

Behavioral Aspects of Male Circumcision Uptake

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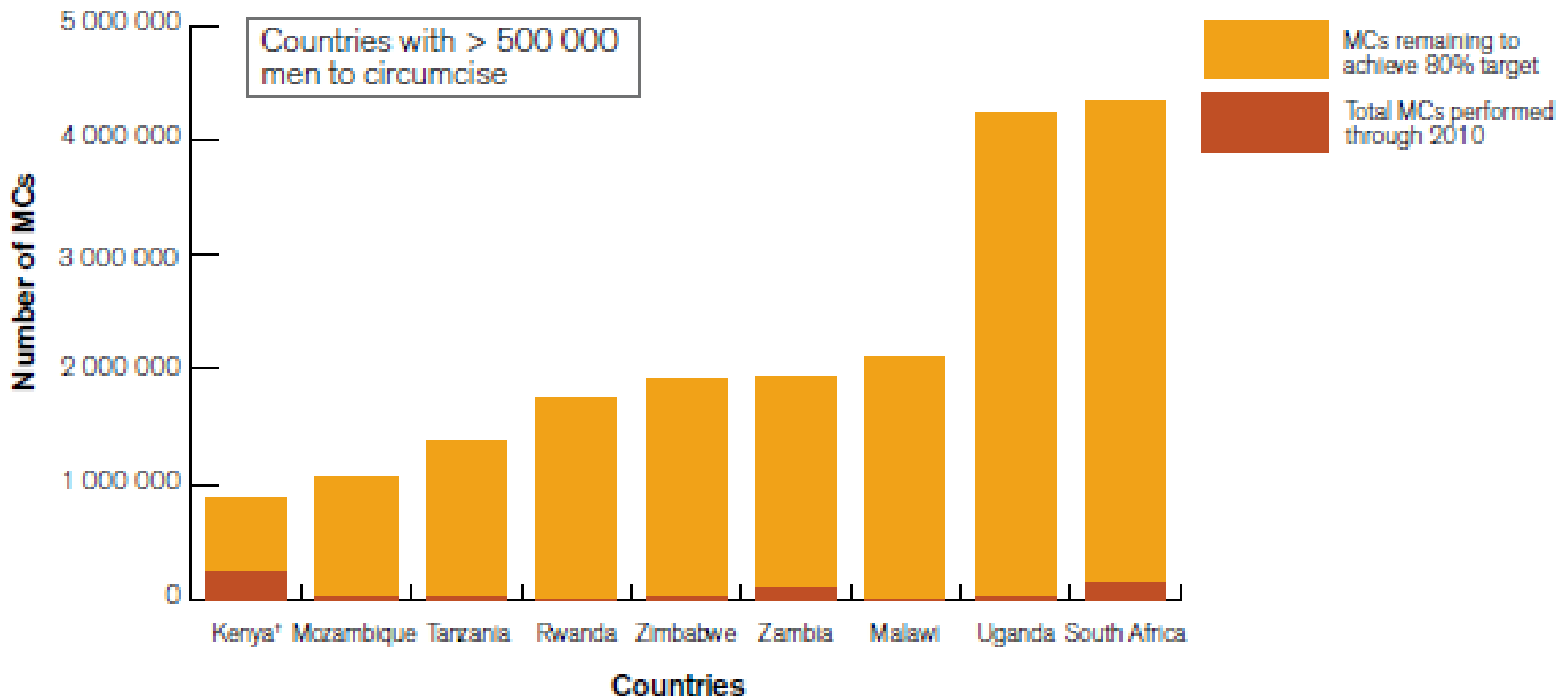
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MC Delivery Update 2011

Fig 1b. Number (000s) of male circumcisions performed by country and number remaining to achieve target*

(countries ordered by total number of male circumcisions needed to achieve target)

* target is 80% of males 15 - 49 years



Progress in scale-up of male circumcision for HIV prevention in Eastern and Southern Africa: focus on service delivery - 2011. WHO, UNAIDS, 2011.

Magnitude of MC Gap

- In Sub-Saharan Africa, as of 2010
 - 560,000 MCs done of target 20,333,700.
- In Zimbabwe
 - 14k done of target 1.9M as of 2010
 - 26k done of target 44K for 2011
- 1.1 million MCs in Zimbabwe in peak scale-up year would require:
 - 4,583 MCs per day
 - 150 to 200 doctors + nurse teams (each doing 30/day)

Operations Research Needed

- Evidence-Driven communication strategies needed
- Research is needed to:
 - Determine factors affecting
 - MC uptake and adoption
 - Investigate
 - Environmental and policy implications
 - Behavioral determinants
 - Include all stakeholders / target groups

Behavioral Factors

- Motivation
- Uptake
- Behavioural disinhibition
- Social, sexual, and cultural drivers
- Information dissemination
- Communication strategies

MC Uptake Research in Zimbabwe

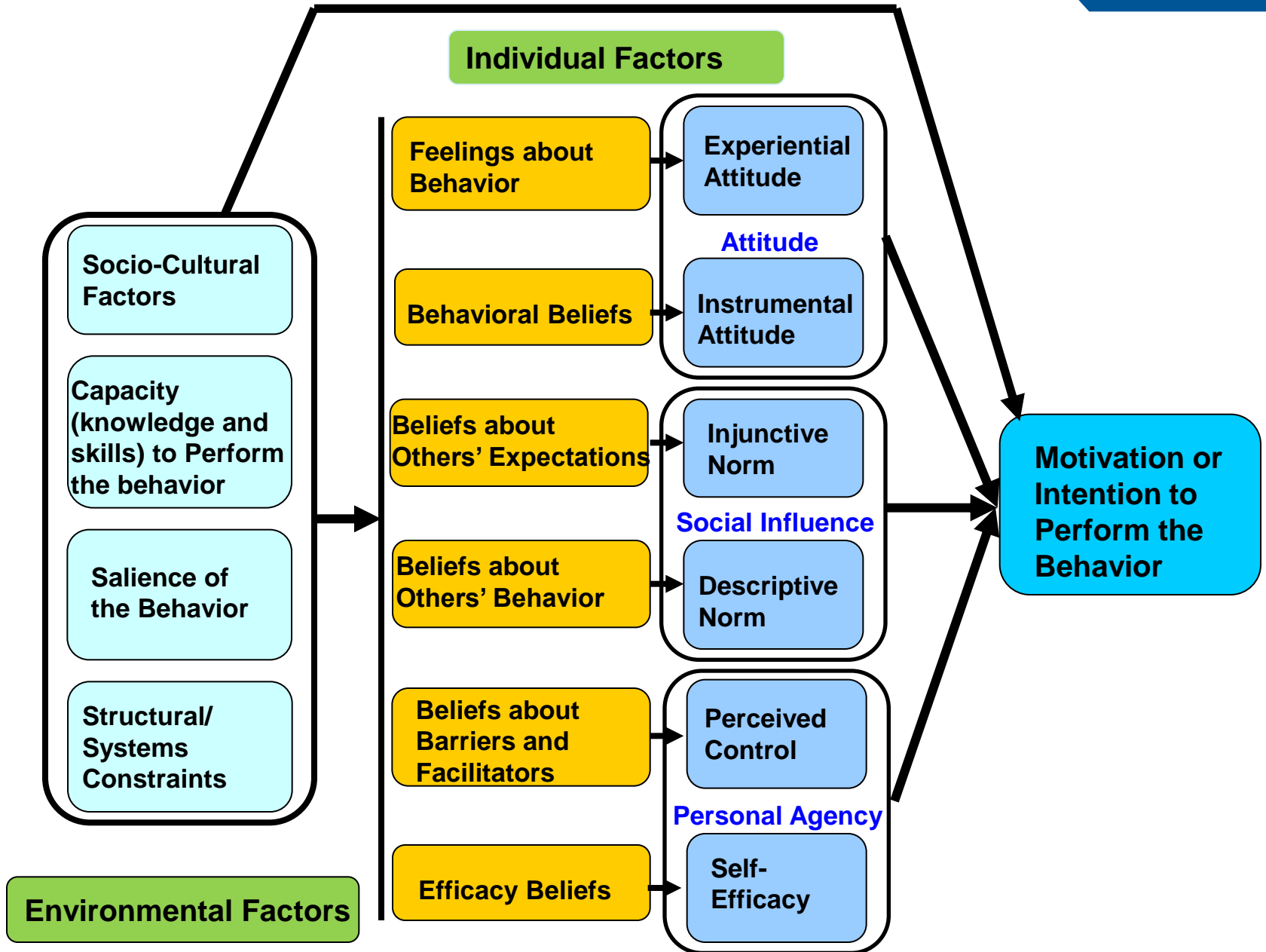
- Environmental and Behavioral Factors Shaping Male Circumcision Decisions in Zimbabwe
 - Funded by US National Institutes of Health
 - Important cultural and logistic barriers need to be:
 - Understood and Addressed in MC program design
 - Messages to key groups need to be carefully constructed based on evidence
 - Identify and understand factors affecting motivation to adopt MC in Zimbabwe among:
 - Policy-makers and Clinicians
 - Men and adolescent boys
 - Women (influencing men)
 - Parents of adolescent boys and of newborns

MC Behaviors Being Studied

Study Group	Circumcision Behaviors
Clinicians and health care workers	Recommend male circumcision to: <ul style="list-style-type: none"> - Parents of neonates - Parents of adolescent boys - Adolescent boys (aged 13-17) - Adult males (aged 18-30) Motivation for training regarding circumcision
Adolescent males aged 13-17	Getting circumcised
Adult males aged 18-30	Getting circumcised
Young women aged 18-30	Encourage men to get circumcised
Parents of adolescent boys	Have boy age 13-17 circumcised
Expectant parents	Have neonate circumcised

Study Design

- Three main study phases:
 - Qualitative Elicitation
 - Quantitative Survey
 - Message Testing
- Carried out in 4 sites:
 - Two urban (Harare, Bulawayo)
 - Two rural (Mutoko, Matobo)
- Integrated Behavioral Model guides all three phases



Phase 1: Qualitative Study

- Individual semi-structured interviews
 - Samples from each study group
 - Elicited issues that may affect each MC behavior
 - for each study group
 - underlying each theoretical model construct

Qualitative Phase Sample

Group	N Harare	N Bulawayo	N Mutoko	N Matobo	Total N
Policy Makers	5	4	5	4	18
Clinicians (hospital, primary care, antenatal)	24	24	24	21	93
Pregnant Mothers	6	6	6	6	24
Expectant Fathers	6	6	6	6	24
Mothers of Boys 13-17	8	8	8	8	32
Fathers of Boys 13-17	8	8	8	8	32
Boys 13-17	8	8	8	8	32
Men 18-30	8	8	9	8	33
Women 18-30	8	8	8	8	32

Total Sample = 320

Quantitative Survey Design

- Qualitative analysis
 - Content Analysis
 - Extracted issues underlying each construct for each MC behavior
- Quantitative surveys
 - Designed for each study group
 - Measured:
 - MC behavior motivation
 - Each issue identified with respect to each model construct

Survey Measures

MC Motivation

...how strongly do you agree or disagree that you will get circumcised?

Disagree _____ : _____ : _____ : _____ : _____ Agree
 strongly somewhat neither/ not sure somewhat strongly

Attitude – Behavioral Beliefs

If you were to get circumcised:

It would protect you from HIV.

Disagree _____ : _____ : _____ : _____ : _____ Agree
 strongly somewhat neither/ not sure somewhat strongly

30 to 40 beliefs measured with this format

Survey Measures

Normative Beliefs

How strongly do you agree or disagree that each of the following would encourage you to get circumcised?

Your father:

Disagree _____ : _____ : _____ : _____ : _____ Agree
strongly somewhat neither/
not sure somewhat strongly

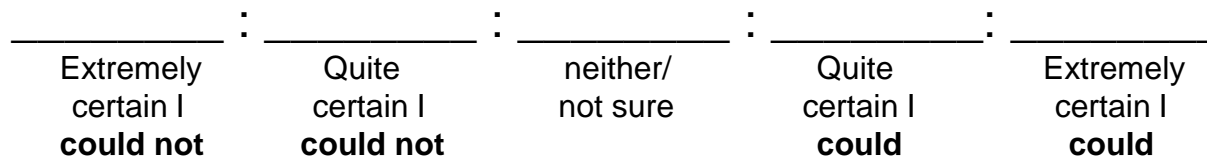
20 to 30 beliefs measured with this format:

Survey Measures

Personal Agency:

Efficacy Beliefs

If people describe circumcision as painful, how certain are you that you could get circumcised?



30 to 40 efficacy beliefs measured with this format

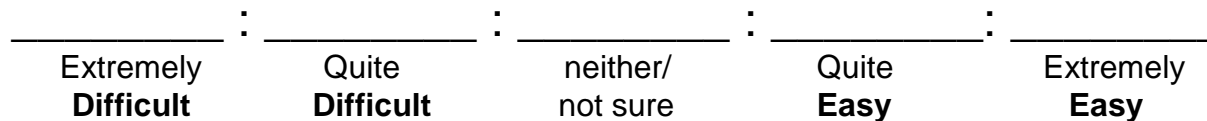
Survey Measures

Personal Agency:

Perceived Control Beliefs (Facilitators / Barriers)

How much does each of the following make it easy or difficult for you to get circumcised:

If your culture was against circumcision



30 to 40 control beliefs measured with this format

Phase 2: Quantitative Survey

- Administer to representative sample of each study group:
 - Total N = 7,400
- Purpose – for each study group:
 - Determine prevalence of beliefs/opinions
 - Identify strongest determinants of MC motivation
 - Identify factors that can best be targeted by communication interventions

Quantitative Survey Sample

Group	N Harare	N Bulawayo	N Mutoko	N Matobo	Total N
Clinicians (hospital, primary care, antenatal)	295	288	249	175	1007
Men 18-30	301	300	300	300	1201
Women 18-30	300	300	300	300	1200
Boys 13-17	202	200	200	200	802
Mothers of Boys 13-17	200	200	200	201	801
Fathers of Boys 13-17	201	200	201	200	802
Pregnant Mothers	200	200	200	200	800
Expectant Fathers	200	202	192	201	795

Total Sample = 7,408

Survey Results - Highlights:

MEN AGE 18-30

Sample and Outcome

- Community Household-Based Sample – N = 1,201
 - Harare
 - Bulawayo
 - Mutoko District
 - Matobo District
- Outcome:
 - Motivation to get circumcised

Behavioral Beliefs - Men

Beliefs about getting circumcised:	% Agree/Disagree	
	Not Intend MC	Strongly Intend MC
Will help encourage friends to get circumcised	26%	76%
Will give you peace of mind	10%	56%
Is something that you are too old for now	40%	7%
Will give you sense of achievement	14%	58%
Might not heal properly, cause disfigurement	50%	10%
Enhance sexual pleasure for you	12%	48%
Would be against your religion	30%	5%
Will result in a slowdown of HIV in Zimbabwe	20%	69%
Will make it easier to have sons circumcised	31%	76%
Will cause women to shun you	55% (D)	79% (D)
Wife/girlfriend may think you will seek pleasure elsewhere	33%	6%
Will protect you from STIs	17%	59%

Normative Beliefs - Men

Beliefs about who would encourage you to get circumcised:	% Agree Encourages	
	Not Intend MC	Strongly Intend MC
Your Brothers	17%	72%
Your Closest Friends	14%	68%
Your Culture	16%	70%
People in your community	7%	51%
Your Wife	4%	72%
Your Girlfriend	12%	59%
Health care workers in your community	44%	87%

Efficacy Beliefs - Men

How certain you can get circumcised if:	% Certain Could Get MC	
	Not Intend MC	Strongly Intend MC
MC is new and has not been offered before in community	4%	46%
MC is available in local – including rural - clinics	22%	74%
Your culture is against it	7%	51%
Your wife/girlfriend is against it	10%	52%
You cannot have it done privately, so others might know about it	7%	46%
Worried about whether there are adequate supplies in clinics	2%	18%

Control Beliefs - Men

Facilitators/ Barriers to getting circumcised:	% Easy to get MC	
	Not Intend MC	Strongly Intend MC
Availability of equipment and materials	30%	82%
People describe MC as painful	5%	36%
If you don't know how MC prevents HIV	0%	24%
If local chiefs / village heads support MC	23%	73%
MC is new, not offered before in community	2%	32%
If circumcision is not free to you	3%	21%
If MC available in local (including rural) clinics	22%	70%
If MC promoted on TV and radio	26%	74%
If you cannot do it privately, so others know	9%	38%
If you did not know where to go for MC	3%	13%

Complete Model – Adult Men

IBM Construct	Belief
Behavioral Beliefs	<ul style="list-style-type: none"> ➤ Will give you peace of mind ➤ Something you are too old for now ➤ Will enhance your sexual pleasure/enjoyment ➤ Cause women to shun you... ➤ Might not heal properly – cause disfigurement
Normative Beliefs	<ul style="list-style-type: none"> ➤ Brothers encourage ➤ Closest friends encourage ➤ Wife/girlfriend encourage
Efficacy Beliefs	<ul style="list-style-type: none"> ➤ If culture is against MC ➤ If MC is new – not offered before in community ➤ If wife/girlfriend is against MC
Control Beliefs	<ul style="list-style-type: none"> ➤ Availability of equipment and materials (B) ➤ If MC available in local (including rural) clinics (F)

Survey Results - Highlights:

CLINICIANS

Sample and Outcome

- Clinic-Based Proportional Sample: $N = 1,007$
 - Harare ($n = 295$)
 - Bulawayo ($n = 288$)
 - Mutoko District ($n = 249$)
 - Matobo District ($n = 175$)
- Outcome:
 - Motivation to recommend circumcision to clients

Behavioral Beliefs - Clinicians

Beliefs about Recommending MC to Men:
Will result in patients accusing you of promoting alien practice
Helps you see clients have a healthy life
Result in complications, side effects, infections
Helps person with tight foreskin
Should be done, as most are affected by HIV/AIDS
Difficult to convince adults afraid of pain
Result in women not liking circumcised men
Healing may take too long
Conflicts with being faithful, abstinence which are more effective
Is recommending method that is not completely protective
Promotes personal hygiene – keep penis clean, prevent infections
Would be against culture
Recommends method that can only play supporting role
Protects women by reducing his chance of getting HIV even if unfaithful
Would be against religion

Normative Beliefs - Clinicians

Beliefs who would encourage you to recommend MC to Men:
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Your closest friends

Your adult male patients

Your religion / church

Teachers and schools

Control Beliefs - Clinicians

Facilitators/Barriers to Recommending MC to Men:	
Awareness through schools and churches	Facil.
If men are afraid of infection and healing process	Barrier
If community is informed about benefits of MC	Facil.
If MC is only available at central city clinics or hospitals	Barrier
If patients are aware of HIV being in the community	Facil.
If you were not trained in providing MC	Barrier
If MC is new and has not been offered before in community	Barrier

Phase 3: Message Design and Testing

- Design messages targeting issues identified in survey analysis
- Test MC message impact on small samples:
 - Acceptability
 - Recall
 - Impact on motivation to adopt MC
 - Assess MC messages impact within context of other HIV prevention messages

Message Testing

- Knowledge and Motivation are high
 - Men
 - Clinicians
- Convert Motivation to Action – Messages must
 - Be evidence based
 - Target specific issues in IBM constructs



Our research will:

- **Close the gap in uptake through:**
 - ✓ **Evidence-based message design**
 - ✓ **Evidence-based community mobilization**

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