

Abstract

Male circumcision as a HIV prevention strategy is still a relatively new concept. There is a lot of research on studies on various aspects of it. This study's focus was the perceptions around female health workers performing male circumcision as part of HIV prevention strategy. The aim of the study was to situate the policy in the social cultural context in which it would be carried out. Most acceptability studies have focused on the acceptability of the procedure as a whole to the community and gender issues in relation to male circumcision have been focused on the effects of male circumcision to women. There has been little focus on gender issues on the part of the health care workers who are the implementers of the strategy; and therefore instrumental to the success of the policy.

The study took place in the peri-urban areas of Midrand; Rabie Ridge and Ivory Park and data was collected through interviews and document analysis. The theories of structuration and the post traditional order were used to understand choice and decision making in the modern society.

Generally, the notion of female health workers performing male circumcision was found to be acceptable to most participants, although this was not without issues. Cultural constructions of gender that depict men as superior to women and masculine identity issues were found to be barriers to female health workers performing male circumcision. The high acceptability of female health workers performing male circumcision and other non traditional aspects of circumcision including medical circumcision and neo natal circumcision was attributed to the nature of decision making in the post traditional order that enables individuals to make decisions from a variety of options without feeling the need to ascribe totally to traditional prescriptions. The barriers uncovered however show that there is still need to engage further with stakeholders if the implementation of the policy is to be successful.