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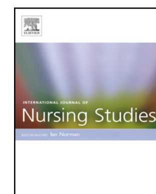

Healthcare providers' knowledge, attitudes and practices towards medical male circumcision and their understandings of its partial efficacy in HIV prevention: Qualitative research in KwaZulu-Natal, South Africa

Cecilia Milford [a,*], Letitia Rambally [a], Joanne E. Mantell [b], Elizabeth A. Kelvin [b,c], Nzwakie F. Mosery [a], Jennifer A. Smit [a]

[a] MatCH Research (Maternal, Adolescent and Child Health Research), Department of Obstetrics and Gynaecology, Faculty of Health Sciences, University of the Witwatersrand, Durban, South Africa
[b] HIV Center for Clinical and Behavioral Studies, Division of Gender, Sexuality and Health, NY State Psychiatric Institute and Columbia University, USA
[c] CUNY School of Public Health, Hunter College, City University of New York, USA

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ABSTRACT

Background: Medical male circumcision has been shown to reduce HIV transmission to an uninfected male partner. In South Africa, medical male circumcision programs were rolled-out in 2010.
Objectives: Prior to roll-out, we explored healthcare providers' knowledge, attitudes and practices about medical male circumcision and their understandings of partial efficacy for HIV prevention.
Design: We conducted qualitative research, using in-depth interviews.
Setting: Participants were from three rural and three urban primary healthcare clinics, randomly selected in eThekwini District, KwaZulu-Natal.
Participants: 25 healthcare providers (including nurse managers, nurses and counselors) were purposively selected from the clinics.
Methods: In-depth interviews were recorded, transcribed and translated. Independent researchers reviewed the transcripts and developed a codebook based on emergent themes, using thematic analysis. NVivo 8 was used to facilitate data management, coding and analysis.
Results: Although most providers had heard that medical male circumcision can reduce risk of HIV acquisition in men, most did not have accurate scientific understandings of this. Some providers had misperceptions about the limited/partial protection medical male circumcision offers. Many had concerns that their communities would misunderstand it, causing increased risky sexual behavior.
Conclusions: These data provide a baseline of providers' understandings of medical male circumcision prior to roll-out, and can be used to compare current data and ensure accurate messaging to clients. Healthcare provider messaging should build client understandings of the meaning of partially efficacious technologies.
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* Corresponding author at: MatCH Research, 34 Essex Terrace, Westville, Durban 3629, South Africa. Tel.: +27 31 001 1096.
E-mail address: cmilford@matchresearch.co.za (C. Milford).

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What is already known about the topic?

- Medical male circumcision (MMC) has been found to reduce the risk of HIV acquisition in heterosexual circumcised men by approximately 48–61%.
- In South Africa, HIV levels continue to be extremely high, with approximately 5.51 million people living with HIV in 2014.
- Male circumcision rates in South Africa were low (in 2009, approximately 42% of men aged 16–55 reported circumcision (traditional or medical)).
- The WHO/UNAIDS recommended that MMC be promoted as part of an HIV prevention strategy in countries with high heterosexual HIV epidemics and low circumcision rates.
- MMC has been scaled up in South Africa, with the roll-out of a national MMC program, which started in 2010.
- MMC scale-up has been slow nationally in South Africa, with almost 2.5 million fewer circumcisions being performed than were targeted (by July 2014).

What this paper adds

- Most healthcare providers knew about medical male circumcision as an HIV prevention strategy.
- Some healthcare providers misunderstood the concept of partial efficacy, and did not understand how medical male circumcision could reduce the likelihood of HIV infection in circumcised men.
- Some healthcare providers had concerns that potential clients (men and women) would not understand partial efficacy, and that they would therefore engage in higher risk sex behavior (such as unprotected sex) if the male partner was circumcised.
- There is a need to provide information to and facilitate the ongoing training of healthcare providers, including traditional healers, to improve medical male circumcision messages and services provided in South Africa.
- There is a need to provide information to support accurate, culturally appropriate messaging and education materials for men considering MMC services and for their female partners.

1. Introduction

Medical male circumcision has been found to reduce the risk of HIV acquisition in heterosexual men by approximately 48–61% (Auvert et al., 2005; Bailey et al., 2007; Gray et al., 2007). The lower HIV risk associated with medical male circumcision has led to concerns that circumcised men may incorrectly believe that they are completely protected, and therefore may increase risky sexual behavior following medical male circumcision. This risk compensation may offset the protective effect of circumcision (Albert et al., 2011; De Bruyn et al., 2010; Herman-Roloff et al., 2011; Milford et al., 2012). However, this is an understudied field, especially outside of the artificial context of large clinical trials in which participants receive intensive, repeated HIV prevention messages.

The WHO/UNAIDS recommends that medical male circumcision be promoted as part of a comprehensive HIV prevention strategy in countries with generalized heterosexual epidemics and low male circumcision rates (De Bruyn et al., 2010). In South Africa, HIV levels continue to be extremely high, with approximately 5.51 million people living with HIV in 2014 (Statistics South Africa, 2014) and male circumcision rates are low (in 2009 approximately 42% of men aged 16–55 reported circumcision (traditional or medical)) (Johnson et al., 2010). Therefore, medical male circumcision scale-up is a priority. The national medical male circumcision program, launched in South Africa in April 2010 (Day et al., 2011), aimed to circumcise 80% of men 15–49 years (approximately 4.3 million men) by 2015, in an attempt to decrease HIV risk in this high prevalence setting. By the end of March 2015, almost five years into the roll-out, approximately 1,900,000 medical male circumcisions had been performed nationally as part of the National Department of Health (DoH) medical male circumcision roll-out (Jacqueline Pienaar, CDC-SA, Personal Communication, 11 May 2015), almost 2.5 million fewer than targeted. In KwaZulu-Natal, 134,146 men were circumcised in the year 2013–2014 as part of this program, 38% of the targeted circumcisions for the province during this period, and 30,229 circumcisions were performed in the eThekwini District over this same period, only 22% of the targeted circumcisions for the District during this period (Ndlovu, 2014).

Acceptability and understanding of medical male circumcision may be a determinant of willingness to circumcise. Cultural acceptability is perceived to be a barrier to medical male circumcision in South Africa. Traditional male circumcision, a rite of passage to adulthood, is common in South Africa among Xhosa and Sotho-speaking groups in the Eastern Cape, Limpopo and Free State provinces (Greely et al., 2012; Peltzer and Kanta, 2009), and although generally acceptable, it is rarely performed by Zulu-speaking groups in KwaZulu-Natal.

In order for the scale-up of medical male circumcision in South Africa to be a success – both in terms of numbers and appropriate messaging to those being circumcised to ensure accurate understanding of the limited protection medical male circumcision provides, – it is important to understand healthcare providers' views and understandings of medical male circumcision and its partial efficacy. Providers are the critical interface between healthcare provision and the general population, and they need to be in a position to provide accurate, understandable and culturally-appropriate messaging to men considering medical male circumcision services and their female partners, often within the context of prevalent traditional male circumcision practices. Few studies have been conducted on provider understandings of and attitudes about medical male circumcision in South Africa (Mavhu et al., 2014). In this study, which was conducted a few months prior to the roll-out of medical male circumcision in KwaZulu-Natal, we explored healthcare providers' medical male circumcision experience and practices, their knowledge of medical male circumcision and their understandings of its partial efficacy in HIV prevention, and their perceived attitudes toward medical male circumcision for HIV prevention. By exploring providers' knowledge,

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