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DETERMINANTS OF CHOICE OF MALE CIRCUMCISION METHOD AMONG MALES IN SOUTH AFRICA IN 2012

A RESEARCH REPORT SUBMITTED TO THE FACULTY OF HUMANITIES, SCHOOL OF SOCIAL SCIENCES, UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN THE FIELD OF DEMOGRAPHY AND POPULATION STUDIES

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DECLARATION

I, **Dineo Angelina Thaele**, declare that this research report is my own work. It is being submitted in partial fulfilment for the degree of Master of Arts in Demography and Population Studies at the University of the Witwatersrand, Johannesburg. To the best of my knowledge, it has not been submitted before, in part or in full, for any degree or examination at this or any other University.

…….. [Signature of candidate]

…… day of ……., 20….

ABSTRACT

Introduction: South African men practice both traditional and voluntary medical male circumcision. Voluntary Medical Male Circumcision (VMMC) was introduced as a health intervention strategy against HIV/AIDS. On the other hand, traditional male circumcision (TMC) is a ritual that marks the rite of passage into manhood. TMC has been identified as a public health hazard associated with high numbers of complications and even deaths.

The South African government has launched and promotes the VMMC programme. The programme aims to reach a target of 80% coverage in order to effectively reduce HIV infections in the country. However, TMC remains a popular practice. In 2009, the National HIV Community Survey reported that 67% of men were traditionally circumcised, while 33% had been circumcised medically. This study aims to identify factors associated with VMMC, in order to inform the current programme. Furthermore, this study will add to the body of knowledge regarding VMMC and TMC, as previous literature has focused on identifying factors associated with circumcision status rather than the choice of circumcision type (VMMC vs TMC).

Objective: The aim of this study was to the identify levels of circumcision status and circumcision types (VMMC vs TMC). Furthermore, this study aimed to examine the relationship between demographic, socio-economic, cognitive and environmental factors associated with VMMC and TMC in South Africa.

Methodology: The study used data from the Third National HIV Communication Survey, 2012. The study sample is 6 828 473 males aged 16-55 years who underwent VMMC or TMC. The first step of the analysis was descriptive, using cross tabulations and graphs. Finally, multivariate analysis was employed using binary logistic to examine the relationship between VMMC and TMC with demographic, socio-economic, cognitive and environmental factors.

Results Fifty-one percent (51%) of circumcised males were circumcised medically, while 49% were traditionally circumcised. As expected; ethnic groups known to practice TMC were less likely to choose VMMC. In terms of socioeconomic variables, education was significantly associated with whether males were medically circumcised ($p<0.05$; CI1.66=5.11). Availability of VMMC at the health facility significantly influenced the males choice of selecting VMMC as the type of circumcision to undergo ($p<0.05$; CI 0.43=0.79).

Conclusion: Findings from the study show that the levels of VMMC have increased from 38.2% in 2002 and 40.6% in 2008 (Shisana et al., 2014), to 55% in 2012. This suggests that there has been a shift towards VMMC amongst South African males, and that the VMMC programme has made progress since its inception. Education can be used as an important tool to promote VMMC through sex and HIV prevention education, as the study found that educated males were more likely to get medically circumcised. However, access to VMMC at health facilities is still low across the country, and therefore the government should increase access by providing VMMC in more health facilities across the country.