thought Injections were painful	The pain was as much The injections were painful The pain was moderate

4.4.1 Confidentiality

According to the current study findings, most participants including the married felt there was no privacy in theatre. The exposure to female providers in a naked state was described as lack of privacy, men said females were made differently and allowing them to circumcise men was invading their space or right to confidentiality. Circumcision was going to be more acceptable in terms of privacy and confidentially if providers were all men. However some clients said that there was nothing like privacy in a hospital because all workers are trained and they qualify to offer any services to any person.

Some of these men said being circumcised by a female or having one in theatre ambushed their space. Most of those who said there no privacy were single men. The following is what one of the single men said;

> I got so discouraged and disappointed to find a female in theatre because I never wanted to be circumcised by one and the only reason I went ahead is because it has been long since I started wanting to be circumcised, finding a female in theatre deprived me of my privacy and confidentiality (21 years old man of Railway clinic, IDI 22)

In addition, a 32 year old man said he was very disturbed and psychologically traumatized to be naked in presence of an opposite sex. He said;

> I felt as if the entire world was seeing me naked. I was sweating with shame and fear as she worked on me. It was very hard for to believe that I was actually naked in her presence. It is very hard psychologically to be naked in front of a female who is not your sex partner (married man aged 32, IDI 25).

Those married mentioned that male circumcision was a procedure for men and it was going to be normal and acceptable if providers were men, subjecting men to a female exposed their private issues to a stranger. However a few said that there was nothing to hide. For the few who didn't feel that their privacy was deprived, said people or providers who work in hospitals know

everything about a man and this fact makes circumcision provided by females to be normal. The following is what one of them said;

> There was nothing to hide because these nurses are trained and they know what we have under our parts, so for me I never got any offense that a female circumcised me. She was just doing her job which is employed for. In theatre we were even chatting while she worked on me (married man aged 30, IDI 28).

4.4.2 Shame

The current study found out that men who were circumcised by females felt ashamed in the process. Men were instructed to be naked in presence of a female provider, and this made some men to feel ashamed and to be out of place during circumcision. Men describe this experience as unfortunate and embarrassing. Married men and single men were ashamed to undress. From the single men one of them said;

> It is very hard to be naked in presence of a female especially with male circumcision where one is not sick, I don't know for others but for me, I felt very shy and ashamed because I was aware that a female was seeing me naked and I could not do anything to help myself at that time (18 year old young man, IDI 05).

Furthermore another young man said;

> There was nothing I could do because the only provider present was a female. In theatre as she when I was undressing and as she worked on me, I felt so helpless and I prayed for the procedure to finish quickly so that I am free from the shame (23 years old man, IDI 20).

On the contrally some men were not embarrassed and described the intervention as acceptable. Female providers were workers trained to do the job so there was no need for a person to be ashamed or worried. These men said in theatre the process was acceptable and interesting. A married man said;

I never felt embarrassed with a female seeing naked because even when the procedure was going other females entered and started chatting with me and this never bothered me but I looked at the whole process as interesting. As for me, I think I had a good and interesting time in theatre. (30 year old married man, IDI 28)

4.4.3 Satisfaction

Participants described the providers as caring and understanding. This was interpreted from the way female providers handled them in theatre when performing circumcision. They said that they were kept at peace and were free to ask question during the process. The experience according to participants was satisfying as clients were allowed to ask questions and providers answered adequately. They described providers as competent in male circumcision. In theatre clients asked questions to which all were answered in a satisfying manner. Among those who were satisfied with the intervention was a 24 year old married man who said;

In theater we were chatting as she worked on me. In my opinion after going through the procedure I think it is good that women are doing circumcision because they have caring hearts generally and I can just encourage those uncircumcised to come forth and enjoy the services offered by female providers (24 year old man, IDI 14).

However other men said circumcision was best left to male providers because these people have similar organs and they know what it is like to be circumcised. Male providers would be in a better position to answer questions relating to circumcision because of the likelihood of experiencing similar phenomena unlike female providers who just train and use theoretical understanding. They argued that female providers were just trained in male circumcision and would never have an idea of what a circumcised man experiences in the process. Additionally they said the process seemed long because most men could not stand their nakedness in presence of a woman. The following is what a man who was disturbed while being circumcised said;

It is common sense here, these females just use theory and they don't really care but that it's their job. In my opinion the chatting they do in theatre is just to make-up because really these females know nothing on what a man's real experience because they will never be circumcised. Even the talk was not interesting because my mind was very disturbed with her presence in my naked state (24 year old man, IDI 04).

4.4.4 Rejection

According to this study, men especially those who came for reviews complained of being looked down upon by some community members. Since these participants came from the community they said that it was not easy out there. Most people in the community did not accept male circumcision provided by females. According to the respondents, friends and partners of these men wondered the reasons behind allowing a female to circumcise a man. The community looked down on them and most of these said we can no longer be well accepted by our friends and partners. This is always haunting them and they feel out of place or humiliated by other community members. A 28 year old man who came for his MC review said;

> At home, my friends were surprised that I allowed a female to circumcise me. My best friend accused me of having no morals at all. It was not easy for me because people out there don't really understand these services. To them only a male provider is supposed to offer MC. They laughed at me saying how could I allow a woman to work on me, but I told them I had no choice (28 year old man, IDI 06).

Another married man said for him it was his wife who didn't take the development lightly. According to the man, his wife condemned and frustrated his good motive of getting circumcised so that he they both benefit, the wife accused her of undressing anyhow to strangers. The man unhappy man who came for review said;

> My wife could not take it easily; she said maybe I had a relationship with the provider because she could not imagine me being naked in presence of another female who was not his wife (27 years old man, Chawama, IDI 11).

However a few men argued that they accepted the service because they saw nothing wrong in being circumcised by a female. Some of these men were escorted to the clinic by their partners. They based their argument on the community's ignorant on female provided VMMC. A 38 year married man who was accepted and supported by his friends and partner said:

> My wife said there is nothing wrong for me to get circumcised by a woman, because even her it was a male nurse that assisted in delivering her pregnancy at Kanyama health Centre so there is nothing wrong. She is actually outside here waiting for me to finish, she is happy that I am a circumcised man (38 year old man, IDI 16).

In addition a single man said he was well supported by his partner and friends who encouraged him to get circumcised. He said the person who circumcised him was like a mother because she was elderly and this made him to feel accepted. The single young men were comfortable with the procedure especially if the provider was elderly. In theatre many young men circumcised by elderly women were at peace because of the age difference. The following is what one said;

> It's just okay I didn't experience any problem and my wife knows that it is a woman who has circumcised me, I know even when I told other people it can't be a problem because this is a hospital where anyone trained can offer a service to patients. In addition the woman is elderly and likened her to my own loving mother not just a female (38 year old man of Chawama, IDI 16).

4.4.5 Arousal

Because of the compromising situation, men were sexually disturbed in theatre. Some men described the gentle touch of female providers coupled with the soft voice as commendable but to some this was a night mare because they ended up sexually aroused. A young man pointed out that when a man and a female are in certain environment, the body naturally reacts. It is rather not easy for men to be naked for some time in presence of an opposite sex; it is a sacrifice that one has to make. Most men would end up erecting. The following is what he said;

> It's not easy for a man to be naked in front of a woman for some time because the body may react naturally. To be circumcised by a female provider demands for sacrifice and dedication because

of the feelings, I never thought I would fall into the trap of erecting but I did and I felt very ashamed (21 years old, IDI 15).

In addition another single man said;

While giving me some injections, she massaged and this is when I had trouble because touching me was like arousing me and I just closed my eyes but without realizing I heard her saying I was a bad client. She complained to me openly. I couldn't hold myself before I knew it I had ejaculated right in front of her on the bed. And I knew this was going to happen because aim so weak. (23 years old, IDI 20).

On the other hand some men didn't get sexually aroused in theatre. The following came from a single man aged 22;

The environment was very good and the woman who circumcised me was elderly so it never clicked in my mind that I can be attracted to her or get sexually aroused. Maybe if she was youngish things were going to be different but in this case I never felt anything (IDI 18)

4.4.6 Pain

In the study we found out that pain was more emphasized before going into theatre. Most participants said the procedure was not as painful as they thought. In theatre the pain was only felt at the time of injections. A few men felt some pain in theatre. However most men said the pain was not as much as they initially thought. The following was what a man who was in pain said;

It was not as painful as I thought it would be. Initially I was worried that the procedure would be very painful but from the experience, I think MC is not as painful as we put it. I felt some pain but not too much of it (18 year old young man, Chawama, IDI 21)

Another man added that pain was there initially especially when she was giving me an injection. The following was his words:

> As for pain, I think these people are well trained because as they talk to you they also inject you and this makes you to feel less pain. In fact for me I hardly remember feeling pain unless when she was giving me the initial injection, Otherwise the procedure is not painful (34 year old man, IDI 08).

4.5 Acceptability of the service offered by females

Acceptability is the way men perceived at the service provided by female providers. In other words we also say how they justified being circumcised by a female. In the study all the men accepted male circumcision because of the associated benefits. On acceptability they never considered gender but because they wanted to be circumcised. In this research we focused on experiences and concerns since participants had already decided to be circumcised.

We found out that men accepted a female provider for lack of choice and that they had made a decision to get circumcised. A young said;

> My objective is to get circumcised. Iam not bothered by sex of a provider at all, for me anyone is welcome to work on me because what I need now is circumcision (27 year married man, IDI 08).

These findings suggest that men have mixed feelings towards male circumcision offered by females in hospitals and clinics. It was very educating, to get the insights of men and how they accept services even when they are in a state of uncertainty. The findings mean a lot to policy and practice and the public at large. There is a lot to be put in as researchers so that services offered by opposite sex can be accepted easily in our communities. In addition the experiences in this study will give operational and policy to adjust in service provision.

CHAPTER FIVE

5.0 DISCUSSION OF THE FINDINGS

Male circumcision, a service offered by trained doctors, nurses and clinical officers was explored by this study to determine concerns and experiences of men. The questions answered were; how do men perceive male circumcision offered by female providers, what are the experiences of men circumcised by a female provider?, and Why do men accept to be circumcised by a female provider? The study explored concerns and experiences of men circumcised by a female provider. Men circumcised by female providers get embarrassed and are psychologically traumatised. This study determined that men accept a female provider because they had no choice and most of them were determined to be circumcised. In addition this study noted that married men were more likely to accept male circumcision offered by female providers.

Detailed findings are discussed below elaborating mainly on concerns and experiences of participants and acceptability was answered within the two objectives because men had already made up their mind to get circumcised. Acceptance was because these men had no choice. The discussions are done according to the objectives of the current study while comparing the findings to earlier limited studies published.

5.1 CONCERNS OF MEN BEFORE THE ACTUAL PROCEDURE

Men have concerns before circumcision which include; invasion of privacy, fear of being embarrassed, fear to erect, against culture, pain associated with the procedure, stigma from the community, competency of providers. These concerns are mostly attributed to female provided male circumcision. A study done by Adudu and Adudu reported that patients perceived male and

female clinicians differently in terms of their levels of discreetness. This study brought out similar findings in view of this discrepancy, postulating that female providers, even though they are trained, don't keep secrets and that they have different biologically. Female providers easily reveal to other people about someone's circumcision status and this can be attributed to their social nature, meaning females are more likely to expose and share information than males. This results into uncertainty on female provided male circumcision. This view can be a source of anxiety and regret for those who proceed with the service provided by and opposite gender. Vincent (2008) agrees with this interpretation or result, in his study male circumcision is considered a man's issue. Traditionally, male circumcision is offered by male providers. According to this Southern African study, culture and tradition influenced a person's perception on male circumcision. Whether traditionally provided or not, male circumcision can be easily accepted if men offer the services. The value and meaning of VMMC get distorted if females are seen offering services to an opposite gender. According to the study done by Chinyama, (2011) culture only accepts men circumcised by men. However, despite cultural concerns in male circumcision provided by females, married men are more likely to accept the services. This could be because married men understand the importance of being circumcised. Furthermore, some men accept the services because females are naturally more caring and gentle when circumcising or carrying out procedures in clinics. In a study done by Umar (2013), men described female providers as caring. On the contrary, the gentle touching and soft voice of female providers made some men to become sexually aroused resulting into embarrassment and shame. This coincides with a study done by Mandalazi (2013) in which men condemned female involvement in male circumcision services. Older men for example feel disrespected to be seen naked by younger female service provider. This could be the reason why some older men condemn services

provided by female providers. Additionally getting aroused during male circumcision is a source of stigma and embarrassment for some men and female providers. This is premised on the concern against having an erection during male circumcision. This collaborates with Vincent (2008) where male circumcision was regarded as a male's only affair. Furthermore, female nurses who were taking care of male circumcision clients with complications took offense because this was not acceptable traditionally. This is true with some acceptability studies where sex of a provider in male circumcision paused as a barrier to accept MC services, Mungena (2011) and Gray and Bailey (2012) agree with this analysis.

Policy makers currently have high targets in MC. The targets are to circumcise all HIV negative men aged between 15 and 49 because they are sexually active and may easily contract Sexually Transmitted Infections (STIs). But this goal may be delayed if men have concerns with an opposite gender. Plotkin (2013) reported that men are embarrassed to be circumcised by females and our current study notes that men are generally uncomfortable to be naked in presence of an opposite gender. But relentlessly, policy makers overlooked this concern for men and trained female providers or put female providers to work independently in some clinics like the ones studied. Additionally, Umar (2013) noted that concerns of men were ignored even when they pointed out that female involvement in male circumcision was non-negotiable.

In this regard, there is need for operational policy and practice to strategize training of male circumcision providers and sensitization of communities, if the set targets have to be attained within the specified period. If this is achieved the guide by World Health Organisation (2007) would be realistic and beneficial to the affected countries.

However if sensitisation is intensified among younger men they will be equipped with knowledge on male circumcision offered by females. It is recommendable and efficient to pair providers by sex in theatre rooms and/or to have theatre rooms with male providers only so that clients can have a choice on whom to circumcise them regarding gender.

On the other hand, male circumcision is a surgical procedure and regardless of gender, pain associated with the procedure would still be realistic and this was a source of fear. We determined here that most men worry about pain associated with male circumcision. Such ideas generate from information that is given by those who have undergone MC and in their experience pain was a present element during MC. For example, men are given anaesthetic injections on their private part before removing the foreskin; the knowledge on injections is a critical and a source of concern to men. Evans et al (2004) concurred with our study. In his provisions men were reluctant to be circumcised if the method included injections. Additionally, in the current study, it is observed that men were had fear for pain. On the contrary, Umar (2013) argued that men were comfortable with female providers because they were adequately trained on pain management when offering male circumcision. The female providers are in the latter case pronounced for their care during the procedure which cushions the concern and experience on pain.

Knowledge on sex of a provider is often received with disbelief and denial for most men. Men always think that male circumcision is provided by males or if there is a female then she must be paired with a male. Men have uncertainty when they find a female providing male circumcision. The reason some men would prefer male providers is because they have similar organs and they can understand how one feels before and after circumcision. Additionally, men are freer to ask questions if a provider is of their gender. Asking questions on a procedure that one will never

experience is unfortunate, so we contain here that a female will never be circumcised and the fact that private organs are different, the two have different perception and reaction surrounding male circumcision. These men reserve some questions and close their eyes while a female provider works on them. This suggests that men feel there is no privacy if females are present in theatre rooms and are therefore shy. Keogh (2006) did a study which agrees with our study where male nurses were psychologically traumatised to do an intervention on female patients. Additionally, Umar (2013) again reports that men were uncomfortable with the presence of female providers in theatre room. Some men allowed female providers to circumcise them because only female providers were available at the health facility.

It is determined in view of the foregoing that most men seeking male circumcision are clinically fit hence circumcision is always an elective procedure. If one was clinically unfit, then they would be more likely to accept an opposite sex to treat them. However, male circumcision is not an emergency and some men opt to wait until a fellow man is available. This is inferable by the observation that some men return home without being circumcised when they realise that the provider is a female. This may mean that some men remain uncircumcised because they fear exposure to an opposite gender. Mungena (2012) and Umar (2013) add to our literature by postulating similar views. Bailey (2002), Lukobo (2007) and Westercamp (2007) also note that sex of a provider matters in male circumcision. Men accept male circumcision willingly if providers are fellow men. Exposing a man to an opposite sex attracted a lot of resistance and concerns (Bailey et al., 2002, Lukobo and Bailey, 2007, Westercamp and Bailey, 2007). Men are sensitive and want to influence decision making where they are and this is not the case with circumcision. In male circumcision it is implied that men are unnecessarily exposed to an opposite gender against their will.

5.2 EXPERIENCE OF MEN IN THEATRE

Exploring experience of men in theatre is propagated that married men are more comfortable with female providers despite a few who were uncomfortable with age of a provider. The protest for not preferring younger providers is a matter of privacy issues and respect for the elderly men. Adudu (2008) agrees with this when he notes that male and female providers are perceived differently by clients especially when we consider marital status and age. There are certain men who value culture so much that being naked in the presence of a female is interpreted as devaluing norms and culture. The basis is that these men felt that a wife is the only person allowed as per tradition to see the nakedness of a man. They thought that nakedness is associated with intimacy and fore play. We understand henceforth that it was difficult for these men to undress in presence of a female provider because of culture norms. Despite this interpretation this study alludes that married men were more likely to accept services offered by an opposite sex. A study by Umar (2013) agrees with this notion, in his study men described the presence of females in theatre rooms as a non-negotiable contempt. Additionally, Keogh (2006) was in consistent with our study because male nurses developed cold feet when carrying out a procedure on a female (Keogh and Gleeson, 2006).

Furthermore, men are sexually aroused with a female touch. Biologically men react easily when naked. Female providers are gentle and their touch creates room for sexual arousal. To this end we see some men refusing to go ahead with circumcision because the provider was female. In a study done by Vincent (2008), female nurses coming from traditionally circumcising tribes in charge of male circumcision clients with complications were uncomfortable to take care of these men. In some services a person entirely refuses to be handled by an opposite sex and their rights are always respected. This is in agreement with most acceptability studies. Men accept or avoid male circumcision provided by a female to avoid an erection. Some of the studies were done by Ssekubungu (2013) and Plotkin (2013) (Plotkin et al., 2013, Ssekubugu et al., 2013). Vincent (2008) revealed that men describe exposure to an opposite sex as an invasion of privacy.

Additionally during ant-natal care and delivery, a woman may feel uncomfortable to be attended to by an opposite sex because the process involves intimacy care. In a study done by Phega (2011) female nurses had difficulties to take care of the traditionally circumcised initiates. In this

study, some men closed eyes as a procedure was being conducted because they could not face an opposite sex while naked. In addition some men may remain uncircumcised for fear of exposure.

Pain and uneasiness are normal in theatre especially during introduction of local anaesthesia. Our study was in agreement with most studies that looked at barriers to accept male circumcision where men were found to be reluctant to go into theatre for fear of pain. This study was in agreement with Hatzold, (2014) where pain was a negative experience in male circumcision (Hatzold et al., 2014). Additionally Gray did a study in (2010) coincided with our study with pain experienced by men. This result was also in agreement with some studies on barriers to accept voluntary medical male circumcision by most researchers. Some of these studies were done by Bailey, Gray and Muga (Evens et al., 2014, Gray et al., 2010, Bailey et al., 2002). All these studies were in collaboration with our study on pain that men experienced in theatre. However, MC benefits outweighed pain. Meaning pain on the other hand would not deter a person from getting circumcised. Additionally VMMC is always provided by trained personnel who are competent. Similarly, a study done by Gray et al (2012) also found that male circumcision done in hospitals was safer because there were less complications.. To this regard there is room for policy and practice to build capacity through training of providers in male circumcision.

Finally, the findings of this study are important because currently there are no published studies on acceptability, concerns and experiences of men circumcised by female providers. Zambia has a target of circumcising 80% of all HIV negative men, if these men decline services because of sex of a provider, this objective won't be attained. According to the findings of the study, there is need to strategically deliver in health facilities. This study had evidence on experiences of men that would complicate uptake in male circumcision. Therefore there is room for improvement in modes of offering VMMC services. Furthermore considering gender strategically in theatre rooms can add significance in accessibility and acceptability. Currently VMMC services provision modes attracts a lot of assumptions on sex of a provider.

5.3 THE MEANING OF THE FINDINGS

The reasons for men's reluctance for female providers to be involved in medical male circumcision drew from critical thematic areas. Undressing before or in the presence of a woman for a healthy man only happens in a context of sexuality. Removing clothes and exposing themselves to a woman in a non-sexual space and being touched took on the sexual symbol of foreplay and stimulated an erection. Men described the process of preparing the penis, swabbing and injecting as the most embarrassing moments, especially when done by a woman. They would avoid eye contact with the provider and in almost all cases, they would have an erection. They also drew parallels from traditional male circumcision where the ceremony is secretive and does not involve women in any way. It was apparent in this study that elements of stereotypical masculinity influenced the participants' views. The participants' reluctance to compare MC with child delivery, where male health providers are involved and women's bodies are exposed, depicted how VMMC can be thought of as a procedure that should not be looked at using a medical practice prism.

It was evident that the men in this study were concerned about privacy. Men would have liked to be circumcised in a space where there was limited exposure in terms of people who could see and touch them. The study also highlights the need for secrecy when the initiates were brought in at night and the escorts demanded to be attended by a male health provider in isolation rooms. Their preference for male health providers suggests that there are some underlying similarities between traditional male circumcision (TMC) and voluntary medical male circumcisions (VMMC) regarding privacy.

5.4 LIMITATIONS OF THE STUDY

The study was conducted in three health facilities of Lusaka urban and facilities in rural setting not part of this study. The method and study design prove difficult to generalize the findings. However the study findings may be transferable to other health facilities with similar settings in urban and not in rural setting where some variations are definite. In addition the sample was that of men with interest in male circumcision hence experiences of other men were excluded. This approach may be a source of bias. If uncircumcised men were part of the study, their views and perceptions were going to add salient findings.

CHAPTER SIX

6.0 CONCLUSIONS

This study has established that some men prefer that VMMC should be conducted by male health providers only. This was because traditionally male circumcision has been a male-only affair shrouded in secrecy. The findings suggest that there is room to strategically consider gender in male circumcision services. Before undergoing MC men expressed some concerns and lack of choice to sex of a provider, these findings underscore the need for in-depth understanding and context of experiences that men incur within a health facility during MC services.

5.5 Policy/ practice and research implications

This study is recommending the following:

1) While MMC is "just" another medical procedure that any competent clinician, male or female can perform, however, contextual realities or preferences should be taken into consideration if men are to be encouraged and free to be circumcised in the clinics. With the shortage of male health providers, female health provider aversion by potential VMMC clients might contribute to slow uptake of VMMC. There is need to explore ways that the health system could manage to cope with the demand for VMMC where females are the only providers.

2) This study establishes a strong base for future research through other methodology and approach such as quantitative or mixed methods. There is limited data published on this study and was a challenge to get information for literature review.

3) Policy makers and other researchers can benefit and understand the concerns and experiences of men circumcised by females in health facilities. Therefore measures can be taken to provide useful insights that can inform policy and practice in health systems to improve uptake and quality of VMMC programs.

4) Demand creation and sensitization on female providers: Health education through media and other ways like Interpersonal communication (IPC) can be used to prepare

clients in communities about sex of a provider available in a particular health center. In this way clients can choose at household or community level on where to go for VMMC services. This can improve VMMC and reduce psychological trauma that most men incur at health facilities when seeking VMMC services.

5) **Adopt health facilities with males only as VMMC providers:** Ministry of Health and other stake holders must plan ahead of service provision especially during campaign periods to have health facilities or centers with male providers only, this mode can attract more men. Most men get information about sex of providers at facility level.

6) **Sex of provider is critical in VMMC services:** In health services like VMMC where clients are clinically fit, sex of a provider matters. VMMC clients must be given choice to a provider so that they are psychologically supported in accessing the services. In most developing countries clients consider sex of a health provider due to culture influence.

7) **Age of a provider is critical in providing VMMC:** In adult voluntary medical male circumcision, clients become comfortable with elderly women to circumcise them. The interpretation of being exposed to a younger female provider is associated with sexual arousal or unwanted erection. Another issue is cultural influence. Policy makers and managers in VMMC must allocate elderly providers where the possibility of having clients aged 35 and below is high.

8) **Use of circumcised men as models in sensitization:** After getting circumcised**,** most men indicated that female providers are caring and very professional. It could be beneficial to use these men as ambassadors in sensitization programs so that communities are aware of these factors. If done on media VMMC clients can be well equipped with adequate knowledge on how competent female providers are.

REFERENCES

ADUDU, O. & ADUDU, O. 2008. Do patients view male and female doctors differently? *East African medical journal,* 84**,** 172-177.

AUVERT, B., TALJAARD, D., LAGARDE, E., SOBNGWI-TAMBEKOU, J., SITTA, R. & PUREN, A. 2005. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. *PLos med,* 2**,** e298.

BAILEY, R., MUGA, R., POULUSSEN, R. & ABICHT, H. 2002. The acceptability of male circumcision to reduce HIV infections in Nyanza Province, Kenya. *AIDS care,* 14**,** 27-40.

CHINYAMA,S. 2011 Traditional Male circumcision and HIV privation among the Luvale speaking people in North-western province, Zambia.

CRESSWELL, J. W. 2003. Research design. *Qualitative and Quantitative approaches*.

DEMOGRAPHIC, Z. 2014. Health Survey 2013–14 Rockville. *Maryland, USA Central Statistical Office, Ministry of Health, and ICF International*.

EVENS, E., LANHAM, M., HART, C., LOOLPAPIT, M., OGUMA, I. & OBIERO, W. 2014. Identifying and addressing barriers to uptake of voluntary medical male circumcision in Nyanza, Kenya among men 18–35: a qualitative study. *PloS one,* 9**,** e98221.

GRAY, R. H., KIGOZI, G., SERWADDA, D., MAKUMBI, F., WATYA, S., NALUGODA, F., KIWANUKA, N., MOULTON, L. H., CHAUDHARY, M. A. & CHEN, M. Z. 2007. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *The Lancet,* 369**,** 657-666.

GRAY, R. H., SERWADDA, D., KONG, X., MAKUMBI, F., KIGOZI, G., GRAVITT, P. E., WATYA, S., NALUGODA, F., SSEMPIJJA, V. & TOBIAN, A. A. 2010. Male circumcision decreases acquisition and increases clearance of high-risk human papillomavirus in HIV-negative men: a randomized trial in Rakai, Uganda. *Journal of Infectious Diseases,* 201**,** 1455-1462.

HALPERIN, D. T., FRITZ, K., MCFARLAND, W. & WOELK, G. 2005. Acceptability of adult male circumcision for sexually transmitted disease and HIV prevention in Zimbabwe. *Sexually transmitted diseases,* 32**,** 238-239.

HATZOLD, K., MAVHU, W., JASI, P., CHATORA, K., COWAN, F. M., TARUBEREKERA, N., MUGURUNGI, O., AHANDA, K. & NJEUHMELI, E. 2014. Barriers and motivators to voluntary medical male circumcision uptake among different age groups of men in Zimbabwe: results from a mixed methods study. *PLoS One,* 9**,** e85051.

HERMAN-ROLOFF, A., OTIENO, N., AGOT, K., NDINYA-ACHOLA, J. & BAILEY, R. C. 2011. Acceptability of medical male circumcision among uncircumcised men in Kenya one year after the launch of the national male circumcision program. *PLoS One,* 6**,** e19814.

KEOGH, B. & GLEESON, M. 2006. Caring for female patients: The experiences of male nurses. *British Journal of Nursing,* 15.

LUKOBO, M. & BAILEY, R. 2007. Acceptability of male circumcision for prevention of HIV infection in Zambia. *AIDS care,* 19**,** 471-477.

MARTÍNEZ PÉREZ, G., TRIVIÑO DURÁN, L., GASCH, A. & DESMOND, N. 2015. Towards a gender perspective in qualitative research on voluntary medical male circumcision in east and southern Africa. *Global public health***,** 1-13.

ORGANIZATION, W. H. 2007. WHO and UNAIDS announce recommendations from expert consultation on male circumcision for HIV prevention.

PHEGA MANGENA, M., MAVIS MULAUDZI, F. & DORICCAH PEU, M. 2011. The experiences of nurses in caring for circumcised initiates admitted to hospital with complications. *Contemporary nurse,* 37**,** 69-81.

PLOTKIN, M., CASTOR, D., MZIRAY, H., KÜVER, J., MPUYA, E., LUVANDA, P. J., HELLAR, A., CURRAN, K., LUKOBO-DURELL, M. & ASHENGO, T. A. 2013. "Man, what took you so long?" Social and

individual factors affecting adult attendance at voluntary medical male circumcision services in Tanzania. *Global Health: Science and Practice,* 1**,** 108-116.
SSEKUBUGU, R., LEONTSINI, E., WAWER, M. J., SERWADDA, D., KIGOZI, G., KENNEDY, C. E., NALUGODA, F., SEKAMWA, R., WAGMAN, J. & GRAY, R. H. 2013. Contextual barriers and motivators to adult male medical circumcision in Rakai, Uganda. *Qualitative health research***,** 1049732313482189.
UMAR, E., MANDALAZI, P., JERE, D. & MUULA, A. 2013. Should female health providers be involved in medical male circumcision? Narratives of newly circumcised men in Malawi. *Malawi Medical Journal,* 25**,** 72-77.
VINCENT, L. 2008. 'Boys will be boys': traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture, Health & Sexuality,* 10**,** 431-446.
WESTERCAMP, N. & BAILEY, R. 2007. Acceptability of male circumcision for prevention of HIV/AIDS in sub-Saharan Africa: a review. *AIDS and Behavior,* 11**,** 341-355.

APPENDICES

APPENDIX: I INFORMATION SHEET DOCUMENT

Study title: Acceptability and experiences of Men offered VMMC by female providers in Chawama, Makeni and Railway Clinics.

Principle investigator: Agness Mahule

Co-Investigators: Shilton Mavule and Wise Simwanza

Introduction: Voluntary male circumcision has been provided by either males or female providers in health facilities. The study will purposefully select men coming for health services. The study is seeking information on experiences and acceptability of Voluntary Medical Male Circumcision (VMMC) offered by female health providers.

Purpose of the research study: This study is part of the master's program for my training in public health at the University of Zambia. The main purpose of this study will be to determine experiences and acceptability of Voluntary Medical Male Circumcision offered by female health providers. The study will gather information on the following;

- The experiences of men allocated to a female health provider.
- To understand the meaning behind accepting a service offered by a female provider.
- Whether a person's religion and culture would influence them accept the service.
- Whether hygiene and other benefits of Voluntary Medical Male Circumcision (VMMC) offered by females would influence the acceptability of the service.
- To depict how specific religion interpret VMMC offered by females.
- To describe how men feel before circumcision and after circumcision offered by female health providers.

Why you are been asked to participate: Men aged 18 and above coming for health services at Chawama, Makeni and Railway clinics are eligible to participate. You are selected for this study because you meet the minimum requirements for participation in this study. Your recommendations and contributions will be considered in the process.

Procedures: The participation in the study will be prior to understanding the purpose, being allowed to answer questions and signing of consent in the language that you understand.

If you feel uncomfortable with any questions, you are at liberty to remain quiet or withdraw. All interviews and discussions will be audio recorded.

Risks/discomfort: The topic at hand is sensitive because of sexuality issues and other terms that will be referred to in this study; some questions might make you psychologically uncomfortable. So there will be potential risks of feeling psychologically uncomfortable. As a participant if you feel you are not comfortable, you can remain quiet and only contribute when you feel comfortable.

Benefits: There are no direct benefits to you as an individual on participation towards the topic at hand. The information gathered will add value to the available information on the acceptability of Voluntary Medical Male Circumcision.

Payment: There will be no cash payments involved in this study for participants. Instead participants will be reimbursed for the time spent in the discussions and interviews.

Confidentiality: The information collected from you will be confidentially managed unless permitted by law. It will not be given out to anyone else without authorisation from the relevant authority. The information is mainly for use within the research process and the relevant ministries.

How long will I spend in this involvement? How long will the interviews and discussions be?

Depending on the progression of the sessions, you are expected to spend at least an hour (15-30 minutes) in any interview.

What happens if I do not want to participate in the study?

You are free to decide whether you want to take part or not in the study. This will not affect you in any way.

If you have any concerns regarding this study, you can contact the following:

Home Address
Agness Mahule
Plot number 13/49B,
Lilayi Road,
Chilanga.
Mobile No: +260977133458/+2609808050/+260953443672.

Work Place:
Railway Clinic,
Box 50287,
Lusaka.
mahuphiri@yahoo.com

The Chairperson
ERES CONVERGE IRB, 33 Joseph Mwilwa Road,
Rhodes Park,
Lusaka.
Tel 0955 155633/4
Email: eresconverge@yahoo.co.uk

APPENDIX II: CONSENT FORM

Study Title: Experiences and acceptability of VMMC services offered by female providers in Chawama, Makeni and Railway Clinics

Principle investigator: Agness Mahule

Research assistants: Wise Simwanza and Shilton Mavule

The purpose of this study has been explained to me and I understand the purpose, the benefits, risks and confidentiality of the study. I further understand that, even if I agree to take part in this study, I can withdraw at any time without having to give an explanation. I also understand that taking part in this study is purely voluntary.

I...

(Names)

Agree to take part in this study designed to explore acceptability and experiences of Voluntary Medical Male Circumciscion (VMMC) services offered by female providers.

Signed/Thumbprint... Date... (Participant)

Signed/Thumbprint.. Date.. (Witness)

For more information you may contact the principal investigator:

Home Address
Agness Mahule
Plot number 13/49B,
Lilayi Road,
Chilanga.
Mobile No: +260977133458/+2609808050/+260953443672.

Work Place:
Railway Clinic,
Box 50287,
Lusaka.
mahuphiri@yahoo.com

The Chairperson
ERES CONVERGE IRB, 33 Joseph Mwilwa Road,
Rhodes Park,
Lusaka, Tel 0955 155633/4, Email: eresconverge@yahoo.co.uk

APPENDIX III: IN-DEPTH INTERVIEW TOOL GUIDE FOR MC CLIENTS

Date of interview [ ]

Town [ ]

Start time..

End time……………………………………………………………………………………........

Place/community name...

Interview id [ ]

Principal investigator...

Note taker: ....

DATA ENTRY INFORMATION

Date of data entry...

Data recorded by (name)...Signature: ....

1. Phones to be switched off
2. Introductions to be done at starting of the interview.
3. Consent to be signed by participant before starting the interview:
4. The interviewee signs the consent form by thumb or signature after understanding the entire activity

Ask for the permission and let them sign the consent form before interviewing them

Do you have any questions? May I now continue with the actual interview?

1. Tell me a brief history of yourself (please use initials not your real name) and what you know about VMMC.
2. How do you feel now that you are about to be circumcised?
3. When you came what were your peers saying about providers at this centre?
4. What are you expecting from this process?
5. Do you have an idea of a person who will circumcise you?
6. How do you feel that a woman is the one allocated to circumcise you?
7. What was your reaction to find a female in theatre?
8. How do you feel now that a female circumcised you?

9. How can you describe your experience with the service provider?
10. What was in your mind as the circumcision was getting on?
11. Can you narrate on how other people reacted upon hearing that you were circumcised by a female provider.
12. What were the comments from your partner or friends upon hearing that you were actually circumcised by a female?
13. From what you went through, what would you say about VMMC providers offered by female providers?
14. Tell me about the provider who circumcised you.
15. If you had a chance can you choose on sex of a provider to circumcise and what are your reasons for the choice?
16. Do you have any other comments?

End of interview!

APPENDIX IV: TRANSLATED TOOLS-NYANJA

Information Sheet Document

Mutu wa Phunziro: Kuona ngati anthu angavomere mdulidwe wocitidwa ndi akazi ku Chawama, Makeni and Railway clinics.

Wofufuza Wamkulu: Agness Mahule

Wothandizira Wake: Shilton +Mavule ndi Wise Simwanza

Mau oyamba: Amuna odza+funa thandizo lamankhwala ndi amene adzasankhidwe kuti athandizire pa programu imeneyi. Colinga ca kufufuza kumeku ndi kuona kuti kodi anthu aganiza kuti ndi bwino kuti akazi azidula amuna.

Cholinga ca kufufuzaku: Kufufuzaku ndi mbali ya programu ya masters imene ndikuphunzira pa University of Zambia. Colinga cacikulu pa kufufuza kumeneku ndi kuona kuti anthu akuiona bwanji nkhani ya mdulidwe yomwe ndi akazi akuicita. Zotulukapo za kufufuzaku zidzapezeka mothandizidwa ndi mfundozi:

- Zokambapo za amuna amene anadulidwa ndi akazi pa cipatala ca Chawama.
- Zokambapo za akazi omwe akugwira nchito ya mdulidwe pa cipatala ca mu Chawama.
- Kodi calici ndi mwambo zingacitise munthu kukana kapena kuvomera mdulidwe umenewu?
- Mwina ukhondo ndi mapindu ena zingathandizire kuti wina avomere.
- Nanga akazi okwati*/***+wa akutipo bwanji pa kudulidwa Kwa amuna awo kocitidwa ndi akazi?
- Nanga amuna okwatira akutipo bwanji pa nkhani yodulidwa ndi akazi?
- Nanga zokambapo za acinyamata pa kudulidwa ndi akazi?
- Nanga atsikana osakwatiwa akuti bwanji pa nkhaniyi?

Cifukwa cake mufunikira pa programu imeneyi: Amuna a zaka 18 kapena kuposapo ndi amabinzinesi omwe amabwera ku cipatala ca Chawama, Makeni ndi Railway ndi oyenera

kutengamo mbali mu kufufuza kumeneku. Takusankhani pa phunziro limeneli cifukwa ca ziyeneretso zomwe muli nazo. Zomwe mudzaona kuti zilibwino ndi zokambapo zanu ndi zofunika pa kukambitsirana kwathu.

Njira yake: Mudzakhala ndi mbali pa programu imeneyi pambuyo poimvetsa bwino ndi kuyankha mafunso om**we mudzafunsidwa kenako kusaina fomu ya kuvomereza kwanu mu cilankhulo comwe mumamva mosavuta. Ngati mwaona kuti mafunso ena ndi ocititsa manyazi ndi bwino kuti musawayankhe, ndipo nthawi iliyonse pa kufunsana kumeneku mungasankhe k*******usanenapo kanthu. Tidzacita lekodi mafunso onse ndi zokambapo mu programu imeneyi.

Vuto lake: Kukhala womasuka pa nkhani imeneyi ndi kovuta cifukwa cakuti imakhudza ziwalo zobisika ndi mawu ena omvetsa manyazi; mafunso ena ndi ocitisa manyazi kuwayankha, motero zingakuvuteni kukampabo. Ngati mwapeza vuto limeneli pali bwino kusanenapo kanthu kapena kungokambapo zomwe mukwanitsa kuzinena.

Mapindu: Ngakhale kuti palibe malipiro alionse pa zokambapo zanu mu programu yathu, zonenapo zanu ndi zofunika pa nkhani ya mdulidwe ku cipatala.

Malipiro: Otengamo mbali mu programu sadzalandira malipiro a ndalama, koma ndalama zomwe adzapatsidwa ndi alawansi ya kupezekapo kwawo pa makambitsirano ndi kufunsana.

Chinsinsi: Zimene mudzatiuza ndi cinsinsi cathu pokhapo ngati lamulo lilola kuuzako ena. Anthu ena sadzadziwa popanda cilolezo calamulo. **Nanga ndidzapezekapo nthawi itali bwanji? Mafunso ndi kukambapo zidzatenga nthawi yotani?**

Ngati zones z*+ayenda bwino, makambitsirano ndi mafunso amatenga ma mineti yonkwanila 15 kapena 30 (15-30 minutes) basi.

Zili bwanji ngati sindifuna kucitako phunziro limeneli?

Ndinu womasuka ngati simufuna kupezekapo. Palibe adzakupatsani mlandu.

Ngati Pali zina zomwe mufuna kudziwa pa phunziro limeli, mungafunse:

Agness Mahule
Mobile No: +260 977 133458/ +260 953 443672
mahuphiri@yahoo.com
The chairperson
ERES Converge IRB, 33 Joseph Mwila Road
Rhodes park, Lusaka; Tel: 0955 155633/4
Email: eresconverge@yahoo.com

Kodi tanthauzo lasigineca yanga (kapena cidindoca cala) pa fomu yovomereza imeneyi ndi lotani?

Sigineca yanu (kapena cidindoca cala) pa fomu imeneyi isonyeza kuti:

- Mwadziwa bwino colinga, kayendedwe, mapindu, ndi zovuta zina mu programu imeneyi.
- Mwapatsidwa mwai wofunsa mafunso
- Mwasankha nokha kupezekapo pa programu imeneyi

____________________	________________	________________
Dzina la wotengamo mbali	Saini yake	Deti
____________________	________________	________________
Dzina la amene Walandira civomerezo	Saini yake	Deti

(Wotengamo mbali adinde cala ca kumanzere mu bokosi limeli ngati sanasaine pamwambapo)

APPENDIX V: FOMU YOVOMEREZA

Mutu waphunziro: Kuvomereza (VMMC) mdulidwe wodzifunira wocitidwa ndi akazi a ku Chawama, Makeni ndi Railway mu Zambia.

Wofufuza Wamkhulu: Agness Mahule

Womthandizira: Wise Simwanza ndi Shilton Mavule

Andifotokozera bwino colinga ca phunziro limeneli ndipo adamvetsa mapindu ake zovuta zake ndiponso cinsinsi cake. Ndadziwanso kuti ndine waufulu kusankha kusapitiriza nthawi iliyonse popanda kufotokoza cifukwa cake. Ndadziwanso bwino kuti kutengamo mbali mu programu imeneyi ndi kodzifunira ine mwini.

Ine: …………………………………………………………………………………………..

Ndivomereza kutengamo mbali mu programu imeneyi imene yofufuza mmene anthu amaonera mdulidwe wa ku cipatala wodzifunira wocitidwa ndi akazi a ku Cipatala ca Chawama mu Zambia.

Saini/ Cidindo Ca Cala ………………………………… Deti: ……………………. (Wotengamo mbali)

Saini/ Cidindo Ca Cala ………………………………… Deti: ……………………. (Mboni)

Ngati pali mafunso ena mungafunse;

Home Address
Agness Mahule
Plot number 13/49B,
Lilayi Road,
Chilanga.
Mobile No: +260977133458/+2609808050/+260953443672.

Work Place:
Railway Clinic,
Box 50287,
Lusaka.
mahuphiri@yahoo.com

The Chairperson
ERES CONVERGE IRB, 33 Joseph Mwilwa Road,
Rhodes Park,
Lusaka.
Tel 0955 155633/4
Email: eresconverge@yahoo.co.uk

PEPALA LOFUNSIRA MOKWANA

AMUNA OFUNA KUDULIDWA

MALANGIZO KWA WOFUNSA

Deti la kufunsa:

Mzinda:

Nthawi yoyambira: .…………………………………………………………………………

Nthawi yomaliza: ……………………………………………………………………………

Malo: …………………………………………………………………………………………..

Nambala ya wofunsa:

Dzina la wofufuza wamkulu:.……………………………………………………………….

Dzina la wolemba manotsi:………………………………………………………………….

ZOFUNIKA KUZILEMBA

Deti lomwe zalembedwa:…………………………………………………………………….

Yemwe wacita record (dzina): ………………………… saini: ……………………………

1. Zimani mafoni
2. Zidziwikitseni ndi kunena mawu oyamba musanayambe mafunso
3. Fomu yovomereza isainidwe ndi otengamo mbali mafunso asanayambe.

Ofunsidwa asaine kapena kudinda ndi cala fomu yovomereza pambuyo pomvetsa programu yonse

Musakakamize munthu kuyankha mafunso omwe akucita nawo manyazi

Mupempheni coyamba ndipo asaine fomu yovomereza musanayambe kufunsa.

Kodi mungakhale ndi mafunso alionse? Kodi ndingayambe intavyu yonse?

Musana +nc-ita mdulidwe

1. Ndiuzeni za mbiri yanu ndiponso zomwe mwaona ndi kudziwa pa mdulidwe wodzifunira (VMMC).
2. Mungaufotokoze bwanji mdulidwe wa pano malinga ndi zimene mwaona.
3. Nciyani comwe cinakuthandizani kuti musankhe kudulidwa?
4. Munaganiza ciani pomwe munaona kuti ndi mkazi amene adzakudulani?
5. Pamene munapezamo mkazi mu cipinda ca opareshoni munamva bwanji?

Odulidwa kale kapena wo bbwela ku Review.

6. Munaimvetsa bwanji nkhani yodulidwa ndi mkazi opareshoni isanacitike?
7. Nciani cinakucitikirani mutadulidwa ndi mkazi?
8. Tatauzani mwachidule mwamene munaverera kudulidwa ndi mukhazi/
9. Tsopano pambuyo podulidwa ndi mkazi mukutipo bwanji masiku ano.
10. Nanga mkazi wanu kapena anzanu anati bwanji pa mkazi amene amadula amuna ku cip+atala?
11. +Pa zimene zinakucitikirani munenapo bwanji pa akazi amene amadula amuna ku cipatala
12. Kodi muli ndi zina zonena?

Mapeto a mafunso