

# Situation analysis of male circumcision in Malawi

April 2010

A report prepared by the College of Medicine

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## **ACKNOWLEDGEMENTS**

We sincerely thank the following Research Supervisors and Assistants for their contribution to this study during data collection and data processing:

**Knowledge, Attitudes, Behaviours and Practices Survey (KABP):** Towera Maleta, Siphon Jale, Dorothy Mfuno, Luwiza Soko, Judith Kalongonda, Mulekeni Mhone, etc

**Health facility and health worker Assessment:** Lucy Gondwe, Beatrice Joswah, Jean Masinga, Arthur Maleta, Lucy Mphande, Bertha Ndiutaya.

**Key Informant Interviews and Focus Group Discussions:** Ben Zakeyo, Chikondi Kwalimba, Brian Mkandawire, Aisha Kulesi, Deborah Mwafulirwa, Felix Makwinja, George Sinjani, Abigail Khembo, Mercy Tsidyia, Emmanuel Banda, Auscar Singini, Gift Khembo, Robson Gama, Dave Umar and Stanley Nthumbu. We also owe our sincere thanks to all research participants in the in-depth interviews and focus group discussions in the ten selected districts for their insightful responses.

Lastly, we thank the following Secretaries who assisted with data entry; Mrs. J. Nyalapa, Mrs. Mpesi, Mr. Lembani and Mrs. Liabunya.

**Grant management:** The study would not have been properly completed without the overall administrative support of Prof. Exnevia Gomo, Mrs Nyasinga Kaunda, Mr. Ulemu Chibwana and Linda Kayere at the Projects Accounts Department of the College of Medicine.

Stakeholder feedback: we would like to thank all the participants to the stakeholder feedback session for the zero draft who provided very invaluable comments to the report. A list of the participants is appended in appendix 12

## **ABBREVIATIONS AND ACRONYMS**

|        |  |
|--------|--|
| AIDS   | Acquired Immune Deficiency Syndrome                |
| BLM    | Banja La Mtsogolo                                  |
| CHAM   | Christian Hospitals Association of Malawi          |
| DHO    | District Health Officer                            |
| FGD    | Focus Group Discussion                             |
| FHI    | Family Health International                        |
| GVH    | Group Village Headman                              |
| HIV    | Human Immune deficiency Virus                      |
| HTC    | HIV testing and Counseling                         |
| IDI    | In-depth Interview                                 |
| IEC    | Information, Education and Communication           |
| KABP   | Knowledge Attitude Behaviour and Practices Survey  |
| KII    | key Informant Interview                            |
| MDHS   | Malawi demographic and Health Survey               |
| MO     | Medical Officer                                    |
| NHSRC  | National Health Sciences Research Committee        |
| PLWHA  | People Living With HIV/AIDS                        |
| STI    | Sexually Transmitted Infection                     |
| SRH    | Sexual and Reproductive Health                     |
| TA     | Traditional Authority                              |
| UNAIDS | United Nations Joint Programme on HIV/AIDS         |
| UNICEF | United Nations Children's Fund                     |
| UNFPA  | United Nations Population Fund Agency              |
| USAID  | United States Agency for International Development |
| WHO    | World Health Organization                          |

## GLOSSARY OF TERMS

|                         |  |
|-------------------------|--|
| <b>Alombwe</b>          | Guardians of initiates at the <i>ndagala</i>   |
| <b>Chikunja</b>         | Any cultural practice that is considered to be evil by the Christian religion  |
| <b>Chitedze</b>         | Buffalo bean - a creeping bean plant. The surface of its fruit is hairy and it itches when in contact with the skin. It also has aphrodisiac, hypnotic and other medicinal properties                      |
| <b>Jando:</b>           | A male initiation ceremony among the Yao. It is a rite of passage from childhood to manhood. It also involves circumcising the initiates   |
| <b>Kata msumbu</b>      | The removal of a foreskin from a man's penis   |
| <b>Kuchotsa fumbi:</b>  | A practice among initiates whereby they are encouraged to have sex with a girl soon after the coming out ceremony. In some cases it is said that the female partner has no say and cannot refuse the male. |
| <b>Liyogo:</b>          | A ceremony which takes place after the wounds of the initiates has healed. It is marked by bathing and feasting.   |
| <b>Kuwumbala</b>        | Being initiated/circumcised  |
| <b>Msupa</b>            | A charm which protects people from witches and wizards   |
| <b>Mwini zoma:</b>      | The owner of the initiation camp   |
| <b>Nakanga:</b>         | A man who is in charge of the initiation camp  |
| <b>Namkungwi:</b>       | Counselor to the initiates. In Lomwe culture, he may also double as a "circumciser"  |
| <b>Ndagala:</b>         | A grass hut, usually in the bush or close to a river bank where initiates stay after being circumcised   |
| <b>Ngaliba:</b>         | Circumciser - a man who is entrusted with the task of circumcising men.  |
| <b>Thezo/zoma/simba</b> | All these terms mean the place where the initiates stay as they are healing from the wounds inflicted during the circumcision and they get counseled on traditional/social norms                           |

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## EXECUTIVE SUMMARY

Male circumcision, the surgical removal of all or part of the foreskin of the penis is one of the oldest and most common surgical procedures worldwide. It is usually practiced for religious, cultural, social and religious reasons. Research evidence has in the past shown that male circumcision has a number of health benefits: including reduced risk in acquisition of urinary tract infections; syphilis; chancroid and the human papilloma virus in circumcised men and cervical cancer in women whose partners are circumcised.

Recently, research evidence has unequivocally demonstrated a linkage between male circumcision and HIV infection acquisition with randomized controlled trials suggesting up to 60% reduction in HIV acquisition among circumcised men. Since the publication of this evidence, there has been a great deal of interest in using male circumcision as part of HIV prevention strategies in high HIV prevalence countries where the virus is mainly transmitted heterosexually and since 2007 the WHO and UNAIDS have recognized male circumcision as an effective intervention for HIV prevention particularly in regions where the incidence of heterosexually acquired HIV infection is high, such as Sub-Saharan Africa.

The present situation analysis sought to document existing status of male circumcision in Malawi. The analysis specifically sought to: review what are the key determinants of male circumcision in Malawi; determine the prevalence and socio-demographic distribution of male circumcision in Malawi; review and document previous studies conducted on male circumcision in Malawi; describe existing service packages, uptake and determinants of uptake of male circumcision in Malawi, explore the knowledge, attitudes and perceptions about male circumcision in Malawi, assess acceptability of introducing male circumcision amongst circumcising and non circumcising communities, document the associated costs of procuring male circumcision and document the socio-political environment that impact on male circumcision in Malawi.

The main findings and recommendations of the situation analysis are as follows:

### **Prevalence and determinants of male circumcision**

Prevalence of male circumcision in Malawi is very low with only about one out of every five men reporting being circumcised, although the true prevalence of complete circumcision is likely to be far much lower than this. Many of those currently reporting being circumcised may not have the health benefits of male circumcision due to incomplete removal of the foreskin especially amongst the Lomwe and Mang'anja tribes. Emerging evidence of protective effect of male circumcision on HIV transmission has resulted in some increase in prevalence of medical male circumcision but uptake of medical male circumcision remains extremely low.

Religion and culture are the main determinants of male circumcision in Malawi and a result of the historical and religious context within which the practice was introduced into the country. As a result religion and culture govern the ethnic and geographical distribution of male circumcisions in Malawi, which is more prevalent amongst the Moslems, the Yao and Lomwe ethnic groups, and in the southern and

lakeshore districts inhabited by these groupings. There is very little influence of social desirability and health benefits for male circumcision in Malawi. Current information indicates that male circumcision is viewed in the wider community as an Islamic and Yao ritual mostly restricted to the southern region amongst the Yao and Lomwe and not readily acceptable by other ethnic and religious groups.

**Recommendations:**

**Implementing male circumcision as an HIV prevention strategy will require a very dramatic demand creation to improve uptake of the practice**

**To succeed as an HIV prevention strategy male circumcision will have to be isolated and promoted out of the religious and ethnic context within which it is currently practiced and understood and deliberately promote the social and health benefits to improve acceptability and uptake.**

**Knowledge, Attitudes and behaviours on male circumcision:**

Most Malawians know the definition of male circumcision but their understanding of male circumcision is based on its cultural and religious context. Understanding of medical male circumcision with preventive health benefits including HIV/AIDS is very low. As a result of the cultural and religious understanding of male circumcision, the majority of uncircumcised Malawian males find it unacceptable for themselves and their siblings. Cultural and religious circumcision differs from the medically protective circumcision and in most cases the circumcision practiced is partial removal of the foreskin.

Knowledge and acceptance of male circumcision can be improved with appropriate information provision. The situation analysis clearly demonstrates changing perceptions on acceptability of male circumcision if the right information is provided. Most Malawians are not at present willing to pay for male circumcision and where they are, they can only pay very small price for it. The preferred provider of male circumcision is the formal health sectors with only a minority especially those communities that initiate their children preferring traditional circumcisers. The preferred age for conducting male circumcision is around adolescence.

**Recommendations:**

**People need to be given all facts about male circumcision including the importance of complete removal of the foreskin for it to have protective effects**

**A strong IEC approach is required to change attitudes towards male circumcision if male circumcision is to be promoted for HIV prevention.**

**Faith and ethnic leaders have a very important role in improving acceptance of male circumcision.**

**Promotion of male circumcision as an HIV prevention strategy will require subsidized cost to improve uptake.**

**Socio-political environment impacting male circumcision:** Male circumcision has not been adequately studied with very few studies conducted and mostly descriptive studies in specific settings and population groups. Because of this paucity of local data, male circumcision as practiced has not been included in national sexual and reproductive health strategies although evidence suggests that this is also changing especially with the inclusion of male circumcision as part of the national HIV prevention strategy. Debate on the merits of male circumcision in the media has been recently stirred by the information linking circumcision with HIV/AIDS although such debate has been muted and not really focused on the potential benefits of male circumcision, nor the importance of considering male circumcision as part of a wider preventive strategy and the tone of the debate reflects the perceptions about male circumcision alluded to earlier. Stigma and lack of acceptance of male circumcision by some ethnic and religious groups remains widespread.

**Recommendation:**

**A good communication strategy highlighting the health and social benefits of medical male circumcision ought to be developed as part of the implementation of male circumcision as an HIV prevention strategy. Such a strategy should include highlighting the dangers of incomplete circumcision for HIV prevention**

**Faith and ethnic groups which at present have not bought into the merit of male circumcision ought to be engaged in developing strategies to increase demand for male circumcision and correct information should be provided to them.**

**Health service capacity to provide male circumcision:**

Most health workers are supportive of scaling up medical male circumcision as an HIV prevention strategy. The proposed ideal personnel to implement medical male circumcision are doctors and clinical officers but both groups would require further in-service training to safely conduct medical circumcisions. The majority of hospitals in Malawi, both district and rural hospitals have the prerequisites to implement medical male circumcision but will require additional equipment support and service linkages especially STIs and HTC for them to safely implement medical male circumcision as an HIV prevention strategy.

The present situation analysis did not collect enough data to simulate models of circumcision delivery and any plans to implement male circumcision would therefore have to include this through operational research. Present existing capacity would not be adequate to absorb very high demand for medical circumcisions and innovative strategies to increase uptake will be mandatory.

**Recommendations:**

**Training for key personnel, doctors, clinical officers and nurses has to be integral to any plans to implement medical male circumcision as an HIV prevention strategy and this costs has to be part of the programming**

**The capacity of existing institutions is not yet adequate to start a circumcision service without further support in service linkages using existing resources.**

**Rolling out male circumcision service using present capacity is feasible but will not be adequate to meet the increased demand and a combination of approaches including public –private partnerships, targeted provision in certain age groups and mass campaigns will have to be considered.**

## 1. INTRODUCTION

Male circumcision, the surgical removal of all or part of the foreskin of the penis is one of the oldest and most common surgical procedures worldwide. It is usually practiced for religious, cultural, social and religious reasons. Recently, research evidence has shown that male circumcision has a number of health benefits: including reduced risk in acquisition of urinary tract infections; syphilis; chancroid and the human papilloma virus in circumcised men.<sup>1</sup> Furthermore, it has been established that cervical cancer is 2 to 5.8 times more frequent among women partners of uncircumcised males compared to partners of circumcised males.<sup>2</sup>

The linkage between male circumcision and HIV infection acquisition has also recently been explored. A 25-year longitudinal study of a birth cohort of New Zealand children concluded that male circumcision may reduce the risk of sexually transmitted infection acquisition and transmission by up to one half, suggesting that there are substantial benefits accruing from routine neonatal circumcision<sup>3</sup> More recently, a 60% reduction in HIV acquisition among circumcised men aged 18-24 years was demonstrated in a study from South Africa.<sup>4</sup> Subsequently, two other studies in Kenya and Uganda have demonstrated reduction in risk of HIV acquisition of 53 and 48% respectively among circumcised men.<sup>5, 6</sup>

Since the publication of these results, there has been a great deal of interest in using male circumcision as part of HIV prevention strategies in high HIV prevalence countries where the virus is mainly transmitted heterosexually. In fact, in March 2007, the WHO and UNAIDS recognized male circumcision as an effective intervention for HIV prevention particularly in regions where the incidence of heterosexually acquired HIV infection is high, such as Sub-Saharan Africa.<sup>7</sup> Guidelines have been developed on the practice of safe male circumcision and tools been developed for countries to use when considering scaling up of this intervention.<sup>8</sup>

Malawi is one such country in Sub-Saharan Africa with high HIV prevalence and where the majority of males are not circumcised. However, even though male circumcision is now considered a proven public health intervention, its widespread introduction in countries such as Malawi, where communities either circumcise males using traditional methods or do not circumcise at all, is an issue which

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<sup>1</sup> Moses S, Bailey RC, Ronald AR. 1998. Male circumcision: assessment of health benefits and risks. *Sexually Transmitted Infections* 74:368–373.

<sup>2</sup> Castellsague X, Bosch FX, Munoz N, Meijer CJLM, Shah KV, et al. 2002. Male circumcision, penile human papillomavirus infection, and cervical cancer in female partners. *New England Journal of Medicine* 346:1105–1112.

<sup>3</sup> Fergusson, D.M., J.M. Boden, and L.J. Horwood, *Circumcision status and risk of sexually transmitted infection in young adult males: an analysis of a longitudinal birth cohort*. *Pediatrics*, 2006. 118(5): p. 1971-7.

<sup>4</sup> Auvert, B., Taljaard D, Lagarde E, Sobngwi-Tambekou J, Sitta R, et al., *Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial*. *PLoS Medicine*, 2005. 2(11): p. e298.

<sup>5</sup> Bailey, R.C., et al., *Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial*. *Lancet*, 2007. 369(9562): p. 643-56.

<sup>6</sup> Gray RH, Li X, Kigozi G, Serwadda D, Nalugoda F et al., *Male circumcision for HIV prevention in men in Rakai, Uganda: A randomised trial*. *Lancet*, 2007. 369: p. 657-666.

<sup>7</sup> WHO/UNAIDS, *Male Circumcision Situational Analysis Toolkit*, 2009. WHO, Geneva

<sup>8</sup> WHO/UNAIDS, *Male Circumcision Situational Analysis Toolkit*, 2009. WHO, Geneva.

requires careful consideration. In light of this, several stakeholders' consultations have been held in the country to examine the applicability of these research findings to the Malawian context.

Among some of the concerns often voiced by some stakeholders is the apparent discrepancy in HIV prevalence in circumcising versus non circumcising communities whereby those districts where male circumcision is traditionally practiced also have quite high prevalence of HIV. This may be attributable to incompleteness of circumcision as traditionally practiced or confounding. Table 1 below shows results from the MDHS 2004 relating circumcision status and HIV prevalence. Although the numbers are quite low precluding conclusive statistical inference, a general association is noted with a high prevalence of HIV amongst circumcised males compared to uncircumcised males. However, this association could be due to confounding of HIV status by ethnicity as both a high prevalence of male circumcision and HIV is associated with ethnicity. In fact, amongst the circumcising ethnic groups, Yao and Lomwe, circumcised males had a lower HIV prevalence than uncircumcised males, 13.4% and 9.5% versus 16.8% and 13.5% respectively. Apart from this it is also reported that ceremonies around ritual circumcision result in high risk sex which promotes HIV transmission hence reducing the already compromised benefits of a traditional circumcision.

**Table 1: relationship between circumcision status and ethnicity in the MDHS 2004**

| Circumcision status |              | ETHNICITY |         |       |       |      |      |         |       |       |       |
|---------------------|--------------|-----------|---------|-------|-------|------|------|---------|-------|-------|-------|
|                     |              | Chewa     | Tumbuka | Lomwe | Tonga | Yao  | Sena | Nkhonde | Ngoni | Other | Total |
| Uncircumcised       | negative (n) | 596       | 238     | 243   | 44    | 45   | 70   | 32      | 199   | 148   | 1615  |
|                     | %            | 93.3      | 96      | 83.2  | 88    | 86.5 | 87.5 | 94.1    | 85.8  | 93.1  | 90.4  |
|                     | Positive (n) | 43        | 10      | 49    | 6     | 7    | 10   | 2       | 33    | 11    | 171   |
|                     | %            | 6.7       | 4       | 16.8  | 12    | 13.5 | 12.5 | 5.9     | 14.2  | 6.9   | 9.6   |
|                     | TOTAL        | 639       | 248     | 292   | 50    | 52   | 80   | 34      | 232   | 159   | 1786  |
| Circumcised         | negative (n) | 58        | 4       | 142   | 3     | 239  | 4    | 3       | 11    | 35    | 499   |
|                     | %            | 92.1      | 80      | 86.6  | 75    | 90.5 | 80   | 75      | 84.6  | 83.3  | 88.5  |
|                     | Positive (n) | 5         | 1       | 22    | 1     | 25   | 1    | 1       | 2     | 7     | 65    |
|                     | %            | 7.9       | 20      | 13.4  | 25    | 9.5  | 20   | 25      | 15.4  | 16.7  | 11.5  |
|                     | TOTAL        | 63        | 5       | 164   | 4     | 264  | 5    | 4       | 13    | 42    | 564   |

The revised STI guidelines of 2008<sup>9</sup> only obliquely mentions male circumcision in light of its potential as a harmful practice if conducted in traditional settings under unsterile conditions and the attendant practices such as *kutchotsa fumbi* which increase the risk of sexually transmitted infections including HIV/AIDS. The tone of existing policies and guidelines is also echoed in the life skills curriculum for primary and secondary schools<sup>10, 11</sup> where the issue of male circumcision is only addressed in light of its potential as a risk factor for STI and HIV/AIDS but no direct reference is made for its potential for hygiene improvement.

These policies and guidelines were developed at a time when the evidence base for male circumcision's linkage with HIV/AIDS was not strong enough and may in future be revised. However the general protective effects of male circumcision which have been well known for some time ought to have been addressed earlier and the

<sup>9</sup> Ministry of Health. 2008. Management of sexually transmitted infections using the syndromic approach; A trainers Handbook.

<sup>10</sup> Malawi Institute of Education. 2004. Life skills and sexual reproductive health education training manual for secondary schools. Malawi Institute of Education.

<sup>11</sup> Malawi Institute of Education. 2004. Life skills and sexual reproductive health education training manual for primary schools. Malawi Institute of Education



fact that they were not addressed may point to a potential obstacle to be overcome in any male circumcision programming strategy.

The newly developed HIV prevention strategy for Malawi<sup>12</sup> however acknowledges the potential role of male circumcision in strategic objective 1 of reducing sexual transmission of HIV where it specifically calls for the development of a male circumcision policy, interventions and communication guidelines based on international and local evidence which the present situation analysis is part of.

Male circumcision is not just a medical intervention with public health significance; but, also a cultural practice, which has always had wider social, political, religious and ethical dimensions. The term “Male Circumcision” is translated as *kuwumbala* in Yao language. *Kuwumbala* literally means removal or cutting of the foreskin (*kata msumbu*). Although it is a neutral word, it can sometimes be used negatively by non-circumcised men in order to insult a person because it associates the person with the cutting of his foreskin. However, when it is used among circumcised men, it is used to respect a person who is circumcised. Among the Lomwe and Mang’anja, they use the term “*mdulidwe*” which also connotes “cutting” (of the foreskin). Normally, the term *mdulidwe* is not commonly used among circumcised men. Instead it is used by uncircumcised men to insult those that are circumcised. A man who is not circumcised is called “*wosadulidwa*” or “*wodyera ku nkhongo*”. The term “*wosadulidwa*” means uncircumcised while “*wodyera ku nkhongo*” means “one who eats through the back of his head” and it is an insult to an uncircumcised person

In Malawi the discussions on male circumcision in the media and political circles have seldom dwelled on the critical evidence of its protective benefits for HIV spread and other health benefits. The discussion to date has unfortunately been colored by the religious and cultural connotations surrounding circumcision focusing on the conflict between the school calendar and initiation practices, religion and culture and the occasional conflict between circumcising communities and non circumcising communities.

To adequately address issues of acceptability, accessibility and feasibility of male circumcision, especially among currently non-circumcising populations, among whom the introduction of male circumcision has the greatest potential impact, a situation analysis was proposed. The situation analysis sought to generate relevant data that could be used to inform and guide future initiatives to promote male circumcision as part of a comprehensive HIV prevention strategy in Malawi. The key focus of the situation analysis therefore was to document existing status of male circumcision in Malawi. The analysis specifically sought to:

- Review and document previous studies conducted on male circumcision in Malawi
- Examine what are the key determinants, of male circumcision in Malawi using existing data sources published and unpublished as well as using additional data collected as part of the analysis
- To determine current rates, service providers and behaviours that determine current and future male circumcision practice in Malawi

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<sup>12</sup> National AIDS Commission. National HIV Prevention Strategy 2009 -2013. National AIDS Commission

- To explore knowledge, attitudes and perceptions of people in Malawi about male circumcision in general and as an HIV prevention strategy.
- To assess the acceptability of introducing male circumcision as an HIV prevention strategy in both circumcising and non-circumcising communities in Malawi.
- To investigate the feasibility of implementing a male circumcision strategy for HIV prevention in Malawi.
- To document the unit costs of providing male circumcision at different health facility levels and estimate costs needed for national uptake and scaling up of male circumcision as a public health intervention.
- To provide recommendations on whether male circumcision should be adopted as one of the strategies for HIV prevention in Malawi.

## **OBJECTIVES OF THE SITUATION ANALYSIS**

### **2.1 MAIN OBJECTIVE**

The main objective of the situation analysis was to generate relevant data that could be used to inform and guide initiatives to promote male circumcision as part of a comprehensive HIV prevention strategy in Malawi

### **2.2 SPECIFIC OBJECTIVES**

The specific objectives of the situation analysis were:

1. To determine current rates, service providers and behaviours that determine current and future male circumcision practice in Malawi
2. To explore knowledge, attitudes and perceptions of people in Malawi about male circumcision in general and as an HIV prevention strategy.
3. To assess the acceptability of introducing male circumcision as an HIV prevention strategy in both circumcising and non-circumcising communities in Malawi.
4. To investigate the feasibility of implementing a male circumcision strategy for HIV prevention in Malawi.
5. To provide recommendations on whether male circumcision should be adopted as one of the strategies for HIV prevention in Malawi.

## **3.0 METHODOLOGY**

The situation analysis used the methodology proposed by WHO situation analysis tool kit. The toolkit was adapted to the local context to collect the required information. Main methods included:

- a) Desk review
- b) Key Informant Interviews (KII) and Focus group Discussions (FGDs)
- c) Knowledge, Attitude, Behavioral and Practice (KABP) survey
- d) stakeholder consultation meetings
- e) service availability assessment
- f) supply and demand analysis

### **3.1 STUDY SITES AND SAMPLING CONSIDERATIONS**

The situation analysis was conducted to cover the whole country as much as possible. Specific study sites varied according to the nature of the information to be collected and in some cases a sample of the country was selected.

For qualitative information purposive sampling of circumcising and non circumcising communities was done based on region and district. Data was collected from three districts each in northern and central regions and 4 districts in the southern region. The districts selected were as follows:

North: Chitipa, Mzimba and Nkhatabay  
Centre: Lilongwe, Nkhotakota and Ntcheu  
Southern region: Nsanje, Blantyre, Mangochi and Mulanje.

These districts were selected because they are specific to some of the 30 distinct tribal groups present in the country thereby ensuring an almost equal representation of major tribal groups in the country. At the same time, their geographical locations allowed for valid assessment of the feasibility of male circumcision. The same districts provided the sampling frame for the KABP survey.

Respondents for the KII were recruited amongst medical personnel, traditional initiators, traditional leaders, religious leaders, political leaders, traditional healers and Ministry of Health officials. A total of 135 KII were conducted as indicated below. Respondents for the FGDs included traditional community leaders, religious leaders, circumcised and uncircumcised men for a total of 53 FGDs as indicated in the table below.

Quantitative information on KABP was collected from a household survey of men and women in each of the districts selected. Sample size was determined based on the following assumptions:

- i. The expected prevalence of MC in each of the selected districts, using the results of 2004 Malawi Demographic and Health Survey (MDHS 2004).
- ii. A household non-response error of 10%. This was based on similar studies, again informed by the MDHS 2004.
- iii. A precision or error bound on the estimate of 95%.
- iv. A design effect of 2.
- v. An average household size of 5, and
- vi. The proportional of male adults (those aged 18 years and above) of 1.1.

For the facility male circumcision survey we conducted a census of all rural and district hospitals in Malawi. Following consultation with stakeholders, the decision was made to exclude all other health facilities smaller than those above. For government and CHAM these numbered 71 facilities spread as follows:

- i. Central East zone: 12
- ii. Central West zone: 12
- iii. South East zone: 13
- iv. South west zone: 13
- v. Northern zone: 21

Additionally all private hospitals in these zones were also be included.

In terms of study population, the situation analysis targeted both males and females aged 14 and above (from 18 years of age) from circumcising and non-circumcising groups communities in Malawi. Other persons studied included medical personnel, traditional initiators, traditional leaders, religious leaders, political leaders, zonal

health officers, traditional healers, Ministry of Health Officials and academic professionals in the area of health.

### *Distribution of respondents for KII and FGDs*

| KII   |        | FGD                                   |        |
|---|--------|---------------------------------------|--------|
| Group   | Number | Group                                 | Number |
| Members of parliament                                       | 7      | Community Leaders                     | 10     |
| District health Officer / Medical Officer (Govt. Hospitals) | 10     | Religious leaders                     | 10     |
| Medical Officers (CHAM)                                     | 10     | Circumcised men (Health facility)     | 3      |
| Clinical officers responsible for MC                        | 10     | Circumcised men (traditional setting) | 10     |
| Christian Church leaders                                    | 10     | Uncircumcised men                     | 10     |
| Traditional authorities                                     | 10     | Women                                 | 10     |
| Nurses  | 10     |                                       |        |
| Muslim leaders  | 10     |                                       |        |
| Leaders of youth organizations                              | 10     |                                       |        |
| Traditional circumcisers                                    | 10     |                                       |        |
| People Living with HIV/AIDS                                 | 10     |                                       |        |
| Media correspondents  | 10     |                                       |        |
| Leaders of women's organizations                            | 10     |                                       |        |

## **3.2 DATA COLLECTION METHODS**

Data collection methods for each objective were as indicated below.

### **Objective 1:**

#### **To determine current rates, service providers and behaviors that determine current and future male circumcision practice in Malawi**

To determine current practice in terms of rates, service providers and behaviours that determine male circumcision a guided desk review was conducted. The desk review aimed to review the current situation using existing materials from programmes, projects and any studies that have been conducted in Malawi. The following key questions were addressed:

1. What are the key determinants of circumcision?
2. Whether there has been any discussion of male circumcision in relation to HIV/AIDS, hygiene, religion and culture?
3. Whether there have been any completed or ongoing studies on male circumcision?
4. The estimated number of male circumcisions conducted per annum by various service providers (traditional and clinic based) and any geographical and socio-demographic variations?
5. What are the existing programmes for male circumcision and a description of the nature of the programmes?
6. What is the estimated trends in male circumcision practice
7. What are the government policies relating to male circumcision including any plans in relation to male circumcision practices
8. Mapping of male circumcision prevalence

9. Mapping of sexual and reproductive health services and programmes and any linkages to male circumcision, family planning, and HIV testing and counseling.

Existing published and unpublished documents were identified and reviewed from various sources including academic institutions; institutional review boards (IRBs), government ministries, non-governmental organizations, religious and cultural organizations. To aid identification of potential sources of information, key informants (Appendix 1) such Ministry of Health personnel, the print and broadcast media, Civil Society Organizations and Non Governmental Organizations, UN agencies, etc were interviewed to locate potential sources of data. All collected data was collated and documented (Appendix 2) and a desk review report produced to guide further data collection as proposed in the next step. To facilitate this, the report was shared with and discussed by key stakeholders.

### **Objective 2:**

**To explore knowledge, attitudes and perceptions of people in Malawi about male circumcision in general and as an HIV prevention strategy.**

To explore the knowledge, attitudes, behaviors and practices about male circumcision in general and as an HIV prevention strategy a KABP survey was conducted in the sampled districts amongst men and women using an interviewer administered questionnaire adapted for the WHO Male Circumcision Tool Kit (Appendix 3 and 4) and this was complemented by information collected through KII and FGDs (appendix 5 and 6).

### **Objective 3:**

**To assess the acceptability of introducing male circumcision as an HIV prevention strategy in both circumcising and non-circumcising communities in Malawi**

To gather perceptions of opinion leaders in society and the general population, key informant interviews and focus group discussions were conducted. FGD guides and Key informant interview guides are attached in Appendix 3 and 4 respectively. In each selected area the following FGDs were conducted with.

- a) Men who have been circumcised by traditional circumcisers
- b) Men who have not been circumcised
- c) Women in areas where men are normally circumcised
- d) Women where men are not normally circumcised
- e) Community leaders

In total, 5 focus groups discussions were conducted in each district, hence 53 focus group discussions in total.

In-depth interviews were conducted with key informants as follows:

- a) Senior health service personnel from both government, CHAM and private service providers

- b) In each selected area or district an average of 13 Key Informant Interviews (KII) were conducted for a total of 135 interviews.
- i. 1 Member of Parliament
  - ii. 1 Traditional Authority,
  - iii. 1 traditional healer
  - iv. 1 traditional circumciser
  - v. 1 clinician providing circumcisions.
  - vi. 2 religious leaders, Christian and Muslim
  - vii. 1 person living with HIV/ AIDS
  - viii. 1 representative of a women group
  - ix. 1 representative of a Youth Group
  - x. 1 Correspondent of a Media House
  - xi. 1 experienced Nurse
  - xii. 1 experienced Clinical Officer

Additionally, in each of the areas selected for these interviews, a short household survey of men and women was conducted among men who have been circumcised and those not circumcised and women whose partners were circumcised or not. This was done to get additional insight into knowledge, attitudes and preferences of people in these areas (Appendices 3 and 4).

#### **Objective 4:**

#### **To investigate the feasibility of implementing a male circumcision strategy for HIV prevention in Malawi**

To investigate the feasibility of implementing male circumcision as an HIV prevention strategy we would ideally have done a service availability mapping exercise. However due to the time constraints and urgency of the information required, it was decided to conduct a male circumcision survey. The male circumcision survey included a health facility and health practitioner's survey. Information collected included:

- catchment population served by the facility,
- personnel availability
- resources for surgical services,
- availability of HIV testing and counseling services,
- family planning and sexually transmitted infection services
- current scope of circumcision services.

For the practitioners survey information was collected on :

- whether they were currently offering the service or may be able to offer the services,
- knowledge and experience of providers to provide safe circumcision services
- Their attitude to offering male circumcision services.

Data collection tools are attached in appendices 6 and 7. The information collected was used to determine current capacity of health facilities and practitioners to provide circumcision services, current trends in demand and supply for circumcision services and how male circumcision services could be safely increased.

## **Objective 5.**

### **To provide recommendations on whether male circumcision should be adopted as one of the strategies for HIV prevention in Malawi**

To meet the above objective several stakeholder workshops were proposed from which a stakeholder analysis will be conducted. The main purpose for the stakeholder workshops will be to appraise stakeholders of the current situation to facilitate their understanding and participation in the situation analysis review. The first of these workshops was conducted soon after the guided desk review at which point they also contributed to the further refinement of the data collection tools and methodologies. The second stakeholder consultation will be conducted when the present report is presented.

## **3.3 DATA HANDLING AND PROCESSING**

### **KNOWLEDGE ATTITUDES BEHAVIOUR AND PRACTICES (KABP) SURVEY**

A two-stage survey methodology was adopted to produce a district representative sample of households. A team of experienced enumerators were recruited to collect data. They were given 3 days intensive training on the questionnaire, and had two days of a pilot study in order to (a) acquaint themselves with the questions, (b) afford them an opportunity to ask questions, seek clarifications, and make general questions where necessary, (c) accustom them with survey, interviewing, and house selection techniques. The exercise also sought to familiarise them with the problems they were going to encounter in the field and at the same time share their previous experiences in such exercises. Since the questionnaire was translated into a local language, the pilot study was also designed to clear any ambiguities and problems in its interpretation and administration.

For the KABP, two teams were formed under a supervisor, and each team would cover a district. Each supervisor was responsible for checking consistency in the filling of questionnaires, and time management. Each enumerator was required to sign their name on the questionnaire, the date of the interview, the time the interviews started and the time when they ended. Each supervisor would then provide a field report for each district.

Once the questionnaires were filled, these were sent to a dedicated computer room for data capture. Data entry proceeded concurrently with data collection, once these are received at the data entry point. A data entry screen, mirror of the questionnaire, was developed in Microsoft Access. The data entry screen allowed for both single response and multiple response type of questions. Data entry delimiters were constructed to minimize errors. Data was entered once in MS Access, and then exported into Statistical Package for Social Sciences (SPSS) for variable coding. We maintained the same variable coding to that in the questionnaire for easy referencing. The data entry screens and SPSS data have been submitted.



## **FOCUS GROUP DISCUSSIONS AND KEY INFORMANT INTERVIEWS**

Data was obtained from research participants during focus group discussions and in-depth interviews. Fifteen Research Assistants or Data Collectors and the Principal Investigators conducted both the focus groups and in-depth interviews. They used semi-structured interview guides whose copies are appended to this report (Appendix 5 and 6). The interview guides were translated into Chichewa, Chitumbuka and Chiyao and the focus groups and in-depth interviews were administered in Chichewa, Chitumbuka, Chiyao and English. All focus group discussions and in-depth interviews were audio taped.

The recorded data from each focus group and in-depth interview were transcribed verbatim by the Research Assistants whilst in the field. They used hard covers to write the recorded information. The transcripts from the hard covers were then entered into the Computer by Secretaries. The electronic transcripts in Chichewa, Chitumbuka and Chiyao were translated into English by the Research Assistants. All the translations were later checked by the Principal Investigators to see if they made sense. All the electronic transcripts are appended to this report.

### **3.4 DATA MANAGEMENT AND ANALYSIS**

#### **QUALITATIVE DATA**

All the processed data from the FGDs and KIIs was saved electronically on Compact Disks (CDs) and on computer. Analysis of the focus group and in-depth interview transcripts was carried out manually. It involved the identification of recurrent patterns and themes from both the conceptual framework and thorough reading of the transcripts. The Chichewa, Chitumbuka Chiyao and English transcripts were read in their entirety to identify themes that re-occurred across all the focus groups and in-depth interviews. The themes or categories were coded inspired by the questions in the focus group discussion guide and in-depth interview guide (Appendix 5 and 6).

#### **QUANTITATIVE DATA**

After variable coding in SPSS, we ran frequencies for consistency checks, data cleaning and transformation. Consistency checks included, among other things, verification of the total valid cases, missing values and correct categories. Any wrong entries were corrected by refereeing to a corresponding questionnaire. Where necessary, certain variables were categorized or collapsed if the data was sparse in some categories. New variables were also created from existing ones. To answer the objectives of the study, we generated frequency tables and charts for each key variable, mainly for the background characteristics of the respondents, the male circumcision status of the respondent, their knowledge, attitudes and behaviour and practices. We then generated cross tabulations to assess associations between certain attitudes, behaviours and practices and current status of male circumcision.

### **3.5 STUDY LIMITATIONS**

#### **Malfunction of Tape Recorders during Interviews**

On few occasions, the tape recorder malfunctioned; and in some venues where the interviews were conducted there was background noise which made the voices of participants difficult to hear on the recordings of some focus group discussions and in-depth interviews.

#### **Failure to conduct some focus groups and in-depth interviews**

Some potential participants didn't turn up for scheduled FGDs and In-depth Interviews. Some participants didn't turn up for the FGDs and IDIs because they were so busy doing other activities that they didn't have time to come to the scheduled venues although they had accepted to come for interviews on the scheduled dates - this led to low turn up and the rescheduling of some interviews.

#### **Recruitment of men circumcised at a health facility**

Originally, we planned to recruit men circumcised at health facilities in each selected district. However, during recruitment, we failed to find sufficient numbers of men for focus group discussions in some districts because in some Hospitals, people in charge were not willing to give us contact information of men circumcised in their hospitals for confidentiality reasons while in others it was difficult to trace sufficient men to constitute a focus group discussion. To make up for this, we managed to recruit twenty-eight men circumcised at Kawale BLM Clinic in Lilongwe with the kind assistance of Brendan Hayes, BLM's Male Circumcision Project Manager. Mr Hayes provided a convenience sample of men who had previously consented to be contacted for follow-up research regarding male circumcision.. The men formed three focus groups. We also conducted in-depth interviews with men circumcised at health facilities in the districts where we could not find sufficient numbers.

## 4. FINDINGS

### 4.1. CHARACTERISTICS OF PARTICIPANTS

#### 4.1.1 Demographic characteristics of KABP respondents

Information was collected on the socio-economic and demographic characteristics of men and women which were sampled for the KABP survey. In total, 3734 men were sampled and interviewed across Malawi. Eighty eight percent of the men were from the rural areas and 34.4%, 25.1% and 40.5% were from the northern, central and southern region of Malawi respectively (Table 2). Distribution across the ten districts was even with Mzimba contributing the highest proportion (12.4%) and Blantyre and Ntcheu district contributing the least proportion (8.2%) each. Most of the men (71.4%) were married. Just over half of the men were Christians belonging to the catholic (18.9%), CCAP (18.9%), Adventist/ Baptist (9.4%) and Anglican (3.4%) churches. About 15.2% of the men were Muslims.

For women, a total of 1211 women were sampled and interviewed across Malawi amongst whom 85% were from the rural areas and 28.2%, 30.9% and 41 % were from the northern, central and southern region of Malawi respectively (Table 3). Distribution across the ten districts was even with Lilongwe contributing the highest proportion (12%) and Chitipa district contributing the least proportion (8.7%) each. Most of the women (82.4%) were married. Just below half of the women were Christians belonging to the catholic (17.4%), CCAP (17.5%), Adventist/ Baptist (5.9%) and Anglican (2.9%) churches. About 14.8% of the women were Muslims.

#### 4.1.2 Socioeconomic status of KABP respondents

More than three quarters (88.6%) of the men had attended school with 65.6%, 32.7% and 1.7% attending primary, secondary and tertiary education. Most (42.9%) of the men were involved in farming. Farming and business were the main sources of income for the majority of men and 65.7% owned some livestock. Ownership of a radio was 73.1%. Only 6.5% and 2.8% of the men had access to electricity and a flush toilet respectively. With regards to collective wealth ranking (based on the assets owned), 48% of those from urban areas were the poorest compared to 11.9% in the rural areas. Mangochi, Nkhatabay, Nkhatakota and Ntcheu respondents had relatively good wealth ranking with 7.9%, 10.2%, 12.8% and 12.3% for poorest categories respectively, and 34.6%, 30.2%, 35.8% and 34.4% among the rich category and the 23.0%, 20.2%, 21.8% and 16.6% among the richest categories respectively.

Likewise as shown in table 3, the majority of the women had been to school with 86.2%, 13.4% and 0.4% attending primary, secondary and tertiary education in the rural areas. Attendance of school as expected varied across the regions and districts. Farming and business were the main sources of income for the majority of women and access to radio was high with 62% and 81.7% in the rural and urban areas

respectively. Only 2.4% and 39% of the women had access to electricity in rural and urban areas respectively. According to the wealth ranking, again the poorest of the women were from urban areas compared to rural areas (58% versus 14% in that category). The distribution within districts shows that Nsanje and Ntcheu women were the least poor with 9.9% and 12.1% respectively.

**Table 2: Characteristics of the men interviewed in the KABP survey**

|                                | Malawi<br>% | Area         |              | region       |               |              | District        |                |                 |                 |                |               |                  |                   |               |               |
|--------------------------------|-------------|--------------|--------------|--------------|---------------|--------------|-----------------|----------------|-----------------|-----------------|----------------|---------------|------------------|-------------------|---------------|---------------|
|                                |             | Urban<br>(%) | Rural<br>(%) | North<br>(%) | Centre<br>(%) | South<br>(%) | Blantyre<br>(%) | Chitipa<br>(%) | Lilongwe<br>(%) | Mangochi<br>(%) | Mulanje<br>(%) | Mzimba<br>(%) | Nkhatabay<br>(%) | Nkhotakota<br>(%) | Nsanje<br>(%) | Ntcheu<br>(%) |
| All men                        | 3734        | 11.2         | 88.8         | 34.4         | 25.1          | 40.5         | 8.2             | 10.5           | 9.6             | 12.1            | 11.6           | 12.4          | 11.6             | 7.2               | 8.6           | 8.2           |
| <b>Marital status</b>          |             |              |              |              |               |              |                 |                |                 |                 |                |               |                  |                   |               |               |
| Married                        | 71.4        | 59.9         | 72.8         | 66.2         | 74.9          | 73.6         | 67.8            | 78.8           | 75.6            | 73.5            | 74.4           | 62.7          | 58.4             | 73.5              | 78.2          | 75.4          |
| <b>Tribe</b>                   |             |              |              |              |               |              |                 |                |                 |                 |                |               |                  |                   |               |               |
| Chewa                          | 17.8        | 26.2         | 16.8         | 5.2          | 57.5          | 4.1          | 7.2             | 0.3            | 80.6            | 4.4             | 3.5            | 8.2           | 6.3              | 87.0              | 1.6           | 4.9           |
| Yao                            | 14.0        | 15.4         | 13.8         | 0.7          | 3.8           | 31.6         | 27.5            | 0.0            | 5.1             | 82.3            | 3.5            | 1.3           | 0.7              | 4.1               | 1.9           | 2.0           |
| Tumbuka                        | 12.5        | 15.4         | 12.1         | 34.7         | 0.6           | 1.0          | 3.6             | 8.0            | 1.1             | 0.4             | 0.2            | 74.3          | 16.1             | 0.4               | 0.3           | 0.3           |
| Lomwe                          | 12.5        | 14.4         | 12.3         | 1.1          | 3.2           | 28.0         | 24.9            | 0.5            | 4.5             | 7.7             | 71.1           | 0.9           | 1.9              | 1.9               | 1.3           | 2.9           |
| Sena                           | 7.9         | 10.6         | 7.6          | 0.1          | 0.6           | 19.1         | 4.6             | 0.0            | 1.1             | 0.4             | 0.5            | 0.2           | 0.0              | 0.0               | 84.6          | 0.7           |
| Ngoni                          | 11.5        | 7.9          | 12.0         | 4.5          | 30.6          | 5.7          | 20.3            | 0.8            | 4.5             | 3.3             | 0.5            | 10.2          | 1.6              | 1.9               | 2.2           | 86.3          |
| Tonga                          | 8.7         | 3.1          | 9.2          | 23.9         | 1.3           | 0.3          | 0.7             | 0.0            | 0.8             | 0.2             | 0.0            | 1.7           | 69.5             | 2.2               | 0.3           | 1.0           |
| Amang'anja                     | 4.5         | 3.8          | 4.5          | 0.5          | 1.4           | 9.7          | 11.1            | 0.0            | 2.0             | 0.7             | 19.7           | 0.4           | 0.9              | 1.1               | 7.8           | 1.0           |
| Nkhonde                        | 0.3         | 0.5          | 0.3          | 1.0          | 0.0           | 0.0          | 0.0             | 0.5            | 0.0             | 0.0             | 0.0            | 0.6           | 1.9              | 0.0               | 0.0           | 0.0           |
| others                         | 10.2        | 2.6          | 11.2         | 28.4         | 0.9           | 0.5          | 0.0             | 89.9           | 0.3             | 0.4             | 1.2            | 2.2           | 1.2              | 1.5               | 0.0           | 1.0           |
| <b>Religion</b>                |             |              |              |              |               |              |                 |                |                 |                 |                |               |                  |                   |               |               |
| catholic                       | 18.9        | 19.4         | 18.8         | 19.0         | 22.3          | 16.7         | 22.7            | 17.9           | 22.8            | 4.9             | 24.8           | 27.5          | 10.7             | 8.1               | 17.0          | 34.2          |
| CCAP                           | 18.9        | 22.0         | 18.5         | 28.4         | 14.6          | 13.5         | 20.3            | 30.3           | 20.3            | 2.4             | 26.9           | 34.3          | 20.3             | 7.8               | 4.4           | 13.8          |
| Anglican                       | 3.4         | 6.5          | 3.0          | 1.6          | 5.0           | 3.9          | 5.7             | 1.0            | 1.9             | 6.4             | 1.4            | 0.2           | 3.5              | 13.7              | 2.2           | 1.0           |
| Adventist/Baptist              | 9.4         | 11.9         | 9.1          | 8.1          | 8.6           | 10.9         | 14.3            | 2.3            | 9.2             | 3.3             | 11.1           | 3.9           | 17.8             | 3.0               | 18.3          | 12.8          |
| Moslem                         | 15.2        | 17.9         | 14.9         | 0.8          | 14.5          | 28.0         | 13.3            | 0.3            | 4.5             | 79.0            | 3.9            | 0.9           | 1.2              | 43.3              | 1.9           | 0.7           |
| others                         | 34.2        | 22.3         | 35.8         | 42.2         | 35.0          | 26.9         | 23.7            | 48.2           | 41.2            | 4.0             | 31.8           | 33.2          | 46.5             | 24.1              | 56.2          | 37.5          |
| <b>School attendance (Yes)</b> | 88.6        | 92.8         | 88.1         | 96.7         | 83.2          | 85.2         | 90.5            | 96.4           | 82.5            | 76.4            | 88.7           | 96.3          | 97.2             | 82.2              | 87.9          | 85.0          |
| <b>Level of education</b>      |             |              |              |              |               |              |                 |                |                 |                 |                |               |                  |                   |               |               |
| primary                        | 65.6        | 45.2         | 68.4         | 57.3         | 70.9          | 70.4         | 57.0            | 59.2           | 66.7            | 76.9            | 74.9           | 57.8          | 55.0             | 69.8              | 69.5          | 76.7          |
| secondary                      | 32.7        | 48.6         | 30.6         | 40.6         | 27.3          | 28.4         | 40.4            | 39.0           | 30.6            | 22.5            | 24.5           | 39.2          | 43.6             | 28.4              | 29.1          | 22.5          |
| tertiary                       | 1.7         | 6.2          | 1.1          | 2.1          | 1.8           | 1.2          | 2.5             | 1.9            | 2.7             | 0.6             | 0.5            | 2.9           | 1.4              | 1.8               | 1.4           | 0.8           |
| <b>Occupation</b>              |             |              |              |              |               |              |                 |                |                 |                 |                |               |                  |                   |               |               |
| farming                        | 42.9        | 14.7         | 46.4         | 46.6         | 51.7          | 34.2         | 27.2            | 55.8           | 51.1            | 31.2            | 30.2           | 46.4          | 38.4             | 50.4              | 50.6          | 53.4          |
| casual labour                  | 12.8        | 13.5         | 12.7         | 10.7         | 9.5           | 16.6         | 15.9            | 7.5            | 8.4             | 14.8            | 23.7           | 11.4          | 12.8             | 10.4              | 10.4          | 10.1          |
| employed                       | 10.9        | 24.4         | 9.2          | 11.0         | 10.0          | 11.5         | 16.6            | 10.5           | 13.1            | 11.3            | 12.6           | 9.9           | 12.6             | 8.2               | 5.3           | 7.8           |
| business                       | 18.2        | 23.7         | 17.5         | 11.1         | 17.7          | 24.7         | 23.5            | 13.6           | 18.4            | 32.7            | 21.4           | 6.5           | 13.7             | 17.2              | 18.9          | 17.3          |
| student                        | 12.5        | 20.3         | 11.5         | 18.5         | 7.6           | 10.4         | 12.9            | 11.3           | 7.3             | 8.4             | 9.8            | 22.7          | 20.5             | 9.0               | 11.6          | 6.8           |
| others                         | 2.7         | 3.4          | 2.6          | 2.2          | 3.5           | 2.6          | 4.0             | 1.3            | 1.7             | 1.5             | 2.3            | 3.0           | 2.1              | 4.9               | 3.1           | 4.6           |
| <b>Wealth Quintile Index</b>   |             |              |              |              |               |              |                 |                |                 |                 |                |               |                  |                   |               |               |
| Poorest                        | 16.4        | 48.0         | 11.9         | 14.5         | 17.2          | 17.3         | 30.9            | 11.8           | 24.9            | 7.9             | 16.3           | 18.8          | 10.2             | 12.8              | 12.2          | 12.3          |

|         |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|---------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Poor    | 22.9 | 16.0 | 23.8 | 23.8 | 18.7 | 25.2 | 19.3 | 29.4 | 16.8 | 17.3 | 31.5 | 18.8 | 28.8 | 16.5 | 26.9 | 22.9 |
| Medium  | 12.3 | 10.8 | 12.6 | 10.2 | 12.6 | 13.9 | 13.7 | 14.7 | 10.8 | 17.3 | 14.4 | 9.5  | 10.5 | 13.6 | 10.9 | 13.8 |
| Rich    | 29.9 | 14.5 | 32.1 | 30.2 | 32.5 | 27.8 | 23.3 | 29.4 | 28.3 | 34.6 | 25.6 | 30.3 | 30.2 | 35.8 | 30.7 | 34.4 |
| Richest | 18.5 | 10.8 | 19.7 | 21.2 | 19.0 | 15.9 | 12.9 | 14.7 | 19.3 | 23.0 | 12.2 | 22.7 | 20.2 | 21.4 | 19.7 | 16.6 |

**Table 3: Characteristics of the women interviewed in the KABP survey**

|                          | Area  |       | Region |        |       | Place of interview |         |          |          |         |        |       |        |        |        |
|--------------------------|-------|-------|--------|--------|-------|--------------------|---------|----------|----------|---------|--------|-------|--------|--------|--------|
|                          | Urban | Rural | North  | Centre | South | Blantyre           | Chitipa | Lilongwe | Mangochi | Mulanje | Mzimba | N/bay | N/kota | Nsanje | Ntcheu |
| Mean age                 | 38.1  | 37.1  | 35.9   | 39.1   | 36.7  | 36.4               | 35.9    | 37.7     | 33.9     | 36.5    | 34.7   | 37.3  | 39.6   | 40.5   | 40.3   |
| % married                | 84.2  | 82.4  | 82.4   | 82.3   | 82.9  | 83.5               | 81.8    | 90.8     | 81.7     | 79.2    | 89.0   | 76.1  | 80.0   | 87.7   | 74.1   |
| <b>Tribe</b>             |       |       |        |        |       |                    |         |          |          |         |        |       |        |        |        |
| Chewa                    | 31.2  | 20.5  | 4.1    | 58.4   | 6.9   | 15.6               | 0.0     | 77.2     | 4.1      | 3.0     | 5.8    | 6.0   | 94.5   | 5.0    | 1.7    |
| Yao                      | 12.9  | 13.7  | 0.3    | 2.4    | 31.0  | 32.0               | 0.0     | 3.4      | 88.4     | 5.3     | 0.0    | 0.9   | 2.7    | 0.8    | 0.8    |
| Tumbuka                  | 12.4  | 9.6   | 33.9   | 1.3    | 0.2   | 0.8                | 9.7     | 2.8      | 0.0      | 0.0     | 73.3   | 14.7  | 0.9    | 0.0    | 0.0    |
| Lomwe                    | 7.6   | 9.6   | 0.6    | 1.6    | 21.2  | 15.6               | 0.0     | 2.8      | 0.8      | 63.6    | 0.0    | 1.7   | 0.9    | 0.8    | 0.8    |
| Sena                     | 10.0  | 9.1   | 0.0    | 0.5    | 22.0  | 4.1                | 0.0     | 0.0      | 2.5      | 0.8     | 0.0    | 0.0   | 0.0    | 82.6   | 1.7    |
| Ngoni                    | 14.7  | 14.9  | 5.0    | 34.6   | 6.7   | 22.1               | 0.0     | 11.7     | 1.7      | 0.8     | 14.2   | 0.0   | 0.0    | 2.5    | 94.9   |
| Tonga                    | 2.9   | 8.4   | 26.5   | 0.0    | 0.4   | 1.6                | 0.0     | 0.0      | 0.0      | 0.0     | 3.3    | 74.1  | 0.0    | 0.0    | 0.0    |
| Amang'anja               | 3.53  | 4.44  | 0.00   | 0.27   | 10.28 | 8.20               | 0.00    | 0.69     | 1.65     | 22.73   | 0.00   | 0.00  | 0.00   | 7.44   | 0.00   |
| Nkhonde                  | 0.6   | 0.3   | 1.2    | 0.0    | 0.0   | 0.0                | 1.0     | 0.0      | 0.0      | 0.0     | 0.8    | 1.7   | 0.0    | 0.0    | 0.0    |
| others                   | 4.1   | 9.5   | 28.3   | 0.8    | 1.4   | 0.0                | 89.3    | 1.4      | 0.8      | 3.8     | 2.5    | 0.9   | 0.9    | 0.8    | 0.0    |
| <b>Children</b>          |       |       |        |        |       |                    |         |          |          |         |        |       |        |        |        |
| % with children          | 96.4  | 94.9  | 94.7   | 96.2   | 94.3  | 95.1               | 95.2    | 95.0     | 92.6     | 94.7    | 93.3   | 95.7  | 98.2   | 95.0   | 95.7   |
| <b>Religion</b>          |       |       |        |        |       |                    |         |          |          |         |        |       |        |        |        |
| catholic                 | 17.3  | 17.4  | 17.4   | 20.5   | 15.0  | 27.0               | 11.4    | 22.9     | 4.1      | 22.9    | 29.2   | 10.4  | 2.8    | 5.1    | 34.9   |
| CCAP                     | 14.3  | 17.5  | 29.4   | 13.6   | 11.0  | 14.8               | 42.9    | 17.4     | 0.8      | 24.4    | 30.8   | 15.7  | 4.6    | 2.5    | 17.4   |
| Anglican                 | 9.5   | 2.9   | 2.6    | 6.9    | 2.6   | 6.6                | 0.0     | 0.0      | 3.3      | 0.8     | 0.8    | 7.0   | 23.1   | 0.0    | 0.0    |
| Adventist Baptist        | 6.5   | 5.9   | 7.4    | 5.0    | 5.7   | 8.2                | 2.9     | 4.2      | 3.3      | 9.2     | 0.8    | 18.3  | 2.8    | 1.7    | 8.3    |
| Muslim                   | 17.3  | 14.8  | 0.3    | 14.1   | 26.2  | 15.6               | 0.0     | 3.5      | 85.1     | 4.6     | 0.0    | 0.9   | 40.7   | 0.8    | 1.8    |
| others                   | 35.1  | 41.5  | 42.9   | 39.9   | 39.4  | 27.9               | 42.9    | 52.1     | 3.3      | 38.2    | 38.3   | 47.8  | 25.9   | 89.8   | 37.6   |
| <b>School attendance</b> |       |       |        |        |       |                    |         |          |          |         |        |       |        |        |        |
| yes                      | 88.7  | 72.8  | 89.2   | 70.8   | 68.6  | 83.6               | 91.3    | 76.6     | 58.8     | 76.5    | 90.5   | 85.7  | 59.1   | 54.2   | 74.8   |
| primary                  | 62.7  | 86.2  | 78.9   | 84.7   | 83.5  | 77.5               | 78.1    | 78.9     | 83.3     | 88.1    | 80.6   | 78.0  | 84.6   | 85.9   | 92.0   |
| secondary                | 34.7  | 13.4  | 20.1   | 14.5   | 15.9  | 21.6               | 21.9    | 19.3     | 16.7     | 11.9    | 18.5   | 20.0  | 15.4   | 12.5   | 8.0    |
| tertiary                 | 2.7   | 0.4   | 1.0    | 0.8    | 0.6   | 1.0                | 0.0     | 1.8      | 0.0      | 0.0     | 0.9    | 2.0   | 0.0    | 1.6    | 0.0    |
| <b>Occupation</b>        |       |       |        |        |       |                    |         |          |          |         |        |       |        |        |        |
| farming                  | 36.1  | 71.9  | 67.7   | 76.8   | 58.9  | 48.4               | 67.6    | 71.0     | 56.2     | 47.0    | 66.7   | 69.0  | 80.7   | 85.7   | 80.3   |
| casual labour            | 1.2   | 5.2   | 1.5    | 4.3    | 7.1   | 6.6                | 1.0     | 4.1      | 2.5      | 15.9    | 1.7    | 1.7   | 3.7    | 2.5    | 5.1    |
| employed                 | 10.7  | 2.3   | 5.6    | 2.7    | 2.6   | 2.5                | 3.8     | 2.1      | 4.1      | 2.3     | 7.5    | 5.2   | 3.7    | 1.7    | 2.6    |
| business                 | 39.1  | 15.9  | 18.5   | 13.2   | 24.1  | 35.2               | 22.9    | 17.9     | 28.9     | 24.2    | 15.8   | 17.2  | 10.1   | 7.6    | 10.3   |

|                              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| student                      | 0.6  | 0.7  | 1.8  | 0.0  | 0.4  | 1.6  | 2.9  | 0.0  | 0.0  | 0.0  | 0.8  | 1.7  | 0.0  | 0.0  | 0.0  |
| unemployed                   | 9.5  | 3.7  | 5.0  | 1.6  | 6.3  | 4.9  | 1.9  | 2.8  | 8.3  | 9.8  | 7.5  | 5.2  | 0.0  | 1.7  | 1.7  |
| other                        | 3.0  | 0.3  | 0.0  | 1.3  | 0.6  | 0.8  | 0.0  | 2.1  | 0.0  | 0.8  | 0.0  | 0.0  | 1.8  | 0.8  | 0.0  |
| <b>Wealth Quintile Index</b> |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Poorest                      | 52.8 | 14.0 | 19.0 | 18.4 | 22.3 | 31.1 | 19.9 | 28.2 | 21.4 | 25.7 | 22.0 | 15.7 | 13.7 | 9.9  | 12.1 |
| Poor                         | 20.8 | 20.3 | 22.3 | 17.8 | 22.0 | 27.9 | 20.4 | 17.9 | 4.8  | 26.5 | 26.6 | 17.6 | 19.6 | 19.7 | 15.9 |
| Medium                       | 4.8  | 19.3 | 15.6 | 14.7 | 20.9 | 16.4 | 17.1 | 17.1 | 33.3 | 15.9 | 16.5 | 14.7 | 15.7 | 25.4 | 11.2 |
| Rich                         | 10.4 | 25.3 | 23.2 | 26.1 | 19.5 | 11.5 | 23.1 | 17.1 | 26.2 | 17.7 | 21.1 | 25.5 | 31.4 | 25.4 | 30.8 |
| Richest                      | 11.2 | 21.0 | 19.9 | 23.0 | 15.3 | 13.1 | 19.5 | 19.7 | 14.3 | 14.2 | 13.8 | 26.5 | 19.4 | 19.7 | 29.9 |

## 5. DISTRIBUTION AND DETERMINANTS OF MALE CIRCUMCISION IN MALAWI

### KEY FINDINGS

Prevalence of male circumcision in Malawi is very low with only one out of every five men reporting being circumcised, although the true prevalence of complete circumcision is likely to be far much lower than this.

Many of currently circumcised male may not have the benefits of male circumcision due to incomplete removal of the foreskin especially amongst the Lomwe and Mang'anja tribes.

Emerging evidence of protective effect of male circumcision on HIV transmission has resulted in some increase in prevalence of medical male circumcision but uptake of medical male circumcision remains extremely low

Religion and culture are the main determinants of male circumcision in Malawi and a result of the historical and religious context within which the practice was introduced into the country

Religion and culture govern the ethnic and geographical distribution of male circumcisions in Malawi, which is more prevalent amongst the Moslems, the Yao and Lomwe ethnic groups, and in the southern and lakeshore districts inhabited by these groupings.

There is very little influence of social desirability and health benefits for male circumcision in Malawi

### IMPLICATIONS

Implementing male circumcision as an HIV prevention strategy will require isolation and promotion of the social and health benefits of male circumcision and down playing the religious and ethnic context within which male circumcision is currently practiced to improve acceptability and uptake.

Implementing male circumcision as an HIV prevention strategy will require substantial scaling up of medical male circumcision as unmet need of male circumcision amongst the male population 15 years and above is estimated at over 5 million people.

### 5.1 PREVALENCE OF MALE CIRCUMCISION IN MALAWI

From the desk review only two nationally representative surveys had looked at prevalence of male circumcision in Malawi prior to the present situation analysis,



both conducted in 2004. According to the Malawi Demographic and Health Survey of 2004, the estimated prevalence of male circumcision amongst men aged 15 to 49 years was 20.7%. Circumcision amongst males was commonest in the southern region at 33.1% followed by the centre (12.2%) and northern region (5%). From this survey, circumcision was more common in older age groups, 25 years and above where it was about 21% and above compared to the younger age groups, less than 25 years of age where circumcision rates were 18.4% in the 15-19 years age group and 17.1% in the 20-24 years age group. As indicated in the section on determinants circumcision rates also varied by religion and ethnic group (Figure 1) being more common amongst Moslems and amongst the Yao tribe.<sup>13</sup> The results from the two surveys are reproduced in Table 5 below.

**Table 5. Prevalence of male circumcision by background characteristics according to the MDHS 2004, PNG 2004 survey, and circumcision situation analysis 2009.**

| Background characteristic | Percent circumcised |                |                  |
|---------------------------|---------------------|----------------|------------------|
|                           | MDHS (n = 3114)     | PNG (n = 2052) | SITAN (N = 3734) |
| Age                       |                     |                |                  |
| 12-14                     |                     | 17.0           |                  |
| 15-19                     | 18.4                | 24.2           | 25.5             |
| 20-24                     | 17.1                |                | 26.9             |
| 25-29                     | 20.8                |                | 25.7             |
| 30-34                     | 21.4                |                | 25.5             |
| 35-39                     | 25.0                |                | 24.5             |
| 40-44                     | 26.7                |                | 28.9             |
| 45-49                     | 22.3                |                | 21.4             |
| >50                       |                     |                | 31.8             |
| Region                    |                     |                |                  |
| North                     | 5.0                 | 2.0            | 4.7              |
| Centre                    | 12.2                | 12.3           | 20.2             |
| South                     | 33.1                | 34.5           | 49.6             |
| Residence                 |                     |                |                  |
| Rural                     | 21.3                | 21.9           | 28.3             |
| Urban                     | 20.5                | 17.2           | 26.4             |
| Total                     | 20.7                | 21.0           | 26.7             |

Similar figures are reported in the PNG survey of 2004 where overall circumcision rates amongst adolescents was found to be 17% with similar regional, religious and ethnic variations as in the MDHS survey.<sup>14</sup>

In the SITAN 2009, circumcision is reported amongst 26.7% of all males sampled which may be an indication of an increase over the 2004 reported prevalence of 20.7%. Age, place of residence and regional trends follow the same patterns reported in 2004 (Table 6). However in the SITAN 2009, the prevalence of circumcision has

<sup>13</sup> ORC MACRO, (2004) Malawi Demographic and Health Survey 2004. Calverton, Maryland: ORC Macro.

<sup>14</sup> Munthali AC, Zulu E, Madise N, Moore A, Konyani S, Kaphuka J and Maluwa Banda D. Adolescent sexual and reproductive health in Malawi: Results from the 2004 National Survey of adolescents. Occasional report no 24. New York: Guttmacher Institute

increased in the centre and southern regions by approximately 8 and 16% respectively while it has remained almost the same in the northern region.

If the current rates are applied to the population religious distribution reported in the 2008 Population and Housing Census, the above rates would translate, based on current population, into 636, 347 of the male population aged 18 and above as having been circumcised and just over 5 million not circumcised in Malawi<sup>15</sup>. The lowest number of circumcised males is in the northern region at 45, 730 while 205, 461 and 370, 948 men aged 15 and above are circumcised in the central and southern regions respectively (Table 4).

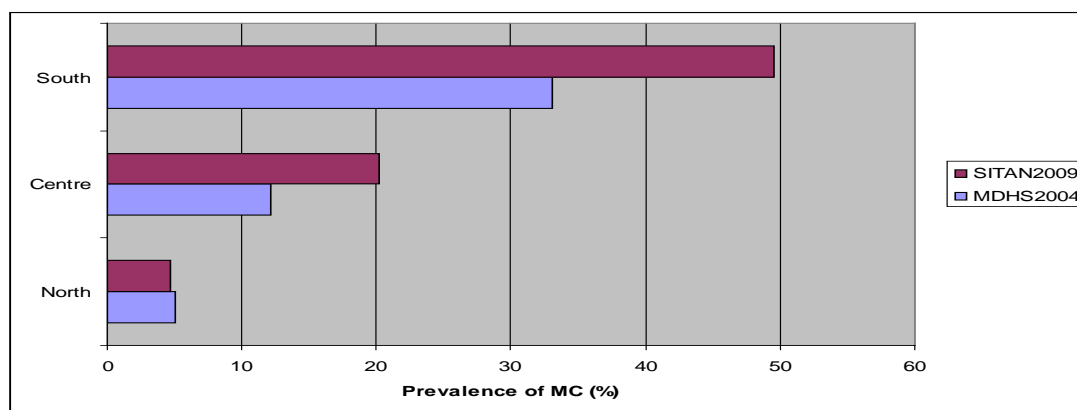
**Table 6. Distribution of population circumcised in Malawi by region**

| All religions (excluding % religion | % circumcised | population 18+ | # religion | # circumcised  |
|-------------------------------------|---------------|----------------|------------|----------------|
| Christians                          | 80            | 11.6           | 2,972,335  | 2,377,868      |
| Moslems                             | 13            | 93.3           | 2,972,335  | 386,404        |
|                                     |               |                |            | <b>636,347</b> |
| <b>Christians</b>                   |               |                |            |                |
| North                               | 96            | 11.6           | 378,905    | 363,749        |
| Centre                              | 83            | 11.6           | 1,271,497  | 1,055,343      |
| South                               | 73            | 11.6           | 1,321,933  | 965,011        |
|                                     |               |                |            | <b>276,556</b> |
| <b>Muslims</b>                      |               |                |            |                |
| North                               | 1             | 93.3           | 378,905    | 3,789          |
| Centre                              | 7             | 93.3           | 1,271,497  | 89,005         |
| South                               | 21            | 93.3           | 1,321,933  | 277,606        |
|                                     |               |                |            | <b>345,583</b> |
| <b>Totals</b>                       |               |                |            |                |
| North                               |               |                |            | <b>45,730</b>  |
| Centre                              |               |                |            | <b>205,461</b> |
| South                               |               |                |            | <b>370,948</b> |

1. Religion distribution based on Population and Housing Census 2008
2. % circumcised based on the MDHS 2004
3. Population figures based on 2008 Population and Housing Census results

Overall, the country prevalence as estimated by the present situation analysis is 26.7% compared to 20.9% in DHS2004. The pattern among the regions has remained the same, with more in the southern region (49.6%), followed by the central region with prevalence of 20.2%, and the northern region being the least (4.7%). The Figure below shows an increasing trend in the south and central regions, whereas this has remained constant in the northern region.

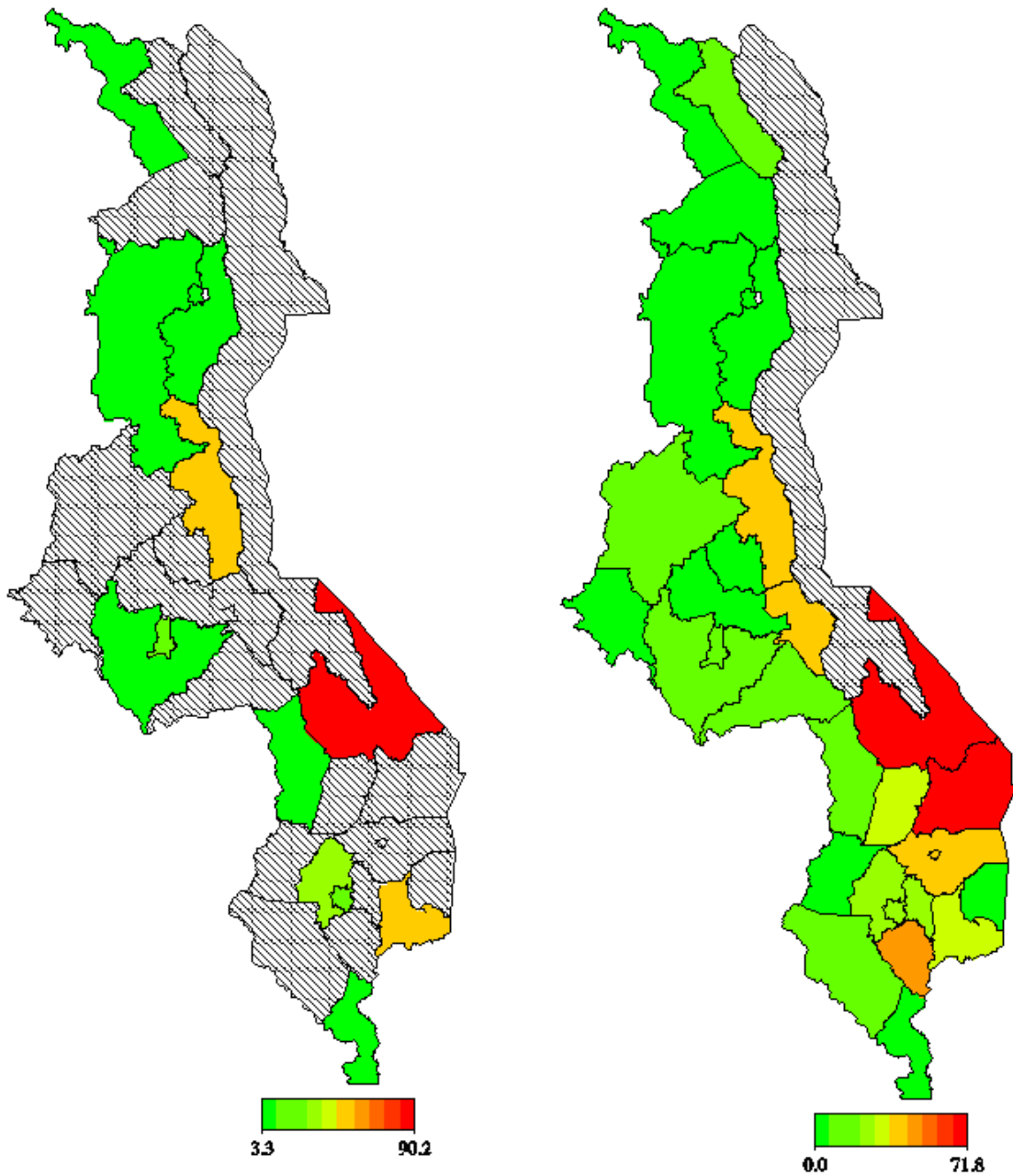
<sup>15</sup> Applying the prevalence rate of 26.7% circumcision in the population 18 and above based on the SITAN 2009; percentage of Moslems estimated at 13% and Christians at 80% based on the 2009 population census; and population of males aged 18 and above estimated at 6, 365, 771 on results of the 2009 population census.



**Figure 3: The prevalence of male circumcision by region for the years 2004 and 2009, based on the MDHS (2004) and Situation Analysis KAP survey (2009).**

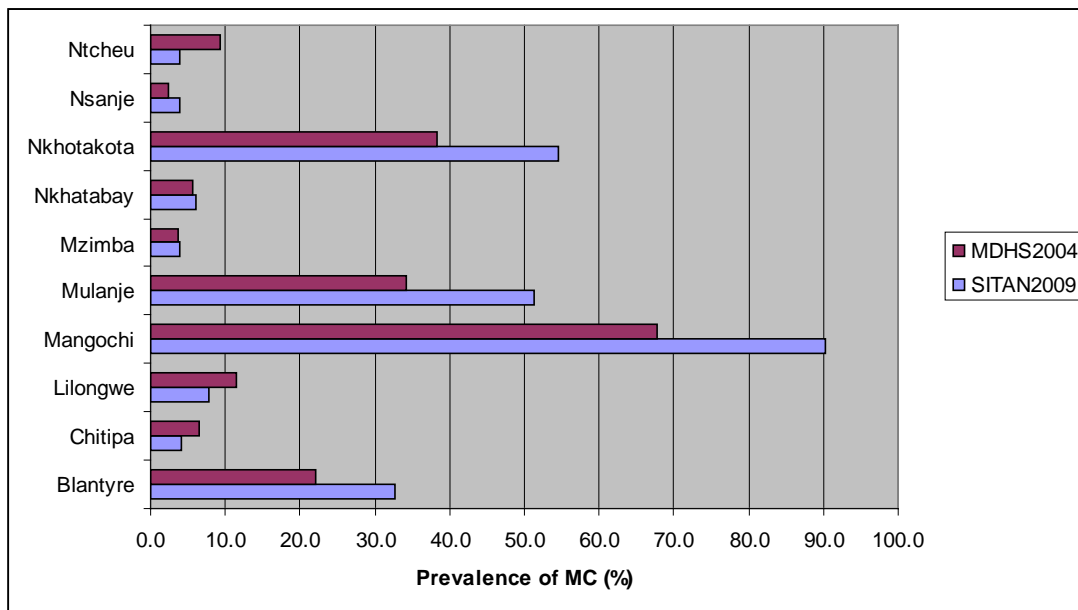
District prevalence of male circumcision is presented in figure 4 and Figure 6 below which shows a high prevalence of circumcision in Mangochi (90.2%), Mulanje (51.4%), Blantyre (32.7%) and Nkhoskhota (54.6%) while it is reported at less than 10% in the rest of the sampled districts. When the prevalence by ethnic group is applied nationally based on ethnic distribution of the population in Malawi the picture appears as in Figure 5. As expected high prevalence of male circumcision is observed in the southern followed by the central and northern regions and is mostly concentrated along the Yao and Lomwe dominated districts of the southern region and along the lakeshore districts with high Muslim populations. As observed above, there has been increase in proportions of males circumcised in the circumcising districts when compared to the levels in 2004 while it has remained largely at the same level in the other districts.

As part of the SITAN 2009 KABP Survey respondents were not only asked about their perceived circumcision status but also given a standard definition of what constitutes male circumcision. Based on the standard definition, the reported circumcision prevalence of 26.6 drops to 23.0 meaning that about 3.6% of the population that considered themselves circumcised were in fact probably not circumcised by standard WHO definition. However no visual inspection was performed as part of the KABP survey. The differences are attenuated mostly amongst the Lomwe tribes of Mulanje where the reported circumcision status of 51.4% drops by almost half to 24.6 when the standard definition was provided to the respondents likely reflecting the practice of circumcision in the district which is not really complete removal of the foreskin but partial circumcision. This is further corroborated in the knowledge section where despite a high circumcision rate reported for the district, correct knowledge of circumcision is low compared to the other high circumcising district of Mangochi.



**Figure 4: Map of male circumcision showing prevalence (%) at sampled district level. Data from MCSITAN, 2009 (Left panel).**

**Figure 5: Map of male circumcision showing projected district prevalence (%) in sampled districts. Data from 2004 DHS (Right panel).**



**Figure 6:** Prevalence of male circumcision in selected districts in 2004 and 2009.

## 5.2 AGE AT MALE CIRCUMCISION

### 5.2.1 Age at which male circumcision is conducted

Most focus group participants in all categories noted that ethnic groups that circumcise send their children for Male Circumcision between the ages of 9 and 12 year (below 24 years). They said the adolescents are circumcised at this age range because it is the age of the right of passage from childhood and adulthood in those ethnic groups. During this period, the male children are sent to initiation camps for initiation rites and they are circumcised as part of their rite of passage. They also noted that middle aged (25 -40 yrs) men are circumcised when they would like to marry a Moslem woman or would like to become a Moslem. Thus

*"...sometimes we hear that a grown up man who has married a Muslim goes for circumcision and they let it." (P10, FGD 1).*

They also observed that middle aged men nowadays are getting circumcised on hygienic grounds after being advised to do so by medical doctors.

From the sample of 1734 abstracted hospital records as part of the desk review process, 88.6% were circumcised before the age of 18 years while the majority of these were between the ages of 5 and 10 years (69.2%) (Table 7).

**Table 7: Age distribution of males circumcised in selected district hospitals**

| Age          | Frequency   | Percent    |
|--------------|-------------|------------|
| <5 years     | 179         | 10.3       |
| 5-10 years   | 1200        | 69.2       |
| 11-17 years  | 100         | 6.8        |
| >17 years    | 203         | 11.4       |
| Missing      | 52          | 3.0        |
| <b>Total</b> | <b>1734</b> | <b>100</b> |

The age distribution of male circumcisions conducted in the health facilities (Table 7) is likely a reflection of the variation in the indications for conducting the circumcision. Table 8 shows indications of circumcision by region including both individual level data and summary data. There is substantial regional variation in the indications. For example, in the northern region 54.6% of circumcisions were conducted for medical indications, and 18.5% were for religion, followed by rituals and on demand, each contributing 7.6% respectively. In the centre, medical indications accounted for 84.5% of all circumcision recorded, while ritual circumcision was second at 4.7%, followed by religious purposes circumcision. However in the southern region it is observed that even in facilities most circumcision occurs for religious purposes (89.3%).

Qualitative data indicates that with the advent of HIV, there has been an increase in circumcisions conducted for religious reasons within the public health sector especially in circumcising communities of Mangochi<sup>16</sup>. Because of the above explanation, facility circumcisions occur at an early age in the southern region where they are conducted as part of religious or cultural rituals (89% of all circumcisions reported) compared to the northern and central regions where they are mainly conducted for medical indications, 54.5 % and 84.5% respectively.

**Table 8: Regional distribution of indications for male circumcision (n=1648) in selected district hospitals**

|        |              | INDICATIONS |             |             |            | Total        |
|--------|--------------|-------------|-------------|-------------|------------|--------------|
|        |              | On demand   | medical     | religion    | Ritual     |              |
| Region | north        | 7.6         | 54.6        | 18.5        | 7.6        | 100.0        |
|        | centre       | 1.2         | 84.5        | 2.8         | 4.7        | 100.0        |
|        | south        | 0.5         | 6.3         | 89.3        | 0.2        | 100.0        |
|        | <b>Total</b> | <b>1.2</b>  | <b>25.4</b> | <b>72.0</b> | <b>1.6</b> | <b>100.0</b> |

Figure 7 shows the differences in indications for circumcision in different age groups in all other visited hospitals excluding Mangochi district. In general most facility circumcisions are conducted for medical indications, > 75%. In the age group <5 years, the majority of circumcisions were due to medical conditions (89%) followed by religious / ritual reasons (10.3%) and on demand (<1%). In the age group 5 to 17 years, almost one in five circumcisions were conducted for cultural and religious reasons (about 22%) while medical indications accounted for 77% of the

<sup>16</sup> Mwalanda G quoting a clinical officer at Mangochi District Hospital. Safe circumcision 20<sup>th</sup> January 2005. Nation publications Limited

circumcisions. In the older age groups, over 18 years of age, about one in 10 circumcisions were conducted for religious/cultural reasons while 84% were conducted for medical reasons and 5% conducted on demand (Figure 3). In Mangochi where only summary data was available almost all the circumcisions conducted during this period were for religious and cultural reasons and were highest in the age group 5 to 10 years old with almost no circumcisions conducted in the older age groups.

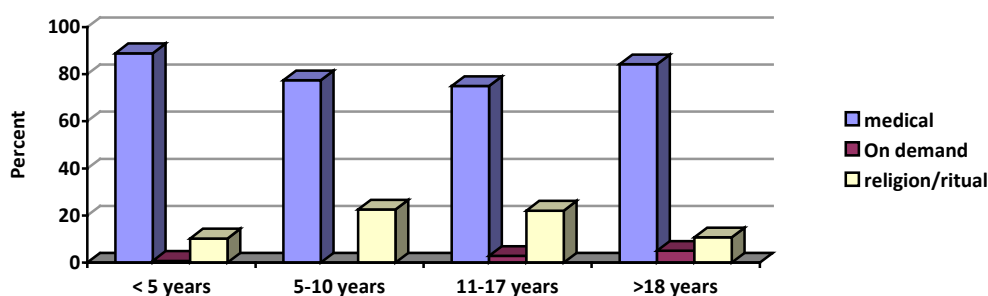


Figure 7. Indications for male circumcision in different age groups in selected district hospitals

Of the circumcisions conducted on demand in the facilities visited excluding Mangochi, the majority occurred in older men aged 18 and above. However over the 3 year period covered during the facility data abstraction there has been a small increase in circumcision on demand in the age group 11-17 years of age and a small decline in the older age group over 18 years of age (Figure 8). This could be attributed to a potential shift in circumcising communities from conducting circumcision in traditional facilities to facility circumcisions in this age group. The anecdotal evidence of a potential increase in circumcision on demand among the older age group is however not evident in the sampled facilities. On the other hand in Mangochi district which has the largest Yao and Muslim community, almost all circumcisions were conducted on demand as part of religious or cultural rituals.

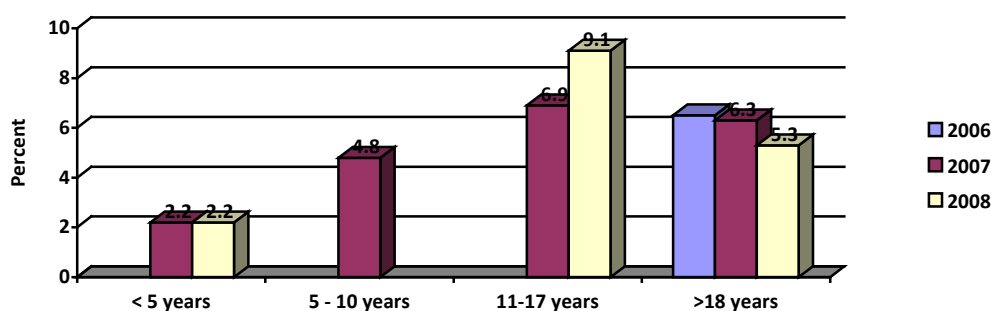


Figure 8. Yearly trends in male circumcision by age group in selected district hospitals

Amongst circumcised males in the KABP survey done as part of the SITAN 2009, the age distribution at which male circumcision is conducted is shown in Figure 9 disaggregated by region and place of residence. In general the majority of male circumcisions are conducted during puberty followed by the period just before

puberty (2-8 years) and this is unsurprising as they are linked to rites of passage as indicated in the preceding sections. Notable here is the fact that up to almost a third (4.3% at birth and 31.9% at adulthood) of circumcised males in the northern region had their circumcision at birth and adulthood respectively as opposed to the main circumcising regions of centre and southern region and this may be a reflection of determinants of circumcision in the region which are not so much linked to rites of passage and initiation ceremonies as opposed to the other regions. Likewise circumcision at the extremes of age i.e. birth and adulthood was reported more commonly amongst urban respondents than rural respondents.

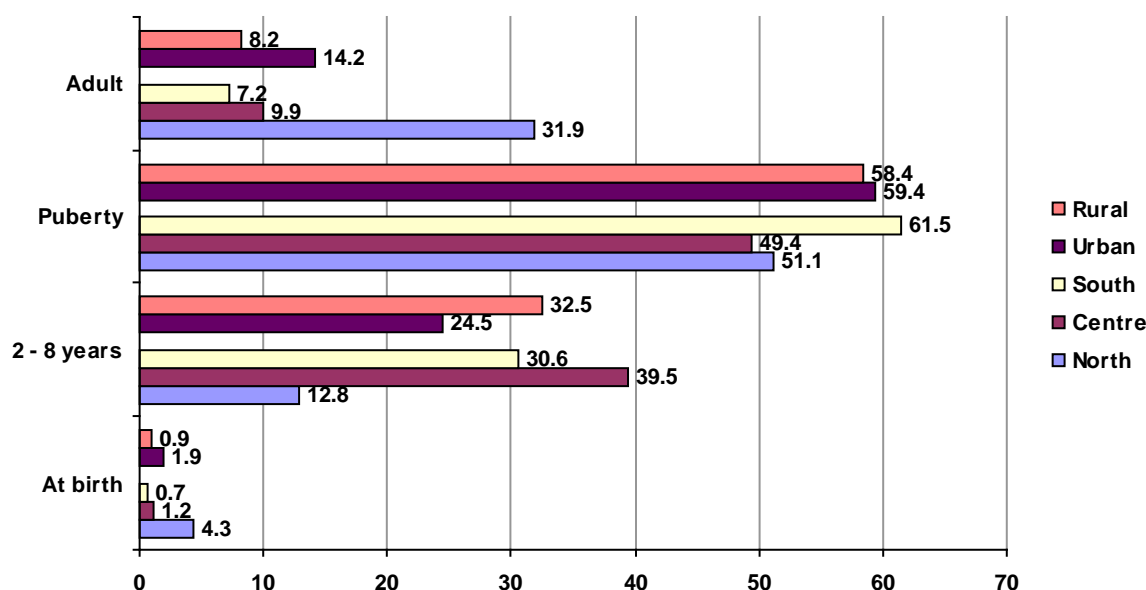


Figure 9: Distribution of ages at which circumcision is carried out in various regions (KABP survey 2009)

There is also an ethnic, district and religious differences in ages at which male circumcision is practiced based on the results from the KABP survey of the SITAN 2009 as indicated in Table 9 below. In general circumcision is clustered around 2 years up until puberty and very little occurs in the extremes of age except amongst the Nkhonde where it was reported exclusively to have been done in adulthood and the Tumbuka where relatively quite a lot of circumcisions (10%) occurred at birth. Additionally those with school attendance were also likely to have their circumcisions at birth and in adulthood compared to those without school attendance. These variations as indicated above are likely explained by the variation in indication for the circumcision, provider of circumcision and the linkage the practice has to rites of passage and initiation ceremonies and the ages at which these occur.



**Table 9. Distribution of ages at which male circumcision is conducted by socio-demographic characteristics.**

|                   |                | At birth (%) | 2 - 8 years (%) | Puberty (%) | Adulthood (%) |
|-------------------|----------------|--------------|-----------------|-------------|---------------|
| Area              | Urban          | 1.9          | 24.5            | 59.4        | 14.2          |
|                   | Rural          | 0.9          | 32.5            | 58.4        | 8.2           |
| Region            | North          | 4.3          | 12.8            | 51.1        | 31.9          |
|                   | Centre         | 1.2          | 39.5            | 49.4        | 9.9           |
|                   | South          | 0.7          | 30.6            | 61.5        | 7.2           |
| District          | Blantyre       | 1.1          | 11.6            | 75.8        | 11.6          |
|                   | Chitipa        | 0.0          | 0.0             | 22.2        | 77.8          |
|                   | Lilongwe       | 4.0          | 36.0            | 48.0        | 12.0          |
|                   | Mangochi       | 0.3          | 39.4            | 56.2        | 4.1           |
|                   | Mulanje        | 2.0          | 15.7            | 70.6        | 11.8          |
|                   | Mzimba         | 11.1         | 16.7            | 66.7        | 5.6           |
|                   | Nkhatabay      | 0.0          | 15.0            | 50.0        | 35.0          |
|                   | Nkhotakota     | 0.7          | 40.4            | 48.9        | 9.9           |
|                   | Nsanje         | 0.0          | 23.1            | 46.2        | 30.8          |
|                   | Ntcheu         | 0.0          | 33.3            | 66.7        | 0.0           |
|                   | Marital status | yes          | 0.8             | 31.9        | 57.7          |
| no                |                | 1.5          | 30.5            | 60.5        | 7.5           |
| Tribe             | Chewa          | 1.2          | 34.3            | 53.6        | 10.8          |
|                   | Yao            | 0.2          | 37.9            | 58.8        | 3.1           |
|                   | Tumbuka        | 11.8         | 0.0             | 58.8        | 29.4          |
|                   | Lomwe          | 2.1          | 15.5            | 69.1        | 13.4          |
|                   | Sena           | 0.0          | 21.4            | 42.9        | 35.7          |
|                   | Ngoni          | 4.8          | 4.8             | 76.2        | 14.3          |
|                   | Tonga          | 0.0          | 37.5            | 37.5        | 25.0          |
|                   | Amang'anja     | 0.0          | 18.8            | 59.4        | 21.9          |
|                   | Nkhonde        | 0.0          | 0.0             | 0.0         | 100.0         |
|                   | others         | 0.0          | 18.2            | 27.3        | 54.5          |
|                   | Religion       | Catholic     | 2.5             | 15.0        | 60.0          |
| CCAP              |                | 6.3          | 9.5             | 61.9        | 22.2          |
| Anglican          |                | 0.0          | 25.6            | 67.4        | 7.0           |
| Adventist/Baptist |                | 0.0          | 17.6            | 61.8        | 20.6          |
| Moslem            |                | 0.2          | 39.6            | 55.1        | 5.1           |
| Others            |                | 2.0          | 17.6            | 65.7        | 14.7          |
| school attendance | yes            | 1.1          | 29.8            | 59.9        | 9.2           |
|                   | no             | 0.6          | 37.6            | 52.6        | 9.2           |

### 5.2.2 Trends in male circumcision

The trends in MC in the sampled districts and years shows a declining pattern over the period from 2006 to 2008. Despite this, recorded data indicates small increases in the number of circumcisions carried out in Mangochi, Mulanje, Mzimba, Nkhatabay and Nsanje. In the central hospitals of Kamuzu in Lilongwe and Queen Elizabeth in Blantyre, there is a decreasing trend (Figure 10).

Because of the quality of the data and the incompleteness of reporting<sup>17</sup> in some cases no substantive hypotheses can be made about current trends. However, combined with information from qualitative reports, it is not surprising to see some increase in number of circumcisions carried out in the district hospitals as there is a potential shift from traditional circumcision to facility based circumcision. For the central hospitals which are based in urban areas, the decline could be attributed to other providers coming on the market especially for circumcisions conducted on demand for example in Blantyre where over the same period private institutions such as BLM, Adventist Hospital have recorded increased number and demand for male circumcision. For example in Blantyre from 2006-2008, QECH conducted 102 circumcisions whereas BAH in the same period performed 222 circumcisions and Banja La Mtsogolo Ginnery Corner clinic has performed 132 circumcisions in the first 7 months of 2009 and mostly for reasons other than medical indications. In 2008, BLM’s clinical network provided 590 circumcisions. In 2009, that number increased to 1129.

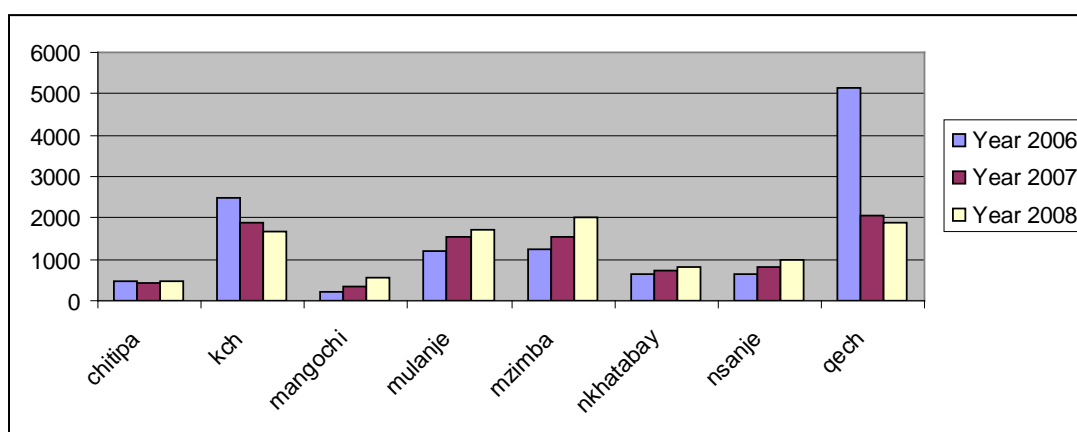


Figure 10: Total number of circumcisions in sampled districts hospitals.

### 5.2.4 Estimated number of and timing male circumcisions in traditional settings.

Male circumcisions in traditional settings are conducted once per year as part of the rite of passage for boys. Normally, they are carried out during the *Jando* initiation ceremony. They are performed by the *Ngaliba* at the *Jando / Thezo / Simba*. The initiation ceremonies take place at the *Ndagala / Simba / Thezo*, initiation camps. In most cases, the initiation ceremonies are done between June and August every year (this is a cold season and it helps the wounds to heal easily - in addition, this is the period when people have finished harvesting crops for food and for sale and it helps them to prepare well for the Ceremonies). Apart from the Traditional Initiation Ceremonies which happen annually, there are other circumcisions that are done throughout the year. Such circumcisions are performed either at Hospitals or in

<sup>17</sup> In most government facilities when circumcisions are conducted on demand the data are usually not recorded in theatre books and only summaries exist for such information.

people's houses. These other circumcisions are done upon request and in the areas we have been to, they perform between 400 and 500 circumcisions on demand per year- these circumcisions are usually done when an uncircumcised man would like to marry a Moslem/Yao woman or when a man decides to become a Moslem. The *Ngalibas* noted that circumcisions on demand are on the increase nowadays. As a rite of passage, circumcision is performed during the Traditional Initiation Ceremonies at the initiation camp commonly known as *Ndagala*.

### 5.3 DETERMINANTS OF MALE CIRCUMCISION IN MALAWI

#### 5.3.1 Religion

Circumcision has historically been associated with religious practice and in Malawi the practice is common among Muslims. Published evidence from surveys conducted in Malawi report that most respondents had been circumcised for religious reasons<sup>18</sup>. This is corroborated by findings from key informant interviews conducted during the desk review which indicate that male circumcision is an Islamic religious ritual predominantly practiced among Moslems throughout the country. Key informants reported that it is a religious requirement for all Moslem men to be circumcised and for this reason, they pointed out that almost 100% of Moslem adolescents and men are circumcised. As a religious ritual, they expressed that Moslem men are circumcised as a precondition for joining Islam or being a Moslem man. Almost all the respondents noted that it is predominantly practiced among Moslems throughout the country. They observed that it is a religious requirement for all Moslem men to be circumcised. Thus one respondent said,

*"R: Ok, because this issue is more of an Islamic practice, most of the people that are circumcised are Muslims. But for us Christians this practice is still not known, maybe that's why we are not circumcised."* (IDI #15).

Another retorted:

*"If one is being circumcised, people would think that one is changing religion from Christianity to Islam especially if they are not told why people get circumcised because circumcision is associated with the Islamic faith. There are more Christians than Muslims here so you can easily know that this one is a Muslim and this one is a Christian if they are circumcised or not".* (IDI # 16)

Published literature indicates that Muslims practice circumcision as an affirmation of their relationship with God in a practice also called *tahera* meaning purification<sup>19</sup>, a sentiment reported by Moslem informants in the key informant interviews who explain that circumcision is associated with cleanliness among Moslem men and that those that are not circumcised are seen as unclean. In fact, our respondents explained that Prophet Muhammad (Peace be upon him) himself was circumcised as a sign of being clean and he urged all true Moslem men to emulate his example. They also explained that circumcision is recognized in the Bible and that all the Prophets

<sup>18</sup> ORC MACRO, (2004) Malawi Demographic and Health Survey 2004. Calverton, Maryland: ORC Macro.

<sup>19</sup> UNAIDS. Male circumcision: global trends and determinants of prevalence, safety and acceptability. UNAIDS and WHO. 2007. Geneva.

in the Old Testament were circumcised including Jesus Christ. One FGD participant said; *“Yes it was written in the Bible. God told the Israelites not to be with an uncircumcised person”*. (P3, FGD 10).

Another participant said; *“When we closely look at the word circumcision it’s not that it has just started now, it was there during the days of Jesus and generation of Jesus. It was part of their culture during that time. That is why here many who do circumcision are Muslims; because it was a ritual during the time of Muhammad who founded their religion. That is why they like doing circumcision, but we cannot say it was their laws, but it was just their culture or cultural norms”*. (P5, FGD 2).

Apart from Muslim faith, other religions practice circumcision as a religious ritual e.g. among the Jewish religions but the practice does not appear to be mandatory among the other religions who mostly take a neutral stance on circumcision. As explained by one Muslim respondent, circumcision is recognized in the Bible and that all the prophets in the Old Testament were circumcised including Jesus Christ. Despite this, apart from Moslems, there are some Christians who also circumcise their children especially those that belong to the Yao tribe as part of their culture. For example, in Mangochi district it is reported from the KII that 75% of Yao’s who Christians are also circumcised regardless of their religious affiliation. Christian men from other tribes also go through the circumcision process if they want to join Islam. This usually happens when a man is marrying a Moslem woman. On average, it is reported by the key informants that about 5 to 10% of all male circumcisions done per year in the areas where the interviews took place happen because of the above reasons.

In the Malawi Demographic and Health Survey (MDHS) of 2004<sup>20</sup>, circumcision was reported to have been undertaken among 93.3% of the Muslims, 13.9 of Christians, 21.2 % of Seventh day Adventist and Baptist, 19.4 of Anglicans, 6.1% of the CCAP and 8.6% of Catholic men aged between 15 and 49 sampled in the survey. A national survey amongst adolescents conducted in 2004 reports a similar trend with circumcision being commonest amongst Muslim youth (78%) as opposed to only 3% amongst Catholics, 6.3% amongst Protestants, 14.3% amongst Revivalists and 6.1% amongst other religions.<sup>21</sup>

In the KABP survey conducted as part of the male circumcision situation analysis, circumcision was reported to have been undertaken among 96,4% of the Muslims, 13.0 of other Christians, 16.4 % of Seventh day Adventist and Baptist, 38.1 of Anglicans, 16.1% of the CCAP and 8.6% of Catholic men (Table 2). When respondents for the KABP survey were asked why male circumcision is carried, the majority (over 85%) irrespective of education status, ethnicity, religion nor age thought male circumcision is done because of religion.

### 5.3.2 Ethnicity

Apart from religion, ethnicity appears to be the other major determinant of circumcision in Malawi. Information from KII indicated almost all men of the Yao

<sup>20</sup> ORC MACRO, (2004) Malawi Demographic and Health Survey 2004. Calverton, Maryland: ORC Macro.

<sup>21</sup> Munthali AC, Zulu EM. The timing and role of initiation rites in preparing young people for adolescence and responsible sexual and reproductive health behaviour. African Journal of Reproductive Health. 2007; 11[3]:150 – 167.

tribe are circumcised. Respondents indicated that male circumcision has been part of Yao culture for centuries and that it has been passed on from one generation to the other among the Yao. They observed that Arabs who brought Islam to the Yao people found them already practicing Male Circumcision.

Information from key informants and focus group participants from Mangochi, Mulanje and Blantyre indicated that men of the Yao, Lomwe and Mang'anja tribes are circumcised during traditional initiation ceremonies. They indicated that male circumcision has been part of their cultures for centuries and that it has been passed on from one generation to the other. They also observed that circumcision among the Yao involves complete removal of the foreskin while that of the Lomwe, for example, involves partial removal of the foreskin. The two quotations below highlight this;

*"As part of promoting our Lomwe culture, a lot of people go there to practice their culture so they go to Tsimba so as to be circumcised and not to be seen as children". (P4, FGD 10).*

*"Both Muslims and Lomwes practice circumcision but they are different in the way they use it and their circumcision is different. The Yaos is complete while the Lomwes is partial. The Yao remove the whole foreskin while the Lomwe just cut part of it so as there is bleeding". (P6, FGD 10)*

As a cultural practice, male circumcision is a rite of passage for boys. For a boy to become a man in the three tribes, he has to undergo circumcision. As a rite of passage, circumcision is performed during the traditional initiation ceremonies at the initiation camp commonly known as *Ndagala* among the Yao, *Tsimba* among the Mang'anja and *Thezo/Zoma* among the Lomwe. The participants also noted that traditional male circumcision is not practised among the Chewa, Sena, Tonga, Ngoni, Tumbuka and Lambya. However, they emphasized that men from such tribes undergo circumcision whenever they want to join Islam, marry Muslim women, on medical reasons and upon their personal requests at the hospital.

One of the respondents said, *"traditionally... male circumcision is not a part of the custom here in Nkhatabay unlike may be in the Yao culture..... people who come for circumcision either come on personal requests at the hospital or when a patient has a medical indication that requires them to have circumcision but otherwise generally as a custom here in Nkhatabay-Bay amongst the Tonga people circumcision is not part of their culture."* (IDI # 121).

Another respondent said; *"We've not talked to a lot of people concerning male circumcision, but what they know in their hearts is that circumcision is for our friends from the southern region, they think those are the ones who get circumcised, but it's because they don't know and understand it. Maybe it's because it has something to do with AIDS that's why it's rarely talked about and they consider it to be more of culture and tradition of our friends rather than ones responsibility to protect themselves from the HIV virus".* (IDI # 16)

Another participant also said; *"The problem with circumcision is that it is done by Muslims, so, let the Muslims do it. As for us, we are Chewa and we do what is for us as Chewa, which is how it should be".* (P10, FGD 2).

Here the participants were very quick to point out that nowadays there are stories from the media linking male circumcision to the prevention of HIV transmission. As a result of this, there is an increasing demand for male circumcision services in both government and private hospitals. They also observed that most men who are accessing these services are educated ones who have read the literature about the reduced risk of HIV infection among circumcised men.

Respondents, especially from Mangochi also noted that there are some members of other tribes or ethnic groups that undergo circumcision when they would like to join Islam or marry a Moslem woman/Yao woman. In Islam, to which the majority of Yao people belong, uncircumcised men are considered as unclean and they are sometimes stigmatized.

National survey data also indicates this to be the case. For example, among respondents in the 2004 MDHS who reported to have been circumcised, 82.3% belonged to the Yao tribe, 29.8% to the Lomwe tribe, while amongst other tribes the prevalence of circumcision was generally very low, below 7%. Amongst adolescents in the 2004 national survey as part of the Protecting the Next Generation: Understanding HIV Risk Among the Youth (PNG) Project conducted by the Guttmacher Institute, the majority of circumcised adolescents were from the Yao tribe (63.5%) followed by the Lomwe (15.9%), Mang'anja tribes (9.7%), Chewa (9.0%), Sena (6.3%) and almost none (<1%) amongst the Tumbuka, Tonga, Ngoni and Nkhonde tribes.<sup>22</sup>

This is further corroborated in the 2009 male circumcision situation Analysis which indicates that amongst Yao respondents, 90.3% were circumcised and among the Lomwe, Mang'anja and Chewa respondents the rates were 42.8%, 30.9% and 26.8% respectively whereas in the other tribes the less than 10% of the respondents were circumcised.

In the ethnic groups practicing circumcision, especially amongst the Yao of Mangochi and other parts of Malawi, circumcision is performed as a rite of passage, during the *Jando* initiation ceremony. During this ceremony, male initiates are circumcised as a sign of manhood and faithfulness to their cultures and this typically happens in and around puberty. Male circumcisions are also performed on religious grounds. In Islam, male circumcision is considered as a religious ritual for male Moslems. These circumcisions are either done at *Jando* or in a mosque. The only difference is that initiates who are circumcised at a mosque are taught the Islamic beliefs while those go through the *Jando* ceremony are taught traditional beliefs and social norms. Additionally, male circumcisions are performed on social grounds. Among the Yao, male circumcision is a requirement for marrying a Moslem/Yao woman. Usually, order males (24 years above) who want to marry are the ones who fall under this category. The circumcision is done on demand and it is performed at home.

In these communities, uncircumcised men are considered as unclean among the Yao and they are sometimes stigmatized. However, among the Lomwe and the

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<sup>22</sup> Munthali AC, Zulu E, Madise N, Moore A, Konyani S, Kaphuka J and Maluwa Banda D. Adolescent sexual and reproductive health in Malawi: Results from the 2004 National Survey of adolescents. Occasional report no 24. New York: Guttmacher Institute.

Amang'anja, such stigmatization is not common. In fact, among the Lomwe and the Amang'anja, uninitiated men are the ones who are stigmatized. They are called all sorts of names such as *wodyera ku nkhangongo* (one who eats with his back) and *mlukhu osavinidwa* (uninitiated). They are not allowed to visit initiation camps and if they dare to come close, they are caught and initiated against their will. They are also seen as people who are not grown up (they are considered as children by those who are initiated)

However, there are some Lomwe who have stayed with the Yao for a long time and they also circumcise their boys as a custom. As such, both the Yao and Lomwe practice circumcision as part of their cultures. The Lomwe practice circumcision during the *Chidototo/Simba* traditional initiation ceremony. The initiates who undergo circumcisions at the *Simba* go through some sufferings and tough time during the initiation ceremonies and these hardships make them become enduring and persevering people. In addition, instructions about morality and personal hygiene are given to the initiates during the ceremony.

### 5.3.3 Social determinants

#### Social desirability

Male circumcision is also performed because of social or health related reasons. A desire to conform may be a strong determinant for demanding circumcision and this is mentioned as a potential factor especially amongst ethnic groups living amongst the Yao tribe. As indicated earlier especially by respondents in Mangochi, uncircumcised men are stigmatized and thus demand circumcision to conform and respondents indicate that up to about 10% of the circumcisions in places such as Mangochi may be due to this. Additionally apart from religious demands, those marrying into Yao communities typically have to undergo circumcision whether or not they join Islam as a religion. Munthali et al., (2006)<sup>23</sup> in a study amongst adolescents in selected districts of Malawi report youth as indicating that they underwent circumcision because they envied peers who had been circumcised and undergone initiation ceremonies. In the same study, another influence to undergo circumcision was the presents that new initiates are given as part of the initiation ceremony.

Most of the participants in the in-depth interviews and focus group discussions stated that they had heard about the association between male circumcision and a reduced risk of HIV infection before they were asked to participate in this particular study. Most of them said that they got this information in the media, workshops and in some literature that has been published about studies that were conducted in some countries in sub-Saharan Africa. Through these sources of information, they were convinced that circumcised men have a reduced chance of contracting or transmitting HIV to their sex partners. One respondent said,

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<sup>23</sup> Munthali AC, More AM, Konyani S and Zakeyo B. Qualitative evidence of adolescent's sexual and reproductive health experiences in selected districts of Malawi. 2006. Occasional Report no 24. New York: Guttmacher Institute.

*"R: Yea we.....we have read and I have attended ...um... some workshops where results of ... research done in some parts of Africa had revealed that there was a link between males who are circumcised and the reduction in HIV transmission." (IDI # 21).*

Another respondent said

*"R: Yeah, I know. In fact I have attended several meetings like I attended one which was hosted by Banja La Mtsogolo and it was discussed that there is an association between the two. The one who was facilitating the workshop said that when a man is circumcised, the foreskin is removed and it leaves the front of the penis to be hard making it difficult to be easily cracked and even if that man sleeps with an infected woman he doesn't have cuts and because the HIV normally penetrates the blood through an opening on the skin, by a certain percentage, a circumcised man is protected but the protection is I mean not 100%. Yeah." (IDI # 1).*

This particular respondent just like the other respondents noted that male circumcision does not offer 100% protection against HIV infection. In fact, almost all respondents stated that the studies that were done reported that male circumcision could reduce HIV infection by 60%.

When they were asked to explain why they thought this was the case, some respondents attributed the reduced risk of HIV infection to the fact that the foreskins of circumcised men do not retain vaginal fluids after intercourse and that they are so hard (strong) that they do not develop cuts during intercourse as a result of friction. *"In some literature they say that uncircumcised people are pre-disposed to get HIV/AIDS because of the foreskin than those who are circumcised since their foreskins have some evidence of putting some mucus or fluids so once you remove it then the foreskin of the penis it is dry so those fluids which are... they prefer to ...their media for HIV/AIDS they cannot survive". (IDI # 22).*

Another respondent said, *"R: Ya currently I could proudly say from my understanding and from the experience that I have had of course we could agree that there is association or relationship between male circumcision and the reduction of risk of HIV/AIDS transmission. Currently I could proudly say there has been ah of course a relationship in the sense that when somebody is circumcised, he has a reduced chance of becoming infected with the virus. The formation of the skin when it has been exposed and one which has not been exposed are different in texture so having that with a different texture you have a harder texture to the skin that has been circumcised because it has been exposed while the one which is not exposed because it hasn't been circumcised is a bit stiffer. So as a result when there is that friction and the cuts have been made it will be difficult for somebody whose skin is hard to have some cuts unlike the one with soft skin the cuts are very easily to be made. So in such a way if you have cuts that is a direct entry point for HIV unlike a place where you don't have any cuts so we are looking at the place where we have soft tissues and hard tissues that's where the demarcation comes in." (IDI # 10).*

The respondents also welcomed the idea of introducing male circumcision as one of the prevention strategies against HIV infection. They stated that it was a positive step towards combating the HIV/AIDS pandemic. One respondent felt that male circumcision is better than condom use in the sense that it is done once and does not need to be repeated every time one is having sexual intercourse like the condom.



However, the respondent was skeptical about the 60% reduced risk of HIV infection among circumcised men. She noted that the 60% reduced risk could not be guaranteed for every circumcised man. She observed that condom use offers almost 99% protection from HIV infection if it is used consistently and effectively unlike the 60% reduced risk of HIV infection offered by male circumcision. Thus “R: Well it’s something positive (laughing) (I: can you explain what you mean?). I mean we can have an additional method that can help prevent HIV transmission I know (I: mmh) especially that the intervention is only applied once (I: mmh) as compared to a condom for example that has to be used every time (I: mmh) people have sexual intercourse (I: mmh) so I think it is one of the best ways for circumcised men to prevent themselves from HIV/AIDS. But the problem of this method is the issue of probability which you can’t guarantee (laughing) I mean the 60% chance can not guarantee every individual that they will not get HIV infection (laughing) (I: mmh) so if you are giving 60% chance what about one who wears a condom? I know its 99% to 1% if it is used effectively.” (IDI # 27).

On the same issue of male circumcision, one of the respondents wondered whether male circumcision indeed reduces the chance of HIV infection. Of course he admitted that he had heard rumors that male circumcision reduces the risk of HIV infection but that he did not have the evidence and was skeptical about the reduced risk. He talked about the high death rates of people in areas that are predominantly circumcising as one of the reasons for his skepticism about this issue. He thus said, “Yea I have heard it as a rumor. I will put it in that way. My question has always been how true this rumor is because I still believe, unless proven otherwise that at the moment those who are practicing male circumcision are mostly our colleagues the Muslims. My question which I would put forward to you is that have you gone to Muslim areas and have you been told that they are not dying? Because if you go for instance, to a district like Mangochi which is perceived to be a Muslim area and you are told nobody has never died of HIV/AIDS then this research you are trying to pursue will be seen to be effective because now government will implement it by saying from today onwards let all Malawian males go for circumcision. So, I doubt about this reduced risk based on death rates in those areas where there are Muslims who undergo male circumcisions. So I have heard about it but I don’t have evidence to that effect. I will just tell you for your information that I had my cousin who actually passed away and yet he was circumcised when he was 38 years old. So, I have problems with it (male circumcision). As such, what I will only suggest is that if it is proved that it is effective then I think it should start from childhood. Adults may be but I still believe that there will be some problems because somebody who is 38 or 30 years old to undergo circumcision I don’t know. Yah, so, what I can say at the moment is that I have heard about it but I don’t have the evidence.” (IDI # 12).

### **Socioeconomic status**

Elsewhere, especially in western European countries circumcision has been associated with socioeconomic status. There is a paucity of published data on association between male circumcision and socioeconomic status. The only nationally representative study in Malawi that looked at male circumcision and socioeconomic status is the 2004 MDHS<sup>24</sup> which found no major differences in prevalence of male circumcision by wealth quintile, urban/rural or education status as indicated in Figure 1 below.

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<sup>24</sup> ORC MACRO, (2004) Malawi Demographic and Health Survey 2004. Calverton, Maryland: ORC Macro.

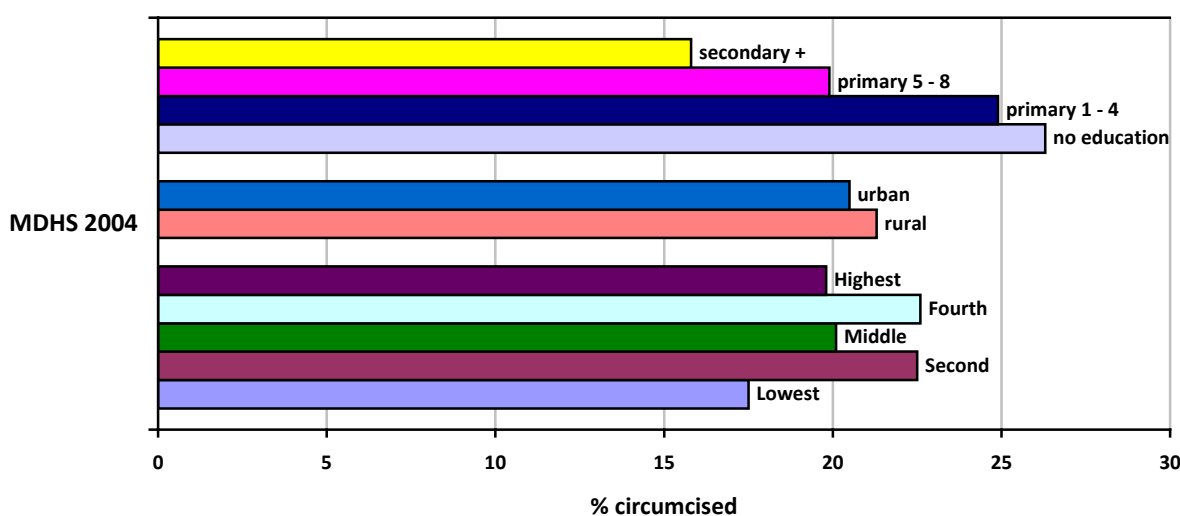


Figure 11: Percentage of men aged 15-49 circumcised by wealth quintile in the 2004 Malawi demographic and Health Survey

In the 2009 SITAN circumcision was more common amongst those that reported to have been married and those who had only a primary education compared to the unmarried and those with secondary of higher education (Figure 2)

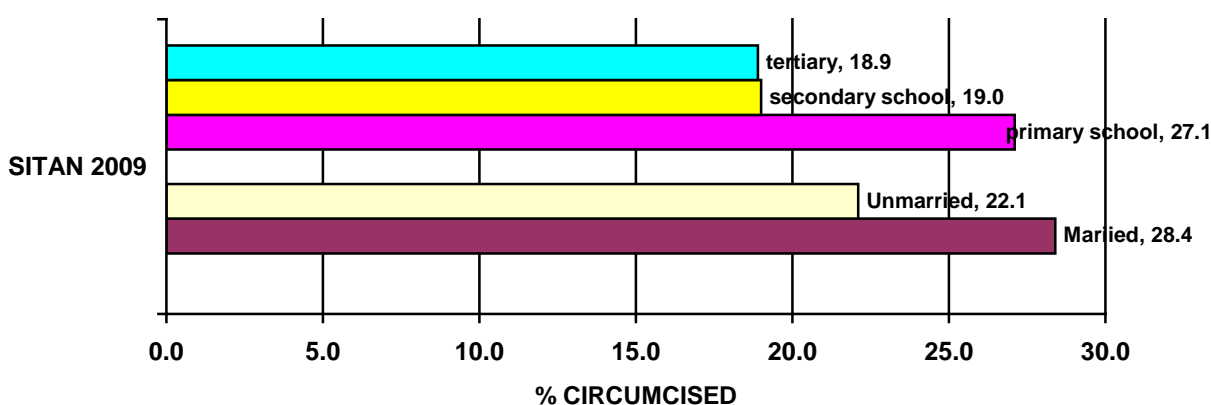


Figure 12: Percentage of men aged 15-49 circumcised by education level and marital status in the 2009 situation analysis.

**Perceived health and sexual benefits**

Amongst the published and unpublished literature and interviews with key informants there is some indication to suggest that male circumcision in Malawi is driven by perceived health benefits. Amongst Muslim informants it was reported that male circumcision aids cleanliness. Ngalande et al., 2004 report in their study that respondents associated male circumcision with better genital hygiene and less risk of sexually transmitted infections and early diagnosis and treatment of genital

conditions. Additionally respondents report perceived enhanced sexual pleasure amongst partners of males who are circumcised<sup>25</sup>.

In another study by Limwame and Kumwenda (2008) women groups interviewed from the central region were of the view that a circumcised penis is not sexually satisfying because the circumcised men are perceived to be cold and slippery.<sup>26</sup> Another study by the Malawi Human Rights Commission (MHRC), (2005) reports among others that circumcision is carried out to protect young boys from hurting themselves when they have sex with a girl and also that circumcised boys especially those circumcised in traditional settings were better sexual performers as opposed to those who underwent circumcision within a Christian/Islamic setting who eventually suffer from divorce in later life because they are not as good sexual performers.<sup>27</sup>

Among the studies cited that looked at knowledge attitudes and practices only the respondents in the study by Limwame and Kumwenda (2008) mentioned any beneficial effect of male circumcision in preventing HIV infection. It is reported that male circumcision prevents HIV infection because the foreskin hides the virus and removing it therefore reduces risk of infection. Additionally, *a circumcised man can wash away the virus after taking a bath as well as because the penis head becomes hardened to survive bruises when having sex which can expose one to infection*. However other respondents from the same survey reported that they had never heard of circumcision as a way of HIV prevention and that circumcision cannot prevent HIV infection but other sexually transmitted infections.

In the 2009 SITAN, male circumcision was associated with perceived health benefits amongst 10.7% of the urban respondents as opposed to 5.1% of the rural respondents. Amongst the regions, circumcision was said to be beneficial for health reasons among 9.7% of respondents in the south, 5.1% in the centre and 3.9% in the north. The majority however thought circumcision was mostly for religious reasons. Respondents from Mangochi, Blantyre, Mulanje and Nsanje were more likely to associate male circumcision with perceived health benefits (about 10%) while very few of the respondents in other districts thought circumcision had any health benefits. In terms of education, those that had attained secondary and tertiary education were more likely to perceive circumcision as having health benefits (8.2% and 6.8% respectively) compared to only 4.8% amongst those with only primary education. Ethnically, male circumcision was more likely to be associated with health benefits in the circumcising ethnic groups of the Yao, Lomwe, and Mang'anja than the other ethnic groups while the Yao (17.6%) were more likely to associate male circumcision with health benefits than the other ethnic groups (< 10%).

### 5.3.4 Medical indications

There is a lack of published or collated information on circumcisions conducted on demand in Malawi. To get a glimpse of the range of medical indications for circumcision data was abstracted from selected health facilities as explained in

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<sup>25</sup> Ngalande R, Levy J, Kaponda C and Bailey R. Acceptability of male circumcision for prevention of HIV infection in Malawi. *AIDS Behaviour* 2006, 10(4):377 - 385.

<sup>26</sup> Limwame K and Kumwenda M. 2008. HIV prevention and Multiple Concurrent Partnerships in Malawi.

<sup>27</sup> Malawi Human Rights Commission. 2005. Cultural Practices and their Impact on the Enjoyment of Human Rights , Particularly the rights of women and Children.

section 2.3. A total of 1734 individual level data on male circumcisions were abstracted in 10 government health facilities in period 2006-2008. Common indications for male circumcision identified included religion, cosmetic, on demand, paraphimosis, phimosis, warts, ritual and initiation. These are summarized in the Table 4 below. As shown in the table, medical indications and demand accounted for only 24.1% of all the circumcisions recorded and abstracted from the selected health facilities. This would suggest that overall medical indications may not be the major determinant of circumcisions in Malawi. However when data from Mangochi is removed because only summary data were available and also where the main indication is religious or ritual, medical indications assume a prominent indication for circumcision in the other facilities. This data has to be viewed with caution because of the incompleteness of the hospital records as well as the unrepresentativeness of the facilities sampled. Anecdotal evidence also suggest that uptake of male circumcision on demand has over the past 2 to 3 years increased substantially especially in the private sector.<sup>28</sup>

**Table 4: Indications of male circumcision in selected hospitals**

| Indication            | Frequency   | Percent    |
|-----------------------|-------------|------------|
| Cosmetic              | 8           | 0.5        |
| On demand             | 12          | 0.7        |
| Paraphimosis          | 63          | 3.6        |
| Phimosis              | 344         | 19.8       |
| Warts                 | 11          | 0.6        |
| Religion              | 1186        | 68.4       |
| Ritual and initiation | 26          | 1.5        |
| Missing               | 84          | 4.8        |
| <b>Total</b>          | <b>1734</b> | <b>100</b> |

<sup>28</sup> In the reporting period, while QECH reported having conducted 102 circumcisions in 2008, a private clinic, BLM reports to have conducted 170 circumcisions and the majority were for perceived health benefits or cosmetic considerations.

## 6 KNOWLEDGE, ATTITUDES AND PRACTICES SURROUNDING MALE CIRCUMCISION

### KEY FINDINGS AND IMPLICATIONS

Most Malawians know the definition of male circumcision but their understanding of male circumcision is based on its cultural and religious context.

Understanding of medical male circumcision with preventive health benefits including HIV/AIDS is very low.

As a result of the cultural and religious understanding of male circumcision, the majority of uncircumcised Malawian males find it unacceptable for themselves and their siblings.

Cultural and religious circumcision differs from the medically protective circumcision and in most cases the circumcision practiced is partial removal of the foreskin.

Knowledge and acceptance of male circumcision can be improved with appropriate information provision.

Most Malawians are not at present willing to pay for male circumcision

The preferred provider of circumcision is the formal health sector with only a minority especially those communities that initiate their children preferring traditional circumcisers.

The preferred age for conducting male circumcision is around adolescence.

#### *Implications*

People need to be given all facts about male circumcision including the importance of complete removal of the foreskin to have protective effects

If male circumcision is to be promoted for HIV prevention, it will need to be named and packaged differently in order to take it out of its cultural and religious context and understanding (i.e. specific ethnic beliefs and practices, and the tenets of Islamic faith in which traditional circumcision occurs)

A strong IEC approach is required to change attitudes towards male circumcision if male circumcision is to be promoted for HIV prevention.

Faith and ethnic leaders have a very important role in improving acceptance of male circumcision.

Promotion of male circumcision as an HIV prevention strategy will require subsidized cost to improve uptake.

## 6.1 KNOWLEDGE OF MALE CIRCUMCISION

The situation analysis KABP survey asked male respondents what they understood by male circumcision. Respondents were asked to choose a definition of circumcision between removal of the entire foreskin, removal of foreskin but not the entire skin, removal of the penis and other definitions. Majority of the men (63.7%) mentioned that the removal of the entire foreskin constituted circumcision whilst 17.5% said removal of the foreskin but not the entire skin was circumcision. About 1.8% said the removal of the penis was circumcision while about 15.1% mentioned other forms of definitions for circumcision.

Knowledge of correct definition of male circumcision was higher amongst urban respondents (71.9%), respondents from the northern region (74.8%) as a whole as well as the sampled districts in the northern region and Mangochi (91.1%) as well as amongst the Yao (87.9%), Tumbuka (76%), Tonga (76.5%) and Nkhonde (84.6%) and Anglican (73.4%) and Muslim (86%) respondents. Knowledge of the definition of male circumcision was however lowest amongst respondents from the central region (53.4%), the districts of Lilongwe (49.4%), Mulanje (37.3%), Nsanje (42.6%) and Ntcheu (46%) and amongst the Lomwe (44.2%), Sena (43.6%) and Amang'anja (48.8%) respondents as indicated in Table 10 below.

The incomplete understanding of the definition of male circumcision likely inflates the circumcision prevalence in places such as Mulanje where almost half of those that initially reported having been circumcised were in actual fact partially circumcised. When the real definition was provided to them circumcision prevalence dropped from 51.4% to 24.6%. There appears to be no major differences by socioeconomic status although those with secondary or higher education and those of higher socioeconomic status (richest, with regards to the wealth quintile index) tended to have better knowledge.

It can be noted, from Table 10, that a good proportion indicated other knowledge definitions of male circumcision. Expanded responses on this response are given in Table 10a. The majority (84.1%), under this category, did not know the definition of male circumcision. This is followed by those who mentioned initiation ceremony as the definition (5.5%). Other definitions provided are cutting of veins off penis or removal of genitals (4.5%), culture (2.7%), first time hearing (1.7%), infertility/contraceptive (1.2%) or counseling (0.3%).

**Table 10. Knowledge of the definition of male circumcision (KABP survey).**

|                              | Knowledge of definition circumcision |                                      |                  |                   |        | Total |
|------------------------------|--------------------------------------|--------------------------------------|------------------|-------------------|--------|-------|
|                              | Removal of entire foreskin           | Removal of foreskin but not entirely | Removal of penis | Refused to answer | Others |       |
| <b>Malawi</b>                | 63.7                                 | 17.5                                 | 1.8              | 2.0               | 15.1   | 100.0 |
| <b>Area</b>                  |                                      |                                      |                  |                   |        |       |
| Urban                        | 71.9                                 | 16.3                                 | 2.2              | 2.5               | 7.2    | 100.0 |
| Rural                        | 62.7                                 | 17.6                                 | 1.7              | 1.9               | 16.1   | 100.0 |
| <b>Region</b>                |                                      |                                      |                  |                   |        |       |
| North                        | 74.8                                 | 7.0                                  | 0.8              | 1.1               | 16.3   | 100.0 |
| Centre                       | 53.4                                 | 18.9                                 | 3.2              | 3.2               | 21.3   | 100.0 |
| South                        | 60.5                                 | 25.7                                 | 1.7              | 1.9               | 10.2   | 100.0 |
| <b>District</b>              |                                      |                                      |                  |                   |        |       |
| Blantyre                     | 65.5                                 | 20.1                                 | 3.4              | 2.4               | 8.5    | 100.0 |
| Chitipa                      | 68.2                                 | 7.4                                  | 0.5              | 2.4               | 21.6   | 100.0 |
| Lilongwe                     | 49.4                                 | 18.2                                 | 3.2              | 4.4               | 24.7   | 100.0 |
| Mangochi                     | 91.1                                 | 6.3                                  | 0.2              | 1.3               | 1.1    | 100.0 |
| Mulanje                      | 37.3                                 | 54.5                                 | 0.5              | 0.7               | 7.0    | 100.0 |
| Mzimba                       | 77.1                                 | 5.0                                  | 0.7              | 0.7               | 16.6   | 100.0 |
| Nkhatabay                    | 78.4                                 | 8.7                                  | 1.2              | 0.5               | 11.3   | 100.0 |
| Nkhotakota                   | 66.9                                 | 20.3                                 | 2.6              | 1.9               | 8.3    | 100.0 |
| Nsanje                       | 42.6                                 | 18.9                                 | 4.1              | 4.1               | 30.2   | 100.0 |
| Ntcheu                       | 46.0                                 | 18.3                                 | 3.7              | 3.0               | 29.0   | 100.0 |
| <b>Age</b>                   |                                      |                                      |                  |                   |        |       |
| <20 years                    | 58.7                                 | 17.0                                 | 2.7              | 2.4               | 19.2   | 100.0 |
| 20-24 years                  | 64.8                                 | 16.1                                 | 2.6              | 1.8               | 14.7   | 100.0 |
| 25-29 years                  | 59.5                                 | 20.7                                 | 1.5              | 2.0               | 16.3   | 100.0 |
| 30-34 years                  | 67.3                                 | 17.5                                 | 1.9              | 1.5               | 11.9   | 100.0 |
| 35-39 years                  | 67.5                                 | 16.0                                 | 1.5              | 1.2               | 13.9   | 100.0 |
| 40-44 years                  | 67.4                                 | 19.2                                 | 0.4              | 2.5               | 10.5   | 100.0 |
| 45-49 years                  | 66.3                                 | 14.6                                 | 1.5              | 2.0               | 15.6   | 100.0 |
| 50 years or more             | 65.3                                 | 17.4                                 | 0.9              | 1.8               | 14.5   | 100.0 |
| <b>Marital status</b>        |                                      |                                      |                  |                   |        |       |
| yes                          | 64.5                                 | 18.0                                 | 1.4              | 1.7               | 14.4   | 100.0 |
| no                           | 61.3                                 | 16.0                                 | 2.8              | 2.5               | 17.5   | 100.0 |
| <b>Tribe</b>                 |                                      |                                      |                  |                   |        |       |
| Chewa                        | 58.0                                 | 18.4                                 | 3.3              | 3.3               | 17.0   | 100.0 |
| Yao                          | 87.9                                 | 9.1                                  | 0.6              | 1.6               | 0.8    | 100.0 |
| Tumbuka                      | 76.0                                 | 4.8                                  | 1.1              | 0.6               | 17.5   | 100.0 |
| Lomwe                        | 44.2                                 | 46.2                                 | 1.1              | 1.5               | 7.0    | 100.0 |
| Sena                         | 43.6                                 | 20.3                                 | 4.1              | 4.1               | 27.8   | 100.0 |
| Ngoni                        | 55.3                                 | 15.4                                 | 2.6              | 1.9               | 24.8   | 100.0 |
| Tonga                        | 76.5                                 | 9.2                                  | 1.0              | 0.0               | 13.3   | 100.0 |
| Amang'anja                   | 48.8                                 | 34.4                                 | 1.3              | 1.3               | 14.4   | 100.0 |
| Nkhonde                      | 84.6                                 | 0.0                                  | 0.0              | 0.0               | 15.4   | 100.0 |
| others                       | 68.0                                 | 8.2                                  | 0.8              | 3.0               | 19.9   | 100.0 |
| <b>Religion</b>              |                                      |                                      |                  |                   |        |       |
| catholic                     | 57.0                                 | 19.4                                 | 2.4              | 1.8               | 19.5   | 100.0 |
| CCAP                         | 64.6                                 | 18.6                                 | 1.6              | 1.9               | 13.3   | 100.0 |
| Anglican                     | 73.4                                 | 13.7                                 | 2.4              | 2.4               | 8.1    | 100.0 |
| Adventist Baptist            | 57.3                                 | 19.4                                 | 3.3              | 3.6               | 16.4   | 100.0 |
| Muslim                       | 86.0                                 | 11.3                                 | 0.7              | 1.3               | 0.7    | 100.0 |
| others                       | 58.1                                 | 18.2                                 | 1.5              | 1.9               | 20.4   | 100.0 |
| <b>School attendance</b>     |                                      |                                      |                  |                   |        |       |
| yes                          | 64.1                                 | 17.5                                 | 1.8              | 1.8               | 14.8   | 100.0 |
| no                           | 60.7                                 | 17.1                                 | 1.5              | 3.4               | 17.3   | 100.0 |
| <b>Level of education</b>    |                                      |                                      |                  |                   |        |       |
| primary                      | 61.3                                 | 18.4                                 | 1.9              | 1.9               | 16.5   | 100.0 |
| secondary                    | 69.5                                 | 15.7                                 | 1.7              | 1.3               | 11.8   | 100.0 |
| tertiary                     | 73.6                                 | 17.0                                 | 0.0              | 3.8               | 5.7    | 100.0 |
| <b>Wealth quintile index</b> |                                      |                                      |                  |                   |        |       |
| Poorest                      | 61.2                                 | 25.2                                 | 1.8              | 0.7               | 11.1   | 100.0 |
| Poor                         | 60.5                                 | 21.4                                 | 1.3              | 1.1               | 15.7   | 100.0 |
| Medium                       | 59.8                                 | 20.8                                 | 1.2              | 1.8               | 16.3   | 100.0 |
| Rich                         | 60.3                                 | 19.8                                 | 1.4              | 2.4               | 16.2   | 100.0 |
| Richest                      | 65.3                                 | 16.2                                 | 2.0              | 2.2               | 14.2   | 100.0 |

**Table 10a: Responses from the OTHER category**

| Response Categories                                | Number     | Percentage |
|--|------------|------------|
| Don't know   | 503        | 84.1       |
| Initiation ceremony                                | 33         | 5.5        |
| Culture  | 16         | 2.7        |
| Counseling   | 2          | 0.3        |
| Cutting off veins in penis/<br>Removal of genitals | 27         | 4.5        |
| First time hearing                                 | 10         | 1.7        |
| Infertility/Contraceptive                          | 7          | 1.2        |
| <b>Total</b>                                       | <b>598</b> | <b>100</b> |

## 6.2 ATTITUDES AND PERCEPTIONS ABOUT MALE CIRCUMCISION

### 6.2.1 Attitudes and perceptions of non-circumcised men towards male circumcision

Key informant and focus group discussion respondents were asked to state what they thought about circumcision. In response most of the respondents stated that it would depend on one's religion and culture. They said Christians and non-Yao might oppose male circumcision and would not love to have their children or themselves circumcised. They explained that Christians may oppose male circumcision because they see it as part of the Islamic religion. Thus one of the respondents said,

*"R: Well, Muslims are by nature the ones who commonly practice male circumcision. It's their tradition so even Christians are afraid to be circumcised for fear that they will be labeled Muslims." (IDI # 1)*

As such, most Christian churches discourage their members from being circumcised and from attending the traditional initiation ceremonies describing the practices as evil (*Achikunja*). This would also apply to non-Yao people who do not practice male circumcision. They see male circumcision as part of the Islamic religion and Yao culture and they would not like to assimilate it. However, they said for Moslems and Yao people, they would feel they were missing something if they were not circumcised. On this, they stated that the government would have to do much sensitization among Christians and non-Yao people about the benefits of male circumcision. They would have to convince people that it was being introduced as a health intervention and that it was de-linked from Islam and Yao culture. They further stated that people should be told the truth about the benefits of circumcision and this should not be exaggerated – people should know that male circumcision only reduces their chances of being infected with HIV.



One respondent said, “R: I think it depends upon how the messages really gets to them because if they are just told that if you are circumcised you won’t have HIV then, probably all of them will rush to get circumcised but if they are told the truth that it only reduces the risk but the risk is still there, some may consider taking up the circumcision but others they may evaluate their own a risk taking behaviors and may decide whether it’s worthy taking it or not(I: ok) but there are also cultural factors that may affect its uptake.” (IDI # 46).

## 6.2.2 Perceptions of women towards male circumcision

Respondents were also asked to say what they thought might be perceptions of women towards male circumcision. Some of the respondents felt that women’s perceptions towards male circumcision would depend on location or where they come from. For instance, they said women in circumcising societies would view circumcision differently from women in non-circumcising societies.

Thus one respondent said, “R: It depends on where that woman is coming from. For example most women from this area, mainly here in Nkhotakota clearly know what circumcision is all about, regardless of whether that woman comes from a Muslim society or not but here because it is like the tradition that most men get circumcised, women know. For others like from other districts, I would say that may be they don’t know what circumcised men do so they cannot say anything or think anything about circumcision unless that woman is provoked like to say this time when people will start talking about it, they may have something to say, but honestly I cannot say what all women think about it.” (IDI # 1).

Respondents also said that generally women enjoy having sex with circumcised men. They were then asked whether this was true in both circumcising and non-circumcising societies and they said it was common among women to like circumcised men.

Female respondents of the KAPB survey were also asked what they thought of circumcised men and the majority, corroborating the findings of the KII indicated that they thought circumcised men were Muslim, of the Yao tribe and sexually initiated. Women from Chitipa and Nkhotakota were more likely to associate circumcision with the Yao compared to other districts while those from Mulanje and Mangochi were more likely to perceive circumcision as being associated with being sexually initiated.(Table 11).

**Table 11: What women think of circumcised males (KABP survey)**

|                              | promiscuous | Muslim | clean | Yao  | sexually initiated | others |
|------------------------------|-------------|--------|-------|------|--------------------|--------|
| <b>Area</b>                  |             |        |       |      |                    |        |
| Urban                        | 1.2         | 43.3   | 9.1   | 39.0 | 2.4                | 14.0   |
| Rural                        | 1.6         | 36.3   | 3.5   | 30.6 | 7.1                | 25.0   |
| <b>Region</b>                |             |        |       |      |                    |        |
| North                        | 2.9         | 37.2   | 1.8   | 16.4 | 0.4                | 41.2   |
| Centre                       | 0.3         | 46.3   | 4.8   | 42.9 | 1.4                | 10.7   |
| South                        | 1.9         | 30.7   | 5.8   | 32.6 | 13.9               | 22.6   |
| <b>District</b>              |             |        |       |      |                    |        |
| Blantyre                     | 1.0         | 44.8   | 7.6   | 50.5 | 6.7                | 1.9    |
| Chitipa                      | 10.4        | 66.7   | 6.3   | 12.5 | 2.1                | 2.1    |
| Lilongwe                     | 0.7         | 43.4   | 2.8   | 45.5 | 0.0                | 13.1   |
| Mangochi                     | 0.9         | 27.8   | 6.1   | 45.2 | 23.5               | 6.1    |
| Mulanje                      | 3.8         | 17.7   | 8.5   | 12.3 | 21.5               | 40.0   |
| Mzimba                       | 1.7         | 24.4   | 1.7   | 14.3 | 0.0                | 58.0   |
| Nkhatabay                    | 0.9         | 38.3   | 0.0   | 20.6 | 0.0                | 40.2   |
| Nkhotakota                   | 0.0         | 64.2   | 11.0  | 22.9 | 3.7                | 9.2    |
| Nsanje                       | 1.7         | 35.3   | 0.8   | 26.9 | 2.5                | 37.8   |
| Ntcheu                       | 0.0         | 31.0   | 1.0   | 61.0 | 1.0                | 9.0    |
| <b>Marital status</b>        |             |        |       |      |                    |        |
| yes                          | 1.8         | 36.4   | 4.6   | 31.9 | 6.2                | 24.0   |
| no                           | 1.1         | 42.5   | 3.9   | 31.8 | 8.9                | 20.1   |
| <b>Ethnicity</b>             |             |        |       |      |                    |        |
| Chewa                        | 0.4         | 49.4   | 6.5   | 34.1 | 3.1                | 14.9   |
| Yao                          | 0.6         | 33.3   | 6.4   | 46.8 | 17.9               | 6.4    |
| Tumbuka                      | 2.6         | 28.1   | 1.8   | 17.5 | 0.0                | 50.0   |
| Lomwe                        | 2.8         | 20.8   | 5.7   | 19.8 | 17.9               | 34.0   |
| sena                         | 1.9         | 34.6   | 0.9   | 25.2 | 4.7                | 37.4   |
| Ngoni                        | 1.3         | 33.1   | 3.2   | 53.5 | 1.3                | 10.8   |
| Tonga                        | 0.0         | 39.3   | 0.0   | 19.0 | 0.0                | 41.7   |
| Amang'anja                   | 1.9         | 34.6   | 3.8   | 21.2 | 9.6                | 30.8   |
| Nkhonde                      | 33.3        | 66.7   | 0.0   | 0.0  | 0.0                | 0.0    |
| others                       | 7.1         | 58.9   | 8.9   | 16.1 | 7.1                | 12.5   |
| <b>Religion</b>              |             |        |       |      |                    |        |
| catholic                     | 3.2         | 32.6   | 4.2   | 35.3 | 4.7                | 23.2   |
| CCAP                         | 0.6         | 38.1   | 4.8   | 30.4 | 4.8                | 25.0   |
| Anglican                     | 2.2         | 43.5   | 19.6  | 37.0 | 8.7                | 13.0   |
| Adventist Baptist            | 0.0         | 35.0   | 3.3   | 26.7 | 5.0                | 30.0   |
| Muslim                       | 0.6         | 45.3   | 6.4   | 34.3 | 15.7               | 8.1    |
| others                       | 2.0         | 35.8   | 2.5   | 29.5 | 4.5                | 29.3   |
| <b>School attendance</b>     |             |        |       |      |                    |        |
| yes                          | 2.0         | 36.3   | 4.3   | 32.5 | 6.9                | 22.6   |
| no                           | 0.7         | 41.0   | 5.1   | 29.7 | 5.5                | 25.3   |
| <b>Education level</b>       |             |        |       |      |                    |        |
| primary                      | 1.3         | 36.2   | 3.9   | 32.0 | 6.8                | 24.3   |
| secondary                    | 5.0         | 37.4   | 6.5   | 34.5 | 7.2                | 15.1   |
| tertiary                     | 0.0         | 28.6   | 0.0   | 57.1 | 0.0                | 14.3   |
| <b>Occupation</b>            |             |        |       |      |                    |        |
| farming                      | 1.4         | 38.0   | 4.0   | 32.9 | 5.1                | 24.8   |
| casual labour                | 2.0         | 31.4   | 0.0   | 25.5 | 17.6               | 23.5   |
| employed                     | 2.5         | 37.5   | 7.5   | 42.5 | 5.0                | 10.0   |
| business                     | 1.9         | 37.2   | 6.3   | 30.0 | 9.2                | 19.3   |
| student                      | 0.0         | 42.9   | 0.0   | 28.6 | 0.0                | 28.6   |
| unemployed                   | 2.0         | 33.3   | 5.9   | 21.6 | 7.8                | 33.3   |
| other                        | 12.5        | 37.5   | 12.5  | 50.0 | 0.0                | 0.0    |
| <b>Wealth Quintile Index</b> |             |        |       |      |                    |        |
| Poorest                      | 25.0        | 19.4   | 30.0  | 23.2 | 27.1               | 17.4   |
| Poor                         | 25.0        | 19.4   | 23.3  | 17.0 | 20.8               | 22.7   |
| Medium                       | 25.0        | 13.7   | 3.3   | 21.2 | 18.8               | 18.4   |
| Rich                         | 25.0        | 25.7   | 30.3  | 21.6 | 27.1               | 20.4   |
| Richest                      | 0           | 21.8   | 13.3  | 17.0 | 6.2                | 20.8   |

### 6.2.3 Perceived benefits of circumcision

KABP survey male respondents were asked to mention the perceived benefits of male circumcision. In rural areas, men mentioned reduced transmission of sexually transmitted diseases (27.9%), reduced transmission of HIV (23.7%), cleanliness (19.3%) and increased sexual pleasure (10.6). However, over half of the men (53.4% in rural men and 45.1% amongst urban males) could not mention any benefits of male circumcision signifying the importance of community mobilization if male circumcision is to be scaled up as an HIV intervention. See Tables 12 below.

Female respondents were also asked to mention the benefits of male circumcision. In urban areas, 53.3% and 44.8% thought that male circumcision reduced the transmission of sexually transmitted infections (STIs) and HIV respectively. However, for rural women only 29.9% and 23.5% of the women mentioned STIs and HIV respectively. Mentioning of these benefits did not vary across the religion and school attendance. More importantly these perceived benefits were mentioned more frequently by women as opposed to men (Table 13).

Both men and women also mentioned cleanliness and increased pleasure as some of the benefits of male circumcision. Mention of these benefits was more common amongst socio-demographic groups with a higher prevalence of male circumcision than those with lower prevalence of male circumcision.

### 6.2.4 Perceived consequences of circumcision

About one third of the urban male respondents perceive bleeding and infection to be the commonest consequence of male circumcision (28.1% and 27.8% respectively) compared to about one fifth amongst rural men (19.0% and 22% respectively). Almost half of the men could not mention any complications of male circumcision (38.5% and 49.2% among urban and rural men respectively). Respondents from the northern region (19.8% and 20.1%), southern region (27.0% and 29.7%) were more likely to mention bleeding and infections respectively as complications of circumcision compared to central region respondents (17% and 20.2% respectively). Mention of these complications was also more common amongst those from the circumcising districts of Blantyre, Mangochi and Mulanje, amongst the Yao and Lomwe and amongst Moslems following the reported distribution of prevalence of male circumcision (Table 12).

Most women, 42.5% and 33.6% in urban and rural areas respectively, mentioned infections as the main negative consequence of having male circumcision. This varied across the regions with 40.6% in the southern region mentioning this reason against 26.3% in the northern region. Bleeding was the other complication associated with male circumcision by women. About 15.8% and 13% in urban and rural areas mentioned bleeding as a complication of circumcision. Again, most women citing this as complication came from the southern region (17.7%) against only 7.0% from

the northern region. Citing of complications was associated with education levels with 60% of women with tertiary education citing bleeding as a complication compared to only 14.4% of those that attended only secondary school education (Table 13).

**Table 12. Male perceptions of benefits and negative consequences of male circumcision (KABP survey)**

| Area              | Perceived benefits of circumcision among males (%) |             |             |          |       |         | Perceived side effects of circumcision amongst males |           |          |       |              |      |
|-------------------|--|-------------|-------------|----------|-------|---------|--|-----------|----------|-------|--------------|------|
|                   | Reduced STI  | Reduced HIV | Cleanliness | Pleasure | Other | Unknown | Infections   | Impotence | Bleeding | Other | No knowledge |      |
| Region            | Urban  | 36.7        | 30.2        | 20.4     | 10.5  | 3.3     | 45.1   | 28.1      | 1.7      | 27.8  | 14.7         | 38.5 |
|                   | Rural  | 27.9        | 23.7        | 19.3     | 10.6  | 3.4     | 53.4   | 19.0      | 3.0      | 22.0  | 13.7         | 49.2 |
| District          | North  | 33.2        | 28.4        | 19.0     | 7.1   | 2.3     | 51.2   | 19.8      | 2.4      | 20.1  | 11.7         | 53.0 |
|                   | Centre   | 22.6        | 20.7        | 15.5     | 11.7  | 2.4     | 59.5   | 13.9      | 2.3      | 20.2  | 14.0         | 53.4 |
|                   | South  | 28.8        | 22.6        | 23.4     | 14.2  | 5.8     | 48.0   | 27.0      | 4.1      | 29.7  | 17.2         | 33.6 |
| District          | Blantyre   | 29.9        | 23.2        | 19.2     | 11.9  | 5.6     | 52.0   | 37.0      | 4.0      | 31.0  | 12.5         | 34.5 |
|                   | Chitipa  | 33.4        | 25.5        | 19.1     | 5.4   | 1.9     | 51.9   | 17.5      | 3.6      | 20.5  | 7.8          | 56.8 |
|                   | Lilongwe   | 22.6        | 20.0        | 15.8     | 11.3  | 0.6     | 62.6   | 12.8      | 0.9      | 19.8  | 11.6         | 57.8 |
|                   | Mangochi   | 29.0        | 24.6        | 36.2     | 10.1  | 1.4     | 44.9   | 34.0      | 4.0      | 42.0  | 16.0         | 20.0 |
|                   | Mulanje  | 36.3        | 26.2        | 30.0     | 17.2  | 10.5    | 33.0   | 39.7      | 4.1      | 28.1  | 26.7         | 13.7 |
|                   | Mzimba   | 28.9        | 28.1        | 19.9     | 8.4   | 3.1     | 52.0   | 20.7      | 2.0      | 21.1  | 10.7         | 52.3 |
|                   | Nkhatabay  | 37.2        | 31.1        | 17.9     | 7.2   | 1.9     | 49.9   | 20.9      | 1.7      | 18.7  | 16.2         | 50.4 |
|                   | Nkhotakota   | 24.8        | 17.4        | 18.3     | 11.0  | 4.6     | 54.1   | 15.7      | 3.3      | 20.7  | 18.2         | 47.9 |
|                   | Nsanje   | 20.8        | 18.4        | 16.6     | 13.8  | 2.5     | 60.4   | 12.6      | 4.1      | 27.6  | 16.0         | 45.2 |
|                   | Ntcheu   | 21.7        | 22.9        | 14.0     | 12.4  | 3.5     | 58.1   | 14.4      | 3.6      | 20.5  | 15.1         | 50.7 |
|                   | Marital status                                     | yes         | 28.6        | 23.7     | 19.6  | 10.8    | 3.5  | 51.8      | 19.8     | 2.6   | 22.2         | 14.4 |
| no                |  | 29.7        | 26.4        | 19.0     | 10.1  | 3.1     | 54.1   | 20.7      | 3.2      | 23.9  | 11.9         | 49.0 |
| Tribe             | Chewa  | 23.7        | 21.6        | 14.8     | 10.2  | 3.3     | 58.8   | 14.6      | 1.2      | 18.9  | 14.1         | 55.1 |
|                   | Yao  | 21.7        | 18.3        | 25.0     | 11.7  | 5.0     | 56.7   | 41.7      | 0.0      | 31.3  | 12.5         | 22.9 |
|                   | Tumbuka  | 30.3        | 26.8        | 21.6     | 7.7   | 2.5     | 50.5   | 23.4      | 2.7      | 20.4  | 10.9         | 49.7 |
|                   | Lomwe  | 37.2        | 30.1        | 31.1     | 16.5  | 7.4     | 33.7   | 37.3      | 3.8      | 30.1  | 19.5         | 22.9 |
|                   | Sena   | 19.8        | 16.3        | 16.7     | 14.0  | 2.3     | 60.1   | 12.7      | 4.1      | 30.2  | 15.7         | 44.4 |
|                   | Ngoni  | 26.4        | 24.3        | 16.4     | 11.1  | 2.6     | 57.2   | 16.5      | 4.4      | 20.9  | 16.0         | 50.3 |
|                   | Tonga  | 37.3        | 32.6        | 17.0     | 8.0   | 2.2     | 50.7   | 19.5      | 1.9      | 21.1  | 16.6         | 49.8 |
|                   | Amang'anja   | 27.3        | 20.0        | 23.6     | 16.4  | 6.4     | 48.2   | 30.0      | 3.8      | 22.5  | 15.0         | 38.8 |
|                   | Nkhonde  | 27.3        | 18.2        | 27.3     | 0.0   | 9.1     | 45.5   | 16.7      | 0.0      | 25.0  | 0.0          | 58.3 |
|                   | others   | 32.7        | 23.8        | 17.8     | 5.6   | 2.3     | 53.5   | 16.6      | 2.9      | 21.9  | 7.0          | 57.1 |
|                   | Religion   | Catholic    | 30.1        | 25.6     | 19.1  | 13.9    | 4.9  | 47.4      | 22.6     | 3.5   | 19.9         | 14.2 |
| CCAP              |  | 37.3        | 29.5        | 21.4     | 9.6   | 3.8     | 45.7   | 22.9      | 2.4      | 26.0  | 13.5         | 42.8 |
| Anglican          |  | 20.0        | 14.7        | 14.7     | 13.3  | 4.0     | 60.0   | 20.5      | 1.3      | 29.5  | 10.3         | 46.2 |
| Adventist/Baptist |  | 29.3        | 27.6        | 22.3     | 12.4  | 3.2     | 49.5   | 22.3      | 5.1      | 26.4  | 12.8         | 43.6 |
| Moslem            |  | 31.0        | 27.6        | 24.1     | 10.3  | 0.0     | 65.5   | 41.7      | 0.0      | 33.3  | 33.3         | 0.0  |
| Others            |  | 24.2        | 20.6        | 18.0     | 8.5   | 2.6     | 59.1   | 16.3      | 2.0      | 20.6  | 13.8         | 53.0 |
| Others            |  | 24.2        | 20.6        | 18.0     | 8.5   | 2.6     | 59.1   | 16.3      | 2.0      | 20.6  | 13.8         | 53.0 |
| School attendance | yes  | 30.2        | 25.6        | 20.1     | 10.6  | 3.5     | 51.0   | 21.2      | 3.0      | 22.8  | 13.8         | 46.8 |
|                   | no   | 15.0        | 12.1        | 12.1     | 9.8   | 2.3     | 68.2   | 7.3       | 0.9      | 21.0  | 13.2         | 61.2 |

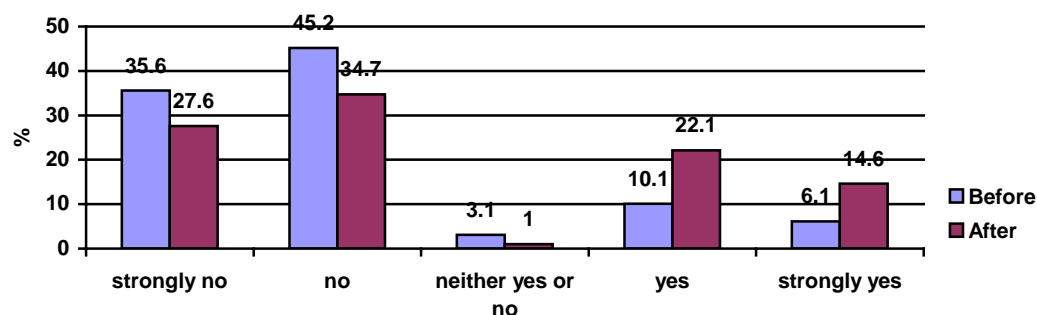
**Table 13. Female perceptions of benefits and negative consequences of male circumcision**

| Area              | Benefits of male circumcision |      |             |                       |        | Negative consequences of MC |           |          |        |      |
|-------------------|-------------------------------|------|-------------|-----------------------|--------|-----------------------------|-----------|----------|--------|------|
|                   | Reduces<br>STI                | HIV  | Cleanliness | Increases<br>Pleasure | Others | Infections                  | Impotence | Bleeding | Others |      |
| Area              | Urban                         | 53.3 | 44.8        | 16.2                  | 12.4   | 27.6                        | 42.5      | 4.1      | 15.8   | 55.5 |
|                   | Rural                         | 29.9 | 23.5        | 18.5                  | 18.7   | 42.2                        | 33.6      | 6.6      | 13.0   | 57.6 |
|                   | North                         | 30.5 | 21.2        | 15.3                  | 12.7   | 46.6                        | 26.3      | 12.3     | 7.0    | 60.9 |
|                   | Centre                        | 37.2 | 28.3        | 15.7                  | 7.9    | 45.5                        | 34.6      | 4.4      | 13.1   | 61.4 |
|                   | South                         | 32.7 | 27.9        | 20.4                  | 24.6   | 34.6                        | 40.6      | 4.2      | 17.7   | 51.9 |
| Marital status    | Married                       | 33.5 | 25.9        | 18.1                  | 17.3   | 40.0                        |           |          |        |      |
| Tribe             | Chewa                         | 38.7 | 28.0        | 16.1                  | 8.3    | 47.6                        | 35.6      | 2.8      | 7.6    | 64.4 |
|                   | Yao                           | 37.8 | 29.9        | 26.0                  | 32.3   | 21.3                        | 44.7      | 0.9      | 20.2   | 50.0 |
|                   | Tumbuka                       | 23.5 | 11.8        | 11.8                  | 5.9    | 60.8                        | 29.4      | 9.2      | 9.2    | 57.8 |
|                   | Lomwe                         | 19.4 | 14.3        | 19.4                  | 20.4   | 49.0                        | 34.0      | 1.0      | 17.5   | 57.7 |
|                   | Sena                          | 36.7 | 38.8        | 20.4                  | 12.2   | 36.7                        | 22.8      | 8.9      | 9.9    | 67.3 |
|                   | Ngoni                         | 45.6 | 35.3        | 8.8                   | 14.7   | 32.4                        | 46.1      | 8.6      | 22.7   | 42.2 |
|                   | Tonga                         | 20.0 | 28.0        | 28.0                  | 24.0   | 32.0                        | 23.8      | 3.8      | 8.8    | 73.8 |
|                   | Amang'anja                    | 20.5 | 20.5        | 20.5                  | 29.5   | 43.2                        | 36.7      | 6.1      | 20.4   | 53.1 |
|                   | Nkhonde                       | 0.0  | 0.0         | 0.0                   | 0.0    | 0.0                         | 0.0       | 50.0     | 0.0    | 50.0 |
|                   | others                        | 44.4 | 41.7        | 11.1                  | 11.1   | 36.1                        | 41.2      | 41.2     | 14.7   | 23.5 |
| Religion          | catholic                      | 35.0 | 26.2        | 11.7                  | 23.3   | 38.8                        | 39.9      | 7.4      | 17.2   | 47.2 |
|                   | CCAP                          | 34.0 | 31.0        | 16.0                  | 10.0   | 44.0                        | 41.5      | 9.2      | 14.8   | 49.3 |
|                   | Anglican                      | 32.4 | 29.7        | 27.0                  | 21.6   | 43.2                        | 51.2      | 2.3      | 11.6   | 58.1 |
|                   | Adventist Baptist             | 41.5 | 26.8        | 19.5                  | 19.5   | 36.6                        | 35.0      | 1.7      | 5.0    | 66.7 |
|                   | Muslim                        | 42.7 | 29.3        | 26.0                  | 28.0   | 20.7                        | 39.1      | 1.4      | 16.7   | 56.5 |
|                   | others                        | 26.1 | 23.9        | 15.2                  | 11.3   | 50.4                        | 28.1      | 7.9      | 12.3   | 62.1 |
| School attendance | yes                           | 36.3 | 29.1        | 16.5                  | 16.9   | 39.1                        | 38.1      | 6.9      | 14.7   | 52.8 |
|                   | primary                       | 33.1 | 26.3        | 16.8                  | 17.5   | 40.6                        | 35.8      | 6.8      | 14.4   | 55.1 |
|                   | secondary                     | 50.5 | 38.5        | 15.4                  | 15.4   | 33.0                        | 48.8      | 7.2      | 14.4   | 42.4 |
|                   | tertiary                      | 60.0 | 80.0        | 0.0                   | 0.0    | 0.0                         | 40.0      | 0.0      | 60.0   | 60.0 |

## 6.3 ACCEPTANCE OF MALE CIRCUMCISION

### 6.3.1 Personal acceptance of circumcision among uncircumcised males.

Non circumcised respondents were given information linking male circumcision to the prevention of HIV transmission. Following this they were asked whether the provided information had changed their opinion about accepting being circumcised. The majority (80.8%) indicated opposition to circumcision before any benefits of circumcision in HIV prevention were presented to them. After getting some information on the role of circumcision on HIV prevention, a majority (63.2%) still remained skeptical of the benefits of circumcision while 36.8% changed their opinion about being circumcised up from 19.2% a change of almost 100% indicating that providing the right information on circumcision could increase acceptability of male circumcision (Figure 10).



*Figure 10, Proportion of uncircumcised males accepting circumcision before and after male circumcision HIV link is provided*

When asked why they would change their opinion on acceptance of male circumcision, almost a quarter (25%) of both urban and rural respondents indicated medical reasons as the reason for their opinion while almost half indicated ethnicity as the main reason for their opinion. Social desirability and hygiene considerations were indicated by 11.1% and 9.1% of the urban respondents as opposed to 10.8% and 5.5% of the rural respondents. Amongst those indicating social desirability of circumcision, the majority indicated perceived health benefits followed by cosmetics as the reasons for the social desirability of circumcision. Over half of the respondents from the central region, the Chewa, Sena, Ngoni and Amang'anja respondents indicated ethnicity as the main reason for their opinion on acceptance of male circumcision and a quarter of Nkhonde respondents indicated social desirability as the main determined on whether or not circumcision would be acceptable to them (Table 14). In general the reasons governing acceptance remain largely the same before or after information is provided but the percentage of people indicating medical or hygiene reasons for their opinions improves after proving the information.

**Table 14. Proportions accepting male circumcision before and after information on benefits of circumcision is provided**

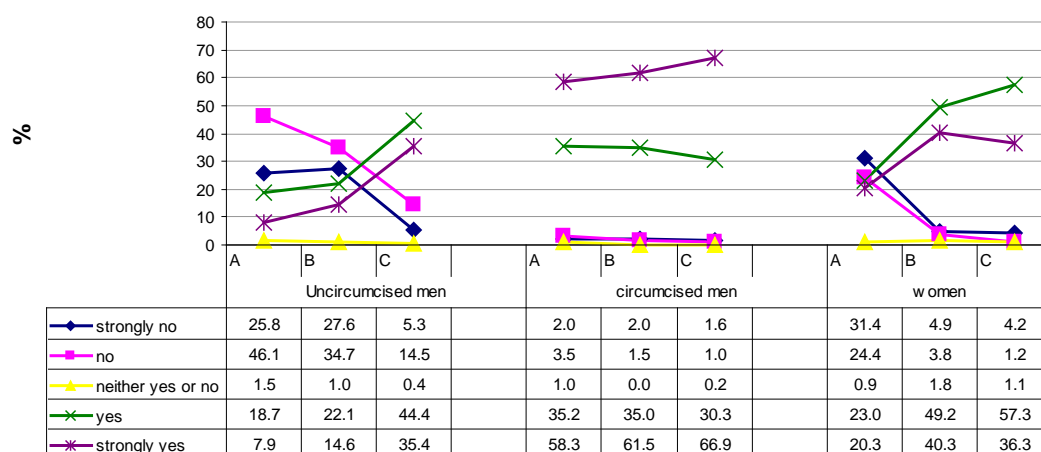
|                |            | Before information provided    |           |         |                     |        |        |          |     | After information provided |           |         |        |        |        |          |     |
|----------------|------------|--------------------------------|-----------|---------|---------------------|--------|--------|----------|-----|----------------------------|-----------|---------|--------|--------|--------|----------|-----|
|                |            | Why not accepting circumcision |           |         |                     |        |        |          |     | Why accepting circumcision |           |         |        |        |        |          |     |
|                |            | Medical                        | Ethnicity | Hygiene | Social desirability | Health | sexual | Cosmetic | SES | Medical                    | Ethnicity | Hygiene | Social | Health | sexual | Cosmetic | SES |
| Area           |            |                                |           |         |                     |        |        |          |     |                            |           |         |        |        |        |          |     |
|                | Urban      | 13.2                           | 65.8      | 7.1     | 12.8                | 8.9    | 3.6    | 0.4      | 0.4 | 25.8                       | 45.6      | 9.1     | 11.1   | 20.6   | 3.5    | 0.3      | 0.0 |
|                | Rural      | 12.4                           | 69.4      | 5.2     | 13.3                | 5.4    | 2.6    | 0.3      | 0.2 | 25.3                       | 50.2      | 5.5     | 10.8   | 16.0   | 3.3    | 0.1      | 0.2 |
| Region         |            |                                |           |         |                     |        |        |          |     |                            |           |         |        |        |        |          |     |
|                | North      | 13.6                           | 66.2      | 3.2     | 17.8                | 4.4    | 1.6    | 0.1      | 0.1 | 27.0                       | 47.1      | 4.2     | 14.5   | 15.7   | 3.0    | 0.1      | 0.1 |
|                | Centre     | 3.3                            | 80.2      | 6.5     | 8.0                 | 5.2    | 1.3    | 0.3      | 0.3 | 15.3                       | 60.7      | 6.1     | 7.0    | 15.1   | 1.7    | 0.3      | 0.3 |
|                | South      | 20.5                           | 61.6      | 8.3     | 11.2                | 9.1    | 6.0    | 0.8      | 0.5 | 33.5                       | 42.4      | 8.7     | 8.4    | 19.4   | 5.7    | 0.2      | 0.2 |
| District       |            |                                |           |         |                     |        |        |          |     |                            |           |         |        |        |        |          |     |
|                | Blantyre   | 14.8                           | 63.7      | 7.1     | 13.7                | 10.4   | 3.3    | 0.5      | 1.1 | 25.6                       | 44.4      | 10.0    | 11.1   | 21.7   | 2.8    | 0.0      | 0.0 |
|                | Chitipa    | 12.1                           | 69.5      | 5.5     | 16.4                | 2.9    | 1.7    | 0.0      | 0.3 | 23.6                       | 52.2      | 5.2     | 18.1   | 12.5   | 3.2    | 0.3      | 0.3 |
|                | Lilongwe   | 3.5                            | 80.4      | 6.3     | 7.9                 | 4.4    | 0.3    | 0.0      | 0.0 | 17.6                       | 64.7      | 5.9     | 4.6    | 13.1   | 1.6    | 0.3      | 0.0 |
|                | Mangochi   | 16.3                           | 53.1      | 8.2     | 22.4                | 4.1    | 2.0    | 0.0      | 0.0 | 34.0                       | 42.6      | 6.4     | 12.8   | 17.0   | 2.1    | 0.0      | 0.0 |
|                | Mulanje    | 33.6                           | 45.5      | 7.0     | 14.7                | 9.1    | 4.9    | 0.7      | 0.7 | 49.0                       | 29.9      | 4.8     | 15.0   | 12.9   | 5.4    | 0.0      | 0.7 |
|                | Mzimba     | 12.4                           | 67.8      | 2.7     | 19.3                | 3.5    | 1.0    | 0.2      | 0.0 | 25.7                       | 47.7      | 4.4     | 15.0   | 15.0   | 3.5    | 0.0      | 0.0 |
|                | Nkhatabay  | 16.4                           | 61.4      | 1.6     | 17.4                | 6.7    | 2.1    | 0.0      | 0.0 | 31.2                       | 42.1      | 3.0     | 10.9   | 19.3   | 2.3    | 0.0      | 0.0 |
|                | Nkhotakota | 4.4                            | 71.1      | 11.4    | 10.5                | 6.1    | 1.8    | 0.0      | 0.9 | 10.9                       | 51.3      | 10.9    | 10.9   | 21.0   | 1.7    | 0.0      | 1.7 |
|                | Nsanje     | 18.2                           | 70.2      | 9.8     | 5.8                 | 9.1    | 9.1    | 1.1      | 0.0 | 30.5                       | 47.7      | 10.4    | 2.5    | 21.9   | 8.2    | 0.4      | 0.0 |
|                | Ntcheu     | 2.6                            | 83.9      | 4.5     | 7.1                 | 5.6    | 2.2    | 0.7      | 0.4 | 14.5                       | 60.3      | 4.2     | 8.0    | 14.9   | 1.9    | 0.4      | 0.0 |
| Marital status |            |                                |           |         |                     |        |        |          |     |                            |           |         |        |        |        |          |     |
|                | yes        | 12.3                           | 70.0      | 5.1     | 12.5                | 5.7    | 2.9    | 0.3      | 0.3 | 23.8                       | 51.8      | 5.7     | 11.4   | 15.9   | 3.6    | 0.2      | 0.1 |
|                | no         | 13.3                           | 66.2      | 6.2     | 15.4                | 5.7    | 2.0    | 0.4      | 0.1 | 29.5                       | 44.5      | 6.2     | 9.9    | 17.7   | 2.5    | 0.1      | 0.3 |
| Tribe          |            |                                |           |         |                     |        |        |          |     |                            |           |         |        |        |        |          |     |
|                | Chewa      | 7.0                            | 75.6      | 5.7     | 9.6                 | 4.4    | 1.5    | 0.0      | 0.0 | 17.9                       | 59.1      | 6.0     | 6.9    | 15.7   | 1.8    | 0.2      | 0.2 |
|                | Yao        | 9.1                            | 56.8      | 11.4    | 22.7                | 4.5    | 2.3    | 2.3      | 2.3 | 28.9                       | 40.0      | 8.9     | 15.6   | 11.1   | 4.4    | 2.2      | 0.0 |
|                | Tumbuka    | 11.9                           | 69.3      | 3.2     | 17.8                | 3.7    | 0.5    | 0.2      | 0.0 | 27.9                       | 47.4      | 4.2     | 13.5   | 15.8   | 2.3    | 0.0      | 0.0 |
|                | Lomwe      | 27.4                           | 43.5      | 8.7     | 18.7                | 12.2   | 4.8    | 0.9      | 0.9 | 45.5                       | 28.6      | 7.1     | 17.0   | 17.4   | 4.5    | 0.4      | 0.4 |
|                | Sena       | 17.6                           | 72.8      | 9.6     | 4.0                 | 9.2    | 8.4    | 0.8      | 0.0 | 26.7                       | 52.6      | 8.8     | 2.8    | 21.5   | 6.8    | 0.0      | 0.0 |
|                | Ngoni      | 5.8                            | 77.8      | 6.1     | 10.3                | 6.7    | 1.9    | 0.6      | 0.3 | 19.1                       | 53.3      | 7.2     | 8.8    | 16.6   | 2.8    | 0.0      | 0.0 |
|                | Tonga      | 14.7                           | 63.3      | 1.7     | 17.5                | 5.2    | 2.4    | 0.0      | 0.0 | 28.4                       | 41.9      | 4.0     | 10.9   | 20.5   | 2.3    | 0.0      | 0.0 |



|                   |                   |      |      |      |      |      |     |     |     |      |      |      |      |      |     |     |     |
|-------------------|-------------------|------|------|------|------|------|-----|-----|-----|------|------|------|------|------|-----|-----|-----|
|                   | Amang'anja        | 16.7 | 65.4 | 5.1  | 11.5 | 7.7  | 6.4 | 0.0 | 1.3 | 26.8 | 51.2 | 8.5  | 6.1  | 17.1 | 9.8 | 0.0 | 1.2 |
|                   | Nkhonde           | 8.3  | 75.0 | 0.0  | 8.3  | 8.3  | 0.0 | 0.0 | 8.3 | 41.7 | 41.7 | 0.0  | 25.0 | 0.0  | 0.0 | 0.0 | 0.0 |
|                   | others            | 12.0 | 71.0 | 4.8  | 15.6 | 3.0  | 1.5 | 0.0 | 0.0 | 21.6 | 55.0 | 4.9  | 16.7 | 11.9 | 3.6 | 0.3 | 0.3 |
| Religion          |                   |      |      |      |      |      |     |     |     |      |      |      |      |      |     |     |     |
|                   | catholic          | 11.9 | 67.7 | 5.9  | 15.1 | 5.5  | 2.8 | 0.4 | 0.0 | 25.7 | 48.9 | 5.1  | 11.6 | 15.3 | 2.3 | 0.2 | 0.4 |
|                   | CCAP              | 15.1 | 64.8 | 5.3  | 15.3 | 6.2  | 1.5 | 0.0 | 0.6 | 27.6 | 45.8 | 5.9  | 13.2 | 17.3 | 3.0 | 0.2 | 0.2 |
|                   | Anglican          | 11.1 | 72.2 | 4.2  | 4.2  | 11.1 | 2.8 | 1.4 | 0.0 | 15.1 | 49.3 | 8.2  | 5.5  | 31.5 | 4.1 | 0.0 | 0.0 |
|                   | Adventist Baptist | 17.4 | 67.1 | 8.5  | 9.7  | 5.4  | 5.4 | 0.0 | 0.0 | 25.6 | 43.5 | 9.2  | 9.9  | 24.4 | 5.3 | 0.0 | 0.0 |
|                   | Muslim            | 25.0 | 25.0 | 16.7 | 25.0 | 8.3  | 0.0 | 0.0 | 0.0 | 46.2 | 46.2 | 23.1 | 15.4 | 30.8 | 7.7 | 0.0 | 0.0 |
|                   | others            | 10.1 | 72.7 | 4.4  | 12.9 | 5.5  | 2.5 | 0.5 | 0.3 | 24.7 | 53.7 | 5.1  | 10.0 | 13.5 | 3.5 | 0.2 | 0.1 |
| School attendance |                   |      |      |      |      |      |     |     |     |      |      |      |      |      |     |     |     |
|                   | yes               | 12.9 | 67.8 | 5.5  | 13.7 | 5.9  | 2.7 | 0.4 | 0.2 | 26.1 | 47.9 | 6.1  | 11.1 | 17.0 | 3.4 | 0.2 | 0.2 |
|                   | no                | 8.1  | 81.8 | 4.8  | 9.1  | 5.3  | 2.4 | 0.0 | 0.5 | 18.8 | 68.5 | 4.2  | 8.5  | 11.3 | 3.3 | 0.0 | 0.0 |
| Occupation        |                   |      |      |      |      |      |     |     |     |      |      |      |      |      |     |     |     |
|                   | farming           | 12.4 | 68.6 | 5.8  | 14.3 | 5.4  | 2.3 | 0.4 | 0.2 | 24.1 | 52.8 | 4.6  | 10.7 | 15.0 | 3.0 | 0.0 | 0.2 |
|                   | casual labour     | 13.2 | 69.2 | 6.3  | 13.0 | 5.3  | 3.1 | 0.3 | 0.3 | 26.4 | 50.3 | 7.3  | 9.4  | 18.8 | 4.5 | 0.3 | 0.0 |
|                   | employed          | 17.8 | 57.5 | 11.0 | 17.8 | 5.5  | 4.1 | 0.0 | 0.0 | 32.0 | 41.8 | 9.8  | 12.1 | 17.6 | 4.7 | 0.0 | 0.0 |
|                   | business          | 14.1 | 74.4 | 1.3  | 11.5 | 5.1  | 2.6 | 0.0 | 0.0 | 23.5 | 48.3 | 6.4  | 12.3 | 17.1 | 3.5 | 0.5 | 0.3 |
|                   | student           | 13.7 | 68.3 | 5.8  | 13.7 | 5.0  | 2.8 | 0.3 | 0.2 | 29.4 | 44.4 | 6.1  | 10.4 | 17.6 | 2.0 | 0.0 | 0.3 |
|                   | others            | 11.5 | 70.4 | 5.2  | 13.2 | 5.2  | 2.3 | 0.3 | 0.2 | 14.5 | 56.5 | 2.9  | 10.1 | 18.8 | 4.3 | 1.4 | 0.0 |

### 6.3.2 Acceptance of circumcision for children of circumcised and uncircumcised men.

When asked whether they would consider circumcision for their sons, the majority (71.9%) of uncircumcised males indicated opposition to circumcision compared to circumcised men (5.5%) and women (55.8%) (Figure 11). The levels of opposition amongst uncircumcised males and women to circumcision however decline following provision of information linking male circumcision to HIV prevention and declines even further when other health benefits are included. Amongst circumcised males there is not much change in opposition but then the levels are extremely low at baseline. In all instances acceptance increases as more information is provided on the beneficial effects of male circumcision amongst all the groups studied. Acceptance of circumcision amongst circumcised adult males is 3 to 4 times higher than uncircumcised males and twice as much compared to women at baseline but these differences narrow down to almost equal levels of acceptance when further information is provided on benefits of male circumcision.



*Figure 11. Acceptance of circumcision before and after information on benefits of circumcision is provided.*

Almost half of the male respondent changed their view on circumcision on their children following being given information about the benefits of circumcision and there was not much variation between urban and rural males, 50.2% and 46.6% respectively. When considered according to region, district and age groups there was not much variation in acceptance of their children's circumcision despite new information on the link between male circumcision and HIV. Except amongst the Nkhonde (75%) and Muslims (72.7%) there were no major differences in changes in acceptance according to the other socio-demographic variables (Table 15). Amongst women the pattern was largely similar although with slightly higher levels of acceptance but generally following the pattern of the prevalence of male circumcision in the sample with above average opposition to circumcision amongst those with a higher socioeconomic status as identified by having flush toilets (16.7%), the Tumbuka (13.8%) and those from Mzimba (12.5%) while the opposition in the other socio-demographic groupings was mostly below 10%.

**Table 15: Male and Female acceptance of circumcision for their children following information on linkage between male circumcision and HIV.**

|                  |             | yes  | no   | strongly no | no   | yes or no | yes  | strongly yes |      | yes  | no   | strongly no | no  | yes or no | yes  | strongly yes |
|------------------|-------------|------|------|-------------|------|-----------|------|--------------|------|------|------|-------------|-----|-----------|------|--------------|
| Area             | Urban       | 50.2 | 49.4 | 2.9         | 4.4  | 0.0       | 43.4 | 49.3         | 50.2 | 65.3 | 34.7 | 5.9         | 2.0 | 0.0       | 58.4 | 33.7         |
|                  | Rural       | 46.6 | 53.1 | 1.9         | 7.1  | 0.2       | 43.1 | 47.8         | 46.6 | 66.0 | 34.0 | 3.9         | 1.1 | 1.2       | 57.1 | 36.7         |
| Region           | North       | 46.8 | 52.9 | 0.9         | 0.7  | 0.0       | 43.0 | 55.3         | 46.8 | 51.4 | 48.6 | 5.7         | 2.3 | 2.9       | 52.0 | 37.1         |
|                  | Centre      | 42.4 | 57.3 | 1.0         | 12.5 | 0.6       | 41.3 | 44.6         | 42.4 | 59.6 | 40.4 | 1.7         | 0.6 | 0.0       | 78.5 | 19.2         |
|                  | South       | 51.1 | 48.4 | 4.0         | 10.3 | 0.0       | 44.3 | 41.4         | 51.1 | 80.4 | 19.6 | 4.6         | 1.0 | 0.8       | 50.0 | 43.6         |
| District         | Blantyre    | 50.6 | 48.8 | 2.1         | 13.8 | 0.0       | 44.7 | 39.4         | 50.6 | 83.2 | 16.8 | 0.0         | 0.0 | 0.0       | 67.7 | 32.3         |
|                  | Chitipa     | 38.4 | 61.3 | 2.2         | 1.5  | 0.0       | 48.2 | 48.2         | 38.4 | 49.5 | 50.5 | 0.0         | 2.0 | 5.9       | 76.5 | 15.7         |
|                  | Lilongwe    | 35.3 | 64.1 | 1.7         | 10.9 | 0.0       | 37.0 | 50.4         | 35.3 | 55.3 | 44.7 | 1.6         | 1.6 | 0.0       | 87.5 | 9.4          |
|                  | Mangochi    | 59.2 | 40.8 | 0.0         | 6.5  | 0.0       | 54.8 | 38.7         | 59.2 | 96.3 | 3.7  | 7.8         | 0.9 | 0.9       | 28.7 | 61.7         |
|                  | Mulanje     | 53.9 | 46.1 | 1.2         | 4.1  | 0.0       | 44.4 | 50.3         | 53.9 | 76.7 | 23.3 | 7.8         | 1.9 | 1.9       | 37.9 | 50.5         |
|                  | Mzimba      | 49.7 | 50.1 | 0.5         | 0.5  | 0.0       | 47.5 | 51.5         | 49.7 | 44.2 | 55.8 | 10.7        | 1.8 | 3.6       | 46.4 | 37.5         |
|                  | Nkhatabay   | 51.6 | 48.2 | 0.5         | 0.5  | 0.0       | 35.1 | 63.9         | 51.6 | 60.4 | 39.6 | 5.9         | 2.9 | 0.0       | 38.2 | 52.9         |
|                  | Nkhatakota  | 52.2 | 47.8 | 0.0         | 3.4  | 0.0       | 53.4 | 43.1         | 52.2 | 72.7 | 27.3 | 3.5         | 0.0 | 0.0       | 56.1 | 40.4         |
|                  | Nsanje      | 46.5 | 52.3 | 9.3         | 15.9 | 0.0       | 41.7 | 33.1         | 46.5 | 67.0 | 33.0 | 1.3         | 1.3 | 0.0       | 75.6 | 21.8         |
|                  | Ntcheu      | 46.7 | 53.3 | 0.7         | 17.8 | 1.5       | 40.0 | 40.0         | 46.7 | 55.1 | 44.9 | 0.0         | 0.0 | 0.0       | 91.1 | 8.9          |
| Age              | <20 years   | 43.7 | 56.3 | 0.0         | 9.9  | 0.0       | 48.1 | 42.0         | 43.7 | 70.0 | 30.0 | 4.9         | 0.0 | 0.0       | 46.3 | 48.8         |
|                  | 20-24 years | 52.9 | 47.1 | 1.2         | 4.5  | 0.0       | 41.1 | 53.3         | 52.9 | 71.1 | 28.9 | 1.7         | 0.0 | 1.7       | 51.3 | 45.3         |
|                  | 25-29 years | 49.7 | 49.5 | 2.5         | 6.4  | 0.0       | 46.8 | 44.3         | 49.7 | 71.9 | 28.1 | 6.9         | 0.8 | 0.0       | 51.9 | 40.5         |
|                  | 30-34 years | 52.7 | 46.5 | 2.6         | 6.2  | 0.0       | 46.1 | 45.1         | 52.7 | 62.9 | 37.1 | 3.5         | 1.8 | 0.9       | 54.9 | 38.9         |
|                  | 35-39 years | 50.6 | 49.4 | 3.0         | 4.5  | 0.8       | 36.1 | 55.6         | 50.6 | 69.2 | 30.8 | 5.1         | 1.3 | 2.6       | 60.3 | 30.8         |
|                  | 40-44 years | 52.2 | 47.8 | 1.0         | 7.1  | 0.0       | 47.5 | 44.4         | 52.2 | 68.7 | 31.3 | 5.1         | 1.7 | 1.7       | 57.6 | 33.9         |
|                  | 45-49 years | 39.7 | 60.3 | 3.0         | 9.0  | 1.5       | 26.9 | 59.7         | 39.7 | 62.2 | 37.8 | 5.7         | 1.9 | 0.0       | 73.6 | 18.9         |
| 50 years or more | 36.4        | 63.2 | 2.9  | 9.1         | 0.0  | 41.1      | 46.9 | 36.4         | 57.2 | 42.8 | 2.8  | 2.1         | 1.4 | 62.7      | 31.0 |              |
| Tribe            | Chewa       | 42.9 | 56.6 | 1.0         | 7.0  | 0.0       | 45.8 | 46.3         | 42.9 | 64.2 | 35.8 | 2.2         | 0.7 | 0.0       | 66.9 | 30.1         |
|                  | Yao         | 51.2 | 46.3 | 9.1         | 9.1  | 0.0       | 31.8 | 50.0         | 51.2 | 93.9 | 6.1  | 5.2         | 0.7 | 0.7       | 38.6 | 54.9         |
|                  | Tumbuka     | 46.8 | 53.2 | 0.0         | 0.5  | 0.0       | 43.8 | 55.7         | 46.8 | 45.9 | 54.1 | 13.8        | 0.0 | 3.4       | 48.3 | 34.5         |
|                  | Lomwe       | 56.2 | 43.8 | 1.5         | 6.1  | 0.0       | 42.3 | 50.0         | 56.2 | 75.2 | 24.8 | 3.6         | 1.2 | 1.2       | 50.0 | 44.0         |

|                   |                   |      |      |     |      |     |      |       |      |      |      |      |     |     |      |      |
|-------------------|-------------------|------|------|-----|------|-----|------|-------|------|------|------|------|-----|-----|------|------|
|                   | Sena              | 45.3 | 54.3 | 8.3 | 16.7 | 0.0 | 43.9 | 31.1  | 45.3 | 68.6 | 31.4 | 1.4  | 1.4 | 0.0 | 75.3 | 21.9 |
|                   | Ngoni             | 48.9 | 50.8 | 0.5 | 14.8 | 1.0 | 41.8 | 41.8  | 48.9 | 56.3 | 43.8 | 1.2  | 0.0 | 0.0 | 74.4 | 24.4 |
|                   | Tonga             | 52.7 | 47.0 | 0.6 | 0.0  | 0.0 | 35.0 | 64.3  | 52.7 | 61.4 | 38.6 | 3.6  | 5.5 | 0.0 | 41.8 | 49.1 |
|                   | Amang'anja        | 47.6 | 51.6 | 1.5 | 7.5  | 0.0 | 50.7 | 40.3  | 47.6 | 73.9 | 26.1 | 12.5 | 2.5 | 2.5 | 57.5 | 25.0 |
|                   | Nkhonde           | 75.0 | 25.0 | 0.0 | 0.0  | 0.0 | 0.0  | 100.0 | 75.0 | 75.0 | 25.0 | 0.0  | 0.0 | 0.0 | 33.3 | 66.7 |
|                   | others            | 37.3 | 62.1 | 3.1 | 1.6  | 0.0 | 51.9 | 43.4  | 37.3 | 53.4 | 46.6 | 0.0  | 1.8 | 5.5 | 70.9 | 21.8 |
| Religion          |                   |      |      |     |      |     |      |       |      |      |      |      |     |     |      |      |
|                   | catholic          | 43.7 | 55.8 | 3.2 | 8.1  | 0.4 | 42.8 | 45.6  | 43.7 | 61.6 | 38.4 | 4.9  | 0.8 | 1.6 | 59.0 | 33.6 |
|                   | CCAP              | 50.0 | 50.0 | 0.7 | 5.9  | 0.0 | 40.7 | 52.8  | 50.0 | 58.8 | 41.2 | 5.2  | 1.7 | 2.6 | 56.9 | 33.6 |
|                   | Anglican          | 51.4 | 48.6 | 0.0 | 7.7  | 0.0 | 35.9 | 56.4  | 51.4 | 72.5 | 27.5 | 3.3  | 0.0 | 0.0 | 70.0 | 26.7 |
|                   | Adventist Baptist | 51.0 | 49.0 | 0.0 | 7.8  | 0.0 | 39.9 | 52.3  | 51.0 | 69.7 | 30.3 | 4.3  | 2.1 | 2.1 | 55.3 | 36.2 |
|                   | Muslim            | 72.7 | 27.3 | 0.0 | 0.0  | 0.0 | 37.5 | 62.5  | 72.7 | 94.5 | 5.5  | 6.0  | 0.0 | 0.7 | 34.7 | 58.7 |
|                   | others            | 45.4 | 54.2 | 2.4 | 6.3  | 0.2 | 46.0 | 45.0  | 45.4 | 60.3 | 39.7 | 2.6  | 1.9 | 0.4 | 68.0 | 27.1 |
| School attendance |                   |      |      |     |      |     |      |       |      |      |      |      |     |     |      |      |
|                   | yes               | 48.0 | 51.6 | 1.8 | 6.6  | 0.2 | 42.5 | 48.9  | 48.0 | 65.4 | 34.6 | 5.1  | 0.7 | 1.1 | 57.6 | 35.6 |
|                   | no                | 35.3 | 64.7 | 4.7 | 9.4  | 0.0 | 51.8 | 34.1  | 35.3 | 66.5 | 33.5 | 1.7  | 2.2 | 1.1 | 56.7 | 38.3 |
| Education level   |                   |      |      |     |      |     |      |       |      |      |      |      |     |     |      |      |
|                   | primary           | 46.4 | 53.0 | 2.4 | 8.4  | 0.1 | 41.8 | 47.3  | 46.4 | 64.1 | 35.9 | 4.9  | 0.9 | 1.3 | 58.2 | 34.7 |
|                   | secondary         | 51.2 | 48.8 | 0.9 | 3.9  | 0.2 | 43.1 | 51.9  | 51.2 | 72.7 | 27.3 | 5.7  | 0.9 | 0.0 | 55.7 | 37.7 |
|                   | tertiary          | 46.5 | 53.5 | 0.0 | 0.0  | 0.0 | 52.6 | 47.4  | 46.5 | 66.7 | 33.3 | 0.0  | 0.0 | 0.0 | 50.0 | 50.0 |
| Occupation        |                   |      |      |     |      |     |      |       |      |      |      |      |     |     |      |      |
|                   | farming           | 77.7 | 21.1 | 1.5 | 0.5  |     | 22.7 | 75.3  | 1.5  | 63.2 | 36.8 | 3.4  | 1.1 | 1.5 | 61.1 | 33.0 |
|                   | casual labor      | 78.8 | 20.2 | 1.2 | 1.2  | 1.2 | 33.7 | 62.8  | 1.2  | 70.4 | 29.6 | 0.0  | 0.0 | 0.0 | 45.7 | 54.3 |
|                   | employed          | 76.9 | 22.0 |     |      |     | 30.0 | 70.0  |      | 57.9 | 42.1 | 8.7  | 0.0 | 0.0 | 65.2 | 26.1 |
|                   | business          | 80.1 | 17.2 | 3.3 | 1.1  |     | 33.7 | 62.0  | 3.3  | 72.0 | 28.0 | 4.5  | 2.5 | 0.6 | 47.1 | 45.2 |
|                   | student           | 75.0 | 25.0 |     |      |     | 38.9 | 61.1  |      | 75.0 | 25.0 | 0.0  | 0.0 | 0.0 | 60.0 | 40.0 |
|                   | unemployed        | 83.3 | 16.7 |     | 11.1 |     | 33.3 | 55.6  |      | 80.9 | 19.1 | 9.8  | 0.0 | 0.0 | 53.7 | 36.6 |
|                   | other             | 78.3 | 20.2 | 1.5 | 0.5  |     | 22.7 | 75.3  | 1.5  | 60.0 | 40.0 | 40.0 | 0.0 | 0.0 | 60.0 | 0.0  |

### 6.3.3 Willingness to pay for male circumcision

For those that were not circumcised they were asked how much they would be willing to pay for circumcision and how they would find the money to pay for this. Table 16 presents amounts the survey respondents would be willing to pay for circumcision. About two thirds in both urban and rural areas indicated willingness to pay up to MK1, 000 for a circumcision with a quarter preferring not to pay anything for it and just over 5% were willing to pay more than MK1, 000 for a circumcision (Table 16). In general more respondents from the centre followed by the southern and northern regions preferred not to pay anything. Likewise over a third of the respondents from Blantyre, Lilongwe, Nkhotakota, Nsanje and Ntcheu indicated preference of not having to pay for circumcision. In the extremes of age i.e. <20 and >50 years there was preference for free services while more of those with tertiary education indicated a willingness to pay more than MK1,000 for circumcision. The majority of respondents were willing to either use their savings or sell some commodities to access male circumcision while only the literate were more likely to invest by borrowing to cover the circumcision costs compared to other groups.

**Table 16. Acceptable costs and sources of money for paying for circumcision**

| Area             | Acceptable cost |           |      | Money source |          |             |               |      |
|------------------|-----------------|-----------|------|--------------|----------|-------------|---------------|------|
|                  | up to K1000     | > K1000   | none | savings      | borrowed | commodities | Available now |      |
| Area             | Urban           | 66.4      | 6.7  | 26.8         | 76.6     | 7.5         | 9.3           | 6.5  |
|                  | Rural           | 67.5      | 7.1  | 25.5         | 61.3     | 5.6         | 27.5          | 5.5  |
| Region           | North           | 70.8      | 12.3 | 17.0         | 55.3     | 6.9         | 32.2          | 5.6  |
|                  | Centre          | 60.9      | 2.3  | 36.8         | 76.6     | 2.7         | 17.9          | 2.7  |
|                  | South           | 67.5      | 4.1  | 28.4         | 65.4     | 6.4         | 20.3          | 7.8  |
| District         | Blantyre        | 67.0      | 1.0  | 32.0         | 76.9     | 4.6         | 13.8          | 4.6  |
|                  | Chitipa         | 70.9      | 9.9  | 19.1         | 50.0     | 5.3         | 39.5          | 5.3  |
|                  | Lilongwe        | 66.7      | 1.6  | 31.7         | 73.5     | 4.8         | 20.5          | 1.2  |
|                  | Mangochi        | 81.8      | 4.5  | 13.6         | 78.9     | 5.3         | 15.8          | 0.0  |
|                  | Mulanje         | 77.7      | 4.5  | 17.8         | 63.8     | 7.1         | 20.5          | 8.7  |
|                  | Mzimba          | 71.4      | 12.5 | 16.1         | 53.0     | 7.2         | 35.5          | 4.2  |
|                  | Nkhatabay       | 70.1      | 13.7 | 16.2         | 61.2     | 7.6         | 24.1          | 7.1  |
|                  | Nkhotakota      | 55.0      | 6.7  | 38.3         | 72.2     | 2.8         | 22.2          | 2.8  |
|                  | Nsanje          | 54.0      | 5.8  | 40.1         | 56.0     | 7.1         | 26.2          | 10.7 |
|                  | Ntcheu          | 57.8      | 0.9  | 41.4         | 83.1     | 0.0         | 12.3          | 4.6  |
|                  | Age             | <20 years | 69.6 | 5.0          | 25.4     | 54.9        | 13.5          | 18.0 |
| 20-24 years      |                 | 74.6      | 7.5  | 17.9         | 64.0     | 4.6         | 25.9          | 5.6  |
| 25-29 years      |                 | 66.2      | 9.0  | 24.9         | 64.3     | 5.2         | 26.0          | 4.5  |
| 30-34 years      |                 | 70.7      | 5.1  | 24.2         | 66.7     | 2.0         | 28.0          | 3.3  |
| 35-39 years      |                 | 64.9      | 12.2 | 22.9         | 61.0     | 10.0        | 24.0          | 5.0  |
| 40-44 years      |                 | 68.5      | 4.5  | 27.0         | 64.5     | 1.6         | 30.6          | 3.2  |
| 45-49 years      |                 | 69.1      | 7.3  | 23.6         | 58.1     | 7.0         | 32.6          | 2.3  |
| 50 years or more |                 | 51.7      | 6.2  | 42.1         | 65.9     | 3.4         | 26.1          | 4.5  |
| marital status   | yes             | 65.7      | 7.5  | 26.7         | 63.1     | 4.7         | 28.8          | 3.4  |
|                  | no              | 72.2      | 6.6  | 21.2         | 61.2     | 8.4         | 20.1          | 10.4 |
| Ethnicity        | Chewa           | 63.9      | 3.9  | 32.2         | 65.4     | 6.6         | 25.7          | 2.2  |
|                  | Yao             | 78.3      | 0.0  | 21.7         | 70.0     | 10.0        | 10.0          | 10.0 |
|                  | Tumbuka         | 71.5      | 10.8 | 17.7         | 51.3     | 7.1         | 37.2          | 4.5  |
|                  | Lomwe           | 73.3      | 4.2  | 22.5         | 69.4     | 4.9         | 19.4          | 6.3  |
|                  | sena            | 55.4      | 5.8  | 38.8         | 55.4     | 8.1         | 25.7          | 10.8 |
|                  | Ngoni           | 63.0      | 4.6  | 32.4         | 77.2     | 0.0         | 18.4          | 4.4  |
|                  | Tonga           | 68.6      | 14.1 | 17.3         | 64.2     | 8.2         | 20.1          | 7.5  |
|                  | Amang'anja      | 67.3      | 3.6  | 29.1         | 63.2     | 7.9         | 18.4          | 10.5 |
|                  | Nkhonde         | 83.3      | 16.7 | 0.0          | 50.0     | 0.0         | 50.0          | 0.0  |
|                  | others          | 70.4      | 10.4 | 19.2         | 52.9     | 5.8         | 36.5          | 4.8  |
| Children         | yes             | 65.4      | 7.5  | 27.0         | 63.4     | 4.7         | 27.8          | 4.1  |
|                  | no              | 71.4      | 6.1  | 22.4         | 62.0     | 8.7         | 20.3          | 9.0  |

|                   |                   |      |      |      |      |      |      |      |
|-------------------|-------------------|------|------|------|------|------|------|------|
| Religion          |                   |      |      |      |      |      |      |      |
|                   | catholic          | 67.0 | 6.4  | 26.6 | 63.9 | 5.4  | 27.2 | 3.5  |
|                   | CCAP              | 72.4 | 8.5  | 19.1 | 63.7 | 6.3  | 25.3 | 4.6  |
|                   | Anglican          | 67.5 | 5.0  | 27.5 | 56.0 | 8.0  | 20.0 | 16.0 |
|                   | Adventist Baptist | 73.6 | 6.4  | 20.0 | 64.5 | 5.5  | 20.9 | 9.1  |
|                   | Muslim            | 62.5 | 12.5 | 25.0 | 85.7 | 14.3 | 0.0  | 0.0  |
|                   | others            | 62.6 | 7.0  | 30.4 | 60.8 | 5.9  | 27.4 | 5.9  |
| School attendance |                   |      |      |      |      |      |      |      |
|                   | yes               | 68.4 | 7.2  | 24.4 | 63.0 | 5.9  | 25.5 | 5.7  |
|                   | no                | 51.9 | 6.2  | 42.0 | 57.8 | 6.7  | 28.9 | 6.7  |
| Education level   |                   |      |      |      |      |      |      |      |
|                   | primary           | 67.4 | 5.8  | 26.8 | 62.7 | 6.7  | 27.2 | 3.4  |
|                   | secondary         | 70.6 | 9.2  | 20.2 | 62.3 | 4.9  | 24.1 | 8.7  |
|                   | tertiary          | 59.1 | 13.6 | 27.3 | 88.2 | 0.0  | 0.0  | 11.8 |
| Literacy          |                   |      |      |      |      |      |      |      |
|                   | yes               | 80.0 | 20.0 | 0.0  | 20.0 | 40.0 | 20.0 | 20.0 |
|                   | no                | 53.2 | 6.5  | 40.3 | 63.2 | 2.6  | 28.9 | 5.3  |

## 6.4 PREFERRED AGE OF CIRCUMCISION AND PROVIDERS

### KEY FINDINGS

**The preferred age for male circumcision is between 2 to 8 years.**

**This is acceptable among both circumcised and uncircumcised communities.**

**Both communities would prefer circumcision provided by a medical practitioner, although a third among the circumcised communities would prefer a traditional circumciser.**

### IMPLICATIONS

**The acceptability of male circumcision in the communities should be enforced and increased through mass communication campaigns.**

**The public or private sector should be prepared to provide medical male circumcision, to meet the expected demand.**

Both uncircumcised and circumcised males would prefer to have their son's circumcised as early as possible before 8 years of age, 74.2% and 70.9% respectively. However circumcision during puberty is also acceptable for both circumcised and uncircumcised males. Nevertheless, the majority would prefer circumcision provided between the age of 2-8 years, i.e. 62.9% and 64.1% respectively for the circumcised and uncircumcised (Table 17). This observation is biologically plausible at this age the penis is still physiologically inactive. The majority of uncircumcised males (92.5%) would prefer to have the circumcision provided by a medical practitioner while among circumcised males the preferred provider is medical practitioners (65.1%) but almost a third of them would still prefer a traditional circumciser (Table 17).

**Table 17: Preferred ages and providers for circumcision for children**

| Age                     | Uncircumcised |              | Circumcised |              |
|-------------------------|---------------|--------------|-------------|--------------|
|                         | Preferred %   | Acceptable % | Preferred % | Acceptable % |
| At birth                | 11.3          | 10.2         | 6.8         | 9.6          |
| 2-8 years olds          | 62.9          | 28.9         | 64.1        | 29.8         |
| At puberty              | 16.7          | 30.5         | 26.8        | 34.5         |
| Marriage                | 0.4           | 1.5          |             | 0.9          |
| Initiation              | 4.7           | 9.8          | 1.3         | 5.7          |
| At any time             | 1.5           | 7.5          | 0.2         | 8.1          |
| At some other time      | 2.5           | 11.7         | 0.8         | 11.5         |
| Total                   | 100.0         | 100.0        | 100.0       | 100.0        |
| Provider                |               |              |             |              |
| medical personnel       | 92.5          |              | 65.1        |              |
| traditional circumciser | 7.5           |              | 33.8        |              |

## 6.5 DECISION-MAKING ABOUT WHETHER A MALE SHOULD BE CIRCUMCIZED OR NOT

Respondents in the in-depth interviews and focus group discussions were asked to state the person who makes decisions about whether a male should be circumcised or not. Most of the participants said that such decisions are made by the head of the family who in most cases is the husband. Thus

*“ Well I.....I might not be able to speak for their culture but I think for the Yao tradition.....I think the....the male or the head of the family is the one who makes such decisions. However the women are the ones who take the male children for circumcision because I think it is their tradition.” (IDI 21)*

Some respondents also reported that in some cases parents (both the mother and father) make such decisions. *“Mostly it is the parents. The village headman is just informed of what the parents have decided so it’s the parents who decide” (IDI 1).*

Some participants said that such a decision is made by the entire family. They said parents of the child, both the father and mother, are involved in the decision-making process. It is up to them to decide to send their child for circumcision or not. Thus, some participants in focus groups said;

*“The main rule is that these days a person fears his parent. So, if the parent is much concerned, we can listen to the parent not another person from somewhere. Because if the parent can refuse, or if a chief can command, for people to say ah is the child yours? What if he can die their? But if a parent is been taught very well as the same with what my friends have already said, that it is easy to send there child to the hospital” . (P5, FGD 2)*

## 7. SERVICE DESCRIPTION OF MALE CIRCUMCISION IN MALAWI.

### KEY FINDINGS

**Most of the male circumcision practiced in Malawi occurs in traditional settings and is conducted by traditional circumcisers and intricately enmeshed with religious and cultural connotations.**

**Traditional male circumcision as practiced amongst the Lomwe's in the *Lupanda* ceremony entails incomplete removal of the foreskin and is thus not protective against HIV transmission. While in *Jando* ceremony amongst the Yao, in the hands of experienced circumcisers, the circumcision is complete but unlikely so if using novice circumcisers. The situation analysis however did not manage to verify the reported practices.**

**Medical circumcision is on the increase due to information on the health benefits (including HIV/AIDS prevention) and mostly practiced on demand and in the private sector.**

**The marginal cost of providing male circumcision is around MK1, 200 although those presently practicing circumcision spend more than this in indirect costs.**

**At present apart from a few private institutions, there is no defined standard circumcision service package and no service linkages**

### IMPLICATIONS

**If male circumcision is to be implemented as an HIV strategy, a clear standard service package ought to be defined and service linkages established especially with HTC and STI treatment.**

**The public or private sector should be prepared to provide medical male circumcision**

**Medical male circumcision will have to be provided at subsidized cost to increase uptake**

There are two main types of service packages for male circumcision in Malawi: Traditional circumcision conducted in traditional settings in the village, home or mosque and circumcisions conducted at modern health facilities. Below the service package for both traditional circumcision and modern facility circumcision is described in terms of location of service delivery, training of providers, cost, adverse events, procedure, and package.



## 7.1 LOCATION AND TIMING:

In Malawi there are two major types of male circumcisions, namely, traditional and medical (clinical) male circumcisions. Under traditional circumcisions, the study revealed that there are two sub-types of circumcisions, full and partial circumcisions. Partial circumcision, called *Lupanda* is mainly practiced among the Lomwe. Among the Yao, *lupanda* used to precede *Jando*, which is full circumcision. *Lupanda* is no longer practiced among the Yao. *Jando*, a male initiation ceremony which involves circumcising the initiates is essentially full circumcision with complete removal of the foreskin if practiced by an experienced circumciser. However, in some instances, despite the intention being to conduct a full circumcision, novice circumcisers may be unable to conduct it properly and result in incomplete removal of the foreskin. This incomplete removal of the foreskin either as a result of incompetence of the circumciser or as required culturally in *Lupanda* is therefore not as protective as complete foreskin removal would be and may partly explain that high prevalence of HIV amongst those communities practicing *Lupanda* e.g. the Lomwe. The principle facility for conducting the *Jando* ceremony is called *ndagala*. *Ndagala* is a grass thatched hut constructed outside a village, normally along a river bank where initiates stay during the whole period of the rite of passage process and where circumcision also takes place.

Respondents in circumcising communities noted that both urban and rural Moslems and Yao people circumcise their youth in this set up. Yaos residing in town normally send their children to their villages to be circumcised during school holidays. They do so because there are no traditional structures for conducting male circumcision in urban areas. Apart from the *Ndagala*, circumcisions are also performed at home in some cases. Usually this is done to adults. In some cases male circumcision is also done in a Mosque. Here, apart from the surgical removal of the fore skin, focus also is on inculcating the initiates in the teachings of the Quran. Moslem men are normally circumcised at the Mosque in order to separate Yao culture from religion, i.e. Islam. In addition, circumcision at the Mosque is either performed by a Health Worker or *Ngaliba* and there are no *supas* or traditional medicine used during the circumcision. After circumcision, counseling is done by the Sheikh and revolves around the Islamic faith and the circumcised dance *sikili* (*dhikir*).

In most cases, traditional male circumcisions are done during the traditional initiation ceremonies which are conducted between June and August every year (this is a cold season and it helps the wounds to heal easily. In addition, this is the period when people have finished harvesting crops for food and for sale and it helps them to prepare well for the ceremonies. Apart from the Traditional Initiation Ceremonies which happen annually, there are other circumcisions that are done throughout the year. Such circumcisions are performed either at Hospitals or in people's houses. These other circumcisions are done upon request and in the areas we have been to, they perform between 400 and 500 circumcisions on demand per year. These circumcisions are usually done when an uncircumcised man would like to marry a Moslem/Yao woman or when a man decides to become a Moslem. The *Ngalibas* noted that circumcisions on demand are on the increase nowadays.

Amongst the Lomwe, *Lupanda* traditional male circumcision is also performed at the *Chidototo* Traditional Initiation Camps for Lomwe boys. Nowadays, circumcisions

are also performed at Health facilities. People are being told that if they circumcise, there are chances that they might not contract HIV/AIDS. So, some men are going for circumcision at the Clinics. People hear it from members of support groups (of people living with HIV/AIDS) who attend workshops at the Clinic and Mulanje District Hospital. They say that they are told that male circumcision can help men to avoid catching the HIV/AIDS virus.

For modern facility circumcision, the procedure is usually carried out under sterile conditions in theatre or treatment rooms. The set up of the treatment rooms vary by type of facility. In the public health system most circumcisions are conducted in tertiary and secondary facilities of the health system which usually are central and district hospitals. Additionally other mission, rural and larger health centres also conduct circumcision.

Within the private sector BLM presently has 31 facilities conducting male circumcision and 24 sites that are conducting circumcisions in line with WHO recommendations for a package of MC services that include routine risk-reduction counseling, syndromic management of STIs, HTC, and follow-up. Other private facilities are also able to conduct male circumcision and available and used facilities vary by facility type.

## **7.2 TRAINING OF PERSONS PROVIDING MALE CIRCUMCISION:**

*Ngalibas* are trained by fellow *Ngalibas* to become circumcisers. The art of circumcision is handed down from one generation to another (inherited). Most *Ngalibas* in Mangochi have also been trained by Save the Children (*Mchanda ni mchanda Project*) to do circumcisions safely. The Save the Children project discouraged them from using one razor blade when circumcising the initiates or any man. It encouraged them to use one razor blade per circumcised man and provided them with instruments and materials for performing circumcisions safely. Sheikh Ponyani explained that he underwent a two-week HIV/AIDS orientation in which he was trained in how to do circumcisions safely by Save the Children.

The *Namkungwi / Mwini zoma* acquires circumcision techniques and skills from a former *Namkungwi*. Usually elderly men are the ones who are entrusted with this task and it is handed down from one person to another – however, it is not inherited. This is different in the Yao culture where apart from *Ngalibas* being trained by fellow *Ngalibas*, the skill is handed down from one generation to another.

For modern facility settings the procedure requires a surgeon and an assistant, a nurse and a runner and one more person to help with cleaning the theatre after use and also transporting patients. On average, our observation is that, there usually are three people working in a theatre/room conducting circumcisions. From the health facilities data, we found out that MC was provided by surgeons, medical officers and clinical officers. About 79.3% of circumcisions were provided by clinical officers, whereas surgeons provide 15.5% of circumcisions, and medical officers gave 4.2% of

the reported circumcisions. All circumcisions were carried out at district hospital facility were for free.

In order to offer the comprehensive package recommended by WHO / UNAIDS, a facility also needs to have the ability to offer routine HIV testing and counseling to all MC clients.

### 7.3 COSTS ASSOCIATED WITH MALE CIRCUMCISION

The normal charge for Male Circumcision is between K200 and K300 per child and is given to the *Ngaliba* and anybody performing the circumcision. However, orphans and the poor are exempted from paying. Apart from monetary payments, parents of circumcised children give a chicken to the chief and the *Nakanga* (2 chickens in total). They also give flour to the *Nakanga* which he puts in a winnowing basket (*lichelo*) and gives it to the *Nakanga* during the coming out ceremony of the *Jando* to signify that all the boys have come out safely from the *Jando*. There are also other costs associated with the *Jando* ceremony in which the boys are circumcised. For example, parents have to prepare gifts such as *thobwa*, tea and bread, soap, body lotions when the wounds heal and the initiates can now start bathing. This ceremony is called *Liyogo*, where the initiates take a bath in a river. In some cases, parents donate goats to the chief at their own will.

There are also some costs associated with the coming out ceremony of the initiates from *ndagala*. For example, there is the *Mchopi* (*kuchezera komaliza*) ceremony which is done about three days before the initiates come home. They sing all night long, both at the *Jando* and parents/relatives at home. They celebrate that the initiates have healed properly and soon they will be coming home. In the morning, each circumcised child stands on one leg on a line and his parents pay K50 to the *Nakanga* to redeem the child. They also go out to cut some trees and destroy the entrance to the *Jando* in preparation for the coming out ceremony. On the day the initiates come home from *ndagala*, parents buy suits for their children and pay *Alombwe* (guardians for the children at the *Jando*). Parents also redeem their children from the chief by putting money on each of the child. Finally, there is *kusupa* the children. The money which is put in the plate goes to the senior guardian. The senior guardian is the one who chooses *alombwe*, the guardian who spends nights at the *Jando* with the initiate. The money which is put in the pocket of the child is taken by the child.

Another associated cost is food. Daily, parents/relatives of the initiates take food to the *ndagala*. On special occasions like *Liyogo*, the coming out ceremony, special foods are also prepared for the celebrations.

For circumcisions performed during the *Zoma* traditional initiation ceremony amongst the Lomwe, the initiates pay between K200 and K250 to the *Mwini zoma*. Out of this amount, K100.00 is sent to the TA. If one's parents cannot afford the fee, they are asked to bring a chicken to the *Mwini zoma*.

In modern facility settings, as with all health care, circumcisions are provided free of charge in the government facilities while clients have to pay in those facilities where

health service provision is provided at user fees. Data from BLM<sup>29</sup> indicates that the average price per client in BLM clinics is MK950 while the marginal cost to the organization is under MK 1200.00 per circumcision. The general associated costs are indicated in Table 18 (not disaggregated by providers) below.

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<sup>29</sup> Chipeta-Khonje A, Hayes B, Khonde D and Mahuka H. Operations research on male circumcision services (MC): Informing MC policy in family planning clinics. NAC Research Dissemination Conference, 2009.

**Table 18. Costs of circumcision (traditional and modern facility circumcisions)**

|           |                  | Transport cost | Food cost | Medical bill | Phone bill | Other expenses | Money source |          |                     |                      |        |
|-----------|------------------|----------------|-----------|--------------|------------|----------------|--------------|----------|---------------------|----------------------|--------|
|           |                  | Mean           | Mean      | Mean         | Mean       | Mean           | saved up for | borrowed | sell of commodities | family has money now | others |
| Area      | Urban            | 139.37         | 1432.67   | 288.59       | 4.35       | 1112.70        | 42.6         | 0.0      | 14.9                | 28.7                 | 13.9   |
|           | Rural            | 87.91          | 1906.07   | 277.85       | 13.15      | 867.53         | 39.4         | 1.6      | 22.6                | 30.3                 | 6.2    |
| Region    | North            | 176.88         | 855.57    | 206.93       | 8.11       | 464.88         | 47.4         | 0.0      | 18.4                | 23.7                 | 10.5   |
|           | Centre           | 80.36          | 1625.01   | 244.35       | 2.23       | 531.63         | 60.2         | 3.1      | 14.3                | 10.6                 | 11.8   |
|           | South            | 96.78          | 1987.93   | 305.03       | 19.08      | 1074.14        | 33.9         | 1.2      | 23.5                | 35.8                 | 5.6    |
| District  | Blantyre         | 53.84          | 1529.40   | 498.31       | 1.20       | 528.02         | 56.6         | 2.0      | 8.1                 | 13.1                 | 20.2   |
|           | Chitipa          | 406.82         | 227.27    | 201.82       | 27.27      | 318.18         | 50.0         | 0.0      | 25.0                | 12.5                 | 12.5   |
|           | Lilongwe         | 196.30         | 1421.11   | 579.74       | 0.00       | 275.94         | 54.5         | 4.5      | 9.1                 | 13.6                 | 18.2   |
|           | Mangochi         | 414.56         | 2442.20   | 272.70       | 323.75     | 1480.31        | 27.4         | 1.0      | 28.1                | 41.4                 | 2.0    |
|           | Mulanje          | 29.86          | 1275.25   | 188.07       | 15.62      | 555.58         | 32.4         | 1.0      | 23.5                | 37.3                 | 5.9    |
|           | Mzimba           | 127.27         | 1166.67   | 363.64       | 0.00       | 762.50         | 25.0         | 0.0      | 16.7                | 41.7                 | 16.7   |
|           | Nkhatabay        | 66.67          | 1112.53   | 108.84       | 0.00       | 356.12         | 61.1         | 0.0      | 16.7                | 16.7                 | 5.6    |
|           | Nkhotakota       | 62.04          | 1697.53   | 182.20       | 2.78       | 575.38         | 62.1         | 3.0      | 15.2                | 9.8                  | 9.8    |
|           | Nsanje           | 240.00         | 1960.20   | 241.33       | 0.00       | 742.86         | 75.0         | 0.0      | 0.0                 | 25.0                 | 0.0    |
|           | Ntcheu           | 18.75          | 1035.00   | 231.25       | 0.00       | 612.50         | 42.9         | 0.0      | 14.3                | 14.3                 | 28.6   |
| Age       | <20 years        | 116.28         | 2137.61   | 357.98       | 18.70      | 1376.34        | 40.7         | 1.7      | 20.3                | 28.8                 | 8.5    |
|           | 20-24 years      | 139.23         | 2188.79   | 439.28       | 17.57      | 1389.76        | 42.0         | 1.5      | 22.1                | 26.7                 | 7.6    |
|           | 25-29 years      | 155.57         | 2579.95   | 366.35       | 6.53       | 1167.00        | 40.9         | 0.9      | 13.9                | 37.4                 | 7.0    |
|           | 30-34 years      | 101.81         | 1950.24   | 258.04       | 45.92      | 853.99         | 32.4         | 2.0      | 21.6                | 38.2                 | 5.9    |
|           | 35-39 years      | 144.03         | 1318.17   | 255.87       | 0.57       | 624.57         | 42.6         | 5.9      | 17.6                | 27.9                 | 5.9    |
|           | 40-44 years      | 29.23          | 1587.50   | 127.23       | 0.00       | 480.47         | 40.7         | 0.0      | 23.7                | 25.4                 | 10.2   |
|           | 45-49 years      | 58.82          | 798.33    | 160.14       | 0.00       | 266.01         | 23.5         | 0.0      | 29.4                | 32.4                 | 14.7   |
|           | 50 years or more | 26.06          | 1187.69   | 141.21       | 0.00       | 403.41         | 43.4         | 0.6      | 26.0                | 25.4                 | 4.6    |
| Marriage  | yes              | 86.59          | 1804.35   | 268.97       | 8.83       | 815.26         | 40.5         | 1.7      | 21.7                | 29.8                 | 6.3    |
|           | no               | 136.54         | 1985.41   | 311.65       | 16.10      | 1160.71        | 38.2         | 1.0      | 20.4                | 31.4                 | 8.9    |
| Ethnicity | Chewa            | 67.39          | 1686.44   | 194.04       | 2.35       | 652.03         | 58.7         | 2.6      | 13.5                | 14.8                 | 10.3   |
|           | Yao              | 115.45         | 2219.40   | 291.52       | 24.02      | 1262.73        | 31.1         | 1.3      | 25.9                | 37.1                 | 4.6    |
|           | Tumbuka          | 440.00         | 710.00    | 850.00       | 33.33      | 145.45         | 30.8         | 0.0      | 15.4                | 38.5                 | 15.4   |
|           | Lomwe            | 58.72          | 1116.17   | 352.12       | 2.33       | 523.71         | 41.2         | 1.0      | 16.5                | 29.9                 | 11.3   |
|           | Sena             | 229.41         | 1850.19   | 210.00       | 0.00       | 626.67         | 78.6         | 0.0      | 0.0                 | 14.3                 | 7.1    |
|           | Ngoni            | 5.76           | 1348.75   | 306.67       | 0.00       | 418.24         | 64.7         | 0.0      | 5.9                 | 11.8                 | 17.6   |
|           | Tonga            | 87.50          | 0.06      | 0.05         | 0.00       | 100.00         | 80.0         | 0.0      | 0.0                 | 20.0                 | 0.0    |
|           | Amang'anja       | 126.56         | 2068.24   | 387.57       | 46.88      | 428.32         | 41.2         | 2.9      | 26.5                | 23.5                 | 5.9    |
|           | Nkhonde          | 0.00           | 7000.00   | 0.00         | 0.00       | 0.00           | 0.0          | 0.0      | 100.0               | 0.0                  | 0.0    |
|           | others           | 122.92         | 166.68    | 47.51        | 0.00       | 315.01         | 30.0         | 0.0      | 30.0                | 30.0                 | 10.0   |
| Children  | yes              | 87.10          | 1824.11   | 265.42       | 8.80       | 803.69         | 40.2         | 1.7      | 22.1                | 29.6                 | 6.4    |
|           | no               | 128.44         | 1919.47   | 326.99       | 19.25      | 1199.25        | 38.9         | 1.0      | 19.2                | 32.3                 | 8.6    |

|                   |                   |        |         |        |       |         |      |     |      |      |      |
|-------------------|-------------------|--------|---------|--------|-------|---------|------|-----|------|------|------|
| Religion          |                   | 155.18 | 1838.50 | 456.08 | 3.89  | 464.43  | 46.2 | 2.6 | 15.4 | 20.5 | 15.4 |
|                   | CCAP              | 84.34  | 1314.11 | 331.67 | 24.59 | 506.22  | 44.3 | 1.6 | 13.1 | 31.1 | 9.8  |
|                   | Anglican          | 20.50  | 1734.29 | 199.03 | 0.00  | 1192.72 | 38.5 | 2.6 | 35.9 | 23.1 | 0.0  |
|                   | Adventist Baptist | 156.67 | 965.79  | 276.52 | 12.33 | 498.85  | 36.4 | 0.0 | 6.1  | 39.4 | 18.2 |
|                   | Muslim            | 121.50 | 2096.32 | 216.91 | 14.45 | 1110.98 | 37.2 | 1.1 | 23.3 | 32.3 | 6.0  |
|                   | others            | 29.49  | 1410.89 | 443.91 | 1.58  | 468.54  | 50.5 | 3.1 | 18.6 | 21.6 | 6.2  |
| School attendance |                   |        |         |        |       |         |      |     |      |      |      |
|                   | yes               | 110.42 | 1893.86 | 294.02 | 13.54 | 980.47  | 41.9 | 1.9 | 18.8 | 29.6 | 7.8  |
|                   | no                | 32.80  | 1586.42 | 228.83 | 1.50  | 595.42  | 32.6 | 0.0 | 30.9 | 32.0 | 4.6  |
| Education level   |                   |        |         |        |       |         |      |     |      |      |      |
|                   | primary           | 83.86  | 2019.24 | 288.19 | 10.24 | 960.11  | 40.3 | 2.2 | 20.0 | 30.4 | 7.1  |
|                   | secondary         | 147.54 | 1541.57 | 301.14 | 19.17 | 1062.18 | 44.6 | 1.3 | 15.9 | 28.7 | 9.6  |
|                   | tertiary          | 460.63 | 1788.57 | 386.67 | 42.86 | 400.00  | 75.0 | 0.0 | 0.0  | 12.5 | 12.5 |
| literacy          |                   |        |         |        |       |         |      |     |      |      |      |
|                   | yes               | 60.00  | 594.29  | 75.18  | 0.00  | 210.90  | 24.0 | 0.0 | 28.0 | 48.0 | 0.0  |
|                   | no                | 35.55  | 1831.76 | 280.49 | 2.11  | 668.22  | 29.9 | 0.0 | 33.1 | 30.7 | 6.3  |

## 7.4 PROCEDURE OF MALE CIRCUMCISION:

In traditional settings, *Ngaliba* is the one who performs the circumcision. They keep finger nails of the index finger of their left hand long. They use it to hold together the foreskin and cut it to prevent cutting the head of the penis. At *ndagala*, the initiates are advised and supervised by their guardians to keep their legs wide open (especially when sleeping at night). This prevents the wound from friction with the thighs. If the initiate is an older person, he is advised not to sleep closer with his wife, to prevent the penis from erecting. This prolongs the healing process.

After circumcision, they apply iodine or spirit to the wounds. They tie the wound with a white clean cloth. They also prescribe apply powdered *kaliwuti*, *papaya* or *Chitedze* leaves to the wound. The herbs/medicines speed up the healing process of the wounds. After the circumcision ceremony, the circumcised are encouraged to "*kujasa mauta*". This is a practice where initiates are encouraged to have sexual intercourse with their female counterparts. However, this practice as observed by the respondents is being discouraged nowadays due to the HIV/AIDS pandemic.

In addition, respondents noted that circumcisions performed in village camps are often not safe because they are sometimes wrongly done and may lead to the initiates bleeding heavily to death. They also bemoaned the practice of some *Ngalibas* who use the same equipment repeatedly exposing the initiates to HIV/AIDS. Because of this parents are encouraged to take their children to hospital for circumcision in order to protect them from HIV/AIDS. Other respondents also observed that organizations like World Vision and Save the Children have trained *Ngalibas* on how to conduct safe circumcisions. They have been taught to use one blade per initiate.

In modern facilities ideally a purpose built operating theatre or minor procedures room is required although in most district hospitals visited the operation is done in various places including theatres, treatment rooms and dressing rooms using a fixed height table. There is usually an instrument trolley or table on which the sterile instruments are unpacked. The procedure room floor is made of material that can easily be cleaned or disinfected. The Lighting is arranged so that the penis is well lit and the surgeon can see what they are doing. Emergency medications and equipment for managing anaphylactic reactions should be available. The materials and equipment used comprise a circumcision set (see appendix 7) and anaesthesia.

In adults preferably local anaesthesia is used as it is less risky and less expensive. The main technique used is the ring block technique. The nerve supply to the penis is the twin dorsal penile nerves. These are located at the 11 o'clock and 1 o'clock positions near the base of the penis. They fan out towards the glans penis. The standard procedure is the dorsal slit method. Preparation starts with scrubbing and gowning. A full description of the process is appended in appendix 6. From the visited facilities, circumcisions were mostly provided through local anaesthesia (n=1379, 71.5%), whereas general anaesthesia was second most used (n=454, 26.2%). Although used general anaesthesia is not usually recommended.

## 7.5 ADVERSE EVENTS

The respondents noted that sometimes there are adverse events after performing the circumcision. However, they associated the adverse events to traditional beliefs among the people – for instance, when there are differences between parents, they believe that the child's wound may produce blood continuously. However, the respondents did not quantify the number of adverse events encountered per year.

In modern facility settings in Malawi most clinicians do the above dorsal slit technique with some few variations e.g. most clinicians do not mark the line of incision ending up with either removing too much skin or too little skin and consequently this does not look good. Others suture continuously leading to lots of complications, the commonest being hematomas and bleeding. Additionally others use big sutures which give a very bad outcome, bad scars, and pain. There was no data available from the visited facilities to examine the extent of these theoretical adverse events as the process does not capture such information and where adverse events occur, the patients would typically report to another unit than the one where they underwent the procedure.

## 7.6 PACKAGE AND SERVICE LINKAGES

The materials that are used to perform male circumcisions include scalpels, mostly donated by Save the Children in the case of Mangochi district or razor blades. They also use *Nsupa* that protects the *ndagala* and the children from witches/wizards during the initiation ceremony. Powdered traditional medicine for example *chipisyawago*, *kaliwuti*, *chitedze* and *papaya* leaves are used to aid in the healing process. The following western medicines and materials: iodine, chloromphenicol, panadol, penicillin, gloves and cotton are obtained from hospitals or non-governmental organisations, like Save the Children. The package does not include any formal linkage with the health service in terms of HIV Testing and Counseling (HTC), Sexually Transmitted infections (STIs) or other Reproductive Health (RH) services although such is done in some cases on ad hoc basis.

For the modern facility setup there is no defined standard male circumcision package within the government facilities and there is no linkage of male circumcision services to STI, HTC and other RH services in most hospitals. In most institutions visited clients are not even offered free condoms and are not offered HTC as part of the service delivery. In the private sector, at least one organization is creating linkages between MC and other services. BLM is currently creating service linkages between male circumcision and risk reduction counseling, STI screening and treatment, HIV testing and counseling, condom distribution, as well as providing men information about gender violence and other reproductive health issues



## 8 FACTORS AFFECTING RATES OF MALE CIRCUMCISION IN MALAWI

### KEY FINDINGS

**Culture and religion is the main factor that affects rates of circumcision in Malawi**

**IEC can increase the rates of male circumcision in Malawi**

### IMPLICATIONS

**Medical male circumcision should be promoted outside the religious cultural realm for uptake to improve and there may be need to package it differently**

**Increasing uptake of medical male circumcision will only occur following a very good IEC approach**

## 81 FACTORS DECREASING RATES OF CIRCUMCISION

We asked respondents in the KII and FGDs to mention factors which determine rates of male circumcision in Malawi. The respondents outlined the following as the main factors determining Male Circumcision in the Malawian context: Religion, Ethnicity and Age.

They said religion was the chief factor determining rates of male circumcision in Malawi. Almost all the respondents noted that Male Circumcision is an Islamic religious ritual and is predominantly practiced among Moslems throughout the country. They observed that it is a religious requirement for all Moslem men to be circumcised - for this reason, they pointed out that almost 100% of Moslem men are circumcised. They also noted that Male Circumcision is associated with cleanliness among Moslem men and that those that are not circumcised are seen as unclean. Here they observed that Christians and other non-Moslems might not welcome circumcision because of its association with the Islamic religion unless they are well informed about the implications of going for male circumcision.

Ethnicity was mentioned as the second major factor determining rates of circumcision in Malawi. They said that 100% of circumcised men are Yao. They noted that Male Circumcision has been part of Yao Culture for centuries and that it has been passed on from one generation to the other among the Yao. They observed that

Arabs who brought Islam to the Yao people found them already practicing Male Circumcision.

In addition, respondents noted that there are some members of other tribes or ethnic groups that undergo circumcision when they would like to join Islam or when they would like to marry a Moslem woman/Yao woman. The third factor which determines the rates of male circumcision is age. Respondents noted that Yao people send their children for Male Circumcision at the ages of 9 – 12 years (below 24 years). They are circumcised at this age range because it is the age of the rite of passage from childhood and adulthood. During this period, the male children are sent to initiation camps for initiation rites and they are circumcised as part of their rite of passage. However, middle aged (25 -40 yrs) men are circumcised when they would like to marry a Moslem woman or would like to become a Moslem. The respondents also noted that middle aged men are also getting circumcised on hygienic grounds after being advised to do so by their doctors or after getting information that circumcision reduces the chances of HIV transmission. On this they observed that adult circumcision is not safe because it can lead to complications. So, they felt people's age could dispel some men from accessing male circumcision services.

Thus “R: I think the factors that can affect the male circumcision now. We are talking of HIV/AIDS and people have realized that circumcision is good for prevention of HIV transmission. Now the issue is about age. Age limit could be one of the factors (I: mmh) because people can say ooh this is a good way let me be circumcised at the age of 40 or 50 (I: mmh) Yah... so there will be those factors. Circumcision at such an age could lead to more complications. I have more stories from newspapers that one or two people were forced to be circumcised at the age of 40 or 50 and had devastating consequences. So age is one of the factors which could hinder this. Aah secondly because of the association of male circumcision with the religious belief of Muslims, some people won't accept it. They may think they will be converted to Islam if they go for circumcision. So some people or their religions can say no we don't believe in this. (IDI # 39).

## **8.2 FACTORS THAT NEED TO CHANGE IN ORDER TO INCREASE PROVISION OF HEALTH FACILITY-BASED MALE CIRCUMCISION**

Respondents were asked to state factors that need to change in order to increase the provision of male circumcision services in health facilities. In response, respondents mentioned the following as the most important factors that need attention; Training of health personnel to perform male circumcision operations, equipment for male circumcision operations and other resources such as space/room for such operations.

On the training of health personnel, they noted most health workers who perform circumcision operations in health facilities have not undergone training in performing male circumcisions.

“R: It is supposed to train more health pro... health workers so that there is no any ...the problem is...some of the health workers they don't know how to perform the procedure...so it...it can be ... it could be easier if many health workers they can

*know that procedure.....how it is done safely....then we can find other instruments which they are easier for circumcision.....then sensitization to the communities and it must be clear....because for cosmetic circumcision previously ..formally...it was done as a private thing so you...you were not allowed to do circumcision on normal working hours because it is cosmetic it s not a disease but you are allowed to do circumcision for those with...with indication like parathimosis or anything...that is you can put on the list....priority but for cosmetic you can postpone it means you will miss paternity...so if we...we are many who ...there are many health workers who can provide this services then it must be also be free and some of the instruments – forceps.... For doing it fast.” (IDI # 47)*

### 8.3 FACTORS THAT WOULD INCREASE DEMAND

Most respondents stated that massive public sensitization could increase demand for male circumcision. They noted that most Malawians are not aware that male circumcision could reduce the chance of HIV transmission from a woman to a man and that people need to be educated about this. They stated that people need to understand why male circumcisions should be performed. They felt that such information could be conveyed to the public through the media and more specifically through radio announcements and public meetings. People could also be counseled about male circumcisions when they come to the hospital. In such counseling, people should be well informed about the benefits and risks of undergoing male circumcision and that it should be left to them to decide to go for circumcision or not. The respondents felt that circumcision services should be offered to people just like any other health service available at a health facility and that people should be at liberty to access such services. Some respondents suggested that community leaders such as Traditional Leaders and Religious Leaders who opinion leaders in the communities should also be engaged in sensitizing the public about circumcision. They said that when the community leaders speak, people listen to them and it would be easy to convince people to go for circumcision if these leaders are involved in the sensitization activities.

*“R: I think basically for a man to have an idea to say I would want to be circumcised one has to ... have the information as to why he should opt for that intervention,....what are the benefits of one being circumcised? Is it for general cleanliness or the view of that one will be protected from the risk of being HIV infected or the risk of infecting the wife with HIV? Generally those are some of the aspects that we should intervene ...so I think the strongest aspect would be IEC which is Information Education and Communication. Secondly for us to be able to provide the service because one can make the decision and if he comes to the hospital and finds that the hospital is not providing then one can be discouraged. So, the hospitals should have the necessary resources to offer male circumcision.” (IDI #21)*

*“Through the same, there could be other influential ...leaders who may encourage people to get this service. So we also need to engage people who influence the parents for example church leaders to understand what this intervention is all about and just as we speak to the community the church leaders should be in the forefront in encouraging parents to have their children circumcised. ” (IDI #27).*

## 9 SERVICE AVAILABILITY ASSESSMENT

### KEY POINTS

**Most health workers are supportive of scaling up medical male circumcision as an HIV prevention strategy**

**The ideal personnel to implement medical male circumcision are doctors and clinical officers both of whom would require further in service training to safely conduct medical circumcisions.**

**All hospitals though having most of the prerequisites to implement medical male circumcision will require additional equipment support and service linkages especially STIs and HTC for them to safely implement medical male circumcision as an HIV prevention strategy.**

**The present situation analysis did not collect enough data to simulate models of circumcision delivery and any plans to implement male circumcision would therefore have to include this through operational research.**

### IMPLICATIONS

**Training for key personnel, doctors, clinical officers and nurses has to be integral to any plans to implement medical male circumcision as an HIV prevention strategy and this costs has to be part of the programming**

**The capacity of existing institutions is not adequate to start a circumcision service without further support in service linkages using existing resources.**

**Rolling out male circumcision service using present capacity is feasible but will not be adequate to meet the increased demand and a combination of approaches including public –private partnerships, targeted provision in certain age groups and mass campaigns will have to be considered.**

Understanding of context in which MC services are being offered is essential as it can inform both short term and long term decisions regarding prioritization of areas for investment to scale up MC. For instance, such information can be used to define infrastructure and equipment needs, types and level of training for health workers. It can also be the basis for design of supervision and quality improvements systems and monitoring and evaluation efforts.

In order to provide this important information health facility and practitioner's surveys were carried out.

## 9.1 HEALTH FACILITY TYPES.

56/ 75 (75%) of health facility in the country were involved in the health facility survey. 21% were from the northern region, 38% from the centre and 41% from the southern region. The mean size of catchment area population per health facility type were 250,000; 205, 086; 95, 380 and 51,200 for central, district, mission and community hospitals respectively. The composition of the health facilities per type is shown in Table 1

**Table 19: Facilities surveyed as part of the male circumcision survey by facility type.**

| Facility type      | Number    | %            |
|--------------------|-----------|--------------|
| Central Hospital   | 3         | 5.36         |
| District Hospital  | 22        | 39.29        |
| Mission Hospital   | 24        | 42.86        |
| Community Hospital | 7         | 12.50        |
| <b>Total</b>       | <b>56</b> | <b>100.0</b> |

## 9.2 INFRASTRUCTURE, EQUIPMENT AND SERVICE AVAILABILITY.

A structured questionnaire was used to assess capacity of health facilities to provide male circumcision under standard condition. Capacity of health facilities were assessed by noting whether or not the health facility has minimal infrastructural and equipment needs and also by noting if services that would support provision of MC were available. In general central and district hospitals seem to have the entire prerequisite elements essential to provide a quality package of MC in a safe manner. However, depending on element being assessed, variable gaps were identified in capacities of community and mission hospital with the latter tending to fare badly between the two as only 23%(5/22) of mission hospitals had all the 10 capacities compared to 29% (2/7) of community hospitals (Table 20).

**Table 20: Infrastructure, equipment and service availability by health facility type**

| Facility type/<br>availability (%) | Item | Central | District | Mission | Community | Total |
|------------------------------------|------|---------|----------|---------|-----------|-------|
| Basic facilities                   |      | 100 %   | 100 %    | 91 %    | 43 %      | 88%   |
| Electricity supply                 |      | 100%    | 100%     | 95%     | 83%       | 96%   |
| Water supply                       |      | 100%    | 100%     | 95%     | 86%       | 95%   |
| Outpatient rooms                   |      | 100 %   | 100 %    | 91 %    | 86 %      | 94 %  |
| Surgical equipment                 |      | 100 %   | 100 %    | 92 %    | 67 %      | 92 %  |
| Autoclaving equipment              |      | 100%    | 100%     | 100%    | 86%       | 98%   |
| STI services                       |      | 100%    | 100%     | 96%     | 100%      | 98%   |
| VCT services                       |      | 100%    | 100%     | 100%    | 100%      | 100%  |
| Minor surgeries                    |      | 100%    | 100%     | 90%     | 71%       | 92%   |
| MC procedures                      |      | 100%    | 100%     | 91%     | 57%       | 91%   |

### 9.3 SERVICE OUTPUTS

Out of 48, 193 minor surgeries done in the surveyed health facility, only 3,548(7.3%) were circumcisions. Male circumcision therefore constitutes a small percentage minor surgery burden. On average most of the circumcisions are done at central hospital than any other type of health facility. The least mean number of circumcisions per facility per year are done at community hospital level. Number of HIV tests provided by health facility mirrors this picture. This variation in service level reflects fundamental issues of access and service availability.

**Table 21: Service outputs per health facility type**

| Facility type/<br>Service delivered | Central | District | Mission | Community | Overall |
|-------------------------------------|---------|----------|---------|-----------|---------|
| Circumcision (mean/ year)           | 115     | 103      | 96      | 4         | 93      |
| Minor surgeries(mean/year)          | 1,250   | 3,406    | 478     | 108       | 1,721   |
| HIV testing (mean/year)             | 129,420 | 28,531   | 2,886   | 3,365     | 19,193  |

### 9.4 MALE CIRCUMCISION SERVICE BENEFICIARIES

Among male circumcision beneficiaries for whom records were complete (n=3,296), 17.6% were infants, 23.3% were children, 40.1% were adolescents while 14.8% were adults. Composition of beneficiaries per health facility type was variable; proportionately more infants and children were circumcised at central and district hospitals compared to mission and community hospitals. The latter tended to provide mc services to adolescents and adults as detailed in Table 22.

**Table 22: Composition of male circumcision beneficiaries per health facility type.**

| Facility type/<br>beneficiary | Central<br>N(%) | District<br>N(%) | Mission<br>N(%) | Community<br>N(%) | Overall<br>N(%) |
|-------------------------------|-----------------|------------------|-----------------|-------------------|-----------------|
| Infant                        | 60(29.1)        | 219(13.4)        | 302(22.0)       | 0(0)              | 581(17.6)       |
| Child                         | 76 (36.9)       | 363(22.2)        | 459(33.5)       | 5(5.6)            | 903(23.3)       |
| Adolescent                    | 57(27.7)        | 825(50.6)        | 388(28.3)       | 51(57.9)          | 1321(40.1)      |
| Adult                         | 13(6.3)         | 225(13.7)        | 221(16.1)       | 32(36.3)          | 491(14.8)       |
| Total                         | 206             | 1,632            | 1,370           | 88                | 3,296           |

## 9.5 HEALTH WORKERS CAPACITIES

347 health workers were interviewed in the 36 public health facilities. Complete information was available for 326 of them. Of these, nearly a half 47.2% were nurses, 36.8% clinical officers and 9.8% were doctors. The distribution and MC related experience of health workers cadre by health facility type are shown in Table 23 and 24.

**Table 23: Number of health workers surveyed per health facility type**

| Cadre/<br>facility type | Doctors<br>N(%) | Clinicians<br>N(%) | Nurses<br>N(%) | Counselors<br>N(%) | Others<br>N(%) | OverallN(%) |
|-------------------------|-----------------|--------------------|----------------|--------------------|----------------|-------------|
| Central                 | 2 (6.2)         | 7(5.83)            | 8(5.1)         | 0(0)               | 0(0)           | 17(5.2)     |
| District                | 21(65.6)        | 71(59.1)           | 70(45.5)       | 2(100)             | 6(33.3)        | 170(52.1)   |
| Mission                 | 7(21.8)         | 30(25)             | 54(35.0)       | (0)                | 11(61.1)       | 102(31.2)   |
| Community               | 2(6.2)          | 12(10)             | 22(14.2)       | (0)                | 1(5.6)         | 37(11.3)    |
| <b>Total</b>            | <b>32</b>       | <b>120</b>         | <b>154</b>     | <b>2</b>           | <b>18</b>      | <b>326</b>  |

**Table 24: Experience of health workers on male circumcision related tasks**

| Cadre/ facility type | Doctors | Clinicians | Nurses | Others | Overall |
|----------------------|---------|------------|--------|--------|---------|
| Performed MC         | 61.2%   | 87.1%      | 0%     | 37.5%  | 42.20%  |
| Assisted MC          | 100%    | 96.6%      | 100%   | 100%   | 98.68%  |
| Patient screening    | 91.6%   | 98.2%      | 92.3%  | 100%   | 96.63%  |
| Operative care       | 100%    | 100%       | 100%   | 100%   | 100%    |
| MC counseling        | 100%    | 100%       | 100%   | 100%   | 100%    |

## 9.6 HEALTH WORKERS TRAINING NEEDS

Overall, 21.8% (63/289) of the health workers expressed the need for more training in male circumcision. Among the different cadres, the expressed training need was 46.1% for doctors, 27.3% for clinical officers and 13.1% for nurses. Using number of

government only employed health workers as of July 2009, the estimated number of health workers needing MC training is as shown in Table 25.

**Table 25: Number of health workers needing male circumcision training in the public sector**

| Health worker | Number | % Needing training | Number needing training |
|---------------|--------|--------------------|-------------------------|
| Doctors       | 139    | 46.1%              | 64                      |
| Clinicians    | 680    | 27.3%              | 186                     |
| Nurses        | 2924   | 13.1%              | 383                     |
| Total         | 3743   | 21.8%              | 633                     |

The specific training needs required by the health workers according cadre are as shown in table 26.

**Table 26. Specific training needs for various cadres of health personnel**

| Cadre/ facility type        | Doctors | Clinicians | Nurses | Others | Total |
|-----------------------------|---------|------------|--------|--------|-------|
| Theoretical                 | 100     | 93.8       | 91.6   | 100    | 93.8  |
| Practical                   | 100     | 98.4       | 94.3   | 100    | 96.8  |
| STI diagnosis and treatment | 80      | 97.3       | 95.1   | 100    | 95.7  |
| Infection prevention        | 100     | 100        | 93.9   | 100    | 97.2  |
| Counseling                  | 100     | 95.83      | 96.6   | -      | 97.01 |
| Comprehensive               | 85.71   | 96.30      | 97.92  | 100    | 96.91 |

## 9.7 MALE CIRCUMCISION COSTS ESTIMATES

We used secondary data to estimate cost of medical circumcision. Using figures from the private sector<sup>30</sup> and adopting an ingredients based methodology taking into account health workers time (a clinician, assistant nurse and HCT counselor), surgical materials, drugs and equipment shows, the estimated cost of MC is MK 1,163.09. Surgical materials and health workers time are the major cost drivers accounting for 58.5% and 39.7% of this cost respectively. A standard 7-10 day training of a health worker to perform MC (including 2 days of counseling) would cost on average MK 105,750.00 but this would vary from MK66, 227.00 to MK234, 822.00 with accommodation costs explaining most of the disparity. This is based on the assumption that each session of training on average would take 6 participants. However, it may be possible to increase this number to at least 15 participants without compromising on standards at an average cost per trained of MK95,175.00. This number might be increased to 15 participants at an average cost per trainee of MK95, 175.00.

<sup>30</sup> Brendan Hayes, BLM Personal communication



## 9.8 MALE CIRCUMCISION SUPPLY AND DEMAND ESTIMATIONS.

There are approximately 5 million Malawian males in the age bracket for male circumcision. However, as 1 in 4 or 26% of males in the country are circumcised, we can estimate that 3,750,000 of these males are not circumcised. If we assume that following information about benefits of MC, 40% of these males would accept MC, then the potential current demand for MC in the country is 1,500,000.

We note that:- i) currently 100% of central and district hospital have the requisite components to offer medical male circumcision. In a year, an estimated a total of 346 and 1854 circumcisions are done in central and district hospital respectively. ii) Currently 23% and 29% mission and community hospitals respectively have requisite components to offer medical male circumcision. In a year, an estimated total of 1337 and 11 circumcisions are done in mission and community hospitals respectively.

We can therefore estimate that approximately 6,000 male circumcisions are done every year (allowing for the fact that only 60% of health facilities were surveyed and assuming same male circumcision outputs per health facility type for the non-surveyed health facilities) in the country.

Increased demand for male circumcision can therefore be met in two ways.

### a) In the short term

Increasing capacity of health facilities that are providing male circumcision. Most site in charges stated that their facilities might increase MC procedures 2-5 fold before being significantly stretched out. This option would increase yearly male circumcision to between 12,000 and 30,000.

At this out put levels it will take 125 years  $(1,500,000^*/ 12000)$  to 50 years  $(1,500,000/ 30,000)$  years to circumcise all males with expressed demand for male circumcision (note that this would be best/ conservative estimates as we are assuming 0 rate increase in annual demand for circumcisions).

### b) In the medium term

Building capacities of 77% and 71% of mission and community hospitals to start offering male circumcisions, and immediately increase their delivery of male circumcision 2 to 5 fold of current levels. This would add approximately 11,700 to 29, 2500 to the pool of circumcision men a year.

Assuming the Ministry of Health and partners are able to build these capacities in mission and community hospital within a year of rolling

out male circumcision in then it would take 25 years  $[(1,500,000 - 30,000) / 60,000]$  at best to circumcise patients with expressed demand for male circumcision (again this is conservative estimate as we are assuming 0 rate increase in annual demand for circumcisions)

It appears therefore that current health systems capacities and strategies would not circumcise males at rapid enough rate to reach high coverage's and for the country to benefit from mass effect of male circumcision, although there will be important individual benefits for the circumcised males of course.

For immediate benefits of male circumcision to be felt, there would be need to focus male circumcision efforts on adolescents and adults: it appears reasonable to propose using multifaceted approaches to achieve this aim: a) health systems operating at full capacities, b) mass mobile circumcision campaigns c) effective engagement and outsourcing of male circumcisions to private providers.

For long term benefits (investing in the future generations) there would be need to focus on neonates and children: it appears reasonable to propose a mixed approach: a) health systems operating at capacities and routinely for neonates and children b) mass mobile circumcision campaigns for adolescents c) effective engagement and outsourcing of MCs services to private providers for adults males and any other groups.

## APPENDICES

### APPENDIX 1 LIST OF ORGANISATIONS CONSULTED FOR DOCUMENTS ON MALE CIRCUMCISION.

#### FEEDBACK OF MALE CIRCUMCISION STUDIES, REPORTS AND DOCUMENTS CONDUCTED IN MALAWI IN DIFFERENT ORGANISATIONS.

| # | ORGANISATION                              | REPORT   | COMMENT  | CONTACT PERSON     |
|---|---|--|--|--------------------|
| 1 | PSI                                       | HIV Prevention and Multiple and Concurrent Partnership in Malawi   | Successful                                     | Simon Sikwese      |
|   | CSR                                       | 1. Qualitative Evidence of Adolescents Sexual and Reproductive Health Experiences in Selected Districts of Malawi. 2. Adolescent sexual and reproductive Health in Malawi. Results from 2004 National Survey of Adolescents. 3. The timing and role of initiation rite in Preparing young people for adolescence and responsible sexual and reproductive behaviour in Malawi | Successful                                     | Alistair Munthali  |
|   | NAC                                       | Report of the National Stakeholder Consultation on Male Circumcision and HIV Prevention  | Successful                                     | Blackson Matatiyo  |
|   | Malawi Network for Aids Service           | No Reports   | Successful                                     | Akuzike Tasowana   |
|   | Ministry of Health                        |  | Need clearance from Ministry                   | Mr. Nkhata         |
|   | Malawi network for people living with HIV | No Reports   | They only attend meetings                      | Mr. Kamanga        |
|   | BLM                                       | WHO MC Manual  | Successful                                     | Timothy Bonyongo   |
|   | Concern Universal                         |  | Their server is not working cant retrieve data | Mr. Msiska         |
|   | Baylor Children Foundation                | No Reports   | Successful                                     | Richard Mwewe      |
|   | Save the Children                         | No Reports   | Successful                                     | Receptionist       |
|   | Malawi Bridge Project                     | No Reports   | Successful                                     | Receptionist       |
|   | NSO                                       | Malawi Demographic Health Survey 2004  | Successful                                     | Internet/Librarian |
|   | Wadonda Consult                           | No Reports   | Successful                                     | Dr Mvula           |
|   | KCN                                       | Acceptability of Male  | Will bring the report                          | Dr R.C Ngalande    |

|  |                                |  |                     |                 |
|--|--------------------------------|--|---------------------|-----------------|
|  |                                | Circumcision for Prevention of HIV Infection in Malawi   |                     |                 |
|  | John Hopkins                   | No Reports   | Successful          | Fatima Zulu     |
|  | Red Cross Malawi               | No Reports   | Successful          | Leonard Maganga |
|  | UNC                            | No Reports   | Successful          | Chifundo Zimba  |
|  | Muslim Association of Malawi   | No Reports   | Successful          | Muhamad Kongwe  |
|  | Malawi Human Rights Commission | Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children. | Successful/internet | George Makhaira |
|  | Internet                       | Acceptability of Male Circumcision for Prevention of HIV Infection in Malawi   |                     |                 |
|  |                                | Male Circumcision and HIV Infection; The case in Malawi  |                     |                 |
|  |                                | Knowledge, Beliefs and Attitudes about Male Circumcision in Four Districts of Malawi.                                |                     |                 |

**APPENDIX 2. SUMMARY OF PUBLISHED AND UNPUBLISHED STUDIES ON MALE CIRCUMCISION IN MALAWI.**

| NO | STUDY   | DESCRIPTION   | CONCLUSION   |
|----|---|---|--|
| 1  | <p><b>Title:</b> Qualitative evidence of adolescents’ sexual and reproductive health experiences in selected districts of Malawi.</p> <p><b>Author:</b> Alister C Munthali, Ann M Moore, Sidon Konyani, Bernie Zakeyo</p> <p><b>Date of publication:</b> 2006</p> | <p><b>Method:</b> Data were collected using semi structured in-depth interviews (IDIs) conducted in 2003 with adolescents aged 12–19 years.</p> <p><b>Study site:</b> This study was conducted in Blantyre (urban) and in four rural districts: Rumphi in the Northern Region, Ntchisi and Mchinji in the Central Region and Mangochi in the Southern Region.</p> | <p>This study was not entirely about circumcision but it explored factors that affect adolescents’ hopes of achieving their aspirations and hopes. These factors included circumcision. The study documents reasons why adolescents go for circumcision and some of the issues about circumcision that could increase the adolescent risk of HIV/AIDS.</p> <p><b>Reasons for circumcision:</b></p> <ul style="list-style-type: none"> <li>• Was associated with being clean since Jesus himself underwent circumcision.</li> <li>• Envyng people who had undergone initiation ceremonies and circumcision.</li> <li>• Those who did not circumcise did so because of religious reasons and because in some instances they were required to pay.</li> </ul> <p><b>Increasing risk of HIV/AIDS</b></p> <ul style="list-style-type: none"> <li>• Majority was initiated and circumcised aged 12 or younger.</li> <li>• Circumcised boys were advised to have sex with girls in a ceremony known as kuchotsa fumbi without which they were told that they would die or feel pain in the penis.</li> <li>• Circumcised boys were told not to use condoms so that the circumcised penis gets healed to the fullest.</li> <li>• Very few respondents reported that they were told to use condoms or to abstain from sex or about the dangers of HIV.</li> </ul> |
| 2  | <p><b>Title:</b> Adolescent Sexual and</p>  | <p><b>Method:</b> Data was collected from a nationally</p>  | <p>This study collected information about adolescents’ experience</p>  |

|          |  |   |  |
|----------|--|---|--|
|          | <p>Reproductive Health in Malawi. Results from the 2004. National Survey of Adolescents. Occasional Report No.24</p> <p><b>Author:</b> Alister Munthali, Eliya M Zulu, Nyovani Madise, Ann M Moore, Sidon Konyani, James Kaphuka and Dixie Maluwa Banda</p> <p><b>Date of publication:</b> 2006</p>                | <p>representative household survey on adolescent (12–19-year-old females and males) between March and August 2004.</p>  | <p>with circumcision.</p> <ul style="list-style-type: none"> <li>• Circumcision was performed on close to 20% of males. Twenty one percent of the adolescents aged 15 – 19 years were circumcised whilst 14.8% of those 12 – 14 years of age were.</li> <li>• Most were circumcised between the ages of six and 11.</li> <li>• 32.2% of adolescents had gone through initiation ceremonies where circumcision took place.</li> </ul>   |
| <p>3</p> | <p><b>Title:</b> The Timing and Role of Initiation Rites in Preparing Young People For Adolescence and Responsible Sexual and Reproductive Behavior in Malawi</p> <p><b>Author:</b> Alister C. Munthali, Eliya.M Zulu</p> <p><b>Date of publication:</b> 2007. <i>Afr J Reprod Health</i> 2007; 11[3]:150-167)</p> | <p><b>Method:</b> This data was collected through 102 in-depth interviews (IDIs) conducted in Malawi with male and female in-school and out-of-school adolescents and married and unmarried adolescents aged 12-19 in 2003.</p> | <p><b>Results described in this paper are as follows:</b></p> <ul style="list-style-type: none"> <li>• male circumcision is mostly practiced in the Southern region of Malawi among Yaos and Muslims.</li> <li>• While only 21% of boys had been circumcised nationally, 35%, 12% and 2% of boys in the southern, centre and North were circumcised respectively.</li> <li>• male respondents from the southern districts of Blantyre and Mangochi were more likely to report circumcision than those from other districts.</li> <li>• Circumcision was often done between ages 10 and 15. Out of those who were circumcised, 26% were circumcised before age 10 and about 8% above 14.</li> <li>• The regional, ethnic and religious differences for circumcision for boys are very much similar to the ones observed for participation in initiation rites suggesting that initiation rites for boys are strongly linked to circumcision.</li> </ul> <p><b>Reasons for circumcision</b></p> <ul style="list-style-type: none"> <li>• Boys in Mangochi noted that is it their cultural obligation to circumcise.</li> <li>• Sign of maturity.</li> <li>• Presents are given after the ceremony, especially new clothes are bought.</li> </ul> |

|   |  |  |   |
|---|--|--|---|
| 4 | <p><b>Title:</b> Male Circumcision and HIV Infection; The Case of Malawi.</p> <p><b>Authors:</b> Michelle Poulin, Adamson S Muula</p> <p><b>Date of Publication:</b></p>   | <p><b>Methods:</b> The study involved 1239 married women and their spouses in Rumphu, Balaka and Mchinji rural areas who also had an HIV test.</p> | <ul style="list-style-type: none"> <li>• In the study, only 6% of women in Mchinji and 2% of women in Rumphu reported their husbands to be circumcised.</li> <li>• Compared with Balaka, a predominantly Yao district, 69% underwent initiation ceremonies and 79% of all women in Balaka reported having circumcised spouses.</li> <li>• Women with circumcised husbands were significantly less likely to be HIV+.</li> <li>• A Malawian woman, who resides in Balaka, having circumcised husband decreases her propensity to be HIV infected substantially by 8 percentage points, which is consistent with the randomized studies.</li> <li>• In a district like Balaka where other ethnic groups are present, being Yao was not associated with having an HIV positive woman.</li> </ul> |
| 5 | <p><b>Title:</b> Acceptability of Male Circumcision for Prevention of HIV Infection in Malawi.</p> <p><b>Authors:</b> Ngalande RC, Bailey R, Levy JA, Kaponda CN, Kawala L, Mhango L, Chitsulo C</p> <p><b>Date of publication:</b> 2006</p> | <p><b>Methods:</b> Focus group discussions with men and women aged 16-80yrs were conducted in four communities across Malawi.</p>                  | <ul style="list-style-type: none"> <li>• Acceptability was lower in the northern region where the practice is little known.</li> <li>• Younger people were more likely to accept the intervention than older groups.</li> <li>• If service was introduced, acceptance is likely to vary by region , but many parents and younger people would use the service if they were safe, affordable and confidential.</li> </ul>  |
| 6 | <p><b>Title:</b> Knowledge, Beliefs And Attitudes About Male Circumcision in Four Districts of Malawi</p> <p><b>Authors:</b> Rebecca C. Ngalande, Judith Levy, Chrissie P.N Kaponda, Robert C. Bailey</p>                                    | <p><b>Methods:</b> Focus group discussions with men and women aged 16-80yrs were conducted in four communities across Malawi.</p>                  | <ul style="list-style-type: none"> <li>• Commercial sex workers had more knowledge of association between HIV and male circumcision.</li> <li>• Adults from the northern and central region had least knowledge about circumcision and HIV/ STI.</li> <li>• Respondents associated circumcision with Islam, medical problems and genital hygiene.</li> <li>• Except in the north, all women preferred circumcised men for sexual partners.</li> </ul>   |

|   |  |   |  |
|---|--|---|--|
|   | <p><b>Date of Publication:</b> 2004<br/>(International conference on AIDS)</p>   |   | <p>Barriers to circumcision included:</p> <ul style="list-style-type: none"> <li>• Fear of infection with HIV during the procedure.</li> <li>• Lack confidentiality amongst the providers.</li> <li>• Fear of expulsion from church.</li> </ul>  |
| 7 | <p><b>Title:</b> Malawi Demographic and Health Survey- Chapter 11, HIV/AIDS and Other Sexually Transmitted Infections (Chapter 11).</p> <p><b>Authors:</b> D. Zanera and I. Miteka</p> <p><b>Date of publication:</b> 2004</p> | <p><b>Methods:</b> A national representative sample of men aged 15-54 years old.</p>  | <ul style="list-style-type: none"> <li>• Based on this sample, 21% of Malawian men are circumcised.</li> <li>• Younger men in age groups 15-19 and 20-24 are less likely to have been circumcised with about 18% than those at older ages.</li> <li>• There are no differences between urban and rural areas in terms of proportion of men circumcised.</li> <li>• Men living in the southern region are much more likely to be circumcised than men in other regions (33% compared with 5% in the north and 12% in the central).</li> <li>• Circumcision was more common amongst men with just primary or no education than those with secondary education. 26% had never attended education, 24% primary (1-4), 19.9% primary (5-8) and 15.8% secondary and tertiary education.</li> <li>• The practice of male circumcision varies widely across ethnic groups and religion. 82% of Yao men and 30% of Lomwe men are circumcised and the rate for other ethnic groups is only 7% or lower.</li> <li>• Muslims (93%) are much more likely to be circumcised than those who belong to other religious groups.</li> <li>• However, Christians also practiced circumcision with 21% SDA or Baptist, 20% Anglican men and 14% men of other Christian denominations circumcised.</li> </ul> |
| 8 | <p><b>Title:</b> HIV Prevention and Multiple Concurrent Partnerships in Malawi- Qualitative Research Study Report</p>  | <p>Methods: Focus group discussions were held with married (15 – 49 years old) and sexually active unmarried youth (aged 15-24) and truck drivers in Blantyre, Lilongwe, Mzuzu, Rumphi, Karonga, Nsanje, Nkhatabay, Machinga,</p> | <p>FGDs revealed the following:</p> <ul style="list-style-type: none"> <li>• Respondents were of the view that the foreskin hides or keeps the virus after intercourse hence increasing the likelihood HIV transmission.</li> </ul>  |



|          |   |   |   |
|----------|---|---|---|
|          | <p><b>Authors:</b> Ken Limwame and Monica Kumwenda</p> <p><b>Date of publication:</b> 2008</p>  | <p>Dowa, Mangochi, Phalombe, Chikwawa, Mulanje and Kasungu districts.</p>   | <ul style="list-style-type: none"> <li>• It was believed that circumcised men could wash away the virus after a bath and because their forehead is hardened, it could survive bruises when having sex which can expose one to infection.</li> <li>• However, the respondents did not believe HIV transmission since transmission is through “blood”. However, other sexually transmitted infections could be prevented by male circumcision.</li> <li>• Many had never heard of circumcision as a means of HIV prevention and doubted its effectiveness since many Muslims, who are circumcised, have died from the disease.</li> <li>• Circumcision, as practiced among the Yao, was believed to be unsafe because they use the same razor however others said nowadays the common practice is that each initiate has a razor.</li> <li>• FGDs with women in the central region mentioned that a circumcised penis is not sexually satisfying as an uncircumcised one because they are cold and slippery.</li> </ul> |
| <p>9</p> | <p><b>Title:</b> Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children.</p> <p><b>Author:</b> Malawi Human Rights Commission</p> <p><b>Date of Publication:</b></p> | <p><b>Methods:</b> This study utilized a three-pronged approach in its data collection exercise. Literature review, focus group discussions, and face-to-face interviews in order to capture data. Nine districts across the country were sampled purposively to cover practices of all the major ethnic groups in the country.</p> | <ul style="list-style-type: none"> <li>• About 17% of the respondents said that Jando (circumcision for boys.) was a practice that was prevalent in their areas.</li> <li>• Boys as young as 6yrs of age underwent this initiation rite and the period for initiation differed from place to place but ranged from 2wks to 2months.</li> <li>• Circumcision differs from one locality to another. In some places the circumcision involves cutting the membrane that connects the foreskin and the inner part of a penis. In other places this involves cutting off the entire foreskin with a knife and yet in other places the circumcision involves cutting off the foreskin using fingernails of circumcision administrators.</li> <li>• In some areas, the counselors used the foreskin from</li> </ul>  |

|  |  |  |  |
|--|--|--|--|
|  |  |  | <p>the first and last initiate to make medicine that the initiates drink to overcome homesickness.</p> <ul style="list-style-type: none"><li>• The purpose of carrying out circumcision for boys is to protect them from hurting themselves when they have sex with a girl.</li><li>• After circumcision, boys were advised to have sexual intercourse with any girl as soon as they go back home. And the belief is that if the boys do not have sex their penises would shrink and become too small for sex.</li></ul> |
|--|--|--|--|

**APPENDIX 3 KABP SURVEY MALE**

**MALE CIRCUMCISION SITUATION ANALYSIS SURVEY**

**INTRODUCTION AND CONSENT**

Hello. My name is ..... I work for ..... We are conducting a survey across the country and we are talking to men and women in an effort to find out more about male circumcision. Your contribution will be of great importance to us. We would very much appreciate your participation in survey.

The interview will last about.....

There is no right or wrong answers to the questions; we would like to learn about your personal thoughts and attitudes. If you don't understand a question, please tell me and you can add further information at any stage.

Your answers will be kept strictly confidential. Your personal responses will be seen by only a very few of my colleagues and your name will not be used in relation to the answers you give.

May I begin the interview now?

YES                    |\_\_|

NO                    |\_\_|

|                   |                       |                         |                          |
|-------------------|-----------------------|-------------------------|--------------------------|
| DISTRICT:         |                       | T/A:                    |                          |
| Enumeration Area: |                       |                         |                          |
| Interviewer ID:   | Date of interview:    | Supervisor's signature: |                          |
| _ _ _             | _ _ _ / _ _ _ / _ _ _ |                         |                          |
|                   |                       |                         | Date received in office: |
|                   |                       |                         | _ _ _ / _ _ _ / _ _ _    |

RECORD TIME STARTED INTERVIEW: \_\_\_ : \_\_\_

1. DEMOGRAPHICS

|      |  |   |                |
|------|--|---|----------------|
| 1.1  | How old are you?   | _ _  Years<br>Day/Month/Year<br> _ _ / _ _ / _ _  |                |
| 1.2  | Are you married  | 1= yes<br>2= No   |                |
| 1.3  | Which tribe do you belong to?  | 1 = Chewa<br>2 = Yawo<br>3 = Tumbuka<br>4 = Lomwe<br>5= Sena<br>6= Ngoni<br>7= Tonga<br>8= Amang'anja<br>9= Nkhonde<br>10= Other<br>(specify.....)                          |                |
| 1.4  | Which language do you principally speak?   | 1 = Chichewa<br>2 = Chiyao<br>3 = Chitumbuka<br>4 = Chilomwe<br>5= Chisena<br>6= Chingoni<br>7= Chitonga<br>8= Chimang'anja<br>9= chinkhonde<br>10= Other<br>(specify.....) |                |
| 1.5  | Do you have any children?  | 1 = Yes<br>2 = No →   | Q1.7           |
| 1.6  | How many children do you have?   | Boys  _ _ <br>Girls  _ _  |                |
| 1.7  | Where were you born?   | 1= District.....<br>2= Traditional Authority.....<br>3= Other.....<br>.....   |                |
| 1.8  | What is your religion?   | 1= Catholic<br>2= CCAP<br>3= Anglican<br>4= Adventist/Baptist<br>5= Moslem<br>6= Other<br>(specify.....)  |                |
| 1.9  | Have you ever attended school  | 1= Yes<br>2= No →   | Q1.11          |
| 1.10 | What is the highest level of school you attended?<br><i>If Primary or secondary indicate the highest class</i> | 1 = Primary  _  →<br>3 = Secondary  _  →<br>4 = Tertiary  | Q1.12<br>Q1.12 |

|  |  |  |     |
|--|--|--|-----|
|  | <i>completed</i>   |  |     |
| 1.11   | Have you ever participated in a literacy program or any other program that involves learning to read or write ( not primary school)  | 1= Yes<br>2= No  |     |
| 1.12   | What is your occupation, that is, what kind of work do you mainly do?  | 1 = Farming<br>2 = Casual labour<br>3 = Employed<br>4 = Business<br>5 = Student<br>6 = Other<br>(specify.....<br>.....<br>.....  |     |
| 1.13   | Do you usually work throughout the year, seasonally or once in a while?  | 1= Throughout the year<br>2= Seasonally/Part of the year<br>3= Once in a while   |     |
| 1.14   | Are you paid in cash or kind for this work or are you not paid at all?   | 1= Cash only<br>2= Cash and Kind<br>3= In kind only<br>4= Not paid   |     |
| 1.15   | Do you own the following   | Radio   _1_     _2_  <br>Bicycle   _1_     _2_  <br>House Servant   _1_     _2_  <br>Oxcart     _1_     _2_  <br>Livestock   _1_     _2_  <br><b>House</b><br>Grass thatched   _1_     _2_  <br>Corrugated iron sheets   _1_     _2_  <br>Use Electricity   _1_     _2_  <br>Paraffin lamp   _1_     _2_  <br><b>Toilet</b><br>Pit latrine   _1_     _2_  <br>Flash Toilet   _1_     _2_ |     |
| 2.   | Are you circumcised?   | 1 = Yes<br>2 = No<br>3 = Don't know  |     |
| 3  | Please describe what you think male circumcision is<br><br><i>Listen to what the respondent says and tick and / or fill in the options below. Do not show or describe the options to the respondent.</i> | 1= Removal of the entire foreskin (the skin that can be rolled forward or back over the head of the penis<br>2= Removal of the foreskin but not necessarily the entire foreskin<br>3= Removal of the penis<br>4= Refused to answer<br>5= Other<br>(specify.....  |     |
| <i>Once the question has been answered, please explain that:</i><br>MALE CIRCUMCISION IS THE SURGICAL REMOVAL OF THE ENTIRE FORESKIN, WHICH IS THE SKIN THAT CAN BE ROLLED FORWARD OR BACK OVER THE HEAD OF THE PENIS. IF LESS THAN THE ENTIRE FORESKIN HAS BEEN REMOVED, THIS IS NOT "FULL" CIRCUMCISION. (PICTURES OF AN UNCIRCUMCISED, NOT "FULLY" CIRCUMCISED, AND CIRCUMCISED PENIS MIGHT BE HELPFUL, AND WILL BE PROVIDED WITH THIS TOOL KIT!) |  |  |     |
| 4.0  | Now that I have told you what circumcision is, let me ask  | 1 = Yes →  | Q17 |

|     |  |  |    |
|-----|--|--|----|
|     | <i>you again</i> .....Are you circumcised?   | 2 = No<br>3 = Don't know   |    |
| 4.1 | If 'No' Why aren't you circumcised?  | 1 = Religion<br>2 = Culture<br>3 = Personal Choice<br>4 = <b>Complications Such as</b><br><b>a.</b> Infections<br><b>b.</b> Impotence<br><b>c.</b> Bleeding<br>5= Other<br>(specify.....)  |    |
| 5   | Why do you think male circumcision is carried out?<br><i>Listen to what the respondent says and tick and fill in the options below. Do not show or describe the options to the respondent.</i> | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br><b>a.</b> Social desirability<br><b>b.</b> Perceived health benefits<br><b>c.</b> Perceived sexual benefits<br><b>d.</b> Cosmetics<br>5= Socio-economic status |    |
| 6.0 | Would you consider being circumcised?<br><i>Give the interviewee the choice of the following options</i>   | 1 = Strongly 'no'<br>2 = No<br>3 = Neither 'Yes' or 'No'<br>4 = Yes<br>5 = Strongly Yes  |    |
| 6.1 | What are your reasons for this answer?   | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br><b>a.</b> Social desirability<br><b>b.</b> Perceived health benefits<br><b>c.</b> Perceived sexual benefits<br><b>d.</b> Cosmetics<br>5= Socio-economic status |    |
| 7.0 | <i>Please refer to Demographics information if he has male children and ask..</i> <b>Is any of your sons circumcised?</b>  | 1= Yes<br>2= No<br>3= Don't know →   | Q9 |
| 7.1 | Why?   | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br><b>a.</b> Social desirability<br><b>b.</b> Perceived health benefits<br><b>c.</b> Perceived sexual benefits<br><b>d.</b> Cosmetics<br>5= Socio-economic status |    |
|     | <i>If the response is 'Yes' or 'No' to Qn 7.0 -----→ → → →</i>   |  | Q9 |
| 8.0 | <i>If they don't have a male child or the male child is very young to be circumcised ask...</i>  | 1 = Strongly 'no'<br>2 = No<br>3 = Neither 'Yes' or 'No'   |    |

|     |  |   |    |
|-----|--|---|----|
|     | <b>If you had a son, would you want him to be circumcised?</b>   | 4 = Yes<br>5 = Strongly Yes   |    |
| 8.1 | What are your reasons for this answer?   | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br>a. Social desirability<br>b. Perceived health benefits<br>c. Perceived sexual benefits<br>d. Cosmetics<br>5= Socio-economic status                  |    |
|     | If the response is 'Strongly No' or 'No' to Qn 8 -----> → → →  |   | Q9 |
| 8.2 | If 'yes' When would be the best time for him to be circumcised?<br><i>Give the interviewee the choice of the following options</i>                 | 1 = At Birth<br>2 = When he is a child, perhaps 2-8 years old<br>3= At Puberty<br>4= Marriage<br>5= Initiation<br>6= At any time<br>7= At some other time<br>(specify.....)   |    |
| 8.3 | Why would he be circumcised at this time?  | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br>a. Social desirability<br>b. Perceived health benefits<br>c. Perceived sexual benefits<br>d. Cosmetics<br>5= Socio-economic status                  |    |
| 8.4 | What other times would you prefer for him to be circumcised that would be okay?<br><i>Give the interviewee the choice of the following options</i> | 1 = At Birth<br>2 = When he is a child, perhaps 2-8 years old<br>3= At Puberty<br>4= Marriage<br>5= Initiation<br>6= At any time<br>7= At some other time<br>(specify.....)   |    |
| 8.5 | Who would you like to circumcise your son?   | 1= Medical Personnel<br>2= Traditional Circumciser<br>3= Other  |    |
| 9   | What do you think the benefits of male circumcision would be?  | Reduces risk of STI transmission    _1_ <br> _2_ <br>Reduces risk of HIV transmission    _1_ <br> _2_ <br>Cleanliness                            _1_ <br> _2_ <br>Increases sexual pleasure            _1_ <br> _2_ <br>Other.....<br>..... |    |





|  |   |  |     |
|--|---|--|-----|
|  | with male circumcision?   | 2= No →  | Q15 |
| 14.1   | If 'yes' What would you be worried about?   | 1= Infections<br>2= Impotence<br>3= Bleeding<br>4= Other<br>(specify.....)   |     |
| 15   | If you had to pay for the operation, what is the most you would be prepared to pay?                   | 1= Up to K1000<br>2= More than K1000<br>3= None  |     |
| 16   | What would be the source of this money?   | 1= Saved up for<br>2= Borrowed<br>3= Sell of commodities<br>4= Neither, because my family has this money now   |     |
| <p>– End of survey for uncircumcised male respondents –</p> <p>Express thanks to the respondent for their time and information. Remember to ask them if they have any questions for you. You may need to refer to the briefing you have been given, however, if you don't know the answer to a question, do not be afraid to say so.</p> |   |  |     |
| 17   | Why are you circumcised?  | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br>a.Social desirability<br>b.Perceived health benefits<br>c.Perceived sexual benefits<br>d.Cosmetics<br>5= Socio-economic status |     |
| 18   | How old were you when you were circumcised?   | __ __  Years   |     |
| 19   | Who performed the circumcision?   | 1= Medical Personnel<br>2= Traditional Circumciser<br>3= Other   |     |
| 20   | Where was the circumcision done?  | <b>1= Health Facility</b><br>a. Central Hospital<br>b. District Hospital<br>c. Rural Hospital<br>d. Health Centre<br>e. Private clinic<br>2= Mosque<br>3= Church<br>4= Initiation Camp                                 |     |
| 21.1   | Can you estimate how much you spent on transport?   | Mk   |     |
| 21.2   | Can you estimate how much you spent on Food?  | Mk   |     |
| 21.3   | Can you estimate how much you spent on medical bills (consultation, drugs, surgery etc)?              | Mk   |     |
| 21.4   | Can you estimate how much you spent on Phone bills?   | Mk   |     |
| 21.5   | Can you estimate other expenses?  | Mk   |     |
| 22   | What was the source of this money?<br><i>Give the interviewee the choice of the following options</i> | 1= Saved up for<br>2= Borrowed   |     |

|      |  |  |  |
|------|--|--|--|
|      |  | 3= Sell of commodities<br>4= Neither, because my family has this money now<br>5= Other<br>(specify.....)   |  |
| 23   | What do you think the benefits of male circumcision might be?  | 1= Reduces risk of STI transmission<br>2= Reduces risk of HIV transmission<br>2= Cleanliness<br>3= Increases sexual pleasure<br>4= Other.....<br>5= Don't know<br>6= None  |  |
| 24   | What do you think the problems or negative consequences of male circumcision might be?                                       | 1= None<br>2= Infections<br>3= Impotence<br>4= Bleeding<br>5= Other  |  |
| 25   | Are you pleased that you are circumcised?<br><i>Give the interviewee the choice of the following options</i>                 | 1= Strongly 'No'<br>2= No<br>3=Neither 'No' or 'Yes'<br>4= Yes<br>5= Strongly 'Yes'  |  |
| 26.0 | Would you recommend male circumcision to others?<br><i>Give the interviewee the choice of the following options</i>          | 1= Strongly 'No'<br>2= No<br>3=Neither 'No' or 'Yes'<br>4= Yes<br>5= Strongly 'Yes'  |  |
| 26.1 | What reasons would you give in your recommendation?  | 1= Reduces risk of STI transmission including HIV<br>2= Cleanliness<br>3= Increases sexual pleasure<br>4= Other.....<br>5= Don't know<br>6= None   |  |
| 27.0 | <i>Please refer to Demographics information if he has male children and ask.....</i> <b>Is any of your sons circumcised?</b> | 1= Yes<br>2= No<br>3= Don't know → <i>Read Instruction after Q28.5 below</i>   |  |
| 27.1 | Why?   | 1 = Medical<br>2 = Religion/Ethnicity<br>3 = Hygiene<br>4= <b>Social determinants</b><br>a. Social desirability<br>b. Perceived health benefits<br>c. Perceived sexual benefits<br>d. Cosmetics<br>5= Socio-economic status<br>6= Other (Specify)..... |  |
| 27.2 | How old was he when he was circumcised?  | __ __  Years   |  |
| 27.3 | Who performed the circumcision?  | 1= Medical Personnel<br>2= Traditional Circumciser<br>3= Other   |  |

|       |  |  |  |
|-------|--|--|--|
| 27.4  | Where was the circumcision done?   | <b>1= Health Facility</b><br><b>a. Central Hospital</b><br><b>b. District Hospital</b><br><b>c. Rural Hospital</b><br><b>d. Health Centre</b><br><b>e. Private clinic</b><br>2= Mosque<br>3= Church<br>4= Initiation Camp                              |  |
| 27.5  | Can you estimate how much you spent on transport?  | Mk   |  |
| 27.6  | Can you estimate how much you spent on Food?   | Mk   |  |
| 27.7  | Can you estimate how much you spent on medical bills (consultation, drugs, surgery etc)?   | Mk   |  |
| 27.8  | Can you estimate how much you spent on Phone bills?  | Mk   |  |
| 27.9  | Can you estimate other expenses?   | Mk   |  |
| 27.10 | What was the source of this money?<br><i>Give the interviewee the choice of the following options</i><br><i>Read Instruction after Q28.5 below</i>             | 1= Saved up for<br>2= Borrowed<br>3= Sell of commodities<br>4= Neither, because my family has this money now<br>5= Other<br>(specify.....)   |  |
| 28.0  | If they don't have a male child or the male child is very young to be circumcised ask...<br><br><b>If you had a son, would you want him to be circumcised?</b> | 1 = Strongly 'no'<br>2 = No<br>3 = Neither 'Yes' or 'No'<br>4 = Yes<br>5 = Strongly Yes  |  |
| 28.1  | What are your reasons for this answer?<br><i>If the response is 'Strongly No' or 'No' to Qn 28.0 go to Q29.0</i>   | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br><b>a. Social desirability</b><br><b>b. Perceived health benefits</b><br><b>c. Perceived sexual benefits</b><br><b>d. Cosmetics</b><br>5= Socio-economic status |  |
| 28.2  | If 'yes' When would be the best time for him to be circumcised?<br><i>Give the interviewee the choice of the following options</i>                             | 1= At Birth<br>2= When he is a child, perhaps 2-8 years old<br>3= At puberty (10-16 years)<br>4= Marriage<br>5= Initiation<br>6= At any time<br>7= At some other time(specify.....)  |  |
| 28.3  | Why would he be circumcised at this time?  | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b>   |  |

|  |  |  |  |
|--|--|--|--|
|  |  | <p>a. Social desirability<br/> b. Perceived health benefits<br/> c. Perceived sexual benefits<br/> d. Cosmetics<br/> 5= Socio-economic status</p>  |  |
| 28.4   | <p>What other times would you prefer for him to be circumcised that would be okay?<br/> Give the interviewee the choice of the following options</p> | <p>1 = At Birth<br/> 2 = When he is a child, perhaps 2-8 years old<br/> 3= At Puberty<br/> 4= Marriage<br/> 5= Initiation<br/> 6= At any time<br/> 7= At some other time(specify.....)</p> |  |
| 28.5   | <p>Who would you like to circumcise your son?</p>  | <p>1= Medical Personnel<br/> 2= Traditional Circumciser<br/> 3= Other (specify.....)</p>   |  |
| <p>Tell the respondent that:<br/> RECENT STUDIES SHOW THAT MALE CIRCUMCISION REDUCES THE RISK OF BEING INFECTED WITH HIV. BEING CIRCUMCISED IS NOT ENOUGH ON ITS OWN TO PROTECT FROM HIV AND CIRCUMCISED MEN MUST CONTINUE USING OTHER FORMS OF PROTECTION</p>   |  |  |  |
| 29.0   | <p>Has this information changed your opinion about supporting your son's circumcision?</p>   | <p>1= Yes<br/> 2= No → → Read Instruction after Q29.1 below</p>  |  |
| 29.1   | <p>If 'yes' Would you now support your son's circumcision?<br/> Give the interviewee the choice of the following options</p>                         | <p>1 = Strongly 'no'<br/> 2 = No<br/> 3 = Neither 'Yes' or 'No'<br/> 4 = Yes<br/> 5 = Strongly Yes</p>   |  |
| <p>If the answer is "Strongly no," or "No" or "Neither yes or no"] tell the interviewee the following<br/> CIRCUMCISION ALSO HAS OTHER HEALTH BENEFITS. INFANTS HAVE A LESSENERED CHANCE OF DEVELOPING INFECTIONS OF THE URINE, CHILDREN AND ADULTS DO NOT HAVE PROBLEMS WITH THE FORESKIN BECOMING TOO TIGHT AROUND THE PENIS, THERE IS A LESSENERED CHANCE OF GETTING INFECTIONS UNDER THE FORESKIN, AND ADULTS HAVE A LESSENERED CHANCE OF GETTING SOME SEXUALLY TRANSMITTED DISEASES</p> |  |  |  |
| 30.0   | <p>Has this information changed your opinion about supporting your son's circumcision?</p>   | <p>1= Yes<br/> 2= No → → END OF INTERVIEW</p>  |  |
| 30.1   | <p>If 'yes' Would you now support your son's circumcision?<br/> Give the interviewee the choice of the following options</p>                         | <p>1 = Strongly 'no'<br/> 2 = No<br/> 3 = Neither 'Yes' or 'No'<br/> 4 = Yes<br/> 5 = Strongly Yes</p>   |  |

RECORD TIME FINISHED INTERVIEW: \_\_\_ : \_\_\_

**This is the end of your interview. Thank him for his time, participation and information. Remember to ask them if they have any questions for you. You may need to refer to the briefing you have given, however, if you don't know the answer to a question, please do not be afraid to say so**

| <b>Feedback from the interviewer...</b>  |  |
|--|--|
| Was there any disturbance in one way or another during the interview?<br>(Explain what happened)   |  |
| Was there anyone within the vicinity where the interview took place?<br>(Mention the relationship with the interviewee)                        |  |
| Were there any questions that seemed difficult or confusing to the interviewee?<br>(Explain)   |  |
| Were there any questions that the respondent was not comfortable with and couldn't express himself fully?<br>(Explain why in your own opinion) |  |
| Any other issues?  |  |

**APPENDIX 4 KABP SURVEY FEMALE**

**INTRODUCTION AND CONSENT**

Hello. My name is ..... I work for ..... We are conducting a survey across the country and we are talking to men and women in an effort to find out more about male circumcision. Your contribution will be of great importance to us. We would very much appreciate your participation in survey.

The interview will last about.....

There is no right or wrong answers to the questions; we would like to learn about your personal thoughts and attitudes. If you don't understand a question, please tell me and you can add further information at any stage.

Your answers will be kept strictly confidential. Your personal responses will be seen by only a very few of my colleagues and your name will not be used in relation to the answers you give.

May I begin the interview now?

YES            |\_\_|

NO            |\_\_|

|                         |  |                         |  |
|-------------------------|--|-------------------------|--|
| DISTRICT:               |  | T/A:                    |  |
| Enumeration Area:       |  |                         |  |
| Interviewer ID:<br> _ _ | Date of interview:<br> _ _ / _ _ / _ _ | Supervisor's signature: |  |
|                         |  |                         | Date received in office:<br> _ _ / _ _ / _ _ |

RECORD TIME STARTED INTERVIEW: \_\_\_ : \_\_\_

1. DEMOGRAPHICS

|      |  |   |                |
|------|--|---|----------------|
| 1.1  | How old are you?   | __ __  Years<br>Day/Month/Year<br> __ __ / __ __ / __ __  |                |
| 1.2  | Are you married  | 1= yes<br>2= No   |                |
| 1.3  | Which tribe do you belong to?  | 1 = Chewa<br>2 = Yao<br>3 = Tumbuka<br>4 = Lomwe<br>5= Sena<br>6= Ngoni<br>7= Tonga<br>8= Amang'anja<br>9= Nkhonde<br>10= Other                           |                |
| 1.4  | Which language do you principally speak?   | 1 = Chichewa<br>2 = Chiyao<br>3 = Chitumbuka<br>4 = Chilomwe<br>5= Chisena<br>6= Chingoni<br>7= Chitonga<br>8= Chimang'anja<br>9= chinkhonde<br>10= Other |                |
| 1.5  | Do you have any children?  | 1 = Yes<br>2 = No →   | Q1.7           |
| 1.6  | How many children do you have?   | Boys  __ __ <br>Girls  __ __  |                |
| 1.7  | Where were you born?   | 1= District.....<br>2= Traditional Authority.....<br>3= Other.....  |                |
| 1.8  | What is your religion?   | 1= Catholic<br>2= CCAP<br>3= Anglican<br>4= Adventist/Baptist<br>5= Moslem<br>6= Other  |                |
| 1.9  | Have you ever attended school  | 1= Yes<br>2= No →   | Q1.11          |
| 1.10 | What is the highest level of school you attended?<br><i>If Primary or secondary indicate the highest class completed</i> | 1 = Primary  __  →<br>3 = Secondary  __  →<br>4 = Tertiary  | Q1.12<br>Q1.12 |
| 1.11 | Have you ever participated in a literacy program or any other program that involves learning to read or write (          | 1= Yes<br>2= No   |                |

|      |  |   |  |
|------|--|---|--|
|      | not primary school)  |   |  |
| 1.12 | What is your occupation, that is, what kind of work do you mainly do?                  | 1 = Farming<br>2 = Casual labour<br>3 = Employed<br>4 = Business<br>5 = Student<br>6 = Unemployed<br>7 = Other<br>(specify.....)  |  |
| 1.13 | Do you usually work throughout the year, seasonally or once in a while?                | 1= Throughout the year<br>2= Seasonally/Part of the year<br>3= Once in a while  |  |
| 1.14 | Are you paid in cash or kind for this work or are you not paid at all?                 | 1= Cash only<br>2= Cash and Kind<br>3= In kind only<br>4= Not paid  |  |
| 1.15 | Do you own the following   | Radio  _1_   _2_ <br>Bicycle  _1_   _2_ <br>House Servant  _1_   _2_ <br>Oxcart  _1_   _2_ <br>Livestock  _1_   _2_ <br><b>House</b><br>Grass thatched  _1_   _2_ <br>Corrugated iron sheets  _1_   _2_ <br>Use Electricity  _1_   _2_ <br>Paraffin lamp  _1_   _2_ <br><b>Toilet</b><br>Pit latrine  _1_   _2_ <br>Flash Toilet  _1_   _2_ |  |
| 2.   | If a man were circumcised, what would you think of him?                                | 1= Promiscuous<br>2= Moslem<br>3= Clean<br>4= Yao<br>5= Sexually initiated<br>6= Other (specify).....   |  |
| 3    | What do you think the benefits of a man being circumcised might be?                    | Reduces risk of STI transmission  _1_ <br> _2_ <br>Reduces risk of HIV transmission  _1_ <br> _2_ <br>Reduces risk of HIV transmission  _1_ <br> _2_ <br>Cleanliness  _1_ <br> _2_ <br>Increases sexual pleasure  _1_ <br> _2_ <br>Other.....<br>.....  |  |
| 4    | What do you think the problems or negative consequences of male circumcision might be? | 1= Infections<br>2= Impotence<br>3= Bleeding<br>4= Other (specify).....   |  |



|     |   |   |  |
|-----|---|---|--|
| 5.0 | <p>Please refer to Demographics information if he has male children and ask.....</p> <p><b>Is any of your sons circumcised?</b></p>                           | <p>1= Yes<br/>2= No<br/>3= Don't know → Read instruction after Q7.3</p>   |  |
| 5.1 | <p>Why?</p> <p><i>If the response is 'No' to Q5.0 read instruction after Q7.3</i></p>   | <p>1 = Medical<br/>2 = Religion/Ethnicity<br/>3= Hygiene<br/>4= <b>Social determinants</b><br/>    a. Social desirability<br/>    b. Perceived health benefits<br/>    c. Perceived sexual benefits<br/>    d. Cosmetics<br/>5= Socio-economic status</p> |  |
| 5.2 | <p>When was he circumcised?</p> <p><i>Give the interviewee the choice of the following options</i></p>  | <p>1 = At Birth<br/>2 = When he is a child, perhaps 2-8 years old<br/>3= At Puberty<br/>4= Marriage<br/>5= Initiation<br/>6= At any time<br/>7= At some other time (specify)<br/>.....</p>  |  |
| 5.3 | <p>Why was he circumcised at this time?</p>   | <p>1 = Medical<br/>2 = Religion/Ethnicity<br/>3= Hygiene<br/>4= <b>Social determinants</b><br/>    a. Social desirability<br/>    b. Perceived health benefits<br/>    c. Perceived sexual benefits<br/>    d. Cosmetics<br/>5= Socio-economic status</p> |  |
| 5.4 | <p>What other times would you prefer for him to be circumcised that would be okay?</p> <p><i>Give the interviewee the choice of the following options</i></p> | <p>1 = At Birth<br/>2 = When he is a child, perhaps 2-8 years old<br/>3= At Puberty<br/>4= Marriage<br/>5= Initiation<br/>6= At any time<br/>7= At some other time (specify)<br/>.....</p>  |  |
| 5.5 | <p>Why would he be circumcised at this time?</p> <p><i>Please read instruction after Q7.3 after this Question!!!</i></p>                                      | <p>1 = Medical<br/>2 = Religion/Ethnicity<br/>3= Hygiene<br/>4= <b>Social determinants</b><br/>    a. Social desirability<br/>    b. Perceived health benefits<br/>    c. Perceived sexual benefits<br/>    d. Cosmetics<br/>5= Socio-economic status</p> |  |
| 6.0 | <p><i>If they don't have a male child ask...</i></p>  | <p>1 = Strongly 'no'<br/>2 = No</p>   |  |

|   |  |  |  |
|---|--|--|--|
|   | If you had a son, would you want him to be circumcised?  | 3 = Neither 'Yes' or 'No'<br>4 = Yes<br>5 = Strongly Yes   |  |
| 6.1   | What are your reasons for this answer?<br><br><i>If the response is 'Strongly No' or 'No' or 'Neither' to Qn 6.0 go to Q8.0</i>                        | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br>a. Social desirability<br>b. Perceived health benefits<br>c. Perceived sexual benefits<br>d. Cosmetics<br>5= Socio-economic status |  |
| 7.0   | If 'yes' When would be the best time for him to be circumcised?<br><br><i>Give the interviewee the choice of the following options</i>                 | 1 = At Birth<br>2 = When he is a child, perhaps 2-8 years old<br>3= At Puberty<br>4= Marriage<br>5= Initiation<br>6= At any time<br>7= At some other time (specify)<br>.....   |  |
| 7.1   | Why would he be circumcised at this time?  | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br>a. Social desirability<br>b. Perceived health benefits<br>c. Perceived sexual benefits<br>d. Cosmetics<br>5= Socio-economic status |  |
| 7.2   | What other times would you prefer for him to be circumcised that would be okay?<br><br><i>Give the interviewee the choice of the following options</i> | 1 = At Birth<br>2 = When he is a child, perhaps 2-8 years old<br>3= At Puberty<br>4= Marriage<br>5= Initiation<br>6= At any time<br>7= At some other time (specify)<br>.....   |  |
| 7.3   | Why would he be circumcised at this time?  | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br>a. Social desirability<br>b. Perceived health benefits<br>c. Perceived sexual benefits<br>d. Cosmetics<br>5= Socio-economic status |  |
| <p><i>Tell the respondent that:</i> RECENT STUDIES SHOW THAT MALE CIRCUMCISION REDUCES THE RISK OF A MAN BEING INFECTED WITH HIV. BEING CIRCUMCISED IS NOT ENOUGH ON ITS OWN TO PROTECT FROM HIV AND CIRCUMCISED MEN MUST CONTINUE USING OTHER FORMS OF PROTECTION.</p> |  |  |  |

|   |  |  |      |
|---|--|--|------|
| 8.0   | Based on this information, would you change the way you think of uncircumcised men?  | 1= Yes<br>2= No → →  | Q9.0 |
| 8.1   | If 'yes', How?   | .....<br>.....<br>.....<br>.....<br>.....  |      |
| 9.0   | Has this information changed your opinion about supporting your son's circumcision?  | 1= Yes<br>2= No → → Read instruction after Q9.2  |      |
| 9.1   | If 'yes' Would you now support the idea of your son being circumcised?<br><br>Give the interviewee the choice of the following options   | 1 = Strongly 'no' → Read instruction after Q9.2<br>2 = No → Read instruction after Q9.2<br>3 = Neither 'Yes' or 'No' → Read instruction after Q9.2<br>4 = Yes<br>5 = Strongly Yes  |      |
| 9.2   | What are your reasons for this answer?   | 1 = Medical<br>2 = Religion/Ethnicity<br>3= Hygiene<br>4= <b>Social determinants</b><br>a. Social desirability<br>b. Perceived health benefits<br>c. Perceived sexual benefits<br>d. Cosmetics<br>5= Socio-economic status |      |
| <p><i>If the answer is "Strongly no," or "No" or "Neither yes or no"] tell the interviewee the following:</i><br/>                 CIRCUMCISION ALSO HAS OTHER HEALTH BENEFITS. INFANTS HAVE A LESSENERED CHANCE OF DEVELOPING INFECTIONS OF THE URINE, CHILDREN AND ADULTS DO NOT HAVE PROBLEMS WITH THE FORESKIN BECOMING TOO TIGHT AROUND THE PENIS, THERE IS A LESSENERED CHANCE OF GETTING INFECTIONS UNDER THE FORESKIN, AND ADULTS HAVE A LESSENERED CHANCE OF GETTING SOME SEXUALLY TRANSMITTED DISEASES.</p> |  |  |      |
| 10.0  | Has this information changed your opinion about supporting your son's circumcision?  | 1= Yes<br>2= No → →  | Q13  |
| 10.1  | If 'yes' Would you now support the idea that your son be circumcised?<br><i>Give the interviewee the choice of the following options</i> | 1 = Strongly 'no'<br>2 = No<br>3 = Neither 'Yes' or 'No'<br>4 = Yes<br>5 = Strongly Yes  |      |
| 11.1  | Can you estimate how much you spent on transport?  | Mk   |      |
| 11.2  | Can you estimate how much you spent on Food?   | Mk   |      |
| 11.3  | Can you estimate how much you spent on medical bills (consultation, drugs, surgery etc)?   | Mk   |      |
| 11.4  | Can you estimate how much you spent on Phone bills?  | Mk   |      |
| 11.5  | Can you estimate other expenses?   | Mk   |      |
| 12  | What would be the source of this money?  | 1= Saved up for<br>2= Borrowed   |      |



## APPENDIX 5. KEY INFORMANT INTERVIEW (KII) GUIDE

NAME OF INTERVIEWEE: \_\_\_\_\_

ORGANIZATION/DISTRICT: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF INTERVIEWER: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

1. Did you know of the association between male circumcision and a reduced risk of HIV infection, before we contacted you? Yes/No

*If the answer is no, give a brief overview of the issue.*

*Follow-up: What do you think about it now that you have heard about it?*

2. What do you think non-circumcised men might think about male circumcision?
3. What do you think women think about male circumcision?
4. What do you believe are the main factors affecting rates of male circumcision in Malawi?

*Follow-up: Can you say which factor you think is the most important and which is least important?*

*Follow-up: Is there any stigma attached to a man being circumcised or uncircumcised?*

5. If we wanted to increase the provision of health facility-based male circumcision, what do you think are the most important factors we would need to change?

*Prompt: Funds/resources could be one, but how would they need to be spent?*

*Prompt: Do you think staff in health posts, clinics, and hospitals know how to do the operation?*

*Prompt: What role would your organization be able to play in increasing services?*

6. If we wanted to increase demand for male circumcision (the number of People wanting it), what sort of things should we do?

*Prompt: How could we encourage men to be circumcised? How could we get parents to get their children to be circumcised?*

*Prompt: Who do you think would have the most influence on people, if we were to ask someone to publicly support a programme?*

*Prompt: What messages do you think would have the most influence on people, to encourage male circumcision in adolescents or adults? What about for the parents of newborns or children?*

*Prompt: At what age do you think parents would like to have their male children circumcised: at birth; as children?*

*Prompt: Circumcising male newborns and babies is technically easier than circumcising older boys or men and there are fewer complications. Would this influence the decision of parents to have their male infants circumcised?*

7. What ideas do think people have about male circumcision?

*Follow-up: From what you have said what do you think the main defining factor would be for how someone saw the results of male circumcision?*

*Follow-up: Do you think men would have riskier sex after circumcision, such as taking more partners or not using a condom, thinking that they are now protected from acquiring HIV and STIs (because they are circumcised)?*

8. Who else do you think we should interview? *Follow-up: How do I contact them?*
9. Programmes for any male circumcision will include the offer for VCT test, with referral counseling and medical services if the person is HIV positive. Do you think this policy of offering HIV testing will affect a programme to have to increase male circumcision?

*Follow-up: If a country wanted to prioritize male circumcision services to men who are HIV negative (since these men will benefit from HIV prevention), how*

*Follow-up: How might men seeking circumcision react to such a policy?*

10. What do you think of the idea of adding counseling on sexual and reproductive Health services to for men who are being circumcised? By this, I mean things such as counseling about means of contraception, or counseling about how to improve sexual or domestic relationships between couples.
11. What is the tradition in this area about male circumcision? (The term `male Circumcision may need to be explained)  
Ask for the reasons behind any traditions-why it is done or not done?
12. Who takes the decision about whether a male is to be circumcised?
13. Has that changed in recent times?
14. Do you know if male circumcision is available at the nearest health facility (government or faith-based)?

**APPENDIX 6: FOCUS GROUP DISCUSSIONS (FGDs)****FGD GUIDE**

LOCATION (DISTRICT): \_\_\_\_\_

NUMBER OF PARTICIPANTS: \_\_\_\_\_

FGD ID #: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

Facilitator \_\_\_\_\_

Recorder \_\_\_\_\_

Transcriber \_\_\_\_\_

Date \_\_\_\_\_

**1. FGD with circumcised men**

1. Am I right in thinking that most men in this area are circumcised?
2. What ages is it done at? (*Prompt: where it is done*)
3. Who does it?
4. How much do people generally pay for male circumcision? (*Remember traditional male circumcision providers might require some payment or offering other than money*)
5. What memories do people have of being circumcised?
6. Would people have their sons circumcised soon after birth? If not, at what age would people prefer them to be circumcised? (*It may be necessary to prompt about it being done at birth or as child, and the pros and cons of it*)
7. Who would people trust most to carry out this operation?
8. What happens during and after male circumcision in a health facility?
9. What happens during and after male circumcision when it takes place in a traditional way?
10. What are the benefits of male circumcision?
11. Have people heard that male circumcision can reduce the chance of catching HIV?
12. As male circumcision only reduces the chance of infection, what other ways of avoiding HIV should people use?
13. Programmes for male circumcision will likely include the offer VCT with referral to counseling and medical services if the person is HIV-positive. What do you think people may think about this policy of offering VCT?
14. Some programmes for male circumcision for young men are considering enhancing the male circumcision service by adding sexual and reproductive health services such as discussions or counseling around sexual relations, staying healthy, and means of contraception or even substance abuse (alcohol, drugs). Currently, men seldom have a place to receive these services. What do you think people might think about this idea?

## 2. Questions to men in the group who were circumcised using traditional methods

1. What was it like having the male circumcision itself done?
2. Do people have memories of it?
3. Are there any risks related to the traditional male circumcision process?
4. What suggestions might people have for improving the way male circumcision is done in the traditional setting?
5. What are the costs of traditional male circumcision? (*In money or other items*).
6. In some places, males are circumcised at a health facility and taken to initiation camps for the traditional rites. What do you think people think about this?
7. Which do people think is safer: the traditional method of male circumcision; or male circumcision at a health facility?
8. At what age would people prefer their sons to be circumcised? (*Prompt: about it being done at birth or as a child - why*)
9. What might stop parents from using a health facility for the circumcision of their sons?
10. How much would people in this community be able to pay for a male circumcision operation if it were done at a health facility?

## 3. Questions to men who are not circumcised (uncircumcised men)

1. What is the first thing that comes into people's minds when they hear the term "Male circumcision"?
2. Why might some men not be circumcised?
3. Who are the people who are circumcised?
4. What are the benefits of male circumcision?
5. What are the disadvantages of male circumcision?
6. What would encourage men to be circumcised?
7. What would encourage parents to get their sons circumcised?
8. At what age would parents prefer their sons to be circumcised?  
*Prompt: about it being done at birth or as a child - why*
9. How would people react when told that circumcised men have reduced risk of being infected with HIV? (*Probe: uncircumcised men, circumcised men, women*)
10. Do men who are not circumcised ever consider getting circumcised?  
*Probe: do they actually get circumcised?*
11. Who makes decisions about male circumcision in this community?
12. How much would people be willing to pay for male circumcision in a health facility?
13. How much is normally charged for male circumcision in health facility in this area?

## 4. Questions to women in communities where men are normally circumcised

1. How men are normally circumcised in this area?  
*Probe: why that place*
2. Have there been any changes to this pattern in recent years?  
*Probe: Why*
3. How do women look at circumcised men?
4. What does a man being circumcised mean to a woman? (if a man who was uncircumcised decided to get circumcised, what would that mean to a woman)
5. What does a son's circumcision mean to a mother?
6. (In this community) Would a woman consider marrying a non-circumcised man?  
*Probe: How is the woman married to a non circumcised man viewed in the community?*
7. Would a mother consider not having their son circumcised? If yes, why? If no, why not?



8. What do women think are the benefits of circumcision?
9. What do women think are the negative, or bad, things of a male child or man being circumcised?
10. Do you pay for male circumcision in this area?  
*Prompt: How much - at health facility, at initiation camp (Ngaliba)*
11. How much would be a fair price for male circumcision operation?
12. Is there any difference between sex with a circumcised man and sex with uncircumcised man?
13. Programmes for male circumcision will likely include the offer VCT with referral to counseling and medical services if the person is HIV-positive. What do you think people may think about this policy of offering VCT?

## APPENDIX 7 QUESTIONNAIRE FOR HEALTH FACILITY SURVEY

Questionnaire for Health facility survey

District: \_\_\_\_\_ Name of facility: \_\_\_\_\_ Date: \_\_\_\_\_

Type (Hospital, Health Centre, Private Clinic, etc) \_\_\_\_\_

Informant: \_\_\_\_\_ (name, position)

Interviewer: \_\_\_\_\_

1. What is the approximate catchment population served by this facility? \_\_\_\_\_
2. What is the average total client load per day?
  - a. Inpatient \_\_\_\_\_
  - b. Outpatient \_\_\_\_\_
3. What proportion of the clients served by this facility are of the following ethnic or religious background?

| Religion         | Ethnicity        |
|------------------|------------------|
| a. _____ %       | a. _____ %       |
| b. _____ %       | b. _____ %       |
| c. _____ %       | c. _____ %       |
| d. _____ %       | d. _____ %       |
| e. _____ %       | e. _____ %       |
| f. _____ %       | f. _____ %       |
| Total _____ 100% | Total _____ 100% |

4. How many of the following medical personnel work at this facility?
  - a. Doctors: Male \_\_\_ Female \_\_\_
  - b. Clinical officers: Male \_\_\_ Female \_\_\_
  - c. Nurses: Male \_\_\_ Female \_\_\_
  - d. Counsellors: Male \_\_\_ Female \_\_\_
  - e. Other clinical staff (specify) \_\_\_\_\_: Male \_\_\_ Female \_\_\_
5. Does this facility have basic surgical facilities?
  - a. Surgical theatre(s) Yes \_\_\_ No \_\_\_
  - b. Outpatient minor surgical / procedure room(s) Yes \_\_\_ No \_\_\_
  - c. Functioning surgical and emergency equipment (clock, lamps, oxygen, etc.) Yes \_\_\_ No \_\_\_
2. Does this facility have reliable electrical power? Yes \_\_\_ No \_\_\_  
 What is the source(s)?
  - a. Connected to grid \_\_\_
  - b. Generator \_\_\_
  - c. Other (specify) \_\_\_\_\_
3. Does this facility have adequate water supply? Yes \_\_\_ No \_\_\_  
 What is the source(s)?
  - a. Running water from city supply \_\_\_
  - b. Running water from a captive source (e.g., a well) \_\_\_
  - c. Other (specify) \_\_\_\_\_
4. Does this facility offer services for individuals with sexually transmitted infections? Yes \_\_\_ No \_\_\_
  - a. Are STI services dedicated (i.e., STI clinic) \_\_\_
  - b. or integrated (e.g., in general outpatient services) \_\_\_

5. Does this facility offer counselling and testing for HIV? Yes\_\_\_\_\_ No\_\_\_\_\_
    - a. Are services dedicated (i.e., VCT clinic)\_\_\_\_\_
  6. Does this facility offer family planning counselling and services? Yes\_\_\_\_\_ No\_\_\_\_\_
  7. Does this facility have sterilizing equipment (must be in working order)?
    - a. Autoclave: Yes\_\_\_\_\_ No\_\_\_\_\_ Number\_\_\_\_\_
    - b. Pressure cooker: Yes\_\_\_\_\_ No\_\_\_\_\_ Number\_\_\_\_\_
    - c. Other means: Yes\_\_\_\_\_ No\_\_\_\_\_
  8. Does this facility have adequate supplies for basic infection prevention?
    - a. Chlorine or other appropriate decontaminant: Yes\_\_\_\_\_ No\_\_\_\_\_ Number\_\_\_\_\_
    - b. Gloves (surgical, examination, for cleaning staff): Yes\_\_\_\_\_ No\_\_\_\_\_ Number\_\_\_\_\_
    - c. Waste disposal (sharps boxes, contaminated waste containers, etc.): Yes\_\_\_\_\_ No\_\_\_\_\_
  9. In the past 12 months, were the following routinely carried out at this facility? If yes how many
    - a. Caesarean section: Yes\_\_\_\_\_ No\_\_\_\_\_
    - b. Minor surgeries, e.g., surgical wound repair: Yes\_\_\_\_\_ No\_\_\_\_\_
    - c. Vasectomy or tubal ligation: Yes\_\_\_\_\_ No\_\_\_\_\_
  10. Does this facility carry out HIV testing? Yes\_\_\_\_\_ No\_\_\_\_\_
    - a. How many tests per 12 months?\_\_\_\_\_
  11. Please describe that type of HIV counselling that this facility provides?\_\_\_\_\_
  12. Does this facility provide condoms to the public? Yes\_\_\_\_\_ No\_\_\_\_\_
    - a. How many in the last 12 months?\_\_\_\_\_
  13. Does this health facility perform male circumcision? Yes\_\_\_\_\_ No\_\_\_\_\_
- If 'no' to Question 17, please move to Question 25.**
14. How many male circumcisions were performed in the last 12 months?\_\_\_\_\_
  15. How many male circumcisions were performed on each of the following groups over the same 12-month period?
    - a. Infant (0-2 years)\_\_\_\_\_
    - b. Child (3-9 years)\_\_\_\_\_
    - c. Adolescent (10-16 years)\_\_\_\_\_
    - d. Adult (17 and over)\_\_\_\_\_
  16. Please indicate the approximate proportion of male circumcisions done for what reason or indication?
    - a. Medical indications \_\_\_\_\_%
    - b. Religious practice \_\_\_\_\_%
    - c. Cultural practice \_\_\_\_\_%
    - d. Personal preference \_\_\_\_\_%
    - e. Other reasons (specify) \_\_\_\_\_: \_\_\_\_\_%
    - f. Unknown \_\_\_\_\_%
  17. What type of counselling do male circumcision patients **routinely** receive as part of the procedure?
    - a. Pre-procedure counselling about the male circumcision procedure: Yes\_\_\_\_\_ No\_\_\_\_\_
    - b. Pre-procedure counselling about risks and benefits of male circumcision: Yes\_\_\_\_\_ No\_\_\_\_\_
    - c. Counselling about HIV and STI prevention: Yes\_\_\_\_\_ No\_\_\_\_\_
    - d. Post-procedure counselling about postoperative care: Yes\_\_\_\_\_ No\_\_\_\_\_
    - e. Post-procedure counselling about risk reduction: Yes\_\_\_\_\_ No\_\_\_\_\_
    - f. Post-procedure counselling about resumption of sexual activity: Yes\_\_\_\_\_ No\_\_\_\_\_
    - g. Counselling about other male reproductive health topics: Yes\_\_\_\_\_ No\_\_\_\_\_ (specify) \_\_\_\_\_
  18. Who provides this counselling?

- a. The clinician performing the male circumcision: \_\_\_\_\_
  - b. A nurse or other assistant assisting on the procedure: \_\_\_\_\_
  - c. A counsellor: \_\_\_\_\_
  - d. Other: \_\_\_\_\_(specify) \_\_\_\_\_
19. What is the normal charge for male circumcision paid by the patient (specify the currency):
- a. Infant male circumcision: \_\_\_\_\_ Currency: \_\_\_\_\_
  - b. Child male circumcision: \_\_\_\_\_
  - c. Adolescent male circumcision: \_\_\_\_\_
  - d. Adult male circumcision: \_\_\_\_\_
20. What additional charges or costs might apply (e.g., antibiotics, return visits, extra bandaging, etc):
- None \_\_\_\_\_ Some \_\_\_\_\_ (specify)
- 
21. If male circumcision were to be promoted in this area, in your opinion, could this facility provide male circumcision services? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_
- a. Please explain why you gave this answer: \_\_\_\_\_
22. What might the facility need to be able to introduce (or, if the facility does them, increase the number of) male circumcisions?
- a. Would equipment and instruments, such as surgical tables or operating instruments, be needed: Yes \_\_\_\_\_ No \_\_\_\_\_ (specify):  
\_\_\_\_\_
  - b. Would medications be needed: Yes \_\_\_\_\_ No \_\_\_\_\_ (specify):  
\_\_\_\_\_
  - c. Would disposable equipment, medicines and supplies be needed, (e.g., anaesthetics, sutures, gloves, syringes/needles, sharps boxes, etc.): Yes \_\_\_\_\_ No \_\_\_\_\_ (specify):  
\_\_\_\_\_
  - d. Would training of staff be needed: Yes \_\_\_\_\_ No \_\_\_\_\_ (specify what type of staff and what type of training):  
\_\_\_\_\_
  - e. Which type of staff is authorized to perform male circumcision?
  - f. Would a surgical / procedure room to perform the surgery be needed: Yes \_\_\_\_\_ No \_\_\_\_\_
  - g. If yes, do you have a room that could be used if equipment was supplied: Yes \_\_\_\_\_ No \_\_\_\_\_
- What else would be needed? \_\_\_\_\_

## APPENDIX 8. HEALTH PRACTITIONERS SURVEY

**Please read out loud:**

**We are carrying out an assessment in this district of the experience and knowledge that health professionals have of male circumcision. We would like to learn of your experiences with male circumcision (if any) and your opinions about providing male circumcision at health facilities in this district. Please answer the questions as truthfully as possible. We will not use your name or refer to you personally when reporting the results of this assessment. You are free to refuse to answer any questions, but we would appreciate your giving us truthful answers to the questions you do answer.**

District: \_\_\_\_\_ Name of facility: \_\_\_\_\_ Date: \_\_\_\_\_

Type (Hospital, Health Centre, Private Clinic, etc) \_\_\_\_\_

Gender of informant: Male \_\_\_\_\_ Female \_\_\_\_\_

Interviewer: \_\_\_\_\_

6. What is your designation?
  - a. Medical Officer \_\_\_\_\_
  - b. Clinical Officer \_\_\_\_\_
  - c. Nurse \_\_\_\_\_
  - d. Counsellor \_\_\_\_\_
  - e. Other (specify) \_\_\_\_\_
7. What is your specialty, if any? \_\_\_\_\_
8. How long have you been practicing (medicine / nursing)? \_\_\_\_\_
9. How long have you been working at this facility? \_\_\_\_\_
10. What type of organization do you work for?
  - a. Government \_\_\_\_\_
  - b. Church-based \_\_\_\_\_
  - c. Private \_\_\_\_\_
  - d. Other \_\_\_\_\_
11. Have you ever performed a male circumcision? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have you ever assisted in a male circumcision? Yes \_\_\_\_\_ No \_\_\_\_\_
 

If yes, what was your role(s)?

  - a. Assist the clinician during the procedure: \_\_\_\_\_
  - b. Patient screening: \_\_\_\_\_
  - c. Pre- or Post-operative preparation and care: \_\_\_\_\_
  - d. Counselling: \_\_\_\_\_
  - e. Other: \_\_\_\_\_ (specify): \_\_\_\_\_
13. If yes, approximately how many male circumcisions have you performed/assisted (total)? \_\_\_\_\_
14. In the last 12 months, have you performed/assisted any male circumcisions? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If yes, how many male circumcisions have you performed/assisted in? \_\_\_\_\_
  - b. How many of these were performed at this health facility? \_\_\_\_\_
15. In the last 12 months, did you perform/assist in male circumcisions outside this health facility? Yes \_\_\_\_\_ No \_\_\_\_\_
 

If yes, where did you perform/assist in the male circumcisions?

  - a. In another health facility \_\_\_\_\_
  - b. In a private clinic \_\_\_\_\_
  - c. In the village \_\_\_\_\_

- d. Other \_\_\_\_\_ (specify): \_\_\_\_\_
16. What were some of the reasons the male circumcisions were performed (you can check more than one answer?)
- Medical indications \_\_\_\_\_%
  - Religious practice \_\_\_\_\_%
  - Cultural practice \_\_\_\_\_%
  - Personal preference \_\_\_\_\_%
  - Other reasons (specify) \_\_\_\_\_%
  - Unknown \_\_\_\_\_%
17. What were the ages of the males you circumcised?
- Infant (0-2 years) \_\_\_\_\_
  - Child (3-9 years) \_\_\_\_\_
  - Adolescent (10-16 years) \_\_\_\_\_
  - Adult (17 and over) \_\_\_\_\_
18. How much is charged for a male circumcision? \_\_\_\_\_ (local currency)
19. What additional charges or costs might apply (e.g., antibiotics, return visits, extra bandaging, etc)?
- None / Some (specify)
- 
20. What training have you received to perform male circumcisions?
- 
21. If you were to be asked to perform/assist in male circumcisions, would you need additional training? Yes \_\_\_\_\_ No \_\_\_\_\_
22. If yes, what training do you think you should receive?
- Theoretical (for example, lectures or reading): \_\_\_\_\_
  - Practical clinical training (i.e., performing male circumcision): \_\_\_\_\_
  - STI diagnosis and treatment: \_\_\_\_\_
  - Infection prevention: \_\_\_\_\_
  - Counselling: \_\_\_\_\_
  - Comprehensive (all of the above): \_\_\_\_\_
  - Comments: \_\_\_\_\_
23. In your opinion, are there advantages to a man being circumcised?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Makes no difference \_\_\_\_\_
24. Please state whether you agree or disagree with the following statements:
- |  |                        |
|--|------------------------|
| a. Male circumcision helps to improve hygiene        | Yes / No / Do not know |
| b. Male circumcision reduces risk of STI             | Yes / No / Do not know |
| c. Male circumcision reduces risk of HIV infection   | Yes / No / Do not know |
| d. Male circumcision prevents HIV infection entirely | Yes / No / Do not know |
| e. Male circumcision increases risk of HIV           | Yes / No / Do not know |
| f. Male circumcision reduces risk of penile cancer   | Yes / No / Do not know |
| g. Male circumcision increases sexual pleasure       | Yes / No / Do not know |
| h. Male circumcision reduces sexual pleasure         | Yes / No / Do not know |
| i. Men who are circumcised are more promiscuous      | Yes / No / Do not know |
| j. Women prefer men who are circumcised              | Yes / No / Do not know |
25. Have you seen male circumcisions (carried out by someone else) that resulted in complications or adverse events? Yes \_\_\_\_\_ No \_\_\_\_\_
- How many: \_\_\_\_\_
  - Over how many years: \_\_\_\_\_
  - Please estimate what were the main types of complication or adverse event (you may mark more than one option):
    - Excessive bleeding \_\_\_\_\_
    - Infection \_\_\_\_\_

- c. Disfigurement \_\_\_\_\_
- d. Impotence \_\_\_\_\_
- e. Other \_\_\_\_\_

26. Has any male circumcision that you have performed resulted in a complication or adverse event? Yes \_\_\_\_\_ No \_\_\_\_\_
- a. How many: \_\_\_\_\_
  - b. Over how many years: \_\_\_\_\_
  - c. Please estimate what were the main types of complication or adverse event.
    - a. Excessive bleeding \_\_\_\_\_
    - b. Infection \_\_\_\_\_
    - c. Disfigurement \_\_\_\_\_
    - d. Impotence \_\_\_\_\_
    - e. Other \_\_\_\_\_

**Please read out loud:**

**International health organizations have concluded that male circumcision is an important and effective means of reducing the risk of HIV infection. The national government is considering recommending that males be offered circumcision to reduce the chances of the men becoming infected with HIV and other STIs. We would like to get your opinions of the challenges that would have to be addressed to promote male circumcision and make it available to a large number of males in this district. I am now going to ask you some questions about how male circumcision might be made available to many people.**

27. In your opinion, who should be permitted to perform male circumcisions? (Please mark one of the options listed)
- a. Medical Officers: Strongly agree / agree / neither agree not disagree / disagree / strongly disagree
  - b. Clinical Officers: Strongly agree / agree / neither agree not disagree / disagree / strongly disagree
  - c. Male nurses: Strongly agree / agree / neither agree not disagree / disagree / strongly disagree
  - d. Female nurses: Strongly agree / agree / neither agree not disagree / disagree / strongly disagree
  - e. Traditional and religious male circumcision providers: Strongly agree / agree / neither agree not disagree / disagree / strongly disagree
  - f. Other (specify): \_\_\_\_\_ Strongly agree / agree / neither agree not disagree / disagree / strongly disagree
28. In your opinion, what would be the best age for male circumcision?
- a. Infants (0-2 years) \_\_\_\_\_
  - b. Children (3-9 yrs) \_\_\_\_\_
  - c. Adolescents (10-16 yrs) \_\_\_\_\_
  - d. Young men (17-24 yrs) \_\_\_\_\_
  - e. All ages \_\_\_\_\_
  - f. What are your reasons for choosing the age group above?  
\_\_\_\_\_
29. In your opinion, what will be the major difficulties or challenges in providing male circumcision to a large number of males in this district?
- a. \_\_\_\_\_
  - b. \_\_\_\_\_

- c. \_\_\_\_\_
30. In your opinion, what things could be done to increase the number of males who become circumcised in this district?
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
31. If male circumcision were provided to many people in this district, what do you think the charge should be for the procedure? \_\_\_\_\_
32. If male circumcision were promoted in this district, would you be willing to offer male circumcision services? Yes \_\_\_\_\_ No \_\_\_\_\_



## **APPENDIX 9. STANDARD MC THEATRE SET INSTRUMENTS AND SUPPLIES USED IN MALAWI**

### MATERIALS/REQUIREMENTS

1. Ideally a purpose built operating or minor procedures table although most districts operation is done using a fixed height table.
2. An instrument trolley or table on which the sterile instruments are unpacked.
3. Procedure room floor made of material that can easily be cleaned or disinfected.
4. Lighting arranged so that the penis is well lit and the surgeon can see what they are doing.
5. Emergency medications and equipment for managing anaphylactic reactions should be available.
6. EQUIPMENT
 

|   |   |
|---|---|
| <ol style="list-style-type: none"> <li>a) Instrument tray wrapped with sterile drape</li> <li>b) Fine toothed dissecting forceps</li> <li>c) 4 artery forceps: 2 curved and 2 straight</li> <li>d) Curved scissors</li> <li>e) Stitch scissors</li> <li>f) Needle holder</li> <li>g) Sponge holding forceps</li> <li>h) Scalpel knife handle/blades</li> <li>i) "O" drape(80cm x 80cm with a 5cm diameter hole for the penis)</li> <li>j) Galipot for antiseptic solution</li> <li>k)Antiseptic solution (povidine iodine or cetrimide)</li> <li>l) Plain gauze swabs (10cm x 10cm; 10 for the procedure; 5 for dressing)</li> <li>m) Petroleum jelly impregnated gauze</li> <li>n) Sticking plaster</li> </ol> | <ol style="list-style-type: none"> <li>o) 15 mls of 1% lignocaine (without adrenaline)</li> <li>p) 10 ml syringe</li> <li>q) Injection needle 18 or 21 gauge</li> <li>r) Suture material (at least 2 sutures per procedure: vicryl or chromic 3'0 or 4'0 on a needle 3/8 circle reverse cutting or cutting)</li> <li>s) Sterile marker pen (optional)</li> <li>t) Gloves, masks, caps, aprons, eye wear, clean theatre uniform, theatre shoes.</li> <li>u) Condoms and information material for the client</li> <li>v) Medicated soap or alcohol based preparation for scrubbing</li> <li>w) Sterile towels for drying hands</li> </ol> |
|---|---|

### ANAESTHESIA

In adults preferably local anesthesia which is less risky, less expensive. The main technique used is the ring block technique. The nerve supply to the penis is the twin dorsal penile nerves. These are located at the 11 o'clock and 1 o'clock positions near the base of the penis. They fan out towards the glans penis. The maximum safe dose that can be given is 3mg/kg body weight. The responsibility is with the surgeon to check the vial, correct agent, correct concentration and expiry date. To avoid injecting into the blood stream, once the needle is in place, aspirate to make sure no blood enters the syringe and this should be repeated each time the needle is moved before any additional lignocaine is given. The technique involves using a 23 gauge needle, injecting approximately 1ml subcutaneously at 11 o'clock position the without withdrawing the needle advancing into the sub dermal space making sure the needle is freely mobile. Then inject 2-3mls to block the dorsal penile nerves then advance the needle subcutaneously and inject 1-2mls around the same side of the penis to the 6 o'clock position. Withdraw the needle and repeat the procedure starting in the 1 o'clock position to complete a ring of anesthetic. After injection massage the base of the penis for 10-20 seconds to increase the diffusion of the lignocaine. Once anesthetic is administered surgeon should wait 3-5min (timed by the clock). Sensation should be tested by pinching the foreskin with a forceps.

## **APPENDIX 10 STANDARD MALE CIRCUMCISION PROCEDURES REPORTED PRACTICED IN DISTRICT HOSPITALS**

### STANDARD PROCEDURE

The standard procedure is the dorsal slit method. Preparation starts with scrubbing and gowning though optional the next steps should be followed

#### STEP 1

##### SKIN PREPARATION

Prepare skin with an antiseptic solution starting with the glans and shaft of the penis, and moving out into the periphery. Holding the penis with a dry swab, retract the foreskin in order to clean the glans. Prepared area should include the penis, scrotum, the adjacent areas of the thighs, suprapubic area so that there is no risk of the surgeon touching unprepared skin.

#### DRAPING

This provides a sterile operative field and helps prevent wound contamination. The edges hanging below the table should be considered non sterile. If need be additional local anaesthesia to the frenulum should be given after draping.

#### STEP 2

Retract the foreskin and remove any adhesions.

#### STEP 3

Mark the intended line of incision. With the foreskin in the natural resting position, indicate the intended line of incision with the marker pen. The line should respond with the corona, just under the head of the penis. One can also use dabs of gentian violet or even the tip of a sterile artery forceps.

#### STEP 4

Grasp the foreskin with artery forceps at the 3 o'clock and 9 o'clock positions. Apply the forceps so that there is equal tension on the inner and outer aspects of the foreskin.

#### STEP 5

Place 2 artery forceps on the foreskin in the 11 o'clock and 1 o'clock positions. Check that the inside blades are lying between the glans and the foreskin and haven't passed through the urethral meatus.

#### STEP 6

Between the 2 forceps, make a dorsal slit in the 12 o'clock position. Use a dissecting scissors up to the previously marked incision. Any skin tags on the foreskin can be trimmed to leave approximately 5mm of skin proximal to the corona.

#### STEP 7

Stop any bleeding by picking all bleeders with a fine forceps and tying or under running the bleeder with the absorbable suture being used for the procedure. Take care not to place stitches too deeply especially in the frenular area where the urethra may be injured.

#### STEP 8

Place a horizontal mattress suture at the frenulum taking care to align the midline skin raphe with the line of the frenulum.

STEP 9

Place a vertical mattress suture opposite the frenulum i.e. 12 o'clock position. This suture should be placed so that there is equal amount of skin on each side between 12 o'clock and 6 o'clock positions. Place 2 further vertical mattress sutures in the 9 o'clock and 3 o'clock positions.

STEP 10

Place 2 or more simple interrupted sutures in the gaps between these 4.

STEP 11

Check for bleeding, if none then apply dressings. Place a piece of Vaseline gauze around the wound then place sterile dry gauze over this and secure in position with adhesive tape. Take care not to do this too tightly and compromise blood supply to the glans. The dressing should be left on for 48 hours

VARIATIONS TO THE TECHNIQUE

Foreskin abnormalities like phimosis and paraphimosis require the procedure done differently but generally following similar principles.

In Malawi most clinicians do the above dorsal slit technique with some few variations like

- Lots of people do not mark the line of incision ending up with either removing too much skin or too little skin. Cosmetically this does not look good
- Others suture continuously leading to lots of complications. The commonest being haematomas and bleeding
- Others use big sutures which give a very bad outcome, bad scars, pain.

**APPENDIX 11. MEDIA SOURCES CONSULTED**

**Coverage of MC stories by electronic and print media houses in the past three years.**

| Media Source          | Contact   | Story Type   | When reported  | Number of times reported   |
|-----------------------|---|--|--|--|
| Nation Publications   | Mr Chipala<br><i>Librarian</i>                                | <ol style="list-style-type: none"> <li>1. Safe circumcision</li> <li>2. Circumcision by default/force in Mchinji</li> <li>3. Circumcision enhances pleasure</li> <li>4. Chiefs defy ministry of education on calendar of initiation ceremonies</li> <li>5. Man circumcised by force in Chikwawa</li> <li>6. Circumcision boom</li> <li>7. Man gets circumcised forcibly</li> <li>8. Woman assaulted at initiation site</li> <li>9. Initiation grounds breed violent men?</li> <li>10. Schools, initiation clash</li> <li>11. Initiators initiated</li> </ol> | 20.01.2005<br>10. 10.2008<br>26 <sup>th</sup> august, 2008<br>4 <sup>th</sup> SEPT. 2006<br>3 <sup>rd</sup> Jan, 2008<br>22 <sup>nd</sup> Oct. 2008<br>10 <sup>th</sup> August 2006<br>16 <sup>th</sup> August 2006<br>7 <sup>th</sup> march 2002<br>20 <sup>th</sup> Oct. 1999<br>26 <sup>th</sup> NOV 2003 | Once<br>Once<br>Once<br>Once<br>Once<br>Once<br>Once<br>Once<br>Once<br>Once<br>Once |
| Blantyre News Limited | Mr Sam Banda-0999341448.<br><i>Librarian</i>                  | During the period of data collection they were moving their archived material to another building.   | -  | -  |
| MBC                   | Mr Milton Thole-0999322349<br><br>Mr Felix Pashane-0888596674 | Some programmes on MC have been done. But due to busy nature of contacts, we did not get the material  | -  | -  |
| Radio Islam           | Mr Adam Phiri-  | Some programmes on MC  | -  | -  |

|               |  |   |   |   |
|---------------|--|---|---|---|
|               | 0999394525<br>Producer/announcer                                       | and HIV done after NAC conference on the same. But we did not manage to get actual recordings   |   |   |
| Radio Maria   | Raphael Mulozowa<br>0999349019<br>Mr. Blazio<br>Machemba<br>0999559593 | Programmes on and HIV/AIDS were done. We did not manage to get hold of the recordings   | - | - |
| Calvary Radio | Shepherd Naphulu   | Some programmes on MC and HIV and AIDS were done. The recordings were lost when their computer crashed  | - | - |
| Power 101     | Simeon Shumba<br>0999421784  | Some programmes were done after NAC conference. We managed to get two recordings. It was difficult to retrieve all recorded programmes from their archives. | - | - |
| TVM           | Gladys Gandali<br>0888356428<br>Molton Kalepsya<br>0888861615          | Some programmes on MC and HIV and AIDS were done. But we were not able to get hold of the recordings because of busy nature of our contacts                 | - | - |

## **APPENDIX 12: MALE CIRCUMCISION SITUATION ANALYSIS STAKEHOLDER FEEDBACK SESSION**

NAC CONFERENCE ROOM 3 FEBRUARY 2010

| <b>NAME</b>             | <b>DESIGNATION</b>          | <b>ADDRESS</b>                                     |
|-------------------------|-----------------------------|--|
| Humphrey Timothy Shumba | HIV Programme Officer       | UNFPA<br>Box 30135<br>Lilongwe 3                   |
| Ntolo J. Ntolo          | M&E Specialist              | CDC<br>Box 30016<br>Lilongwe 3                     |
| Roberto Brant Campos    | Partnership Advisor         | UNAIDS<br>Box 30135<br>Lilongwe 3                  |
| Mr Kaluwa               | Surgeon                     | KCH<br>Box 149<br>Lilongwe                         |
| Ken Maleta              | Associate Professor         | College of Medicine<br>P/Bag 360<br>Blantyre 3     |
| Jobiba Chinkhumba       | Doctor                      | College of Medicine<br>P/Bag 360<br>Blantyre 3     |
| Dr E Schouten           | HIV Coordinator             | Ministry of Health<br>P.O. Box 30377<br>Lilongwe 3 |
| Stella Masangano        | P&L Officer                 | NAC<br>Box 30622<br>Lilongwe 3                     |
| Jeremiah Mvula          | M&E Officer                 | NAC<br>Box 30622<br>Lilongwe 3                     |
| Dr Mwai Makoka          | Policy Officer              | NAC<br>Box 30622<br>Lilongwe 3                     |
| Angela Chipeta-Khonje   | Operations Research Manager | Banja Lamtsogolo<br>P.O. Box 3008<br>Blantyre      |
| Dr Kondwani Ng'oma      | HIV/AIDS Officer            | UNICEF<br>Box 30375<br>Lilongwe 3                  |
| Patricia Mbetu          | Country Director            | EGPAF  |
| Glory Mkandwire         | Project Director            | Bridge Project<br>P.O. Box 30782,<br>Lilongwe 3    |
| Beth Deutsch            | HIV Prevention Advisor      | USAID/Malawi<br>P.O. Box 30455<br>Lilongwe 3       |
| Hans Katengengeza       | Reproductive Health Officer | MOH – RHU<br>P.O. Box 30377<br>Lilongwe 3          |

| NAME                      | DESIGNATION  | ADDRESS  |
|---------------------------|--|--|
| Beth Barr                 | HTC Advisor  | CDC<br>P O Box 30016<br>Lilongwe 3                                     |
| Triza Kakhobwe            | BCI Coordinator  | Bridge Project<br>P.O. Box 30782,<br>Lilongwe 3                        |
| Dr. Frank M. Chimbwandira | Head of HIV and AIDS                                     | Min of Health<br>Box 30377<br>Lilongwe 3                               |
| Robert Ngaiyaye           | Executive Director                                       | Malawi Interfaith AIDS<br>Association<br>Private bag 385<br>Lilongwe 3 |
| Martin D. Mtika           | HIV Prevention Specialist                                | USAID Malawi<br>Box 30455<br>Lilongwe 3                                |
| Dr. Limbambala            | HIV/AIDS Country Officer                                 | World Health Organisation<br>P O Box 30390<br>Lilongwe 3               |
| Davie Kalomba             | Head of Planning, Monitoring,<br>Evaluation and Research | National AIDS Commission<br>Box 30622<br>Lilongwe 3                    |
| Blackson Matatiyo         | Research Officer   | National AIDS Commission<br>Box 30622<br>Lilongwe 3                    |
| Yohane Kamgwira           | Head of District Coordination Unit                       | National AIDS Commission<br>Box 30622<br>Lilongwe 3                    |
| Christopher Teleka        | Communications Officer                                   | National AIDS Commission<br>Box 30622<br>Lilongwe 3                    |
| Robert Chizimba           | Head of Behaviour Change<br>Interventions                | National AIDS Commission<br>Box 30622<br>Lilongwe 3                    |
| Maria Mukwala             | Community Mobilisation Officer                           | National AIDS Commission<br>Box 30622<br>Lilongwe 3                    |
| Wellington Kafakalawa     | M&E Officer  | National AIDS Commission<br>Box 30622<br>Lilongwe 3                    |
| Lucrezia Kuchande         | HIV Prevention Officer                                   | National AIDS Commission<br>Box 30622<br>Lilongwe 3                    |
| Dr. Andrina Mwansambo     | Policy Officer Biomedical                                | National AIDS Commission<br>Box 30622<br>Lilongwe 3                    |
| Sarah Gibson              | EBT Project Director                                     | PSI<br>Box 529<br>Blantyre   |
| Aleisha Rozario           | Deputy Chief of Party                                    | JHPIEGO<br>Box 1091<br>Lilongwe  |
| Chithope Mwale            | Director – Clinical Services                             | Ministry of Health<br>Box 30377  |

| NAME             | DESIGNATION         | ADDRESS  |
|------------------|---------------------|--|
|                  |                     | Lilongwe 3                                     |
| Francis Masiye   | Research Associate  | College of Medicine<br>P/Bag 360<br>Blantyre 3 |
| Eric Umar        | Senior Lecturer     | College of Medicine<br>P/Bag 360<br>Blantyre 3 |
| Lawrence Kazembe | Associate Professor | CHANCO<br>P/BAG 280<br>Zomba                   |