

## Exploring the Stumbling Blocks on the Way to a Successful Male Circumcision Campaign in Zimbabwe

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**ABSTRACT** The present research, through a review of literature aimed to discuss the challenges that the government of Zimbabwe faced in its quest to win its male circumcision campaign. Findings indicated the following stumbling blocks to the campaign: The socio-historical dimension of male circumcision; perceptions surrounding male circumcision and witchcraft; knowledge and awareness gaps regarding male circumcision, and its benefits thereof; fallacies regarding male circumcision; funding and infrastructural gaps; and exorbitant prices offered by private and public circumcision practitioners in Zimbabwe. The researchers made the following suggestions as the way forward to bolster the campaign: Adequate funding and enhanced infrastructure for the circumcision campaign; the government to strengthen male circumcision drive and strictly regulate male circumcision pricing; and foster collaboration of diverse players in the campaign.

### INTRODUCTION

Globally, regionally, and within the national contexts, the practice of male circumcision continue to receive widespread approval as a tool to mitigate the effects of HIV/AIDS (Kang'ethe 2013). To this end, empirical statistics have validated that individuals who get circumcised are 60% resilient to HIV/AIDS infections (UNAIDS 2007). This is the reason why it is increasingly dawning on the governments of the countries hardest hit by the epidemic to adopt the practice. Regrettably, Zimbabwe, a Southern African country with a comparatively low male circumcision prevalence rate, is amongst the countries hardest hit by the HIV/AIDS pandemic endeavouring to increase male circumcision as an intervention to reduce the infections (UNAIDS 2007). In this researchers' contention, adopting the practice in the countries hardest hit by the epidemic would be an invaluable intervention to stem down the tide of the ever burgeoning cases of new infections.

Unfortunately, the male circumcision campaign in Zimbabwe has been a dragged-out pro-

cess. This is because it has been confronted by a wide range of challenges such as dissuading the Zimbabwean men from being circumcised. Other perfune challenges include the various myths and misconceptions associated with male circumcision, sexual libido, witchcraft, and inadequate infrastructure to carry out the campaign. This study, therefore, elicited debates and discourses on the importance of male circumcision and other underpinning factors generally dissuading the men from accepting the practice, with Zimbabwean males under pivotal focus.

### Problem Statement

Apparently, many governments in African countries have yielded to the conviction by the western world driven campaign that circumcision is a tested methodology to mitigate the effects of HIV/AIDS (UNAID 2007). Zimbabwean communities, however, are still embracing myths, misconceptions, and mistrusts about male circumcision, making it difficult to volunteer in mass for male circumcision. It is therefore topical that debates and discourses about the challenges that the campaign faces are brought to the fore with the hope of coming up with ways and methodologies that will easily win the hearts of people to accept the state. These researchers hope that by having many individuals accepting to volunteer for circumcision in Zimbabwe, the country's state of HIV/AIDS is bound to decline.

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### **Operational Definition**

The word fallacy, meaning false allegations or beliefs, has been operationally used to mean a myth or a misconception; while sexual libido refers to sexual pleasure or enjoyment.

### **Rationale of the Study**

The prime aim and objective of this study is to elicit debates regarding the challenges and stumbling blocks towards a successful male circumcision campaign in Zimbabwe. Through providing recommendations as to how these challenges can be surmounted, these researchers hoped that the study can help the Zimbabwean government to establish ways of ensuring a successful male circumcision campaign in the country.

## **OBSERVATIONS AND DISCUSSION**

### **HIV/AIDS Situation in Zimbabwe**

Perhaps, before focusing on the challenges associated with male circumcision in Zimbabwe, it may be useful to first take a glance at the HIV/AIDS situation in Zimbabwe. Statistically, Zimbabwe is amongst the countries hardest hit by the HIV/AIDS epidemic. The Zimbabwe National AIDS Council (2013) estimated that 1.3 million people (15% of the total population) in the year 2010 were living with HIV/AIDS in the country. This figure, however, represented a remarkable drop of HIV/AIDS infections in the country from 1.9 million (28.1% of the total population) in 2003. Some scholars, most notably Mufuka et al. (2013) have provided a fascinating account of how HIV/AIDS figures vary in the country depending on an array of complex factors such as age, sex, and socio-economic status. For instance, they revealed that while the HIV/AIDS prevalence rate is 18% among adult women and 12% among men, the prevalence rate among men in the category of 30-34 years is 29%; while that of the 45-49 years category is 30%. Mufuka et al. (2013) argue that the statistics are higher among men aged 45-49 probably because of their socio-economic status. This could also be evidential for inter-generational sex.

Various factors could be suggested in contributing to higher rate of HIV/AIDS prevalence in Zimbabwe. The dwindling socio-economic position that the country has been facing and poor campaign infrastructure due to unavailabil-

ity of resources could hugely be contributing to the quagmire (Zimbabwe National Statistics Agency 2011). The fact that the government has welcomed the male circumcision campaign is a clear evidence of its goodwill and commitment to fight the HIV/AIDS. This research articulates the terrain of male circumcision by eliciting debate and discourse as to how the male Zimbabweans can be wooed to accepting circumcision in droves.

### ***Socio-historical Dimension of Male Circumcision in Zimbabwe***

Perhaps, it is also relevant to consider the socio-historical perspectives of male circumcision in Zimbabwe as they may be related to some of the challenges associated with male circumcision in the country. Mandova et al. (2011) established that male circumcision has been a significant part of the culture of certain ethnic groups in Zimbabwe such as the Shangani, the Vemba, and the Chewa. These groups have culturally regarded male circumcision as a way of initiating young boys into manhood. In the same vein, other scholars such as Peltzer et al. (2007) argue that male circumcision has existed as a cultural rite for many years in a number of African countries, but was eroded by the European colonialists and missionaries in the colonial era. This could explain why the male circumcision rate in Zimbabwe was only 10% in 2006. It is, therefore, these researchers' contention that the extended absence of male circumcision in most Zimbabwean societies has been one of the reasons why some Zimbabwean men have faulty perceptions regarding male circumcision and its protective effects with regards to HIV/AIDS. Further, a paradigm shift in the way Zimbabwean men view male circumcision, may be required if the male circumcision drive is to positively contribute towards arresting HIV/AIDS in the country (Kang'ethe 2013).

### ***Perceptions Surrounding Male Circumcision and Witchcraft***

Witchcraft, though a reality in many societies of the world, with Africa leading the pack, is an abhorred phenomenon. The phenomenon causes fear and unrest among the people who believe in its potency and reality (Afolayan 2004; Mbuya 2000). Perhaps why the male circumcision in Zimbabwe is moving at a dragged-out

process is its mythical association with witchcraft. Subjective and documented information on the ground suggest that people have had grave concerns about the way in which their foreskins are disposed. There have been fears that such foreskins could be finding their way into the hands of witches, wizards and satanists who could use them to attack their family (Mavhu et al. 2011). This mythical belief or attitude has largely acted as a steep stumbling block dissuading Zimbabwean men from getting circumcised. It is therefore critical that information is given to people on clinical foreskin disposal (Peltzer et al. 2007; Kang'ethe 2008). However, the internalization of such information is taking too long to achieve a paradigm shift in the minds of the Zimbabweans. Perhaps, the information dissemination on foreskin disposal by both print and electronic media needs to be strengthened. These researchers are of the opinion that targeting as many group forums such as the faith-based organizations, women, youth and men groupings and clubs could also possibly help to achieve great dividends in convincing the people that the belief is mythical, misleading and of no consequence.

#### ***Knowledge and Awareness Gaps Regarding Male Circumcision and its Benefits***

It is an incontrovertible fact that awareness of a phenomenon drives the acceptance of its service. It is in this regard that some scholars such as Sibanda (2013) argues that there is need to bolster awareness efforts regarding male circumcision and its benefits. Awareness campaigns are critical, particularly in light of the fact that male circumcision had not existed in most Zimbabwean societies until its recent introduction in 2009 as a tool to mitigate the effects of HIV/AIDS. According to Sibanda (2013), men fail to volunteer in mass for male circumcision because they lack information regarding male circumcision and its benefits, while for some, men who get circumcised fallaciously end up substituting other HIV/AIDS prevention methods such as condom use with male circumcision. This is largely because they wrongly believe that male circumcision can offer 100% protection to HIV/AIDS. Scholars such as Mavhu et al. (2011) have also reinforced this stalemate and myth by highlighting that most of the participants in his study were not aware of even the relative simple facts about male circumcision. The researchers, therefore, contended that

awareness efforts regarding male circumcision and its benefits thereof need to be bolstered. Perhaps mainstreaming circumcision based education to all the institutions of learning starting from the primary school level could have a huge impact in the information strongly reaching the societies. Having both the print and public media strengthen the information dissemination process could no doubt increase the momentum of information acquisition about circumcision.

#### ***Fallacies Regarding Male Circumcision in Zimbabwe***

Although the male circumcision continues to receive worldwide recognition as a tool that can be used to mitigate the effects of HIV/AIDS globally, some sections of men in Zimbabwe appear to be misinformed regarding the protective effects of male circumcision. According to Mufuka et al. (2013), some Zimbabwean men hold the misconception that male circumcision completely shields a man from HIV/AIDS infection. Such misconceptions could be a catalytic factor in fuelling the HIV infections among those practising the norm, as opposed to curbing them. It is also regrettable that both the subjective and the documented literatures suggest that many people in Zimbabwe hold fallacious, mythical, misleading and strange information about male circumcision. For instance, Mhangara (2011) argues that Zimbabwean men generally regard male circumcision as an old fashioned, primitive practice that has no place in the modern world. This could explain some Zimbabwean men have not heeded the call by the World Health Organization which encourages the world to embrace male circumcision not only to achieve cultural goal posts, but also to mitigate the effects of HIV/AIDS (Kang'ethe 2013). A study conducted by Mavhu et al. (2011), however, seems to indicate that the gaps in knowledge pertaining to circumcision could be a result of inadequate awareness efforts regarding male circumcision, especially as it relates to HIV/AIDS protective effects in the country. It is therefore these researchers' contention that if such knowledge gaps are not addressed with the urgency they deserve, the male circumcision campaign drive may continue facing an arduous and an uphill task.

#### ***Funding and Infrastructural Gaps***

Further, most resource constrained countries experience a dragged –out process in their ef-

forts to address most of the life threatening challenges such as health and other campaigns such as the HIV/AIDS (WHO 2002). This is because of the poverty of their countries which could be a culmination of multifaceted factors such as corruption, poor governance, lack of effective financial accountability etc. Regrettably, Zimbabwe is one of the African countries whose poverty levels have reached unfathomable levels, especially in the last two decades of the 21<sup>st</sup> century (Mulinge and Mufune 2002). To this end, one of the most heated issue regarding male circumcision has been the debate on the infrastructure that is required to successfully carry out Voluntary Medical Male Circumcision in Zimbabwe. Mavhu et al. (2011) point out that implementation of male circumcision at district and community levels has been slow and inadequate. This is because in male circumcision services can be accessed only at the main hospitals in the country. This has contributed to dissuading men nationwide to volunteer for male circumcision. The National AIDS Council (2013) has highlighted that while trained circumcisers are inadequate, the local health facilities lack the adequate capacity to carry out counselling and testing pertaining to voluntary male circumcision procedures. Further, Mandova et al. (2011) reveal that male circumcision amongst traditional groups such as the Shangani is carried out using sharp, unsterilized objects which poses not only hygiene and grave health risk, but also the challenge of contagion of diseases such as the HIV/AIDS (Kang'ethe 2008). It is these researchers' contention, therefore, that more efforts, including research may need to be strengthened to come up with empirically informed interventions to expedite male circumcision. Advocacy and lobbying mechanism are also needed to be bolstered by other circumcision and HIV/AIDS potential partners who can work in tandem with the government in ensuring that key infrastructural gaps are filled.

#### ***Exorbitant Circumcision Prices Charged by the Private and Public Circumcision Practitioners in Zimbabwe***

It is an incontrovertible fact that in many resource constrained countries, many people are not adequately placed to afford the prices of medical services (WHO 2002). Although their countries' constitutions hold people's rights to

basic services such as health and education, the governments have been struggling to provide them. It is in this regard that circumcision prices in Zimbabwe have made the campaign to face implementation challenges. For instance, a study carried out by Mateveke et al. (2012) revealed that the prices charged by the public and private practitioners to facilitate circumcision were unaffordable. In the aforementioned study, 100% percent of all the participants revealed that the prices of male circumcision services were too exorbitant. Corroborating the study, Mateveke et al. (2012) and Mhangara (2011) argued that the cost of male circumcision in Zimbabwe was higher than the general pricing regulations established by the World Health Organization. Mhangara (2011) revealed that some practitioners in Zimbabwe charge between US\$100 to US\$150 to facilitate circumcision to a single client. Njeuhmeli et al. (2011) explored that the general cost of Voluntary Male Circumcision as regulated by the World Health Organization is between US\$65.85 to US\$95.15. It is these researchers' contention that such reports are perturbing, and may have a counter-productive effect on the efforts established by the government and other partners to promote male circumcision in the country. Charging such exorbitant prices can contribute to dissuading the general public from volunteering in mass for male circumcision.

### **Conceptual Framework**

#### ***The Cognitive-behavioural Model***

The cognitive-behavioural model is a problem-focused approach that helps and call on people to identify and change dysfunctional beliefs (US Department of Justice 2013). The underlying assumption of this model is that thoughts influence emotions, which in turn influence behaviour. Some of the challenges dogging the male circumcision campaign revolve around faulty thoughts, which in turn influence behaviour. Mateveke et al. (2012) commented that the behaviour change is associated with male circumcision in the country. After being circumcised, some Zimbabwean men harbour the false impression that they are now completely immune to HIV infection. As a result, such men end up changing their behaviour, for instance, they start to have multiple sexual partners and some even stop using condoms completely (Mateveke et al. 2012). The researchers believed that

these actions are making such men more and more vulnerable to contracting HIV/AIDS. As such, it is critical that Zimbabweans stop embracing such myths and be made aware that male circumcision can only be effective in fighting HIV/AIDS if it is used in tandem with other prevention tools, as opposed to entirely substituting them.

### CONCLUSION

Male circumcision has the potential to play a leading role in mitigating the effects of HIV/AIDS in Zimbabwe. Regrettably, the male circumcision campaign in Zimbabwe has so far been a dragged-out process and is dogged by an array of challenges, ranging from inadequate resources to knowledge gaps and cultural hangovers. There seems to be a need for a paradigm shift in the way that male circumcision is implemented and administered in the country if the practice is to realize its full potential as a tool to arrest HIV/AIDS. However, it is these researchers' contention that the recommendations advanced in this study can help surmount some of the challenges that the male circumcision campaign in the country is facing. With goodwill from the government, these researchers believe that male circumcision can be an effective tool to fight HIV/AIDS in the country.

### RECOMMENDATIONS

#### **Adequate Funding and Enhanced Infrastructure for the Circumcision Campaign**

Probably the infrastructural gaps that stand in the way of a successful male circumcision campaign have already been brought to the fore in this study. It is recommendable that adequate infrastructural facilities are availed to expedite the circumcision process. It is especially critical that instruments for circumcision are made hygienic. In these researchers' opinion, the root cause of all these concerns lies in the lack of adequate funding and infrastructure to smoothly expedite the male circumcision. The researchers call upon HIV/AIDS campaign friendly partners, private, local and western based donors to expeditiously partner with the government and assist in the provision of resources, particularly financial and human resources. The government

need to make greater strides in its attempt to lure potential partners. To this end, a step in the right direction for the government would be to revisit policy and legislation related to male circumcision, adjust and rework it in such a way that it is investor-friendly. Further, the government need to encourage and support research in the domain of male circumcision. These researchers believe that research itself can be a very useful tool to empiricize the interventions to back the circumcision campaign.

#### **Government to Strengthen Male Circumcision Drive**

General consensus has it that Zimbabwean men have failed to volunteer in mass for male circumcision partly because of inadequate information pertaining to circumcision. It is these researchers' view that the problems that are brought about by lack of awareness are two-pronged. Firstly, if people are not aware of the existence of male circumcision services in the country, they will obviously not volunteer for circumcision. Secondly, if people are aware of male circumcision services offered in the country, but are not accurately aware of the protective effects of male circumcision with regards to HIV/AIDS, they may also not volunteer to get circumcised. Pivotaly, because of lack of accurate information, they may continue to embrace the myth and misconception such as believing that male circumcision completely shields one from HIV/AIDS infection. Consequently, such men, if circumcised may completely substitute circumcision intervention for other HIV/AIDS prevention measures such as condom use. This, in turn, could contribute to fuelling the HIV/AIDS prevalence rate. Perhaps, a stronger campaign drive will put correct the mythical analysis that indicate that people who are circumcised display higher HIV/AIDS prevalence rate than the uncircumcised.

#### **Government to Strictly Regulate Male Circumcision Pricing**

It is perturbing to note that some practitioners in the country are charging double the prices regulated by the World Health Organization for male circumcision. As it has been pointed out already in this study, some practitioners in the country reportedly charge up to US\$150 to

circumcise one client. This is negatively impacting on the male circumcision campaign in the country and immensely contributes to dissuading the Zimbabweans to volunteer in mass for male circumcision. It is critically important that the government moves in to stamp out this kind of pricing. It is the contention of the researchers that the government should strictly regulate and monitor pricing related to male circumcision services in the country. The government should also see to it that those who are seen to continue charging exorbitant prices face the full wrath of the law. This can be a positive step forward on the way to a successful male circumcision campaign in the country.

### **Collaboration of Diverse Players in the Male Circumcision Campaign**

These researchers encourage the collaboration of diverse stakeholders in strengthening the campaign of male circumcision. It is encouraging to note that various players such as NGO's, HIV/AIDS campaigners, policy makers and other foreign funded bodies are increasingly strengthening their participation in to ensuring that no stone is left unturned with regards to both planning and implementation of male circumcision in Zimbabwe. It is appreciable to note that UNFPA and WHO have formed the backbone of funding towards the male circumcision campaign. It is these researchers' contention that such collaborative efforts are critical, not only in ensuring the current success of the programme, but to also lay the foundation for the programme to be sustainable. However, the government should continue to open its doors to other potential partners who can meaningfully contribute towards the success of the program.

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