

## Sigma's 30th International Nursing Research Congress

### A Culture-Congruent Male Circumcision Model for HIV Infection Prevention

**Thandisizwe. Redford Mavundla, DCur, PhD**

*University of South Africa, Department of Health Studies, University of South Africa, Pretoria, South Africa*

#### **Purpose:**

The purpose of this study was to develop and describe a model for HIV-infection prevention using Male Circumcision. Three theory-generating research objectives were used to develop the model, namely to explore and describe perceptions of men regarding the use of MC, to develop and describe a model for MC service delivery, and to develop and describe guidelines for service providers to facilitate delivery of MC.

#### **Methods:**

A theory-generating research design which is qualitative, exploratory, descriptive, and contextual was used to develop the model in three phases. Step 1 involved concept identification, concept definition, and concept classification. Data was collected using focus group discussions and individual in-depth interviews among 38 men aged 18-49 years and analysed according to recommendations made by Tesch (1990), as cited in Creswell (2009:186). Four themes emerged in the study, namely perceived effects on values, perceived source and provision of information, perceived knowledge of benefits of male circumcision, and perceived risks of male circumcision. The concept of “**culture congruence**” was derived from the findings of the consultation process with men as the main concept for the development of a “**culture-congruent MC model for HIV prevention**”.

#### **Results:**

Once the data was analysed, the researcher applied deductive reasoning strategies to identify the main concepts of the model. During this intellectual process, the researcher became aware of the fact that men in the study setting were concerned about the lack of adherence to culturally acceptable ways of implementing male circumcision, such as lack of consultation with men and the use of inappropriate strategies when promoting utilisation of male circumcision. As a result, “**culture congruence**” was identified as the main concept for the model. Walker and Avant (2011:182) define operational definitions as definitions that specify the means for measuring and testing each scientific term within a theory. Definitions of concepts must be so precise that different scientists can use them successively and still obtain objective results. In this study, culture congruence is the main concept that emerged during interaction with the data. Upon defining the attributes of the core concept of the model applied in the study, using the synthesis strategy, the researcher formulated a definition of the core concept of the proposed model. To gain deeper understanding of the central concept, the researcher demonstrated its application by developing an ideal case, also known as a model case, and borderline cases as scenarios to explicate the attributes of the core concept. In this study **culture-congruent male circumcision** is a process that involves interaction between the provider and the client, with the intention of identifying problems through assessment, sharing ideas, and finding solutions for the purpose of providing male circumcision services in a manner that is specific, compatible, and meaningful to clients. During interaction, an atmosphere of dialogue, partnership, and consultation is enhanced, thereby creating a sense of ownership and empowerment. The model presented in this paper depicts the process of rendering culture-congruent male circumcision services. The process is continuous and evolving in nature. It requires that the provider develop competencies that will enable the provision of culture-congruent male circumcision services. The model consists of three phases, namely cultural assessment in the context of service delivery, strategically develop activities and resources needed to deliver culture-congruent male circumcision services, and, lastly, implementation and evaluation of activities in a culture-congruent manner.

## Conclusion:

The feedback indicates that provision of male circumcision services should not be done haphazardly without considering cultural factors. The study findings also indicate that to achieve the goal of HIV prevention using male circumcision (MC) as an additional strategy requires vigilance. This implies that there cannot be a generic approach that caters for all ethnic groups. Donor agencies and nations stand the risk of wasting resources if cultural sensitivities and well-monitored implementation frameworks are not given priority. Ignoring the cultural gatekeepers of service provision, such as consultation, appropriate channels of communication, and provision of other male circumcision-friendly services will lead to resistance and lack of compliance, which will result in failure to achieve the goal of zero new HIV infections. Therefore, the researcher recommends the use of a culture-congruent model for meaningful and satisfactory male circumcision services.

---

## Title:

A Culture-Congruent Male Circumcision Model for HIV Infection Prevention

## Keywords:

HIV Prevention, culture-congruent care and male circumcision

## References:

Morse, JM, Barrett, M, Mayan, M, Olson, K & Spiers, J. 2002. Verifications strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods* 1(2):12.

UNAIDS. 2007. *Safe, voluntary, informed male circumcision and comprehensive HIV Prevention programming: Guidance for decision makers on human rights, ethical and legal consideration*. Geneva, Switzerland: UNAIDS.

UNAIDS & WHO. 2007. *AIDS Epidemic update*. Geneva, Switzerland: UNADIS & WHO

Walker, LO & Avant, KC. 2011. *Strategies for theory construction in nursing*. 5<sup>th</sup> edition. New York: Prentice Hall.

WHO. 2003. *Gender and health*. Department of Gender and Women Health. Geneva: Switzerland: WHO.

WHO. 2007. *Male circumcision and HIV prevention. A report on International consultation*. Nairobi: WHO

## Abstract Summary:

The intention is that male circumcision services for HIV infection prevention should ultimately be viewed as being specific, compatible, and meaningful to clients. This process should involve adequate consultation and liaison with all the involved stakeholders.

## Content Outline:

Research studies have revealed that male circumcision (MC) reduces the transmission of HIV infection from infected women to circumcised men by up to 60% (UNAIDS 2007:2), hence the adoption of MC as an HIV-infection prevention strategy by the United Nations (WHO 2007:2). The intention is that male circumcision services for HIV infection prevention should ultimately be viewed as being specific, compatible, and meaningful to clients. This model provides a framework for service providers (nurses, medical doctors, allied health workers, non-governmental organisations, community-based organisations, and the public and private sectors) as agents of change, to provide culture-congruent male circumcision services in areas where male circumcision is regarded a traditional practice. Using a theory-generating research design as proposed by Walker & Avant, (2011: 112), it is conceptualised that **culture-**

***congruent male circumcision*** is a process that involves interaction between the provider and the client, with the intention of identifying problems through assessment, sharing ideas, and finding solutions for the purpose of providing male circumcision services in a manner that is specific, compatible, and meaningful to clients. During interaction, an atmosphere of dialogue, partnership, and consultation is enhanced, thereby creating a sense of ownership and empowerment. It is recommended that incorporation of transcultural health care instruction in nursing and medicine curricula, research on secondary audiences, such as women, and application of a culture-congruent MC model among diverse cultures.

First Primary Presenting Author

***Primary Presenting Author***

Thandisizwe. Redford Mavundla, DCur, PhD

University of South Africa

Department of Health Studies

Professor

Pretoria

South Africa

**Author Summary:** I have supervised to successful completion 55 postgraduate students in the discipline of Health sciences. Of those, thirteen (20) are PhD graduates, 37 are masters' graduates and 6 honours graduates. With over 60 conference presentations globally.