



SAYWHAT Male Circumcision Ambassador  
Training Workshop  
12 May 2011  
Spilhaus, Harare



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## List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
GBV	Gender Based Violence
HIV	Human Immune Virus
MC	Male Circumcision
MCP	Multiple Concurrent Partners
MoESAC	Ministry of Education, Sports, Arts and Culture
MoHCW	Ministry of Health and Child Welfare
NAC	National AIDS Council
NCC	National Coordinating Committee
NGOs	Non Governmental Organisations
PITC	Provider Initiated Testing and Counselling
PSI	Population Services International
RCT	Randomised Control Trial
SAFAIDS	Southern African AIDS Information Dissemination Service
SAYWHAT	Students and Youths Working on Reproductive Health Action Team
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing
ZNFPC	Zimbabwe National Family Planning Council

## Acknowledgements

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- Students from the following colleges; Belvedere Technical Training College, Seke Teachers College, Harare Institute of Technology and Morgan Zintec College.
- The Chairperson of the Parliamentary Portfolio Committee on Health; Dr David Parirenyatwa
- Centre for Health Strategies Team (CHEST) members
- Ministry of Health and Child Welfare, National HIV Prevention Co-ordinator, Ms Getrude Ncube
- Population Services International, Mr Oliver Vembo
- Young People's Network on HIV and AIDS
- The Dean of students from the Harare Institute of Technology, Mr Chandauka
- SAFAIDS Ms Lillian Chakara
- Staff at the ZNFPC Spilhaus MC Centre
- Southern African AIDS Trust (SAT) for funding this initiative

## 1. Background and objectives of the training workshop

Students and Youths Working on Reproductive Health Action Team (SAYWHAT) is an institution that champions responses that address the Sexual and Reproductive Health (SRH) challenges of students in the tertiary institutions of Zimbabwe. SAYWHAT ensures the meaningful involvement of students in Sexual and Reproductive Health issues through participatory, consultative and informative platforms as well as capacity building of student structures. These students once trained carry out peer education activities in their colleges. In the past year SAYWHAT has carried out numerous activities with students in colleges on Male Circumcision (MC) which include the following;

- An MC knowledge and information sharing pilot project
- A newsletter on MC
- Strategically positioned as a member of the Communication and Advocacy Technical Working Group
- Contributed to the formulation of the MC policy of October 2009
- Contributed to the formulation of the MC communication and advocacy strategy
- Held numerous thematic discussions on MC in colleges

In order to strengthen its efforts on the above activities and create a meaningful impact on MC, SAYWHAT introduced the training of Ambassadors to spearhead the discussions that provides accurate and comprehensive information on Male Circumcision (MC) and uptake amongst students in tertiary institutions. This training is yet another innovative and dynamic intervention which SAYWHAT has introduced showing its dedication and commitment to addressing the SRH needs of students. This report outlines and summarises deliberations of the first one day training workshop held in Harare for the first group of student MC Ambassadors in Zimbabwe.

The training brought to the table stakeholders from Government departments (MoHCW), the Parliamentary Portfolio Committee, NGOs, students, college authorities and SAYWHAT. The training objectives were defined as;

- To promote the uptake of MC amongst students.

- To promote behavioural change and encourage other prevention strategies and share accurate information on MC.
- To document key issues, gaps, challenges and opportunities for MC amongst students.

Alongside this training workshop, SAYWHAT was developing a documentary on MC that would inform strategies and encourage discussion. SAYWHAT Secretariat coordinated and facilitated proceedings of the meeting, whilst invited stakeholders delivered and held comprehensive discussions on MC with the students. Delegates received handouts for each presentation, Information, Education and Communication (IEC) material, and copies of the National Male Circumcision Policy of 2009 for each college. Ambassadors also received a t-shirt advocating for the uptake of MC.

## 2. Welcome remarks

Mr Mukasiri Sibanda the Finance Manager at SAYWHAT welcomed the delegates and acknowledged SAT the funding partner for financing the workshop. He encouraged the delegates to actively participate in the workshop as information on MC was crucial to the SRH of the students and future generations, particularly in the fight against HIV. He concluded by encouraging the student ambassadors to take their role seriously as the success of the programme depended on their delivery of accurate and comprehensive information on MC to their fellow students.

*'The growth in SAYWHAT membership signifies the magnitude of the students' voices in their cry for stakeholders in Government, Civil Society and Private sector to urgently address the SRH issues affecting students'*  
Miss V.Mlambo, Gender Officer, SAYWHAT  
2011

## 3. About SAYWHAT

Ms Vimbai Mlambo, SAYWHAT Gender Officer gave an overview of the historical background of the institution, its aims, objectives, values, fundamental principles of operation, and student membership. She highlighted the growth of the SAYWHAT membership over the years as one of the successes of the institution. To date, SAYWHAT has active structures in 30 colleges around the country. She emphasized the focus and mandate of SAYWHAT which is;

- To focus on sexual and reproductive health concerns of students in Agricultural colleges, teacher training colleges, universities and poly technical colleges
- Ensure knowledge and information sharing, networking and advocacy as well as capacity building and support provision.
- Analyse policies on SRH including those on sexual harassment and of the administration of such policies, to facilitate students driven advocacy for policy environments that promote gender equality in general and in sexual relationships.

#### 4. Overview of SAYWHAT Male Circumcision Campaign

SAYWHAT Programme Manager, Mr Darlington Muyambwa briefed the students on their role as ambassadors of the MC campaign. He defined what an ambassador was with the students; the agreed definition was that an ambassador is someone who presents the best interests of a group or institution. They needed to be equipped with good communication skills, ability to share information on MC in good light, lead by example and believe the information they will be sharing.

SAYWHAT view on why students and young people are important for MC

- MC will be more beneficial if more young people are circumcised compared to older men.
- Students are easily mobilised.
- Young people are more ready to adopt new behaviours than older people
- Peer influence has more impact among students
- Students through SAYWHAT which already has structures in colleges will make it easy to reach large numbers of students in a short space of time.
- Influential young people such as student leaders can work as agents of MC to affect students from various backgrounds.
- Over 45% of HIV infections are found in young people, this can be used as strength to promote MC amongst students.

At the end of the workshop each college would be asked to present work plans of actions they would take to fulfill their mandate in advancing MC as an HIV prevention strategy. In his concluding remarks he highlighted the need for college students to

take up the intervention as they are within the high risk of infection age group of 15-29 years. They needed to support and extend already existing marketing strategies that promote MC such as the ‘Pinda mu smart’ campaign’ was emphasised.

## 5. Key note address : MC as a key intervention in reducing HIV incidence

*30% of the world's male population is circumcised i.e. 665 million men.*

The Guest of Honour, Dr David Parirenyatwa the Chairperson of the Parliamentary Portfolio Committee on Health was accompanied by members of the Centre for Health Strategies Team (CHEST) to present his key note address during the training. He began his speech by acknowledging SAYWAHT efforts in advancing Sexual and Reproductive Health Rights of students in tertiary colleges particularly the agricultural and technical colleges which are usually neglected in such programmes. He went on to state that he has known SAYWHAT since his days as a Minister when it was still housed under the Community Working Group on Health (CWGH) and stated that ever since the institution has been growing in its significance. “Young people are most at risk and MC is a good choice in HIV prevention” he stated. He reiterated his philosophy around the 3 strategies on HIV which are Prevention, Prevention and Prevention. He described the training of MC Ambassadors as an admirable good practice first of its kind and that it commenced at the opportune time when the national adult HIV prevalence was going down. He encouraged the Ambassadors to be aware of the conditions in colleges that put young people at risk of infection and address those issues. It was important for MC to be understood as part of a package in HIV prevention rather than a standalone solution in order to achieve the Millennium Development Goal 6 which seeks to combat HIV/AIDS, malaria and other diseases. With those remarks he congratulated the Ambassadors and wished them success in the implementation of the campaign.

## 6. Presentation 1: MC as an HIV prevention strategy

Ms Getrude Ncube, the National HIV Prevention Co-ordinator in the Ministry of Health and Child Welfare, gave a presentation on the history of MC interventions in the region, the Zimbabwe situation on MC, its benefits, and the plans for roll out in Zimbabwe. She informed delegated that a 1989 AIDS Conference presented results that showed that MC has a protective effect on HIV prevention. She shared on the Randomized Control Trials (RCT) done in Kenya, South Africa and Uganda which showed that MC is 60% effective in reducing HIV incidence. She pointed out that it was then that the World Health Organisation (WHO) recommended that countries



with a high HIV prevalence and low MC prevalence take up MC as an additional prevention strategy. Zimbabwe has a 13.7% adult HIV prevalence and a low 10% MC prevalence rate and thus fitted the profile of countries recommended by the WHO to take up MC. In 2007, Ministry of Health and Child Welfare (MoHCW), National Aids Council (NAC) and UN agencies in Zimbabwe drew a roadmap for the process of including MC in existing HIV prevention strategies.



Ms Ncube excited the delegates with a demonstration using a model penis of the MC procedure. She also shared on how the foreskin increased the risk of infection because of the high concentration of Langerhans cells that are susceptible to HIV, devices used for MC and discussed the health benefits of MC for both men and women. She concluded her presentation by sharing on the MC strategic plan for Zimbabwe. She pointed out challenges that limited the expansion of MC rollout which includes the high cost of the procedure, equipment and placing of staff. She informed the ambassadors that 1, 268 000 circumcisions will need to be carried out to achieve 80% coverage of MC of males aged between 15-29 years between 2008 and 2015. She mentioned that an investment of USD\$80.8 million was required to effectively carry out MC scale up. There are currently 7 sites that offer on site MC services as well as mobile services and

#### **MC intervention in Zimbabwe**

- 2008 Situation analysis and established Technical Working Groups
- 2009 Launched MC Policy
- 2009 Initiation of adult and adolescent MC services in pilot phase
- 2010 MC costing
- 2010 MC strategic plan
- To date ~24 000 males circumcised.

these are Makonde Mission Hospital, Bulawayo MC Centre, Karanda Mission Hospital, Concession District Hospital, Manyame Airbase, Spilhaus MC Centre, and at the Mutare Provincial Hospital.

## **7. Question and answer on Presentation 1**

Delegates were given an opportunity to ask questions or raise concerns arising from the presentation.

Q. How does someone heal the wound after being circumcised?

A. They need to do saline baths- i.e. the dipping of the penis into a peanut butter bottle with salt and water 3 times a day.

Q. What can one take for pain?

A. Simple and usual painkillers assist with the pain but for most people the pain is psychological as the procedure involves using a localized anesthesia whilst afterwards it is like any other pain that can be managed.

Q. Is it true that being circumcised increases a man's libido?

A. The hardening of the foreskin area makes men take more time to ejaculate as the skin would be less sensitive.

Q. Can HIV positive men get circumcised?

A. Yes they can but we generally encourage the HIV negative men to do so as they will make a greater public health impact. The HIV positive men should also consider MC after a Doctor's advice on the transgression of HIV so that they are certain of no complication of the wound healing faster.

Q. What ages do people get circumcised?

A. We encourage males from as early as 15 onwards to get circumcised. However we have also seen males aged above 60 coming to the sites to get circumcised. The priority age group is 15-29.

However, due to time constraints the facilitator explained that more questions could be noted and addressed in the plenary session that was scheduled for later in the day.

## **8. Presentation 2: Advocating for MC among young people: Approaches and experiences**

Mr Oliver Vembo from Population Service International (PSI) shared on the communication strategy implemented to support and promote the uptake of MC. He expounded on the importance of delivering the accurate message on MC among target groups and how the key messages were important in addressing barriers of MC uptake. The commonly asked questions on MC which the ambassadors may face as they motivate their peers to take up MC include; where do foreskins go? How MC affect penis appearance, levels of pain, and questions on sexual pleasure and fertility. He also discussed on the primary and secondary target groups important in influencing the uptake of MC, particularly the role of women who were defined earlier as the 'stakeholders' of the penis. Advocacy audiences were also described as those groups in influential positions that can promote MC to wider audiences using their positions of influence on the target groups such as churches, political leaders, and youth groups, religious and traditional leaders amongst others. MC Ambassadors were encouraged to work closely especially with their college authorities to influence wider engagement and promotion of MC. It was strongly emphasised to the ambassadors to pass on the key messages on MC which should have a call to action and benefit and address barriers and motivating factors for positive behaviour change.

#### **Key messages on MC**

1. *MC works!*
2. *MC does not replace other HIV methods!*
3. *Honour the 6 weeks healing period!*
4. *MC is a safe procedure done by trained professionals!*
5. *MC is affordable!!!*

He also discussed the social dynamics surrounding MC from the lessons they have learnt from the campaign. He mentioned that most men said that the appearance of the penis was better after being circumcised. There was a stigma associated with circumcised men versus the uncircumcised men, most people felt the former were stubborn in comparison to the latter. Women were exposed to Gender Based Violence (GBV) should either of the partners test positive for HIV as men felt that by being circumcised they were HIV free, the blame was on the woman. Some men had erectile concerns and feared being circumcised, whilst others felt that MC gave them 'long play' performance which was beneficial to their female partner. The key messages were important in addressing the above mentioned lessons to instill in partners that the desire to get circumcised should be for HIV prevention and not for any other reason. The sending of mixed messages may reduce the capacity to negotiate for safer sex, lead to high MC rates and subsequently give rise to new HIV infections.

## 9. Presentation 3: Young people and male circumcision

Mr Blessing Mukome from the Young People's Network on HIV/AIDS gave a presentation that discussed the low risk perceptions of contracting HIV that existed among young people. He mentioned that 71.7% of females and 98.9% of males aged between 15 to 24 years have had their first sexual experience before marriage and these figures make young people a primary target for MC. He emphasised the need for the ambassadors to continue spreading the comprehensive messages on HIV prevention in addition to the key messages on MC.

Other facts he shared on MC included that uncircumcised men are between 2 and 8 times more likely to be infected with HIV in comparison to circumcised men. MC has a protective effect that extends to Sexually Transmitted Infections that include syphilis. MC improved penile hygiene and for the women it lowers the risk of cervical cancer in females whose partners are circumcised. He shared on the MC campaign being implemented by his network which aims to mobilise young men to get circumcised, train peer educators both male and female to motivate the target groups and develop materials to be used in the awareness campaigns.

## 10. Panel discussion

QUESTIONS AND ANSWERS ON MC presented to a panel comprising of PSI, YPNHA, and SAYWHAT representatives by ambassadors.

Q. What strategies are in place for young people in colleges who cannot afford to reach MC sites to get circumcised?

A. PSI- if a group of more than 10 young men request for MC our mobile team can outreach to their college and carry out MC.

Q. How will we know the number of men who are circumcised?

A. This cannot be traced in any way besides relying on statistics from the MC sites, otherwise you can only tell is one is circumcised by seeing their penis.

'Male Circumcision is a cut in the right direction!' –YPNHA 2011

Q. Is MC more painful than giving birth?

A. Any pain from any surgical procedure is normal and manageable, after a few hours of MC you can walk and function normally; childbirth is not comparable to MC as they are different procedures. Individuals have different levels of pain threshold.

Q. What are the women saying about the long play?

A. The long play myth can be exaggerated, however the area around the head of the penis get less sensitive after MC which may make the male take longer than usual. We have not heard complaints/reports about long play, save for the example that some Commercial Sex Workers in some part of Zimbabwe are charging more money on circumcised clients than uncircumcised ones due to the long period of time they are taking in a sexual encounter.

Q. What complications have you met on MC procedures?

A. None, we have not recorded any adverse effects that cannot be managed.

Q. What tablets can be given for pain relief?

A. We give a set of painkillers which are normally used for any other pain relief.

Q. Is it true that out of every 10 people who get circumcised one of them dies due to pain?

A. NO. None in Zimbabwe, the procedure is done in the medical facilities provided for MC by trained personnel. Medical circumcision has no history of such adverse effects- there are some recorded death in the case of some traditional circumcision but they do not reach such alarming rates.

Q. What if you have High Blood Pressure will you be circumcised?

A. All MC clients undergo a screening process to check suitability for the process, depending on the severity of the High Blood Pressure condition one may be advised not to undergo MC.

Q. Does MC affect fertility?

A. No it does not affect fertility- the foreskin does not have any known function on fertility.

Q. Where do the foreskin go, are you allowed to take it home?

A. This is a common question, and PSI operates according to the health policy; foreskins cannot be taken home just as other body parts are not taken home after any surgical operation, they are incinerated within the medical facilities.

Q. Is it legal to encourage our young brothers below the age of 16 to undergo MC?

A. There are no legal complications for as long as you are referring them to a safe facility which is not backyard facility. You also need to share with them comprehensive information on HIV prevention.

**Key message:** 'Do not take your assignment as ambassadors of MC for granted give a full factual package on MC, give all the details do not assume people know. That which you leave out may make the person not go for MC. Do not keep hiding behind your foreskin MC yakanaka!' Dean of Students, Harare Institute of Technology 2011

Q. Does mc affect masturbation?

A. No, circumcised man can also masturbate but maybe differently as the no longer has the foreskin which normally is rubbed on the glans penis for sensation.

Q. Should those born with natural MC undergo MC?

A. Yes. It's not actual natural MC but a common condition of having a shorter foreskin that only partially covers the penis. MC is the complete removal of the foreskin and not partial removal as it appears in what is being referred to as natural MC.

Q. After MC, will the hardened surface of the penis not tear off the condom?

A. No it is not possible, the surface of the penis after MC is similar to the normal keratinisation of the skin such as that on the outer lips, and it has no ability to tear a condom.

## 11. Solidarity message on chances and challenges of MC

The Dean of Students of the Harare Institute of Technology Mr Chandauka encouraged students to abstain and take responsibility of their sexual life. He implored the students that they are the leaders of the future and that they have been entrusted with building the nation by virtue of being in college to acquire tertiary education and skills.

He encouraged ambassadors to continue with the messages of comprehensive HIV prevention in their peer education activities. In their role as ambassadors he called for the respect of the intervention as it was of cultural value to other tribes and belittling the MC process may offend and alienate other social groups. The ambassadors were also encouraged to be role models, and use various dynamic ways of disseminating the key messages such as taking advantage of orientation days and hosting edutainment sessions that discuss MC concerns. He expressed gratitude to SAYWHAT for this initiative and encouraged other college authorities present to support the campaign in order to safeguard the future of the students.

## 12. Development of work plans and presentation

Ambassadors were then divided into college working groups to discuss how they will implement plans for advocating for MC in their colleges for the semester. Below is a summary of the presented work plans termed ‘Operation Bvisa Ganda’

	<b>Belvedere Technical Training College</b>	<b>Seke Teacher’s College</b>	<b>Harare Institute of Technology</b>
<b>Activities to promote MC uptake:</b>	Road shows, songs, and dramas	Peer education sessions, hostel focus group discussions, assembly presentations	Quiz, braai, sports, drama and discos.
<b>Resources for MC Communication:</b>	Penis models, flipcharts, marker pens, handouts, t-shirts, refreshments, flyers and billboards.	Posters, flyers, referral slip	Wrist bands, banners, bangles, pens, refreshments, handouts, and P.A. systems.
<b>Target audiences:</b>	All students, lecturers aim to get 60 males circumcised in the month of June 2011	Students- aim to invite PSI outreach team.	50 students in Part 1, external community
<b>Support system:</b>	Dean of students, SAYWHAT, PSI, other	SAYWHAT, PSI, Dean of students	College administration, PSI,

	colleges.	and other lecturers.	SAYWHAT, MoHCW,
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### 13. Tour of the Spilhaus MC Centre and MC process

The ambassadors were then taken to the ZNFPC MC site for a tour to learn more about the process and client flow at the MC site. A nurse took the students through the service client flow process as shown below:

- **Visit 1**

Reception



Group education



Testing and Counselling



Pre op Assessment and Counselling



Procedure



Post op care and counselling

- **Visit 2**

Day 2           Reviewing and counselling

- **Visit 3**

Day 7           Review and counselling

- **Visit 4**



Day 42     $\Rightarrow$     Review and Counselling

The ambassadors also had an opportunity to view the rooms for some of the procedures and viewed the MC procedure kit. The nurse explained that the surgical procedure takes about 5 minutes and on average they got about 20 clients per day. Clients in the recovery room shared on their experiences of MC procedure to inspire the ambassadors. However, some ambassadors squirmed on learning that the MC procedure used a localized anesthesia and that one could watch the whole process.

*'I am glad the pain was not as bad as I had imagined it to be, there is nothing to fear, try it!'*- a client after an MC procedure in the recovery room. ZNFPC, Spilhaus.2011

#### 14. Closing remarks

The SAYWHAT National Co-ordinating Committee Chairperson, Mr Glen Dhliwayo gave closing remarks. In his speech, outlined the Sexual and Reproductive Health challenges faced by students in colleges such as lack of sanitary wear, poor conditions of health facilities in colleges, unfriendly health personnel and lack of funds to support students living positively. He implored the stakeholders present to seriously consider and put in place strategies to increase youth involvement in key decisions of health financing such as increasing youth representatives in the Global fund committees and in Parliamentary Portfolio committees. As part of the MC Ambassadors he showed that he led by example. Speaking on behalf of the students, he thanked SAYWHAT, invited stakeholders and the Former Minister of Health and Child Welfare Honourable Dr David Parirenyatwa for believing in them to carry out national duty of being MC Ambassadors. He promised that in this duty they will not fail but will execute it effectively to shape the future of students and that of the nation. To conclude his speech with vigor he invited Leo and together they performed the ' student composed Nigerian song on MC entitled *Circumcision is goodoh!*' much to the thrill of the stakeholders, students and invited guests who joined in the song and dance.

## Appendix 1: MC testimonial from a circumcised ambassador

Today I am not going to give my testimony, because a testimony will mean that I have done something wrong and I am testifying, but I will simply share my experiences as a student at Seke Teacher's College.

In Zimbabwe, SRHR and Gender programming has largely assumed the face of a woman. Tertiary Institutions have not been spared by this observation, after going through some SRH and gender workshops organised by SAYWHAT, I discovered that SRHR and Gender programming was a man's issue too in particular a young man's issue. As a young man in my community, I am expected to know more about sexuality issues but I don't remember any family member or a class teacher teaching me about these issues.

I decided to take a closer look at my Sexual and Reproductive Health needs and other service providers who can be of help to a young man like me.

Male Circumcision was never an event for me but rather it was a process. I went through some stages and processes until I could resolute for the operation.

I heard of Male Circumcision in 2010 October (although it wasn't for the first time). It was then that I started thinking about Male Circumcision. In those days I took it lightly and didn't consider it as an option for me. I did not want to go for Male Circumcision. Obviously for the reasons that we all know I thought it would be so painful. Definitely I did not have the full information.

The topic kept coming into my mind mainly because many people spoke of it at college. I started considering going for Male Circumcision in December 2010. I did not go then because I was still afraid. Not of the pain but the risks of MC. "What if something goes wrong?" Will the wound heal? "Will I survive the operation?" I thought to myself. It was the negatives that kept me away from MC. I had never heard of the negatives that kept me away from Male Circumcision. I had never heard of the negatives of Male Circumcision but I knew they were there.

Sometime in February 2011, I found what I had been looking for, the risks of Male Circumcision. To my surprise there was nothing that could stop me from going for Male Circumcision. Still, I did not go. I was not courageous enough to walk into an MC centre for MC. Each time I got close to an MC centre, I would consider coming back the next time.

In April 2011, a friend came to my rescue. A friend in need is a friend in deed, so they say. Truly she is a friend in deed. She asked me over the phone if I had gone for Male Circumcision or not. I told her the truth. The next time I met her, she promised to take me to Spilhaus for Male Circumcision. True to her words, the next time we met, she took me there.

Unfortunately, we got there late and I could not go for the operation. We came back the next Thursday and to God be the Glory, finally the operation was done. There was no pain apart from the anesthesia injection; I got at the beginning of the operation. I walked out on my own, without any assistance. The next time I felt pain was when the bandage was removed after 3 days. The pain was not much as it only lasted for about 4 days. I could do everything that any person can do, except having sex of course. It was during this period that I commenced the saline baths (salt baths). I had some pain killers to help me through.

After my second review in 7 days, I felt no more pain. I still feel no pain but rather funny about wearing tight underwear to keep my guy in a perpendicular position. My six weeks ends on 02 June 2011. After that it's going to be a 60% safe journey.- Anesu Munodawafa (Seke Teacher's College)