

Situation Analysis to Determine the Acceptability and Feasibility of Male Circumcision Promotion in Uganda

FINAL REPORT DRAFT 1.1

Principal Investigator:

Dr. Sebastian Olikira Baine
Makerere University School of Public Health
Room 322, Mulago Hospital Complex
Kampala, Uganda

Co-Investigator:

Dr. Alex Opio
Ministry of Health
Kampala, Uganda

Co-Investigator:

Dr. Nazarius Mbona Tumwesigye
Makerere University School of Public Health
PO box 7072
Kampala, Uganda

Technical Monitor:

Dr. Sarah Thomsen
Behavioral and Biomedical Sciences
Family Health International
Research Triangle Park, NC 27709
USA

Project Director:

Angela Akol
Family Health International
Plot 6, Kafu Road
Kampala, Uganda

ACRONYMS

FGD	Focus group discussion
FHI	Family Health International
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HCIV	Health Center IV
MC	Male circumcision
MMC	Medical male circumcision
MUSPH	Makerere University School of Public Health
NGO	Non-governmental organization
PSU	Primary sampling unit
SSU	Secondary sampling unit
STI	Sexually transmitted infection
SWOT	Strengths, weaknesses, opportunities, threats
UNAIDS	The Joint United Nations Program on HIV/AIDS
WHO	World Health Organization

INTRODUCTION

Results from three randomized trials in South Africa, Kenya, and Uganda provide evidence that male circumcision reduces the sexual transmission of HIV from women to men by at least 50%. Based on this compelling data, the WHO and UNAIDS have issued a set of recommendations for the use of male circumcision (MC) in HIV prevention efforts. These recommendations are particularly applicable to Uganda, where the prevalence of heterosexually transmitted HIV infection is high and prevalence of MC is low (WHO/UNAIDS, 2007). The guidelines state that because MC does not provide complete protection against HIV, it should be considered only part of a comprehensive package to prevent HIV; MC should be encouraged along with the delay of onset of sex, abstinence, reduction in number of sexual partners, consistent condom use, HIV counseling and testing, and treatment of other sexually transmitted infections. Furthermore, the WHO guidelines acknowledge that there are potentially harmful effects of MC promotion if correct information is not provided to men and women about the fact that MC is not a ‘magic bullet’ and does not provide complete protection against HIV transmission.

Therefore, local strategies need to be developed to communicate this essential information in a way that is culturally sensitive, ethically appropriate, and medically relevant. Because of the necessity of safe, aseptic conditions for performing male circumcisions, it is also imperative to assess the capacity of health care facilities and traditional providers (where applicable) to support increased provision of MC services. In order to provide policy makers with information on the (1) cultural acceptability and (2) medical feasibility of promoting MC as one more tool in efforts to reduce the spread of HIV, WHO developed a Male Circumcision Situation Analysis Toolkit (Schmid and Budge-Reid, draft). The study described in this report was prepared according to the recommendations of the WHO Toolkit.

GOAL AND OBJECTIVES

The purpose of this study was to assess the current situation in Uganda with regards to MC in order to provide Ugandan decision makers with adequate information to decide whether and how to pursue promoting MC as an HIV prevention strategy. Based on the interests, concerns, and information needs expressed at preliminary stakeholders’ meetings, the specific objectives of this assessment were to describe:

1. The degree of support for MC among key political, ethnic, and religious leaders at national and local levels;
2. The acceptability of MC among men and women including in their roles as parents;
3. The themes and issues that should be taken into account in developing messages that will be most appropriate and acceptable for promoting MC as an HIV prevention strategy;
4. Mechanisms for integrating MC into other health programs; and

5. The availability of required human resources and infrastructure at hospitals and health centers for providing high quality MC services.

METHODS

Overview

Data collection methodologies and tools such as discussion guides, SWOT (strengths, weaknesses, opportunities, threats) analysis outlines, and survey instruments were provided in the WHO MC Situation Analysis Toolkit and were adapted for use in this assessment. Following the WHO guidelines, the assessment included three activities at the national level: (1) a desk review, (2) a stakeholders' meeting, and (3) informant interviews with key national-level leaders. Based on the WHO Toolkit recommendations, four activities at the district level also were carried out: (4) stakeholders' workshops at the local level, (5) a household survey of men and women, (6) focus group discussions, and (7) a health facility service availability study.

In countries with populations of circumcised and uncircumcised men, the WHO Toolkit recommended conducting needs assessments in four districts: 1) the district with the largest population/capital city; 2) a large city in a non-MC area, 3) a rural district in a non-MC area that is near a district that practices MC, and 4) a non-MC area that is geographically distant from the second and third areas. Taking this into account as well as HIV prevalence rates, the following districts were chosen for the district-level situation analysis: Kampala, Gulu, Kumi, and Rukungiri (Table 1).

Table 1: Districts selected for the situation analysis and the proportion circumcised and HIV-positive in each region

	Characteristic	Region	District	% circumcised	% HIV+
1	Capital	Kampala	Kampala	37.9	4.5
2	Large city, non-circumcision area	North Central	Gulu	2.4	7.1
3	Rural, non-circumcision, near circumcising area	Northeast	Kumi	4.9	3.2
4	Non-circumcision area, distant from 2 and 3	Southwest	Rukungiri	7.6	4.4

Source: Uganda HIV/AIDS Sero-behavioral Survey 2004-2005 conducted by the Uganda Ministry of Health

More detailed information about each district is provided in the Appendix (Appendix 1).

National Level Data

(1) Desk review. The desk review was concluded in August 2007. The purpose was to determine existing knowledge about the prevalence and determinants of MC in Uganda, acceptability of MC, and provision of MC services. Sources of data for the desk review included the Uganda HIV/AIDS Sero-behavioral Survey 2004-2005 conducted by the

Uganda Ministry of Health, published manuscripts and research reports, and public statements and media reports.

(2) Stakeholders' meeting. The national stakeholders meeting was held in Kampala on December 11, 2007 and included 31 representatives from the Ministry of Health (MOH), development partners, representatives from cultural and faith-based organizations, hospital administrators and clinicians, and selected non-governmental organizations (NGOs). The purpose of the meeting was to inform the stakeholders of the scientific results on MC, encourage their participation in planning the situation analysis, elicit information, and increase their ownership in the project. During the one-day meeting, stakeholders were provided with an overview of MC as an HIV prevention method and with recommendations from the WHO/UNAIDS. This was followed by a Q&A session during which meeting attendees participated in a SWOT analysis about the MC project, and then discussed the situation analysis.

(3) Key informant interviews. Individual interviews were conducted in December 2007 and January 2008 with 13 key informants. Participants were purposively drawn from organizations including the Uganda Ministry of Health, the President's Office, the Ugandan AIDS Commission, the Uganda Muslim Supreme Council, the Ugandan Parliamentary Committee on HIV/AIDS, the Uganda People's Defense Forces, THETA, and two national newspapers (New Vision and Monitor). The semi-structured interview guide included 12 questions designed to obtain ideas and concerns of key stakeholders about the acceptability and feasibility of MC in Uganda.

District Level Data

(4) District-level workshops. Meetings at the district level were conducted in February 2008 and involved a total of 91 participants. Participants in the workshops were selected from the district political and civic leadership, health facility representatives, religious groups, mass media, and NGOs that provide health care services. The objectives of the workshops were to sensitize district leaders on MC, to brief district leaders on the planned situation analysis for MC, and to solicit the views of district leaders on MC. The activities undertaken during the district workshops with stakeholders were similar to the stakeholders' national meeting activities.

(5) Household survey of men and women. A total of 1,677 men and women were interviewed in March and April 2008. The purpose of the survey was to explore the knowledge and personal preferences of men and women with regard to male circumcision, for themselves and their male children. The interviewer-administered survey instrument was brief, focused, and translated into the local language.

To obtain a sample that was representative of the population of each district, separate two-stage cluster sampling was used in each of the four selected districts. The Primary Sampling Unit (PSU) was the 2001 population census enumeration areas and the Secondary Sampling Unit (SSU) was households. Thirty PSUs were randomly selected within each district and fourteen (7 for the men and 7 for the women) SSUs were

randomly selected within each PSU for sampling. One participant from each selected household was eligible if they were at least 18 years old and the parent of at least one child. Permission from the local council in each town or village was obtained prior to conducting the survey.

A total of 833 men and 844 women completed interviews. The mean age of respondents ranged between 31 and 39 years in the four districts (Table 2). The average number of children was between four and five. Most respondents were Catholic or Protestant, although one-quarter of Kampala district residents were Muslim. Most residents in Kampala district lived in the city, while most residents in Gulu, Kumi, and Rukungiri districts were rural.

Table 2. Demographic characteristics of household survey respondents (N=1677)

	Kampala District (N=419)	Gulu District (N=421)	Kumi District (N=417)	Rukungiri District (N=420)
Mean age (range)	31 (16-67)	35 (17-77)	36 (19-71)	39 (18-80)
Mean number of sons (range)	2.2 (1-20)	2.5 (1-8)	2.9 (1-13)	2.5 (1-15)
Mean number of daughters (range)	2.2 (1-15)	2.5 (1-9)	2.7 (1-9)	2.5 (1-11)
Religion (%)				
Catholic	34	76	43	37
Protestant	32	18	49	54
Muslim	25	3	2	2
Other	9	3	6	7
Residence (%)				
Rural	--	70	96	99
Town	5	30	4	1
City	95	--	--	--

EPIDATA 3.1, STATA V.10, and SAS were used for data entry and verification, cleaning, and analysis. Analyses followed a pre-specified analysis plan. It should be noted that no data detailing non-response rates to the household survey are available, and in a few cases the selected primary or secondary sampling units were unreachable despite diligent efforts and were therefore replaced with new sampling units. In addition, in some instances skip patterns prescribed in the survey were not followed during survey administration; such cases were programmatically corrected at the time of analysis. Detailed data reports are presented in the appendix (Appendix 2).

(6) Focus groups. Focus group discussions (FGDs) were conducted with men and women in each of the four districts in March and April 2008. The purpose was to explore any socio-cultural or ethical barriers including potential for stigma that may inhibit or facilitate the implementation of MC in Uganda. The interview guide focused on reasons why males are circumcised or not circumcised in the community, opinions about MC, perceptions of who is qualified to carry out MC, perceived risks related to MC, and feelings about one's male children being circumcised.

FGD participants were recruited from households not selected for the household survey. Between 19 and 31 focus groups were conducted in each district (Table 3). Group size ranged from 3 to 18 participants, with an average of 10 participants per group, and the

discussions lasted between 1.5 and 2.5 hours. FGDs were conducted in the local language, and interviews were transcribed and translated by the focus group moderator or notetaker. Because circumcision was common in only one district (Kampala), the large majority of focus groups were conducted with uncircumcised men. In Kampala district, however, 12 of the 31 focus groups included a majority of circumcised men or women who had circumcised partners.

Table 3. Focus Group Discussions (FGDs), by Males and Females, in Four Districts in Uganda

District	Male FGDs	Female FGDs
Kampala	16	15
Gulu	16	14
Kumi	16	11
Rukunguri	13	6

The focus group transcripts were coded using Nudist (N6) and analyzed in NVivo. An initial coding tree was developed that followed the structure of the discussion guide, and then the codes were applied to each transcript by one of two research assistants. Inter-coder reliability checks were conducted to ensure consistency between coders. The coded transcripts were next imported into Nvivo for analysis. Using the study objectives as a guide, coding reports were generated and analyzed for key themes across focus groups. Finally, summary memos including key quotes and frequency tables were prepared for each of the focus group study objectives.

(7) Service availability study. Two main data collection activities were conducted to identify gaps in service delivery infrastructure, staffing, and commodity needs that will need to be addressed prior to the implementation of a large scale MC intervention. The service availability study included data collection from public and private health facilities and staff in each of the four districts. Staff were surveyed to assess their current practices in male circumcision as well as their attitudes towards the practice.

Health Facility Survey. A total of 15 health facilities were surveyed, including eight public or private hospitals, and seven Grade IV or less health centers. Health facility data was provided by the Medical Superintendent or In-charge in most cases, although one Medical Officer and one Clinical Officer provided the information in two facilities. Health facility data from Kampala district is not available for this report.

Health Provider Survey. A total of 59 health practitioners were surveyed across the four focal districts, with Kampala providing the majority of data (42 interviews), followed by Rukunguri (ten interviews), Gulu (five interviews), and Kumi (two interviews). Two-thirds of all interviews were conducted with hospital staff, but staff from health centers Grades IV and III, a nursing home, and an AIDS information center were also interviewed. A range of government, faith-based, non faith-based NGOs, and private for-profit facilities were represented.

RESULTS

Results are presented to address the five objectives of the situation analysis.

Objective 1: To describe the degree of support for MC among key political, ethnic, and religious leaders at national and local levels. Information addressing this objective was informed by the stakeholders' meetings and key informant interviews.

Stakeholder Support for Male Circumcision

All national and local leaders knew about the association between medical male circumcision and the reduced risk of HIV infection. Stakeholders mentioned other benefits of male circumcision as well, including better hygiene, reduced risk of cancer of the penis and cervix, reduced STIs, and enhanced sexual performance and pleasure.

- “[Male circumcision] is a scientific measure against HIV/AIDS and has the benefits of reducing other health conditions like carcinoma penis.”
- “It is a good intervention, which plays an important role in general health as it is seen to be associated with reduced prevalence of carcinoma penis which usually starts from the prepuce and carcinoma cervix, and also in the prevention of HIV/AIDS.”
- “Male circumcision improves hygiene and guards against STDS; excretions (smegma) accommodate germs which cause infection. Sexual intercourse is associated with cuts to the penile tip which is soft and likely to have cuts leading to sexually transmitted diseases. MMC removes these secretions and the lining of the penis head hardens.”

Stakeholders emphasized the need to continue Uganda’s focus on the ‘ABC’ strategy for HIV prevention, and to incorporate male circumcision into the comprehensive HIV prevention package. Many recognized that even if the contribution to HIV reduction is small, it remains an important prevention strategy.

- “People may think that they are protected and preventive HIV programs may fail; yet, MMC is not 100% protective. MMC should be part of the ABC approach and not an alternative to the ABC strategy.”
- “There is need to continue emphasising ABC strategy as the main stay in the prevention against HIV/AIDS.”
- “The association is very clear especially to us in the Ministry of Health. It is positive in the fight against HIV/AIDS. Even if it contributed 5% to the prevention is good.”

Some stakeholders still expressed doubt that increased circumcision will lead to lower HIV infection rates.

- “...Still there is no consensus on MMC, even among the doctors. Why is there low prevalence of HIV in West Nile region and lowest prevalence in Karamoja where they do not circumcise? Answer this!. The prevalence of HIV among the Bagisu tribe who circumcise as a culture is no different from the Bakiga tribe who do not. Actually it is higher among the Bagisu. The Minister for the Presidency recently lost a brother to HIV/AIDS; yet, a Mugisu. MMC may work in a controlled study but not in real life situation.”
- “The president is extremely unconvinced and even some doctors are not convinced too. His Excellency the President is strongly opposed to male circumcision. His worry is that we are likely to confuse his people and abandon the ABC strategy which is taking root, and increase risky sex behavior because of the false sense of being protected from the HIV/AIDS infection by circumcision.”

Many leaders expressed fears that a male circumcision program would promote promiscuity and stigma against men seeking circumcision. Several also mentioned that circumcision is associated with the Muslim religion.

- “A non-circumcised man may think that those who have been circumcised are becoming promiscuous, want to start changing partners, want to increase sexual pleasure, and do it for fear of contracting HIV/AIDS.”
- “Some women might think that male circumcision is for those men who intend to engage in infidelity, change female partners and yet fear to get infected.”
- “You know, sex is so important to peoples’ life and they want to enjoy to their maximum. When ARVs came into existence, it caused less fear for HIV/AIDS, and so MMC is likely to relieve people of the fear of HIV/AIDS and this may be problematic.”
- “Stigmatization may occur if MMC is associated with promiscuity and HIV/AIDS.”
- “A stigma may be attached if the circumcision is not done for religious and cultural purposes but as a prevention measure against HIV/AIDS. It may imply that he is having multiple sexual partners and fears acquisition of HIV/AIDS.”
- “Men seeking circumcision are promiscuous and fear getting infected, and/or are converting to Islam.”

- “The main factor likely to influence the rate of MC in this country is a feeling of being converted to Islam; yet, the majority of the population are Christians.”

Affordability and accessibility of the male circumcision procedure were also frequently mentioned as potential barriers for promotion, especially among poorer citizens. Subsidizing the cost of the procedure for poor residents by charging more to wealthier citizens was suggested as a solution by several stakeholders.

- “Affordability, availability and accessibility to MMC are important concerns. Even insurance companies consider MMC as cosmetic and cannot cover the costs of MMC procedure.”
- “The price of male circumcision must be affordable to the potential beneficiaries or subsidise male circumcision to affordable levels.”
- “The price paid for male circumcision operation...remember it includes both the operation and post-operative care. Is MMC paid for or free of cost? Is it cheap or expensive, and can those who wish to circumcise afford it? All these questions need to be addressed as some individuals may not afford the cost of medical male circumcision. Also remember that there are competing demands for the meagre family resources...if we consider massive intervention at US\$50-60 each circumcision, how cost effective will MC be?”
- “Make MMC services easily accessible. Decrease the distance, time or delays, and make it free.”

Stakeholders mentioned other potential barriers to the promotion of male circumcision. These included men’s fears of removing a sensitive part from an important organ that could lead to medical problems or decreased sexual enjoyment, and perceptions of pain during the procedure.

Promoting Medical Male Circumcision

National and local stakeholders expressed the need for well packaged information to enable potential beneficiaries to make informed decisions about male circumcision. A good information, education and communication package is essential to address circumcision myths. Stakeholders felt that it should be made clear that MC is not 100% protective and therefore, the ABC strategy remains the cornerstone for the prevention of HIV infection. In addition, leaders suggested that promotional messages can be delivered through testimonies by individuals and couples who have already undergone MC for HIV prevention, and that communication channels such as radio, newspapers, churches, and other social institutions be engaged for message delivery.

- “A well packaged message and marketing strategy to support MMC that indicates other good aspects of MMC such as hygiene, reduced chances of

acquiring cervical and penile cancer. It must also acknowledge that male circumcision contributes to the prevention of HIV/AIDS and cannot stand alone but must go along with the ABC strategy,”

- “Clear understanding of MC by the community will help to avoid stigmatization of those who circumcise.”
- “Give a clear explanation of the process of male circumcision to the masses and underscore the fact that male circumcision is not fully protective on its own and must follow the ABC rules.”
- “A success story of male circumcision by a community member may allay anxiety among the non-circumcised communities and increased demand for male circumcision.”

Mobilisation of the leadership (political, church, policy makers, opinion leaders), civil society organisations involved in HIV/AIDS related activities, planners, and the community is important for promoting the MMC intervention. Most stakeholders felt that support is currently available at the national and district level, with community leaders already embracing support for the promotion of male circumcision to reduce the spread of HIV in Uganda. Support and funding are also currently available from development partners who are encouraging the promotion of male circumcision programs to reduce HIV transmission.

- “Political, religious, cultural and opinion leaders have most influence on people and can publicly support our project only if they clearly understand MMC and are sure it will not lead to immorality, and even worsen the HIV/AIDS and other sexual transmitted infections.”
- “...sensitization through opinion leaders, especially religious, cultural and political leaders. Where there is stigma, deliberate campaign to popularise MMC ought to be done. Involve the communities in the sensitisation before and during implementation and giving feedback on what the public thinks. Involve the clergy in workshops, press releases, press conferences, and radio/television shows. Work with the local press, to cover and inform the communities so that you can adjust and avoid conflict between the MMC project and press.”

The age at which male circumcision should be done remained a topic for debate. Data suggested that the procedure should be conducted before boys become sexually active. This was based on the premise that it would provide an opportunity for the scar to heal properly before a young man engages in sexual relations.

Service Delivery Needs

Stakeholders mentioned that one advantage to promoting male circumcision in Uganda is that there are existing health centers where increased MC services could be provided, including hospitals and Health Center IVs (HCIVs). On the other hand, there was also

widespread concern that there is currently a lack of skilled medical personnel and well-equipped health facilities to carry out a large male circumcision program.

National and local leaders felt the most important factors in increasing the provision of health facility-based male circumcision are equipping health facilities and staffing them with appropriately trained health workers. Staffing capacity could be improved through either training of new health workers or additional training to the existing staff, and task shifting to involve clinical officers and nurses after a short orientation course. Most stakeholders felt MMC is a minor procedure and staff easily could be trained to learn how to conduct MMC.

- “Medical male circumcision is a minor operation and forms about 40% of the minor operations. It can be done by health cadres other than a doctor. Therefore ensure safety, improve aseptic techniques and availability of equipment, and sensitize the public about MMC through the existing services.”
- “Most trained health staff available are capable of performing the MMC but their numbers need to be increased by either recruiting more staff or giving further education to the existing staff that are currently unable to do MMC so that they can do it.”
- “Address the issue of capacity to provide medical male circumcision services. Now there is no capacity to circumcise everyone that may come for MC. Either train more health workers to carry out the procedure or there should be task shifting to Clinical Officers.”
- “Use health centre level fours (HCIVs) which are almost well equipped to conduct surgery; equip them and train health personnel in those HCIVs. These are entry points to improve surgical services.”
- “Ensure availability of enough equipment and supplies; equipping health workers with skills especially clinical officers who can do male circumcision; and infrastructure development. [I am] reserved on the involvement of nurses as the law of Uganda does not allow nurses to carry out surgical procedures.”

Objective 2: To describe the acceptability of MC among men and women including in their roles as parents. Information addressing this objective was informed by household survey of men and women.

Circumcision Status of Male Respondents in Four Districts

The large majority of male household survey respondents in Gulu, Kumi, and Rukungiri were uncircumcised. In Kampala, which has a sizeable proportion of Muslims, 40% of male respondents were circumcised (Table 4). Compared to the data collected in the 2004-5 Uganda HIV/AIDS Sero-behavioral Survey, presented above, levels of circumcision reported in the current household survey were very similar, although

circumcision rates in Gulu district were higher in the current survey (12%) than in the 2004-5 survey (7.1%).

Table 4. Circumcision status of male household survey respondents (N=833)

	Kampala District (N=208)		Gulu District (N=210)		Kumi District (N=205)		Rukunguri District (N=210)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Circumcised	84	40 (34, 46)	26	12 (8, 17)	8	4 (1, 7)	16	8 (4, 12)
Uncircumcised	124	60 (54, 66)	184	88 (83, 92)	197	96 (93, 99)	194	92 (88, 96)

Circumcision of Sons: Acceptability, Age, and Cost

All household survey respondents (N=1,677) were asked whether they would support circumcision of their male children. Following this initial query, respondents were provided with a health message linking male circumcision and reduced HIV infection; this message read: “Recent studies show that male circumcision reduces the risk of being infected with HIV. Being circumcised is not enough on its own to protect from HIV and circumcised men MUST continue using other forms of protection.” After provision of this health message, respondents were asked if they would now consider circumcision of their sons.

After exposure to the health message, uncircumcised men in Kampala District were the most likely to support circumcision for their male children (77% support), and uncircumcised men in Kumi District were least likely to support it (59% support – Table 5). This pattern was the same for women: Kampala district respondents were highly likely to support circumcision of their sons (95% support), while women in the Kumi district were the least supportive (49% support – Table 6).

Table 5. Acceptability of circumcision for sons among uncircumcised men in four districts after exposure to the health message (N=699)

	Kampala District (N=124)		Gulu District (N=184)		Kumi District (N=197)		Rukunguri District (N=194)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Acceptable	96	77 (69, 86)	121	69 (62, 76)	115	59 (51, 66)	132	68 (60, 76)
Unsure or Unacceptable	28	23 (14, 31)	54	31 (24, 38)	81	41 (34, 49)	62	32 (24, 40)

Table 6. Acceptability of circumcision for sons among women in four districts after exposure to the health message (N=844)

	Kampala District (N=211)		Gulu District (N=211)		Kumi District (N=212)		Rukunguri District (N=210)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)

	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Acceptable	200	95 (91, 99)	161	76 (70, 83)	104	49 (41, 58)	158	76 (68, 83)
Unsure or Unacceptable	10	5 (1, 9)	50	24 (17, 30)	107	51 (42, 59)	51	24 (17, 32)

Among circumcised men, there was almost complete acceptance of circumcision for their male children. Of the 134 circumcised male respondents, only three respondents said that they were unsure or would not circumcise their sons following exposure to the message.

Some respondents did change their opinion about circumcising their sons after provision of the health message. Overall, women were more likely to increase their level of support than men (Table 7). About half of the women in Kampala, Gulu, and Rukunguri districts increased their support after hearing the health message, while about one-third of the uncircumcised men in Gulu and Kumi districts did the same.

Table 7. Proportion of uncircumcised male and female respondents who initially did not support circumcision of their sons but increased their support after provision of the health message

	Kampala District (%)		Gulu District (%)		Kumi District (%)		Rukunguri District (%)	
	Males (N=26)	Females (N=18)	Males (N=78)	Females (N=101)	Males (N=118)	Females (N=118)	Males (N=77)	Females (N=96)
Increased support	4	44	32	51	34	11	19	49
Did not increase support	96	56	68	49	66	89	81	51

Adult Circumcision

The large majority of respondents thought circumcision of sons should occur prior to adulthood. There were some regional differences; in Kampala district most respondents believed that infancy (0-1 years) was the best age for circumcision, followed by childhood (2-9 years). Circumcised men and women in Rukunguri district felt the same, although many uncircumcised men in Rukunguri thought childhood was also one of the best times for circumcision. In Gulu and Kumi districts, adolescence (10-17 years) was also thought to be a good age for circumcision, with about a quarter of uncircumcised male and female respondents recommending this time period. Male Gulu district respondents were the least likely to recommend infancy for circumcision, with fewer than 15% of respondents supporting infant circumcision.

There was wide variation in how much respondents would be willing to pay for circumcising their sons. Five thousand Uganda shillings was most often mentioned as the maximum that a respondent would pay for circumcision, although this cost ranged from 200 shillings up to 200,000 shillings (US \$1=1650 USH). In general, respondents in Kampala District were willing to pay more than respondents in other districts, and uncircumcised men were less willing to pay than circumcised men and female respondents.

After provision of the health message in the survey instrument, uncircumcised men were asked if they would consider being circumcised. Men in Kampala district were most willing to support circumcision for themselves (62%), and men in Rukunguri district were least likely to support it (40% - Table 8).

Table 8. Acceptability of adult circumcision among uncircumcised men in four districts after exposure to the health message (N=699)

	Kampala District (N=124)		Gulu District (N=184)		Kumi District (N=197)		Rukunguri District (N=194)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Acceptable	77	62 (53, 71)	96	55 (47, 63)	80	41 (32, 50)	78	40 (31, 49)
Unsure or Unacceptable	47	38 (29, 47)	78	45 (37, 53)	116	59 (50, 68)	116	60 (51, 69)

Objective 3: To describe the themes and issues that should be taken into account in developing messages that will be most appropriate and acceptable for promoting MC as an HIV prevention strategy. The main data source for key information addressing this objective was the focus group discussions with men and women.

Positive and Negative Aspects of Male Circumcision

Circumcision was believed to have many positive health benefits. Reduction in STIs and HIV/AIDS transmission and increased hygiene were mentioned in more than half of the focus group discussions.

- *“I hear that when circumcised, HIV and other sexual diseases can hardly affect you.” (Male, Rukunguri district)*
- *“I survived all the diseases of our youthful days (syphilis and gonorrhoea) because I was circumcised.” (Male, Gulu district)*
- *“When one is circumcised simple disease like candida , syphilis can fail to catch a circumcised man, but such diseases can easily catch uncircumcised ones.” (Male, Rukunguri district)*
- *“Male circumcision makes the penis firm and not easily prone to cuts and bruises, thus reducing the chances of contracting sexually transmitted infections.” (Female, Gulu district)*
- *“I think circumcision helps keep the penis clean, that even when you travel far from home and don’t bathe for long you don’t feel dirty. We hear on radio that when one gets circumcised he cannot easily contract infection from a woman since the germs have no where to hide.” (Male, Gulu district)*

Circumcision was also perceived by many to provide a variety of benefits during sexual activity, although a number of participants also thought that circumcision resulted in a less attractive penis.

- *“I hear women say that circumcised men satisfy them sexually and you know if there is no satisfaction in the house then the woman might look for another man and get infected.” (Male, Gulu district)*
- *“The skin of a circumcised person feels better compared to the uncircumcised one. Once you test a circumcised man you wouldn’t go in for an uncircumcised one.” (Female, Kampala district)*
- *“I think the circumcised man looks ugly...one [is] changing what God had originally created.” (Female, Kumi district)*
- *“Circumcision reduces the size and strength of the penis.” (Male, Kumi district)*
- *“Circumcised men have large and ugly penises that hurt women.” (Female, Gulu district)*

Promiscuity was mentioned as the key concern following MC. Men and women believed that circumcised men in particular enjoy sexual activity, and they expressed concern that circumcised men might feel free to have sex with multiple women. This perception was not shared by women in Kampala district. In Kumi district there was a widespread belief that following circumcision, the first woman a man had sex with would become a “harlot” or promiscuous.

- *“For us people in villages when we hear something on the radio, we think it’s the truth. And we normally hear that if a man is circumcised he will not get HIV. So after circumcision men will know that they cannot get HIV, so they will not protect themselves since they know they are circumcised.” (Female, Rukunguri district)*
- *“I think circumcision increases promiscuity. Sitting at the Market here daily I observe many young men get circumcised and nursed at the mosque across from here but as soon as they get better, I see them go after every girl around.” (Female, Gulu district)*
- *“Circumcision will increase promiscuity just like condoms; better to teach the youth about morality.” (Female, Gulu district)*
- *“It also promotes promiscuity among men, because they will think they are now safe to have live sex with anyone/which means they may end up getting HIV” (Male, Kumi district)*
- *“[Circumcision] makes a man to become too sexy and if he begins with any woman after circumcision that women become a harlot.” (Male, Kumi district)*

Many focus group participants also were worried that circumcision could lead to adverse events such as pain, infection, disfigurement, death, or even contracting HIV during the procedure, and some participants were concerned about the healing time necessary following circumcision. Men from every area indicated they would need financial assistance during the recovery and post-op period to help maintain their family income.

- *“There is a possibility of becoming disabled, that is to say, the male organ is full of veins around it which might easily be cut and this can [cause] permanent paralyzing of the penis.” (Male, Kampala district)*
- *“After circumcision, if one is not properly treated, one may end up getting other infections like cancer or secondary infections e.g. tetanus.” (Male, Kumi district)*
- *“There is danger of contracting HIV during circumcision in case people share the circumcision knife at a traditional circumcision ceremony.” (Male, Gulu district)*
- *“There is death for example one old person was circumcised and he could not heal and later died....There is another man who lost a penis because of circumcision; he had sex before he healed.” (Male, Rukunguri district)*
- *“If the man who is a bread winner gets sick, you the woman alone may not manage, so how does the family survive?” (Female, Kumi district)*
- *“You should appreciate that we are farmers and busy people who are physically active. The pain and duration needed to heal completely is too long to bear, and the body part to be circumcised is also a busy place. [Who] will compensate us for time lost?” (Male, Gulu district)*
- *“Other men would like to circumcise but they think of the amount of time they will stay without working; who will feed his family?” (Female, Kampala district)*

Although not widespread, a few participants voiced concerns that circumcision would weaken their “manhood” or contradict their religious beliefs.

- *“There are certain things God has created and are not supposed to be tempered with, there are others that can be removed like hair in the armpits and pubic hair, but when you suggest circumcision, you feel you are spoiling something.” (Male, Kampala district)*
- *“Religiously, it will be like you are abusing god’s creation because the foreskin is meant to protect the penis. Any thing can hurt the penis since it is exposed.”(Male, Kumi district)*
- *“If they circumcise and they tell them to covert to Islam religion, there will be a problem.” (Female, Rukunguri district)*

- *“It will look like I am changing religion; crossing over to Islam, even other Christians will wonder what I am doing.” (Male, Kumi district)*

Performance of Male Circumcision

Most participants believed that circumcision should be performed by medical personnel in a traditional hospital or non-hospital medical setting. In Kampala and Rukungiri, the most frequently mentioned location was hospitals, whereas in Gulu and Kumi non-hospital health facilities were more often endorsed. Participants indicated a wide range of options for non-hospital settings including mobile care clinics, local/regional health centers and parish/religious temporary clinics.

- *“There is proper care and cleanliness in the hospital and in case of any complication they will handle it.” (Female, Kumi district)*
- *“If these people are to be circumcised let them stay in the hospitals and get healed from there...otherwise if they are to heal from home, some will not wait to have sex with their wives.” (Male, Rukungiri district)*
- *“The health personnel are the most perfect people to do it...when it is done at the health center it makes it not religious.” (Male, Kumi district)*
- *“Trained people in hospitals have qualifications and this will encourage parents to take their male kids there unlike in Mosques and among the Bagishu who circumcise without qualifications.” (Female, Kampala district)*
- *“Make it available in many places like the current HIV mobile clinics.” (Female, Gulu district)*
- *“The health facility should be near the community and health personal available.” (Female, Kumi district)*
- *“The health facility reduces risks through accidents like accidentally cutting off the penis completely. At the health facility they first sterilize that part so you don’t feel pain during circumcision. At the health facility they maintain cleanliness use gloves etc. so it is safe. Traditionalists pass on diseases from one person to another because they may use the same pair of gloves for all the people being circumcised therefore passing on diseases.” (Male, Kumi district)*

A minority of participants, mostly in Kampala and Kumi, endorsed traditional circumcision settings.

- *“I do not agree with [circumcision at health facilities] because it’s like interfering with existing cultures. They have always done it without any complaints. I plus my brothers were circumcised when we were 2 weeks old. My suggestion is that things should continue as they are...because*

- they may bring a medical person who may cause complications and every accusing finger will be pointing at him.” (Male, Kampala district)*
- *“We have seen people from there [hospitals] circumcisedThey fall sick very often and even take long to heal and the way it is done is not good - it is a disorganized shape and not round as it is supposed to be.” (Male, Kampala district)*
 - *“It should be done by our Islamic doctor....If the medical personnel is not a Moslem he will not follow the right Islamic traditions” (Male, Kumi district)*
 - *“In Bugishu it will be useless if someone is circumcised by a technical person since there are rituals performed; if you do it from the hospital you have to repeat it traditionally.” (Male, Kampala district)*

In addition, some participants stated that traditional circumcisers should be trained by the government and allowed to conduct religious circumcisions either in a traditional setting or health care settings.

- *“Let the government train people based on their culture; for example, train a Mugishu to circumcise a Gishu, a Mukonjo to circumcise the Bakonjo, and the Moslems to circumcise the Moslems.” (Male, Kampala district)*
- *“It should be like the HBCT which was done in the homes because if we have to go to hospital will the government gives us the transport? They should be circumcised at home by medical trained personnel.” (Female, Kumi district)*

Attitudes Toward Circumcising Sons

The most commonly cited reason for circumcising a son across all focus groups was the prevention of HIV/AIDS or to provide a “healthier future” in general. This was particularly salient for mothers. A few participants mentioned their support for circumcising their children because they believed the pain would be worse if circumcised as an adult.

- *“With this new [HIV reduction] information, to say no to the circumcision of our children is to deliberately destroy their future.” (Male, Gulu district)*
- *“Since there is no known cure for HIV, the government is behaving desperately like a woman with a sick child, who tries a health facility, pastors for prayers, and consults a native doctor. In the end she might not know what has healed the child, but at least the child is healed. For the health of my child I consider him getting circumcised.” (Female, Gulu district)*

- *“For me, I have heard several views from the newspapers, radio stations that it reduces the risk of catching HIV. So circumcising them when they are young safeguards their future. More so, they heal fast when they are young unlike the adults because they have responsibilities which will stop them from being circumcised.” (Male, Kumi district)*
- *“Given that HIV is destroying our homes and since I hear that circumcision can reduce the risk of contraction of the virus, I have no problem with the operation. One would rather lose a small part of his body than the entire life.” (Male, Gulu district)*
- *“I have no problem with my son getting circumcised especially when he is young; even Jesus was circumcised when he was only eight days old.” (Male, Gulu district)*
- *“When you circumcise your child when he is still young he grows when he is clean and nothing disturbs him. He will not get disturbed to think of circumcising when he is already old. He is circumcised when he is still young, the pain is not too much like on old person. The pain is bearable for a young boy.” (Female, Rukunguri district)*
- *“Yes [I would circumcise my son] because he will be prevented from various diseases and protect a child from being kidnapped or sacrifices by witch doctors.” (Female, Kampala district)*

Additional information about the health benefits of circumcision would encourage many parents to circumcise their sons, especially if circumcision was linked to a proven reduction in HIV/AIDS. A small number of male groups also indicated that they would want to speak with survivors of the circumcision procedure to ensure that there were no adverse events or side effects.

- *“We need more information about circumcision before we can decide to do so. For instance my grandfather never rode nor sat on bicycle simply because at times people fell from it even though he knew several advantages of the bicycle. Likewise is circumcision - there [should] be more sensitization to counter the disadvantages.” (Male, Gulu district)*
- *“I don’t trust anything from the government anymore, this might be a political agenda against us, and circumcision might be used against us as happened in some people’s history. We have just gone through a war, now there is a problem with our land they have failed to grab through the constitution. I think they might try to use circumcision to weaken us. We need full understanding on the idea behind this circumcision.” (Female, Gulu district)*

Parents who were opposed to circumcision of their sons typically mentioned their belief that it would signify a religious conversion, their reluctance to subject their children to the pain of circumcision, that sons should make the decision for themselves, that the

operation is too expensive, and that it would encourage their children to engage in sexual activity. Participants in Gulu and Kumi both indicated that they would not circumcise their son because HIV/AIDS was a modern problem and that a traditional practice would not solve the current problem.

- *“I reject because it is the same as turning my children into Moslems.” (Male, Kumi district)*
- *“I would accept but it will be like pushing him to have sex since he knows he is circumcised and he will not get infected. It’s like packing for your son condoms when he is going to school.” (Female, Rukunguri district)*
- *“When a child becomes promiscuous I cannot be happy for him and this is due to circumcision. They should use something else to circumcise men not a razor blade. Because I think it’s the razor blade which makes them [have?] more sexually pleasure. They should use like a pair of scissors or what they use in hospitals.” (Female, Rukunguri district)*
- *“For me I would want my son to be circumcised when he is still young because he grows knowing that you did it for hygienic purposes but not knowing that its one way of preventing HIV/AIDS. It will be like pushing the child to have sex since he knows he is safe. (Female, Gulu district)*
- *“For me I would not support his circumcision for the reason of preventing HIV because we do not get HIV/AIDS through having sex only, and it will push them to have more sex, and be sexy. But it may be preventing other STDs like syphilis. Whether circumcised or not we all get HIV.” (Female, Rukunguri district)*
- *“Is it true that this disease will have no cure for a long time? Because why should we subject the future generation to something that does not exist in our tradition just because we want we to solve a current problem?” (Male, Gulu district)*

Participants in every district indicated that a lower cost or free operation or some gift for participation would encourage them to get circumcised or circumcise their child. A number of participants in Gulu district indicated they would need better access to local and regional health centers in order to be able to get their son circumcised. Finally, several participants suggested that MMC would be accepted if government policy mandated it.

- *“Give people incentives like nets, beddings to encourage them because it is difficult to convince a lay person so they would like to be made happy with the blankets or a bed sheet. Like World Bank when people are donating blood, they give them sodas and biscuits and that encourages many people to donate. And remain happy.” (Male, Kumi district)*

- *“To circumcise them: Youth are so used to money, if the government can ‘bribe’ them with some projects and even T-shirts like we received for action against landmines.” (Male, Gulu district)*
- *“You should also do it like Muslims, Gishus, who give daughters, so the government needs to give some gifts too as motivation. Consider also the period one takes to heal (munkutu) which is so long he needs to be supported.” (Male, Kampala district)*
- *“As we know it is mainly Moslems who get circumcised, and this area is mostly habited by Christians who do not circumcise, so to get more youth circumcised without them feeling like they are becoming Moslems the government should emphasize that the operation is done at a health facility.” (Female, Gulu district)*
- *“It should be made mandatory that a child be circumcised at birth. If it’s made a policy inclusive of procedure, and our parliamentary representatives [accept it] then we will also accept.” (Male, Kampala district)*

Decision-making about Male Circumcision

Regarding circumcision of adult men, most focus group participants stated that it is the man’s decision whether to circumcise, although a few people thought it should be a joint decision between the husband and wife.

- *“The man should decide whether to circumcise or not. What do the women have to circumcise?” (Male, Rukunguri district)*
- *“Since you are the man you know the risks to men so you can decide because in most cases we have experienced men’s diseases.” (Female, Kampala district)*
- *“Father because he is the head and has more right than a woman.” (Male, Kumi district)*
- *“If am to get circumcised I and my wife have to agree on it, supposing the operation goes wrong how will she support me if she did not know what I was doing? (Male, Gulu district)*
- *“I think I have to discuss it with my partner because circumcision is not just about my physical health but also about my sexuality. She has to accept the likely changes that might occur in our sex life.” (Male, Gulu district)*

Regarding the circumcision of male children, most participants stated that parents should decide this together. Others felt that the decision belongs solely to the mother or solely to the father, and some people in each district thought it should be the son’s decision to make for himself or to make together with his family.

- *“It is about agreeing because if my wife goes to the village with my children and circumcises them without my notice, I will declare that they are no longer my children, but if we both agree, then it is okay. Both of us have to discuss about it, most especially if the couple is a non Muslim.” (Male, Kampala district)*
- *“This decision is made between the man and wife for the husband and young children to get circumcised. For the older children we talk to them and if they accept we support and nurse them.” (Female, Gulu district)*
- *“Health matters cannot be left to one parent alone so both father and mother and the children have to dialogue so that they can support each during healing process. We have dialogued before as we did with condom use with the youth.” (Male, Gulu district)*
- *“Now always it’s the man who is the head of the family, so he is the one who comes with that decision and you agree. Even if it’s the women who come up with the decision, it’s the man who actually decides. The women have no power to make a decision unless you do not have a man.” (Female, Rukunguri district)*
- *“There is nothing because I am not the owner of the child. If the husband refuses then you have no alternative but let the child decide for himself when he is an adult.”(Female, Kampala district)*
- *“As a mother I suggest but my husband has the final decision because if I insist on the circumcision he might accuse of getting the child with a Moslem.” (Female, Gulu district)*
- *“These days, mothers are looking after children without any help from the man so such women decide what is good for their children.” (Female, Kampala district)*
- *“I and my husband cannot make decisions for my adolescent sons. I don’t even see them during the day, they no longer eat at home anymore, they spend the whole day with their friends, this is what the camps have done to us, and we are parents in name not authority. We will advise them and leave the decision to the child.” (Female, Gulu district)*

Perceptions of Cost for Male Circumcision

Many participants stated that circumcision should be a free government subsidized initiative; since HIV/AIDS was a national problem the government should be responsible for covering the cost of male circumcision if it was to be used as a prevention tool. Participants cited large families, low wages, and high drug costs as reasons for having a free circumcision program.

- *“This being a life saving initiative, it should be totally free so that both poor and rich can access it equally.” (Male, Gulu district)*

- *“If it becomes policy, government has to accomplish his duty of making sure people are circumcised freely.” (Male, Kumi district)*
- *“The government has seen that HIV/AIDS has spread so much and saw that after circumcision the disease will reduce; they should do it for free. Some will refuse to circumcise and again if you ask money for those who have accepted to circumcise, they will also decide not to circumcise, so I would say it should be free.” (Female, Rukunguri district)*
- *“It should be free because a family of 6 boys plus their father will not afford the cost if it is not free. It is the government programme. It’s the one that knows benefits of circumcision so let it meet the costs on behalf of its people.” (Male, Rukunguri district)*
- *“I think the health center at the camp cannot carry out the operation and one has to go all the way to Gulu hospital. You have to factor in the cost of transport and upkeep in case the operation is not carried out on the appointed day, the hospital bills like medicine. This is very expensive for us moreover some one is not sick. To motivate someone who decides to bear all that cost it should be free.” (Female, Gulu district)*
- *“It should be free to remove all the excuses that the youth would normally make. In this village the young boys would rather use their money to drink than circumcision and any payment makes the decision not to circumcise very easy. So I think 1000 [shillings] is reasonable.” (Male, Gulu district)*
- *“I have always wanted to be circumcised but constrained by the cost....I would prefer that the government just helps because there are many people who want but cannot afford.” (Male, Kampala district)*

Half of the participants that did not agree that male circumcision should be a free program thought that it should cost somewhere between 1,000 and 10,000 shillings, most often participants cited 5,000 shillings as a fair price. Participants that did not agree with free circumcision cited doctor’s salaries, fees for hospitals and lack of quality of free procedures as the main reasons for charging for the procedure. Participants indicated that if procedures were free that doctors and health care workers would have no incentive of offering proper care and treatment.

- *“I think 3000 shillings for the operation, since I still need some money to ‘bribe’ the health worker so that he takes good care of the child.” (Male, Gulu district)*
- *“Free things are not the best because they do not do as good job...Because whatever is used ranging from equipment, drugs, and even a pen costs money. So they should ask for a moderate fee of about 2,000 to 3,000 Shillings.” (Female, Kampala district)*

- *“It should not be for free in hospitals or even culturally because people will not heal and free things are not good most especially in government hospitals.” (Female, Kampala district)*
- *“I would suggest like 5000 shillings and this money should be asked only for drugs but the real cutting of the skin should be free.” (Male, Rukunguri district)*
- *“It should be done in hospitals and charge like 2000-5000 [shillings] to motivate doctors to work effectively.” (Male, Rukunguri district)*

Women’s Perceptions of Men Who Are Circumcised

In two-thirds of all female focus groups, participants stated that circumcised men are more hygienic and free from disease, and about half of all groups mentioned that circumcised men are protected from HIV/AIDS and STIs.

- *According to a Moslem neighbor in town before I came to the camp, circumcised men are clean. That is why they can marry many women and yet not suffer from STIs, so it might mean the same for me. It means that my husband has reduced chances of suffering infections on the penis since it is always clean.” (Female, Gulu district)*
- *“Others say that circumcision helps in prevention of AIDS\STDs like for Bagishu it is good to prevent germs so good for their hygiene.” (Female, Kampala district)*
- *“You enjoy [a circumcised man] because you are free because you know the man is clean, because with an uncircumcised man you have some fear that he is going to leave something like sickness in you. You develop some fears.” (Female, Kampala district)*
- *“Some men take a week without bathing but if that foreskin is removed it improves the hygiene and reduces some diseases that women may get....” (Female, Rukunguri district)*
- *“When men go out to have sex with other women and he is not circumcised, when he comes to have sex with you both get the disease. But if he is circumcised you cannot get the disease. Even if he goes to have sex with other women the risk of getting diseases is reduced.” (Female, Rukunguri district)*

In about half of the female focus groups, some women also felt that circumcised men are sexually and aesthetically pleasing to their partners. A number of women, however, believed that circumcised men are more promiscuous or sex is more difficult with circumcised men, and many women in Kumi believed that circumcised men make their female partners promiscuous.

- *“I hear that circumcised men love sex very much; I don’t know whether I have the energy to contain it daily.” (Female, Gulu district)*
- *“The first time I saw a circumcised penis it was on two young naked Moslem boys from the neighborhood who had come to play with my children. The penis looked [so] ugly that I asked them to go back home and put on clothes, so how can I allow it for my husband?” (Female, Gulu district)*
- *“They say that a circumcised man is more sexually active ...I would prefer one who is not circumcised because a circumcised man may be like a bone. I would not handle his stiffness, maybe I will get hurt.” (Female, Kumi district)*
- *“There is no way we can compare the two [circumcised and uncircumcised men] because we cannot marry two at the same time. But I would say there is a problem with circumcised men because a circumcised man may just want to penetrate you before your body is ready for sex and you end up getting tears because we hear that a circumcised penis is very rough.” (Female, Rukunguri district)*
- *“Some girls fear circumcised men. That they make you promiscuous; they make you want to sleep with men all the time and increase sexual desire.” (Female, Kumi district)*
- *“After my husband gets circumcised, he sleeps with me first. Then I become sexually wild. I end up getting HIV even if I didn’t have in the first place because I will look for every man available and then I end up catching the virus.” (Female, Kumi district)*

A few women in each district stated that circumcision was only for Moslem men, or that it would lead to religious conversion.

- *“I thought people who circumcise get changed into another religion. This is because after circumcision, they start praying in the mosque.” (Female, Kumi district)*
- *“I used to think that male circumcision was done by Moslems. For me I used to think its only people in the Moslem religion that circumcise. So this one of saying all people circumcise I don’t understand it.” (Female, Rukunguri district)*

Objective 4: To describe potential mechanisms for improving access to reproductive health messages to young men through MC. Information addressing this objective was informed by the stakeholders’ meetings and key informant interviews.

Although the goal of this objective was to investigate mechanisms that might be appropriate for integrating MMC with other health services, little data were collected that directly addressed this objective. The few comments obtained from stakeholders indicated a general level of support for integration, but simultaneously generated many concerns about the feasibility and resources required for successfully integrating MMC with existing health services or including additional services along with the MMC intervention.

Male Circumcision Integrated with HIV Testing

Most key informants thought inclusion of Voluntary Counselling and Testing (VCT) for HIV in the male circumcision activity would provide a complementary health service that would be accepted by men.

- *“Offering an HIV test, with referral to counseling and medical services is complementary. We (Ministry of Health) are encouraging an integrated approach in health service delivery. The policy of offering HIV testing will not [negatively] affect a programme to increase male circumcision.”*

Several stakeholders supported integration of VCT for HIV and MC services but expressed reservations such as the need for additional resources.

- *“It is good but timing and resources may cause it to go on slowly.”*
- *“It is a good idea but care must be taken to ensure that we do not affect the little achievements that we have made or had.”*
- *“This is a good idea but is bound to have many implementation difficulties. We have problems with VCT; what about when we add on MMC?”*
- *“...MMC should not be introduced as a ‘stand alone’ intervention. Resources should be allocated without compromising other interventions.”*
- *“...Let MMC be part of the broader approach/interventions and not a ‘stand alone’ or elevate above others i.e. integrate MMC with other interventions.”*

Male Circumcision Integrated with Family Planning Services

Stakeholders indicated that involvement of men in reproductive health services was a good idea. However, it was debatable as to how feasible it would be to implement it in a male dominated society.

- *“Adding sexual and reproductive health services is a good idea. Male involvement should be made prominent i.e. males should be seen to actively participate in the programme.”*

- “Yes this is fine. MMC must not be seen in the context of HIV/AIDS prevention alone but must be seen to offer multiple health benefits.”
- “This is a good idea but I am not sure of the practicability of this.”

Objective 5: To describe the capacity of the health care system to provide high quality MC services. The main data source for key information addressing this objective was the service availability study.

Male Circumcision in Health Facilities

Male circumcision was performed in all eight of the hospitals included in the health facility survey. The number of MCs performed in these hospitals in the last 12 months ranged from 10 (Kumi) to 100 (Gulu). Of the six non-hospital facilities, on the other hand, only one health facility in Gulu performed MC. In the last 12 months, this facility had performed 89 MCs.

Of the 59 health practitioners surveyed, 34 practitioners (58%) had ever performed a male circumcision. Practitioners in hospital settings were more likely to have performed MC than practitioners in non-hospital settings. Of those who had performed MC, three-quarters had performed MC in the last 12 months, averaging 68 MCs in hospitals and 19 in non-hospital settings. In addition to performing MC at the current health facility, many hospital-based providers had performed MC in another public health facility or in a private clinic. Practitioners in Kampala hospitals reported performing the most MCs of all districts settings, averaging 83 per practitioner during the last year.

Among the facilities that performed MC, reasons that were cited by more than two-thirds of the facilities included phimosis or paraphimosis, balanitis (repeated infections), hygiene, and patients’ personal preferences. One third reported circumcising patients for religious reasons and because the patient heard that MC reduces HIV.

Almost three-quarters of the practitioners surveyed had seen complications or adverse events result from the performance of MC. Excessive bleeding, infection or sepsis, hematoma, and disfigurement were the most commonly mentioned adverse events. Practitioners reported seeing an average of seven MCs over seven years that resulted in adverse events.

Circumcisions were performed at every age group across the circumcising facilities. All practitioners who performed MC in the last 12 months had circumcised adults, and two-thirds had circumcised adolescents, children, and infants.

Cost information was collected from in-charges in six facilities. In the hospitals, the cost paid by the patient ranged from 2,000 Ugandan shillings in a government hospital in the Kumi district up to 95,000 shillings at a private for-profit hospital in Gulu district. The other three hospital facilities providing cost data charged 20,000 shillings or 50,000

shillings for the circumcision. In the single non-hospital government health facility that performed MC, the cost was 1,000 shillings paid by the patient for the circumcision.

Additional information about cost was collected from the practitioner survey. Practitioners reported a median cost to the patient of 50,000 Ugandan shillings, ranging from 15,000 to 300,000 shillings. Patient costs in hospital settings were higher, with a median cost of 50,000 shillings in hospitals compared to 30,000 in non-hospital settings.

Almost all the health facilities surveyed were able to perform minor surgeries, two-thirds had done Caesarean Sections, and one-quarter had performed vasectomies. Caesarean Sections, however, were only performed in hospitals.

Almost all health facilities had a surgical theater, and in all hospitals the surgical theater was in working condition. Two non-hospital facilities did not have a surgical theater, however, and two additional non-hospital facilities had a surgical theater but it was not operational. All health facilities except one non-hospital facility in Gulu had electricity. Six facilities were connected to the grid, one used a generator, one used solar power, and five facilities had two or more sources of electricity. Three-quarters of the facilities surveyed had one or more autoclaves for sterilizing equipment, half had a pressure cooker, and a few facilities had other means to sterilize equipment.

Provider Attitudes toward Male Circumcision

All practitioners believed there are advantages to MC. More than 90% of practitioners believed that MC improves hygiene and provides some protection against STDs and AIDS. In addition, 78% thought it reduces the risk of HIV infection and 71% thought it reduces the risk of penile cancer.

A small proportion of practitioners believed that MC can enhance sexuality: 36% thought that women prefer men who are circumcised, and 19% thought circumcision increases sexual pleasure and sexual performance, although 14% believed that circumcision encourages adultery. Fewer than 10% believed that circumcised men can safely have sex with many women, that circumcised men do not need to use condoms, that the tip of the penis needs to be covered with a foreskin, or that MC is forbidden by religion.

The majority of practitioners felt that circumcision pain is bearable for a child, and that medical male circumcision is expensive. Practitioners also believed that death is more likely in traditional MC (88% said death could occur) than in medical male circumcision (29% said death might occur). Finally, three-quarters of practitioners acknowledged that one can get infected by HIV during MC.

When asked which ages are best for MC, approximately one-half (54%) of the practitioners believed that infancy is best, followed by childhood 2-9 years old (25%), adulthood (13%), and adolescence (6%).

When asked what patients should be charged for MC, practitioners were about evenly split between thinking it should cost between 10,000 and 20,000 Ugandan shillings, and thinking it should cost more than 20,000 shillings. Only a few thought it should cost less than 10,000 shillings. Hospital staff believed patients should pay more for circumcision (median of 20,000 Ugandan shillings) than non-hospital staff (median of 15,000 shillings).

Male Circumcision Scale Up

Of the 15 In-charges who completed the health facility survey, two non-hospital staff stated that their facilities would be unable to provide MC services during scale-up. In-charges at the other facilities felt their facilities had this capability. To introduce or increase MC services, facilities would need, in order of priority, increased staff training, more equipment and instruments, medications, disposable equipment, and a surgical room.

The majority of practitioners (59%) said they would need additional training to perform MC. Non-hospital staff perceived a greater need for training than staff who worked in hospitals (84% versus 46%, respectively). Most practitioners needed comprehensive training that includes theoretical and practical content.

Almost all practitioners thought trained medical and clinical officers should be permitted to perform MC. Practitioners had mixed feelings about nurses performing MC: only about 40% thought trained male or female nurses should be allowed to perform MC. Non-hospital staff were more supportive of nurses performing MC than hospital staff, however. Additionally, only one-quarter agreed that traditional and religious male circumcisers should be trained and allowed to perform MC.

Conclusions and Recommendations

The male circumcision intervention to reduce the spread of HIV is best referred to as medical male circumcision (MMC). The addition of the word ‘medical’ to ‘male circumcision’ clarifies that the MMC program refers to circumcision provided by medically trained personnel in medical settings, and helps to divorce the MMC intervention from religious or cultural meanings.

Support for Medical Male Circumcision

There is presently a great deal of support for the medical male circumcision intervention. The large majority of national and local level leaders and key informants interviewed for this situation analysis supported the MMC intervention. Health care practitioners and administrators were also supportive of the male circumcision intervention. These stakeholders were aware of the link between male circumcision and reduced HIV transmission, and they voiced strong support for the promotion of medical male circumcision as part of the ‘ABC+’ HIV prevention strategy.

The Kampala, Gulu, Kumi, and Rukunguri district residents interviewed for this situation analysis also demonstrated a substantial level of support for male circumcision to prevent HIV transmission. Interviewees were more supportive of circumcision for their sons than circumcision for adult males. They did express a number of barriers to medical male circumcision, however, that must be addressed for the intervention to succeed.

Demand for the medical male circumcision procedure can be generated and increased through a supportive national policy, increased access to MMC services, and provision of well-packaged information to the Ugandan people. Health facilities must be prepared to provide the medical male circumcision procedure and ensure the supply of skilled medical personnel and sufficient medical equipment and surgical facilities are available to meet demand.

Create a national policy on MMC. Stakeholders at the national and local levels want a policy on medical male circumcision to support them. Currently, there is no legal framework or policy to support MMC. There is still lack of consensus on certain aspects of the MMC program, however. More discussion on the recommended age for MMC, the category of personnel who could provide the procedure at Ugandan health facilities, and the feasibility of integrating MMC with other health services needs to occur among practitioners and policy-makers. Political leadership and donor support could be utilized to develop and implement a national MMC policy and MMC program. This formulation of a national MMC policy could begin with a roundtable discussion and then move into a working group at the Ministry of Health.

Preparation of Health Facilities for Medical Male Circumcision Intervention

Health service infrastructure already exists in all districts included in the situation analysis, and all hospitals but only one non-hospital health facility included in the assessment performed male circumcisions. To provide increased MMC services and meet anticipated demand for the MMC intervention more qualified health workers and more and better equipment and facilities are needed. Hospitals are better equipped to handle increased demand for MMC than non-hospital settings. The presence of a supportive political environment at the local level and donor support are of paramount importance in the strengthening of the health system to meet the demand for MMC services.

Increase personnel. While all stakeholders and health practitioners agreed that additional personnel need to be trained to carry out the MMC procedure, disagreement was expressed regarding task shifting and the appropriate level of personnel to carry out the procedure. Many perceived male circumcision to be a minor procedure and thus could be performed by Clinical Officers or nurses with basic training instead of surgeons or other medical doctors.

Integrate MMC with other services. Stakeholders also felt that MMC services should be integrated with HIV voluntary testing and counseling (VCT), reproductive health services, and other existing health services. The feasibility of these suggestions was uncertain, however, and raised questions about resource allocation and the need to

maintain proven successes while simultaneously promoting new HIV prevention strategies.

Increase access at HCIVs. Health centre level fours at the sub-district level could be used as an entry point for those seeking the MMC procedure. Since improved access to local and regional health centers is necessary for the MMC intervention to succeed, this is one way to increase access to MMC services. Many of these facilities already have the required surgical room and equipment needed for the MMC procedure.

Provide counselling. Counseling must also be an integral element of the MMC intervention. To decrease potential risk compensation and address concerns of men and their female partners related to the procedure and the follow-up period, trained counselors should be available in health facilities that offer MMC. Counselling should stress that MMC provides only partial protection against HIV and that maintenance of other risk reduction strategies is necessary, provide a clear explanation of how the male circumcision procedure is carried out and typical side effects from the procedure, address concerns about changes in sexual activity or performance following the procedure, and provide information about wound care during the healing period.

Provide MMC for all age groups. Health facilities should provide training on the conduct of MMC for patients of all ages and be prepared to offer MMC to patients of varying ages. Although health care practitioners felt infant circumcision was best, followed by circumcision during childhood, preferences for the age of circumcision varied across all data sources. Most stakeholders and district residents favoured male circumcision before the onset of sexual activity, but a substantial number of residents in two districts included in the situation analysis felt adolescence was the best age for medical male circumcision.

Make MMC affordable. The MMC procedure is currently expensive and unaffordable to many of the resident populations, especially to those living in rural areas. Most household respondents thought MMC should be subsidized by the government and either be free of charge or cost up to 5,000 Ugandan shillings. This contrasts sharply to the median cost of 50,000 Ugandan shillings reported by the health practitioners for the cost of male circumcision in the facilities where they are employed. Kampala residents were willing to pay slightly more than residents in the other districts surveyed. Several stakeholders suggested that the MMC procedure to the poor could be cross-subsidized by charging the wealthier households higher fees and poorer households lower fees.

Acceptability and Promotion of Medical Male Circumcision to the Ugandan People

The situation analysis was designed to survey households in three areas where male circumcision is uncommon. As a result, fewer than 10% of the male household respondents in three districts, which were overwhelming Christian, were circumcised. The fourth district, Kampala, has a sizeable proportion of Muslim residents, and 40% of men in this district were circumcised.

When uncircumcised men were asked if they would consider getting circumcised as adults, between 40% and 62% of men across the four districts included in the situation analysis said they would consider it. Support for circumcising sons was greater: between 59% and 77% of uncircumcised men supported MC of their sons, between 49% and 95% of women supported circumcision of their sons, and almost 100% of circumcised men supported circumcision of their male children. Residents in Kampala and female respondents were more supportive of MC for their sons than other respondents.

Target women. Although women have not traditionally been targets of MC promotional messages, they are an important target group for the MMC program. Women are frequently involved in the process of deciding whether to circumcise male children, and sometimes women are consulted by their male partners in decisions about adult MC. Women were generally more supportive of MC for their male children, somewhat more likely to support MC after being provided with information about reduced transmission of HIV among circumcised men, and inclined to pay more for MC than men would pay.

It is important to note that many women perceived that circumcised men were more sexually and aesthetically pleasing, but a smaller number were fearful that a circumcised partner would make sexual activity more difficult. Testimonials provided by women whose partners have undergone MMC and are satisfied with the results should be enlisted to address these concerns.

Engage Communities. Key opinion leaders should be mobilized to support the MMC intervention and promote it in their communities. There are many resources at the national and local levels that can be utilized to promote MMC; radio stations, newspapers, churches, schools, and community groups are available and can be used as channels for advocacy. Testimonials from men who have undergone MMC and their female partners should be incorporated as promotional aids.

Create promotional materials.

- *Call it medical male circumcision.* Surprisingly, only a few people mentioned the perception that circumcision is for Muslims. Although stakeholders believed this to be a major barrier to the uptake of MMC, few men or women in the focus group discussions expressed this concern. Referring to the program as medical male circumcision will help to alleviate religious barriers to circumcision. In addition, community engagement to understand the rationale for MMC will help to assure the Ugandan people that MMC is appropriate for all citizens regardless of religious affiliation.
- *Explain why MC is associated with reduced HIV.* Many respondents at the district level knew about the link between MC and reduced HIV transmission. Others stated that more information would help them to make an informed decision about whether to pursue MMC. Promotional materials should be developed that present a clear explanation for why MC is associated with reduced HIV infection.

- *Highlight myriad health benefits of MC, especially improved hygiene.* Household survey respondents, along with stakeholders and health practitioners, mentioned other benefits to MC including better hygiene, reduced risk of STIs, and reduced risk of certain types of cancer. Better hygiene was frequently mentioned as one of the most advantageous aspects of male circumcision, and respondents at all levels perceived that improved hygiene resulting from foreskin removal afforded some protection from STIs. Promotional materials should, therefore, highlight the hygienic benefits of MMC and other potential health advantages resulting from male circumcision.
- *Emphasize MMC is not 100% effective.* Encourage continued use of ABC+ prevention strategies. All constituencies included in the situation analysis expressed concern that a MMC program would promote promiscuity due to the perception that circumcision enhances sexual activity and the potential for risk compensation by newly circumcised men. Promotional materials must emphasize that MC is not 100% effective against HIV and that existing HIV prevention strategies must continue to be used by circumcised men and their female partners. In addition, risk compensation has not been demonstrated in studies of MC and this finding should be mentioned in MC promotional materials.
- *Minimize fears of MMC procedure. Highlight investment in MMC program.* Many people perceived that male circumcision is a traumatic procedure that is very painful, often results in complications, and requires a long recovery period. In light of these findings, current male circumcision practices in medical settings should be examined and improved where necessary, prior to and alongside the introduction of new MMC services. Promotional materials should provide a clear explanation of the procedure and presentation of what to expect during and after MMC to reduce misperceptions and fear of the procedure. Highlighting the substantial investment in preparing health facilities for MMC intervention will be helpful.

Appendix 1: District Descriptions

The household survey and focus group discussions were conducted in the Kampala, Gulu, Kumi, and Rukunguri districts. These four districts were chosen to represent both urban and rural areas of Uganda, as well as districts in which male circumcision was/ was not practiced.

Kampala, named for the capitol city, is also the center of the Buganda kingdom, the largest ethnic group in Uganda. Kampala lies in the south central part of Uganda surrounded by the districts of Mpigi and Wakiso in the East and west and flanked by Lake Victoria on the South. Kampala's rolling topography is characterized by steep slopes and wide swampy bottom lands¹. Kampala District is mainly industrial, but its suburbs produce agricultural products such as potatoes, cassava, beans and green vegetables. Poultry and animal husbandry form part of the city's small-scale cottage industries². Kampala district has 1.2 million inhabitants and contains about 5% of the Ugandan population³. Kampala has a diverse ethnic population, although the Baganda - the local tribe - make up over 60% of the Greater Kampala region. Apart from the Baganda and Banyankole, other large ethnic groups include the Basoga, Bafumbira, Batoro, Bakiga, Alur, Banyoro, Iteso and Acholi. The main languages spoken by the city residents are Luganda, English, and Swahili in that order, but all indigenous languages of Uganda are used in the city and suburbs, as well⁴. The religious makeup of Kampala mirrors the religious makeup of the nation: Roman Catholic 41.9%, Protestant 42% (Anglican 35.9%, Pentecostal 4.6%, Seventh Day Adventist 1.5%), Muslim 12.1%, and other 3%.⁵

Gulu is a district in Northeastern Uganda, taking its name from its commercial centre, the town of Gulu. The relief of Gulu consists of complex low landscape with relatively uniform topography marked by few sharp contrasts - Ajulu hills to the north, Ayamo to the west. Over 90% of the population has been displaced, mostly into camps clustered around towns and trading centers.⁶ To avoid abduction by the LRA thousands of children travel from rural areas to seek refuge in towns every night. However due to the improving security situation the number of 'night commuters' fleeing every night in the district has

¹ CFP Report 29B - Urban Agriculture in Kampala, Uganda: Reviewing Research Impacts , http://www.idrc.ca/en/ev-8249-201-1-DO_TOPIC.html

² Kampala District Profile , <http://74.125.95.104/search?q=cache:z8XpIzbs3Q8J:www.ugandadish.org/kampala.doc+kampala+district&hl=en&ct=clnk&cd=2&gl=us>

³ 2002 Ugandan Population and Housing Census <http://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/2002%20Census%20Final%20Reportdoc.pdf>

⁴ 2002 Ugandan Population and Housing Census <http://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/2002%20Census%20Final%20Reportdoc.pdf>

⁵ Uganda statistics, <http://www.careinternational.org.uk/3370/uganda/uganda-statistics.html>

⁶ Profile of Gulu District <http://74.125.95.104/search?q=cache:xae1p9usW0YJ:www.reliefweb.int/library/documents/2005/unicef-uga-15jun.pdf+gulu+district,+unicef&hl=en&ct=clnk&cd=5&gl=us#8>

reduced from around 25,000 in 2004 to 4000 in 2006. ⁷Gulu has approximately X refugee camps, including Pabbo quarter, the largest and oldest camp in Uganda. Established in 1996 as one of the Government's "Protected villages," Pabbo hosts approximately 63,000 people. Over 90% of the population is considered to be agriculturalists. This area used to be a key livestock zone, with many cattle, goats, sheep and some pigs. However, their numbers declined drastically, especially cattle, due to the civil insecurity. Cereals are the main food crops grown: finger millet, sorghum, maize and rice. Other crops are sweet potatoes, cassava, beans, cow peas, pigeon peas and groundnuts. Cash crops include cotton and recently tobacco⁸. The 2002 census put the population at 479,496 (almost 2 % of the Uganda population). The Acholi tribe constitutes the majority the Gulu population, as Gulu is one of the three districts forming the historical homeland of the Acholi. Other ethnic groups in Gulu include: of Bantu, Langi, Congolese and Madi.⁹

The Kumi District is located in the Northeast of Uganda. It is generally flat with few undulations and is covered by open water bodies and swamps/wetlands. The major economic activity in the district is agriculture. Agriculture employs over 95% of the total district population though the marketing of its produce is still poor. Women play a leading role in the agricultural sector. The agriculture practiced is still traditional with over 98% being subsistence farming.¹⁰ The main crops grown include; cassava, beans, cotton, groundnuts, cow peas, sorghum, maize, sunflower, rice, soy beans, finger millet, bull rush millet, sweet potatoes and green yams. Other activities include fishing in both Lake Kyoga and the satellite lakes in the district. There is an expanding class of artisans in the Kumi. These include arts and crafts, carpentry, joinery and building.¹¹ Kumi has a total population of 389,665 persons (1.6% of the total country). The main ethnic group in Kumi is Iteso , who constitute about 98% of the population; other ethnic groups include Bagisu, Banyole, Langi and Acholi¹².

Rukungiri is a district in Southwestern Uganda and is bordered by neighboring Kanungu, Kabale, Kisoro, Ntungamo and Bushenyi Districts. It is named after its chief town. Rukungiri's northern area is made up of western rift valleys with undulating plains, the central area is flat-topped hills with broad valleys, and the hills gradually increase in the southern area. Rukungiri, like other rural districts, is mostly compromised of agriculture dependant households. The main crops grown include: bananas, sweet potatoes and

⁷ Profile of Gulu District <http://74.125.95.104/search?q=cache:xae1p9usW0YJ:www.reliefwe b.int/library/documents/2005/unicef-uga-15jun.pdf+gulu+district,+unicef&hl=en&ct=clnk&cd=5&gl=us#8>

⁸ Profile of Gulu District <http://74.125.95.104/search?q=cache:xae1p9usW0YJ:www.reliefwe b.int/library/documents/2005/unicef-uga-15jun.pdf+gulu+district,+unicef&hl=en&ct=clnk&cd=5&gl=us#8>

⁹ Profile of Gulu District http://en.wikipedia.org/wiki/Gulu_District

¹⁰ http://kumi.go.ug/index.php?option=com_content&task=blogcategory&id=14&Itemid=44

¹¹ http://74.125.95.104/search?q=cache:OdImRU9aR0YJ:kumi.go.ug/index2.php%3Foption%3Dcom_content%26do_pdf%3D1%26id%3D31+kumi+district+profile&hl=en&ct=clnk&cd=1&gl=us

¹² Profile of Kumi District http://74.125.95.104/search?q=cache:OdImRU9aR0YJ:kumi.go.ug/index2.php%3Foption%3Dcom_content%26do_pdf%3D1%26id%3D31+kumi+district+profile&hl=en&ct=clnk&cd=1&gl=us

maize. The largest sector is cattle farming.¹³ The total population of the district stands at 308,696 people (1% of the population). The main ethnic groups are Bakiga ,Banyankore and Bahororo.¹⁴

¹³ Rukungiri District Homepage <http://www.rukungiri.go.ug/index.php>

¹⁴ Rukungiri Profile http://74.125.95.104/search?q=cache:-nkT6BhfK74J:www.foodnet.cgiar.org/SCRIP/docs%26databases/scrip_II_outputs2001/pdfs/Technologies-intensification_district%2520profiles.pdf+rukungiri+topography&hl=en&ct=clnk&cd=5&gl=us

Table 1.1.1
 Situation Analysis for Male Circumcision in Uganda
 Report on Male Circumcision Status in Male Household Survey

Question	Result		Males (N=833)			
			Kampala (n=208)	Gulu (n=210)	Kumi (n=205)	Rukungiri (n=210)
Circumcision Status for Males	Circumcised	n	84	26	8	16
		Percent	40	12	4	8
		C.I.	(34, 46)	(8, 17)	(1, 7)	(4, 12)
	Not Circumcised	n	124	184	197	194
		Percent	60	88	96	92
		C.I.	(54, 66)	(83, 92)	(93, 99)	(88, 96)

Note: Two males had missing values for the circumcision status question. These males are excluded from other analysis.

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Table 1.1.2
 Situation Analysis for Male Circumcision in Uganda
 Report on Male Circumcision Status in Male Household Survey

Question	Result		Females (N=844)			
			Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)
Is your husband circumcised?	Yes	n	102	14	9	18
		Percent	48	7	4	9
		C.I.	(41, 55)	(3, 11)	(1, 8)	(5, 13)
	No	n	94	176	196	164
		Percent	45	83	92	78
		C.I.	(36, 53)	(78, 89)	(89, 96)	(73, 84)
	Not applicable	n	15	21	7	27
		Percent	7	10	3	13
		C.I.	(3, 11)	(5, 15)	(1, 6)	(8, 18)

Note: Two males had missing values for the circumcision status question. These males are excluded from other analysis.

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Table 1.1.3
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Household Surveys
 Categorical Variables

Question	Result	Male (N=833)												
		Female (N=844)				Circumcised (N=134)				Uncircumcised (N=699)				
		Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)	Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)	
Which ethnic group are you a member of?	Acholi	n	9	185	1	--	1	20	--	--	7	165	--	--
		Percent	4	88	0		1	77		6	90			
		C.I.	(0, 10)	(79, 96)	(0, 1)		(0, 4)	(48, 100)		(0, 11)	(83, 96)			
Bakiga	n	3	--	--	107	--	--	--	8	--	--	--	86	
	Percent	1			51				50				44	
	C.I.	(0, 3)			(36, 66)				(23, 77)				(30, 59)	
Baganda	n	133	--	--	--	42	--	--	--	63	--	--	2	
	Percent	63				50				51			1	
	C.I.	(54, 72)				(41, 59)				(41, 60)			(0, 2)	
Bahororo	n	--	1	--	44	--	--	--	4	1	--	--	87	
	Percent		0		21				25	1			45	
	C.I.		(0, 1)		(13, 29)				(0, 50)	(0, 2)			(31, 58)	
Banyankole	n	21	--	1	58	8	--	--	3	23	--	--	16	
	Percent	10		0	28	10			19	19			8	
	C.I.	(6, 14)		(0, 1)	(18, 38)	(3, 16)			(0, 43)	(12, 25)			(4, 12)	
Basoga	n	8	--	--	--	5	--	--	--	5	--	--	--	
	Percent	4				6				4				
	C.I.	(1, 6)				(1, 11)				(0, 8)				
Iteso	n	4	--	206	--	--	--	7	--	2	--	197	--	
	Percent	2		97				88		2		100		
	C.I.	(0, 4)		(95, 100)				(61, 100)		(0, 4)		(100, 100)		

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.

[1] Missing values were imputed based on respondent's answer before HIV info was presented and whether or not that HIV info changed their minds.

[2] This is a derived variable (not directly from a survey) to highlight respondents who changed their minds due to the HIV info presented.

[3] Question 2.25, from the Male survey tool, on the age at which circumcised men would consider MC for their sons, was missing from the Male survey tool.

[4] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 1.1.3
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Household Surveys
 Categorical Variables

Question	Result		Male (N=833)											
			Female (N=844)				Circumcised (N=134)				Uncircumcised (N=699)			
			Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)	Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)
Which ethnic group are you a member of?	Langi	n	2	21	--	--	--	2	--	--	2	19	--	--
		Percent	1	10				8			2	10		
		C.I.	(0, 2)	(2, 18)				(0, 19)			(0, 4)	(4, 17)		
	Other	n	31	4	4	1	28	4	1	1	21	--	--	3
		Percent	15	2	2	0	33	15	13	6	17			2
		C.I.	(9, 20)	(0, 4)	(0, 4)	(0, 1)	(23, 43)	(0, 44)	(0, 39)	(0, 20)	(10, 23)			(0, 4)
Is your husband circumcised?	Yes	n	102	14	9	18	--	--	--	--	--	--	--	
		Percent	48	7	4	9								
		C.I.	(41, 55)	(3, 11)	(1, 8)	(5, 13)								
	No	n	94	176	196	164	--	--	--	--	--	--	--	
		Percent	45	83	92	78								
		C.I.	(36, 53)	(78, 89)	(89, 96)	(73, 84)								
	Not applicable	n	15	21	7	27	--	--	--	--	--	--	--	
		Percent	7	10	3	13								
		C.I.	(3, 11)	(5, 15)	(1, 6)	(8, 18)								

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.

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			Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)	Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)
What is your religion?	Catholic	n	60	160	94	82	21	15	1	6	60	145	85	68
		Percent	29	76	45	39	25	58	13	38	49	79	43	35
		C.I.	(23, 34)	(69, 83)	(37, 52)	(27, 51)	(16, 34)	(40, 76)	(0, 44)	(7, 68)	(40, 58)	(73, 85)	(32, 54)	(24, 46)
	Protestant	n	65	36	103	109	13	4	2	6	54	36	99	113
		Percent	31	17	49	52	15	15	25	38	44	20	50	58
		C.I.	(26, 37)	(12, 22)	(41, 57)	(40, 64)	(8, 23)	(0, 30)	(0, 67)	(8, 67)	(35, 53)	(13, 26)	(39, 61)	(47, 70)
	Muslim	n	60	5	3	5	44	5	5	4	--	1	--	--
		Percent	29	2	1	2	52	19	63	25		1		
		C.I.	(22, 35)	(0, 4)	(0, 4)	(0, 4)	(42, 63)	(6, 32)	(14, 100)	(0, 50)		(0, 2)		
	Other	n	19	5	9	13	3	2	--	--	4	2	13	11
		Percent	9	2	4	6	4	8			3	1	7	6
		C.I.	(5, 14)	(0, 5)	(1, 7)	(3, 9)	(0, 8)	(0, 18)			(0, 6)	(0, 3)	(3, 10)	(2, 9)
	None	n	5	4	1	1	3	--	--	--	5	--	--	2
		Percent	2	2	0	0	4				4			1
		C.I.	(0, 5)	(0, 4)	(0, 1)	(0, 1)	(0, 8)				(1, 8)			(0, 2)
Uncircumcised - Based on the HIV info, would you consider being circumcised?	Yes	n	--	--	--	--	--	--	--	--	77	96	80	78
		Percent									62	55	41	40
		C.I.									(53, 71)	(47, 63)	(32, 50)	(31, 49)
	No	n	--	--	--	--	--	--	--	--	47	78	116	116
		Percent									38	45	59	60
		C.I.									(29, 47)	(37, 53)	(50, 68)	(51, 69)

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.

[1] Missing values were imputed based on respondent's answer before HIV info was presented and whether or not that HIV info changed their minds.

[2] This is a derived variable (not directly from a survey) to highlight respondents who changed their minds due to the HIV info presented.

[3] Question 2.25, from the Male survey tool, on the age at which circumcised men would consider MC for their sons, was missing from the Male survey tool.

[4] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 1.1.3
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Household Surveys
 Categorical Variables

Question	Result		Male (N=833)											
			Female (N=844)				Circumcised (N=134)				Uncircumcised (N=699)			
			Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)	Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)
Before HIV Info. - If you have or had a son, would you support his circumcision?[4]	Yes	n	192	109	92	113	81	25	8	15	98	97	78	117
		Percent	91	52	44	54	96	100	100	94	79	55	40	60
		C.I.	(86, 97)	(44, 60)	(35, 52)	(45, 63)	(92, 100)	(100, 100)	(100, 100)	(80, 100)	(71, 87)	(47, 64)	(30, 50)	(53, 68)
	No	n	18	101	118	96	3	--	--	1	26	78	118	77
		Percent	9	48	56	46	4			6	21	45	60	40
		C.I.	(3, 14)	(40, 56)	(48, 65)	(37, 55)	(0, 8)			(0, 20)	(13, 29)	(36, 53)	(50, 70)	(32, 47)

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.

[1] Missing values were imputed based on respondent's answer before HIV info was presented and whether or not that HIV info changed their minds.

[2] This is a derived variable (not directly from a survey) to highlight respondents who changed their minds due to the HIV info presented.

[3] Question 2.25, from the Male survey tool, on the age at which circumcised men would consider MC for their sons, was missing from the Male survey tool.

[4] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 1.1.3
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Household Surveys
 Categorical Variables

Question	Result		Male (N=833)											
			Female (N=844)				Circumcised (N=134)				Uncircumcised (N=699)			
			Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)	Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)
After HIV Info. - Would you now support your son's circumcision? [1][4]	Yes	n	200	161	104	158	81	25	8	16	96	121	115	132
		Percent	95	76	49	76	96	100	100	100	77	69	59	68
		C.I.	(91, 99)	(70, 83)	(41, 58)	(68, 83)	(92, 100)	(100, 100)	(100, 100)	(100, 100)	(69, 86)	(62, 76)	(51, 66)	(60, 76)
	No	n	10	50	107	51	3	--	--	--	28	54	81	62
		Percent	5	24	51	24	4	--	--	--	23	31	41	32
		C.I.	(1, 9)	(17, 30)	(42, 59)	(17, 32)	(0, 8)	--	--	--	(14, 31)	(24, 38)	(34, 49)	(24, 40)
Respondents who changed from 'No' (before HIV info given) to 'Yes' (after HIV info given) on supporting son's circumcision. [2]	True	n	8	52	13	47	--	--	--	1	1	25	40	15
		Percent	44	51	11	49	--	--	--	100	4	32	34	19
		C.I.	(19, 70)	(41, 61)	(1, 21)	(39, 59)	--	--	--	--	(0, 12)	(23, 41)	(25, 43)	(11, 28)
	False	n	10	49	105	49	3	--	--	--	25	53	78	62
		Percent	56	49	89	51	100	--	--	--	96	68	66	81
		C.I.	(30, 81)	(39, 59)	(79, 99)	(41, 61)	(100, 100)	--	--	--	(88, 100)	(59, 77)	(57, 75)	(72, 89)

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.

[1] Missing values were imputed based on respondent's answer before HIV info was presented and whether or not that HIV info changed their minds.

[2] This is a derived variable (not directly from a survey) to highlight respondents who changed their minds due to the HIV info presented.

[3] Question 2.25, from the Male survey tool, on the age at which circumcised men would consider MC for their sons, was missing from the Male survey tool.

[4] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 1.1.3
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Household Surveys
 Categorical Variables

Question	Result		Female (N=844)				Male (N=833)				Circumcised (N=134)				Uncircumcised (N=699)			
			Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)	Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)				
Before HIV Info. - When would your son be circumcised?	Infant (0-1 years)	n	144	40	22	66	64	3	5	12	56	15	30	47				
		Percent	72	25	20	58	76	12	63	80	54	12	29	40				
		C.I.	(65, 80)	(18, 32)	(13, 28)	(47, 69)	(67, 85)	(0, 24)	(14, 100)	(60, 100)	(45, 64)	(6, 17)	(19, 39)	(31, 50)				
	Child (2-9 years)	n	27	51	32	29	12	11	2	2	33	51	39	46				
		Percent	14	32	30	25	14	44	25	13	32	40	38	39				
		C.I.	(9, 18)	(24, 40)	(19, 40)	(15, 35)	(7, 21)	(19, 69)	(0, 67)	(0, 33)	(23, 41)	(31, 48)	(28, 48)	(29, 50)				
	Adolescent (10-17 years)	n	13	30	26	13	5	10	1	1	5	35	22	16				
		Percent	7	19	24	11	6	40	13	7	5	27	21	14				
		C.I.	(3, 10)	(12, 25)	(17, 31)	(4, 19)	(1, 11)	(18, 62)	(0, 44)	(0, 20)	(1, 9)	(19, 36)	(13, 30)	(7, 20)				
	Adult (18 and over)	n	14	31	16	5	3	--	--	--	3	13	11	6				
		Percent	7	19	15	4	4	--	--	--	3	10	11	5				
		C.I.	(3, 11)	(13, 26)	(7, 23)	(1, 8)	(0, 8)	--	--	--	(0, 6)	(5, 15)	(6, 16)	(1, 9)				
	Don't Know	n	1	7	12	1	--	1	--	--	6	14	1	2				
		Percent	1	4	11	1	--	4	--	--	6	11	1	2				
		C.I.	(0, 2)	(1, 8)	(5, 18)	(0, 3)	--	(0, 12)	--	--	(1, 10)	(5, 17)	(0, 3)	(0, 4)				

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.

[1] Missing values were imputed based on respondent's answer before HIV info was presented and whether or not that HIV info changed their minds.

[2] This is a derived variable (not directly from a survey) to highlight respondents who changed their minds due to the HIV info presented.

[3] Question 2.25, from the Male survey tool, on the age at which circumcised men would consider MC for their sons, was missing from the Male survey tool.

[4] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 1.1.3
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Household Surveys
 Categorical Variables

Question	Result		Female (N=844)				Male (N=833)				Circumcised (N=134)				Uncircumcised (N=699)			
			Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)	Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)				
After HIV Info. - When would your son be circumcised? [3]	Infant (0-1 years)	n	133	50	28	100	--	--	--	--	48	18	31	55				
		Percent	67	31	27	63	--	--	--	--	55	15	28	42				
		C.I.	(59, 75)	(23, 39)	(16, 39)	(56, 71)					(44, 66)	(8, 22)	(18, 38)	(33, 51)				
	Child (2-9 years)	n	31	57	31	34	--	--	--	--	32	51	46	48				
		Percent	16	36	30	22	--	--	--	--	36	43	42	36				
		C.I.	(11, 21)	(28, 44)	(18, 42)	(15, 28)					(26, 47)	(33, 53)	(31, 53)	(27, 45)				
	Adolescent (10-17 years)	n	13	37	27	17	--	--	--	--	4	34	25	20				
		Percent	7	23	26	11	--	--	--	--	5	29	23	15				
		C.I.	(2, 11)	(16, 30)	(18, 35)	(5, 16)					(0, 9)	(21, 37)	(15, 30)	(9, 21)				
	Adult (18 and over)	n	20	16	15	6	--	--	--	--	1	11	7	6				
		Percent	10	10	15	4	--	--	--	--	1	9	6	5				
		C.I.	(6, 14)	(6, 14)	(6, 23)	(1, 7)					(0, 3)	(4, 15)	(2, 11)	(1, 8)				
	Don't Know	n	1	--	2	1	--	--	--	--	3	4	1	3				
		Percent	1	--	2	1	--	--	--	--	3	3	1	2				
		C.I.	(0, 2)		(0, 5)	(0, 2)					(0, 7)	(0, 7)	(0, 3)	(0, 5)				

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.

[1] Missing values were imputed based on respondent's answer before HIV info was presented and whether or not that HIV info changed their minds.

[2] This is a derived variable (not directly from a survey) to highlight respondents who changed their minds due to the HIV info presented.

[3] Question 2.25, from the Male survey tool, on the age at which circumcised men would consider MC for their sons, was missing from the Male survey tool.

[4] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 1.1.3
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Household Surveys
 Categorical Variables

Question	Result	Female (N=844)				Circumcised (N=134)				Male (N=833)				
		Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)	Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)	
If you had to pay for the operation, what is the most you would be prepared to pay (Ush)?	0 - 1000	n	4	37	6	23	6	8	--	1	4	44	2	22
		Percent	3	24	38	28	9	35		8	5	37	33	42
		C.I.	(0, 7)	(16, 32)	(11, 64)	(18, 38)	(2, 15)	(11, 59)		(0, 26)	(0, 10)	(28, 46)	(0, 88)	(29, 56)
	1001 - 5000	n	57	77	9	41	38	9	3	8	51	63	3	22
		Percent	48	51	56	49	54	39	100	62	64	53	50	42
		C.I.	(38, 59)	(42, 59)	(29, 84)	(39, 60)	(42, 67)	(18, 60)	(100, 100)	(31, 92)	(53, 74)	(45, 61)	(0, 100)	(28, 56)
	5001 - 10000	n	46	27	1	15	19	3	--	2	17	8	1	3
		Percent	39	18	6	18	27	13		15	21	7	17	6
		C.I.	(30, 48)	(12, 24)	(0, 20)	(10, 26)	(18, 37)	(0, 28)		(0, 41)	(12, 30)	(3, 11)	(0, 60)	(0, 12)
	> 10000	n	11	11	--	4	7	3	--	2	8	4	--	5
		Percent	9	7		5	10	13		15	10	3		10
		C.I.	(2, 17)	(3, 12)		(0, 10)	(3, 17)	(0, 31)		(0, 36)	(3, 17)	(0, 6)		(1, 18)

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.

[1] Missing values were imputed based on respondent's answer before HIV info was presented and whether or not that HIV info changed their minds.

[2] This is a derived variable (not directly from a survey) to highlight respondents who changed their minds due to the HIV info presented.

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[4] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 1.2.1
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Female Household Survey
 Continuous Variables

Question	Result	Female (N=844)			
		Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)
How old are you?	n	211	211	211	210
	Mean (STD)	30.1 (8.13)	35.2 (11.42)	33.6 (8.65)	35.7 (11.63)
	Median (min-max)	28.0 (16, 62)	35.0 (17, 70)	32.0 (19, 60)	31.0 (18, 80)
How many biological children do you have (Boys)?	n	182	185	201	184
	Mean (STD)	2.1 (1.46)	2.3 (1.30)	2.8 (1.57)	2.4 (1.48)
	Median (min-max)	2.0 (1, 10)	2.0 (1, 7)	3.0 (1, 8)	2.0 (1, 9)
How many biological children do you have (Girls)?	n	142	169	189	171
	Mean (STD)	2.0 (1.19)	2.7 (1.62)	2.5 (1.52)	2.3 (1.48)
	Median (min-max)	2.0 (1, 6)	2.0 (1, 9)	2.0 (1, 8)	2.0 (1, 7)

Table 1.2.1
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Female Household Survey
 Continuous Variables

Question	Result	Female (N=844)			
		Kampala (n=211)	Gulu (n=211)	Kumi (n=212)	Rukungiri (n=210)
If you had to pay for the operation, what is the most you would be prepared to pay? (Ush)	n	118	152	16	83
	Mean (STD)	7720.3 (5305.84)	5838.2 (7926.52)	3062.5 (2542.14)	4698.8 (4226.04)
	Median (min-max)	5000.0 (1000, 30000)	5000.0 (200, 60000)	2000.0 (1000, 10000)	5000.0 (500, 20000)

Table 1.2.2
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Male Household Survey
 Continuous Variables

Question	Result	Male (N=833)							
		Circumcised (N=134)				Uncircumcised (N=699)			
		Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)
How old are you?	n	84	26	8	16	124	184	197	193
	Mean (STD)	31.3 (7.70)	36.9 (11.70)	35.0 (11.17)	38.6 (12.05)	32.1 (8.26)	34.9 (10.89)	37.9 (11.19)	42.3 (14.26)
	Median (min-max)	30.0 (20, 53)	36.5 (24, 75)	31.0 (22, 56)	33.0 (21, 60)	30.0 (19, 67)	33.0 (18, 77)	36.0 (20, 71)	39.0 (20, 80)
How many biological children do you have (Boys)?	n	67	25	7	14	99	164	182	179
	Mean (STD)	2.4 (2.61)	3.1 (1.72)	3.4 (1.72)	2.9 (1.75)	2.0 (1.24)	2.6 (1.64)	3.0 (2.02)	2.7 (1.89)
	Median (min-max)	2.0 (1, 20)	3.0 (1, 7)	3.0 (2, 7)	2.0 (1, 6)	2.0 (1, 7)	2.0 (1, 8)	2.0 (1, 13)	2.0 (1, 15)
How many biological children do you have (Girls)?	n	66	21	8	10	93	137	169	172
	Mean (STD)	2.5 (2.39)	2.4 (1.25)	2.4 (0.92)	2.7 (1.57)	2.2 (1.57)	2.4 (1.45)	2.9 (1.67)	2.6 (1.63)
	Median (min-max)	2.0 (1, 15)	2.0 (1, 5)	2.0 (1, 4)	3.0 (1, 5)	2.0 (1, 8)	2.0 (1, 7)	3.0 (1, 8)	2.0 (1, 11)

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.

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Table 1.2.2
 Situation Analysis for Male Circumcision in Uganda
 Report on Primary Objectives in Male Household Survey
 Continuous Variables

Question	Result	Male (N=833)							
		Circumcised (N=134)				Uncircumcised (N=699)			
		Kampala (n=84)	Gulu (n=26)	Kumi (n=8)	Rukungiri (n=16)	Kampala (n=124)	Gulu (n=184)	Kumi (n=197)	Rukungiri (n=194)
If you had to pay for the operation, what is the most you would be prepared to pay? (Ush)	n	70	23	3	13	80	119	6	52
	Mean (STD)	7431.4 (9015.45)	6026.1 (6938.18)	4000.0 (1732.05)	6307.7 (5558.55)	6618.8 (5708.78)	3850.4 (5908.04)	4000.0 (3464.10)	10538.5 (31378.44)
	Median (min-max)	5000.0 (200, 70000)	4000.0 (100, 25000)	5000.0 (2000, 5000)	5000.0 (1000, 20000)	5000.0 (500, 30000)	2000.0 (200, 50000)	3500.0 (1000, 10000)	2000.0 (500, 200000)

Note: Two males have been excluded from the analysis due to missing results on question 2.03 from the Male survey tool regarding status of circumcision.
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Table 2.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		TOTAL (N=15)
		HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
Do you perform MC at this health facility? [1]	n	3		3	3	2	3	14
	Yes	3 (100%)	-	3 (100%)	1 (33.3%)	2 (100%)	--	9 (64.3%)
	No	--	-	--	2 (66.7%)	--	3 (100%)	5 (35.7%)
If MC has been performed, what were the reasons for the procedures?	n	3		3	1	2	0	9
	Phimosis or paraphimosis	3 (100%)	-	2 (66.7%)	1 (100%)	2 (100%)	--	8 (88.9%)
	n	3		3	1	2	0	9
Balanitis (repeated infections)	2 (66.7%)	-	2 (66.7%)	1 (100%)	1 (50.0%)	--	6 (66.7%)	

Note: No data exist for Kampala.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 2.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		TOTAL (N=15)
		HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
If MC has been performed, what were the reasons for the procedures?	n	3		3	1	2	0	9
	Penile Cancer	--	-	1 (33.3%)	--	--	--	1 (11.1%)
	n	3		3	1	2	0	9
	Other medical reasons	2 (66.7%)	-	3 (100%)	--	1 (50.0%)	--	6 (66.7%)
Hygiene	n	3		3	1	2	0	9
		3 (100%)	-	2 (66.7%)	--	1 (50.0%)	--	6 (66.7%)
Heard that it reduces HIV	n	3		3	1	2	0	9
		2 (66.7%)	-	1 (33.3%)	--	--	--	3 (33.3%)

Note: No data exist for Kampala.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

Executed: incharge_tot.sas Date:28AUG2008 23:11

Table 2.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		TOTAL (N=15)
		HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
If MC has been performed, what were the reasons for the procedures?	n	3		3	1	2	0	9
	For religious reasons	1 (33.3%)	-	1 (33.3%)	1 (100%)	--	--	3 (33.3%)
	n	3		3	1	2	0	9
	For cultural reasons	1 (33.3%)	-	--	--	--	--	1 (11.1%)
	n	3		3	1	2	0	9
For personal preference reasons	3 (100%)	-	2 (66.7%)	1 (100%)	1 (50.0%)	--	7 (77.8%)	
n	2		3	1	2	0	8	
Other reasons	0	-	0	0	0	0	0	

Note: No data exist for Kampala.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

Executed: incharge_tot.sas Date:28AUG2008 23:11

Table 2.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		TOTAL (N=15)
		HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
Does this facility have a surgical theater?	n	3		3	3	2	3	14
	Yes	3 (100%)	-	3 (100%)	2 (66.7%)	2 (100%)	2 (66.7%)	12 (85.7%)
	No	--	-	--	1 (33.3%)	--	1 (33.3%)	2 (14.3%)
Is the surgical theatre operational?	n	3		3	3	2	2	13
	Yes	3 (100%)	-	3 (100%)	1 (33.3%)	2 (100%)	--	9 (69.2%)
	No	--	-	--	2 (66.7%)	--	2 (100%)	4 (30.8%)
Does this facility have electricity?	n	3		3	3	2	3	14
	Yes, Connected to grid	2 (66.7%)	-	2 (66.7%)	--	1 (50.0%)	1 (33.3%)	6 (42.9%)
	Yes, Generator	--	-	--	--	--	1 (33.3%)	1 (7.1%)
	Yes, solar	--	-	--	1 (33.3%)	--	--	1 (7.1%)
	Yes, two or more of them	1 (33.3%)	-	1 (33.3%)	1 (33.3%)	1 (50.0%)	1 (33.3%)	5 (35.7%)
	No, Neither	--	-	--	1 (33.3%)	--	--	1 (7.1%)

Note: No data exist for Kampala.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

Executed: incharge_tot.sas Date:28AUG2008 23:11

Table 2.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		TOTAL (N=15)
		HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
In the past 12 months, were the following routinely done at this facility?	n	3		3	1	2	3	12
	Cesarean Section	3 (100%)	-	3 (100%)	--	2 (100%)	--	8 (66.7%)
	n	3		3	3	2	3	14
Minor Surgeries	3 (100%)	-	3 (100%)	3 (100%)	2 (100%)	1 (33.3%)	12 (85.7%)	
Vasectomy	n	2		3	2	2	3	12
		--	-	1 (33.3%)	1 (50.0%)	1 (50.0%)	--	3 (25.0%)
If male circumcision were to be promoted in this area, in your opinion, could this facility provide male circumcision services?	n	3		3	3	2	3	14
	Yes	3 (100%)	-	3 (100%)	2 (66.7%)	2 (100%)	2 (66.7%)	12 (85.7%)
	No	--	-	--	1 (33.3%)	--	1 (33.3%)	2 (14.3%)

Note: No data exist for Kampala.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

Executed: incharge_tot.sas Date:28AUG2008 23:11

Table 2.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		TOTAL (N=15)
		HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
What do you need in order to introduce or increase male circumcision?	n	3		3	3	2	3	14
	Equipment and instruments	3 (100%)	-	1 (33.3%)	1 (33.3%)	2 (100%)	3 (100%)	10 (71.4%)
	n	3		3	3	2	3	14
Medications		3 (100%)	-	1 (33.3%)	1 (33.3%)	1 (50.0%)	3 (100%)	9 (64.3%)
	n	3		3	3	2	3	14
Disposable equipment		3 (100%)	-	1 (33.3%)	1 (33.3%)	1 (50.0%)	3 (100%)	9 (64.3%)
	n	3		3	3	2	3	14

Note: No data exist for Kampala.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

Executed: incharge_tot.sas Date:28AUG2008 23:11

Table 2.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		TOTAL (N=15)
		HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
What do you need in order to introduce or increase male circumcision?	n	3		3	3	2	3	14
	Training of staff	3 (100%)	-	1 (33.3%)	2 (66.7%)	2 (100%)	3 (100%)	11 (78.6%)
	n	3		3	3	2	3	14
	A surgical room	2 (66.7%)	-	1 (33.3%)	1 (33.3%)	--	2 (66.7%)	6 (42.9%)
If a surgical room is needed, do you have a room that could be used if equipment was supplied?	n	2		1	2	0	2	7
	Yes	2 (100%)	-	--	1 (50.0%)	--	--	3 (42.9%)
	No	--	-	1 (100%)	1 (50.0%)	--	2 (100%)	4 (57.1%)
Q19. Do you think this policy of offering HIV testing will affect a programme to increase male circumcision?	n	2		3	3	2	3	13
	Yes	2 (100%)	-	3 (100%)	--	--	2 (66.7%)	7 (53.8%)
	No	--	-	--	3 (100%)	2 (100%)	1 (33.3%)	6 (46.2%)

Note: No data exist for Kampala.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

Executed: incharge_tot.sas Date:28AUG2008 23:11

Table 2.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	TOTAL (N=15)	
		HOSPITAL (n=8)	NON-HOSPITAL (n=7)
Do you perform MC at this health facility? [1]	n	8	6
	Yes	8 (100%)	1 (16.7%)
	No	--	5 (83.3%)
If MC has been performed, what were the reasons for the procedures?	n	8	1
	Phimosis or paraphimosis	7 (87.5%)	1 (100%)
		8	1
	n	8	1
	Balanitis (repeated infections)	5 (62.5%)	1 (100%)

Note: No data exist for Kampala.

Table 2.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	TOTAL (N=15)	
		HOSPITAL (n=8)	NON-HOSPITAL (n=7)
If MC has been performed, what were the reasons for the procedures?	n	8	1
	Penile Cancer	1 (12.5%)	0
		8	1
	n	8	1
	Other medical reasons	6 (75.0%)	0
		8	1
	n	8	1
	Hygiene	6 (75.0%)	0
	8	1	
n	8	1	
Heard that it reduces HIV	3 (37.5%)	0	

Note: No data exist for Kampala.

Table 2.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	TOTAL (N=15)	
		HOSPITAL (n=8)	NON-HOSPITAL (n=7)
If MC has been performed, what were the reasons for the procedures?	n	8	1
	For religious reasons	2 (25.0%)	1 (100%)
		8	1
	n	8	1
	For cultural reasons	1 (12.5%)	0
		8	1
	n	8	1
	For personal preference reasons	6 (75.0%)	1 (100%)
	7	1	
n	7	1	
Other reasons	0	0	

Note: No data exist for Kampala.

Table 2.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	TOTAL (N=15)	
		HOSPITAL (n=8)	NON-HOSPITAL (n=7)
Does this facility have a surgical theater?	n	8	6
	Yes	8 (100%)	4 (66.7%)
	No	--	2 (33.3%)
		8	5
Is the surgical theatre operational?	n	8	5
	Yes	8 (100%)	1 (20.0%)
	No	--	4 (80.0%)
		8	6
Does this facility have electricity?	n	8	6
	Yes, Connected to grid	5 (62.5%)	1 (16.7%)
	Yes, Generator	--	1 (16.7%)
	Yes, solar	--	1 (16.7%)
	Yes, two or more of them	3 (37.5%)	2 (33.3%)
	No, Neither	--	1 (16.7%)

Note: No data exist for Kampala.

Table 2.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	TOTAL (N=15)	
		HOSPITAL (n=8)	NON-HOSPITAL (n=7)
In the past 12 months, were the following routinely done at this facility?	n	8	4
	Cesarean Section	8 (100%)	0
		8	6
	n	8	6
	Minor Surgeries	8 (100%)	4 (66.7%)
	7	5	
	n	7	5
Vasectomy	2 (28.6%)	1 (20.0%)	
	8	6	
If male circumcision were to be promoted in this area, in your opinion, could this facility provide male circumcision services?	n	8	6
	Yes	8 (100%)	4 (66.7%)
	No	--	2 (33.3%)

Note: No data exist for Kampala.

Table 2.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	TOTAL (N=15)	
		HOSPITAL (n=8)	NON-HOSPITAL (n=7)
What do you need in order to introduce or increase male circumcision?	n	8	6
	Equipment and instruments	6 (75.0%)	4 (66.7%)
		8	6
	n	8	6
	Medications	5 (62.5%)	4 (66.7%)
		8	6
n	8	6	
Disposable equipment	5 (62.5%)	4 (66.7%)	

Note: No data exist for Kampala.

Table 2.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Categorical Variables

Question	Response	TOTAL (N=15)	
		HOSPITAL (n=8)	NON-HOSPITAL (n=7)
What do you need in order to introduce or increase male circumcision?	n	8	6
	Training of staff	6 (75.0%)	5 (83.3%)
		8	6
	n	8	6
If a surgical room is needed, do you have a room that could be used if equipment was supplied?	A surgical room	3 (37.5%)	3 (50.0%)
		3	4
	n	3	4
	Yes	2 (66.7%)	1 (25.0%)
Q19. Do you think this policy of offering HIV testing will affect a programme to increase male circumcision?	No	1 (33.3%)	3 (75.0%)
		7	6
	n	7	6
	Yes	5 (71.4%)	2 (33.3%)
	No	2 (28.6%)	4 (66.7%)

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
What proportion of the clients served by this facility are of the following religious background ?	Muslim	n	1	0	2	3	0	0	6
		Mean(STD)	2.0 (--)	--	6.5 (6.36)	13.3 (14.43)	--	--	9.2 (10.72)
		Median (min-max)	2.0 (2, 2)	--	6.5 (2, 11)	5.0 (5, 30)	--	--	5.0 (2, 30)
	Christian	n	1	0	2	3	0	0	6
		Mean(STD)	90.0 (--)	--	89.0 (12.73)	85.0 (13.23)	--	--	87.2 (10.40)
		Median (min-max)	90.0 (90, 90)	--	89.0 (80, 98)	90.0 (70, 95)	--	--	90.0 (70, 98)
	Traditionalists	n	1	0	0	1	0	0	2
		Mean(STD)	1.0 (--)	--	--	5.0 (--)	--	--	3.0 (2.83)
		Median (min-max)	1.0 (1, 1)	--	--	5.0 (5, 5)	--	--	3.0 (1, 5)

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
How many male circumcisions were performed in the last 12 months?		n	2	0	2	1	2	0	7
		Mean(STD)	10.5 (0.71)	--	57.5 (60.10)	89.0 (--)	16.5 (19.09)	--	36.9 (40.35)
		Median (min-max)	10.5 (10, 11)	--	57.5 (15, 100)	89.0 (89, 89)	16.5 (3, 30)	--	15.0 (3, 100)
How many male circumcisions were performed in the last 12 months before this?		n	1	0	2	0	2	0	5
		Mean(STD)	8.0 (--)	--	42.5 (38.89)	--	13.5 (14.85)	--	24.0 (26.90)
		Median (min-max)	8.0 (8, 8)	--	42.5 (15, 70)	--	13.5 (3, 24)	--	15.0 (3, 70)

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
What number of male circumcisions were performed on each of the following groups?									
	Infant (0-1 years)	n	2	0	1	0	1	0	4
		Mean(STD)	1.0 (0.00)	--	6.0 (--)	--	4.0 (--)	--	3.0 (2.45)
		Median (min-max)	1.0 (1, 1)	--	6.0 (6, 6)	--	4.0 (4, 4)	--	2.5 (1, 6)
	Child (2-9 years)	n	2	0	0	0	2	0	4
		Mean(STD)	3.5 (2.12)	--	--	--	5.0 (4.24)	--	4.3 (2.87)
		Median (min-max)	3.5 (2, 5)	--	--	--	5.0 (2, 8)	--	3.5 (2, 8)
	Adolescent (10-17 years)	n	2	0	1	0	2	0	5
		Mean(STD)	3.5 (0.71)	--	6.0 (--)	--	2.5 (2.12)	--	3.6 (1.82)
		Median (min-max)	3.5 (3, 4)	--	6.0 (6, 6)	--	2.5 (1, 4)	--	4.0 (1, 6)

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
What number of male circumcisions were performed on each of the following groups?	Adult (18 and over)	n	2	0	1	0	1	0	4
		Mean(STD)	2.5 (0.71)	--	3.0 (--)	--	14.0 (--)	--	5.5 (5.69)
		Median (min-max)	2.5 (2, 3)	--	3.0 (3, 3)	--	14.0 (14, 14)	--	3.0 (2, 14)

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
What is the average total cost of male circumcision paid by the patient in Ugandan shillings ?	For Infant Circumcision	n	1	0	0	1	2	0	4
		Mean(STD)	2000.0 (--)	--	--	1000.0 (--)	35000.0 (21213.20)	--	18250.0 (22896.51)
		Median (min-max)	2000.0 (2000, 2000)	--	--	1000.0 (1000, 1000)	35000.0 (20000, 50000)	--	11000.0 (1000, 50000)
	For Child (2-9 years)	n	1	0	0	0	0	0	1
		Mean(STD)	2000.0 (--)	--	--	--	--	--	2000.0 (--)
		Median (min-max)	2000.0 (2000, 2000)	--	--	--	--	--	2000.0 (2000, 2000)
	For Adolescent (10-17 years)	n	0	0	0	0	0	0	0
		Mean(STD)	--	--	--	--	--	--	--
		Median (min-max)	--	--	--	--	--	--	--

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
What is the average total cost of male circumcision paid by the patient in Ugandan shillings ?	Adult (18 and over)	n	0	0	2	0	0	0	2
		Mean(STD)	--	--	57500.0 (53033.01)	--	--	--	57500.0 (53033.01)
		Median (min-max)	--	--	57500.0 (20000, 95000)	--	--	--	57500.0 (20000, 95000)

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
How many of the following medical personnel work at this facility?									
	Doctors: Male	n	3	0	3	1	2	1	10
		Mean(STD)	2.7 (1.15)	--	12.3 (5.03)	1.0 (--)	3.5 (2.12)	1.0 (--)	5.4 (5.48)
		Median (min-max)	2.0 (2, 4)	--	13.0 (7, 17)	1.0 (1, 1)	3.5 (2, 5)	1.0 (1, 1)	3.0 (1, 17)
	Doctors: Female	n	1	0	3	0	1	0	5
		Mean(STD)	1.0 (--)	--	5.3 (6.66)	--	2.0 (--)	--	3.8 (5.17)
		Median (min-max)	1.0 (1, 1)	--	2.0 (1, 13)	--	2.0 (2, 2)	--	2.0 (1, 13)
	Doctors: Total	n	3	0	3	1	2	1	10
		Mean(STD)	3.0 (1.73)	--	17.7 (8.50)	1.0 (--)	4.5 (0.71)	1.0 (--)	7.3 (8.33)
		Median (min-max)	2.0 (2, 5)	--	18.0 (9, 26)	1.0 (1, 1)	4.5 (4, 5)	1.0 (1, 1)	4.5 (1, 26)

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
How many of the following medical personnel work at this facility?	Clinical Officers: Male	n	3	0	3	3	2	3	14
		Mean(STD)	2.7 (0.58)	--	5.7 (4.16)	3.0 (1.73)	3.0 (1.41)	2.0 (1.00)	3.3 (2.30)
		Median (min-max)	3.0 (2, 3)	--	7.0 (1, 9)	2.0 (2, 5)	3.0 (2, 4)	2.0 (1, 3)	2.5 (1, 9)
	Clinical Officers: Female	n	3	0	3	0	0	2	8
		Mean(STD)	1.7 (1.15)	--	4.0 (3.61)	--	--	1.0 (0.00)	2.4 (2.45)
		Median (min-max)	1.0 (1, 3)	--	3.0 (1, 8)	--	--	1.0 (1, 1)	1.0 (1, 8)
	Clinical Officers: Total	n	3	0	3	3	2	3	14
		Mean(STD)	4.3 (0.58)	--	9.7 (7.51)	3.0 (1.73)	3.0 (1.41)	2.7 (0.58)	4.6 (4.14)
		Median (min-max)	4.0 (4, 5)	--	10.0 (2, 17)	2.0 (2, 5)	3.0 (2, 4)	3.0 (2, 3)	3.5 (2, 17)

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
How many of the following medical personnel work at this facility?									
	Nurses: Male	n	1	0	3	2	1	3	10
		Mean(STD)	2.0 (--)	--	9.7 (9.61)	4.0 (4.24)	8.0 (--)	1.7 (1.15)	5.2 (6.00)
		Median (min-max)	2.0 (2, 2)	--	8.0 (1, 20)	4.0 (1, 7)	8.0 (8, 8)	1.0 (1, 3)	2.5 (1, 20)
	Nurses: Female	n	1	0	3	3	1	3	11
		Mean(STD)	40.0 (--)	--	95.7 (64.50)	6.3 (6.11)	18.0 (--)	6.7 (0.58)	34.9 (49.62)
		Median (min-max)	40.0 (40, 40)	--	96.0 (31, 160)	5.0 (1, 13)	18.0 (18, 18)	7.0 (6, 7)	13.0 (1, 160)
	Nurses: Total	n	1	0	3	3	2	3	12
		Mean(STD)	42.0 (--)	--	105.3 (74.01)	9.0 (9.85)	53.0 (38.18)	8.3 (1.53)	43.0 (53.55)
		Median (min-max)	42.0 (42, 42)	--	104.0 (32, 180)	6.0 (1, 20)	53.0 (26, 80)	8.0 (7, 10)	23.0 (1, 180)

Note: No data exist for Kampala.

Table 2.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	KUMI (N=4)		GULU (N=6)		RUKUNGIRI (N=5)		Total (N=15)
			HOSPITAL (n=3)	NON- HOSPITAL (n=1)	HOSPITAL (n=3)	NON- HOSPITAL (n=3)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	
Does this facility have sterilizing equipment?	Number of Autoclaves	n	3	0	2	1	2	3	11
		Mean(STD)	1.3 (0.58)	--	3.5 (2.12)	2.0 (--)	2.5 (0.71)	1.7 (0.58)	2.1 (1.14)
		Median (min-max)	1.0 (1, 2)	--	3.5 (2, 5)	2.0 (2, 2)	2.5 (2, 3)	2.0 (1, 2)	2.0 (1, 5)
	Number of Pressure Cookers	n	1	0	0	2	2	2	7
		Mean(STD)	3.0 (--)	--	--	1.5 (0.71)	1.0 (0.00)	2.5 (0.71)	1.9 (0.90)
		Median (min-max)	3.0 (3, 3)	--	--	1.5 (1, 2)	1.0 (1, 1)	2.5 (2, 3)	2.0 (1, 3)
	Number of Other Means	n	1	0	0	1	1	2	5
		Mean(STD)	1.0 (--)	--	--	1.0 (--)	5.0 (--)	2.5 (0.71)	2.4 (1.67)
		Median (min-max)	1.0 (1, 1)	--	--	1.0 (1, 1)	5.0 (5, 5)	2.5 (2, 3)	2.0 (1, 5)

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
What proportion of the clients served by this facility are of the following religious background ?	Muslim	n	3	3
		Mean(STD)	5.0 (5.20)	13.3 (14.43)
		Median (min-max)	2.0 (2, 11)	5.0 (5, 30)
	Christian	n	3	3
		Mean(STD)	89.3 (9.02)	85.0 (13.23)
		Median (min-max)	90.0 (80, 98)	90.0 (70, 95)
	Traditionalists	n	1	1
		Mean(STD)	1.0 (--)	5.0 (--)
		Median (min-max)	1.0 (1, 1)	5.0 (5, 5)

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
How many male circumcisions were performed in the last 12 months?		n	6	1
		Mean(STD)	28.2 (36.32)	89.0 (--)
		Median (min-max)	13.0 (3, 100)	89.0 (89, 89)
How many male circumcisions were performed in the last 12 months before this?		n	5	0
		Mean(STD)	24.0 (26.90)	--
		Median (min-max)	15.0 (3, 70)	--

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
What number of male circumcisions were performed on each of the following groups?	Infant (0-1 years)	n	4	0
		Mean(STD)	3.0 (2.45)	--
		Median (min-max)	2.5 (1, 6)	--
	Child (2-9 years)	n	4	0
		Mean(STD)	4.3 (2.87)	--
		Median (min-max)	3.5 (2, 8)	--
	Adolescent (10-17 years)	n	5	0
		Mean(STD)	3.6 (1.82)	--
		Median (min-max)	4.0 (1, 6)	--

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
What number of male circumcisions were performed on each of the following groups?	Adult (18 and over)	n	4	0
		Mean(STD)	5.5 (5.69)	--
		Median (min-max)	3.0 (2, 14)	--

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
What is the average total cost of male circumcision paid by the patient in Ugandan shillings ?	For Infant Circumcision	n	3	1
		Mean(STD)	24000.0 (24248.71)	1000.0 (--)
		Median (min-max)	20000.0 (2000, 50000)	1000.0 (1000, 1000)
	For Child (2-9 years)	n	1	0
		Mean(STD)	2000.0 (--)	--
		Median (min-max)	2000.0 (2000, 2000)	--
	For Adolescent (10-17 years)	n	0	0
		Mean(STD)	--	--
		Median (min-max)	--	--

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
What is the average total cost of male circumcision paid by the patient in Ugandan shillings ?	Adult (18 and over)	n	2	0
		Mean(STD)	57500.0 (53033.01)	--
		Median (min-max)	57500.0 (20000, 95000)	--

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
How many of the following medical personnel work at this facility?	Doctors: Male	n	8	2
		Mean(STD)	6.5 (5.63)	1.0 (0.00)
		Median (min-max)	4.5 (2, 17)	1.0 (1, 1)
	Doctors: Female	n	5	0
		Mean(STD)	3.8 (5.17)	--
		Median (min-max)	2.0 (1, 13)	--
	Doctors: Total	n	8	2
		Mean(STD)	8.9 (8.66)	1.0 (0.00)
		Median (min-max)	5.0 (2, 26)	1.0 (1, 1)

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
How many of the following medical personnel work at this facility?	Clinical Officers: Male	n	8	6
		Mean(STD)	3.9 (2.75)	2.5 (1.38)
		Median (min-max)	3.0 (1, 9)	2.0 (1, 5)
	Clinical Officers: Female	n	6	2
		Mean(STD)	2.8 (2.71)	1.0 (0.00)
		Median (min-max)	2.0 (1, 8)	1.0 (1, 1)
	Clinical Officers: Total	n	8	6
		Mean(STD)	6.0 (5.10)	2.8 (1.17)
		Median (min-max)	4.0 (2, 17)	2.5 (2, 5)

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
How many of the following medical personnel work at this facility?	Nurses: Male	n	5	5
		Mean(STD)	7.8 (7.56)	2.6 (2.61)
		Median (min-max)	8.0 (1, 20)	1.0 (1, 7)
	Nurses: Female	n	5	6
		Mean(STD)	69.0 (58.94)	6.5 (3.89)
		Median (min-max)	40.0 (18, 160)	6.5 (1, 13)
	Nurses: Total	n	6	6
		Mean(STD)	77.3 (58.65)	8.7 (6.31)
		Median (min-max)	61.0 (26, 180)	7.5 (1, 20)

Note: No data exist for Kampala.

Table 2.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Continuous Variables

Question	Response	Statistic	Total (N=15)	
			HOSPITAL (n=8)	NON-HOSPITAL (n=7)
Does this facility have sterilizing equipment?	Number of Autoclaves	n	7	4
		Mean(STD)	2.3 (1.38)	1.8 (0.50)
		Median (min-max)	2.0 (1, 5)	2.0 (1, 2)
	Number of Pressure Cookers	n	3	4
		Mean(STD)	1.7 (1.15)	2.0 (0.82)
		Median (min-max)	1.0 (1, 3)	2.0 (1, 3)
	Number of Other Means	n	2	3
		Mean(STD)	3.0 (2.83)	2.0 (1.00)
		Median (min-max)	3.0 (1, 5)	2.0 (1, 3)

Note: No data exist for Kampala.

Table 2.3.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Listing for Age of Circumcision and Cost Data

What number of male circumcisions were performed on each of the following groups

District	Facility Name	Fac. Type	Fac. Level	Infant (0-1 Years)	Child (2-9 Years)	Adolescent (10-17 years)	Adult (18 and over)
KUMI	NGORA FREDACARR HOSPITAL	Government	HOSPITAL	1	2	4	3
KUMI	ATUTUR HOSPITAL	Government	HOSPITAL	1	5	3	2
GULU	GULU INDEPENDENT HOSPITAL	Private, for profit	HOSPITAL	6	.	6	3
GULU	ST MARYS HOSPITAL LACOR	Non faith-based NGO	HOSPITAL	.	.	.	.
GULU	LALOGI HEALTH CENTRE IV	Government	NON-HOSPITAL	.	.	.	.
RUKUNGIRI	NYAKIBALE HOSPITAL	Non faith-based NGO	HOSPITAL	4	8	4	14
RUKUNGIRI	KISIIZI HOSPITAL	Non faith-based NGO	HOSPITAL	.	2	1	.

Note: No data exist for Kampala.

Table 2.3.1
 Situation Analysis for Male Circumcision in Uganda
 Health Facility Respondents (In-charge)
 Listing for Age of Circumcision and Cost Data

What is the average total cost of male circumcision paid by the patient in Ugandan shillings?

District	Facility Name	Fac. Type	Fac. Level	Infant Circumcision	Child (2-9 Years)	Adolescent (10-17 years)	Adult (18 and over)
KUMI	NGORA FREDACARR HOSPITAL	Government	HOSPITAL	2000	2000	.	.
KUMI	ATUTUR HOSPITAL	Government	HOSPITAL	.	.	.	.
GULU	GULU INDEPENDENT HOSPITAL	Private, for profit	HOSPITAL	.	.	.	95000
GULU	ST MARYS HOSPITAL LACOR	Non faith-based NGO	HOSPITAL	.	.	.	20000
GULU	LALOGI HEALTH CENTRE IV	Government	NON-HOSPITAL	1000	.	.	.
RUKUNGIRI	NYAKIBALE HOSPITAL	Non faith-based NGO	HOSPITAL	20000	.	.	.
RUKUNGIRI	KISIIZI HOSPITAL	Non faith-based NGO	HOSPITAL	50000	.	.	.

Note: No data exist for Kampala.

Table 3.1.1
Situation Analysis for Male Circumcision in Uganda
Health Practitioner Respondents
Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
Sex	n	32	10	2		2	3	4	6	59
	Male	12 (37.5%)	6 (60.0%)	--	-	--	1 (33.3%)	--	1 (16.7%)	20 (33.9%)
	Female	20 (62.5%)	4 (40.0%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	5 (83.3%)	39 (66.1%)
What is your designation?	n	32	9	2		2	3	4	6	58
	Medical Officer	11 (34.4%)	1 (11.1%)	2 (100%)	-	1 (50.0%)	--	1 (25.0%)	--	16 (27.6%)
	Clinical Officer	3 (9.4%)	1 (11.1%)	--	-	--	1 (33.3%)	3 (75.0%)	4 (66.7%)	12 (20.7%)
	Other	18 (56.3%)	7 (77.8%)	--	-	1 (50.0%)	2 (66.7%)	--	2 (33.3%)	30 (51.7%)
What type of organization do you work for?	n	32	9	2		2	3	4	6	58
	Government	9 (28.1%)	3 (33.3%)	--	-	1 (50.0%)	3 (100%)	--	6 (100%)	22 (37.9%)
	Non faith-based NGO	--	2 (22.2%)	--	-	--	--	--	--	2 (3.4%)
	Faith-based	15 (46.9%)	3 (33.3%)	2 (100%)	-	1 (50.0%)	--	4 (100%)	--	25 (43.1%)
	Private, for profit	8 (25.0%)	1 (11.1%)	--	-	--	--	--	--	9 (15.5%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
Have you ever performed a MC? [1]	n	32	10	2		2	3	4	6	59
	Yes	19 (59.4%)	4 (40.0%)	2 (100%)	-	2 (100%)	2 (66.7%)	2 (50.0%)	3 (50.0%)	34 (57.6%)
	No	13 (40.6%)	6 (60.0%)	--	-	--	1 (33.3%)	2 (50.0%)	3 (50.0%)	25 (42.4%)
In the last 12 mo. have you performed any MC? [1]	n	19	4	2		2	2	2	3	34
	Yes	15 (78.9%)	2 (50.0%)	2 (100%)	-	2 (100%)	1 (50.0%)	2 (100%)	2 (66.7%)	26 (76.5%)
	No	4 (21.1%)	2 (50.0%)	--	-	--	1 (50.0%)	--	1 (33.3%)	8 (23.5%)
In the last 12 mo. did you perform any MCs at this health facility?	n	15	2	2		2	1	2	2	26
	Yes	14 (93.3%)	2 (100%)	2 (100%)	-	2 (100%)	1 (100%)	2 (100%)	1 (50.0%)	24 (92.3%)
	No	1 (6.7%)	--	--	-	--	--	--	1 (50.0%)	2 (7.7%)
In the last 12 mo., did you perform MCs outside this health facility?	n	15	2	2		2	1	2	2	26
	Yes	11 (73.3%)	1 (50.0%)	1 (50.0%)	-	1 (50.0%)	1 (100%)	1 (50.0%)	1 (50.0%)	17 (65.4%)
	No	4 (26.7%)	1 (50.0%)	1 (50.0%)	-	1 (50.0%)	--	1 (50.0%)	1 (50.0%)	9 (34.6%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

Executed: practitioner_total.sas Date:28AUG2008 23:59

Table 3.1.1
Situation Analysis for Male Circumcision in Uganda
Health Practitioner Respondents
Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
If yes, where did you perform the male circumcisions?	n	10	1	1		1	1	1	1	16
	In another public health facility	6 (60.0%)	1 (100%)	1 (100%)	-	1 (100%)	1 (100%)	--	1 (100%)	11 (68.8%)
	n	11	1	1		0	1	1	1	16
	In a private clinic	10 (90.9%)	--	--	-	--	--	1 (100%)	1 (100%)	12 (75.0%)
	n	10	1	1		0	1	1	1	15
In the village	0	0	0		0	0	0	0	0	
n	10	1	1		0	1	1	1	15	
Other	0	0	0		0	0	0	0	0	
What were some of the reasons the male circumcisions were performed?	n	15	2	2		2	1	2	2	26
	Phimosis or paraphimosis	10 (66.7%)	--	2 (100%)	-	2 (100%)	1 (100%)	2 (100%)	1 (50.0%)	18 (69.2%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
What were some of the reasons the male circumcisions were performed?	n	15	2	2		2	1	2	1	25
	Balanitis (repeated infections)	8 (53.3%)	--	2 (100%)	-	2 (100%)	--	2 (100%)	--	14 (56.0%)
	n	15	2	2		2	1	2	1	25
	Penile Cancer	2 (13.3%)	--	--	-	--	--	1 (50.0%)	--	3 (12.0%)
	n	15	2	2		2	1	2	1	25
	Heard that it reduces HIV	9 (60.0%)	2 (100%)	1 (50.0%)	-	1 (50.0%)	--	1 (50.0%)	--	14 (56.0%)
	n	15	2	2		2	1	2	2	26
Other medical reasons	6 (40.0%)	1 (50.0%)	--	-	2 (100%)	1 (100%)	1 (50.0%)	2 (100%)	13 (50.0%)	
n	15	2	2		2	1	2	2	26	
Hygiene	11 (73.3%)	--	1 (50.0%)	-	1 (50.0%)	--	1 (50.0%)	2 (100%)	16 (61.5%)	

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
What were some of the reasons the male circumcisions were performed?	n	15	2	2		2	1	2	2	26
	For religious reasons	9 (60.0%)	1 (50.0%)	--	-	1 (50.0%)	1 (100%)	1 (50.0%)	--	13 (50.0%)
	n	15	2	2		2	1	2	2	26
	For cultural reasons	6 (40.0%)	--	1 (50.0%)	-	--	1 (100%)	1 (50.0%)	--	9 (34.6%)
For personal preference reasons	n	15	2	2		2	1	2	2	26
		10 (66.7%)	1 (50.0%)	2 (100%)	-	2 (100%)	1 (100%)	1 (50.0%)	1 (50.0%)	18 (69.2%)
Other reasons	n	12	0	2		1	1	2	2	20
		2 (16.7%)	--	--	-	--	--	--	--	2 (10.0%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
What were the ages of the males you circumcised?	n	15	2	2		2	1	2	2	26
	Infant (0-1 years)	12 (80.0%)	1 (50.0%)	2 (100%)	-	2 (100%)	--	--	--	17 (65.4%)
	n	15	2	2		2	1	2	2	26
	Child (2-9 years)	10 (66.7%)	--	2 (100%)	-	2 (100%)	1 (100%)	1 (50.0%)	1 (50.0%)	17 (65.4%)
	n	15	2	2		2	0	2	2	25
Adolescent (10-17 years)	8 (53.3%)	2 (100%)	2 (100%)	-	1 (50.0%)	--	2 (100%)	1 (50.0%)	16 (64.0%)	
n	15	2	2		2	1	2	2	26	
Adult (18 and over)	15 (100%)	2 (100%)	2 (100%)	-	2 (100%)	1 (100%)	2 (100%)	2 (100%)	26 (100%)	
If you were to be asked to perform MCs, would you need additional training? [1]	n	29	10	2		2	3	4	6	56
	Yes	14 (48.3%)	9 (90.0%)	--	-	--	2 (66.7%)	3 (75.0%)	5 (83.3%)	33 (58.9%)
	No	15 (51.7%)	1 (10.0%)	2 (100%)	-	2 (100%)	1 (33.3%)	1 (25.0%)	1 (16.7%)	23 (41.1%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
If yes, what training do you think you should receive?	n	14	9	0		0	2	3	5	33
	Theoretical	1 (7.1%)	--	--	-	--	--	--	--	1 (3.0%)
	Practical	6 (42.9%)	2 (22.2%)	--	-	--	1 (50.0%)	--	1 (20.0%)	10 (30.3%)
	Comprehensive	7 (50.0%)	7 (77.8%)	--	-	--	1 (50.0%)	3 (100%)	4 (80.0%)	22 (66.7%)
In your opinion, are there advantages to a man being circumcised?	n	32	10	2		2	3	4	6	59
	Yes	32 (100%)	10 (100%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	6 (100%)	59 (100%)
The respondent stated whether they agree or disagree with the following statements:										
MC helps to improve hygiene	n	32	10	2		2	3	4	6	59
	Agree	32 (100%)	10 (100%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	6 (100%)	59 (100%)

Note: No data exist for Non-Hospitals in Kumi.

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Executed: practitioner_total.sas Date:28AUG2008 23:59

Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
MC reduces risk of STI	n	32	10	2		2	3	4	6	59
	Agree	30 (93.8%)	9 (90.0%)	2 (100%)	-	1 (50.0%)	3 (100%)	4 (100%)	6 (100%)	55 (93.2%)
	Does not Agree	2 (6.3%)	1 (10.0%)	--	-	1 (50.0%)	--	--	--	4 (6.8%)
MC reduces risk of HIV infection	n	32	10	2		2	3	4	6	59
	Agree	23 (71.9%)	8 (80.0%)	2 (100%)	-	1 (50.0%)	3 (100%)	4 (100%)	5 (83.3%)	46 (78.0%)
	Does not Agree	9 (28.1%)	2 (20.0%)	--	-	1 (50.0%)	--	--	1 (16.7%)	13 (22.0%)
MC increases risk of HIV	n	32	10	2		2	3	4	6	59
	Agree	4 (12.5%)	3 (30.0%)	--	-	--	1 (33.3%)	--	--	8 (13.6%)
	Does not Agree	28 (87.5%)	7 (70.0%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	6 (100%)	51 (86.4%)
MC reduces risk of penile cancer	n	32	10	2		2	3	4	6	59
	Agree	21 (65.6%)	9 (90.0%)	2 (100%)	-	2 (100%)	1 (33.3%)	4 (100%)	3 (50.0%)	42 (71.2%)
	Does not Agree	11 (34.4%)	1 (10.0%)	--	-	--	2 (66.7%)	--	3 (50.0%)	17 (28.8%)
MC increases sexual pleasure	n	32	10	2		2	3	4	6	59
	Agree	7 (21.9%)	3 (30.0%)	--	-	--	--	--	1 (16.7%)	11 (18.6%)
	Does not Agree	25 (78.1%)	7 (70.0%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	5 (83.3%)	48 (81.4%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
MC reduces sexual pleasure	n	32	10	2		2	3	4	6	59
	Agree	1 (3.1%)	1 (10.0%)	--	-	--	1 (33.3%)	--	--	3 (5.1%)
	Does not Agree	31 (96.9%)	9 (90.0%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	6 (100%)	56 (94.9%)
Men who are circumcised tend to have more sexual partners	n	32	10	2		2	3	4	6	59
	Agree	5 (15.6%)	--	--	-	--	1 (33.3%)	--	1 (16.7%)	7 (11.9%)
	Does not Agree	27 (84.4%)	10 (100%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	5 (83.3%)	52 (88.1%)
Women prefer men who are circumcised	n	31	10	2		2	3	4	6	58
	Agree	12 (38.7%)	5 (50.0%)	1 (50.0%)	-	--	1 (33.3%)	1 (25.0%)	1 (16.7%)	21 (36.2%)
	Does not Agree	19 (61.3%)	5 (50.0%)	1 (50.0%)	-	2 (100%)	2 (66.7%)	3 (75.0%)	5 (83.3%)	37 (63.8%)
Have you seen male circumcisions (carried out by someone else) that resulted in complications or adverse events? [1]	n	32	10	2		2	3	4	6	59
	Yes	25 (78.1%)	8 (80.0%)	2 (100%)	-	2 (100%)	1 (33.3%)	1 (25.0%)	3 (50.0%)	42 (71.2%)
	No	7 (21.9%)	2 (20.0%)	--	-	--	2 (66.7%)	3 (75.0%)	3 (50.0%)	17 (28.8%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
Situation Analysis for Male Circumcision in Uganda
Health Practitioner Respondents
Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
What were the main types of complication or adverse event that you saw?	n	25	8	2		2	1	1	2	41
	Excessive Bleeding	23 (92.0%)	7 (87.5%)	2 (100%)	-	1 (50.0%)	--	1 (100%)	--	34 (82.9%)
	n	25	8	2		2	1	1	3	42
	Haematoma	11 (44.0%)	2 (25.0%)	2 (100%)	-	2 (100%)	--	1 (100%)	1 (33.3%)	19 (45.2%)
	n	25	8	2		2	1	1	2	41
	Infection/sepsis	15 (60.0%)	6 (75.0%)	2 (100%)	-	2 (100%)	1 (100%)	--	1 (50.0%)	27 (65.9%)
	n	25	8	1		1	1	1	2	39
	Disfigurement	9 (36.0%)	4 (50.0%)	1 (100%)	-	--	--	--	1 (50.0%)	15 (38.5%)
	n	24	8	1		1	1	1	2	38
	Impotence	1 (4.2%)	--	--	-	--	--	--	--	1 (2.6%)
	n	0	0	0		2	0	0	0	2
	Other	--	--	--	-	2 (100%)	--	--	--	2 (100%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
Has any male circumcision that you have performed resulted in a complication or adverse event? [1]	n	30	9	2		2	3	4	5	55
	Yes	6 (20.0%)	1 (11.1%)	--	-	1 (50.0%)	--	--	--	8 (14.5%)
	No	13 (43.3%)	3 (33.3%)	2 (100%)	-	1 (50.0%)	2 (66.7%)	2 (50.0%)	3 (60.0%)	26 (47.3%)
	Never performed male circumcision	11 (36.7%)	5 (55.6%)	--	-	--	1 (33.3%)	2 (50.0%)	2 (40.0%)	21 (38.2%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
What were the main types of complication or adverse event?	n	5	1	0		1	0	0	0	7
	Excessive Bleeding	4 (80.0%)	1 (100%)	--	-	--	--	--	--	5 (71.4%)
	n	5	1	0		1	0	0	0	7
	Infection	1 (20.0%)	1 (100%)	--	-	--	--	--	--	2 (28.6%)
	n	5	1	0		1	0	0	0	7
	Disfigurement	1 (20.0%)	--	--	-	--	--	--	--	1 (14.3%)
	n	5	1	0		1	0	0	0	7
	Impotence	0	0	0		0	0	0	0	0
	n	1	0	0		1	0	0	0	2
	Other	1 (100%)	--	--	-	1 (100%)	--	--	--	2 (100%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
In your opinion, who should be permitted to perform male circumcisions if training is provided?										
Medical Officers	n	32	10	2		2	3	4	6	59
	Agree	32 (100%)	10 (100%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	6 (100%)	58 (98.3%)
	Does not Agree	--	--	--	-	--	1 (33.3%)	--	--	1 (1.7%)
Clincial Officers	n	32	10	2		2	3	4	6	59
	Agree	27 (84.4%)	10 (100%)	1 (50.0%)	-	1 (50.0%)	3 (100%)	4 (100%)	6 (100%)	52 (88.1%)
	Does not Agree	5 (15.6%)	--	1 (50.0%)	-	1 (50.0%)	--	--	--	7 (11.9%)
Male Nurses	n	32	10	2		2	3	4	6	59
	Agree	12 (37.5%)	7 (70.0%)	--	-	--	3 (100%)	--	2 (33.3%)	24 (40.7%)
	Does not Agree	20 (62.5%)	3 (30.0%)	2 (100%)	-	2 (100%)	--	4 (100%)	4 (66.7%)	35 (59.3%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
In your opinion, who should be permitted to perform male circumcisions if training is provided?										
Female Nurses	n	32	10	2		2	3	4	6	59
	Agree	12 (37.5%)	7 (70.0%)	--	-	--	1 (33.3%)	--	2 (33.3%)	22 (37.3%)
	Does not Agree	20 (62.5%)	3 (30.0%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	4 (66.7%)	37 (62.7%)
Traditional and Religious Male Circumcisers	n	32	10	2		2	3	4	5	58
	Agree	9 (28.1%)	4 (40.0%)	--	-	--	1 (33.3%)	--	--	14 (24.1%)
	Does not Agree	23 (71.9%)	6 (60.0%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	5 (100%)	44 (75.9%)
Other	n	0	0	1		1	2	0	0	4
	Agree	--	--	1 (100%)	-	1 (100%)	2 (100%)	--	--	4 (100%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
Situation Analysis for Male Circumcision in Uganda
Health Practitioner Respondents
Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
In your opinion, what would be the best age for male circumcision?										
Infant (0-1 years)	n	21	9	0		0	0	4	3	37
	Yes	21 (100%)	9 (100%)	--	-	--	--	4 (100%)	3 (100%)	37 (100%)
Children (2-9 years)	n	10	1	1		1	2	0	2	17
	Yes	10 (100%)	1 (100%)	1 (100%)	-	1 (100%)	2 (100%)	--	2 (100%)	17 (100%)
Adolescent (10-17 years)	n	2	0	0		1	0	0	1	4
	Yes	2 (100%)	--	--	-	1 (100%)	--	--	1 (100%)	4 (100%)
Adult (18 and over)	n	6	2	0		0	1	0	0	9
	Yes	6 (100%)	2 (100%)	--	-	--	1 (100%)	--	--	9 (100%)
All ages	n	0	0	1		0	1	0	0	2
	Yes	--	--	1 (100%)	-	--	1 (100%)	--	--	2 (100%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
Situation Analysis for Male Circumcision in Uganda
Health Practitioner Respondents
Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
If MC were promoted in this District, would you be willing to offer male circumcision services?	n	32	10	2		2	3	4	6	59
	Yes	32 (100%)	10 (100%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	6 (100%)	59 (100%)
Male circumcision provides some protection against AIDS and STDs	n	32	10	2		2	3	4	6	59
	Agree	29 (90.6%)	9 (90.0%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	6 (100%)	55 (93.2%)
	Does not Agree	3 (9.4%)	1 (10.0%)	--	-	--	--	--	--	4 (6.8%)
Pain due to male circumcision is bearable for a child	n	32	10	2		2	3	4	6	59
	Agree	24 (75.0%)	5 (50.0%)	1 (50.0%)	-	2 (100%)	2 (66.7%)	4 (100%)	6 (100%)	44 (74.6%)
	Does not Agree	8 (25.0%)	5 (50.0%)	1 (50.0%)	-	--	1 (33.3%)	--	--	15 (25.4%)
Most women prefer circumcised men	n	32	10	2		2	3	4	6	59
	Agree	9 (28.1%)	3 (30.0%)	1 (50.0%)	-	--	1 (33.3%)	1 (25.0%)	2 (33.3%)	17 (28.8%)
	Does not Agree	23 (71.9%)	7 (70.0%)	1 (50.0%)	-	2 (100%)	2 (66.7%)	3 (75.0%)	4 (66.7%)	42 (71.2%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
One can get infected during traditional male circumcision	n	32	10	2		2	3	4	6	59
	Agree	32 (100%)	10 (100%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	6 (100%)	59 (100%)
Circumcised men can safely have sex with many women	n	32	10	2		2	3	4	6	59
	Agree	--	--	--	-	--	1 (33.3%)	--	--	1 (1.7%)
	Does not Agree	32 (100%)	10 (100%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	6 (100%)	58 (98.3%)
Male circumcision decreases pleasure during sex	n	32	10	2		2	3	4	6	59
	Agree	2 (6.3%)	2 (20.0%)	--	-	1 (50.0%)	1 (33.3%)	--	1 (16.7%)	7 (11.9%)
	Does not Agree	30 (93.8%)	8 (80.0%)	2 (100%)	-	1 (50.0%)	2 (66.7%)	4 (100%)	5 (83.3%)	52 (88.1%)
The tip of the penis needs to be covered with a foreskin	n	32	10	2		2	3	4	6	59
	Agree	1 (3.1%)	2 (20.0%)	--	-	--	--	--	1 (16.7%)	4 (6.8%)
	Does not Agree	31 (96.9%)	8 (80.0%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	5 (83.3%)	55 (93.2%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
Some people might die during traditional male circumcision	n	32	10	2		2	3	4	6	59
	Agree	28 (87.5%)	9 (90.0%)	2 (100%)	-	1 (50.0%)	2 (66.7%)	4 (100%)	6 (100%)	52 (88.1%)
	Does not Agree	4 (12.5%)	1 (10.0%)	--	-	1 (50.0%)	1 (33.3%)	--	--	7 (11.9%)
Male circumcision enhances sexual performance	n	31	10	2		2	3	4	6	58
	Agree	6 (19.4%)	1 (10.0%)	2 (100%)	-	--	--	1 (25.0%)	1 (16.7%)	11 (19.0%)
	Does not Agree	25 (80.6%)	9 (90.0%)	--	-	2 (100%)	3 (100%)	3 (75.0%)	5 (83.3%)	47 (81.0%)
Male circumcision proves manhood	n	32	10	2		2	3	4	6	59
	Agree	4 (12.5%)	2 (20.0%)	--	-	--	--	--	1 (16.7%)	7 (11.9%)
	Does not Agree	28 (87.5%)	8 (80.0%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	5 (83.3%)	52 (88.1%)
Circumcised men do not need to use condoms to protect them from STDs and HIV	n	32	10	2		2	3	4	6	59
	Agree	4 (12.5%)	1 (10.0%)	--	-	--	--	--	--	5 (8.5%)
	Does not Agree	28 (87.5%)	9 (90.0%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	6 (100%)	54 (91.5%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
Male circumcision is forbidden by your religion	n	32	10	2		2	3	4	6	59
	Agree	1 (3.1%)	1 (10.0%)	--	-	--	--	1 (25.0%)	1 (16.7%)	4 (6.8%)
	Does not Agree	31 (96.9%)	9 (90.0%)	2 (100%)	-	2 (100%)	3 (100%)	3 (75.0%)	5 (83.3%)	55 (93.2%)
Circumcised men earn respect from their peers	n	32	10	2		2	3	4	6	59
	Agree	5 (15.6%)	3 (30.0%)	--	-	--	--	--	1 (16.7%)	9 (15.3%)
	Does not Agree	27 (84.4%)	7 (70.0%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	5 (83.3%)	50 (84.7%)
Traditional male circumcision is expensive	n	32	10	2		2	3	4	6	59
	Agree	9 (28.1%)	1 (10.0%)	--	-	1 (50.0%)	3 (100%)	1 (25.0%)	1 (16.7%)	16 (27.1%)
	Does not Agree	23 (71.9%)	9 (90.0%)	2 (100%)	-	1 (50.0%)	--	3 (75.0%)	5 (83.3%)	43 (72.9%)
Pain due to male circumcision is bearable for an adult	n	32	10	2		2	3	4	6	59
	Agree	23 (71.9%)	5 (50.0%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	6 (100%)	45 (76.3%)
	Does not Agree	9 (28.1%)	5 (50.0%)	--	-	--	--	--	--	14 (23.7%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
Male circumcision encourages adultery	n	32	10	2		2	3	4	6	59
	Agree	4 (12.5%)	2 (20.0%)	--	-	--	1 (33.3%)	--	1 (16.7%)	8 (13.6%)
	Does not Agree	28 (87.5%)	8 (80.0%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	5 (83.3%)	51 (86.4%)
Male circumcision is old-fashioned	n	32	10	2		2	3	4	6	59
	Agree	1 (3.1%)	--	--	-	--	--	--	--	1 (1.7%)
	Does not Agree	31 (96.9%)	10 (100%)	2 (100%)	-	2 (100%)	3 (100%)	4 (100%)	6 (100%)	58 (98.3%)
Medical male circumcision is expensive	n	32	10	2		2	3	4	6	59
	Agree	19 (59.4%)	6 (60.0%)	1 (50.0%)	-	1 (50.0%)	2 (66.7%)	4 (100%)	5 (83.3%)	38 (64.4%)
	Does not Agree	13 (40.6%)	4 (40.0%)	1 (50.0%)	-	1 (50.0%)	1 (33.3%)	--	1 (16.7%)	21 (35.6%)
Some people might die during medical male circumcision	n	32	10	2		2	3	4	6	59
	Agree	12 (37.5%)	4 (40.0%)	--	-	--	1 (33.3%)	--	--	17 (28.8%)
	Does not Agree	20 (62.5%)	6 (60.0%)	2 (100%)	-	2 (100%)	2 (66.7%)	4 (100%)	6 (100%)	42 (71.2%)

Note: No data exist for Non-Hospitals in Kumi.

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Executed: practitioner_total.sas Date:28AUG2008 23:59

Table 3.1.1
Situation Analysis for Male Circumcision in Uganda
Health Practitioner Respondents
Categorical Variables

Question	Response	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		TOTAL (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
	n	21	4	2		1	0	4	0	32
	10000 - 20000	21 (100%)	4 (100%)	2 (100%)	-	1 (100%)	--	4 (100%)	--	32 (100%)
If the government provided MC to many people in this District, what do you think the charges should be for the procedure? (USH)	n	22	4	1		2	1	2	2	34
	0 - 1000	--	--	--	-	--	--	--	1 (50.0%)	1 (2.9%)
	1001 - 5000	2 (9.1%)	--	--	-	--	--	2 (100%)	--	4 (11.8%)
	5001 - 10000	4 (18.2%)	1 (25.0%)	--	-	--	1 (100%)	--	--	6 (17.6%)
	10000 - 20000	16 (72.7%)	3 (75.0%)	1 (100%)	-	2 (100%)	--	--	1 (50.0%)	23 (67.6%)
		n	32	10	2		2	3	4	5	58
Agree		30 (93.8%)	9 (90.0%)	1 (50.0%)	-	2 (100%)	1 (33.3%)	--	1 (20.0%)	44 (75.9%)
Does not Agree		2 (6.3%)	1 (10.0%)	1 (50.0%)	-	--	2 (66.7%)	4 (100%)	4 (80.0%)	14 (24.1%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
Sex	n	40	19
	Male	12 (30.0%)	8 (42.1%)
	Female	28 (70.0%)	11 (57.9%)
What is your designation?	n	40	18
	Medical Officer	15 (37.5%)	1 (5.6%)
	Clinical Officer	6 (15.0%)	6 (33.3%)
	Other	19 (47.5%)	11 (61.1%)
What type of organization do you work for?	n	40	18
	Government	10 (25.0%)	12 (66.7%)
	Non faith-based NGO	--	2 (11.1%)
	Faith-based	22 (55.0%)	3 (16.7%)
	Private, for profit	8 (20.0%)	1 (5.6%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
Have you ever performed a MC? [1]	n	40	19
	Yes	25 (62.5%)	9 (47.4%)
	No	15 (37.5%)	10 (52.6%)
In the last 12 mo. have you performed any MC? [1]	n	25	9
	Yes	21 (84.0%)	5 (55.6%)
	No	4 (16.0%)	4 (44.4%)
In the last 12 mo. did you perform any MCs at this health facility?	n	21	5
	Yes	20 (95.2%)	4 (80.0%)
	No	1 (4.8%)	1 (20.0%)
In the last 12 mo., did you perform MCs outside this health facility?	n	21	5
	Yes	14 (66.7%)	3 (60.0%)
	No	7 (33.3%)	2 (40.0%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
If yes, where did you perform the male circumcisions?	n	13	3
	In another public health facility	8 (61.5%)	3 (100%)
	n	13	3
	In a private clinic	11 (84.6%)	1 (33.3%)
	n	12	3
	In the village	0	0
	n	12	3
	Other	0	0
What were some of the reasons the male circumcisions were performed?	n	21	5
	Phimosis or paraphimosis	16 (76.2%)	2 (40.0%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
What were some of the reasons the male circumcisions were performed?	n	21	4
	Balanitis (repeated infections)	14 (66.7%)	--
	n	21	4
	Penile Cancer	3 (14.3%)	--
	n	21	4
	Heard that it reduces HIV	12 (57.1%)	2 (50.0%)
	n	21	5
Other medical reasons	9 (42.9%)	4 (80.0%)	
n	21	5	
Hygiene	14 (66.7%)	2 (40.0%)	

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
What were some of the reasons the male circumcisions were performed?	n	21	5
	For religious reasons	11 (52.4%)	2 (40.0%)
	n	21	5
	For cultural reasons	8 (38.1%)	1 (20.0%)
	n	21	5
	For personal preference reasons	15 (71.4%)	3 (60.0%)
	n	17	3
	Other reasons	2 (11.8%)	--

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
What were the ages of the males you circumcised?	n	21	5
	Infant (0-1 years)	16 (76.2%)	1 (20.0%)
	n	21	5
	Child (2-9 years)	15 (71.4%)	2 (40.0%)
	n	21	4
Adolescent (10-17 years)	13 (61.9%)	3 (75.0%)	
n	21	5	
Adult (18 and over)	21 (100%)	5 (100%)	
If you were to be asked to perform MCs, would you need additional training? [1]	n	37	19
	Yes	17 (45.9%)	16 (84.2%)
	No	20 (54.1%)	3 (15.8%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
If yes, what training do you think you should receive?	n	17	16
	Theoretical	1 (5.9%)	--
	Practical	6 (35.3%)	4 (25.0%)
	Comprehensive	10 (58.8%)	12 (75.0%)
In your opinion, are there advantages to a man being circumcised?	n	40	19
	Yes	40 (100%)	19 (100%)
The respondent stated whether they agree or disagree with the following statements:			
MC helps to improve hygiene	n	40	19
	Agree	40 (100%)	19 (100%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
MC reduces risk of STI	n	40	19
	Agree	37 (92.5%)	18 (94.7%)
	Does not Agree	3 (7.5%)	1 (5.3%)
MC reduces risk of HIV infection	n	40	19
	Agree	30 (75.0%)	16 (84.2%)
	Does not Agree	10 (25.0%)	3 (15.8%)
MC increases risk of HIV	n	40	19
	Agree	4 (10.0%)	4 (21.1%)
	Does not Agree	36 (90.0%)	15 (78.9%)
MC reduces risk of penile cancer	n	40	19
	Agree	29 (72.5%)	13 (68.4%)
	Does not Agree	11 (27.5%)	6 (31.6%)
MC increases sexual pleasure	n	40	19
	Agree	7 (17.5%)	4 (21.1%)
	Does not Agree	33 (82.5%)	15 (78.9%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
MC reduces sexual pleasure	n	40	19
	Agree	1 (2.5%)	2 (10.5%)
	Does not Agree	39 (97.5%)	17 (89.5%)
Men who are circumcised tend to have more sexual partners	n	40	19
	Agree	5 (12.5%)	2 (10.5%)
	Does not Agree	35 (87.5%)	17 (89.5%)
Women prefer men who are circumcised	n	39	19
	Agree	14 (35.9%)	7 (36.8%)
	Does not Agree	25 (64.1%)	12 (63.2%)
Have you seen male circumcisions (carried out by someone else) that resulted in complications or adverse events? [1]	n	40	19
	Yes	30 (75.0%)	12 (63.2%)
	No	10 (25.0%)	7 (36.8%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
What were the main types of complication or adverse event that you saw?	n	30	11
	Excessive Bleeding	27 (90.0%)	7 (63.6%)
	n	30	12
	Haematoma	16 (53.3%)	3 (25.0%)
	n	30	11
	Infection/sepsis	19 (63.3%)	8 (72.7%)
	n	28	11
	Disfigurement	10 (35.7%)	5 (45.5%)
n	27	11	
Impotence	1 (3.7%)	--	
n	2	0	
Other	2 (100%)	--	

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
Has any male circumcision that you have performed resulted in a complication or adverse event? [1]	n	38	17
	Yes	7 (18.4%)	1 (5.9%)
	No	18 (47.4%)	8 (47.1%)
	Never performed male circumcision	13 (34.2%)	8 (47.1%)

Note: No data exist for Non-Hospitals in Kumi.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
What were the main types of complication or adverse event?	n	6	1
	Excessive Bleeding	4 (66.7%)	1 (100%)
	n	6	1
	Infection	1 (16.7%)	1 (100%)
	n	6	1
	Disfigurement	1 (16.7%)	--
	n	6	1
Impotence	0	0	
n	2	0	
Other	2 (100%)	--	

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
In your opinion, who should be permitted to perform male circumcisions if training is provided?			
Medical Officers	n	40	19
	Agree	40 (100%)	18 (94.7%)
	Does not Agree	--	1 (5.3%)
Clincial Officers	n	40	19
	Agree	33 (82.5%)	19 (100%)
	Does not Agree	7 (17.5%)	--
Male Nurses	n	40	19
	Agree	12 (30.0%)	12 (63.2%)
	Does not Agree	28 (70.0%)	7 (36.8%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
In your opinion, who should be permitted to perform male circumcisions if training is provided?			
Female Nurses	n	40	19
	Agree	12 (30.0%)	10 (52.6%)
	Does not Agree	28 (70.0%)	9 (47.4%)
Traditional and Religious Male Circumcisers	n	40	18
	Agree	9 (22.5%)	5 (27.8%)
	Does not Agree	31 (77.5%)	13 (72.2%)
Other	n	2	2
	Agree	2 (100%)	2 (100%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
In your opinion, what would be the best age for male circumcision?			
Infant (0-1 years)	n	25	12
	Yes	25 (100%)	12 (100%)
Children (2-9 years)	n	12	5
	Yes	12 (100%)	5 (100%)
Adolescent (10-17 years)	n	3	1
	Yes	3 (100%)	1 (100%)
Adult (18 and over)	n	6	3
	Yes	6 (100%)	3 (100%)
All ages	n	1	1
	Yes	1 (100%)	1 (100%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
If MC were promoted in this District, would you be willing to offer male circumcision services?	n	40	19
	Yes	40 (100%)	19 (100%)
Male circumcision provides some protection against AIDS and STDs	n	40	19
	Agree	37 (92.5%)	18 (94.7%)
	Does not Agree	3 (7.5%)	1 (5.3%)
Pain due to male circumcision is bearable for a child	n	40	19
	Agree	31 (77.5%)	13 (68.4%)
	Does not Agree	9 (22.5%)	6 (31.6%)
Most women prefer circumcised men	n	40	19
	Agree	11 (27.5%)	6 (31.6%)
	Does not Agree	29 (72.5%)	13 (68.4%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
One can get infected during traditional male circumcision	n	40	19
	Agree	40 (100%)	19 (100%)
Circumcised men can safely have sex with many women	n	40	19
	Agree	--	1 (5.3%)
	Does not Agree	40 (100%)	18 (94.7%)
Male circumcision decreases pleasure during sex	n	40	19
	Agree	3 (7.5%)	4 (21.1%)
	Does not Agree	37 (92.5%)	15 (78.9%)
The tip of the penis needs to be covered with a foreskin	n	40	19
	Agree	1 (2.5%)	3 (15.8%)
	Does not Agree	39 (97.5%)	16 (84.2%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
Some people might die during traditional male circumcision	n	40	19
	Agree	35 (87.5%)	17 (89.5%)
	Does not Agree	5 (12.5%)	2 (10.5%)
Male circumcision enhances sexual performance	n	39	19
	Agree	9 (23.1%)	2 (10.5%)
	Does not Agree	30 (76.9%)	17 (89.5%)
Male circumcision proves manhood	n	40	19
	Agree	4 (10.0%)	3 (15.8%)
	Does not Agree	36 (90.0%)	16 (84.2%)
Circumcised men do not need to use condoms to protect them from STDs and HIV	n	40	19
	Agree	4 (10.0%)	1 (5.3%)
	Does not Agree	36 (90.0%)	18 (94.7%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
Male circumcision is forbidden by your religion	n	40	19
	Agree	2 (5.0%)	2 (10.5%)
	Does not Agree	38 (95.0%)	17 (89.5%)
Circumcised men earn respect from their peers	n	40	19
	Agree	5 (12.5%)	4 (21.1%)
	Does not Agree	35 (87.5%)	15 (78.9%)
Traditional male circumcision is expensive	n	40	19
	Agree	11 (27.5%)	5 (26.3%)
	Does not Agree	29 (72.5%)	14 (73.7%)
Pain due to male circumcision is bearable for an adult	n	40	19
	Agree	31 (77.5%)	14 (73.7%)
	Does not Agree	9 (22.5%)	5 (26.3%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

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Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
Male circumcision encourages adultery	n	40	19
	Agree	4 (10.0%)	4 (21.1%)
	Does not Agree	36 (90.0%)	15 (78.9%)
Male circumcision is old-fashioned	n	40	19
	Agree	1 (2.5%)	--
	Does not Agree	39 (97.5%)	19 (100%)
Medical male circumcision is expensive	n	40	19
	Agree	25 (62.5%)	13 (68.4%)
	Does not Agree	15 (37.5%)	6 (31.6%)
Some people might die during medical male circumcision	n	40	19
	Agree	12 (30.0%)	5 (26.3%)
	Does not Agree	28 (70.0%)	14 (73.7%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

Executed: practitioner_total.sas Date:28AUG2008 23:59

Table 3.1.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Categorical Variables

Question	Response	TOTAL (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
	n	28	4
	10000 - 20000	28 (100%)	4 (100%)
	n	27	7
If the government provided MC to many people in this District, what do you think the charges should be for the procedure? (USH)	0 - 1000	--	1 (14.3%)
	1001 - 5000	4 (14.8%)	--
	5001 - 10000	4 (14.8%)	2 (28.6%)
	10000 - 20000	19 (70.4%)	4 (57.1%)
	n	40	18
One can get infected by HIV during male circumcision	Agree	33 (82.5%)	11 (61.1%)
	Does not Agree	7 (17.5%)	7 (38.9%)

Note: No data exist for Non-Hospitals in Kumi.

[1] Skip patterns contained in survey were applied to data programmatically to remain consistent with survey intention.

Executed: practitioner_total.sas Date:28AUG2008 23:59

Table 3.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Continuous Variables

Question	Statistic	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		Total (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
How many MC have you ever performed?	n	15	2	1		2	2	2	3	27
	Mean(STD)	163.3 (194.55)	7.5 (3.54)	50.0 (--)		350.0 (353.55)	51.0 (69.30)	16.0 (5.66)	7.3 (4.62)	124.9 (185.28)
	Median (min-max)	80.0 (5, 600)	7.5 (5, 10)	50.0 (50, 50)		350.0 (100, 600)	51.0 (2, 100)	16.0 (12, 20)	10.0 (2, 10)	30.0 (2, 600)
If yes, how many MC have you performed in the last 12 mo.?	n	15	2	2		2	1	2	2	26
	Mean(STD)	82.7 (124.59)	28.0 (31.11)	17.5 (3.54)		60.0 (56.57)	30.0 (--)	16.0 (12.73)	3.5 (2.12)	58.5 (99.22)
	Median (min-max)	30.0 (1, 480)	28.0 (6, 50)	17.5 (15, 20)		60.0 (20, 100)	30.0 (30, 30)	16.0 (7, 25)	3.5 (2, 5)	22.5 (1, 480)
How much is charged for a MC at this facility?	n	21	4	2		1	0	4	0	32
	Mean(STD)	98952.4 (92620.45)	31250.0 (16520.19)	100000.0 (0.00)		20000.0 (--)	--	20750.0 (6500.00)	--	78312.5 (81896.25)
	Median (min-max)	50000.0 (20000, 300000)	30000.0 (15000, 50000)	100000.0 (100000, 100000)		20000.0 (20000, 20000)	--	19000.0 (15000, 30000)	--	50000.0 (15000, 300000)

No data exist for Non-Hospitals in Kumi.

Table 3.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Continuous Variables

Question	Statistic	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		Total (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
How many MC did you see that resulted in AEs?										
	n	20	7	2		2	1	1	3	36
	Mean(STD)	8.6 (11.43)	9.9 (17.78)	3.0 (0.00)		3.5 (2.12)	2.0 (--)	2.0 (--)	1.0 (0.00)	7.2 (11.59)
	Median (min-max)	4.5 (1, 50)	4.0 (1, 50)	3.0 (3, 3)		3.5 (2, 5)	2.0 (2, 2)	2.0 (2, 2)	1.0 (1, 1)	3.0 (1, 50)
Over how many years did you see MCs that resulted in AEs?										
	n	22	7	2		2	1	1	3	38
	Mean(STD)	8.6 (10.22)	4.4 (4.89)	3.5 (0.71)		3.0 (1.41)	2.0 (--)	6.0 (--)	2.3 (1.53)	6.5 (8.36)
	Median (min-max)	4.5 (1, 35)	3.0 (1, 15)	3.5 (3, 4)		3.0 (2, 4)	2.0 (2, 2)	6.0 (6, 6)	2.0 (1, 4)	4.0 (1, 35)

No data exist for Non-Hospitals in Kumi.

Table 3.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Continuous Variables

Question	Statistic	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		Total (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
How many AEs occurred from MCs you have performed ?										
	n	6	1	0		1	0	0	0	8
	Mean(STD)	2.0 (1.55)	5.0 (--)	--		3.0 (--)	--	--	--	2.5 (1.69)
	Median (min-max)	1.5 (1, 5)	5.0 (5, 5)	--		3.0 (3, 3)	--	--	--	2.0 (1, 5)
Over how many years did AEs occur from MCs you have performed ?										
	n	5	1	0		1	0	0	0	7
	Mean(STD)	8.2 (7.19)	2.0 (--)	--		15.0 (--)	--	--	--	8.3 (6.97)
	Median (min-max)	5.0 (3, 20)	2.0 (2, 2)	--		15.0 (15, 15)	--	--	--	5.0 (2, 20)

No data exist for Non-Hospitals in Kumi.

Table 3.2.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Continuous Variables

Question	Statistic	KAMPALA (N=42)		KUMI (N=2)		GULU (N=5)		RUKUNGIRI (N=10)		Total (N=59)
		HOSPITAL (n=32)	NON- HOSPITAL (n=10)	HOSPITAL (n=2)	NON- HOSPITAL (n=0)	HOSPITAL (n=2)	NON- HOSPITAL (n=3)	HOSPITAL (n=4)	NON- HOSPITAL (n=6)	
If the government provided MC to many people in this District, what do you think the charges should be for the procedure? (USH)	n	22	4	1		2	1	2	2	34
	Mean(STD)	33863.6 (28532.85)	21250.0 (8539.13)	100000.0 (--)		40000.0 (14142.14)	10000.0 (--)	5000.0 (0.00)	7600.0 (10465.18)	30741.2 (28066.14)
	Median (min-max)	20000.0 (5000, 100000)	22500.0 (10000, 30000)	100000.0 (100000, 100000)		40000.0 (30000, 50000)	10000.0 (10000, 10000)	5000.0 (5000, 5000)	7600.0 (200, 15000)	20000.0 (200, 100000)

No data exist for Non-Hospitals in Kumi.

Table 3.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Continuous Variables

Question	Statistic	Total (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
How many MC have you ever performed?	n	20	7
	Mean(STD)	161.6 (202.72)	19.9 (35.53)
	Median (min-max)	65.0 (5, 600)	10.0 (2, 100)
If yes, how many MC have you performed in the last 12 mo.?	n	21	5
	Mean(STD)	68.0 (108.29)	18.6 (20.83)
	Median (min-max)	25.0 (1, 480)	6.0 (2, 50)
How much is charged for a MC at this facility?	n	28	4
	Mean(STD)	85035.7 (85412.50)	31250.0 (16520.19)
	Median (min-max)	50000.0 (15000, 300000)	30000.0 (15000, 50000)

No data exist for Non-Hospitals in Kumi.

Table 3.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Continuous Variables

Question	Statistic	Total (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
How many MC did you see that resulted in AEs?	n	25	11
	Mean(STD)	7.4 (10.43)	6.7 (14.44)
	Median (min-max)	4.0 (1, 50)	2.0 (1, 50)
Over how many years did you see MCs that resulted in AEs?	n	27	11
	Mean(STD)	7.7 (9.40)	3.6 (4.01)
	Median (min-max)	4.0 (1, 35)	2.0 (1, 15)

No data exist for Non-Hospitals in Kumi.

Table 3.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Continuous Variables

Question	Statistic	Total (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
How many AEs occurred from MCs you have performed ?	n	7	1
	Mean(STD)	2.1 (1.46)	5.0 (--)
	Median (min-max)	2.0 (1, 5)	5.0 (5, 5)
Over how many years did AEs occur from MCs you have performed ?	n	6	1
	Mean(STD)	9.3 (7.00)	2.0 (--)
	Median (min-max)	7.5 (3, 20)	2.0 (2, 2)

No data exist for Non-Hospitals in Kumi.

Table 3.2.2
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Continuous Variables

Question	Statistic	Total (N=59)	
		HOSPITAL (n=40)	NON-HOSPITAL (n=19)
If the government provided MC to many people in this District, what do you think the charges should be for the procedure? (USH)	n	27	7
	Mean(STD)	34629.6 (29997.63)	15742.9 (10125.69)
	Median (min-max)	20000.0 (5000, 100000)	15000.0 (200, 30000)

No data exist for Non-Hospitals in Kumi.

Table 3.3.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Listing for Cost Data

District	Facility Name	Fac. Type	Fac. Level	How much is charged for a male circumcision at this facility?	If the government provided male circumcision to many people in this District, what do you think the charges should be for the procedure?
KAMPALA	MENGO HOSPITAL	Faith-based	HOSPITAL	60000	.
KAMPALA	MENGO HOSPITAL	Faith-based	HOSPITAL	150000	5000
KAMPALA	UNIVERSITY HOSPITAL	Government	HOSPITAL	50000	.
KAMPALA	KIBULI HOSPITAL	Faith-based	HOSPITAL	45000	45000
KAMPALA	ORTHODOX MISSION	Faith-based	HOSPITAL	50000	50000
KAMPALA	HOLY CROSS ORTHODOX	Faith-based	HOSPITAL	20000	30000
KAMPALA	KIBULI HOSPITAL	Faith-based	HOSPITAL	45000	10000
KAMPALA	KOLOLO HOSPITAL	Private, for profit	HOSPITAL	100000	20000
KAMPALA	KADIC HOSPITAL	Private, for profit	HOSPITAL	300000	5000
KAMPALA	INTERNATIONAL HOSPITAL	Private, for profit	HOSPITAL	250000	15000
KAMPALA	INTERNATIONAL HOSPITAL	Private, for profit	HOSPITAL	250000	100000
KAMPALA	BUTABIKA HOSPITAL	Government	HOSPITAL	.	40000
KAMPALA	MURCHISION BAY	Government	HOSPITAL	.	20000
KAMPALA	MENGO HOSPITAL	Private, for profit	HOSPITAL	60000	20000
KAMPALA	OLD KAMPALA HOSPITAL	Faith-based	HOSPITAL	50000	35000
KAMPALA	OLD KAMPALA HOSPITAL	Faith-based	HOSPITAL	50000	50000
KAMPALA	RUBAGA HOSPITAL	Faith-based	HOSPITAL	40000	10000
KAMPALA	RUBAGA HOSPITAL	Faith-based	HOSPITAL	30000	.
KAMPALA	NSAMBYA HOSPITAL	Faith-based	HOSPITAL	88000	80000

Note: No data exist for Non-Hospitals in Kumi.

Table 3.3.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Listing for Cost Data

District	Facility Name	Fac. Type	Fac. Level	How much is charged for a male circumcision at this facility?	If the government provided male circumcision to many people in this District, what do you think the charges should be for the procedure?
KAMPALA	NSAMBYA HOSPITAL	Faith-based	HOSPITAL	.	20000
KAMPALA	MURCHISION BAY	Government	HOSPITAL	.	10000
KAMPALA	OLD KAMPALA HOSPITAL	Faith-based	HOSPITAL	50000	20000
KAMPALA	MURCHISION BAY	Government	HOSPITAL	.	10000
KAMPALA	KADIC HOSPITAL	Private, for profit	HOSPITAL	.	50000
KAMPALA	UNIVERSITY HOSPITAL	Government	HOSPITAL	70000	.
KAMPALA	INTERNATIONAL HOSPITAL	Private, for profit	HOSPITAL	300000	100000
KAMPALA	ORTHODOX MISSION	Faith-based	HOSPITAL	20000	.
KAMPALA	SDA MEDICAL CENTRE	Faith-based	HEALTH CENTRE III	20000	20000
KAMPALA	BUGOLOBI NURSING HOME	.	.	50000	.
KAMPALA	NAGURU TEENAGE CENTRE	Government	HEALTH CENTRE IV	.	10000
KAMPALA	SDA MEDICAL CENTRE	Faith-based	HEALTH CENTRE III	15000	30000
KAMPALA	SDA MEDICAL CENTRE	Faith-based	SDA MEDICAL CENTRE	40000	25000
KUMI		Faith-based	HOSPITAL	100000	100000
KUMI		Faith-based	HOSPITAL	100000	.
GULU	GULU HOSPITAL	Government	HOSPITAL	.	50000
GULU	ST MARYS HOSPITAL LACO	Faith-based	HOSPITAL	20000	30000

Note: No data exist for Non-Hospitals in Kumi.

Table 3.3.1
 Situation Analysis for Male Circumcision in Uganda
 Health Practitioner Respondents
 Listing for Cost Data

District	Facility Name	Fac. Type	Fac. Level	How much is charged for a male circumcision at this facility?	If the government provided male circumcision to many people in this District, what do you think the charges should be for the procedure?
GULU	LAGOGI	Government	HEALTH CENTRE IV	.	10000
RUKUNGIRI	NYAKIBALE HOSPITAL	Faith-based	HOSPITAL	18000	.
RUKUNGIRI	NYAKIBALE HOSPITAL	Faith-based	HOSPITAL	15000	5000
RUKUNGIRI	KISIIZI HOSPITAL	Faith-based	HOSPITAL	20000	.
RUKUNGIRI	KISIIZI HOSPITAL	Faith-based	HOSPITAL	30000	5000
RUKUNGIRI	BUHUNGA HC IV	Government	HEALTH CENTRE IV	.	15000
RUKUNGIRI	BUGANGARI H/C IV	Government	HEALTH CENTRE IV	.	200

Note: No data exist for Non-Hospitals in Kumi.