ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF UNIVERSITY OF VENDA MALE STUDENTS REGARDING MALE CIRCUMCISION, LIMPOPO PROVINCE.

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Abstract- Introduction
Male circumcision is being promoted in University of Venda presently due to the South African recent awareness that it is a method of preventing the transmission of the Human Immunodeficiency virus. However, for effective implementation, it is necessary that the students believe in the procedure and have a positive attitude towards the procedure.

Purpose of study
The Objective of the study was to assess the university of Venda male student knowledge and perception regarding male circumcision.

Methodology
Method to achieve this was a cross sectional quantitative study using anonymous questionnaire among the male students in university of Venda after obtaining their consent. Data was captured and analyzed using SPSS.

Result
A total of 285 male students participated in the study. Most of them (77.2%) were undergraduate below 30years of age (91.2%) while others were post graduate (22.8%). Majority of them are Christians (97.9%), singles (85.9%) and married (12.6%).Result obtained showed that most of the respondent (87.9%) are circumcised, only a minority few (12.1%) are not circumcised. As regards the meaning of male circumcision (75.2%) said that male circumcision is the complete removal of the foreskin. Majority of the respondents (86.6%) responded that circumcision is better than uncircumcision, showing a relatively good knowledge of benefits of male circumcision,. $^{1}/_{3}$ of the respondent (39.9%, 37.8%) showed a good knowledge regarding the merits of male circumcision as per reducing the rate of STIs and the risk of HIV/AIDS.

Conclusion
Conclusively, most of the University of Venda students have a good knowledge of male circumcision, only a few are not knowledgeable about male circumcision. Also a positive attitude was shown on male circumcision with only a few students showing a negative attitude. While majority of the respondent practice male circumcision and also encourage their siblings to do so.

Recommendations
The study made a number of recommendations that were intended to improve knowledge, attitude and practice of male circumcision, it call for more campaign to reach more uncircumcised Univen students in order to scale up male circumcision and train more personnel to administer the ritual safely and under more hygienic conditions.

Keywords- Assessment, Knowledge, attitude, practice and male circumcision.

I. INTRODUCTION

Circumcision predates recorded shows Male circumcision is defined as the removal of all or part of the foreskin from the penis. In this study, it means the full removal of the foreskin by a trained professional. The etymology of the word circumcision comes from the Latin word circumcision which means to cut around (Alanis and Lucidi, 2004).

Male circumcision is a very important ritual that has been viewed in a different light by different schools of thought. Religious leaders, traditionalists, medical personnel and so many others all have differing views on the subject of circumcision. Some view its importance in terms of its medical benefits while others view circumcision in terms of its religious and cultural values.

that it has been argued that the practice of circumcision, by freeing the penis of a phimotic foreskin may have conferred a selective advantage that aided sexual intercourse and thus reproduction, so enhancing the competitive success of our species as it evolves (Cox and Morris, 2010). As such it most likely existed before our species radiated out of Africa 70,000 years ago. This is more plausible than it have arisen independently in different part of the World. Those cultures that do not currently practice circumcision are likely to have stopped in more recent times, rather than the other way round. Humans arrived in Australia 50,000 years ago and their Paleolithic hunter-gather society was maintained until recent times. This includes circumcision. Humans most likely evolved as a circumcising species. Those cultures that do not currently circumcise are the ones that stopped doing it, not those that did not ever adopt circumcision (Cox and Morris, 2010).

The hypothesis of Cox (Cox, 1995), provides the only consistent explanation for pan-global circumcision tradition.

Male circumcision is being promoted recently in America, Australia, Asia, Europe, and Africa as a tool to fight against HIV/AIDS. In South African there

has been a rise in the number of male circumcisions due to its numerous health benefits. This might have also lead to the launching of male circumcision program in University of Venda in 2013.However in Univen the relevant stake holders may not have considered the program to be a huge success due to several reasons. The response from students might not have been as good as expected; therefore the researcher in this study intends to evaluate the knowledge, attitude and practice of University of Venda study regarding male circumcision.

The main objective of the study is to assess the level knowledge, attitude and perception of Univen male students regarding male circumcision, and what could have led to the low utilization of voluntary medical male circumcision (MC) services in University of Venda, despite the high promotion of the benefits of male circumcision.

Male circumcision is one of the most common surgical procedures carried out all over the world. It is performed for a number of therapeutic and non-therapeutic reasons. It has sparked a lot of controversy and debate regarding its potential benefits and risk and also its association with religious, traditional, cultural and emotional value.Articles have continued to be published presenting argument supporting and opposing selective or routine neonatal circumcision (Altsuhl,1990; Dozo,,1990; Wiswell,1990;Thompson,1990;Gordon, et al., 1993;Robson, et al.,1992).

II. DETAILED EXPERIMENT

2.1 Methodology and Material.

The study design is cross-sectional, using a quantitative approach. Using this approach, it describes the knowledge, attitude and practice, as they exist in a specified population at a particular time. At one point in time the subjects was assessed to determine whether they were exposed to the relevant issues as regards male circumcision and whether they had the outcome of interest. Specifically for this study, the cross-sectional design was suitable, as it was able to describe the state of circumcision of the University of Venda male students as at 2016 the time of the study (Babbie, 2010).

2.2 Study population and Sampling

The study was conducted among male students of the University of Venda, who are resident on campus. There are a total of 2124 bed spaces with 1135 (53.4%) of this allocated to females and 989 (46.6%) bed spaces allocated to males as shown in Table 1.

Table 1: The Male student distribution per residence

RESIDENCE CLUSTER	MALE	SAMPLE SIZE
Bernard Ncube	-	
Carousel	123	35.3 (12.4%)
F3	369	106.3 (37.3%)
F4	-	
F5		
Lost City	180	51.9 (18.2%)
Mango Groove	-	
Prefebs	189	54.4 (19.1%)
Riverside	128	37.1 (13.0%)
TOTAL	**989 (100%)**	**285 (100%)**

As shown in table one, each of the hostels where males reside constituted a cluster. Based on proportional allocation, cluster sampling was used to select 285 male students (see Table 2).This process was followed by the use of simple balloting system to select the sample per residence as follows: for each residence, ballot was made for each male student in a way that there will be a number of ballot carrying "Yes" for the number of sample for the residence and "No" for the remaining group. In other hostels for example, for Carousel residence, there is a total of 123 and the sample size is 35.3.In order to select the 35 students, a ballot of 123 was made consisting of 35 "Yes" and 88 "No" ;Any student that was represented by a "Yes" ballot became a part of the sample, while those that were represented by "No" fall out. This procedure was done for each residence to obtain the total sample frame of 285 male students.

Systematic sampling technique was used to select the rooms where students who fell within the sample were interviewed.

The sample size was calculated using the formula below, where N is the total number of resident students, n is the sample size and e is the accepted level of error. For this study, e is 0.05:

Table 2
2: Composition of Sample

RESIDENCE CLUSTER	MALE
Benard Ncube	
Carousel	35.3
F3	106.3
F4	
F5	
Lost city	51.9
Mango Groove	-
Prefab	54.4
Riverside	37.1
TOTAL	**285 (100%)**

Systematic random sampling was used to select students room numbers, the total number of rooms was divided by the sample size to find K sample

interval value = 989/285. So every 3rd room was selected for the study and the questionnaire was administered to the resident

III. RESULTS AND RECCOMENDATIONS

3.1 Knowledge about male circumcision

Student's responses were scored as correct or incorrect. A minimum score was regarded as 1, while a maximum score was regarded as 2.Therefore respondent that yielded a score of 1 was considered to reflect low knowledge while respondent that yielded a score of 2 were considered to reflect adequate knowledge of circumcision.

Figure (1(a) depict university of Venda male students respondents responses regarding their knowledge on circumcision.

In Figure 1a, one hundred and eighty five (75.2%) respondents said that medical male circumcision is the complete removal of the foreskin of the penis, while 61(24,8%) that said circumcision it is just a cut on the foreskin

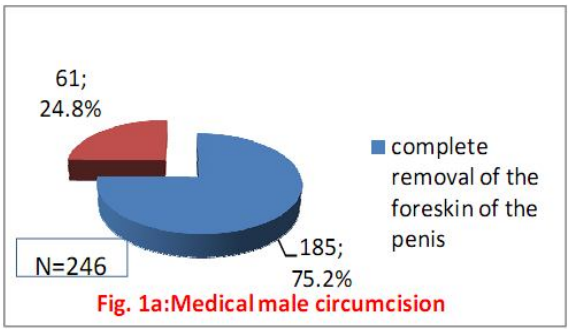


Fig. 1a:Medical male circumcision

The age distribution of the respondent in table3/4 shows that there is a clear margin in the age structure of the student respondent with majority of them 49% being between 18-20 years ,followed by 27.1% of them being between 21-23 years, while others being between 24-26 years 8.8%, 27-29 years are 6.0% and 8.8% being above 30 years. This shows a huge disparity in age distribution, and can be largely attributed to the fact that majority of the students within this age group constitute majority of the entire student population owing to the fact that most of them get admitted to higher institutions of learning as early as 18 years of age.

The tribal disparity shown on Table 3 in which 33.9% are Venda,20.8% Tsonga,8.2% other tribe, 7.1% pedi, 6.6% Sotho, 6.6% Swati, 5.5% are Zulus,3.3% Ndebele, followed by 2.7% Xhosa, 2.2% Tswana, 1.6% Nigerians and 1.1% Shona shows that majority of the students are Venda and the school is dominated by South Africans with a few other people from other countries like Botswana, Nigeria, Swaziland, Zimbabwe, Zambia and Ghana.

A very huge difference also exist in the percentage of undergraduates with a percentage of 77.2% and postgraduate 22.8% students who participated in the study. In like manner greater percentage of the respondents are singles with a percentage of 85.9%, while 34.6% are married and 1.5% cohabiting. In the same vein majority of the respondents 97.9% are Christians.

The first objective of this study is to assess the level of knowledge of the respondent on issues related to male circumcision. The responses of the student respondent in Figure 1 showed that most of them 75.2% have adequate knowledge on what male circumcision is, While in figure 1b, statement if circumcision is better than uncircumcision, 86.6% student respondent said yes and 13.4% said no.

The level of knowledge displayed by the student respondent may be due to their enlightenment through the media and in elementary and high school which they attended. Also it could be possible that they have acquired this knowledge from other students, their peers, while some might have acquired it as part of general knowledge about male circumcision through various means as the internet. This findings is consistent with a study of knowledge Aperception and attitude practice and beliefs performed in 2015 by Jessy on medical male circumcision amongst a sample of health care provider in Haiti showed that participants demonstrated a high level of knowledge and positive attitudes towards medical male

, circumcision. In the study that include sample size consisting of medical doctors (31.0%), nurses (49.0%) and other healthcare professionals (20.0%).More than 90% of participant showed that medical male circumcision would reduce STIs. Their level of knowledge attributed to information obtained while in school.

In Figure 1a, 24.8% lack adequate knowledge of what male circumcision is,

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Conclusion: Conclusively, most of the University of Venda students have a good knowledge of male circumcision, only a few are not knowledgeable about male circumcision. Also a positive attitude was shown on male circumcision with only a few students showing a negative attitude. While majority of the

respondents practice male circumcision. They also encourage their siblings to do so.

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