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## TRAC SUMMARY REPORT PSI DASHBOARD

### SWAZILAND (2010): MALE CIRCUMCISION TRAC STUDY EVALUATING THE USE OF MALE CIRCUMCISION AMONG MALES AGED 13-29 YEARS IN RURAL AND URBAN SWAZILAND

#### ROUND ONE

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**Swaziland (2010): Male Circumcision TRaC Study evaluating the use of Male  
Circumcision among males aged 13-29 years in rural and urban Swaziland.**

**Round One**

PSI Research & Metrics  
2010

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## SUMMARY

### BACKGROUND & RESEARCH OBJECTIVES

Since 2009, PSI/Swaziland has been implementing a Centers for Disease Control (CDC) and Bill & Melinda Gates Foundation funded project to scale up male circumcision (MC) services throughout the country. The purpose of this study is to examine key health behaviors and determinants of male circumcision (MC) uptake as well as exposure to PSI messages on MC among men aged 13-29 years living in rural and urban areas in Swaziland. The survey will also serve as a baseline for future national, cross-sectional monitoring and evaluation activities. Findings from this study will be used to inform PSI/Swaziland's MC communication campaigns and service delivery strategies in order to ensure greatest impact. Specifically, the research objectives were to:

- To identify important behavioral drivers of and barriers to MC among males aged 13-29 years; and
- To obtain baseline information for key MC indicators, behavioral determinants (categorized either as opportunity, ability, or motivation – OAM) and exposure to MC messages among males aged 13-29 years.

### DESCRIPTION OF INTERVENTION

PSI/Swaziland's national MC Program targeting males aged 13-29 years combines several activities:

- establishing a free-standing clinic where MC is offered;
- providing mobile MC outreach services to rural areas;
- distributing informational and motivational materials to the target group through inter-personal communication (IPC) delivered by trained IPC Agents and MC Ambassadors; and
- providing support to public sector hospitals to integrate and scale up the minimum package of MC services as defined by the World Health Organization (WHO).

The program goal is to reduce HIV incidence in Swaziland.

### METHODOLOGY

A cross-sectional survey using structured individual interviews was conducted among men aged 13-29 years in 4 regions of Swaziland (Hhohho, Manzini, Shiselweni and Lubombo) which make up the project area for MC activities in the country. A two stage sampling strategy was utilized to select eligible participants. The first stage involved selection of enumeration areas (EAs) from a list of all EAs in the country defined as per the 2007 Swaziland Population Census. The EAs were then stratified into rural and urban settlements. Sampling of EAs was dependent upon the size of the EA. A total of 184 EAs in the country were visited during the survey (68.6% of the EAs were in rural areas and 31.4% in urban areas). In Hhohho, Manzini, Lubombo and Shiselweni regions 28.8%, 32.6%, 19.6% and 21.2% EAs were visited respectively.

1. The second stage of sampling was a selection of households in sampled EAs using systematic random sampling. In a household only one eligible respondent: a male aged between 13- 29 years who was present at the selected household or MC facility at time of the interviewing process regardless of circumcision status who consented to the interview was interviewed. In cases where the number of eligible respondents in a household was more than one, a Kish grid was used to select one participant. A total of 1533 households were visited with the same number (1533) of interviews completed for this baseline study.

Analyses consisted of calculating descriptive statistics for key program indicators, logistic regression and unianova to ascertain which determinants were correlated with key behaviours. Socio-demographic characteristics were controlled for in the analyses.

## **MAIN FINDINGS**

### **Study Population**

- There were 9.2% respondents aged 13-17 years, 53.8% respondents aged 18-24 years, and 37.1% aged 25-29 years.
- Only 5.8% of the respondents had attained tertiary (college, university) education, and a majority (42.5%) had attained high school education. There were 24.5 % respondents who had attained secondary education and 27.0% had either attained primary education or never went to school.
- A high percentage (44.9%) of the respondents was unemployed followed by 32.0% who had some form of employment either through self employment or full/part time employment. There were 23.2% respondents who were full time students/learners.
- 88.5% of the respondents had never been married and not living with a woman as if married whilst 4.5% were never married but living with a woman as if married and 6.4 % were married with one wife. Only 2 respondents were married and polygamous.
- Socio economic status (SES) indicated that 50% of the respondents had low SES and 50% high SES. Less than 10% of the respondents had a Bicycle, Running water, washing machine, computer, Vacuum cleaner, tumble dryer, Secury services, Dishwasher, Motorcycle, telephone, domestic worker; and above 50 % of respondents had TV, House, cell phones.
- 68.6% lived in rural areas and 31.4% in urban areas.
- A majority of the respondents believed in Christianity (92.9%) and spoke mainly SiSwati in their households (99.3%).

### **Monitoring**

- a) **Program Indicators:** The monitoring table highlights that:
  - The proportion of circumcised men among males aged 13-29 years living in rural and urban areas of Swaziland was 17.3% (n=265).
  - Amongst circumcised men,
    - 51.7% circumcised in the past 12 months preceding the survey
    - 63.8% were circumcised between the ages of 13-29 years.
    - 88.3% were circumcised by health practitioner.

- 78.5% had even had sex (n=208). Of those, 80.3% reported abstinence after their circumcision for the recommended 6 week period.
- 65.4% of sexually active respondents reported having non marital or non cohabiting sexual (NMNC) partners (n=136). Of those, 67.6% reported using condoms with these partners after circumcision.
- Among uncircumcised men who intended to get circumcised in the future, 72.4% intended to get circumcised in the next 12 months.

#### **b) Determinants of Getting Circumcised**

- In total, 14 determinants of MC uptake were measured. The determinants were classified into the categories of opportunity, ability and motivation (OAM).
  - Opportunity: Are Institutional or structural factors that influence an individual's chance to get circumcised
  - Ability: An individual's skills or proficiencies needed to get circumcised
  - Motivation: An individual's arousal or desire to get circumcised
- Each determinant consisted of 3 or more statements which were first assessed if they consisted of only one dimension, that is, if they were measuring the same concept. This was done through factor analysis. If a determinant had more than one factor, sub-determinants to the number of concepts in the determinant were created. The resulting determinants were further assessed if they were internally consistent. Determinants were considered reliable if they had a Cronbach's Alpha of 0.70 or higher.
- Regarding knowledge of respondents on MC two dimensions were assessed; knowledge of MC's sexual diseases risk-reduction effect and general knowledge. Knowledge of MC's role in disease risk-reduction was measured using 4 items and its mean score was 3.5 (shown in Monitoring Table 1) on a scale of 1 to 4. General knowledge on MC was measured with 3 items and its mean score was 2.8 on a scale of 1 to 3
- The mean age of respondents is 22.8 years.
- Socio economic status was split into two groups, low economic status and high economic status, with the mean score being .5 in a range of 0 to 1. There are 767 respondents who fall under the low income group and 766 respondents fall in the high income group.
- The overall mean scores for the other determinants for getting circumcised as recorded on a scale from 1 to 4 (1=strongly disagree to 4 = strongly disagree) are as follows;
  - Respondents' perception on the amount of time it takes whether waiting in an MC booking list, or to see a doctor/MC practitioner in a health facility in order to get circumcised, or to get circumcised (quality of care - waiting time) is 2.9.
  - Respondents' fear of complications during MC operation is 2.7.
  - Respondents' perception on the presence and accessibility of MC services (Availability) is 2.1.
  - Respondents' perception on encouragement to get circumcised from either their friends or partners or parents, that is, social support from friends, partners and parents is 2.0.
- On average, respondents were willing to pay E70.25 for MC services.

### c) Exposure

- The respondents were asked if they had seen the Litsemba Letfu Men's Clinic Logo, seen/heard the message 'Don't give HIV a chance to hide', and seen/read a brochure on the basic facts about MC and the brochure on post operative instructions for MC.
- 42.5% of respondents had heard/seen PSI/Swaziland's messages on MC.
- 18.2% of respondents had heard or saw the PSI/Swaziland's messages on MC through information, education and communication (IEC) material (Brochures for both males and females on basic facts about MC, brochure on post operative instructions for MC, Litsemba Letfu Men's Clinic Logo and an advert on MC - 'Don't give HIV a chance to hide')
- 11.9% of respondents heard of MC messages through PSI's IPC agents
- Through a partially aided question 12.4% of respondents who had seen either the MC clinic logo or the advert for MC know what they stand for.

### Segmentation

The results of segmentation analysis, Segmentation Table 1, for the circumcised against those who were not circumcised indicate that the odds of men aged 13-29 years getting circumcised are positively associated with the following:

- *Availability of MC Services.* Men who agree that there are facilities near them that provide MC services are more likely to get circumcised compared to those who disagree. (Odds Ratio=1.5,  $p<.001$ ).
- *Quality of Care; Waiting time.* Men who disagree that the time either spent waiting at an MC facility in order to get circumcised, waiting in the booking list for MC, or in an MC operation is too long are more likely to get circumcised compared to those who agree. (Odds Ratio=1.6,  $p<.01$ )
- *Knowledge on MC's sexual diseases risk- reduction effect:* Men who know that MC reduces the chances of contracting sexually transmitted infections and also the risk of penile and cervical cancer are more likely to get circumcised. (Odds Ratio= 1.2,  $p<.05$ ).
- *Lack of fear of complications during MC operation and of testing for HIV.* Men who are not afraid of complications during MC and of testing for HIV are more likely to get circumcised. (Odds Ratio=2.6,  $p<.001$ ).
- *Socio Economic Status.* Men with a high socio economic status are more likely to get circumcised than males with a low socio economic status. A unit increase in the household amenities possessed by a man aged 13-29 years, increases the man's likelihood of getting circumcised by 1.4 times ( $p<.05$ )
- *Age:* Older males are more likely to get circumcised compared to young males. For a unit increase in age, the likelihood of getting circumcised increase by 1.1 times ( $p<.01$ ).

Segmentation was also done for uncircumcised men who intended to get circumcised against those who did not intend to circumcise in the next 12 months. The results indicate that the probability of men aged 13-29 years intending to get circumcised increases with the following:

- *Availability of MC Services:* Men who agree that there are facilities near them providing MC services are more likely to intend to get circumcised compared to those who disagree. (Odds Ratio=1.2,  $p<.05$ ).
- *Knowledge on MC's sexual diseases risk- reduction effect:* Men who know that MC reduces the chances of contracting sexually transmitted infections including penile and cervical cancer are more likely to intend to get circumcised. (Odds Ratio=1.6,  $p<.001$ ).
- *Social support: Friends, partner and parents.* Men who are encouraged to get circumcised by friends, family and partners are more likely to intend to get circumcised than those who do not. (Odds Ratio=2.3,  $p<.001$ ).
- *Outcome expectation: Sexual satisfaction:* Men who think that getting circumcised improves sexual are more likely to have intention to get circumcised. (Odds Ratio=1.6,  $p<.01$ ).
- *Lack of fear of complications during MC operation and of testing for HIV:* Men who are not afraid of complications during MC operation and of testing for HIV are more likely to intend get circumcised. (Odds Ratio=1.5,  $p<.001$ ).
- *Outcome expectation: Functioning of the penis after MC.* Men who do not believe that circumcision can cause complications to the functioning of the penis are more likely to have intention to get circumcised in the future compared to those who believe that circumcision can cause disfunctioning of the penis. (Odds Ratio=1.4,  $p<.05$ ).
- *Socio Economic Status.* Men with a high socio economic status are more likely to intend to get circumcised than males with a low socio economic status. A unit increase in the household amenities possessed by a man aged 13-29 years, increases the man's likelihood of intending to get circumcised by 1.3 times ( $p<.05$ ).

### **Programmatic Recommendations**

- The results show a huge increase of circumcised men in Swaziland from 8% in the 2007 Swaziland Demographic Health Survey to the 17.3% prevalence rate found in this survey as conducted in 2010.
- The monitoring results reveal that a high percentage of men aged 13-29 years in Swaziland are not yet circumcised. As a result, the need continues to exist to promote MC.
- Intention to get circumcised in the next 12 months is high. On the other hand the mean value for availability of MC services is low indicating that there is perceived shortage in MC services Hence there is a need to scale up MC services availability in the country.
- While knowledge about MC is significantly associated with MC uptake, the mean values for the scales are already very high and do not leave much room for improvement among those who are currently not circumcised.
- Fear of complications during MC operation is significantly associated with MC uptake: investing in this determinant has the potential of increasing MC uptake as the results show that a unit reduction in the fear of complications during an MC operation is associated with an increase of MC uptake of 2.6 times. Also its current scale mean is not very high leaving room for improvement. The determinant can be improved through a communication campaign addressing the fears contained in the determinant.

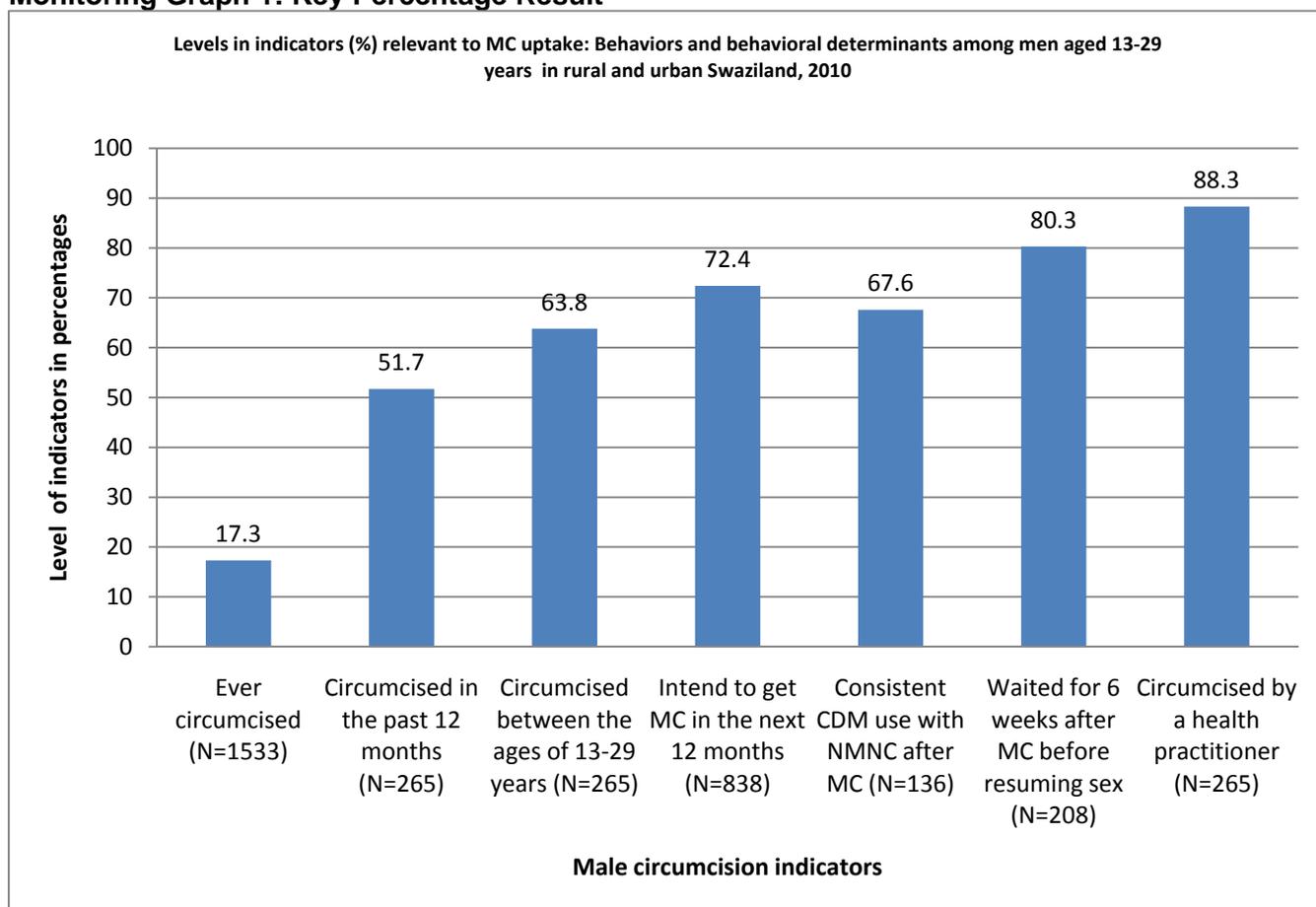
- Social Support from friends, partners and parents is significantly associated with intention to get circumcised. Increasing this kind of support can lead to an increase in intention to get circumcised which is believed in turn will increase MC uptake.
- Considering that fear of complications during MC operation and of testing for HIV is significantly associated with MC uptake whilst social support, in the form of encouragement to get circumcised, from friends, partners and parents is significantly associated to intention to get circumcised it is recommended that communication campaigns addressing the fear of complications during MC operation as well as communication campaigns promoting social support from friends, partners and family be created. To address each determinant the marketing department can either create separate campaigns or, if possible, create one campaign where friends, partners and parents can be used to dispel the fear of complications during MC operation as a form of social support.
- Though consistent condom use with non marital and non cohabiting partners and also adherence to the 6 weeks abstinence period after MC are relatively high (67.6% and 80.3 %, respectively) there is a need to promote these behaviours among circumcised men to ensure that the impact of MC in HIV and AIDS prevention increases. Moreover adherence to the 6 weeks abstinence period after MC will ensure that the MC wound heals completely. In particular, messages and efforts should be tailored for circumcised men, in addition to the post-MC counseling and brochures that already exist.

**Monitoring Table 1: Risk factors, MC use and related determinants, among young males aged 13-29 in Swaziland, 2010**  
**Risk: Males aged 13-29 in Swaziland**  
**Behaviour: Getting circumcised**

INDICATORS	Overall	N	Description of Base
<b>BEHAVIOR/USE</b>	%		
<i>Ever circumcised</i>	17.3	1533	N=All respondents
<i>Circumcised in the past 12 months</i>	51.7	265	N= respondents who reported to have been circumcised
<i>Circumcised between the ages of 13-29 years</i>	63.8	265	N= respondents who reported to have been circumcised
<i>Circumcised by a health practitioner</i>	88.3	265	N= respondents who reported to have been circumcised
<i>Circumcised at PSI clinic</i>	26.8	265	N= respondents who reported to have been circumcised
<i>Know where to get MC services</i>	71.5	1533	N=All respondents
<i>Intend to get circumcised in the next 12 months</i>	72.4	838	N= responders who intend to get circumcised in the future
<i>Consistent CDM use with NMNC after MC</i>	67.6	136	N=Circumcised and sexually active respondents who reported to have non married and non cohabiting partner
<i>Waited for 6 weeks after MC before resuming sex</i>	80.3	208	N=Respondents who ever had sexual intercourse and are circumcised
<i>Tested for HIV before getting circumcised</i>	55.5	265	N= respondents who reported to have been circumcised
<b>OPPORTUNITY</b>	Mean		
<i>Availability of MC</i>	2.1	1533	N=All respondents
<i>Social norms: Family and friends</i>	3.2	1533	N=All respondents
<i>Quality of Care: Waiting time</i>	2.9	1533	N=All respondents
<i>Quality of Care: Client get before</i>	3.4	1533	N=All respondents
<b>ABILITY</b>	Mean		
<i>Knowledge: Reduce disease risk</i>	3.5	1533	N=All respondents
<i>Knowledge: General</i>	2.8	1533	N=All respondents
<i>Social Support: Friends, partners and parents</i>	2.0	1533	N=All respondents
<b>MOTIVATION</b>	Mean		
<i>Outcome expectation: Functioning of the penis after MC</i>	3.4	1533	N=All respondents
<i>Belief: Eligibility</i>	3.3	1533	N=All respondents
<i>Outcome expectation: Sexual satisfaction</i>	2.9	1533	N=All respondents
<i>Lack of Fear</i>	2.7	1533	N=All respondents
<i>Willingness to pay</i>	70.25%?	1533	N=All respondents
<b>EXPOSURE</b>	%		
<i>Never saw/heard PSI messages on MC</i>	57.5	1533	N=All respondents
<i>Exposed to PSI MC use messages through IEC material only</i>	18.2	1533	N=All respondents
<i>Exposed to PSI MC use messages through Interpersonal Communication</i>	11.9	1533	N=All respondents
<i>Saw both MC clinic logo and PSI's advert on MC and know what they stand for</i>	12.4	1533	N=All respondents

Means calculated on scale ranged from 1 through 4. 1: strongly disagree, 4: strongly agree

## Monitoring Graph 1: Key Percentage Result



\*\*\*\*1533 =all respondents

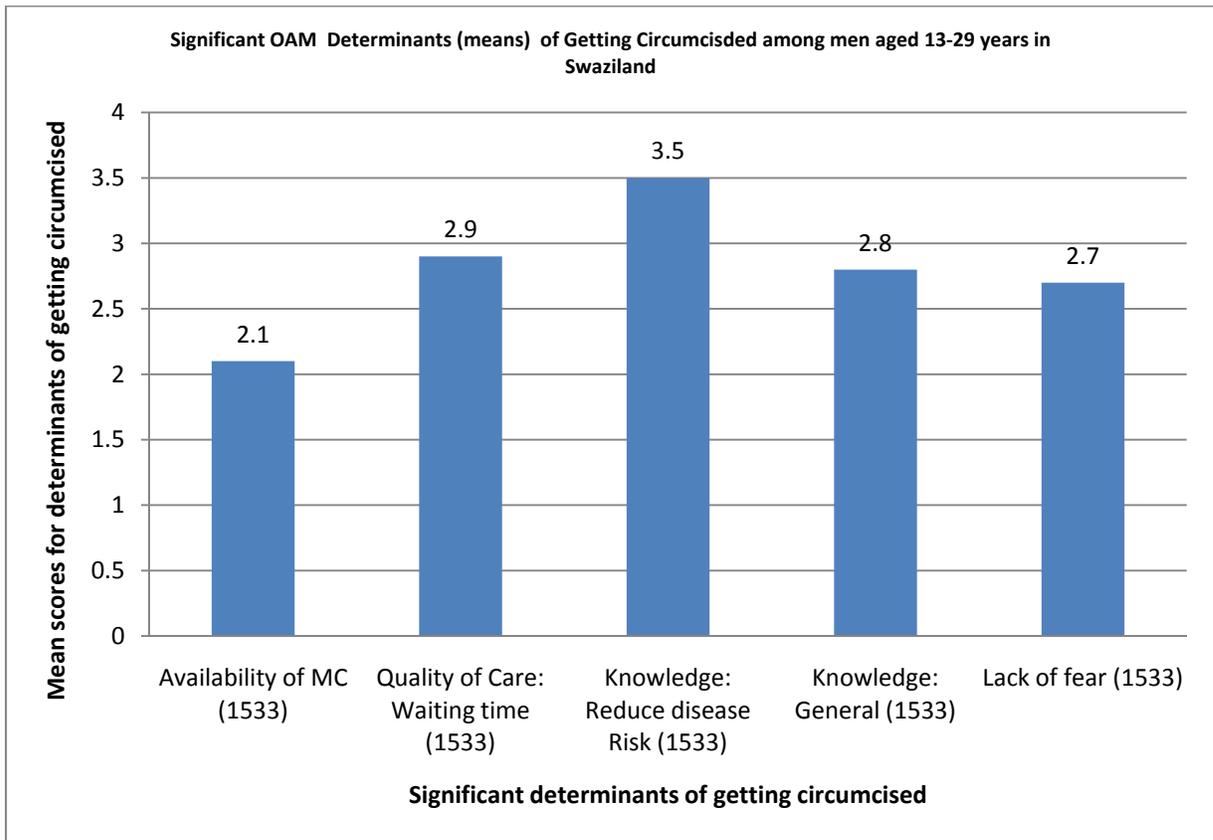
\*\*\*\*265= respondents who reported to have been circumcised

\*\*\*\*838= responders who intend to get circumcised in the future

\*\*\*\*136=Circumcised and sexually active respondents who reported to have non married and non cohabiting partner

\*\*\*\*208 =Respondents who ever had sexual intercourse and are circumcised

## Monitoring Graph 2: Key Mean Results



\*\*\*\*1533=All respondents

**Segmentation Table 1: Determinants of MC use and related determinants among young males aged 13-29 in Swaziland, 2010.**

**Risk group: Male aged 13-29 in Swaziland**

**Behaviour: Ever circumcised**

INDICATORS	MC Non-Users (79,2%, N=1268)	MC users (17.3%, N=265)	ORs	Sig.
<b>OPPORTUNITY</b>	Mean	Mean		
<i>Availability</i>	2.0	2.3	1.5	***
<i>Quality of Care: Waiting time</i>	2.8	3.0	1.6	**
<b>ABILITY</b>	Mean	Mean		
<i>Knowledge: Sexual disease risk reduction</i>	3.4	3.6	1.2	*
<i>Knowledge: General facts on MC</i>	2.8	2.9	1.5	NS
<b>MOTIVATION</b>	Mean	Mean		
<i>Lack of Fear</i>	2.6	3.1	2.6	***
<b>SOCIODEMOGRAPHIC CHARACTERISTICS</b>				
<i>Household amenities(Social Economic Status)</i>	Males with a high socio economic status are more likely to get circumcised than males with a low Socio economic status		1.4	*
<i>Marital Status</i>	Males who have ever been married are more likely to get circumcised compared to males who never been married		1.6	NS
<i>Age(years)</i>	Older males are more likely to get circumcised compared to young males		1.1	**

\*:  $p < .05$ ; \*\*:  $p < .01$ ; \*\*\*:  $p < .001$ ; ns= Not significant;

Means calculated on scale ranged from 1 through 4. 1: strongly disagree, 4: strongly

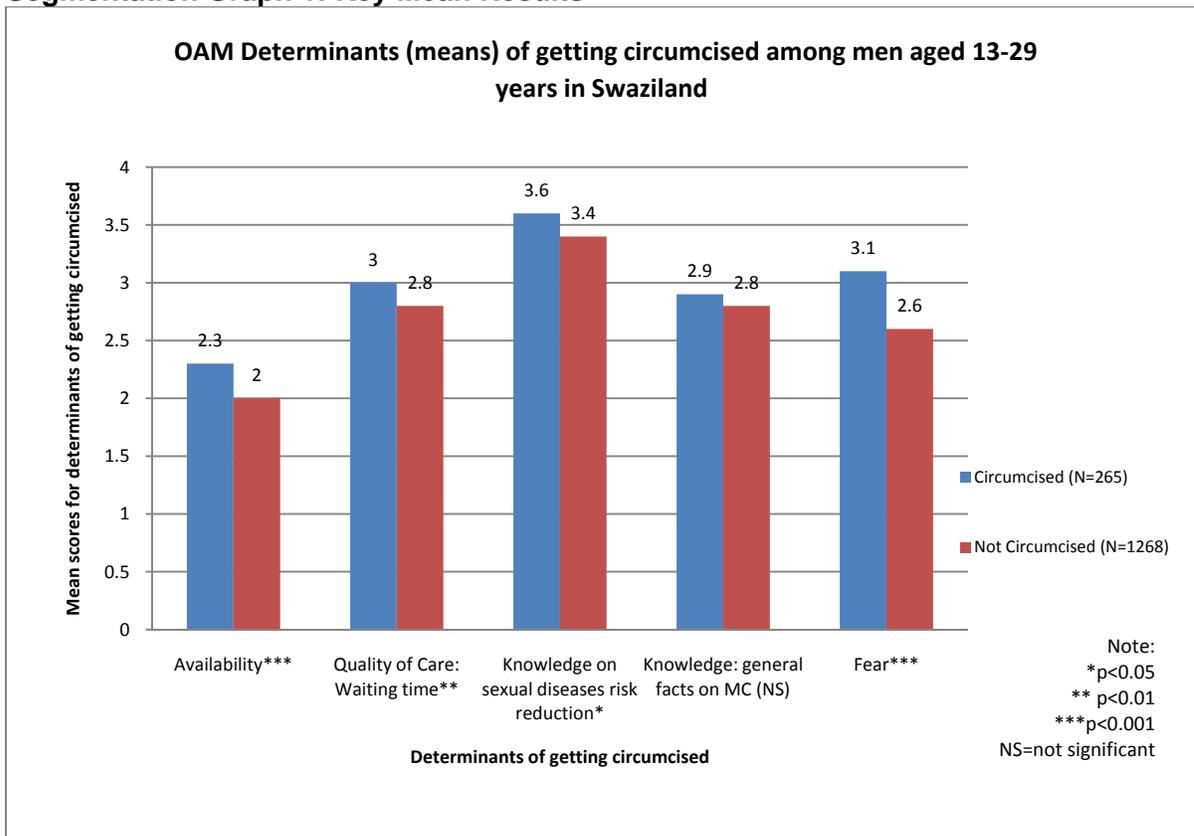
**Segmentation Table 2: Determinants of intention of MC use and related determinants among uncircumcised young males aged 13-29 in Swaziland, 2010.**  
**Risk group: Male aged 13-29 in Swaziland**  
**Behaviour: Intend to circumcise**

INDICATORS	Not intend to use MC (33,9%, N=430)	Intend to use MC (60,1%, N=838)	ORs	Sig.
<b>OPPORTUNITY</b>	Mean	Mean		
<i>Availability</i>	2.0	2.1	1.2	*
<b>ABILITY</b>	Mean	Mean		
<i>Knowledge on sexual diseases risk reduction</i>	3.2	3.6	1.5	***
<i>Social support: Friends, partner and parents</i>	1.8	2.1	2.3	***
<b>MOTIVATION</b>	Mean	Mean		
<i>Outcome expectation: Sexual satisfaction</i>	2.8	2.9	1.6	**
<i>Lack of fear</i>	2.5	2.7	1.5	***
<i>Outcome expectation: Functioning of the penis after MC</i>	3.3	3.4	1.4	*
<b>SOCIODEMOGRAPHIC CHARACTERISTICS</b>				
<i>Household amenities (Socio Economic Status)</i>	Males with a high socio economic status are more likely to intend get circumcised than males with a low Socio Economic Status		1.3	*

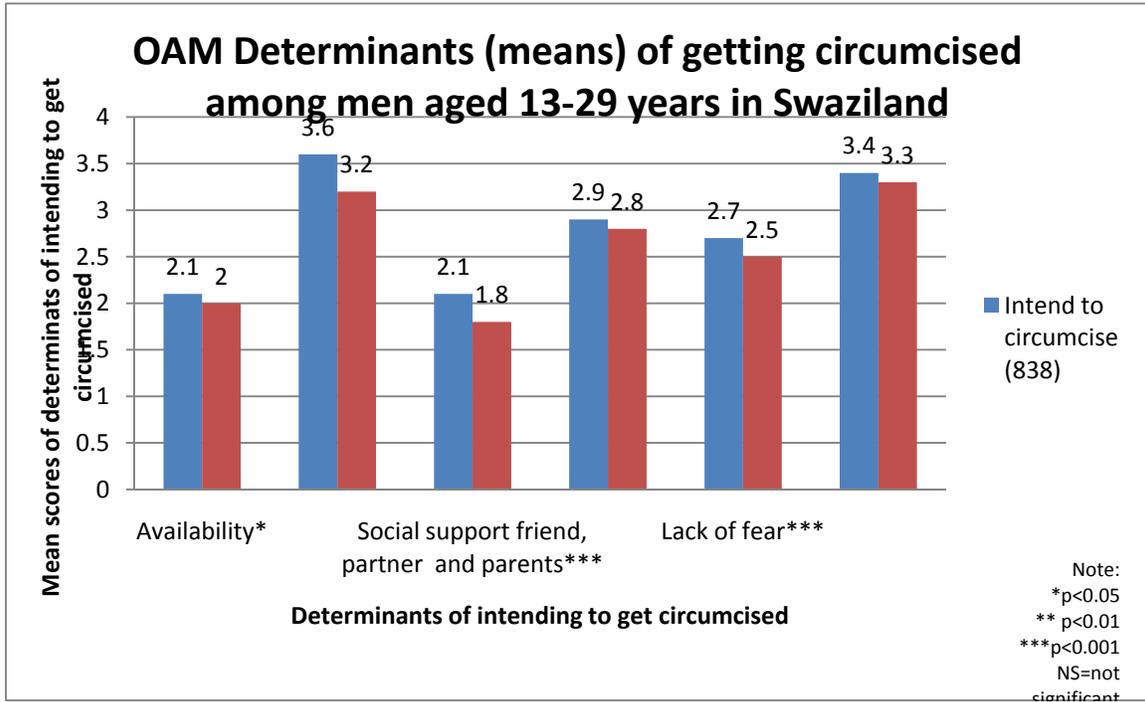
\*:  $p < .05$ ; \*\*:  $p < .01$ ; \*\*\*:  $p < .001$ ; ns= Not significant

Means calculated on scale ranged from 1 through 4. 1: strongly disagree, 4: strongly

### Segmentation Graph 1: Key Mean Results



Segmentation Graph 2: Key Mean Results



## POPULATION CHARACTERISTICS

### Population Characteristics

POPULATION CHARACTERISTICS	
	% or mean
Place of Residence (1=Rural, 0=Urban)	68.6.0%
Education (1=Primary & Lower, 0=Secondary & Higher,)	30.0%
Occupation (1=Unemployed & Self Employed, 0= Employed & Full time Student)	50.0%
Religion (1=Christians, 0=Other religions)	90.0%
Age (years)	22.8
Marital Status (1=Ever Married, 0=Never Married)	10.0%
Socio-Economic Status (1=low, 0=High)	50.0%

## RELIABILITY ANALYSIS

<b>Interference to getting Circumcised</b>	
<b>Number of items: 3</b>	
<b>Cronbach's Alpha = 0.681</b>	
Q236_R <sup>1</sup>	Getting circumcised requires too much time away from daily activities.
Q237_R	Getting circumcised requires too much time away from work.
Q238_R	The time that a man must abstain from having sex after male circumcision surgery is too long.

<b>Availability</b>	
<b>Number of Items = 5</b>	
<b>Cronbach's Alpha = 0.899</b>	
Q190	There is a health facility near me that offers male circumcision.
Q191_R	A man would have to travel a long distance to get to a health facility where male circumcision is offered.
Q192	There is a hospital near me that offers male circumcision.
Q193	There is a public clinic near me that offers male circumcision.
Q194	There is a private clinic near me that offers male circumcision.

<b>Quality of care – Waiting time</b>	
<b>Number of Items = 5</b>	
<b>Cronbach's Alpha = 0.765</b>	
Q195_R	The time spent waiting at the clinic before getting circumcised is too long.
Q196_R	In most public or government facilities, a man can wait for more than a month on the booking list before getting circumcised.
Q197_R	In most private facilities, a man can wait for more than a month on the booking list before getting circumcised.
Q197_R	The wait is too long on a male circumcision operation booking list.
Q199_R	The male circumcision operation takes too long.

<b>Quality of care – Care/treatment clients get before, during and after the circumcision operation</b>	
<b>Number of Items = 5</b>	
<b>Cronbach's Alpha = 0.898</b>	
Q200	Before a man is circumcised, a counsellor will provide necessary information and listen to his concerns.
Q201	Anaesthesia given before male circumcision prevents pain during the operation.
Q202	During a male circumcision operation, proper attention is given to clients.
Q203	After the male circumcision operation, clients are provided with details about what to expect afterwards.
Q204	Medication given after male circumcision prevents pain during the healing time.

<b>Quality of care – in terms of Facility cleanliness, instruments, and personnel</b>	
<b>Number of Items = 3</b>	
<b>Cronbach's Alpha = 0.780</b>	
Q205	Equipment used for male circumcision is sterile.
Q206	Facilities that offer male circumcision have clean theatres (operating rooms).

<sup>1</sup> R=Reverse coded-Negatively worded items were recoded so that a higher value indicates a more positive attitude

Q207	Male circumcision operations are performed by trained doctors and nurses.
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<b>Beliefs- Eligibility</b>	
<b>Number of Items = 8</b>	
<b>Cronbach's Alpha = 0. 663</b>	
Q220_R	Male circumcision services should only be performed on infants.
Q221_R	Male circumcision services should only be performed on promiscuous men.
Q222_R	Only men who are HIV negative are eligible for male circumcision.
Q223	Any male, regardless of his age, can go for male circumcision.
Q225_R	The only men who should be circumcised are those who have multiple sex partners.

<b>Social support- Friends, partner, parents</b>	
<b>Number of Items = 4</b>	
<b>Cronbach's Alpha = 0. 673</b>	
Q245	My friends encourage me to get circumcised.
Q246	My parents encourages me to get circumcised
Q247	My sexual partner encourages me to get circumcised
Q248	I have friends who are circumcised that have encouraged me to get circumcised.

<b>Social Norm – Family and Friends</b>	
<b>Number of Items = 3</b>	
<b>Cronbach's Alpha = 0. 708</b>	
Q255_R	It is against my family's beliefs for males to be circumcised.
Q257_R	Most of my family members do not approve of male circumcision.
Q258_R	Most of my close friends do not approve of male circumcision.

<b>Fear</b>	
<b>Number of Items = 4</b>	
<b>Cronbach's Alpha = 0. 759</b>	
Q241_R	I am afraid of getting tested for HIV.
Q242_R	I am afraid of losing a lot of blood from the male circumcision operation.
Q243_R	I am afraid that male circumcision will leave a wound that may never heal.
Q244_R	I am afraid of dying from male circumcision.
Q224_R	The male circumcision operation is painful

<b>Outcome expectation- Sexual satisfaction</b>	
<b>Number of Items = 7</b>	
<b>Cronbach's Alpha = 0. 670</b>	
Q215	If a man gets circumcised, he will enjoy sex more.
Q216	If a man gets circumcised, he will be better able to please women sexually.
Q217_R	If a man gets circumcised, sex will be more painful for him.
Q218_R	If a man gets circumcised, sex will be more painful for his girlfriend or wife.
Q219	If a man gets circumcised, his erections will last longer.
Q226_R	Women think that sex with a circumcised man does not last as long.
Q229	Women prefer to have sex with circumcised men

<b>Outcome Expectation- Work/Functioning of the penis after Male Circumcision</b>	
<b>Number of Items = 4</b>	
<b>Cronbach's Alpha = 0. 770</b>	
Q212_R	If a man gets circumcised, he will not be able to father any children afterwards.
Q214_R	If a man gets circumcised, his penis will smell bad.
Q230_R	Male circumcision makes penetration more painful and difficult.
Q235_R	Male circumcision can make a man become impotent.

<b>Knowledge _ Risk Reduction</b>	
<b>Number of Items = 4</b>	
Q182	Male circumcision reduces the chances of getting HIV by 60%
Q185	Male circumcision reduces the risk of penile cancer
Q186	Male circumcision reduces the risk of contracting Sexually Transmitted Infections (STIs)
Q187	Women whose partners are circumcised have a reduced risk of cervical cancer

<b>Knowledge _ General</b>	
<b>Number of Items = 3</b>	
Q183	After being circumcised, a man must not have sex for six weeks
Q189	A circumcised penis is easier to keep clean
Q188_R	After circumcision, a man no longer needs to use condoms to prevent HIV

## Annex 1: Condom Use and Multiple Partners Monitoring Indicators

### Monitoring Table 2: Risk factors, Abstinence, Multiple partners and Condom use, among young males aged 13-29 in Swaziland, 2010

Risk: *Males aged 13-29 in Swaziland*

Behaviour: *Abstinence, Multiple partners, Condom use and VCT use*

INDICATORS	Overall	N	Description of Base
<b>BEHAVIOR/USE</b>	%		
<i>Have a non marital non cohabiting partner (NMNC)in the past 12 month</i>	74.8	1023	N=Respondents who ever had sexual intercourse
<i>Have a non marital non cohabiting partner (NMNC)in the past 30 days</i>	42.9	1023	N=Respondents who ever had sexual intercourse
<i>Have multiple partners</i>	30.7	1023	N= Respondents who ever had sexual intercourse
<i>Mean number of partners</i>	1.46	1023	N= Respondents who ever had sexual intercourse
<i>Consistent CDM use with NMNC</i>	61.9	735	N=Respondents who ever had sexual intercourse and reported to have a non married and non cohabiting partner
<b>EXPOSURE</b>	%		
<i>Never saw/heard information about PSI CDM</i>	35.6	1533	N=All respondents
<i>Saw an ad about PSI CDM</i>	47.9	1533	N=All respondents
<i>Saw an ad about PSI CDM &amp; know its slogan</i>	16.6	1533	N=All respondents

**Annex 2: Exposure to messages on MC use in the country**

INDICATORS	Overall	N	Description of Base
<b>EXPOSURE</b>	%		
<i>Never saw/heard information about MC</i>	6.8	1533	N=All respondents
<i>Exposed to MC use messages through IEC material only</i>	7.8	1533	N=All respondents
<i>Exposed to MC use messages through Mass Media only</i>	59.0	1533	N=All respondents
<i>Exposed to MC use messages through Peer Education only</i>	16.6	1533	N=All respondents
<i>Exposed to MC use messages through other channels</i>	9.8	1533	N=All respondents

**Monitoring Table 3: Exposure to Messages on Male Circumcision**

Means calculated on scale ranged from 1 through 4. 1: strongly disagree, 4: strongly agree