Track C: Epidemiology and Prevention Science

Abstract (option 2 format)

Title: Sociocultural Barriers: are they an obstacle to accelerated uptake of Voluntary Medical Male Circumcision in non-circumcising communities of rural Zambia?

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Issue

The HIV prevalence rate in Zambia remains high at 14.3% in the age group 15-49 years. Among the six key drivers of the HIV epidemic in Zambia is the low level of male circumcision (MC). Although MC offers 60% partial protection against HIV infection, the percentage of circumcised men in Zambia remains low at 13%. In traditionally non-circumcising provinces, these figures are as low as 6% which can be attributed to myths and misconceptions as well as social, cultural and traditional beliefs strongly held by the people on male circumcision. Sections of these communities believe that the practice kills, while others insist that it causes impotence and other sexually related problems. MC offers an excellent opportunity for significantly reducing HIV transmission for HIV negative men if combined with other HIV prevention measures. This paper documents an increase in voluntary medical male circumcision (VMMC) uptake after both sensitising traditional leaders on HIV/AIDS and engaging them in addressing sociocultural beliefs held on male circumcision, in the traditionally non-circumcising Shakumbila Chiefdom of rural Zambia.

Description

Support to the HIV/AIDS Response in Zambia (SHARe II) project staff provided in-depth HIV/AIDS and male circumcision sensitisation to traditional leaders in three (3) non-circumcising chiefdoms, one of them being Shakumbila. The sessions dispelled myths, corrected misconceptions and provided scientifically proven information on HIV/AIDS and voluntary medical male circumcision (VMMC) in a manner best understood by the rural populace. The traditional leaders in turn used this information to sensitise their communities on HIV/AIDS and the importance of embracing and accessing VMMC. In Shakumbila Chiefdom, thirty-eight (38) uncircumcised traditional leaders were sensitised on VMMC. The information was initially met

with overt resistance by the leaders; some insisted male circumcision was demeaning because it is historically a traditional practice of their slave tribes, while others believed it resulted in death. After sensitisation, some of the traditional leaders changed their perceptions and a group of these went further to mobilise their community on VMMC and engaged service providers to conduct the first ever mobile VMMC clinic in their area. Seventy-eight (78) men were circumcised, the oldest being over 70 years old. The leadership has since requested for more VMMC camps.

Lessons Learned

- Engaging traditional leaders on issues of male circumcision can change deeply held perceptions and in turn influence acceptance of VMMC in non-circumcising rural communities.
- Traditional leaders once empowered with information can drive their own HIV agenda through engaging health service providers for the benefit of their community

Next Steps

- Engage government through the Ministry of Health and collaborating partners to allocate more resources to activities targeted at changing sociocultural perceptions held by community/traditional leaders on VMMC
- Scale-up program to other traditionally non-circumcising chiefdoms to help achieve Zambia's target of circumcising 1,900,000 HIV negative men by year 2015.