ASSESSMENT OF MALE CIRCUMCISION PRACTICE IN PREVENTION OF HIV/AIDS INFECTION: A CASE OF BARIADI URBAN - SHINYANGA

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DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

2014

CERTIFICATION

The undersigned certifies that she has read and hereby recommends, for acceptance of the Open University of Tanzania a dissertation entitled ***"Assessment of Male Circumcision Practice in Prevention of HIV/AIDS Infection" A Case of Bariadi Urban - Shinyanga Region, Tanzania",*** in partial fulfillment of the requirement for the award of Masters of Arts in social work.

…………………………………………

Dr. Jacqueline Bundala

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………………………………..

Date

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DECLARATION

I, **Salama Peter Kiula**, do hereby declare that this dissertation is my own original work and that it has not and will not be presented to any other Institution for the award of degree or other similar award.

………..…………………………………

Signature

……………………………….

Date

DEDICATION

This work is dedicated to my loving husband Mr. Shaban Seleman Kambabhe for his moral support. Also to my children Issa, Swaumyusra, Khadija, Arham and Ayman for their considerable patience during research work. May the almighty god give them the grace to climb the academic hierarchy above the level reached by their parents

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ABSTRACT

This study is basically assessing the contribution of Male circumcision Practice in Prevention of HIV/AIDS infection. However, this study is backed up by previous studies whereas WHO and UNAIDS recommended that Male Circumcision is an important practice for HIV/AIDS prevention. The study however, has encompassed five major chapters which together inform about the author's study road map. The key information in chapter one are based on the coherent parts which include introductory part, background of the study, objectives of the study, research questions, significance of the study and statement of the problem. While chapter two has captured review of some literatures including books, journals, researches, magazines and theories in particular the health belief model, Chapter three has stipulated the research design involving both quantitative and qualitative design. Likewise, the study has been enriched with Chapter Five whereby the summary of the findings has clearly been determined by the researcher as well recommendations and conclusion have also clearly been sorted out and hence the study has shown about 75% of circumcised males have lower chance to HIV/AIDS infections. Conclusively, the wealth of this study is potentially triggered by the intensive structuring of the study itself but also the coherent data collection methods which enabled the collection of very useful information which now justify the importance of male circumcision practice in prevention of HIV/ AIDS infection.

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LIST OF ABREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DACC	District AIDS Control Coordinator
DMO	District Medical Officer
DSWO	District Social Welfare Officer
HIV	Human Immune Virus
IEC	Information, Education and Communication
MC	Male circumcision
MOH	Ministry Of Health
MOH&SW	Ministry Of Health and Social Welfare
NGOs	None Governmental Organizations
PMTCT	Prevention from Mother To Child Transmission
RACC	Regional AIDS Control Coordinator
RCH	Reproductive Child and Health
RMO	Regional Medical Officer
STDs	Sexual Transmitted Diseases
STIs	Sexual Transmitted Infections
UNAIDS	Joint United Nations Agency on Aids
USA	United States of America
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction

The study is rooted on assessment of the male circumcision practice in prevention of HIV/AIDS infection a case of Bariadi urban. However, the key elements involved in this chapter include background information of the study, study objectives, research questions, significance of the study and statement of the problem.

1.2 Background

Male circumcision has been practiced by mankind since long back and it is not clear when and how it started. Many reasons for this practice have been proffered, ranging from obeying the law of God to promoting public health (Bhimji, 2000). Male circumcision has been believed to be treatment for a number of health problems/disorders. According to Winkel (2005), the American medical establishment has promoted male circumcision as a preventative measure for an astonishing array of pathologies, ranging from masturbatory insanity, moral laxity, aesthetics and hygiene, to headache, tuberculosis, rheumatism, hydrocephalus, epilepsy, paralysis, alcoholism, nearsightedness, rectal prolapsed, hernia, gout, clubfoot, urinary tract infection, and cancer of the penis, cancer of the cervix, syphilis and AIDS.

Cultural or religious beliefs have been the main drive for male circumcision either positively or negatively. The United States is the only country in the world that has practiced the routine circumcision of a large percentage of its male infants. No other developed country in the world routinely circumcises infants for non-religious

reasons (Peron, 2000). In areas where there is no cultural or religious beliefs motivating male circumcision, the male circumcision prevalence in these areas are at lower sides.

Studies carried out in Kimusu, Kenya and Rakai in Uganda by the NIH of USA in 2006, have shown that male circumcision reduces a man's risk of acquiring HIV through heterosexual intercourse by as much as 53% (WHO & UNAIDS, 2007). The Kenya trial reported a 53% reduction in HIV incidence among 2,784 enrolled men, while the Uganda trial reported a 48% reduction in HIV incidence among 4,996 enrolled men. A similar study carried out in South Africa by Agency National de Recherches sur le Sida (ANRS) of France found male circumcision to reduce HIV contraction by about 60 percent.

This can be interpreted to mean that circumcision can prevent at least six out of ten female to male HIV transmissions. Given this strong evidence, the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) recommended that male circumcision should be considered as an important and additional intervention for HIV prevention (WHO 2007). As a result, different countries in the sub-Saharan Africa are at different stages of introducing and scaling-up circumcision services (WHO & UNAIDS, 2007).

Moreover, Male Circumcision has been recommended by WHOM and UNAIDS as part of HIV prevention package. Other HIV prevention package include, provision of HIV testing and counseling services, treatment for sexually transmitted infections,

the promotion of safer sex practices and the provision of male and female condoms and promotion of their correct and consistent use (WHO & UNAIDS, 2007).

Therefore, in Tanzania, introduction of medical male circumcision was preceded by conducting a situational analysis study to determine current Male Circumcision practices. The aim of the study was to identify who is doing male circumcision, the magnitude of the practice, and how is it being reported or recorded. According to the situation analysis study, it was established that an overall prevalence rate of male circumcision in the country is estimated at 70% with regional variations from 26.5% in Shinyanga to 97.9% in Dar es Salaam (National Institute for Medical Research 2009).

Hence the studies conducted in Tanzania indicate that, male circumcision is mainly conducted as a cultural or religious practice. In regions like Mara, Arusha, Manyara, Singida, and Dodoma male circumcision is for cultural factors; and 75% of males are circumcised. In about half of the regions in Tanzania male circumcision prevalence is very low. In exception of Dar es Salaam, the study showed that there is correlation between HIV prevalence and male circumcision prevalence. The region with low male circumcision prevalence has high HIV prevalence. There is difference in HIV prevalence rates across the regions. Iringa, Dar es Salaam and Mbeya regions have the highest prevalence rates ranging from 15.7%, 9.3% and 9.2% percent respectively. Other regions with prevalence rates higher than the national average include Shinyanga which is 7.4% and Mara which is 8% (MOH&SW, 2010).

However, Tanzania has identified the limited coverage of male circumcision as one of the underlying factors influencing the spread of HIV and AIDS in Mainland Tanzania. Key national policy documents such as the National Multisectoral Strategy Framework II (2008-2012), the National Multi-sectoral HIV Prevention Strategy, 2009-2012 and Health Sector HIV and AIDS Strategic Plan II (2008-2012) recommend safe male circumcision should be promoted and scaled-up as one of the new prevention interventions. Apart from that is the development of the National strategy for scaling up male circumcision for HIV prevention.

1.3 Statement of the Problem

At recent time, male circumcision practice has been encouraged by medical specialists as one of the major approaches toward reducing the chances for HIV/AIDS infection. It has been proved that medical male circumcision can reduce the risk of HIV infection from female to male by about 60% (MOH&SW, 2010). Tanzania has identified the limited coverage of male circumcision as one of the underlying factors influencing the spread of HIV and AIDS in Mainland Tanzania. An overall prevalence rate of male circumcision in the country is estimated at 70% with regional variations from 26.5% in Shinyanga to 97.9% in Dar es Salaam (National Institute for Medical Research - Mwanza and Ministry of Health and Social Welfare Dar Es Salaam – Tanzania, 2009). There is difference in HIV prevalence rates across the regions. Iringa, Dar es Salaam and Mbeya regions have the highest prevalence rates ranging from 15.7%, 9.3% and 9.2% percent respectively. Other regions with prevalence rates higher than the national average include Shinyanga which is 7.4% and 8% in Mara (MOH&SW, 2010).

However, the above findings have not been obtained in from research work rather the key information obtained from situational analysis which aimed at investigating the context, extent and patterns of circumcision practices in some selected areas in Tanzania. Therefore, the studies done in the country did not involve Bariadi urban despite its very rigid cultural practices that discourage male circumcision. Basing on that ground there is contextual gap which now this study has tried to assess the contribution of male circumcision practice in prevention of HIV/AIDS infection.

1.4 Objectives of the Study

The study has general and specific objectives.

1.4.1 General Objective

The general objective of this study is as follows;

i. Assessing the contribution of male circumcision in preventing HIV/AIDS Infection

1.4.2 Specific Research Objectives

The specific objectives of the study include the following;

i. To assess the importance of male circumcision practice in controlling HIV/AIDS infection
ii. To identify barriers that hinders the male communitarians to engage into circumcision practice
iii. Evaluating the relationship between male circumcision and HIV/AIDS infection

iv. To finds out better ways that could necessitate the male engagement in circumcision practices

1.5 Research Questions

The study has captured the following research questions:

i. How potential is male circumcision in preventing HIV/AIDS infection?
ii. What are the common barriers toward male engagement in circumcision practices?
iii. Is there any relationship between male circumcision and HIV/AIDS infection?
iv. What should be done to encourage male involvement in voluntary male circumcision practice?

1.6 Significance of the study

The study serves primarily the significance at researcher's level, being a fundamental requirement for the accomplishment of Masters Degree Award in the field of Social Work profession granted by the Open University of Tanzania. The study as well provides learning reference for other students at Open University of Tanzania enrolled in similar course or related courses hence increase the ground for knowledge building on issues relating to male circumcision and HIV/AIDS prevalence. Therefore, this study attempts to assess male circumcision practice in prevention of HIV/AIDS infection.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

The chapter includes the introduction, explanations of theories, empirical studies, policies and other past studies relating to this current topic of the study which has assessed the male circumcision practice in prevention of HIV/AIDS infection. The literature review involves different sources especially those of the past experiences from different studies, literatures, books, journals and magazines.

2.2 Male Circumcision a Tool for HIV/AIDS Control

Taremeredzwa Mhangara of Stellenbosch University of Zimbabwe in year 2011 conducted a study on Knowledge and acceptance of male circumcision as an HIV prevention procedure among plantation workers at Border Limited. The study sought to establish the level of knowledge of people on the medical benefits of male circumcision, especially the protective effect against HIV, with the aim of gathering baseline information on the subject for future health promotion programmes. The study revealed that, there was little knowledge on the benefits of male circumcision.

The negative perceptions of the procedure were found, based on the findings the study concluded that, raising people's knowledge on benefits of male circumcision would help in changing people's perceptions and increase the acceptability of the procedure. It is recommended that the government together with the private sector urgently need to carry awareness campaigns to raise workplace on how male circumcision can reduce chances of getting HIV.

The National Institute for Medical Research (NIMR) of Mwanza - Tanzania and Ministry of Health and Social Welfare - Dar es Salaam in 2009 conducted a survey on Situation analysis for Male Circumcision in Tanzania. The study was conducted in rural and urban areas of Mara, Kagera and Mbeya Regions in Tanzania. A total of 1110 respondents (504 males, 606 females) were interviewed. The main objective of the study was to investigate the context, extent and pattern of circumcision practices in selected areas of Tanzania and to provide recommendations to the government of Tanzania on the effective roll-out of circumcision services in the country. This study has shown that there is a high level of acceptability for circumcision among men and women in both traditionally circumcising and non-circumcising populations.

The major reasons for accepting circumcision services are tradition and reduction of the risks for acquiring STIs including HIV in traditionally circumcising population and reduction of the risks of acquiring STIs in non-circumcising population. Finally the study concluded that, circumcision should always be considered as part of comprehensive HIV prevention package. Advocacy should play a crucial role from the very early outset of any programme to introduce or scale–up circumcision, building support for key decisions, encourage high level leadership, and building broad-based support for circumcision activities.

In studies of acceptability of male circumcision conducted in Kenya and Uganda by Bailey and colleagues (2005), a sample of adult women reported that, they would prefer a circumcised partner for reasons of cleanliness and reduced chances of infection. Eighty eight percent of the same women said that they would prefer to have their sons circumcised. This shows that the women had knowledge of the

benefits of male circumcision, thus they consented to the procedure to be done on their children and preferred it on their partners.

Kenneth K. Mugwanya in 2009 took the study on Knowledge and Attitudes among HIV-1 Serodiscordant couples in Uganda regarding Male Circumcision as an HIV-1 prevention strategy. The main objective of study was to examine knowledge, understanding, and attitudes regarding the effect of male circumcision in reducing HIV-1 susceptibility, including the magnitude of reduction in HIV-1 susceptibility, among men and women within heterosexual HIV-1 serodiscordant couples. 318 couples were enrolled, the study showed that, an overall, 77.1% of men and 89.6% of women were aware that male circumcision reduces men's risk for HIV-1 acquisition.

Therefore, basing on the above empirical studies, it seems that, both women and men have knowledge on male circumcision. Both women and men have positive attitude and perception on male circumcision. Therefore, although studies show that, women have knowledge on male circumcision and they accept the practice of male circumcision but, the prevalence rate of male circumcision in Shinyanga region is very low, and the prevalence of HIV is high. Therefore, in order to promote male circumcision, further studies are needed to understand the practice of male circumcision in prevention of HIV/AIDS infection.

2.3 Theoretical Reflection

2.3.1. Health Belief Model theory

Health Belief Model theory (HBM) attempts to explain and predict health behaviors

by focusing on the attitudes and beliefs of individuals. The health belief model postulates that a person will take a health-related action like male circumcision if that person feels that a negative health condition like HIV infection can be avoided, has a positive expectation that by taking the recommended action (male circumcision), he will avoid the negative health condition (HIV infection and its consequences) and if has believes that he can successfully take the recommended health action.

The health belief model, first developed in 1950s is described in four constructs representing the perceived threat and net benefits. Perceived susceptibility, perceived seriousness, perceived benefits, and perceived barriers which were proposed as accounting for people's readiness to act. More recently, other constructs have been added to Health Belief Model Theory. Thus, the model has been expanded to include cues to action (that stimulate the behavior) motivating factors (these are individual characteristics that influence personal perceptions) and self-efficacy (one's confidence in the ability to successfully perform the action). It is believed that, perceived barriers are the most powerful construct in predicting health behavior. In critical review of health belief model theory Janz and Backer (1984) found that though both perceived susceptibility and perceived benefits were important, over all perceived susceptibility was a stronger predictor of preventive behavior.

People generally do not try to do something new unless they think they can do it. Therefore, the health believe model theory predict that, individuals will act to protect or promote their health if they believe that they are susceptible to a disease, the consequences of disease are severe, the recommended action will decrease their

chances of developing a disease and benefits of the new behavior outweigh the consequences of continuing the old behavior. The health belief model can be useful in predicting the uptake of health related programs including male circumcision for HIV prevention as well as a guide in design of counseling messages. This study therefore, employed the health believe model theory in attempting to assess the male circumcision practice in prevention of HIV&AIDS infection. However, the practice promotes health environment for male and females whereas, chances for HIV & AIDS infection and Sexual Transmitted diseases is minimized.

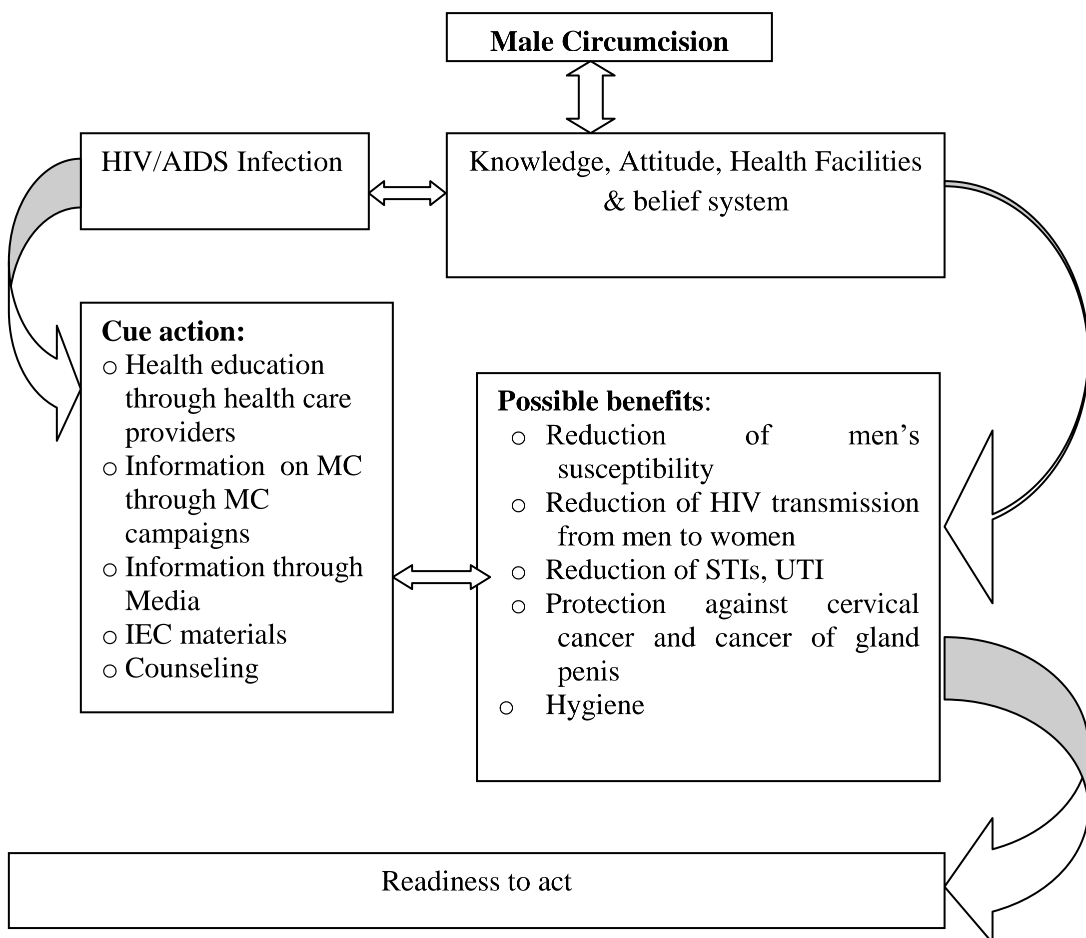

Figure 2.1: Conceptual Framework

According to male circumcision survey done in 2009, there are some regions in Tanzania where male circumcision prevalence is low. In these regions HIV prevalence is high. Shinyanga region has male circumcision prevalence of 26.5% while HIV prevalence is 7.4% (THIS, 2007/2008). Thus, there is a need to promote male circumcision in this region by involving various social sects of the communities.

Male circumcision has not been done for medical purposes rather for cultural or religious beliefs. There might be many factors hindering the uptake of male circumcision in the wards of Bariadi urban but the study has explored vital importance of male circumcision in relation to HIV/AIDS infection as stipulated in the above figure.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

The methodological part has involved research design, research methods, study area, sampling procedures, sample size, sample distribution, data collection methods and sources of data.

3.2 Research Design

Research design is considered as a "blueprint" for research, dealing with at least four problems: which questions to study, which data are relevant, what data to collect, and how to analyze the results (T Philliber, Schwab, & Samsloss, 1980). Also, research design and methods is the system of collecting data for research project is called research methodology, (Guidance for research India 2010). The research design used in this study was a descriptive and quantitative design.

Descriptive design was chosen because it is normally used to determine the frequency with which something occurs or the extent to which two variables co-vary. While, qualitative design is meant to give explanations basing on the quantitative statistics. Both designs were useful in this study as they gave for underlying baseline during data and analysis, presentation and discussion as both qualitative and quantitative data were applied. In particular, the study focused on collecting information on the contribution of male circumcision as new preventive method against HIV and AIDS infection in Bariadi urban - Shinyanga region Tanzania.

3.3 Study Area

The study was conducted in Bariadi district found in Shinyanga region. Bariadi district is among seven districts of Shinyanga region. The district is bordered by Kwimba and Magu District (Mwanza Region) on the West, Bunda and Serengeti Districts (Mara Region) on the North, Ngorongoro District (Arusha Region) on the East, Maswa and Meatu Districts (Shinyanga Region) on the South. So, the researcher decided to choose Bariadi district town as study area because of its cultural background whereby male circumcision has been down let by the belief system hence knowledge on male circumcision is too limited.

3.4 Population Target

The target population in this study was men and women with boy children. The women and men of Bariadi urban were engaged to give their experience on circumcision practice in their locality. Potentially, the two groups were involved because of the nature of the study itself which basically was trying to assess the male circumcision practice in prevention of HIV/AIDS infection in Bariadi urban.

3.5 Sampling Procedure

It is the whole processes undertaken in sample selection and administration. This basically involved selection of the sample which is 185 respondents, use of various sampling techniques including purposive sampling techniques as well as designing the overall sample. A purposive sampling technique was employed in this study. The study was directly focused on women and men with male children in Bariadi urban. 180 respondents (women and men) were taken from five wards in Bariadi

urban namely Malambo, Sima, Isanga, Somanda and Bariadi, and five respondents from Regional and District medical offices (RMO, RACC, DMO, and DACC & DSWO).

3.5.1 Sampling Design

According to Kothari (2004), Sample is the number of items to be selected from the universe to represent the entire population such as unit, size, technique and frame. In statistics and survey methodology, sampling is concerned with the selection of a subset of individuals from within a population to estimate characteristics of the whole population. However, for the case of this study the researcher had a representative sample of 185(100%) respondents being men and women from Bariadi urban and RMO, RACC, DMO, and DACC & DSWO.

3.5.2 Sampling Methods

Sampling methods are used to select a sample from within a general population. Proper sampling methods are important for eliminating bias in the selection process. (Free online encyclopedia) They can also allow for the reduction of cost or effort in gathering samples. The appropriate methods for this include purposive sampling and convenience sampling methods that determined the essence of the study hence provide easy way for the researcher in collecting data.

3.5.2.1 Purposive sampling

Purposive sampling, also known as judgmental**,** selective or subjective sampling, is a type of non-probability sampling technique**.** Non-probability sampling focuses on sampling techniques where the units that are investigated are based on the judgment

of the researcher. This is the general intent of research that is guided by a quantitative research design**.** The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest of the researcher. Potentially this sampling method was employed by the researcher in this study following the fact that the respondents targeted were women and men of Bariadi urban hence purposively selected to give their views on male circumcision practice in prevention of HIV/AIDS infection.

3.5.3 Sample Size

Sample size is the number of observations used for calculating estimates of a given population. (http://www.ehow.com/facts). For this study, the sample size was 185 respondents involved 2 respondents from Shinyanga Regional Medical Office (RMO & RACC), 2 respondents from Bariadi District Medical Office (DMO & DACC), 1 respondent from Bariadi Social Welfare Department (DSWO) and 180 household respondents of Bariadi town (men and women). The researcher decided to choose this sample because it manageable and determined the rationale of the entire population of Bariadi urban.

Table 3.1: Sample distribution

Ward	Population	Household	Respondents	Percentage (%)
Somanda	13,268	1,749	36	20
Bariadi	7,461	1,319	36	20
Isanga	8,892	1,571	36	20
Malambo	7,466	1,320	36	20
Sima	7,465	1,319	36	20
Total	44,552	7,278	180	100

Source: from fieldwork, 2012

3.6 Data collection Methods

Data collection deployed both qualitative and quantitative research design. This was due to the fact that the study has statistical part of data collection and presentation such as demographic information as well as narrative part of data collection and presentation that justifies the statistical information. And these data have been presented in tables.

3.6.1Questionnaire

The researcher collected information through Questionnaires which comprised of closed and open ended questions. Questionnaires were used for capturing information from women and men, also questionnaires were circulated to Shinyanga Regional Medical Officer, Shinyanga Regional AIDS Control Coordinator, Bariadi District Medical Officer, Bariadi District AIDS Control Coordinator and Bariadi District Social Welfare Officer.

3.6.2 Interview

The interview was deployed interchangeably with the questionnaire but specifically targeted the respondents who had no knowledge of reading and writing. In that case some respondents were gathered then the researcher carried discussion with a set of guiding questions.

3.7 Sources of Data

The researcher based on the two main sources of data in her study. Primary and secondary information were obtained.

3.7.1 Primary Data

This involved surveys, Face to face interviews with men and women in Bariadi district town. Also observations and self-administered questionnaire were deployed to capture information from other potential community members. Primary data collection was fundamental due to the fact that the researcher intended to collect the actual data from the field that would be best in his study and thus direct involvement of the communitarians in Bariadi district town.

3.7.2 Secondary Data

This was data collection technique was deployed and conducted by selecting the information from the diverse source of documents or electronically stored information from such as internets. Thus, internet was one was of source of data collection in this study but also Journals, magazines, books were deployed to easily enable the researcher to collect desired information. Researches and other papers related to male circumcision practices in prevention of HIV/AIDS infection were used to validate the findings and the research questions. Some sources were from the Ministry of Health and Social Welfare, John Hopkins University and Intra Health.

3.8 Unit of Analysis

The study was focused on a selected woman and man who was having male children and who was an adult member of the household living in Somanda, Isanga, Bariadi, Malambo and Sima wards of Baridi town.

CHAPTER FOUR

4.0 FINDINGS PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents findings of the study regarding social demographic characteristics of the respondents who were engaged in assessment of male circumcision practice in prevention of HIV/AIDS infection.

Table 4.1: Social Demographic Characteristics of the Respondent's Distribution

Variable	Categories	Number of respondents	
		Men	**Women**
Age	18- 25	24 (30%)	32(32%)
	26- 33	15(19%)	28(28%)
	34- 41	25 (31%)	30(30%)
	42+	16(20%)	10(10%)
	Total	80(44%)	100(56%)
Marital Status	Married	24(30%)	66(66%)
	Unmarried	56(70%)	34(34%)
Number of children	Boys (Children)	77(58.8%)	77(56.6%)
	Girls (Children)	54(41.2%)	59(43.4%)
Religion	Muslims	24(30%)	4 (4%)
	Christians	38(47.5%)	10 (10%)
	Traditionalist	18(22.5%)	86 (86%)
Level of education	Not attended	0 (0%)	9(9%)
	Primary incomplete	2 (2.5%)	7(7%)
	Primary complete	54(67.5%)	45(45%)
	Secondary education	22(27.5%)	38(38%)
	High education	2(2.5%)	1(1%)

Source: from fieldwork, 2012

Table 4.1 presents the social demographic characteristics of the respondents in which, it was found that 56% of the respondents were women and 44% of the respondents were men. Among those respondents 66% of women were married and 30% of men were married, while 70% of men respondents were unmarried and 34% of women respondents were unmarried. Likewise, the study found that out of 100 (100%) women respondents, majority of the respondents were women traditionalists who constituted 86%. In the level of education, table no. 4.1 reveals that majority 67.5% of men and 45% of women completed primary education, and 9% of women respondent said that they did not attend primary school education. Thus, it can be concluded that majority of the respondents 67.5% (Men) and 45%. (Women) completed primary school education followed by 27.5% (Men) and 38% (Women) of the respondents who attained secondary education.

Table 4.2: Number of Boys Below 18 Years old from Respondents

Age group of boys below 18 years	Number of respondents	Percentage
0	90	50%
1	50	28%
2	8	4%
3	11	6%
4	11	6%
6	10	6%
Total	180	100%

Source: from fieldwork, 2012

In responding to the question that whether respondents had male children below 18 years old, the study revealed that about 50% of respondents said that they had no

male children below 18 years old. Whereas 28% of respondents responded that they had only one male child below eighteen years. About 4% of the respondents said that they had two male children below eighteen years. While 6% of the respondents answered that they had three male children below eighteen years. Furthermore 6% of the respondents mentioned that they had four male children below eighteen years, and 6% of respondents said that they had six male children below eighteen years. The study revealed that 90 out of 180 of respondents had male children below 18 years old.

Table 4.3: Circumcised Boy Children Below 18 Year as Per Household

Category	Number of women respondents	Percentage
Number of household with boys below 18 years old circumcised	56	62%
Number of households with boys below 18 years old not circumcised	34	38%
Total	**90**	**100%**

Source: from fieldwork, 2012

Out of 180 households, 90 households (50%) had boys below 18 years old. Moreover, table 4.3 illustrates that 62% of respondents who had boys below 18 years old reported that their male children were circumcised; while 38% of the respondents who had male children below 18 years reported that their male children were not circumcised. However, the study revealed that male circumcision is less practiced to children below 18 years old.

Table 4.4: Community Knowledge on HIV

Response	Respondents	Percentage
We have Partial Knowledge	174	97%
We have no knowledge	6	3%
Total	**180**	**100**

Source: from fieldwork, 2012

Table 4.4 reveals that 97% of community members understood the meaning of HIV is Human Immunodeficiency Virus, while only 3% of the respondents said that they did not know the meaning on HIV. Those respondents who had knowledge on the meaning of HIV were also able to mention the modes of HIV transmission that is HIV can be transmitted from infected person to uninfected person through mother to child transmission, through unprotected sexual contact with infected partner/s and through contact with HIV-infected blood-blood products such as Intravenous Drug User (IDU), through needle sharing, needle-stick accidents and unsterilized needles.

Table 4.5: Respondent's Knowledge on AIDS

Response	Number of Respondents	Percentage
Good Knowledge on HIV/AIDS	178	99%
Low Knowledge on HIV/AIDS	2	1%
Total	**180**	**100**

Source: from fieldwork, 2012

The study revealed that an overwhelming majority 99% of respondents had knowledge on the meaning of AIDS that is Acquired Immune Deficiency Syndrome, while only 1% of respondents did not know the meaning of AIDS. Those respondents, who had knowledge on the meaning of AIDS, also were able to differentiate between AIDS and HIV. The respondents said that HIV infection and AIDS are different. That is HIV is the virus that causes immune deficiency while AIDS is the progression of HIV infection that results from the destruction of immune system leading to the occurrence of diseases. Everyone with HIV does not have AIDS. Everyone with AIDS does have HIV infection. Thus, AIDS is the final stage of the disease caused by HIV.

Table 4.6: Communitarians Knowledge on Male Circumcision

Response	**Number of Respondents**	**Percentage**
Adequate Knowledge	160	89%
Inadequate Knowledge	20	11%
Total	**180**	**100**

Source: from fieldwork, 2012

Table 4.6 shows that about 89% of the respondents had knowledge on male circumcision that is the removal of the foreskin, a loose fold of the skin that covers the head of the penis, while 11% of the respondents had no knowledge about male circumcision. Therefore, it can be concluded that an overwhelming majority 89% of respondents understood about male circumcision.

Table 4.7: Women's Opinion on Male Circumcision Practice and HIV/AIDS

Responses	Number of respondents	Percentage
Yes, there is a relationship between male circumcision and HIV transmission	76	76%
No, there is no relationship between male circumcision and HIV transmission	24	24%
Total	**100**	**100**

Source: from fieldwork, 2012

Table 4.7 illustrates the 100 women respondents out of 180 respondents. The study indicated that 76% of the women respondents responded that they had awareness that there is close link between male circumcision and HIV transmission, that male circumcision reduces the chances of getting HIV infection to men, while 24% of the women respondents said that they did not aware that there is close link between male circumcision and HIV transmission.

Table 4.8: Men's opinion on Male Circumcision Practice and HIV/AIDS

Opinion	Men respondents	Percentage
Yes, there is relationship between male circumcision and HIV transmission	9	11%
No, there is no is relationship between male circumcision and HIV transmission	71	89%
Total	**80**	**100**

Source: from fieldwork, 2012

Table 4.8 illustrates the 80 men respondents out of 180 respondents. The study conveyed that only 11% of men respondents had awareness that there is relationship between male circumcision and HIV transmission. That is male circumcision reduces the chances of getting HIV infection to man. An overwhelming majority 89% of men respondents said that they did not aware that there is relationship between male circumcision and HIV transmission.

Table 4.9: Community Justification for Male Circumcision

Reasons for male circumcision	Number of respondents	Percentage
Health	50	28%
Cleanness	4	2%
Traditional beliefs	22	12%
Religious beliefs	2	1%
All the above are correct	100	56%
I don’t know	2	1%
Total	**180**	**100%**

Source: from fieldwork, 2012

Table 4.9 indicates that a majority 56% of respondents said that male circumcision practice was important in their communities because of health reasons, cleanness, traditional beliefs and religious beliefs, while 28% of respondents emphasized on health reasons. That male circumcision provides a protection against STIs and HIV infection, protection against cervical cancer and protection against cancer of penis glands. Thus, the study found that male circumcision was practiced in communities of Bariadi urban basing on several reasons. Also the study showed that there was an overwhelming majority of 99% (28%, 2%, 12%, 1% & 56%) respondents knew the major reasons for practicing male circumcision and only 1% of the respondents were ignorant about major reasons for male circumcision practice.

Table 4.10: Community Views on Male Circumcision Health Related Challenges

Responses	Number of Respondents	Percentage
Severe bleeding, infection, severe pain and prolonged period of wound healing	135	75%
No complications of man being circumcised	45	25%
Total	**180**	**100**

Source: from fieldwork, 2012

Table 4.10 explains that 75% respondents recommended that male circumcision could lead to severe bleeding, infection, severe pain and prolonged period of wound healing, while 25% of the respondents replied that there was no any complication of man being circumcised. Therefore, it can be concluded that majority of the respondents had the knowledge that male circumcision practice can lead complications such to severe bleeding, infection, severe pain and prolonged period of wound healing.

Table 4.11: Community Awareness Mechanism on Male Circumcision

Sources of Information	Number of respondents	Percentage
Information on MC through MC campaigns	68	38%
Information on MC through health care workers at hospital	78	43%
Information on MC through Radio/Television	6	3%
Information on MC through friends and neighbors	28	16%
Total	**180**	**100%**

Source: from fieldwork, 2012

Table 4.11 showed that a majority 38% and 43% of respondents reported that they got information on male circumcision through health care workers and male circumcision campaign respectively, while 16% of respondents said that they got information on male circumcision through friends and neighbors, only 3% of the respondents responded that they received the male circumcision information through television and radio. Therefore the study revealed that the major sources of information on male circumcision in Bariadi urban were through health care workers and male circumcision campaigns.

Table 4.12: Community role in promoting Boy Children Circumcision

Responses	**Number of Respondents**	**Percentage**
Sensitization and Encouragement	27	15%
Visiting nearby Hospitals	60	33%
Consulting Health Workers	88	49%
Waiting for the Service at Home	5	3%
Total	**180**	**100%**

Source: from fieldwork, 2012

Table 4.12 depicts that a majority 49% of respondents said that the main role of community in promoting children male circumcision is to consult health workers for male circumcision services. About 33% of respondents emphasized on visiting nearby hospitals for male circumcision services and 15% of respondents emphasized on sensitization and encouragement of male partners on the importance of children male circumcision such as prevention of diseases like Urinary Track Infection (UTI),

while only minority 3% of respondents emphasized on waiting for the male circumcision services at home.

Table 4.13: Women's role in Promoting Adult Male Circumcision

Responses	Number of Respondents	Percentage
Sensitizing partner on the importance of male circumcision	12	12%
Accompanying my partner to hospital for male circumcision procedure and take care for him after the procedure	26	26%
Discussing with Partner on Circumcision	60	60%
Not my Duty	2	2%
Total	**100**	**100**

Source: Researcher 2012

Table 4.13 illustrates the 100 women respondents out of 180 respondents. Table 4.13 indicates that a majority 60% of women respondents emphasized that the main role of a woman in promoting adult male circumcision is to discuss with her male partner on the importance of male circumcision such as protection against STIs, HIV and cancer of the glands penis. About 26% of women respondents emphasized on accompanying their male partners to hospital for male circumcision procedure and taking care for them after the procedure. 12% of women respondents said that their role in promoting adult male circumcision is to sensitize their male partners on the importance of male circumcision, while only 2% of women respondents mentioned that promoting adult male circumcision is not their duty. Therefore, the findings showed that an overwhelming majority 98% (12%, 26% & 60%) of women respondents knew their role in promoting adult male circumcision.

Table 4.14: Community Attitude toward Male Circumcision

Responses	**Number of Responses**	**Percentage**
Male circumcision is good to be practiced	176	98%
Male is not good to be practiced	4	2%
Total	**180**	**100%**

Source: from fieldwork, 2012

Table 4.14 found an overwhelming majority 98% of respondents had a positive attitude towards male circumcision practice. And emphasized that male circumcision should be practiced, while 2% of the respondents had a negative attitude and they did not accept the practice of male circumcision as was not good for them.

Table 4.15: Male Circumcision Practice and Belief Systems

Religion	**Statement**	**Statement**	
	Yes, male circumcision is practiced	**No, male circumcision is not practiced**	**Total**
Muslim	30(17%)	0(0%)	30(17%)
Christian	45(25%)	0(0%)	45(25%)
Traditionalist	**85(47%)**	**20(11%)**	**105(58%)**

Source: from fieldwork, 2012

Table 4.15 depicts the male circumcision practice on the basis of religious and traditional beliefs in which shows about 47% of respondents said that the practice of male circumcision in their community is based on their traditional beliefs. While 25% of the respondents reported that the conduct of male circumcision practice was

based on their Christian faith and 17% of respondents reported that their Islam faith insisted on the practice of male circumcision. And only 11% of respondents reported that their traditions prohibit the practice of male circumcision. Therefore it may be concluded that, an overwhelming majority 47% (traditionalist) and 42% (Muslims and Christians) supported by religion and traditions to practice male circumcision, while only minority of 11% traditionalists were prohibited by their traditions to practice male circumcision.

Table 4.16: Community Opinions on Male Circumcision and Age Factor

Suggested Age range	Number of respondents	Percentage
0 – 5	23	13%
6 -11	46	26%
12 -17	85	47%
18 and above	26	14%
Total	**180**	**100%**

Source: from fieldwork, 2012

Table 4.16 shows that 47% of respondents reported that male circumcision is practiced at the age between 12 – 17 years old, whereas 26% of the respondents emphasized that male circumcision should be practiced between the age of 6 – 11 years old. Only 14% of the respondents answered that male circumcision has to be practiced between the age of 18 years old and above, while 13% of respondents responded that male circumcision should be practiced between the age of 0 -5 years old. Thus, the findings showed that majority 86% (13%, 26% & 47%) of the respondents supported the practice of male circumcision due to health related reasons that it can prevent Urinary Track Infection (UTI).

Table 4.17: Women's Views on Boy Children Circumcision

Opinions	Women respondents	Percentage
It is a good Practice	85	85%
It is not good Practice	15	15%
Total	**100**	**100**

Source: from fieldwork, 2012

Table 4.17 depicts the 100 women respondents out of 180 respondents. Table 4.17 reflects the attitude and perception of women concerning male circumcision to their male children. Therefore, the study demonstrated that about 85% of women respondents, responded that they supported their male children be circumcised, while 15% of women respondents reported that they did not like their son be circumcised. For those who did not accept male circumcision practice to their son, they mentioned that male circumcision may lead to male impotence and being circumcised is to play God who created us and it is a sin to bury a part of the body while a man is alive.

Table 4.18: Women's Views on Circumcised Partner

Opinion	Women respondents	Percentage
Yes, I prefer a circumcised partner	76	76%
No, I do not prefer a circumcised partner	24	24%
Total	**100**	**100**

Source: from fieldwork, 2012

Table 4.18 illustrates the 100 women respondents out of 180 respondents. Table 4.17 indicates that an overwhelming majority 76% of women respondents preferred a circumcised partner, while 24% of the women respondents did not prefer a circumcised partner. Thus, the study informs that an overwhelming majority 76% of women respondents preferred to have a circumcised partner.

Table 4.19: Men's Attitude on Women Involvement in Making Decision for Circumcision to their Male Children at Family Level

Opinion	Women respondents	Percentage
Yes, I am involving my female partner in making decision for male circumcision to our son in my family	79	99%
No, I am not involving my female partner in making decision for male circumcision to our son in my family	1	1%
Total	**80**	**100**

Source: from fieldwork, 2012

Table 4.19 indicates the 80 men respondents out of 180 respondents. The study found that there was high women involvement in making decision for male circumcision to their male children at family level. An overwhelming majority 99% of men respondents answered that they involve their female partners in making decision for male circumcision to their male children within their families, while only 1% of men respondents said that they did not involve their female partners in making decision for male circumcision to their sons within their families. Therefore it may be concluded that, an overwhelming majority 99% of men respondents in Bariadi urban reported the involvement of their female partners in making decision for male circumcision to their sons due to the reasons such as women as mothers of male babies play the big role in the family and are the one who take care for the sick one within the family.

Furthermore, in order to get more information on the practice of male circumcision, the researcher made efforts to collect information on male circumcision practices

from regional and district levels. Through questionnaires, the researcher contacted RMO of Shinyanga, RACC of Shinyanga, DMO of Bariadi, DACC of Bariadi and DSWO of Bariadi. The following are the information on the practice of male circumcision in Shinyanga region, particularly in Bariadi urban provided by RMO of Shinyanga, RACC of Shinyanga, DMO of Bariadi, DACC of Bariadi and DSWO of Bariadi.

The respondents reported that, the MOH&SW authorized IntraHealth International Tanzania HIV Prevention Project to implement male circumcision services in Shinyanga region including Bariadi district. Before the introduction of male circumcision services by IntraHealth International Tanzania HIV Prevention Project, male circumcision was not a priority by local men. The coverage of male circumcision in the region was 26% only. People were not aware on the benefits of male circumcision and its protective effect against HIV transmission. Male circumcision was done for cosmetic purpose and for religious norms and values. There was no circumcision package to health care workers and therefore few health care workers had knowledge and skills on male circumcision. There was little knowledge on male circumcision intervention as a preventive measure of HIV infection transmission to health care workers. Women were not demanding their men and their son to undergo circumcision procedure.

Also respondents reported that due to increased community awareness on the importance of male circumcision, it was seen that, women escort their partners and their sons for circumcision services. The male circumcision services were more

demanded by youth than others. About 55.82% of youth demanded male circumcision services (IntraHealth International Tanzania HIV Prevention Project M&E project report 2012). Most of health care workers had been oriented and trained on male circumcision package. Male circumcision services were provided through campaign and through facility based services.

However, the respondents reported that, in areas where male circumcision services had already been introduced the community was aware on male circumcision, and was aware that male circumcision reduces the chance of getting HIV infection. Moreover, the respondents said that, cultural beliefs were the main stigma related factor to man being circumcised or uncircumcised. Traditionally, sukuma ethnic group was not practicing male circumcision, being circumcised is the deviation from their cultural norms and values. According to their culture they believe that, it is a sin to bury a part of the body while a man is alive. Also they believe that, being circumcised is to criticize God who created us.

Furthermore, the respondents from regional and district levels mentioned that, the women involvement in male circumcision issues was done through involving women in health talk on male circumcision procedure. Usually, this is done at male circumcision sites. Women get the opportunity of receiving this information when they take their sons or escorting their partners/husbands for male circumcision services at the hospital.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The chapter carries the summary of the key findings, recommendations and conclusion. Therefore, all the information captured are relating to the research title which was assessing the male circumcision practice in prevention of HIV/AIDS infection a study which was conducted in Bariadi urban.

5.2 Discussion and Summary of the Findings

The study discovered that an overwhelming majority of 99% the respondents knew the major reasons for practicing male circumcision and only 1% of the respondents were ignorant about major reasons for male circumcision practice

The study showed that the community had knowledge and positive attitude on male circumcision. However, the study found that, an overwhelming majority 76% of women respondents had the knowledge that there is a relationship between male circumcision and HIV infection transmission that male circumcision reduces the chance of getting HIV infection to man, while very few men (11%) of men respondents had the knowledge that there is a relationship between male circumcision and HIV infection transmission. An overwhelming majority 89% of men respondents were not aware that circumcision of man who does not have HIV infection reduces his chance of getting HIV infection.

The study found that, there were cultural factors that influence the promotion of male circumcision in Bariadi urban. The mentioned factors were, being circumcised

is to criticize God who created us, also it is a sin to cut and bury a part of the body while a man is alive. Moreover, the study showed that the community of Bariadi urban was aware on how children male circumcision can be promoted. A majority 49% of the respondents said that the main role of community in promoting children male circumcision is to consult health workers for male circumcision services. About 33% of respondents emphasized on visiting nearby hospitals for male circumcision services and 15% of respondents emphasized on sensitization and encouragement of male partners on the importance of children male circumcision such as prevention of diseases like Urinary Track Infection (UTI), while only minority 3% of respondents emphasized on waiting for the male circumcision services at home.

The study revealed that women in the community can also play the role in promoting male circumcision to adults. However, the study found an overwhelming majority 98% of women respondents knew their role in promoting adult male circumcision. These were discussion with their male partners on the importance of male circumcision, accompanying their male partners to hospital for male circumcision procedure and taking care for them after the procedure and sensitize their male partners on the importance of male circumcision.

However, the study discovered that there was high involvement of women in making decision for male circumcision to their male children at family level. 99% of men respondents responded that they were involving their female partners in making decision for male circumcision to their male children.

5.2 Conclusion

Generally, it was found that, majority of the community members in Bariadi urban accept the practice of male circumcision. Therefore, it can be concluded that communitarians can play a big role in promoting male circumcision if male circumcision services are available.

5.3 Recommendations

The following are recommendations:

5.3.1 To the Government

1. Communities should be empowered in decision for male circumcision at family level through health education at clinical settings and community sensitization meetings.
2. There should be an awareness creation to community on the importance of male circumcision especially its protective effect against HIV infection so as to prevent anticipated myths and misconception on male circumcision.
3. Ministry of Health and Social Welfare in collaboration with implementing partners should consider the issue of integrating information on male circumcision into routine health education at RCH and PMTCT clinics so as to enhance parental decision on infant male circumcision.

5.3.2 To the Community

1. The Community members should ensure their boy children are brought to hospitals at younger ages.

2. Community should discourage some of the old cultures which hinder health practices.

5.4 Areas for Further Studies

Male circumcision is very important especially in the aspect of health. This study tried to assess male circumcision practice in prevention of HIV/AIDS infection. Based on the above recommendations, the following topics are suggested for further studies:

i. A study on the challenges that women face to circumcise male child
ii. A study on factors that hinder adult male circumcision
iii. A study on the factors that hinder infants male circumcision
iv. The study on cultural factors that influence the uptake of male circumcision

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APPENDICES

Appendix 1. Questionnaire to Respondents

THE OPEN UNIVERSITY OF TANZANIA

FACULTY OF ARTS AND SOCIAL SCIENCES

Dear Respondent,

My name is Salama Peter Kiula pursuing M.A in Social Work (CW) Evening Programme at Open University of Tanzania. As part of fulfillment of the requirements for the award of my degree I am required to conduct and report on a research topic that its results will be of use to the larger society. I am conducting a study titled Assessment of male circumcision practice in prevention of HIV/AIDS infection at Bariadi urban Shinyanga Region, Tanzania.

The main objective of the study is to assess the contribution of male circumcision in preventing HIV&AIDS infection. You are kindly invited to participate in this study by completing the attached questionnaire. We will be highly gratefully to you if you could return the completed questionnaire on or before 15th June 2012 to Ms Salama Peter Kiula. We promise that all information or opinions that you will provide will be held on a strict confidential and will be used for research purpose only. Should

you have any questions or clarifications regarding this research, please feel free to contact Dr. Jacqueline Bundala of Faculty of Arts and Social Sciences of University of Dar es Salaam (0714256501) or Ms. Salama Peter Kiula (0754016047).

Thank you in advance.

Questionnaire for expertise from Regional and District levels

1. Demographic information

    a) Age………………………… Marital status………………………….

    b) Occupation……………………………..

    c) Profession ………………………………..

    d) Place of work ………………………………….

    e) Designation………………………………

    f) Level of Education attained.

Above Secondary level (Please tick appropriately)

Diploma		Advance diploma		Degree		Masters		PHD	

2. In your opinion what are the main factors promoting the uptake of male circumcision in your area?(Please list)

    a) ………………………………

    b) ………………………………

    c) ………………………………

    d) …………………………………

    e) ………………………………….

3. In your opinion what are the main factors hinders the uptake of male circumcision in your area? (Please list)

    a) ………………………………

    b) ………………………………

c) ………………………………

d) …………………………………

e) ………………………………….

As you know now the Tanzanian Government has authorized the implementing partners to provide male circumcision services in the selected regions with low rate of male circumcision and high rate of HIV infection. Shinyanga Region is among of them.

4. Who are the implementing partners dealing with male circumcision services in your Region/District?(Please mention)

    a) ……………………………..

    b) ………………………………..

    c) ……………………………….

5. What was the situation before the introduction of male circumcision services and what is the situation after the introduction of male circumcision services? (Please explain)

    ………………………………………………………………………………

    ………………………………………………………………………………

    ………………………………………………………………………………

    ………………………………………………………………………………

    ………..……………………………………………………………………

6. Is the community aware about the Male Circumcision services?

    a. Yes

    b. No

7. Is the community aware about Male Circumcision reduces the chance of getting HIV infection?
    a. Yes
    b. No
8. Males are mostly circumcised at which age group?
    a. Below 1 year
    b. 1-10 years
    c. 11 - 14 years
    d. 15 - 25
    e. 25 +
9. Is there any stigma attached to man being circumcised or uncircumcised?
    a. Yes
    b. No
10. If yes what is the possible stigma related to culture or religion? (Please explain)

…………………………………………………………………………………….

……………………………………………………………………………………..

……………………………………………………………………………………..

………………………………………………………………………………………

11. Are there any family conflicts in relation to male circumcision?
    a. Yes
    b. No
12. Are male circumcision programs involving women in male circumcision issues?
    a. Yes
    b. No

13. If yes to what extent do women being involved in male circumcision issues? (Pease explain)

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

14. Do women aware on their role in increasing the uptake of male circumcision?
    a. Yes
    b. No
15. As the Region/District…………. what do you consider as the role that women can play to increase the uptake of male circumcision? (Please list)
    a) ………………………………………….
    b) ……………………………………………
    c) ………………………………………………
    d) ……………………………………………….
    e) ………………………………………………..
16. Do you have any suggestion on how women can be involved in male circumcision issues so that to be the motivators in increasing the uptake of male circumcision? (Please explain)

………………………………………………………………………………………..

…………………………………………………………………………………………

……………………………………………………………………………….………..

Thank you very much for your cooperation, may you be blessed in everything you do

CHUO KIKUU HURIA CHA TANZANIA

KITIVO CHA SANAA NA SAYANSI YA JAMII

Ndugu mshiriki,

Mimi naitwa Salama Peter Kiula, mwanafunzi wa Shahada ya Uzamili ya Kazi ya Jamii katika Chuo Kikuu Huria chaTanzania. Ili kukamilisha masomo yangu, natakiwa nifanye utafiti na matokea ya utafiti huo yawezakuwa na faida kwa jamii. Utafiti ninaofanya unaangalia ufanyaji wa tohara katika kuzuia maambukizi ya Virusi vya UKIMWI.

Dhumuni kuu la utafiti huu ni kuangalia ni kwa kiasi gani tohara ya wanaume inafanyika katika jamii ili kuzuia maambukizi ya Virusi vya UKIMWI. Kwa kutambua hayo inaweza kusaidia jamii kujua umuhimu wa tohara ya wanaume na kuweza kuleta ongezeko la wanaume waliofanyiwa tohara na vilevile kupunguza maambukizi ya Virusi vya UKIMWI.

Tafadhali unakaribishwa katika utafiti huu kwa kujibu maswali utakayoulizwa na mtafiti. Tunaahidi ya kwamba taarifa zote utakazozitoa ni siri, na zitatumika kwa ajili ya dhumuni la utafiti tu. Kama una swali lolote kuhusiana na utafiti huu, tafadhali jisikie huru kumuuliza mtafiti.

Asante sana

Dodoso kwa jamii

1. Umri wako
    a. 18 – 25
    b. 26 – 33
    c. 33 - 41
    d. 42+
2. Umeolewa/Hujaolewa……………….
3. Jinsia Me/Ke …………….
4. Kazi yako
    a. Mwajiriwa
    b. Umejiajiri mwenyewe
    c. Mkulima
    d. Mfanyabiashara
    e. Nyingine (Tafadhali taja)
5. Idadi ya watoto wako…………. Wakiume………………. wakike……….
6. Makazi yako kwa sasa……….
7. Dini yako……………………….. Dhehebu……………
8. Kiwango chako cha elimu
    a. Hujasoma kabisa
    b. Hujamaliza elimu ya msingi
    c. Umemaliza elimu ya msingi
    d. Una elimu ya sekondari
    e. Una elimu zaidi ya sekondari (Tafadhali weka tiki panapohusika)

Stashahada		Stashahada ya juu		Shahada		Shahada ya uzamili	

9. Je, unauelewa wowote kuhusu Virusi Vya UKIMWI (VVU)?
    a. Ndiyo
    b. Hapana
10. Je, unauelewa wowote kuhusu UKIMWI?
    a. Ndiyo
    b. Hapana
11. Unaufahamu juu ya njia za maambukizi ya VVU?
    a. Ndiyo
    b. Hapana
12. Unaufahamu juu ya njia za kuzuia maambukizi ya VVU?
    a. Ndiyo
    b. Hapana
13. Je, unafahamu kuwa kuna tofauti kati ya VVU na UKIMWI
    a. Ndiyo
    b. Hapana
14. Je, unauelewa wowote kuhusu tohara ya mwanaume?
    a. Ndiyo
    b. Hapana
15. Je, ulishawahi kusikia juu ya mahusiano yoyote kati ya tohara kwa mwanaume na maambukizi VVU?
    a. Ndiyo
    b. Hapana

16. Kama jibu lako hapo juu ni ndiyo, je, unafahamu kuwa tohara kwa mwanaume ambaye hana maambukizi ya VVU inaweza ikapunguzauwezekano wa yeye kutoambukizwa VVU?
    a. Ndiyo
    b. Hapana
17. Je, kuna madhara yoyote yanaweza kutokea endapo mwanaume atafanyiwa tohara?
    a. Ndiyo
    b. Hapana
18. Tohara ya mwanaume inafanyika katika baadhi ya nchi na baadhi ya mikoa katika nchi hii. Je, unafikiri kuna haja ya tohara kufanyika katika jamii yako?
    a. Ndiyo
    b. Hapana
19. Tafadhali elezea jibu lako katika swali la 17

    ………………………………………………………………………………………

    ………………………………………………………………………………………

    ………………………………………………………………………………………
20. Je, kuna umuhimu kwa wanaume kufanyiwa tohara?
    a. Ndiyo
    b. Hapana
21. Kama jibu lako ni ndiyo, unafikiri ni kwa sababu gani?
    a. Afya
    b. Usafi
    c. Mila

d. Dini
e. Yote yanahusika

22. Je, taarifa au elimu kuhusu tohara unaipata kupitia wapi?
    a. Kampeni ya tohara
    b. Radio na televisheni
    c. Marafiki na majirani
    d. Wahudumu wa afya katika vituo vya afya
23. Je, unaonaje kuhusu tohara ya mwanaume?
    a. Ni nzuri kufanyika
    b. Si nzuri kufanyika
    c. Haifai
24. Swali hili ni kwa watu walio na watoto wa kiume. Je, una watoto wangapi wa kiume ambao wapo chini ya miaka 18?..........
25. Je, watoto wako wa kiume wametahiriwa?
    a. Ndiyo
    b. Hapana
26. Je, katika kabila au dini yako kuna tabia ya kufanya tohara kwa wanaume?
    a. Ndiyo
    b. Hapana
27. Kama jibu lako hapo juu ni ndiyo tohara kwa wanaume inamaanisha nini katika kabila au dini yako?
    a. Afya
    b. Usafi
    c. Ni suala la kimila tu

d. Ni suala la kidini tu

e. Majibu yote ni sawa

28. Kama jibu ni ndiyo tohara ya mwanaume katika kabila au dini yako inafanyika katika umri gani?

a. Umri wa mwaka mmoja

b. Umri kati ya miaka 0 -5

c. Umri kati ya miaka 6 -11

d. Umri kati ya miaka 12 – 17

e. Umri kati ya miaka 18 na kuendelea

29. Unapenda mtoto wako wa kiume awe wametahiriwa?

a. Ndiyo

b. Hapana

30. Kama jibu lako hapo juu ni ndiyo je, kwa sababu gani unapenda mtoto wako afanyiwe tohara?

a. Kimila

b. Dini

c. Afya

d. Zote zinahusika

31. Unapenda mtoto wako wa kiume asitahiriwe?

a. Ndiyo

b. Hapana

32. Kama jibu lako hapo juu ni ndiyo je, ni kwa sababu gani hupendi mtoto wako asifanyiwe tohara?

a. Kimila

b. Dini
c. Afya
d. Zote zinahusika

33. Ukiwa wewe kama baba je, unamshirikisha mwenzi wako katika kutoa maamuzi ili kuhakikisha kama mtoto wako wa kiume kafanyiwa tohara katika familia?
    a. Ndiyo
    b. Hapana
34. Ukiwa wewe kama mama je, unapenda mwenzi wako wa kiume awe ametahiriwa?
    a. Ndiyo
    b. Hapana
35. Ukiwa kama mwanajamii je, una wajibu gani kuhakikisha kuwa watoto wa kiume wanafanyiwa tohara.
    a. Kuhamasisha na kushawishi kuhusu tohara
    b. Kutembelea vituo vya afya vya karibu
    c. Kuwaona wahudumu wa afya
    d. Kusubiria huduma nyumbani
36. Ukiwa kama mama mwenzi je, una wajibu gani kuhakikisha kuwa mwenzi wako wa kiume anafanyiwa tohara.
    a. Kumshawishi mwenzi wangu juu ya umuhimu wa tohara
    b. Kumsindikiza mwenziwangu hosipitali kwa ajili ya kufanyiwa tohara
    c. Kujadili na mwenzi wangu kuhusu swala la tohara ya wanaume

d. Sio wajibu wangu.

37. Je, katika jamii hii unayoishi kuna mtazamo wowote hasi kwa mwanaume ambaye hajatahiriwa?

    a. Ndiyo
    b. Hapana

38. Kama inavyojulikana ya kwamba wanawake ni akina mama wa watoto wa kiume, an vilevile ni wenza wa wanaume, je, unafikiri ushirikishwaji wa wanawake katika masuala ya tohara kwa wanaume inaweza kuwa ni kichocheo katika kuongeza idadi ya watu waliotahiriwa katika jamii yenu?

    a. Ndiyo
    b. Hapana

39. Je, unafikiri kuna haja ya mipango ya Taifa kuanzisha mikakati ya kuwahusiha wanawake katika masuala yanahusu tohara kwa wanaume?

    a. Ndiyo
    b. Hapana

40. Kama jibu lako hapo juu ni ndiyo. Je, ni mambo yapi ya msingi ungependa yabainishwe katika mikakati hiyo. Tafadhali orodhesha

    ………………………………………………………………………………

    ………………………………………………………………………………

    Je, una maoni yoyote kuhusu jinsi gani wanawake wanaweza kuwezeshwa ili wawe ni vichoche vya tohara ya wanaume? Tafadhali orodhesha.

    ………………………………………………………………………………

    ………………………………………………………………………………

Asante sana kwa ushirikiano wako mungu akubariki kwa kila jambo