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FACULTY OF SCIENCE AND ENGINEERING

DEPARTMENT OF HEALTH SCIENCES

EFFECTS OF CIRCUMCISION ON MEN'S HEALTH AND WELLBEING: A CASE OF CHAKOHWA CLINIC, CHIMANIMANI DISTRICT

BY

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DECLARATION

This proposal is my own work and has not been presented for a Degree in any other University.

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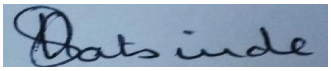
Signature: …  ……

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APPROVAL FORM

The undersigned certifies that they have supervised, read and recommended to Bindura University of Science Education for acceptance a research project entitled: Effects of circumcision on men's health and wellbeing: a case of Chakohwa clinic, Chimanimani district, submitted in partial fulfilment of the requirements of the Bachelor of Science (Honors) Degree in Nursing Science and Education.

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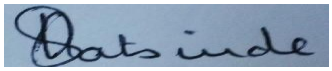
This dissertation is suitable for submission to the faculty and was checked for conformity with the faculty guidelines

MRS. S. KATSINDE  Date: 27/06/2025

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I certify that to the best of my knowledge; the required procedures have been followed and the

Preparation criteria have been met for this dissertation.

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To God be the glory.

DEDICATION

To my family Enos, Tomalyn and Tony, I lovingly dedicate this work. Being separated from you during this journey was a challenge but knowing it was for a greater purpose made it worthwhile. As a mother, my love and care for you all will forever endure, and I am proud to have taken this step towards a brighter future for our family. May this achievement inspire you to pursue your own dreams and aspirations.

ABSTRACT

The aim of the study was to investigate the effects of circumcision on men's health and wellbeing at Chakohwa clinic in Chimanimani district. A descriptive cross sectional study design was employed and convenience sampling technique utilised to identify a sample of forty circumcised men aged between 20-50 years. Data was collected by means of a self-administered questionnaire. Data collected was analysed, interpreted and presented using tables, graphs and pie charts. The study found out that circumcision can have both positive and negative effects on men's physical, sexual and psychosocial wellbeing. The majority of participants 60% indicated reduced STIs as the leading benefit of VMMC. However, potential complications such as pain, bleeding, and surgical site infections were highlighted with 81% highlighting pain as a major complication. Regarding psychosocial wellbeing, 50% reported low self-esteem and depression respectively. Overall mental health and social wellbeing for men post circumcision was rated excellent (90%). This study therefore recommend voluntary medical male circumcision as a public health measure to reduce HIV risk, particularly in high-risk heterosexual populations and implement educational programs to raise awareness about the benefits and risks of male circumcision.

Contents

CHAPTER 1

1.1 Introduction

This chapter covers the background to the study, statement of the problem, objectives of the study are set; questions to be answered by the study are outlined. The significance of the study to the nursing education, practice and nursing research as well as conceptual framework is laid out.

1.2 Background to the Study

Male circumcision (MC) is an ancient surgical procedure, traditionally performed for religious purposes, and as a mark of cultural identity (Maffioli, 2017). With improved interactions between communities, in the 20th century, circumcision was introduced to some formerly not circumcising cultures for both health-related and social reasons (UNAIDS, 2022). Over 30% of males globally have been circumcised (WHO, 2017). Research has shown that MC reduces the risk of HIV transmission, sexually transmitted infections (STIs) and penile cancer (Auvert et al., 2017; Weiss et al, 2017; Schoen et al., 2017; Tobian et al., 2019)). However, concerns about potential physical harm and psychological effects exist (Kara, 2022).

Globally several studies have demonstrated that MC significantly reduces the risk of heterosexual HIV transmission. In Europe research showed circumcised men have a lower prevalence of HIV compared to their uncircumcised counterparts; 20% of males are circumcised resulting in a reduction in HIV prevention by 50% and 30% STI prevention (Kirk et al. 2017, ECDC, 2019). Despite the significant benefits the uptakes of MC services remain low in various regions globally, including Northern, Eastern, Central and Southern Africa, and Zimbabwe is not an exception.

In Europe about 5% of MC procedures resulted in some complications such as urethral fistulae pain and penile deformities (EUROCAT, 2020). In France, male circumcision procedure has shown an overall complication rate of about 10.4%, with the leading effect being pain 20%, bleeding and haemorrhage 5.6%, infections 2.3% and psychological trauma (Boucher et al, 2018). These negative effects however are believed to be a hindrance to the provision of MC services as evidenced by a decrease in number of MC.

In China about 20% of men get circumcised annually, 3.5 % of MC in China complicate to bleeding and haemorrhage, whilst 1.8% succumb to infections such as urinary tract infections as well as wound infections. Pain and discomfort are still the leading negative effects among circumcised men in China; including psychological trauma which was reported by Zhang et al (2020). These negative effects have an influence in the uptake of MC services in the country.

In Africa circumcision has been shown to cause psychological effects like depression and anxiety, pain, fistula formation, excessive scarring leading to penile deformity (Boucher et al, 2018). A study by Mavundla et al. (2020) assessed men's experiences post-circumcision in Southern Africa and findings show a range of emotional responses from relief to regret. These responses lead to a slight drawback in seeking for MC services among uncircumcised men.

In Zimbabwe, traditional practices influence the acceptance of circumcision among men. Circumcision is viewed as a rite of passage and is often linked to masculinity and social status. According to ZIMSTAT (2019), 27% of Zimbabwean men are circumcised with 35 % being in urban areas and 20% in rural areas. The perception of circumcision varies widely. In some communities, it is seen as a necessary health intervention, while in others, it may be viewed with scepticism. Chabata et al. (2021) conducted a survey in Zimbabwe to assess public attitudes towards circumcision, and results showed a mixture of support and concerns regarding its implications.

In Zimbabwe male circumcision has been performed by certified nurses, who will have undergone quality training in male circumcision. Regardless of several negative effects recorded in the country only competent nurses are allowed to perform the male circumcision procedure, but every year severe adverse events following male circumcision are reported and these range from pain, fistulas, accidental removal of head of penis, removal of excessive skin or less skin from the foreskin, bleeding and sepsis after the procedure (ZDHS, 2021)

In view of these circumstances this study will be conducted to establish the effects of male circumcision at Chakohwa clinic in Chimanimani district, Manicaland province in Zimbabwe as no such study has been conducted in this area.

1.3 Statement of the problem

Male circumcision, a widespread practice has sparked intense debate regarding its effects on men's health. Despite World Health Organisation (WHO) endorsement of male circumcision as an HIV prevention strategy (WHO, 2022), concerns persist about its potential harm to men's physical and psychological well-being. However, the current evidence base on the effects of male circumcision on men's health is limited by several factors. Many studies have focused primarily on the prevention of HIV transmission, with less attention paid to other potential health outcomes. The majority of existing research has been conducted in high-income countries, with limited generalizability to low- and middle-income countries where male circumcision is more prevalent (WHO, 2022).

Chakohwa clinic is in the Eastern highlands, in Manicaland province. The province is among the provinces with high HIV prevalence and need to have preventive measures of HIV. Male circumcision is among the preventive measures that have been practised in Chakohwa since 2015, with the help of non-governmental organisations such as Zimbabwe Association of Churches (ZACH) and Population Service International (PSI) later known as Population Solutions for Health (PSH). The researcher need to shed more light to people on potential health outcomes of circumcised males not focusing mainly on HIV prevention but other health effects and carrying out the study in a developing country, Zimbabwe(ZDHS, 2012).

The researcher reviewed statistical data in the DHIS2 a system which captures all the statistics of health services offered in the ministry of health. For the year 2024 Chakohwa clinic had 204 MC done for the whole year. There has been a notable increase of other health effects of circumcision on men at Chakohwa clinic, despite reduction in STIs and HIV prevalence. The outcry from circumcised men with effects such as pain, fistulas, wound infections, bleeding to mention a few has raised concern over the impact of these effects on men's health.

The reviewed data showed that in 2022 the clinic reported a severe adverse event following circumcision which resulted in the client developing several urethral fistulas and 8 moderate adverse events following circumcisions which include severe bleeding, leaving of excess skin after circumcision, infections and severe pain were reported. In 2023 the facility also reported another adverse event following circumcision which resulted in the ministry pumping money to have the client treated with special care. In the same year 2023 no moderate effects where

reported only mild effects which include pain, mild infections where reported but were well managed. In 2024 to date no severe adverse effect has been reported, but 10 moderate effects and 5 mild effects where brought to book.

This study aims to find out the effects of MC occurring to men by providing high-quality evidence on the potential benefits and risks of male circumcision. As the above data was not published due to insufficient evidence.

1.4 Purpose of the study

To assess the effects of circumcision on men's health and wellbeing: a case of Chakohwa clinic, Chimanimani District.

1.5 Objectives of the study

The following are the specific objectives study:

1. To assess the physical effects following male circumcision at Chakohwa clinic, Chimanimani District.
2. To analyse the psychosocial effects of male circumcision at Chakohwa clinic, Chimanimani District.

1.6 Research questions

The following are research questions for the study:

1. What are the physical effects of male circumcision at Chakohwa clinic, Chimanimani District?
2. What are the psychosocial effects of male circumcision Chakohwa clinic, Chimanimani district?

1.7 Significance of the study

Public Health Implications: Results of this study will help to understand the health effects of circumcision on men's health. The research findings can inform the development of evidenced based healthcare policies and guidelines for male circumcision thereby promoting safety during procedures and beneficial practices through training and refresher courses. Disease Prevention: Male circumcision has been shown to reduce the risk of HIV transmission. Understanding its

effects can optimize HIV prevention strategies. This knowledge can contribute to the preventative health strategies.

Cultural and Ethical Considerations: Investigating the effects of male circumcision acknowledges the cultural significance of the practice in many societies and this can facilitate informed discussions among communities, helping individuals and families make decisions based on evidence rather than solely on tradition.

Psychological and Social Aspects: The research helps to understand the potential psychological trauma associated with circumcision particularly if performed without adequate pain management. Understanding the social and relationship implications of circumcision can provide insights into how the procedure affects men's relationship with their partners.

1.8 Limitations of the study

Simon & Goes (2017) defined study limitation as matters and occurrences that arise in a study which are out of the researcher's control. In this study, the researcher is likely to face financial constraints as there is no sponsorship for this project. The fact that the researcher is full time employee and a student, time was not enough to conduct a big study.

1.9 Conceptual framework

The Biopsychosocial Model is a comprehensive and interdisciplinary framework that explains how biological, psychological, and social factors interact to influence human health and wellbeing (Pietrabissa et al., 2020). This model was first proposed by George Engel an American psychiatrist in 1977. This model has key components which are: Biological factors which include physical and physiological aspects of health, such as genetics, brain chemistry, and bodily systems (Hemmingsen, 2020). Psychological Factors: associated with emotional, cognitive, and behavioural aspects of health, such as thoughts, feelings, and behaviours (Kessler et al., 2020). Lastly social Factors: relating to environmental and cultural aspects of health, such as family, social support, culture, and socioeconomic status (Marmot et al., 2020).

Biological Component

The biological component of the BPS Model examines the physiological and anatomical aspects of circumcision and its effects on men's health. These include physiological changes thus

investigating the physical changes that occur as a result of circumcision, such as changes in penile sensation, erectile function, and urinary tract health (Morris & Krieger, 2013; Cox et al., 2018). It also involves wound healing thus examining the biological processes involved in wound healing after circumcision, including the role of inflammation, tissue repair, and scarring (Kumar et al., 2020). Investigation to rule out the potential risks of infection and disease associated with circumcision, such as HIV, HPV, and other sexually transmitted infections (STIs) (Auvert et al., 2013; Weiss et al., 2019). Example research question: "What are the physiological changes that occur in men after circumcision, and how do these changes affect their overall health and wellbeing?"

Psychological Component

The psychological component of the BPS Model explores the emotional, cognitive, and behavioural aspects of circumcision and its effects on men's health and wellbeing. These include investigating the psychological impact of circumcision on men's anxiety and stress levels, including the role of fear, uncertainty, and pain (Bossio et al., 2020). To examining the psychological effects of circumcision on men's body image and self-esteem, including the potential impact on sexual confidence and relationships (Shen et al., 2023).And lastly Investigating the psychological strategies that men use to cope with the physical and emotional challenges associated with circumcision, such as denial, avoidance, or seeking social support (Kessler et al., 2020).Example research question: "How does circumcision affect men's body image and self-esteem, and what coping mechanisms do they use to deal with any negative effects?"

Social Component

The social component of the BPS Model examines the environmental and cultural aspects of circumcision and its effects on men's health and wellbeing. Considering to investigate the cultural and religious significance of circumcision in different societies and communities, including the potential impact on men's identity and belonging (Shell-Duncan et al., 2020). Examine the role of social support from family, friends, and healthcare providers in shaping men's experiences of circumcision and its effects on their health and wellbeing (Kabiru et al., 2020). It also involves Investigate the impact of healthcare systems and policies on men's access to circumcision services, including the potential effects on health outcomes and wellbeing (WHO,

2020). Example research question: "How do cultural and religious beliefs influence men's decisions to undergo circumcision, and what impact does this have on their health and wellbeing?"

Integrating the Components

This study is mainly focusing on how the physiological changes associated with circumcision affect men's psychological wellbeing and social relationships. Integrating the biological, psychological, and social components of the BPS Model, help to gain a more comprehensive understanding of the complex effects of circumcision on men's health and wellbeing.

1.10 Conceptual definition of terms.

Male Circumcision - WHO, 2017 defines male circumcision as a surgical procedure that involves removing the foreskin of the penis.

Effects - A change that occurs as a result of an action, event, or set of circumstances, (Polit & Beck, 2017).

Health – Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 2011).

Well-being - well-being is a positive outcome that includes the presence of positive emotions and moods, the absence of negative emotions and moods, and satisfaction with life (CDC, 2020).

1.11 Summary

This chapter covered the background to the study, problem statement which identified the gap that this study sought to fill. Objectives of the study were given from which the research questions were created. Significance of the study was indicated showing how different stakeholders will benefit from the study. The limitations of the study indicated the parameters under which the study will operate. The study will use the biopsychosocial conceptual framework. Next chapter the researcher presented the literature review of the study.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

Circumcision, the surgical removal of the foreskin from the penis, is a common practice in many cultures and societies. The effects of circumcision on men's health and wellbeing have been a topic of debate and controversy in recent years. This literature review aims to provide a comprehensive overview of the current state of knowledge on the effects of circumcision on men's health and wellbeing.

2.2 Physical effects following male circumcision

Male circumcision has both positive and negative physical effects post the procedure. Globally, approximately 25% of men are circumcised for religious, cultural, medical, or parental reasons. However, there are issues surrounding the procedure, its benefits and risks to health. Studies have shown that circumcision has health benefits such as reduced risk of infections like sexually transmitted infections (Warner et al., 2009; Harper et al., 2024).

According to WHO in 2020 circumcision can reduce the risk of HIV transmission in heterosexual men by approximately 60 percent. In support of this several studies indicate that voluntary medical male circumcision (VMMC) can significantly decrease the incidence of HIV transmission among heterosexual men by 50% to 60% (Perins et al., 2023;Auvert et al., 2013; Gray et al., 2013). Another study conducted in Zambia on 1,000 men found that circumcision was associated with improved sexual function, including increased orgasmic pleasure and reduced premature ejaculation (Kigozi et al., 2022). On contrary to this some studies have reported potential harm, including reduced penile sensitivity and decreased sexual satisfaction (Fransen et al., 2020).

The long-term follow-up of the study participants in a study done in the United States showed that the protective efficacy of male circumcision increased from surgery. Similar studies were

also done in the United States and showed the same results among heterosexual HIV acquisition, but for men having sex with men, the acquisition rate is still unclear (Perins et al, 2023).

A study conducted in Kenya found that circumcised men had a lower risk of genital ulcers, including those caused by herpes simplex virus. In Botswana, circumcised men had improved wound healing outcomes, including reduced risk of infection. Whilst in Tanzania circumcised men had better genital hygiene practices, thus washing their genitals more frequently. (Mattson et al., 2013; Kebaabetswe et al., 2010; Kapiga et al., 2013). All these evidenced based studies proved that circumcision is really beneficial to men's health despite the consequences it can cause.

Sun et al.,(2023) and Mattson et al., (2013) concur that removal of the foreskin may also reduce the risk of penile cancer and improve hygiene, as it eliminates the accumulation of smegma, which can lead to infections. As a result circumcised men experience fewer cases of balanitis (Inflammation of the glans). In addition Zimbabwe studies have shown that circumcised men had a lower risk of genital warts as one of the physical benefits of it (Mwandi et al., 2016).

Circumcision does not only have positive effects on the men, but also the women of circumcised men have reported a reduction in HIV infection as well as STI acquisition (Plotkin, et al., 2021). A reduction of cervical cancer among the female counterparts was of great benefit, according to the Lancet Global Health Studies, a systematic review published in 2017. The decision to circumcise can affect sexual relationships, especially in contexts where cultural norms dictate preferences for circumcised or uncircumcised partners. Research has shown that some women express preferences for circumcised men due to perceived hygiene or aesthetic reasons (Smith & Jones, 2021).

Despite the positive effects highlighted by several researchers, the most common early side effects of circumcision are mild and treatable. They include pain, bleeding, swelling, and inadequate removal of skin. However, serious side effects can occur during the procedure, including death due to excessive bleeding and amputation of the glans penis. Late side effects include pain, wound infection, Skin Bridge, infection, meatal ulcer, meatal stenosis, fistulae, loss of sensitivity, impairment of sexual function, and oedema of the glans penis. In general, it is reported that the rate of side effects is higher in older men and that side effects may occur at the

rate of 14% even in sterile conditions. The rate is lower in young men, and severe side effects do not occur (Weiss et al. 2010).

Lee et al., (2023); Okeke & Ikuerowo, (2019) and Wilson et al., (2023) concur circumcision has evidence of causing long-term physical complications. These are bleeding and haemorrhage, scarring, sensitivity issues and excessive skin loss, skin bridges and amputation of the glans penis or buried penis, these are the leading complications following circumcision, often occurring when the procedure is performed by less skilled personnel or when the client has undiagnosed bleeding tendencies. About 20.2% of the studied circumcised population experienced these complications in Nigeria (Krishma, et al.,2002). These researches have evidence that circumcision need to be performed by certified cadres to minimise such complications, so that the procedure is not viewed negatively by the public.

Circumcision does not affect only the physical aspect but also has sexual complications that can also arise. Persistent pain or discomfort has been reported by some men, this pain is ongoing pain and discomfort post-surgery, potentially affecting their sexual experiences. As a result some men fear negative impacts on their sexual experiences (Lee et al., 2023; Harper et al., 2024).

2.3 Psychosocial effects following male circumcision

Psychosocially circumcision has less positive effects as compared to the physical effects. Westbrook et al (2018) reported that circumcision has positive psychosocial effects among men, as circumcision improve social stigma and self-esteem. Men feel worthy and view circumcision as a great achievement in life, since it needs dedication for someone to undergo the procedure this was according to his study conducted in North America.

In many African cultures, such as Tanzania, Botswana and Zimbabwe circumcision is a rite of passage and a symbol of masculinity, which can enhance social status and self-esteem (Mwandi et al., 2016; Kapiga et al., 2013 & Kebaabetswe et al., 2010). Circumcised men experience reduced stigma and social exclusion related to their HIV status. In Uganda the benefits found for circumcision were for female partners of circumcised men who had a lower risk of cervical cancer. Wawer et al., (2011) stated that this benefit also had positive psychological effect on circumcised men as they felt relieved that their wives are protected. These men feel they play a crucial role in the health of their partners.

In contrast to the positive effects highlighted in African studies, a study in America of 500 men found that circumcision was associated with increased anxiety and depression, particularly in men who experienced complications or had concerns about their sexual function (Bossio et al., 2020). Shen et al., (2023) agreed as he added that circumcision was associated with reduced self-esteem and body satisfaction in men, as men feel incomplete since part of their skin would have been removed. Circumcision may be associated with negative connotations, leading to reluctance in undergoing the procedure. In Europe and North America circumcision rates have declined with varying attitudes towards the practice. Men circumcised later in life may experience a complex array of emotions, including fear and embarrassment, particularly if they perceive societal stigma associated with the procedure (Roberts et al., 2021).

A study done in Australia 2017 on circumcision and mental health reviewed that there was an increased risk of depression and anxiety among the circumcised men than uncircumcised. In some studies, adult men have reported experiencing emotional and psychological harm as a result of being circumcised, both from the sense that their bodily integrity was violated as infants and from the belief that circumcision has adversely affected their sexual enjoyment as adults (Bensley and Boyle 2000).

Boyle et al. (2002) reported that ritual circumcision appeared to be associated with increased aggressiveness, weakening of the ego, withdrawal, reduced functioning and adaptation and nightmares. Emotional numbing, avoidance of the topic of significance, social factors should also be taken into consideration.

According to research on circumcision discomfort, circumcision is traumatic. Circumcision-related trauma is discussed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which is published by the American Psychiatric Association. Traumatic events include things like physical or sexual abuse, torture, and threats to one's bodily integrity that are outside the realm of human experience. The assault is physical, whereas torture is excruciating pain or suffering. Focusing on the act and the victim's experience, it does not always take intent or purpose into account.

Circumcision, emotional pressure, fear of disclosure, and a lack of awareness and understanding of nonverbal expression help keep the feelings of circumcision hidden. Although men are

unaware of the effects of circumcision, it is reported that the fear of somehow missing their penis is common in American culture (Kara, 2022).

Negative feelings about the penis are associated with body image; this includes stress disorder (PTSD) (Goldman 1999). Examples of PTSD symptoms about circumcision include recurring thoughts and dreams and avoidance of them. Emotional lethargy and inappropriate anger are possible long-term effects of circumcision that warrant investigation. Reduced capacity for emotional expression or the 'numb' response is a more likely PTSD symptom with increased time after the traumatic event.

The impact of circumcision on sexual function remains a debated topic. Some studies report that circumcision does not adversely affect sexual performance or satisfaction, while others suggest that it may reduce sensitivity due to the removal of the foreskin (Baker et al., 2022). A survey conducted by Wilson et al. (2023) indicated that circumcised men often report comparable levels of sexual satisfaction to their uncircumcised counterparts, although perceptions of pleasure can vary widely.

In Asia studies have shown that psychological impact of these complications can be profound, leading to anxiety and regret about the decision to undergo circumcision. These psychological effects can vary widely among individuals. Some men report feelings of loss or trauma associated with the procedure, particularly if it was performed due to peer pressure or in need of incentive. These also studies reviewed that circumcision does not adversely affect sexual function or satisfaction but men experience fear and loss (Kigozi, et al., 2014). Thompson et al., 2019) agreed with Kigozi that psychological effects of circumcision can vary significantly. Most circumcised men report feelings of loss despite consenting to the procedure they have a feeling of regret. Studies have indicated that these emotions can manifest as anxiety or regret later in life

Circumcision can influence a man's perception of his body and sexual identity. Research has shown that some circumcised men feel a sense of difference or loss of identity compared to their uncircumcised peers, which can lead to body image issues (Nguyen et al., 2020).

Studies have shown that men who undergo circumcision later in life may experience a range of emotions, including anxiety, depression, and body image issues, particularly if they perceive the procedure as stigmatizing or unnecessary. Studies done by Nelson et al., (2018) reviewed that no

significant differences in mental health outcomes between circumcised and uncircumcised men. Misconceptions about the necessity and benefits of circumcision can further exacerbate psychological barriers, contributing to low uptake rates.

2.4 Summary

While some studies highlight potential health benefits, including reduced risks of sexually transmitted infections (STIs) and improved hygiene, others point to significant psychological impacts and physical complications that may deter individuals from undergoing the procedure. These controversies are mostly based on religious, health, sexual, and ethical grounds. According to Hodges (2001), since the Greek and Roman Empire, the foreskin has been valued but other groups such as Jews and the Islam have been practicing circumcision for religious purposes as recorded in the Holy Bible and Quran. In the 19th century, most Anglophone countries circumcised people for several other reasons, and one of them was an attempt to stop them from masturbating (Adams, 2012). As a result further research is needed to fully understand the effects of circumcision on men's health and wellbeing.

CHAPTER III

RESEARCH METHODOLOGY

3.1. Introduction

Kumar (2019) defines research methodology as the process of collecting and analysing data in a research investigation. This chapter addresses the research design, study setting, population, target population, sampling and sample size, instrument, data collection, presentation and analysis and ethical considerations.

3.2 Research design

Research design is the researcher's overall plan for answering research questions (Creswell& Creswell, 2018). This study employed a quantitative method study design to clearly articulate the research questions and objectives. This design helped to determine the most suitable research approach. This design has quantitative methods to provide a comprehensive understanding of the effects of MC. Quantitative research allows for systematic investigation of phenomena so that quantifiable data can be gathered as well as performing statistical, mathematical, or computational techniques. This study employed descriptive quantitative design which is a non-experimental. The researcher found it good for collection of quantifiable information for statistical analysis of the population sample since it is quick and inexpensive. Questionnaires was used were participants filled hard copies at the clinic and some received the questionnaire on WhatsApp platform to improve convenience as some had limited time at the health facility.

3.3 Study setting

Study setting refers to an area where the study is going to be carried out (Creswell, 2014). The study was conducted at Chakohwa clinic in Manicaland Province, Chimanimani District. The clinic covers a catchment area with a population of 8369 (ZIMSTATS, 2022) and the expected number of males aged between 20 – 50 years stands at 1336. The clinic is 87 kilometres from Mutare along the Mutare Masvingo highway. It caters for clients from other districts like Chipinge and Mutare at times. The health facility offers all primary health care services including voluntary medical male circumcision. It is manned by one registered general nurse

with midwifery and 4 Primary Care Nurses. Three of the health workers are trained in VMMC and can offer the services to clients as walk in, without any prior bookings.

3.5 Target Population

Target population is the entire group to whom the researcher expects to be able to generate study results (Polit and Beck 2010). The target population of this study comprised of all men who had undergone the surgical procedure of voluntary male circumcision aged 20-50 years at Chakohwa clinic. The circumcised men were identified through interviews as they came to the clinic for other services, if they had undergone male circumcision they were the right subjects for the study. Self –administered questionnaires was given to those participants who consented to participate, following an explanation of the study. The researcher had reviewed records from MC register and contacted the clients per phone and got consent to participate in the study. A questionnaire was sent to them via WhatsApp platform and they filled it.

3.6 Sample size

A sample is a specific group of individuals that the researcher collected data from than using the whole population, as it would be unrealistic (McCombes (2019). A sample of 40 participants was drawn from circumcised men between 20-50 years who visited Chakohwa clinic and those who had been circumcised and provided contact details in VMMC registers were followed up through WhatsApp platform. A Resource-Based Approach was used to determine the sample size. McCombes (2019) also emphasised that the larger the sample size the more accurate the results of the study becomes. The sample was derived from the 20% of individuals who were circumcised in registers since the beginning of circumcision program at the facility. A total of 198 men were identified as circumcised, so 20% of 198 was 39.6 hence to the nearest was 40 men, that's how the researcher came up with the sample size.

3.7 Sampling procedure

Singh and Masuku (2014) referred to sampling as a method for selecting individuals on which information is to be gathered. The procedure details on how the researcher selected a population from a sample size which was a smaller portion but representative of the whole population. This study used convenience sampling which is a non-probability sampling method. Convenience sampling is the selection of participants because they are often readily and easily available (Taherdoost, 2016). One significant advantage of convenience sampling is its convenience and speed of data collection. Researchers can quickly gather information without much effort or

resources, making it a cost-effective method, especially when time and budget constraints are present (Breen, 2014). Additionally, convenience sampling can be beneficial for conducting preliminary research or pilot studies, providing valuable insights that may guide future research designs (Morgan, 2023).

However, convenience sampling has several disadvantages. One major limitation is its potential for bias, as participants selected through convenience sampling may not be representative of the broader population, leading to inaccurate conclusions and generalizations (Breen, 2014). This lack of representativeness can threaten the external validity of the study and compromise the reliability of the findings (Morgan, 2023). Furthermore, the reliance on easily accessible participants may result in a homogenous sample, limiting the diversity and variability of responses in the research study. However to reduce bias the researcher clearly defined the population of interest and used the inclusion and exclusion criteria to ensure that the sample is representative of the population of interest.

The researcher with the help of nurses identified subjects from VMMC registers and approached subjects using provided phone numbers. And those who visited the facility were identified as they come. This widened the number of subjects. After identifying the potential subjects the researcher obtained informed consent first for the subjects to participate. Then collected data from the participants through the use of questionnaire. The method was fast, easy to employ, saved time and cost effectiveness. Data was collected quickly as participants where readily available at the selected location and on WhatsApp platform. This method was very suitable for the researcher since the researcher is a student with no financial back up and less time since the research is done in partial fulfilment of the degree.

3.8 Inclusion criteria

An inclusion criterion is the key features of the target population that the investigators used to answer their research question (Patino and Ferreira, 2018). The typical inclusion criteria included demographic, clinical, and geographic characteristics. In this study all men between 20-50 years circumcised were included. The participants were residents of areas within the catchment area of Chakohwa clinic who understood English and Shona languages.

3.9 Exclusion criteria

According to Patino and Ferreira (2018), exclusion criteria refers to features of the potential study participants who meet the inclusion criteria but present with additional characteristics that could interfere with the success of the study or increased their risk for an unfavourable outcome. In this study, young men below the age of 20 or above 50 years, non-residents of Chakohwa area as well as those without an understanding of English or Shona languages were not included in the study.

3.10 Research instrument

A questionnaire is defined as a printed document that contains instructions and statements that are compiled to obtain answers from respondents (Dudovisky, 2018). The study opted for questionnaires due to their easy of data collection, low associated costs and high levels of objectivity compared to many alternatives of primary data collection, (Creswell and Creswell, 2018). A structured questionnaire was developed by the researcher from literature and reviewed by the supervisor. This questionnaire had closed and open ended questions developed by the researcher. Open ended questions helps to capture rich detailed responses and closed ended gives straight clear responses. This made it easy for the researcher to code and analyse the data. In this study the questions were grouped into three sections which are A: demographic data, B: Physical effects following male circumcision C: Psychological and social effects following male circumcision. The instrument was translated in the local languages Shona the subjects understand and simple English to those who understand English was also used. Both written and verbal consent was obtained first before the subjects attempt to answer the questionnaire**.** The questionnaire took approximately 10 minutes to answer both as written and when being answered on WhatsApp.

3.11 Pilot study

This is a small scale version or trial run of the major study done in preparation of a major study (Polit & Beck 2010). Unforeseen problems frequently arise in the course of a project and by piloting the instrument such ambiguities will be recognised early and be corrected. During pretesting validity and feasibility of the instrument is assessed. It also helps to assess the appropriateness of the language. The pretesting will be done on circumcised men between the ages of 20-50 years at Chakohwa clinic, about 10 men due to resource constraints such as time,

budget and personnel. The 10 men involved in the pilot study will not be included in the main study.

3.12 Data collection

According to Bhandari (2020), data collection method involves a systematic process of gathering observations or measurements. Data collection methods are important, because of how the information is collected, used and what explanations it can generate are determined by the methodology and analytical approach applied by the researcher (Paradis, et.al. 2016). Data relevant to the study was collected from a sample of fourty (40) males between 20 to 50 years through the use of questionnaires which were written in English or local language Shona. The researcher administered a questionnaire in English or Shona depending with which language the subjects understood better in order to gather useful information from subjects.

The researcher asked for permission from district health authority that is the District Medical Superintend first in form of application letter to conduct the main study. The researcher worked with nurses in outpatient department to identify participants for the study through use of registers and those who walked in for other services but already circumcised. The researcher explained the purpose of the study, objectives and significance of the study to the subjects. Those opting in by giving consent will be interviewed.

3.13 Data analysis

Data analysis is a process of inspecting, cleansing, transforming and modelling data with the goal of discovering useful information suggesting conclusions and supporting decision making (Neuendorf, 2022). Questionnaires were checked for completeness before analysis, and those incomplete were removed from the study, so as to give a true picture of the study. The data was be organised and entered in a computer for analysis. The data was analysed in a computer using excel and statistical package for the social sciences software (SPSS version 20. Data was then presented on frequency tables, and graphs

3.14. Ethical consideration

The researcher sought clearance first before conducting the study from Bindura University research board, District medical office of Chimanimani district. The researcher obtained an informed consent from the subjects after explaining fully the purpose of the study.

3.15 Summary

This chapter discussed the research design, study population, sample size, sampling procedure, research instrument, pretesting instrument, data collection, analysis and presentation and the ethical consideration.

CHAPTER 4

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

4.0 Introduction

This chapter outlines findings of a quantitative study conducted at Chakohwa clinic in Chimanimani district in Zimbabwe. The study explores the effects of voluntary medical male circumcision (VMMC) decisions among adult men. Forty self-administered questionnaires were answered by men who underwent VMMC at public health facility selected using convenience sampling method. Face to face interviews using a structured questionnaire were used to collect data and all the 40 participants managed to complete and return the questionnaires. The study sought to answer the following research questions:

1. What are the physical effects of male circumcision at Chakohwa clinic, Chimanimani District?
2. What are the psychosocial effects of male circumcision at Chakohwa clinic, Chimanimani District?

Collected data was organised in tables and frequencies calculated. Data was analysed using a Statistical Package for Social Sciences version 20.0. Data was presented using frequency tables.

SECTION 1: DEMOGRAPHIC DATA

Table 4.1 *n=40*

Variable	Respondents	Frequency (n)	Percentage (%)
Age	20-30	18	45
	31-40	14	35
	41-50	8	20
	Total	**40**	**100**
Marital status	Single	18	45
	Married	12	30
	Divorced	4	10
	Widowed	6	15
	Total	**40**	**100**
Number of Children	No child	13	32.5
	One -Two	12	30

	Three - four	8	20
	Five - six	5	12.5
	Above 6	2	5
	Total	**40**	**100**
Level of education	No formal education	4	10
	Primary	12	30
	Secondary	16	40
	Tertiary	8	20
	Total	**40**	**100**
Occupation	Unemployed	9	22.5
	Employed	7	17.5
	Student	16	40
	Other specify (Self-employed)	8	20
	Total	**40**	**100**

Table 4.1 above shows that most of the participants 18(45%) were within the age ranges 20 to 30 years whilst age range 31 to 40 had 14(35%) participants and 41 to 50 years had 8(20%). Regarding participants' marital status, most of the participants 18(45%) were single, 12(30%) were married, 6(15%) were widowed and 4(10%) were divorced. On the number of children, most of the participants 13(32.5%) had no children while 12(30%) had one-two children followed by 8 (20%) who had three to four children, 5 (12.5%) had five to six children and 2 (5%) had above six children. On level of education most 16(40%) completed secondary education, 12 (30%) completed primary education, 8(20%) reached tertiary education and 4 (10%) had no formal education. Regarding occupational status, most participants 16(40%) were students, 9(22.5%) were unemployed, 8(20%) self-employed and 7(17.5%) participants were formally employed.

SECTION 2: CIRCUMCISION EXPERIENCE

Table 4.2 *n= 40*

Variable	Respondents	Frequency (n)	Percentage (%)
Circumcision status	circumcised	40	100
	Not circumcised	0	0
Age at circumcision	Below 20 years	19	47.5
	20-30 years	10	25
	31-40 years	7	17.5
	41-50 years	4	10
	Total	**40**	**100**

Table 4.2 illustrate men's experience with circumcision. All the participants who answered the questionnaire were circumcised. Most of them thus 19 (47.5%) were circumcised before the age of 20 years. For those in the age group 20-30 years 10(25%) were circumcised, 31-40 years 7(18%) were circumcised. And 41-50 years 4(10%) men were circumcised.

Education received before circumcision

Fig 4.1 *n=40*

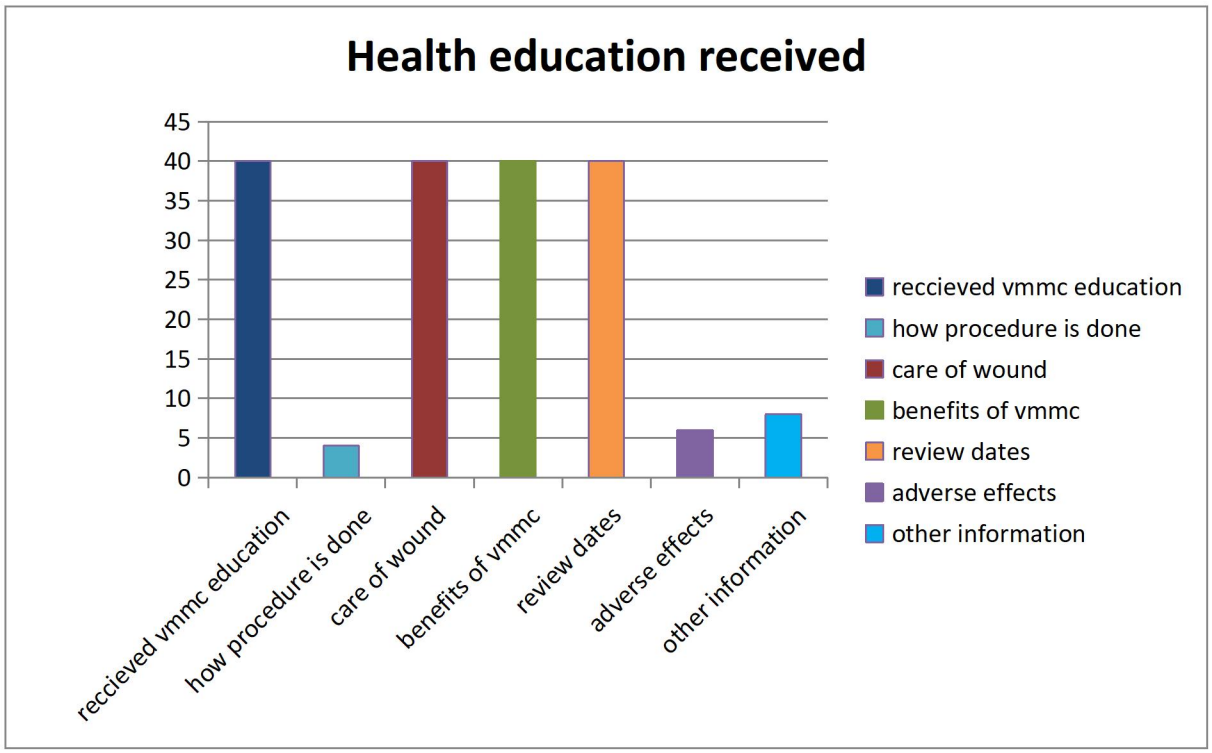
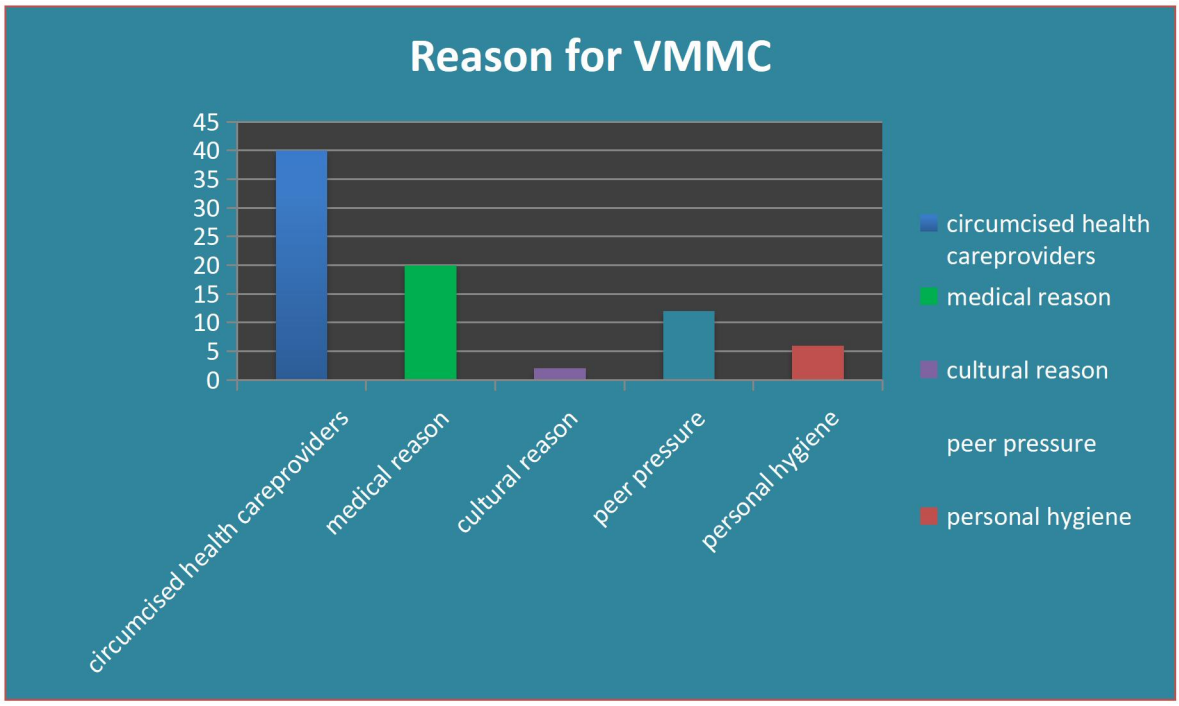


Fig 4.1 illustrates that all the participants received education and counselling before circumcision 40(100%). All the participants 40(100%) also received education on wound care, benefits of circumcision and review dates post circumsion. Eight (20%) received other specific information which included mobilising other clients for circumcision and prevention of sexually transmitted infections. Six (15%) were taught on the adverse effects which may occur following circumcision and only 4(10%) received education on how the procedure is done

Circumcisers and reason for circumcision

Fig 4.2 *n=40*



The above Fig 4.2 shows that all the participants 40(100%) were circumcised by qualified healthcare providers. Twenty (50%) majority of the participants had the procedure done due to medical reasons, while 12(30%) followed their peers 6(15%) had the procedure done due to personal hygiene reasons and 2(5%) had it done due to cultural reasons.

Acceptance of VMMC in the community

Fig 4.3 *n=40*

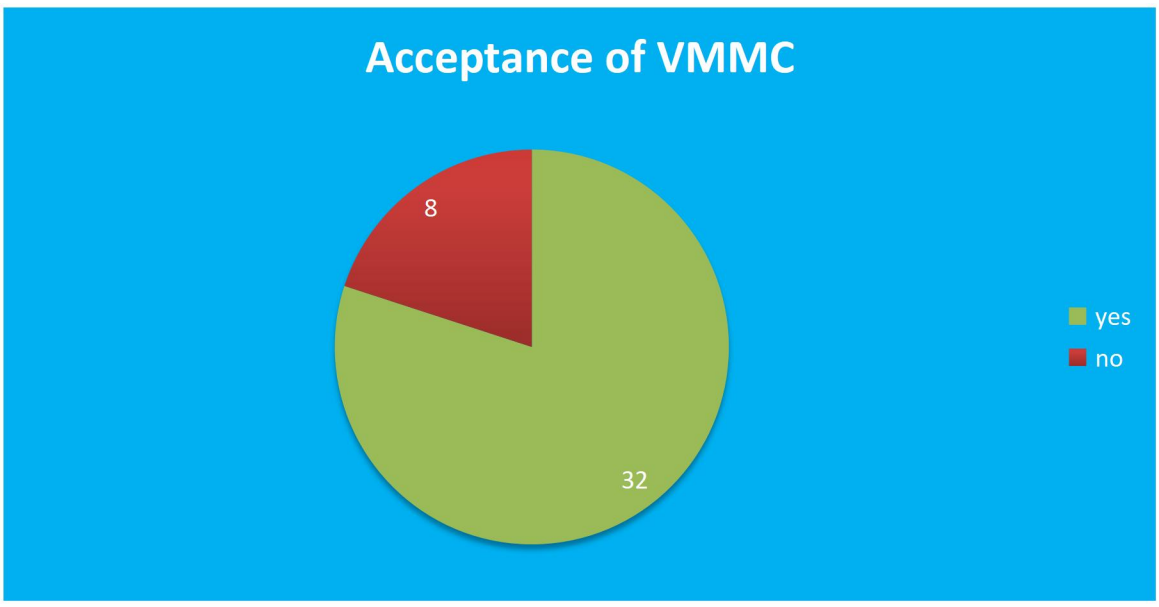


Fig 4.3 indicates participants' views in relation to acceptance of the procedure in the community. Majority of the participants 32(80%) viewed VMMC to be well accepted in the community while 8(20%) stated that procedure was not accepted.

SECTION 3: PHYSICAL EFFECTS FOLLOWING CIRCUMCISION

Fig 4.4 *n=40*

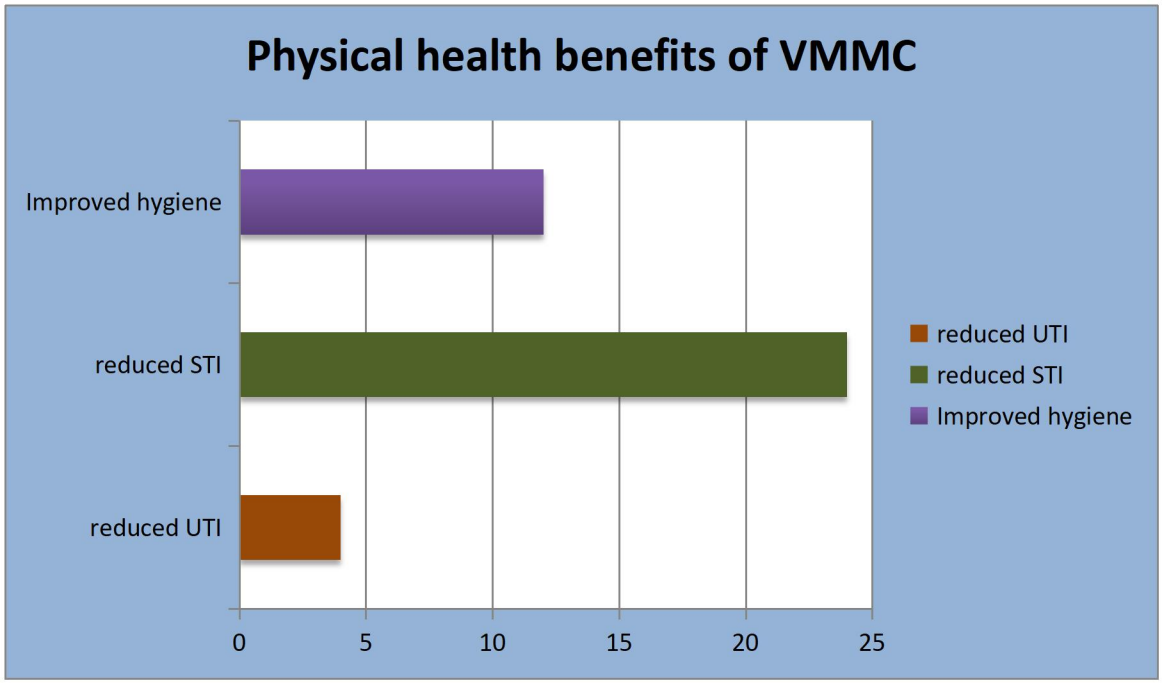


Fig 4.4 shows the physical health benefits of VMMC. Majority of the participants 24(60%) mentioned reduced sexually transmitted infections, while 12 (30%) indicated improved hygiene and 4(10%) mentioned reduced urinary tract infections.

Experiences of complications following VMMC

Table 4.3 *n=40*

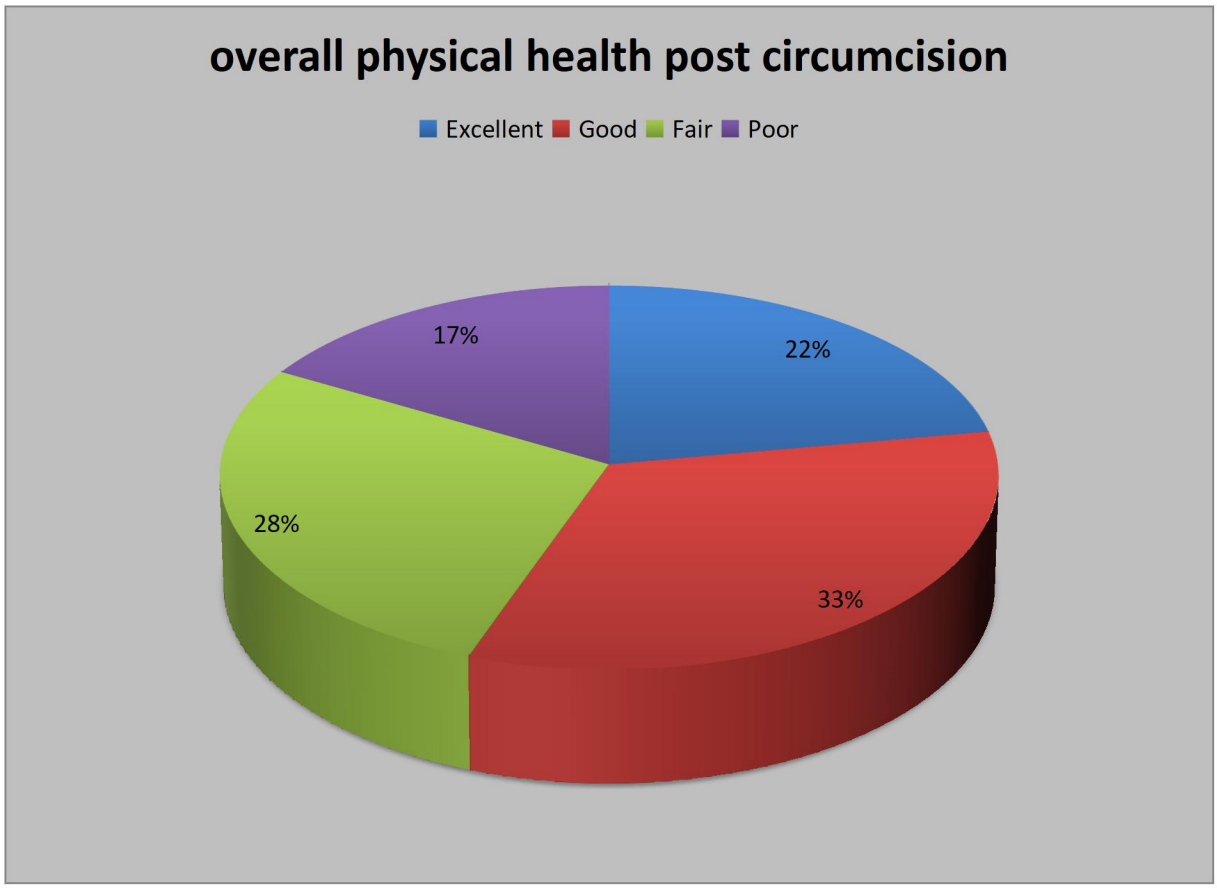
Variable	Respondents	Frequency (n)	Percentage (%)
Experienced complications	yes	32	80
	No	8	20

	Total	**40**	**100**
Physical complications experienced	Pain	26	81
	Bleeding	9	28
	Infection	11	34
	Scaring	3	9
	Urethral fistula	2	5
	Total	**32**	**100**

Table 4.3 above illustrates participants' experiences of complications following circumcision. Among the 40 circumcised men 32(80%) experienced some complications post circumcision and 8(20%) had no physical health complications experienced. The complication with highest respondents was pain with 26(81%) respondents, followed by infection with 11(34), bleeding 9(28%) and scarring with 3(9%). A few indicated urethral fistula as one of the complication they experienced thus 2(6%).

Overall physical health post circumcision

Fig 4.5 *n=40*



The fig 4.5 above shows the participants overall physical health responses post circumcision. Most participants13 (33%) rated their health as good, 11(28%) rated their health fair, while 9 (22%) had an excellent physical health life. The minority 7 (17%) had poor physical health.

SECTION 4: SEXUAL HEALTH

Table 4.4 *n=40*

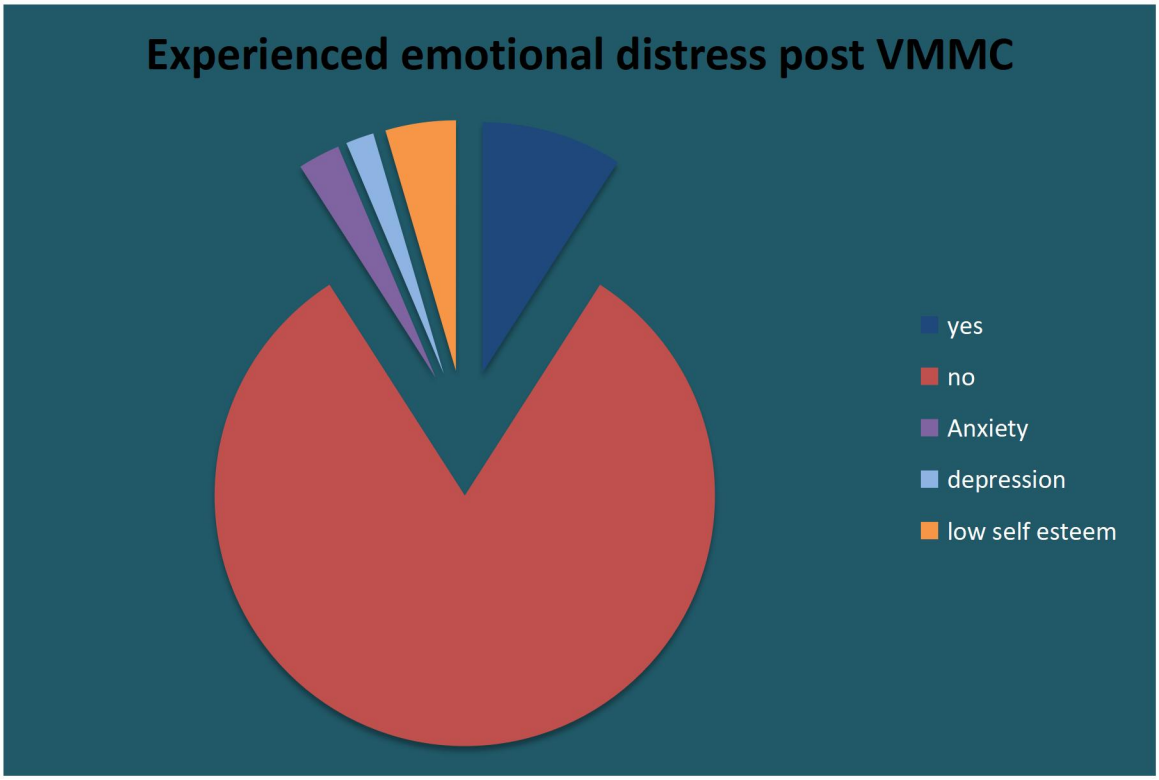
Variable	**Respondents**	**Frequency (n)**	**Percentage (%)**
Has circumcision affected your sexual health	yes	16	40
	No	24	60
	Total	**40**	**100**
Sexual health effects following circumsion	Decreased libido	2	5
	Erectile dysfunction	2	5

	Pain during sex	12	30
	No sexual effects	24	60
	Total	**40**	**100**
Overall sexual satisfaction following circumcision	Excellent	18	45
	Good	8	20
	Fair	12	30
	Poor	2	5
	Total	**40**	**100**

Table 4.4 above illustrates sexual health experiences among the participants. Majority of the participants 24(60%) sexual health was not affected by circumcision, while 16(40%) experienced sexual changes. Among the 16(40%) who had sexual effects following circumcision Twelve (30%) reported having experienced pain during sex while 2(5%) had decreased libido and another 2(5%) had erectile dysfunction.

SECTION 5: PSYCHOSOCIAL WELLBEING

Fig: 4.6 *n=40*



The fig 4.6 above shows the number of participants who experienced emotional distress post circumcision. Majority 36(90%) of the participants did not experience any emotional or psychological effects, while only 10 had emotional effects following circumcision. Among the 10% who experienced emotional distress most 5(50%) experienced low self-esteem, while 3(30%) experienced anxiety and only 2(20%) experienced depression

Overall mental health status

Fig 4.7 *n=40*

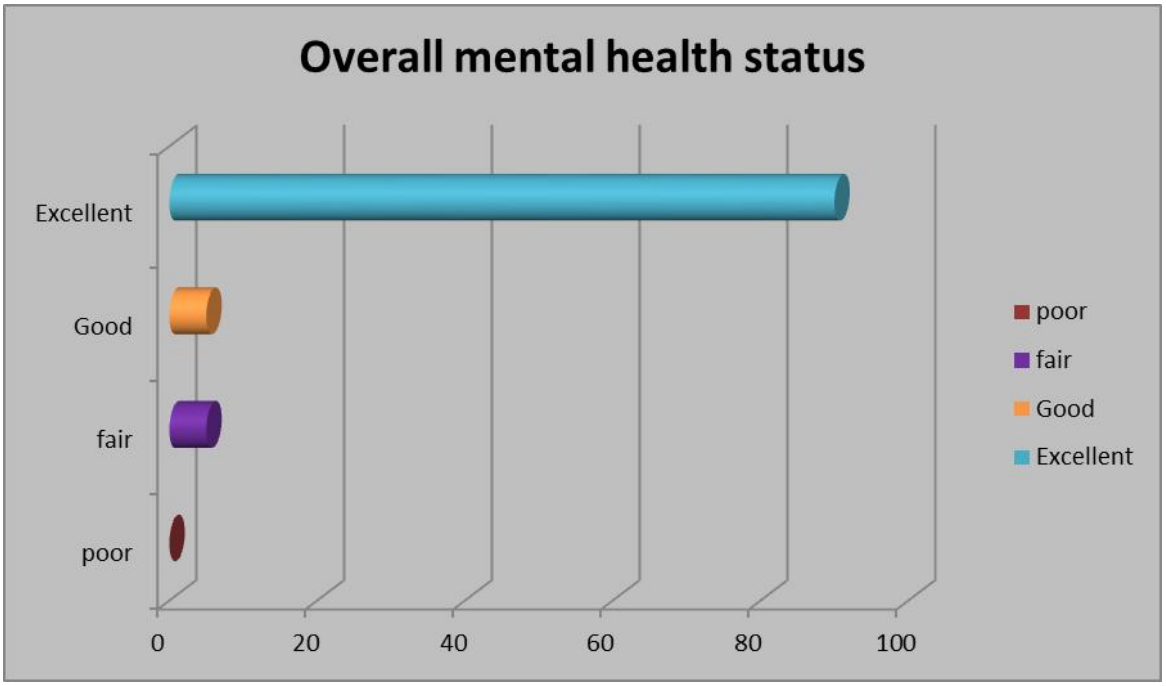


Fig 4.7 illustrates how the respondents rated their overall mental health post circumcision. Majority 36(90%) experienced excellent health and 2(5%) experienced good and fair mental health. No respondents reported having experienced poor mental health post circumcision.

Relations with others post circumcision

Table: 4.5 *n= 40*

Variable	**Respondents**	**Frequency (n)**	**Percentage (%)**
Has circumcision affected your relationship with others	yes	8	20
	No	32	80
	Total	**40**	**100**
How circumcision affected your relations with others	Strained relationships	2	25
	Improved relationships	6	75
	Total	**20**	**100**

Table 4.5 demonstrates participants responses to their relationships with others post circumcision. Majority 32(80%) did not have affected relations, while 8(20%) had their relations affected. Of the eight participants had effected relations, 6(75%) of the 8 had improved relations whilst 2(25%) experienced strained relations.

Overall social wellbeing

Fig 4.8 *n=40*

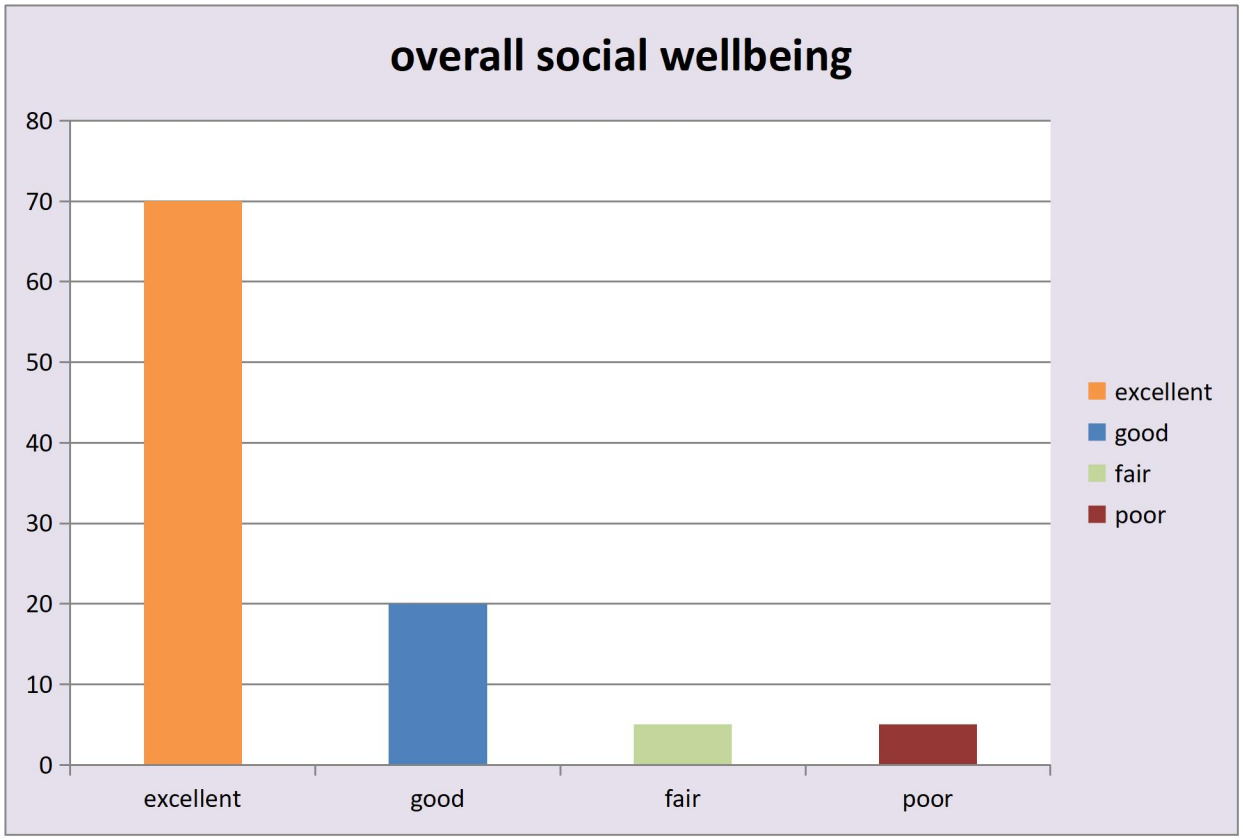
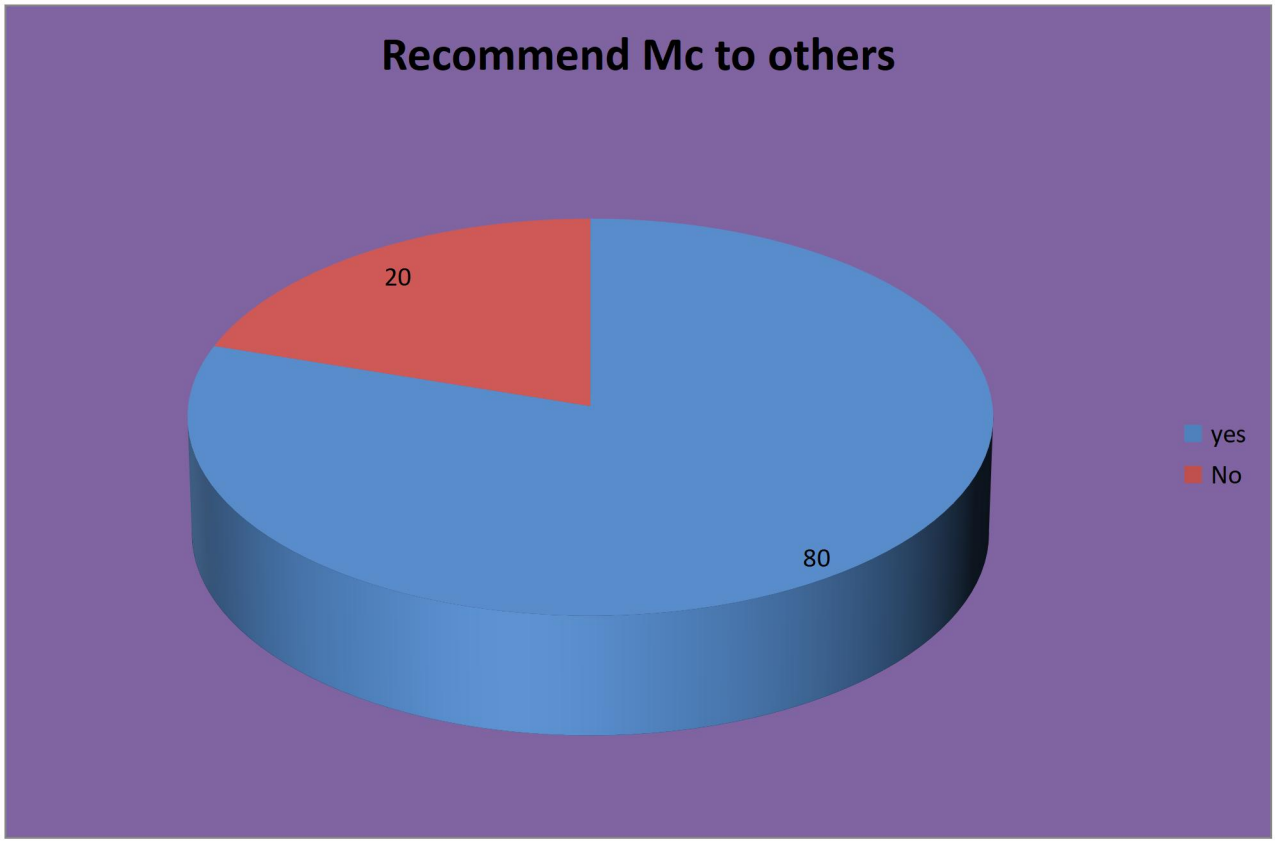


Fig 4.8 illustrates how the participants rated their overall social wellbeing post circumcision. Majority 28(70%) experienced good health while 8(20%) experienced excellent health and 2(5%) experienced fair and poor social wellbeing.

Recommendation of MC to others

Fig 4.9 *n=40*



The fig 4.9 above shows the participants' recommendations on VMMC to other males not circumcised. The majority 32(80%) indicated that they will recommend the procedure to other uncircumcised males, while 8(20%) will not recommend the procedure to others.

SUMMARY

In this chapter, data was analysed, interpreted and presented in tables and figures.

CHAPTER 5

SUMMARY, DISCUSSION OF RESULTS, CONCLUSIONS AND RECOMMENDATIONS.

5.0 Introduction

This chapter discusses and summarises the key finding of the study, concludes, and makes recommendations. The purpose of the study was to explore the "Effects of circumcision on men's health and well-being at Chakohwa clinic". Conclusions were drawn based on results and in relation to study objectives in chapter one. The limitations of the study were also looked at, and the researcher discussed the clinical implications with respect to nursing practice, research and administration.

The objectives of the study were:

1. To assess the physical effects following male circumcision at Chakohwa clinic.
2. To analyse the psychosocial effects of male circumcision at Chakohwa clinic.

5.1 Summary

This study was carried out at Chakohwa clinic in Chimanimani District. A descriptive cross sectional study design was used for this study. Convenience sampling method was used to select a total of fourty participants and data was collected using self-administered questionnaires. The Biopsychosocial model an interdisciplinary framework was used to explain the biological, psychological and social factors that influence men's health and wellbeing following circumcision. Self-administered questionnaires with structured questions were used to collect data from participants with a100% response rate. Data was collected from circumcised men aged 20-50 years. The study findings show that most participants 45% were within the 20-30 age group. About thirty two percent had no children. Forty percent of the participants attained secondary education. Most of participants, 45% were single, 40% were students hence most of the circumcised 47.5% were still below the age of 20 years. All the participants 100% received some education on circumcision which included education on wound care, benefits of VMMC, and review dates. However, only 15% received information on adverse effects following circumcision. All the participants 100% had circumcision done by a trained health care provider. And the main reason of having the procedure done on most of the participants 50% was for medical reason. The community in which the study was conducted accepted the VMMC program

evidenced by 80% of participants agreeing. The majority of participants 60% highlighted reduced STIs most benefit of VMMC. However majority of participants, 81% expressed pain as the leading negative physical effect following circumcision. On sexual health 30% experienced pain during sex. Overall 45% expressed sexual health was excellent. Regarding mental health and social wellbeing this was reported as excellent.

5.2 Discussion of key findings

Demographic findings

Results of this study show that most of the participants 45% were young (20-30 years), indicating a potential openness to exploring effects of circumcision on men's health. Younger men may be more inclined to seek out information and share experiences, which can facilitate community discussions about health. The results concur with a research conducted by Kibira et al (2017) in Uganda which highlighted that younger men were more open to discuss their circumcision experiences as compared to older men. The declining percentages in older age groups suggest varying levels of engagement with VMMC procedure as men age, possibly due to established health practices or changing health needs. The findings suggest that healthcare providers should consider age-specific educational resources about VMMC, tailoring approaches to meet the needs of different age groups.

Most participants 45% were single and this may suggests that they had free choices without any restrictions. According to Mavhu et al. (2012) single men in Zimbabwe were more responsive to VMMC campaigns because they felt more in control of their sexual and reproductive health decisions. They had greater health autonomy and fewer family constraints. It can also be that single men maybe more motivated by perceived sexual benefits of circumcision, such as improved hygiene and attractiveness to partners. This motivation may lead them to engage more in studies evaluating those outcomes. A study by Westercamp & Bailey (2007) in Kenya found that single men often associated circumcision with improved sexual performance and were more willing to discuss and explore its effects.

A significant portion of participants 40% may suggest that the secondary school going age was the most targeted group as students are often the focus of public health campaigns promoting VMMC. School based sensitization programs makes this group more informed and accessible for participation. According to Chikutsa & Maharaj (2015), Zimbabwe's VMMC rollout effectively

used schools to reach adolescent males increasing awareness and willingness to participate in both procedures and related studies. The study found that men with no formal education were significantly underrepresented minority of 10%. Men with no formal education often have limited understanding of health topics, including circumcision. This affects their ability to comprehend research objectives and consent processes. According to WHO (2013), low health literacy is major barrier to participation in health programs and research as individuals may feel intimated or unsure of what participation involves. Also with no education many avoid engagement due to fear of embarrassment or inability to read and write, as highlighted in a study by Lanham et al.(2012) on informed consent challenges in low –literacy populations.

Unemployed participants had a slight higher number 22.5% compared to other categories as this group might not have anything to do and may spent time seeking medical interventions. Mavhu et al. (2011) concur with the same idea that flexibility in time was a key reason for higher male participation in community health outreach programs in Zimbabwe. Some circumcision related studies or health programs offer small incentives, like transport refunds, refreshments which can be more appealing to unemployed men. Studies conducted by Westercamp et al. (2010) in Kenya found that unemployed participants were more responsive to such motivators.

Circumcision experience

Regarding circumcision experience, all men 100% who had circumcision done received some education before the procedure. This outcome reflects standard best practises in VMMC that medical practioner are doing a great job in giving education to clients before procedures. This is in line with WHO (2008) guidelines on VMMC which emphasize that all clients must be adequately informed before the procedure, a principle that has been widely implemented across VMMC programs in sub- Saharan Africa. Mavhu et al., (2012) also concurs with the fact that Zimbabwean VMMC program integrates group education sessions and one on one counselling before circumcision, ensuring all clients are well informed. Another study by Herman –Roloff et al. (2011) in Kenya also showed that pre-circumcision education significantly improved men's understanding of the limitations and proper care after the procedure.

Results also shows all participants 100% reported receiving education on the benefits of circumcision, wound care and review dates. This aligns with best practices and protocols in VMMC programs. According to WHO (2008), such education is a core component of ethical and

safe male circumcision services. Proper wound care instructions and importance of follow up reviews reduce the risk of infections, delayed healing or other complications. Herman-Roloff et al. (2011) found that men who received structured counselling were more likely to follow wound care guidelines and attend review dates resulting in better recovery outcomes.

In this study only a few participants, 10% reported receiving education on how the procedure is done, whilst (15%) received on adverse effects. This gap highlights a common issue in health education within clinical settings, where health educators and clinicians tend to emphasise the benefits of circumcision such as HIV prevention and improved hygiene, while giving less attention to explaining the risks and procedural details in an effort to promote higher program participation. A study conducted in Tanzania by Plotkin et al. (2013) agreed with the fact that some health workers avoided discussing side effects to prevent discouraging clients. A cohort study done in Western China by Zhou et al. (2017) also demonstrated that while educational interventions increased knowledge and willingness to undergo circumcision detailed discussions about the procedures and its risks were less emphasized.

All the participants 100% had the procedure done by qualified health professionals which indicates that medical system is doing a great job of sensitising community to have this invasive procedure done in clinic under safe environment even if the reason for the procedure differ. This also reflects increasing global adherence to clinical standards, policy and public health efforts of promoting safe medically supervised circumcision. Since 2020, WHO and national ministries of health have strengthened regulations requiring that circumcisions for HIV prevention and general health be performed by trained providers in approved settings. WHO'S guideline on VMMC 2021 emphasis provider competency, patient safety and infection control as essential standards in all programs (WHO, 2021). A South African study (Letsela et al., 2021) also concur with the fact that men specifically cited provider training and facility cleanliness as key factors in their decisions to undergo circumcision,

Fifty percent of the participant had the procedure done because of medical preventive reasons such as reducing STI, UTI and HIV/AIDS since circumcision has been promoted as an effective HIV prevention method especially in sub Saharan Africa. WHO and UNSAIDS are in agreement that circumcision reduces the risk of heterosexual HIV transmission by about 60%. Also a study in Zimbabwe (Mavhu et al., 2021) showed that many men cited HIV prevention as their main

reason for circumcision after receiving education through health campaigns. The researcher also found out that despite medical reasons some men 30% had the procedure done through peer pressure this suggest that men often choose circumcision due to encouragement from peers or partners who associate it with cleanliness reduced disease transmission. Hence partner influence plays a major role in men's decision to get circumcised for prevention (WHO, 2021).

Physical effects following circumcision

On physical effects following circumcision the majority 60% who sighted HIV and STI prevention indicates that participants are aware of information or studies suggesting that male circumcision reduce the risk of certain STIs such as HIV, herpes and human papilloma virus. Also the other reason could be the public messaging campaigns which have emphasis on the role of circumcision in reducing STI transmission. Those who indicated hygiene as the physical benefits of circumcision it could be reflecting their personal values. The one who indicated improved hygiene could suggest that hygiene is commonly discussed in community influencing participants' responses. Sun et al., 2023 and Mattson et al., 2013) concur that removal of the foreskin may also reduce the risk of penile cancer and improve hygiene, as it eliminates the accumulation of smegma, which can lead to infections. The minority 10% who mentioned reduced UTI could be due to less awareness of potential benefits of circumcision in reducing UTIs. The other suggestion could be that UTIs may not be a significant health concern for many participants leading to a lower prioritisation of the benefit.

In relation to increased number of participants having experienced complications after circumcision could suggest, complication occurring during the procedure itself such as bleeding, infection or improper wound care. Insufficient post-operative care or follow up may contribute to complications. A study in Uganda (Kanyango et al., 2021) revealed the same results that non-compliance with post op care instructions was linked to higher rates of wound infections and delayed healing. Also the level of skill or experience of the healthcare provider performing the circumcision may impact on the likelihood of complications especially if procedures are done during campaigns as procedures are rushed and compromised due to high client volume. Letsela et al. (2021) in a study done in South Africa reported the same results that clients circumcised during peak outreach campaigns were more likely to experience complications compared to those treated as walk in clients. Also studies have shown that the leading complications following circumcision, often occurring when the procedure is performed by less skilled

personnel or when the client has undiagnosed bleeding tendencies (Lee et al., 2023; Okeke & Ikuerowo, 2019 and Wilson et al., 2023).

On the aspect of pain the highest number 81% of participants who experienced pain could suggest that there was inadequate pain management during and after the procedure as the facility may not have been adequately equipped for effective pain management. Or it could also be influenced by participants' individual pain tolerance. These results concur with a study done in France were male circumcision procedure has shown an overall complication rate of about 10.4%, with the leading effect being pain 20%, bleeding and haemorrhage 5.6%, infections 2.3% and psychological trauma (Boucher et al, 2018). Another study conducted by Kimathi et al. (2020) in Kenya highlighted that lack of effective pain control protocols contributed to a higher incidence of reported post op pain. Hence overall pain is the leading physical side effect of circumcision.

The good health experienced by 33% could be because they may have experienced a typical recovery process and effective post-operative care after circumcision as well as reduced build-up of smegma hence lowering the infections like UTI, STI and balanitis leading to good physical health. This was also highlighted in a study conducted in Ethiopia (Alemu et al., 2020) which found out that circumcised men reported fewer genital hygiene problems and fewer cases of inflammation compared to uncircumcised. Wambura et al (2021) also confirmed that circumcised men had fewer STI diagnoses in the first year post procedure that is why they rate their physical health as good. The 22 % who experienced excellent health could be because they had optimal care including wound care and follow up leading to excellent health. Also participants may have experience minimal complications during the recovery process. Those who reported poor health may have experienced significant complications such as infection, bleeding that affected their physical health. Inadequate wound care and underlying health conditions could have worsened the physical health of participants after circumcision.

Sexual health

In relation to sexual health effects the majority of the participants 60% had changes in their sexual health; some might be experiencing pain if they indulge in the act early before wounds heal. Some researchers are also in agreement with this were, persistent pain or discomfort has been reported by some men, this pain is ongoing pain and discomfort post-surgery, potentially

affecting their sexual experiences. As a result some men fear negative impacts on their sexual experiences (Lee et al., 2023; Harper et al., 2024). More studies in agreement with the fact as some studies from Uganda and Zimbabwe showed that some men resumed sex before full healing, resulting in pain or reduced satisfaction (Kanyago et al., 2021).

The 5% who experienced erectile dysfunction and reduced libido could be having the problem even before the procedure and undergo the procedure to try and rectify the problem. Circumcision involves removal of the foreskin, which contains sensitive nerve endings. Studies have shown that this can reduce penile sensitivity in some men. A 2020 study conducted in Denmark by Frisch & Simonsen found that circumcised men were more likely to report sexual dysfunction, including orgasm difficulties and reduced sensitivity.

Sexual health problems post-circumcision experienced by 60% of the participants suggests a need for comprehensive pre-procedure counselling and post-operative follow-up. While many men benefit physically, sexual health concerns must be addressed with transparency and sensitivity.

Psychosocial wellbeing

Among the participants 90% did not have their emotional status affected. This could be because when the procedure was done the participants only focused on their physical health benefits and not mental. Also many circumcised men report improved self-perception and body confidence, which positively affects their mental and social well-being. A study in Kenya (Odoyo et al., 2022) found that men felt “cleaner” and more confident, particularly in intimate relationships, contributing to overall psychosocial satisfaction. Bensley & Boyle (2000) disagree with this in their studies were they mentioned that adult men have reported experiencing emotional and psychological harm as a result of being circumcised, from the sense that their belief of being circumcised has adversely affected their sexual enjoyment as adults. Hence they are psychologically traumatised. Those who experienced low self-esteem could be because they feel part of their body parts had been tempered with and they are no longer wholesome.

The significant 80% number who experienced excellent social wellbeing could be because the procedure is socially accepted in the community and valued leading to increased social acceptance and integration. In communities where circumcision is viewed as a rite of passage or associated with manhood, undergoing the procedure enhances social belonging. A Tanzanian

study (Plotkin et al., 2021) showed that circumcised men experienced increased peer respect and reduced stigma, improving social well-being. The high rate of good psychosocial health among circumcised men is backed by recent studies showing benefits in confidence, social acceptance, and reduced health anxiety. These findings emphasize the broader emotional and social impacts of circumcision beyond physical health.

The significant number 80% of participants recommending MC to others could be because the procedure is socially accepted in the society and those who have undergone the procedure have noted a significant benefit that is why they are recommending the procedure to others. This is evidenced by another study conducted in Kenya by Odoyo et al. (2022) which found that men satisfied with their healing, reduced STI risk, and overall health were highly motivated to recommend MC. Mavhu et al. (2021) in Zimbabwe also agrees with the same results as he found that men were actively involved in encouraging friends and relatives as part of social responsibility. The 80% recommendation rate among men is backed by evidence showing high satisfaction with health, hygiene, and sexual outcomes. These men become informal advocates, driving MC uptake in their communities through personal testimony.

5.3 Conclusion

The study concludes that circumcision has both positive and negative effects on men's health and well-being, depending on the individual's circumstances and experiences. Circumcision positively impacted the majority of participants across physical, psychosocial, and preventive health issues. However, variations in sexual health outcomes and post-operative experiences highlight the need for improved pre- and post-procedure education. The findings reinforce the value of circumcision as a health intervention while emphasizing the importance of demographic targeting, counselling, and quality of care to optimize outcomes.

5.4 Limitations

The study was conducted at Chakohwa clinic, in Chimanimani District only and therefore the study results cannot be generalised. Convenience sampling utilised might have introduced some bias since nothing is known about those men who did not participate in the study. Moreover, time to balance between research and other educational activities was limited since the researcher was a student at Bindura University of Science Education during the period the study was carried out.

5.5 Nursing Implications

5.5.1 Implications to nursing research

There is not much research conducted in Zimbabwe regarding effects of circumcision on men's health hence the need for more research to be conducted in this area in more settings to enable generalization of result and promote evidence-based practice. There is also need to identify knowledge gaps, especially around sexual and psychosocial outcomes, to guide future research. As well as use findings to improve gender-sensitive approaches in male health research.

5.5.2 Implications to nursing practice

Nurses and trained health care providers in VMMC program should assess the knowledge and practices of circumcised men on their health and wellbeing. If any discrepancies are noted, new strategies and plans can be incorporated into nursing practice and trainings so as to help improve their management of circumcised men to reduce negative effects to their health and wellbeing. A holistic, client-centered care before, during, and after circumcision, addressing physical, sexual, and emotional needs should be done by nurses. Nurses also need to strengthen counselling and health education on wound care, benefits, risks, and behavioural expectations post-procedure. And monitor for complications such as infection and pain, and manage or refer appropriately.

5.5.3 Implications to Nursing Education

Nurse educators should emphasize the positive impact of health education and skills to perform procedures during the student training period so that as they qualify to be nurses, they are able to impart knowledge through health education and be able to increase walk in procedures since all nurses will be trained. Student nurses should get an opportunity to give health education in the most appropriate ways during clinical attachments and do follow ups on procedures so that they become better nurses as far as health education and procedures are concerned. There is need to integrate findings into the nursing curriculum to improve understanding of male reproductive health and circumcision care as well as train student nurses in cultural competence, communication, and counselling skills related to men's health.

5.5.4 Implications to Nursing Administration

Nursing Administrators should lobby for resources like pamphlets and magazines teaching aids which nurses can use to give health education in the community or on men's forums. Broadcasting of circumcision programs on mass media like radio and television could help increase knowledge on VMMC. Developing and implementing standard operating procedures for

circumcision care in healthcare settings could improve quality of care rendered and minimise adverse effects. Adequate staffing, training, and resources are necessary to provide safe circumcision services. Monitor service quality through data collection, audits, and continuous quality improvement based on research findings.

Recommendations

1. To provide comprehensive counseling on the benefits, risks, procedure steps, wound care, and sexual health impacts to ensure informed consent and better post-operative outcomes.
2. To establish structured review systems and follow-up appointments to monitor healing, manage complications early, and reinforce hygiene practices.
3. To ensure all circumcisions are performed by trained professionals under sterile conditions. Regular refresher training should be provided to minimize complications.
4. To incorporate discussions on possible changes in sexual sensitivity and function into counseling sessions, supported by psychological support if needed.
5. To encourage more local and longitudinal studies to explore long-term psychosocial and sexual outcomes, and improve program design based on evidence.

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APPENDIX 1: QUESTIONNAIRE IN ENGLISH

My name is Mispa Bwititi; a Bachelor of Science honours degree in Nursing Education at Bindura University of Science Education. I am conducting a research study entitled:

"A study on effects of male circumcision on men's health among men 20-50 years old: A case of Chakohwa clinic".

Instructions to participants

1. Please answer all following questions to the best of your knowledge.
2. Tick in the appropriate box and specify were necessary.
3. Do not write your name.
4. You are free to withdraw from participating at any time you feel like.
5. All the information will be treated with utmost confidentiality.
6. The findings of the study will not be published but used for study purposes only.

Section 1: Demographic Information

1. What is your age?

20-30 ☐

31-40 ☐

41-50 ☐

2. What is your marital status?

Single ☐

Married ☐

Divorced ☐

Widowed ☐

3. How many children do you have?

1-2 ☐

3-4 ☐

☐

5-6

Above 6 ☐

4. What is your level of education?

No formal education ☐

Primary ☐

Secondary ☐

Tertiary ☐

5. What is your occupation?

Unemployed ☐

Employed ☐

Student ☐

Other specify…….

Section 2: Circumcision Experience

6. Were you circumcised?

Yes ☐

No ☐

7. If yes, at what age were you circumcised?

Specify……..

8. Did you receive any education or counselling on circumcision from service providers before the procedure?

Yes ☐

No ☐

9. If yes what information did you receive? Tick all that apply

How procedure is done ☐

Care of the wound ☐

Benefits of the procedure ☐

Review dates ☐

Adverse effects ☐

Any other information specify……

10. Who performed the circumcision?

Healthcare provider ☐

Traditional circumciser ☐

Other Specify…….

11. What was the reason for your circumcision?

Medical ☐

Cultural/religious ☐

Peer pressure ☐

Personal hygiene ☐

Other Specify……

12. Is circumcision culturally accepted in your community?

Yes ☐

No ☐

Section 3: Physical Health

13. What benefits do you think you experienced following circumcision? Tick all that apply

Reduced risk of Urinary tract infections ☐

Reduced risk of sexually transmitted infections ☐

Improved genital hygiene ☐

Other specify……..

14. Have you experienced any physical complications since your circumcision?

Yes ☐

No ☐

15. If yes, what were the complications? Tick all that apply

Pain ☐

Bleeding ☐

☐

Infection

Scarring ☐

Other Specify ……..

16. How would you rate your overall physical health since your circumcision?

Excellent ☐

Good ☐

Fair ☐

Poor ☐

Section 4: Sexual Health

17. Has circumcision affected your sexual function?

Yes ☐

No ☐

18. If yes, how has it affected your sexual function? Tick all that apply:

Decreased libido ☐

Erectile dysfunction ☐

Pain during sex ☐

Other Specify……

19. How would you rate your overall sexual satisfaction since your circumcision?

Excellent ☐

Good ☐

Fair ☐

Poor ☐

Section 5: Psychosocial Wellbeing

20. Have you experienced any emotional or psychological distress since your circumcision?

Yes ☐

No ☐

21. If yes, what kind of distress have you experienced? Tick all that apply:

Anxiety ☐

Depression ☐

Low self-esteem ☐

Other specify……

22. How would you rate your overall mental health since your circumcision?

Excellent ☐

Good ☐

Fair ☐

Poor ☐

23. Has your circumcision affected your relationships with others?

Yes ☐

No ☐

24. If yes, how has it affected your relationships? Tick all that apply:

Strained relationships ☐

Improved relationships ☐

No change ☐

Other specify ……

25. How would you rate your overall social wellbeing since your circumcision?

Excellent ☐

Good ☐

Fair ☐

Poor ☐

26. Would you recommend MC to other people?

Yes ☐

No ☐

Any other comments……

APPENDIX 2: QUESTIONNAIRE IN LOCAL LANGUAGE

Zita rangu ndinonzi Mispa Bwititi, mudzidzi weBachelor of Science honors degree muNursing Education paBindura University of Science Education. Ndiri kuita ongororo ine musoro unoti:

"Chidzidzo pamusoro pezvinosanganikwa nevarume vakachecheudzwa vane makore 20-50: Nyaya yekiriniki yeChakohwa".

Mitemo kuvachapinda muongororo

1. Ndokumbira mupindure sekunzwisisa kwenyu.

2. Tikai mubhokisi riripamberi pemhinduro nekunyora zvamunoziva mumashoko enyu pamimwe mibvunzo.

3. Musanyora zita renyu.

4. kana mafunga kusada kuenderera mberi munobvumidzwa kusiya.

5. Ruzivo rwese ruchabatwa nekuvanzika kukuru.

Chikamu chekutanga: Ruzivo rweDemographic

1. Mune makore mangani?

20-30 ☐

31-40 ☐

41-50 ☐

2. Makaroora here?

Handina kuroora ☐

Ndakaroora ☐

Takarambana ☐

Ndakafirwa ☐

3. Mune vana vangani?

1-2 ☐

☐

3-4

5-6 ☐

Pamusoro pe6 ☐

4. Makasvika chikamu chipi chedzidzo?

Handina kudzidza ☐

Primary ☐

Secondary ☐

Tertiary ☐

5. Munoita basa rei?

Handishandi ☐

Ndinoshanda ☐

Ndiri mudzidzi ☐

Kana pane zvimwe tsanangurai…….

Chikamu chechipiri: Chiitiko cheKuchecheudzwa

6. Makacheudzwa here?

Hongu ☐

Kwete ☐

7. Kana mhinduro yepamusoro iri hongu, makachecheudzwa pamakore api?

Isai makore chaiwo ☐

8. Makambowana dzidziso kana mazano pamusoro pekuchecheudzwa kubva kune vanopa rubatsiro here?

Hongu ☐

Kwete ☐

9. Kana hongu, makadzidziswa nezvei? Makai zvese zvinokodzera;

Kucheudzwa kunoitwa sei ☐

Kuchengeta ronda kana wachecheudzwa ☐

Zvakanakira kuchecheudzwa ☐

Mazuva ekudzoka kuongororo mapedza kuchecheudzwa ☐

Zvinogona kukanganisika pakuchecheudzwa ☐

Kana pane zvimwe wedzerai zvamakadidziswa……

10. Ndiani akakuchecheudzai?

Mupi wehutano ☐

Muchecheudzi wemunharaunda ☐

Wedzerai kana pane vamwe vasina kunyorwa apa……

11. Chii chakaita kuti muchecheudzwe?

Zveutano ☐

Tsika/chinamato ☐

Dzvinyiriro yavaenzani ☐

Hutsanana hwemunhu ☐

Wedzerai kana pane zvimwe zvikonzero……

12. Kuchecheudzwa kunongedzo kuno netsika netsika munharaunda yako?

Hongu ☐

Kwete ☐

Chikamu chechitatu : Utano Hwemuviri

13. Chii chamunoona kuti kuchecheudzwa kwakubatsirai mumuviri wenyu. Isai zvese zvamakabatsirwa nazvo kubudikidza nekuchecheudzwa.

Kudzikisirwa kweutachiwana wemudundira ☐

Kudzikisirwa kwezvirwere zvepabonde ☐

Kuwandudzwa kwehutsanana hwesikarudzi ☐

Isai zvimwe kana zviripo……

14. Makambosangana nematambudziko mutano hwenyu here kubva pakuchecheudzwa?

Hongu ☐

Kwete ☐

16. Kana hongu, ndeapi matambudziko? Isai zvese zvamakasangana nazvo

Marwadzo ☐

Kubuda ropa ☐

 ☐

Utachiona

Mavanga ☐

Wedzerai kana pane zvimwe …….

17. Munouona sei utano hwemuviri wenyu kubva pakachecheudzwa?

Hwakanakisisa ☐

Hwakanaka ☐

Huripakati nepakati ☐

Hauchina kumira zvakanaka ☐

Chikamu chechina : Hutano hwepabonde

18. Kuchecheudzwa kwakakanisa basa rako repabonde here?

Hongu ☐

Kwete ☐

19. Kana hongu, zvakashaisha sei basa rako repabonde? Nyora zvese:

Zvakawedzera kuda bonde ☐

Zvakaita kuti nhengo isamire ☐

Marwadzo panguva yebonde ☐

Wedzerai kana pane zvimwe……

20. Munouona sei utano hwepabonde kubva pamakachecheudzwa?

Hwakanakisisa ☐

Hwakanaka ☐

Huripakati nepakati ☐

Hauchina kumira zvakanaka ☐

chikamu chechishanu: Utano hwepfungwa nemagariro nevamwe

21. Makambosangana nekukanganisika mupfungwa here kubva pakuchecheudzwa kwako?

Hongu ☐

Kwete ☐

22. Kana hongu, idambudziko ripi ramakasangana naro? Isai zvese:

Kuzvidya mwoyo ☐

Kuora mwoyo ☐

Kuzvitarisira pasi ☐

Wedzerai kana pane zvimwe ……

23. Munouona sei utano hwepfungwa dzenyu kubva pamakachecheudzwa?

Hwakanakisisa ☐

Hwakanaka ☐

Huripakati nepakati ☐

Hauchina kumira zvakanaka ☐

24. Kuchecheudzwa kwakanganisa hukama hwenyu nevamwe here?

Hongu ☐

Kwete ☐

25. Kana hongu, hwakashata sei hukama hwenyu? Isai zvese:

Ukama hwakakanganiswa ☐

Hukama hwakavandudzwa ☐

Hapana chakachinja ☐

Wedzerai kana pane zvimwe ……

26. Munoona sei kugarisana kwenyu nevamwe kubva pakuchecheudzwa kwenyu?

Hwakanakisisa ☐

Hwakanaka ☐

Huripakati nepakati ☐

Hauchina kumira zvakanaka ☐

27. Munga kurudzira vamwe kuti vachecheudzwewo here?

Hongu ☐

Kwete ☐

Kana mune mmwe mashoko sungukai kunyora……

APPENDIX 3: CONSENT FORM

A study to investigate effects of circumcision on men's health and wellbeing: A case of Chakohwa clinic, Chimanimani District

My name is Bwititi Mispa Reg no: B225808B. I am a student pursuing an Honours degree in Bachelor of Science majoring in education. I would like to ask some questions about the above topic. The information obtained in this questionnaire is meant for this study only. Your name will not appear anywhere in the questionnaire.

Participation is voluntary; you can withdraw from the study anytime you feel you no longer want to participate.

If you have any questions or you need clarity conduct me at Bindura University of Science Education, Department of Health Sciences, Bag 1020, Bindura, Zimbabwe or cell- 0773508108. I kindly refer you to my Research Supervisor Mrs Katsinde tutor at Bindura University of Science Education.

Do you agree to participate: YES ( ) NO ( )

(Indicate with a tick)

Respondent's finger print

Date.....

(Left thumb)

Researcher's signature.....

Date.....

Thank you for participating in the study.

APPENDIX 4: FOMU REKUBVUMA KUBATSIRA

Ongororo yekuona zvikonzero zvirikuita kuti chirwere chekuita weti ineropa chebhirihaziya chiwande munzvimbo yeMutambara pavana vane makore mashanu kusvika gumi nemashanu.

Inini ndinonzi Mispa Bwititi.Ndirimudzidzi pachikoro che Bindura University. Ndiri kudzidza kuwa mukoti anokwanisa kuzodzidzisa vakoti vatsva. Ndinoda kukubvunzai mibvunzo maringe neongororo iripamusoro apo. Mhinduro dzenyu dzamuchandipa ndichadzishandisa paongororo iyoyi chete. Musa nyore zita renyu pamhinduro dzenyu.Kana muchinzwa kuti hamuna kusununguka kutsigira ongororo iyi makasununguka kuregedza hamumanikidzwi.

Kana muine pamusina kunzwisisa makasununguka kubvunza ndowanikwa pakero inoti Bindura University of Science Education, Department of Health Sciences, Bag 1020, Bindura, Zimbabwe kana runhare mbozha runoti 0773508108. Uye kana muine zvimwe zvekuda kunzwisisa ndinokukurudzirai mubate mukuru wangu arikundibatsira muchidzidzo ichi; Mrs Katsinde Acting Principal Tutor at Bindura University of Science Education.

Ongororo yakanyorwa pamusoro apa ndainzwisisa uye ndazvipira kupinda muongororo iyi ndisina kunyengetedzwa kana kumanikidzwa.

Chiratidzo chekubvuma kwemupi weumbowo.....Zuva.....

Runyoro rwemutori weumbowo.....Zuva.....

Ndinokutendai nekubvuma kupindura mibvunzo iyi.

APPENDIX 5: LETTER OF SUPPORT FROM HEALTH SCIENCES DEPARTMENT TO DISTRICT MEDICAL OFFICER CHIMANIMANI DISTRICT

DEPARTMENT OF HEALTH SCIENCES

P Bag 1020
BINDURA, Zimbabwe
Tel: 071 - 7531-6, 7621-4
Fax: 263 - 71 - 7534/6316

BINDURA UNIVERSITY OF SCIENCE EDUCATION

13 January 2025

District Medical Office
P.O Box 14
CHIMANIMANI

Dear Sir/Madam

RE: PERMISSION TO CARRY OUT A RESEARCH - BWITITI MISPA: RREGISTRATION NUMBER: B225808B

This is to confirm that **Bwititi Mispa** Registration number **B225808B** is a Part 3.2 Bachelor of Science Honours Degree in Nursing Education (HBScNE) student at Bindura University of Science Education. He is required to carryout research as a partial fulfillment of Bachelor of Science Honours Degree in Nursing Education programme.

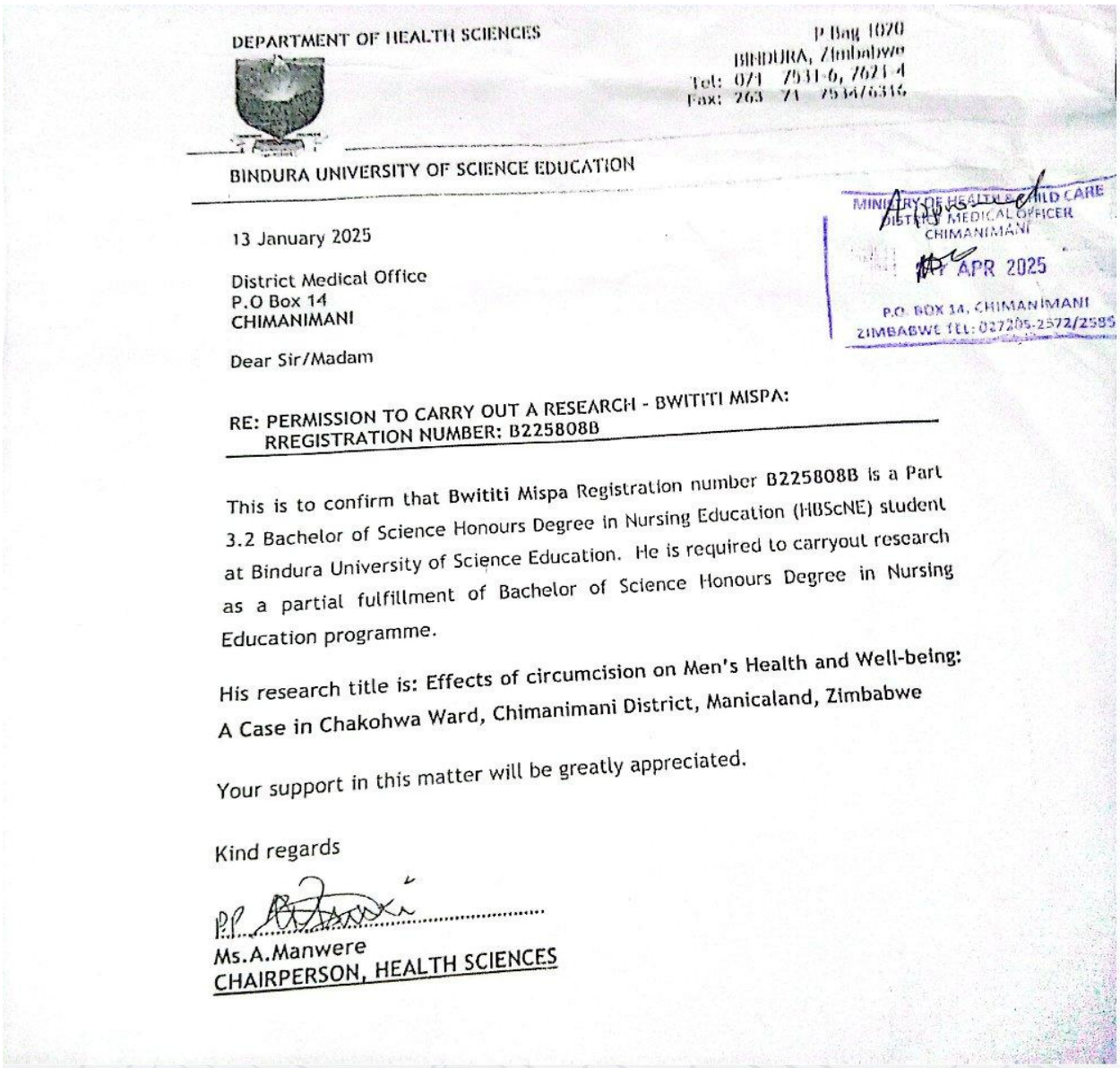
His research title is: **Effects of circumcision on Men's Health and Well-being: A Case in Chakohwa Ward, Chimanimani District, Manicaland, Zimbabwe**

Your support in this matter will be greatly appreciated.

Kind regards

pp .....
Ms.A.Manwere
CHAIRPERSON, HEALTH SCIENCES

APPENDIX 6: PERMISSION LETTER FROM DISTRICT MEDICAL OFFICER CHIMANIMANI DISTRICT



DEPARTMENT OF HEALTH SCIENCES

P Bag 1020
BINDURA, Zimbabwe
Tel: 071 7531-6, 7621-4
Fax: 263 71 7546/6316

BINDURA UNIVERSITY OF SCIENCE EDUCATION

MINISTRY OF HEALTH & CHILD CARE
DISTRICT MEDICAL OFFICER
CHIMANIMANI
07 APR 2025
P.O. BOX 14, CHIMANIMANI
ZIMBABWE TEL: 027205-2572/2585

13 January 2025

District Medical Office
P.O Box 14
CHIMANIMANI

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Kind regards

P.P .....
Ms.A.Manwere
CHAIRPERSON, HEALTH SCIENCES