



Formative research into medical male circumcision with uncircumcised men

Stakeholders

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Formative research into medical male circumcision with uncircumcised men

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¹ The opinions expressed herein are those of the authors and do not necessarily reflect the views of the United States Agency for International Development

Acronyms

AIDS	Acquired immune-deficiency syndrome
ART	Antiretroviral treatment / therapy
ARV	Antiretroviral
B4L	Brothers for Life
CADRE	Centre for AIDS Development, Research and Evaluation
CCI	Centre for Communication Impact
FGD	Focus group discussion
HCT	HIV Counselling and Testing
HIV	Human immune-deficiency virus
MMC	Medical male circumcision
NCS	National Communication Survey
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
STI	Sexually transmitted infection
TB	Tuberculosis
USAID	United States Agency for International Development

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Executive Summary

Background

Brothers for Life (B4L) is a national campaign that promotes the health and wellbeing of South African men, targeting men between the ages 16–34, with a specific focus on HIV prevention, medical male circumcision (MMC) and sexual and gender-based violence (SGBV).

A new MMC campaign was developed and launched in February 2015, entitled the “*Salon*” campaign. This campaign made use of female voices and images. The “*Salon*” campaign ended in July 2016. The primary slogan was “*Get the upgrade that counts*”, referring to the benefits of a man being medically circumcised. Four primary media were utilised in this campaign: Television, radio, out-of-home billboards, and posters.

The primary purpose of the formative research was to determine the perceptions of uncircumcised men to the “*Salon*” campaign, and to identify barriers and enablers of MMC among these men.

The primary target audience of the overall “*Salon*” MMC campaign was young uncircumcised men aged 18 to 34 years, in the LSM 3-7, single or in a relationship, unemployed, and/or engaging in high risk sexual activities such as multiple and concurrent sexual partners, drinking alcohol, and inconsistent condom usage.

Methodology

The study design involved conducting four focus groups in priority districts in Gauteng and KwaZulu-Natal provinces. Three peri-urban sites (Soshanguve/City of Tshwane and Vosloorus/Ekurhuleni in Gauteng, and Inanda/eThekweni in KwaZulu-Natal) and 1 rural site (Umkhanyakude/Jozini in KwaZulu-Natal) were included. CADRE conducted the research in July and August 2016. Two groups of males aged 18 to 24 (n=15) and two groups of males aged 25 to 34 (n=15) were included in the study.

Participants were selected on the basis of being an uncircumcised man, and being within the study’s age and site requirements. Participants were not screened for exposure to the MMC “*Salon*” television or radio adverts.

The MMC formative research was conducted in the same period and in the same provinces, districts and sub-districts as two other studies (Tavern poster evaluation; Post-Broadcast Evaluation/PBE evaluation of the “*Salon*” mass media campaign) concerning aspects of the “*Salon*” MMC campaign. Age groups (18-24y; 25-34y) were the same as the formative groups. The same formative questions were asked of these participants as asked in the formative study. Twenty-eight (28) uncircumcised men in these Tavern and PBE groups – collectively entitled ‘Supplementary Data’ - are included in this report, only if it is additional to the data obtained from the formative groups.

Results

Description of formative study participants

In the 4 formative groups, with outliers taken into consideration, 14 participants were aged 18 to 24 years, 13 were aged 25 to 34 years, and 3 were aged 35 to 36 years. All participants reported being uncircumcised. Most (n=24) said that they were planning on getting medically circumcised, 1 participant said he was planning to get traditionally circumcised, and 5 participants said they were not planning to get circumcised.

Zulu was most frequently reported as the participants' home language, followed by English, Tswana, Sotho, Tsonga, Sepedi and Afrikaans.

Barriers and enablers of MMC

Barriers to MMC

- **Attitudes, beliefs and norms that are antipathetic to MMC:**
 - Lack of support from communities, particularly among men 25-34y;
 - Lack of family support from family members who did not see the value of circumcision;
 - Confusion regarding whether partially circumcised men can and should still go for MMC e.g., cultural practices (ukuquatha);
 - Men aged 25-34y believing they are too old for circumcision because they were already regarded as men, and had families and children;
 - Religious beliefs that circumcision is not 'natural';
 - Low risk perception for HIV and STIs;
 - Existing behaviours (e.g., condoms) to reduce risk for HIV and STIs, thus believing that MMC was unnecessary;
 - Why bother if you already have HIV or STIs?
 - Don't have a problem with sexual pleasure;
 - Not knowing what happens to the severed foreskin (cultural consideration).
- **Health system barriers:**
 - Distrust of free service (quality and safety concerns);
 - Lack of MMC service provider/health facility follow-up on appointments;
 - Long queues;
 - Men aged 25-34y uncomfortable with younger men and nurses in MMC queues and facilities.
- **Logistics and time barriers:**
 - Work schedules and lack of planning (time-related), related to finding time for the procedure itself, and the time it takes to heal after the procedure;
 - Belief that one needs to stay at home during the post-procedure healing period.

- **Anticipatory fear of post-procedure pain, discomfort, and wound care:**
 - Anticipated pain over several weeks after the procedure (most frequently stated barrier);
 - Fear of infection, damage to the penis, and death.
- **Pre-procedure medical examination and HIV testing:**
 - Fear of the HIV test and result;
 - Being denied MMC due to CD4 count and being HIV-positive.
- **Protracted post-procedural healing period:**
 - Lack of certainty regarding the post-procedure healing period
 - Must have sex – 6 weeks is too long; Erections.

Enablers of MMC

Paradox: Uncircumcised men with support and awareness of MMC benefits: Many uncircumcised men said they have family support for MMC, have knowledge and awareness of MMC benefits, have discussed MMC with partners, and yet have not actually done MMC.

Community perceptions of MMC

According to some men, community perceptions of MMC are largely positive, and include perceptions that circumcision increases sexual pleasure, reduces disease transmission (e.g., STIs and HIV), and that the penis looks more attractive when circumcised. However, according to one man, one reason for community discrimination against medically circumcised men is that becoming medically circumcised is *'taking a shortcut'*, referring to avoiding the rigours of traditional circumcision. Cultural differences were also reported in terms of the importance of circumcision, especially for those men who had not been circumcised. For example, Zulu culture does not include traditional circumcision, while Xhosa culture does.

In all peri-urban groups, participants stated that their community is aware of MMC and its benefits due to having been exposed to multiple source of information about MMC.

Reports of interpersonal communications yielded mixed results: Some men reported dialogues with parents and partners that supported MMC, while one man reported negative discussions with fathers and uncles regarding MMC.

There were indications that some uncircumcised men feel pressurised to be circumcised and are discriminated against for not being circumcised, which necessitate lying about being uncircumcised and avoiding talking about it with friends. Furthermore, these men stated that the general acceptance of being more sexually capable due to being circumcised has resulted in uncircumcised men being teased or ridiculed as *'not being man enough'*.

Participants were asked to describe the kind man who does not do MMC. In one group (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal), most participants emphasised that *'It is not*

like they do not want to ... they are just afraid of the pain'. Other fears included fears of needles. In the same group, another characteristic of a man who does not do MMC concerned Zulu cultural beliefs about maintaining the integrity of the penis.

When participants were asked what kind of man is likely to go for MMC, responses focused upon self-love and reducing the risks associated with multiple sexual partners.

There were no indications of the lack of MMC services within the sites evaluated.

Additional information requested about MMC

Participants were asked whether they wanted any additional information about MMC. The questions raised were:

- I want to know the MMC procedure from A to Z – What happens? Is it painful?
- The foreskin – where does it go?
- Is it mandatory to have an HIV test before getting circumcised?
- They say it reduces chances of getting HIV – how?
- Why is there no after-MMC support for those who cannot travel to the clinic?
- Is the procedure 100% safe?
- Besides health reasons, what other benefits are there to MMC?
- How does MMC affect having healthy children?
- How does being circumcised affect sexual pleasure in a woman?
- How does the MMC procedure affect a person who is a substance abuser (drugs)?

Participant recommendations for increasing MMC

Participants made the following recommendations:

- Removing (perceived) mandatory HIV testing before the MMC procedure.
- Provision of information and advice on how to deal with erections during the post-procedure healing process.
- One stable referral person at the health centre that a man can get help from if there is a post-procedure complication problem.
- The option of receiving the foreskin after circumcision so that it can be disposed of according to cultural traditions.
- Counselling and information for HIV-positive men on ART regarding how they can proceed with MMC, and whether there are any interactions.
- Anaesthetic so that you do not see the cutting.
- Guarantee of effective pain control post-MMC.
- Help to remove the dressing.
- Remaining in care at the health centre until able to walk properly.

- More people from *Brothers for Life* should speak to communities to encourage them to do MMC.
- *Brothers for Life* offices in towns could be a central point for rural men to get advice regarding where the closest clinic is to go for MMC, as well as to provide information and advice to men seeking MMC.
- People should be invited to schools, via posters, and that MMC could be explained to the community at such meetings. Dramas (plays) could be presented to explain MMC to the community at such events, followed by signing men up to do MMC.
- Television adverts are not enough to convince uncircumcised men to do MMC. *Brothers for Life* should target specific groups and locations to convince men to get circumcised.
- Organise sports, musical and dance events that will attract men to discuss MMC.
- Target hostels, and other places where men and women live together, after identifying what kind of activities and music they like.
- Explain that Jesus was circumcised, and that it is not wrong, even from the perspective of belief in ancestors.
- Promote MMC through churches and religious revival events.

Post-broadcast evaluation of the MMC mass media campaign

Exposure to MMC “Salon” television and radio adverts

The majority of participants (n=25) said they had seen the televised “*Salon*” advert. Of those who responded to the survey question regarding exposure to the “*Salon*” radio advert (n=24), slightly more than half (n=13) had heard the radio “*Salon*” advert.

Awareness of B4L campaigns and messaging

The majority of participants (n=20) reported being aware of *Brothers for Life* (BFL) campaigns. Participants associated B4L with HIV, STIs, male circumcision, promoting condoms, refraining from abusing partners, and that “*it’s about brothers who come together like this, and give out facts, like opinions on how to be a better man*” (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng). The general attitude towards B4L is positive.

Favourite advertisements

The great majority of favourite television adverts contain humour, followed by aspirational and educational messages. Radio adverts that were educational were most often mentioned as favourites. Adverts that were repetitive (i.e., shown often) and political were least liked.

The “Salon” television advert

- **Recall of “Salon” advert contents**

In all groups, participants who had seen the televised “*Salon*” advert recalled that the advert occurred in a hair salon with a woman discussing the improvement in her sex life after her partner had been circumcised. One man confused the “*Salon*” advert with another advert (Men’s Clinic).

- **Understanding of Zing and Upgrade**

When prompted, the *Zing* catchphrase was not uniformly understood, and was explained to mean an extension of the penis, better sexual performance, or to be circumcised.

The slogan *Upgrade* was understood to mean improvement in sex life, less chances of getting diseases, a better and healthier lifestyle, and that ‘things’ are not going to be the same.

- **Messaging impact**

The impact of the core message of the advert – to encourage men to get medically circumcised – was not uniform. Several themes emerged in these responses:

- I am fully or partially convinced – after speaking to my partner
- I was already convinced – other barriers intervened
- Not convinced enough – need to be convinced by a woman in my life
- I wasn’t convinced, only informed

- **Intended messages, new information received, clarity**

Participants stated that the intended messages of the advert included:

- Men should get circumcised;
- Use condoms even when you are circumcised;
- Once circumcised your sexual performance is prolonged;
- Encourages communication between partners;
- Circumcision reduces cervical cancer, STIs, and HIV.

Some participants said the information from the advert was new, and others said they already knew this information from clinic pamphlets and newspapers. Participants said that the advert was clear and understandable.

- **Likes and dislikes**

The only dislike expressed was that “*It makes me feel ashamed because I am not circumcised and I always wonder what it is that they are feeling. What is that zing?*” (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Another participant said he liked the advert because ‘... *it's not only about the sex life, but they also tell us that when you get circumcised, you avoid infections in women and also men. So that's why I like it because it gives us perception in both people, in both male and female as to why circumcision is so important*’ (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

- **Women talking about circumcision**

Several men agreed that it was effective to place women at the centre of the advert, as this placed pressure on men to get circumcised. It was also stated that this approach was more effective than placing a man at the centre of the advert, as men would turn a ‘blind eye’ toward this kind of advert.

- **Recall of SMS locator and logos**

Some participants from the three peri-urban groups (Vosloorus, Soshanguve, and Inanda) recalled information at the end of the advert, including that there was a *Brothers for Life*, Department of Health, and USAID logo, the Choice condom, and a toll-free telephone number to call if you want to find a clinic nearby for MMC. However, recall of the toll-free number was vague.

- **Overall thoughts**

Participants from two Gauteng groups expressed overall positive thoughts about the television advert, saying that it was well put together, interacts with both younger and older people because of the humour and the serious aspects, it was informative, and encouraging women to communicate with their partners.

- **Participant recommendations**

Recommendations made by younger men for improving the advert included using sexually active younger people (teenagers) where the young woman tells the young man she does not like sex with uncircumcised men, and male friends sitting on the corner of a soccer pitch talking about how circumcision improves sex. Some men aged 25 to 34 suggested that the setting could be a tavern, and discussions regarding how circumcision can prolong sex.

The “Salon” radio advert

- **Exposure to the radio advert**

A total of 13 participants across all groups had heard the radio “*Salon*” advert. Participants heard this advert on Ukhosi FM (in Zulu), Khaya FM (in English), and Metro FM (in Sotho).

- **Unaided recall of advert content**

Unaided recall of the advert included the basic story of the advert. When asked whether the radio advert was different to the television advert, participants stated that the advert was very similar to the television advert, and that the core message concerned getting circumcised to increase sexual pleasure – the *Zing* - for both partners.

- **Impact of radio advert**

Discussions regarding unaided recall of the radio advert were brief, as few participants had heard it, compared to the television advert. Of those participants who recalled the radio advert, the attitude

towards the advert was positive: They liked it, and the message was clear. No participant stated that they learned any new information from it.

One man said that the radio advert made him think differently about MMC, and that it was the right thing to do.

There were no suggestions from participants regarding changing the advert.

The “Salon” billboards and posters

• Unaided recall of billboards and posters

Only participants from the three peri-urban groups recalled seeing the “Salon” MMC billboard or poster. Most of these participants said they recalled seeing the poster at clinics, and one man recalled seeing a billboard, although he could not recall where he had seen it. For some participants, recall of the visual contents of the MMC poster was vague, while others recalled a woman and a man with a cowboy hat holding a condom. The word ‘*circumcise*’ was recalled by participants in two peri-urban groups.

The way forward

Participants were posed with the following questions: If the MMC campaign continued, how would you change it? Participants were also asked whether they would design a different advert for local/regional and national broadcast. Responses to these questions did not emerge from the one rural group, and the following reflects discussions only from the three peri-urban groups.

The following responses were received regarding the actors/personalities portrayed in the adverts:

- Use local personalities and celebrities to get more attention, such as DJs, rappers, and rich young people (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- Use younger people because current adverts are aimed at older people (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- Use a well-known couple (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- Use actors from Generations (Siyabonga Radebe, comedian), the actor from the Knorrox advert (‘its incredible’), the President (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal);
- Use the same people (i.e., no change suggested) (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal);

In terms of whether the current Zing advert should be continued or replaced, the following responses were obtained:

- Replace the Zing advert because it has been around for 2 years and we all understand it now (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);

- A series of adverts that contain a story, like Generations or Scandal because then more people would watch them (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- Continue the current Zing advert because we know it (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- The Zing advert is '*spot on*'; '*there is no other way of doing it*' (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal);
- A series of adverts, relevant to different locations (Peri-urban uncircumcised men, 25-34y, Soshanguve, Gauteng).

Discussion

Barriers and enablers of MMC

A notable result from this formative study was that the majority of uncircumcised men (n=25) said they planned to get circumcised. All participants stated that they knew where to get circumcised, and knowledge of the benefits of MMC was high.

However, several participants described going for MMC, and not completing the cycle of action in this regard. With only one exception, those uncircumcised men who planned on getting circumcised all intended to get medically circumcised (n=24).

Based upon the stated intention and desire to get circumcised (or its absence), it is reasonable to propose two sets of barriers to MMC:

- **Barriers to MMC: Converting intention into action**

The largest group of factors acting as barriers to MMC concern uncircumcised men who perceive the value of MMC but do not act on that perception, or who do not complete that cycle of action. These barriers included work schedules and lack of planning; anticipated pain; Fear of infection, damage to the penis, and death; Suspicion of free MMC; Belief that HIV testing was mandatory; Desire for follow-up services for wound-care; Inability to endure 6 weeks of no sex; and Fear of painful erection during the healing period; Lack of family support for MMC in some cultures was also reported; Pre-MMC services: Long queues and appointments.

Several men, in both rural and peri-urban sites, stated that they would need to account for the missing foreskin to their ancestors when they died. They also implied that they would go for MMC if they could receive the foreskin afterwards. There were men who had engaged in cultural practices that removed part of the foreskin, and others who had surgery to remove part of the foreskin, such as very tight foreskins being removed in young boys. There was a desire among these men to undergo MMC, but they were not sure whether this was possible.

- **Barriers to MMC: I am not convinced**

A minority of men were simply not convinced that MMC was necessary, or who were opposed to it. It was notable that these objections were not the result of lack of information about MMC, but were largely due to beliefs or perceptions that the MMC procedure would either not benefit the man, that MMC was not desirable from a religious or other perspective, that the man was too old for MMC, that circumcision was not natural, low risk perception for HIV and STIs, satisfaction with sexual pleasure, that the man already had HIV or STIs (thus MMC served no protective function).

Most of these reasons for not being convinced that MMC is desirable are intractable, and would require long-term education and/or engagement in order to change, if this was even possible. It is suggested instead that the most common of these barriers - belief that the man is too old – is addressed through targeted communication regarding how older, married men, would or could benefit from MMC.

Post-broadcast evaluation of the MMC “Salon” mass media campaign

- **Awareness, recall, impact of the television advert**

The great majority of formative study participants had seen the televised “Salon” MMC advertisements, and about half had heard the radio version of the advert. Awareness of the contents and messaging was good, with all key messages recalled within all groups, unaided. The overall attitudes towards the adverts were positive. There appeared to be no significant lack of understanding of the content and messaging. The television advert appeared successful in promoting discussion between partners, and several men reported discussing MMC with their partners as a result of seeing the advert. Some men reported that they were informed by the advert, but not convinced to do MMC. This was not due to any problem with the advert, but rather due to other considerations, such as believing that they did not need it, or other beliefs preventing doing MMC. Most men said they enjoyed the television advert, and said that it was well put together, was accessible to both younger and older audiences, was informative, and was effective in encouraging men and women to discuss MMC.

- **SMS locator and logos in the television advert**

In contrast to the positive recall of the advertisement messaging, most men did not recall the SMS clinic locator information. Some men recalled the various logos at the end of the advert.

- **Participant recommendations regarding the televised advertisement**

There were not many recommendations for improving the advert, as most participants thought it was fine as it was.

- **Awareness, recall, impact of the radio advert**

Data regarding the radio advert was not as extensive as for the television advert because less than half of the formative study participants had heard the radio advert. Overall, the feedback regarding

the radio advert was similar to the feedback regarding the televised advert, and no suggestions were provided for improving the radio advert.

- **Awareness, recall, impact of billboards and posters**

Awareness of billboards in formative groups was low.

- **The way forward**

Many formative participants said that they would not change the advert. Some participants suggested that the “*Salon*” advert had been around for 2 years, and needed to be replaced because it had achieved its purpose. Various suggestions were made in terms of the characters and settings of a new advert.

Conclusions

The primary conclusion of this study is that MMC has gained wide-spread acceptance within the communities included in the study, and that the main barriers to MMC – for most uncircumcised men - do not lie in a lack of knowledge regarding the benefits of MMC, as MMC information has successfully been disseminated via mass media, health services, and other sources.

Overall, the “*Salon*” mass media campaign appears to have been highly successful across all sites studied, and has contributed towards a broad dialogue within families and relationships, and a general acceptance of MMC within the target population.

Background

Brothers for Life

Brothers for Life (B4L) is a national campaign that promotes the health and wellbeing of South African men, targeting men between the ages 16–34, with a specific focus on HIV prevention, medical male circumcision (MMC) and sexual and gender-based violence (SGBV). Launched in August 2009, the campaign is a partnership between the Centre for Communication Impact (CCI, previously JHHESA), the SANAC Men’s sector, the Department of Health, USAID/PEPFAR, UNICEF, UNAIDS, Sonke Gender Justice, SABC Education, various broadcasters and media outlets, and more than 100 other civil society partners working in the field of HIV prevention, sexual health and SGBV. The campaign is supported financially by the United States Agency for International Development (USAID) and the US President’s Emergency Plan for AIDS Relief (PEPFAR).

B4L is shaped by extensive research, including epidemiological data of HIV prevalence and its patterns in South Africa, findings from the National Communication Survey (NCS), the Human Sciences Research Council (HSRC) HIV/AIDS Survey, and community based surveys. Extensive consultative processes involving national and provincial government, civil society, community leaders, and South African men have informed the campaign’s development.

B4L seeks to influence some of the social norms that define masculinity and influence gender norms and to impact on specific areas of knowledge and practice in HIV prevention.

The B4L campaign’s direct HIV-related objectives include: increasing correct and consistent condom use in men; increasing HIV testing in men; increasing the number of men who understand the benefits of MMC in preventing HIV infection; increasing the number of men who undergo MMC, and reducing the number of men’s sexual partners. Other B4L campaign objectives are to increase men’s support for (and participation in) the prevention of mother-to-child transmission of HIV, and increasing awareness of excessive alcohol and substance use as a risk factor for HIV.

The B4L campaign is aligned to the National Campaign to promote voluntary medical male circumcision (VMMC), initiated in 2008 by the South African Government. The national VMMC campaign is a combined effort with the Department of Health, USAID, CDC and the Global Fund.

History of B4L MMC campaigns

B4L has promoted the uptake of MMC since February 2012 in support of the National VMMC programme. The overall objective of the National VMMC Strategy is to ensure that 80% of men aged 15 – 49 (the primary audience) are medically circumcised by 2016. Secondary audiences include women and girls, policy and decision makers, health care workers, and traditional leaders.

The B4L MMC communication campaign has been undertaken in three phases comprising of a mix of mass media and other media with community mobilisation interventions that are designed to achieve the objectives of the campaign. The mass media elements of the campaign included television and radio. Other media include print media, out-of-home media, digital media, and social media. The multi media campaign was complemented on the ground with community mobilisation (community dialogues, door-to-door campaigns, workshops, and community activations).

B4L's national MMC campaigns commenced with promoting peer-to-peer dialogues concerning MMC ("*The Time is Now*" campaign), from February 2012 to September 2013. An evaluation of this campaign in 2013 by CADRE identified leadership as a significant factor in promoting MMC. As a result, a campaign focusing upon promoting leadership around MMC (using a social normative approach) was initiated.

In an effort to promote partner dialogue and discussion with a specific focus on men engaging in high-risk behaviours, an out-of-home campaign was undertaken in selected sites from December 2013 to April 2014. The objective of this campaign was to encourage debate, dialogue and discussion around the perspectives of women on safer sex and circumcision. The tagline was "*Better, Sexier, and Safer*", promoting the concepts of circumcision resulting in improved hygiene ("Better"), being sexually and aesthetically more pleasing ("Sexier"), and that the combination of MMC and condoms prevent STIs, HIV, and unwanted pregnancies ("Safer"). This campaign also introduced female voices and images into the messaging, based upon CADRE research indicating that women have a significant influence on male partner's decisions to get circumcised.

The B4L "Salon" MMC campaign

Utilising qualitative research undertaken by CADRE, along with other survey data and epidemiological data, a new MMC campaign was developed and launched in February 2015, entitled the "*Salon*" campaign. This campaign made use of female voices and images, an approach first introduced in the previous "*Better, Sexier, and Safer*" campaign. The "*Salon*" campaign utilises females as key communicators of MMC and its benefits. Extensive pre-testing of creative treatments preceded the campaign, as well as pre-testing of television and radio scripts. Posters and billboards were included in this campaign. The "*Salon*" campaign ended in July 2016.

The primary slogan was "*Get the upgrade that counts*", referring to the benefits of a man being medically circumcised, which includes HIV risk reduction (when combined with condom use), STI prevention, prevention of cervical cancer in women, hygiene benefits, and increased sexual pleasure for self and partner. .

Four primary media were utilised in this campaign:

- **TV advert:** Women in a hair salon talking about MMC and its benefits. There was a 45-second advert and a 60 second advert. The content of the two adverts were the same, except

that the 45-second advert did not show a second woman in the salon saying her man *also went for MMC*. Key phrases were “*Upgrade*” (*the man was circumcised*), and “*Zing*” (a euphemistic term used to express sexual arousal) and “*circumcise and condomise*”. An SMS number was provided for obtaining information about the nearest clinic as well as links to Facebook and Twitter. The TV advert was broadcast from March 2015 to 31 May 2016.

- **Radio adverts:** The radio adverts were available in English, isiNdebele, Sepedi, isiSwati, Xitsonga, TshiVenda and isiZulu. For each of these languages, there were 2 adverts, one with women talking about MMC, and one with men talking about MMC. The information was the same in all adverts, and made use of the same campaign concepts: MMC is an “*Upgrade*”, “*Zing*”, “*circumcise and condomise*”, and provided an SMS number for obtaining information about the nearest clinic.
- **Out-of-home billboards:** The billboard images featured the same characters as in the TV adverts and featured the campaign concepts of MMC as an “*Upgrade that counts*” and “*circumcise and condomise*” an SMS number for nearest clinic, and a Facebook/Twitter reference “#MMCZING”.
- **Posters:** Posters were the same as the billboards. These were made available in clinics, communities and taverns. The posters were placed in 281 taverns in Gauteng, Mpumalanga, KwaZulu-Natal and the Western Cape.

The key messages of the television and radio “*Salon*” adverts included:

- MMC reduces the risk of HIV and other sexually transmitted infections in men;
- MMC reduces women’s risk of cervical cancer;
- The MMC procedure takes 30 minutes to perform;
- Men who have undergone MMC must abstain from sex for 6 weeks for the wound to heal fully;
- Circumcised men must use condoms every time;
- Sexual pleasure is enhanced if a man is circumcised. Women prefer sex with medically circumcised men. Women believe that sex lasts longer and is more pleasurable with circumcised men;
- Encourage women to talk to their male partners about the benefits of MMC;
- Call to action: Men should go for MMC. Call the *120*662# for nearest clinic;
- Social media: Facebook and Twitter #MMCZING for discussions on MMC.

Billboards and posters were more limited in messaging scope:

- **Words:** “*Get the Upgrade that counts*” (large white letters), “*Circumcise & Condomise*” (medium-sized red letters), “*Dial 120*662# for your nearest clinic*” (smaller white letters), and the Facebook and Twitter hashtag “#MMCZING” (small black letters);

- **Images:** A bare-chested man wearing a cowboy hat, and holding a Choice condom while looking at his female partner (dressed in night-wear), the B4L logo displayed in the lower right corner, and the logos of DOH, USAID, PEPFAR, and SANAC at the bottom centre.

Formative research of uncircumcised men

The primary purpose of the formative research was to identify barriers and enablers of MMC among uncircumcised men and to determine the perceptions and responses of uncircumcised men to the MMC “*Salon*” campaign.

Objectives of the research

- To gain insight into reasons why uncircumcised men have not been medically circumcised;
- To explore community perceptions and attitudes towards MMC, and how this affects the decision to get medically circumcised;
- To explore the reception environment of MMC advertising amongst uncircumcised men, with a focus on the B4L MMC “*Salon*” advertisements;
- To explore exposure, recall, personal responses, and engagement with the MMC “*Salon*” advertisement images and messages;
- To explore interpersonal communications about the MMC campaign;
- To explore whether the MMC campaign resulted in uncircumcised men considering going for MMC;
- To identify key strengths and weaknesses of B4L MMC campaign, to inform the development of future MMC communication;
- To identify gaps in MMC knowledge and barriers to MMC and to use these to develop a set of recommendations for the MMC campaign way forward.

Target audience

The primary target audience of the overall “*Salon*” MMC campaign was young uncircumcised men aged 18 to 34 years, in the LSM 3-7, single or in a relationship, unemployed, and/or engaging in high risk sexual activities multiple partners, drinking, inconsistent condom usage.

The secondary audience of the “*Salon*” MMC campaign was young, unemployed, out-of-school women aged 18 to 34, single or in relationship. These women are potentially strong advocates for MMC in their family, amongst peers, and with partners. They were incorporated in the new MMC campaign in order to be equipped with the right information to speak to both men and female friends, to facilitate the removal of the taboo in discussing circumcision in public discourse.

Methodology

Method: Focus groups

The study design involved conducting four focus groups. Focus groups typically produce new, relatively generalisable knowledge, insights and understandings of contexts that are not readily acquired through other research techniques.

Site selection

Focus groups were conducted in the Gauteng and KwaZulu-Natal provinces that fall within priority districts. Four sites were selected in consultation with USAID VMMC partners, (CHAPS, Right to Care and MatCH). The sites were: the City of Tshwane and Ekurhuleni (Gauteng), and eThekweni and Umkhanyakude (KwaZulu Natal). These sites correspond to districts that the South African government (SAG) have identified as ‘priority’ districts, given their high HIV prevalence rates and for having highly mobile / migrant worker populations. These districts are among those that have been allocated by the South African Government (SAG) for the PEPFAR programme to target. These sites were selected because of low MMC uptake.

The formative study was conducted in 3 peri-urban sites (2 in Gauteng, 1 in KwaZulu-Natal) and 1 rural site (KwaZulu-Natal). CADRE conducted the research in July and August 2016.

Participant selection and recruitment

Participants were selected on the basis of being an uncircumcised man, and being within the study’s age and site requirements. Participants were not screened for exposure to the “*Salon*” television or radio adverts.

CHAPS and MatCH assisted CADRE with participant recruitment. CADRE briefed recruiters from these organisations and explained the aims of the formative study. Recruiters approached men who met the study criteria to determine if they were interested in the study. Potential participants were subsequently contacted by the researchers to explain the aims of the study.

Minimum criteria for participant inclusion were:

- Participants needed to meet the criteria of being uncircumcised males;
- Participants needed to meet the criteria for age and locality;
- Participants needed to expressed a willingness to talk openly and to share their opinions about the Brothers for Life “*Salon*” TV and radio adverts and MMC poster if they had been exposed to these;
- Participants needed to provide informed consent for participation and the audio-recording of discussions and the use of data in a way that protects their identity.

These criteria were based on the need to include the MMC campaign’s target audience (uncircumcised men aged 18-34).

Table 1 describes that two groups of males aged 18 to 24 and two groups of males aged 25 to 34 were included in the study.

Table 1: Focus groups according to province, locality, and age group

Province	District, sub-district, Site	Site Type	Age group	Number of participants
Gauteng	City of Tshwane Region 1 Soshanguve	Peri-Urban	25-34yrs	8
	Ekurhuleni Vosloorus	Peri-Urban	18-24yrs	7
KwaZulu-Natal	Umkhanyakude Jozini	Rural	18-24yrs	8
	eThekwinini Inanda	Peri-Urban	25-34yrs	7
Total:				30

Focus group procedure

Participants were given information about the focus groups prior to the researcher’s arrival. They were again briefed about what their participation involved by the researcher, and invited to participate, on the basis of informed consent. Focus groups were held at private venue within communities and at clinics where MMC partners have a presence.

Focus groups were comprised of 7 or 8 individuals in each group. Focus group discussions occurred in the preferred language of participants, through the assistance of a translator. During the discussions the facilitator used a focus group discussion guide.

Supplementary data

The MMC formative research was conducted in the same period and in the same provinces, districts and sub-districts as two other studies focused on various components of the MMC “Salon” campaign. Specifically, focus groups were conducted with regular tavern attendees to assess the impact of a “Salon” poster placed in taverns (hereafter referred to as Tavern groups), and focus groups were conducted for a post broadcast evaluation of the television, radio, poster and billboard “Salon” campaign (hereafter referred to as PBE groups).

For the Tavern groups and the PBE, the age groups (18-24y; 25-34y) were the same. In the Tavern groups, there were mixed gender groups, while in the PBE groups there were separate groups for males and females. Male participants were asked to indicate their circumcision status in a pre-session survey. It was noted that this question was voluntary and participants were given the option of not answering. All the uncircumcised men in these groups were unemployed.

The demographic profile of 28 uncircumcised men in these Tavern and PBE groups – collectively entitled ‘Supplementary Data’ - are described in Table 2, below.

Table 2: Supplementary Data - Uncircumcised Men in Tavern and PBE Groups

Province District	Site	Site Type	Research	Group	Total uncircumcised men in group	18-24y	25-34y	35-50y
Gauteng								
City of J/burg Region D	Soweto	Urban	PBE	Males 18-24y	1	1	-	-
Sedibeng	Sebokeng	Peri-urban	PBE	Males 25-34y	2	2	-	-
Mpumalanga								
Nkangala Govan Mbeki	Emzinoni (Bethal)	Peri-urban	Tavern	M&F 25-34y	4	3	-	1
Nkangala Govan Mbeki	Emzinoni (Bethal)	Peri-urban	PBE	Males 18-24y	3	3	-	-
Emalahleni	KwaGuqa X2 (Witbank)	Rural	PBE	Males 25-34y	3	-	3	-
KwaZulu-Natal								
eThekwini	KwaMashu	Peri-urban	Tavern	M&F 18-24y	4	3	1	-
eThekwini	Umlazi	Peri-urban	Tavern	M&F 25-34y	2	-	1	1
eThekwini	Umlazi	Urban	PBE	Males 25-34y	5	2	3	-
Ugu	Bethania	Rural	PBE	Males 18-24y	4	3	1	-
Total					28	17	9	2

The purpose of collecting formative data from these groups was to determine whether there was any significant additional data for the formative study. In all Supplementary Data groups, the same formative questions were asked of participants as asked in the formative study. This data is only referred to if it is additional to the data obtained from the formative groups.

Ethical considerations

Participants in the focus groups were legal adults (18 years and older). Participants had the aims and objectives of the research explained to them and were provided the opportunity to withdraw from the research. An informed consent form was signed by all participants explaining the use of the audio recorder and that the data will be used in a way that provides participants with confidentiality and anonymity. Participants also completed basic demographic forms and a short survey. At the end

of the focus group discussions participants were reimbursed for time, inconvenience and travel expenses.

Measures were taken to make participation as comfortable as possible for participants. To counter the potential that a participant might become upset, it was explained to all focus group participants that they did not need to answer any questions that they were uncomfortable with and that they could decide to end their participation at any point, should they so wish.

The importance of confidentiality and treating everything that others in the group share as confidential was emphasised, but it was also noted that this could not be guaranteed, and so participants were advised not to share anything that might cause them problems later if someone else were to find out. The informed consent process emphasised participants' agency in the process.

There was no expected risk of harm to participants as a product of the general nature of the questions to be explored. Participants who required support or additional information about HIV/AIDS and or MMC were referred to the national AIDS Helpline, to a local MMC clinic or to a relevant service provider.

The research was conducted by trained researchers with formal training and extensive experience in qualitative research techniques. Researchers were familiar with the content of the MMC mass media, out of home, and poster materials.

Data analysis

All focus groups were audio-recorded and transcribed. When the language used in the focus group was not English, transcribers translated the audio from vernacular to English, verbatim, during the transcription. Qualitative software called HyperRESEARCH 3.7 was used for both coding and analysis of focus group material.

Results

Demographic description of participants

Table A1-1 (Appendix 1) contains an overview of demographic data obtained from the 30 participants in the 4 formative focus groups, using a participant survey prior to the commencement of the focus group session. Where percentages are indicated, this reflects the percentage of participants who responded to the survey item.

Circumcision status

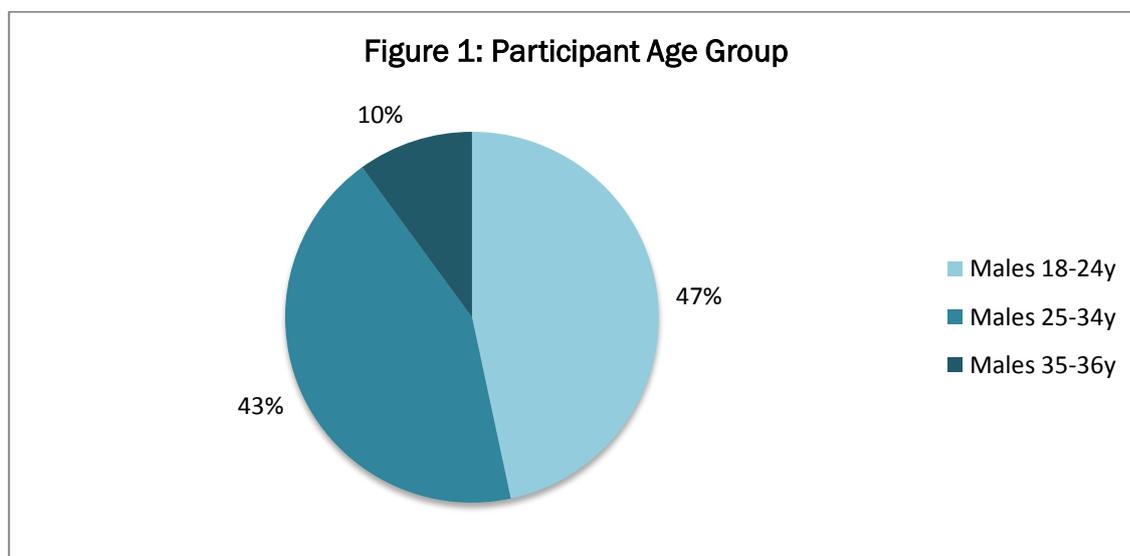
A total of 30 uncircumcised men participated in the formative study. All participants reported being uncircumcised. Most participants (24 out of 30) said that they were planning on getting medically circumcised, 1 participant said he was planning to get traditionally circumcised, and 5 participants said they were not planning to get circumcised.

Of the 5 men stating they did *not* plan on getting circumcised, 4 participants were aged 26 to 30 and 1 man was aged 20. All 5 men who said they were not planning to get circumcised were from peri-urban sites (Inanda: n=3; Soshanguve: n=1; Vosloorus: n=1). All these men stated that their first home language is Zulu. Three out the five men were employed, and the other two were unemployed. Four of these men were in casual relationships and one was in a long-term relationship. Three had children, and two did not. Only one of these men was 18-24y, and the other four men were aged 25-34y.

Supplementary data: Of the 28 uncircumcised men in the supplementary Tavern (n=10) and PBE (n=18) groups, only 4 men stated they had no plans to get circumcised, whether MMC or traditional circumcision. Of those who planned to get circumcised (24 out of 28), most (23 out of 24) said they planned to do MMC, and one man planned traditional circumcision. Of those 4 men who did not plan to get circumcised, 3 did not have children, 2 were single, 2 were in a long-term relationship, all were unemployed, 2 were aged 18-24y, 2 were aged 25-34y, 3 were from peri-urban sites (2 from Kwamashu, KwaZulu-Natal; 1 from Bethal, Mpumalanga), and 1 was from a rural site (KwaGuqa Ext 14, Mpumalanga).

Age and home language

In the 4 formative groups, with outliers taken into consideration, 14 participants were aged 18 to 24 years, 13 were aged 25 to 34 years, and 3 were aged 35 to 36 years.



Zulu was reported most frequently as the participants' home language, followed by English, Tswana, Sotho, Tsonga, Sepedi and Afrikaans. I.e., a diverse range of home languages was represented. Focus groups were conducted in Zulu, Sotho and English.

Employment status and highest educational level achieved

The majority of participants (22/30) said they were unemployed, with 6 being employed and 2 reporting that they were students.

One third of participants (10/30) had Grade 11 as their highest educational level achieved, and two-thirds (20/30) stated they had Grade 12 as their highest educational level achieved.

Self-reported relationship status, children

Half (15/30) the participants stated that they were single, 10 (10/30) said they were in casual relationships, 3 (3/30) said they were in a long-term relationship, and 1 man said he was in multiple relationships. One man did not identify his relationship status.

A total of 13 men said they had children.

Cell phone access and usage

The great majority (28/30) of participants stated they owned a cell phone, with the remainder (n=2), stating that they had access to a cell phone. Two-thirds of participants (20/30) said that their cell phone has internet access.

The reported use of cell phone phones included: Making calls (n=27/30), sending/receiving SMSs (22/30), WhatsApp (17/30), FaceBook (12/30), Google (11/30); Email (10/30), and downloading apps (7/30). A few (3/30) reported using Twitter on their cell phone. Other uses reported (2/30) included one participant using Instagram.

Barriers and enablers of MMC

Barriers to MMC

Barriers to MMC may be subdivided into five broad categories:

- Attitudes, beliefs and norms that are antipathetic to MMC;
- Health system barriers;
- Logistics and time barriers;
- Anticipatory fear of post-procedure pain, discomfort, and wound care;
- Pre-procedure medical examination and HIV testing, and
- Protracted post-procedural healing period

These factors are presented in order of the number of uncircumcised men who mentioned the specific issue when asked what the barriers to circumcision were.

Attitudes, beliefs and norms which are antipathetic to MMC

This group of reasons concern cultural, religious, and personal motivation factors that impede men from getting medically circumcised.

Culture and lack of community and family support

As described in the preceding demographic description of participants, the great majority of participants were Zulu-speaking, and two of the focus groups were conducted in KwaZulu-Natal (one rural site, and the other a peri-urban site). Historically, Zulu culture did not include circumcision.

It is therefore not surprising that among men aged 24 to 34 years cultural resistance to MMC was reported. Specifically, men aged 24-34y reported a lack of support from older people in their families and community for MMC. Medical male circumcision is reportedly viewed as a recent phenomenon in response to illnesses. In addition, amongst these men, it was reported that a man is accepted as an adult male on the basis of marriage and having a family, not circumcision.

M4: I think it's a belief ... Like if you grew up with older people, because older people ... They [Zulus] do not do the thing, only the Xhosa people used to do that, but Zulus, they were not doing that until nowadays because there are lot of diseases ...

M3: In Zulu, if you are a man, you have to be a man by your actions, like if you have your wife, your kids and your house. Then they can say you are a man.

Facilitator: Ok, so manhood in Zulu culture is not determined by circumcision?

M8: You are a man enough when you are married and you got family.

M4: You have your own house (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Some men expressed difficulty in getting support from family members for circumcision, due to the lack of older family members' value of the procedure:

M3: My problem is sometimes it's from the background where you come from. ... Some of us, we are afraid to ask, you understand my brother? ... Like some of us, we have got respect from [for] our families, I can't just ask that from nowhere, you see? That's the problem.

M1: I think mostly it should happen that your parents should be the ones who tell you to go to circumcise when you are still growing up ... I think the parents should be held mostly responsible. But they are not actually responsible, but they should play their part when we are still young (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

M8: I was a man long time ago. Nobody is going to even notice because we do not take this thing [circumcision] seriously as Zulus (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Supplementary data supported the absence of parental support of MMC because of cultural reasons.

There were several men who reported that MMC was culturally dissonant for them, meaning that it was not something practiced in their families over the generations, and that the lack of support and

acceptance, or fear of being rejected and excluded by older family and community members, made considering MMC difficult.

For some uncircumcised participants, the above lack of parental support often combined with the pressure they felt to go for MMC because of how popular and widespread the practice is currently around them, which led to feelings of being forced into something that they did not want.

M6 UC: Ja, but also I would say some people don't feel good about these things [MMC].... It doesn't mean that because we are in Witbank, [and] we are in a city where people are doing these things, it means I also must do that. Secondly, let's say my father didn't do this, my father's father didn't do this and now I find out that these days everyone is talking about it. So I feel like they are, it's like I'm trapped in this shape of somebody that, eish, I don't know how to put it but I feel like I'm forced to do something that I don't feel good about it. Let me put it that way, ja (PBE study, rural uncircumcised man, 25-34y, KwaGuqa, Mpumalanga).

Cultural partial circumcision: Ukuquatha²

Young men (18-24 years) in rural KwaZulu-Natal (Jozini) reported a cultural practice called *Ukuquatha*, in which a hair from a cow is used to sever the blood supply to a portion of the foreskin, resulting in a portion of the foreskin withering and falling off. In addition, some men reported having no foreskin from an early age – presumably as a result of medical or other reasons. Participants in the group referred to the absence of the foreskin as '*isiveto*'. Some participants reported that they were confused regarding partial circumcision and whether they can and should still go MMC; for one participant it appears that he did not have a foreskin and was confused about what 'skin' would be removed during MMC:

M6: I am confused about that because they need to remove the foreskin but I don't have it so I don't need to ... We used to be naughty when we were looking after the cattle so it ended being cut off [ukuqhatha], if it's there it is very small...

Facilitator: Others, why do you do the ukuqhatha process? Why is it done besides it being part of tradition? Is it a Zulu tradition?

[Group agreement] Yes it is a Zulu tradition.

M3: I have done it but it was in 1989...

M4: I also did it but I do not remember the year.

² Participants referred to *ukuquatha*, which is partial removal of the foreskin using the hair of a cow to cut the blood supply to part of the foreskin; part of the foreskin falls off 3-4 days later. In the literature, reference is made to *ukugweda*, which is partial circumcision which is performed by younger men on each other while herding cattle in the bush. Adult men sanction the practice as part of adolescent sexual initiation. It is believed that the practice enhances sexual potency and penile erection. During sexual debut it is believed to reduced pain and bleeding among male virgins (Khumalo-Sakutukwa, G., Lane, T., van Rooyen, H., Chingono, A., Humphries, H., Timbe, A., Fritz., Chirowodza, A. and Morin, S. 2013. *Understanding and addressing socio-cultural barriers to medical male circumcision in traditionally non-circumcising communities in Sub-Saharan Africa*. *Cult Health Sex* 2013 15(9): 10

M8: *I did it but it was about 1998.*

M6: *But for me as I explained I am confused because which foreskin are they going to cut because it is up there and I am dry.*

M3: *I almost have the same problem as my brother, from the time since I was a baby I never had it [foreskin] they said I was infected by a fly I don't know what happened, so I've never had it.*

M1: *That's what we call isiveto. [Group laugh] ... There are people who are born without it, so the penis is uncovered from birth then we say they have isiveto (Rural uncircumcised males, 18-24y, Jozini,, KwaZulu-Natal).*

Too old for MMC

Four older men (25-34 years) stated that they felt they were too old for MMC because they already have children, and do not see why being uncircumcised is a problem. This reluctance does not appear to be based upon lack of information, but an undefined lack of motivation resulting in a 'difficult decision' that is postponed:

M5: *Haai, it does not feel right because ... I have had kids so I feel that the time for me to get circumcised has passed as a Zulu. So I do not see it as a problem [that I am not circumcised] (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).*

M1: *The information is everywhere. You all can see that information ... I think mostly it should happen that your parents should be the ones who tell you to go to circumcise when you are still growing up.*

When you reach the age, like as we are, it's very hard to go to a circumcision. It's not easily made. ...

M2: *It's not about not wanting to or anything. It's just that I am putting it on hold for, you know, to get the right time for me to do it, because right now I don't feel like, I don't know why, but I just know that not now.*

M7: *As my brother has said here, he has picked up, M3, as he has said, he picked up a paper, reading the phone numbers and the organisations for circumcision. He picked it up and then he got interested. We don't know after picking up the paper what decision he took. So it's not something that you can jump into. I mean, like it's a difficult decision.*

M2: *You see knowledge, but then you just ignore it, like something is in front of you, but then you just pass through it and then carry on with something else (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).*

Religion and Nature - 'You can't fix what is not broken'

Two sets of arguments against the removal of the foreskin were mentioned by several participants, the first being religious in nature, and the second regarding the foreskin serving a natural purpose.

One young man (18-24 years) and two older men (25-34 years), from three different sites, cited religious (specifically Christian) objections to any form of circumcision. Of these objections, two were focused upon the lack of importance of circumcision in Christian teachings, and the third related to the belief that the foreskin had a God-given purpose and removing it was not acceptable:

M7: Yes, we never did anything that goes along with circumcision. We were brought up in a Christian way, because as Christians, they believe that spiritually, circumcision appears to you as you grow up... (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

M3: ... Jesus [was] also circumcised because he was Israelite. So Jesus also had circumcised, but Jesus did not say that ok, if you are not circumcised, you are going to be lesser, or I am not going to bless you lesser than other people who are circumcised (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M4: ... God created this thing with a purpose, there was a purpose here. So if I am taking it off, there will be something which would be missing (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Several men in both age ranges (18-24y, and 25-34y) men stated that having a foreskin is natural, and so ‘*You can’t change what is not broken*’ (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng). Furthermore, it was stated that the foreskin fulfils a protective function – keeping the head of the penis moist.

M4: They say things such as ' I was born like this' why must I cut my thing [foreskin]'

Facilitator: M4 you are saying others say 'I was born like this, why I should cut?'

M5: Yes, they are like that. You can't change what is not broken.

M2: I would go with that.

M3: So whether I am circumcised or not circumcised but I am still equal as you. I am still human (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M4: For me it's because I believe that I have to be always like this, nothing is going to come out from me, from my skin, that's why I have not gone for it.

M1: Yes in that there is nothing that I can't do when I have the foreskin (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

M4: They may take too much of your skin [group laugh] and when it is just bare and I told myself that it's there to protect my thing ... I think it keeps it soft and moist (Rural uncircumcised males, 18-24y, Jozini,, KwaZulu-Natal)

Evidence that age, cultural barriers (Zulu), and religion were linked, was provided by three uncircumcised men in a supplementary rural group (PBE, rural males, 18-24y, Bethania, KwaZulu-Natal). Specifically, it was stated that older men are not exposed to education about MMC at schools, have beliefs concerning leaving the foreskin at the hospital, and believe that cutting was sinful:

M5 [UC]: ... When you talk to an older person about cutting your foreskin he would tell you that you won't go to heaven with other parts of your body not on you, I heard that before from an older person but I don't know where does that come from ... and I think it's something they don't know – they are not familiar with it ...

M6 [MMC]: The way I see it circumcision is done a lot now because we see adverts on TV and in school as well as in other homes parents do teach that. Teachers also educate about this in schools.

M7 [UC]: If you tell an older person to get circumcised they ask you why it is there if I am going to cut and leave it at the hospital, it is there for a reason so if you cut it you are committing a sin (PBE, rural males, 18-24y, Bethania, KwaZulu-Natal).

Low risk perception

Two men – one young and the other older – expressed views that they do not see a valid reason to get circumcised, for two different reasons related to risk perception. The older man stated that he understood that MMC prevents diseases, but he did not see any disease in himself, so he did not see the need to get circumcised:

M1: For now they keep on saying prevent diseases. Right now, I don't see or I don't find diseases to myself. There is no disease that is affected me currently, so I find no reason to go there (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

The younger man stated that he is already taking all precautions to prevent HIV and STIs, so did not see the need for the additional protection afforded by MMC:

M3: ...So many condoms for men and for women and there is ABCs, we should abstain and protect and condomise. Ok now, why do you have to circumcise? Since you brought it neh, you brought it for us, so why should we have to circumcise if we have those procedures and it reduces what, the chances of getting HIV. I must have one partner, I must abstain, I must make sure I do not cheat, I must make sure my private part is always clean. Ok, I am adhering to all that, so why should I circumcise?(Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng)

Why bother if I already have HIV and STIs?

An older peri-urban man stated that he already had HIV and STIs, so did not see the benefit of MMC, which was understood as being prevention for those diseases:

M1: For example, you see, I have got all those diseases, why should I go to test? Why should I make the circumcision?

Facilitator 2: Well, that's why I'm asking, do you know what the benefits are?

M1: The HIV and STIs and stuff. That's the only health, the diseases they talk about (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

Don't have a problem with sexual pleasure

One younger man stated that he was experiencing satisfactory sex as an uncircumcised man, so he did not see the need for MMC to enhance sexual pleasure:

M2: Like sometimes you would have... well from my perspective, I have had sex, when you try having sex without, with using a condom and you enjoy it. And then you think aah, why should I circumcise because I enjoy it and you say it improves your sex life but I was satisfied. It makes you think like 'aah, I

am going to wait for some time, maybe I will circumcise when I have time' because I enjoy sex with my girl when I am not circumcised.

Facilitator: So you do not see this big deal about sexual enhancement?

M2: That's it (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Health system barriers

Participants described several barriers to MMC concerning the delivery of MMC. These primarily concerns distrust of free services as these were deemed unsafe due to high volumes of procedures, the lack of follow-up following the making of appointments, and long queues to get MMC.

Distrust of free services – Safety concerns

Concerns about the safety of MMC at certain MMC service delivery sites were expressed in all groups. These concerns primarily revolved around the lack of perceived professionalism of nursing staff (including being 'mean' and impatient) due to being rushed to complete many MMC procedures, as well as concerns for post-procedure care. This has resulted in some men feeling distrustful of these services, as they were 'making many, many mistakes'. Also, there was lack of trust that health personnel were capable of dealing with complications:

M3: I do not trust my clinic. There I do not trust my clinic there at my house. Those women they are mean. I do not trust those women.

M5: It is because the time circumcision, medical male circumcision was introduced, many people went there and...because there were many there, they were rushing to get them all at the short space of time. So they were making many, many mistakes. So that's why many of us stayed at home and waited until it goes down a bit so that we can go and get circumcised. But when we saw those mistakes, ahh, we thought twice.

M3: The other thing is the staff that they have. ... But when you get employed for that job, it is time to shout, snort complaints and whatsoever when it's time to do your job.

M1: Like 'why are you only coming now?' [Sounding like an irritated person].

M5: Professional behaviour, it is not there. The professionalism is not there so I can't take risks with my health (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M5: What made me scared is that I do not trust the people in our clinics and hospitals in our area that do they have the necessary knowledge to do this or someone will just do their own thing? Then I'll end being sick for a long time and not getting healed, you see if they'd say there are people who are known to be specialists I would go. Because I know if there's an injection they need to give me they'll give me the right one. But here in my area I don't really trust them (Rural uncircumcised males, 18-24y, Jozini,, KwaZulu-Natal).

M4: Like hey, I don't understand. I see them doing everything they do, like I understand they are helping people, but for me, like hey, I don't want to be in a case where I'm in a hospital or a clinic and then it appears maybe that problem starts with me in that clinic. Let's say maybe they cut me and then like maybe I get infected or maybe they cut me too much, or maybe they give me something that was not

supposed to be given to me, I'm not sure (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

The desire to get circumcised is evident in some of the preceding statements. A few men stated that they wanted MMC, but would rather pay for it to ensure their safety, and that he would be guaranteed a 'normal' procedure, along with adequate information, rather to be rushed through a process:

M3: But I want to do it safely. That's why I am willing to pay for my circumcision ... One of my friends was circumcised, and he said he was not treated fairly at the clinic by the nurses. He thinks that he was done in a rush or whatever. Because it was a bunch of them, so it was just done chop, chop, quick, quick, 'go, there is your medication' and stuff like that. I do not want it to be like that. I want mine to be normal and they tell me what you do and I want to learn about it ... [that is why] I would rather pay for it (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M5: If you want to circumcise just go on the line. So I am not gonna treat you special. So you can go to a private service provider, you can get satisfaction and they are going to make sure that they take care of you because you are paying, you are a client. So they are obliged to. So if I am gonna get magriza [old woman] from the clinic, she will say hey wena, shesha [hurry up], there are a lot of you here! They are taking risks with my life (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M5: You know something for free is not always perfect they are doing it to finish the job they don't care (PBE peri-urban males, 18-24y, Unlazi, Kwa-Zulu-Natal).

Lack of MMC service provider/health facility follow-up on appointments

One man stated that he made an appointment for MMC, and the agency did not reply:

M6: Yes, I did make one MMC [appointment] and they did not call me. It supposed to be on the 1st of this month but they did not call me.

Facilitator: Were they supposed to call you?

M6: Yes (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Long queues

Several men reported long queues as a barrier to MMC. One younger man reported that a friend had gone for MMC and then left because of the long queues:

M2: I know a friend of mine, yeah he went there the line was too long. He was like 'I have to be somewhere, maybe I will come another day'. He just left, he never went back there again ... Just because it was too long to get the register and stuff like that (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Older men uncomfortable with younger men and nurses in MMC queues and facilities

In one of the supplementary groups (Peri-urban males, 25-34y, PBE, Sebokeng, Gauteng), it was stated that older men leave MMC queues because younger men mock them. It was also reported that older men object to undressing in front of younger men, and being serviced by a younger female nurse, causing them to leave the MMC facility:

M5: ... [The] older man will leave the [MMC] queue, when he leaves the queue, it is because he hears young kids mocking him and saying that 'Iyo, look at that older man, circumcising with us!' or he just leaves the queue because of that ... the other one [older man] left the queue while we were being circumcised because the nurse was asking him to undress and he angrily said 'do you want me to undress in front of these young boys?' Do you understand that. The young kids had come there to circumcise and the nurse who was going to circumcise was also much younger. And she is a female who is not even considerate. What kind of a thing is that? (Peri-urban males, PBE, 25-34y, Sebokeng, Gauteng).

In another supplementary group, (Peri-urban males and females, 25-34y, Tavern groups, Atteridgeville, Gauteng), the issue of men aged 25 and older (considered to be 'older' by participants) standing in the same queue as men younger than them and boys, was identified as a deterrent to MMC, as the experience was seen to be humiliating.

F6: I think that most of them do not want to go to the clinic because they are scared.

Facilitator: Scared of what?

F6: Let's say he is an old man and he goes there to get circumcised. When he arrives there he finds young boys. He becomes embarrassed about what these young boys would say... Usually older men, probably the same age as M1, when they get to the clinic, they see these youngsters as well going to the clinic going to for circumcision as well, he becomes ashamed, thinking 'what are these children going to say about me?' So it is one of the things that stop them from going to get circumcised (Peri-urban males and females, 25-34y, Tavern Groups, Atteridgeville, Gauteng).

Time to go for MMC, and time to heal

Two separate issues related to time were reported: (1) Finding the time to go for MMC, and (2) the time it is believed is needed to heal at home after the MMC procedure.

Work schedule and lack of planning

An employed older man said that he can only go for MMC if it fits into his work schedule:

M6: As I said, I am working, it is going to be on my schedule.

Facilitator: Ok, so it will depend on your work schedule?

M6: Yeah.

Facilitator: Ok, so if you are working obviously you won't be able to go?

M6: Yes (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

One unemployed older man said that he is not afraid of MMC, but did not have the time and had not planned sufficiently to do the procedure:

M5: Me, I'm not afraid of circumcision, but eish, I don't have time, you see. I didn't have time for it, but I want to circumcise ... Like I didn't put it in my mind that I must go and circumcise. But I also wanted to circumcise, but I didn't put it on my mind that I should go ... No, I didn't plan it (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

In one supplementary group (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal), an uncircumcised man said that he had delayed MMC until November and December because he was very busy working at other times of the year.

Belief that one needs to stay at home to heal

Four young men from Vosloorus (Gauteng) said that although they could do the MMC procedure immediately, they could not stay at home for five days to heal after the MMC procedure, as this would disrupt their work, studying, and social life:

M2: Going back to the question why I am not circumcised. ... I can do it at any time. I just do not have the time. I can do it now!

M1: Same here.

M2: Yes, the time duration. You have to like stay at home for many days, for weeks I think.

M1: I think its five, five days.

M2: Five days staying indoors, iyo, that's a lot.

M1: Six weeks is the duration of the whole, whole process. Five days after you have circumcised, you have to stay home, stay put.

M2: Me, I am not an indoor person. I can't stay five days indoors, probably in holidays, not now. When I have time I can stay, but not now.

Facilitator: Would you go if you had time?

M2: Yep, I can go any day.

M1: Even today.

M2: Any day I can do it.

M3: Nah, I do work. ... I am not going to have enough time because when I am working for like five days, and the weekends I have to be with my friends, I travel, I have to go to church and probably go to night vigils.

Facilitator: Ok, but what is the reason now since you have got sufficient information?

M5: I could say it is time... Because I told myself that after I am finished with my exams I would go because I will have three weeks (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Anticipated pain and difficult wound care

Several sub-themes relating to the anticipated pain following the procedure, wound care, discomfort, and possible infection and mutilation of the penis are included in this theme, which constitutes one of the more dominant themes in terms of barriers to MMC.

Anticipated pain

Men from all sites ascribed their reluctance to do MMC due to their anticipation of several weeks of pain:

M4: That's weeks of pain ... That's when you have to sit at home and do all those things that they say you have to do in terms of washing your thing, you see, because it is painful. Most of the time when the sun is going down, the pain starts. You have to drink Grand-Pas and Disprin to avoid a lot of pain, until those weeks come to an end.

M3: I am scared of the pain, it's painful. That's why I have not done it. I am scared of the pain ...

M4: Those who have done it say you see everything, but they give you some injections so that you do not feel that pain ... It is scary, obvious ... (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

M1: I think most of them they are scared ... Scared of the pain. Like me. (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M1: [There] is a little bit of being scared. There is this thing that says why must I go there? Okay, I know the information why I must go there, but I am just being like ag ... I think the pain. I never heard of the pain, but I think I know, obviously the person who went for circumcision, there is certain pain [after the procedure] (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

Another concern related to the use of salt on the wound, which was perceived as painful:

M5: ... to eat salt after I have circumcised. I once talked to someone who had circumcised, you are supposed to wash it with... I am not sure what you use to wash it and then keep on doing that for six weeks. Eish, that salt will harm me. And also to wait for six weeks (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

M1: ... And when it is not healing they put salt in the water and you dip the penis in the salt water, that's what I am afraid of (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal).

Some men were also afraid of seeing the procedure:

M3: ... I am also wondering if you see the whole thing [procedure] when they cut you. How does it happen. Even now when I hear the word 'cut' I get scared.

M4: ...Even though you can't feel the pain but you can see the scissor cutting your thing here.

M5: I am scared of the needles, it is painful (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

M4: The thing that makes me to be scared, I've seen from those who went that it takes a long time to heal. They even suggested that he put salt on his penis ... (Rural uncircumcised males, 18-24y, Jozini,, KwaZulu-Natal).

Others described the discomfort observed in men who had been circumcised, in the way they walk:

M1: We have seen them coming from there. Because I had seen my friend, when he was just circumcised after two days or three days ... When they are walking, it is not like walking like a normal person [laughter].

M3: They have to wear baggy pants (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M1: When the person comes back it is difficult for them to even put on underwear, even walking is difficult, it is better to stay home (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal).

One man, a self-reported user of illegal substances (heroin and nyaope) said that he was afraid that the pain killer given during the MMC procedure would interact with the other drugs in his system and 'make him crazy' (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

Fear of infection, damage to the penis, and death

A recurrent theme from most sites was the fear of the penis becoming infected and damaged:

M2: I have heard some saying that people die there. Sometimes when you come back, your penis ends up not working (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

M5: Because I have seen other side effects of medical male circumcision ... Hmm, their penis go like, they get infected, they stink badly ... Yes, infection.

M3: I think it's the people who won't follow the procedures.

M2: Yes, it does smell. Sometimes it can get rotten if you do not follow the procedure that the doctor prescribed to you. Sometimes it can get rotten.

M5: That does happen.

M1: Yes, it does. I have seen it once (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M4: The other was struggling to get healed I had to look for python's [inhlwathi] fat/oil ... it heals wounds very quickly, I looked for it because he wasn't getting healed even the clinic wouldn't help him.... Yes, the stiches were out but it was septic so he had to have his penis outside all the time like this... (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal).

In one supplementary group (PBE, rural males, 18-24y, Bethania, KwaZulu-Natal) an uncircumcised man stated that he was afraid of MMC because the 'people there are cruel', and that men who had gone for MMC had 'lost their private parts'. However, it was also apparent that this fear originated from radio reports concerning (presumably traditional) circumcision in another province, the Eastern Cape:

M1 [UC]: I don't like the places where they do these procedures people there are cruel because this is a serious matter, it needs care, but the way they are treating people you find out that other people have lost their private parts after circumcision or he can't have sex [can't get an erection] because they cut the wrong nerve. So things like those makes you scared because you will never know if bad luck will be coming to you that day.

Facilitator: Are we talking about medical male circumcision procedures done in the clinic?

M1 [UC]: Yes in the clinic.

Facilitator: There are people who got hurt at the clinic?

M7 [UC]: Yes it's what we hear from the radio that people are in hospitals because of that, at Umtata clinic [Eastern Cape] that happens without people going to the mountain losing their private parts, so sometimes you think about that happening to you how would you feel. We think of such things; if you don't have a private part you are no longer a man. Now you think... if this ever happens to me... a vein is burst... what would I do? (PBE, rural males, 18-24y, Bethania, KwaZulu-Natal)

In another supplementary group (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal), an uncircumcised man said that television reports of men dying at traditional circumcision schools contributed to his fear of all circumcision, including MMC:

M2 UC: Yes, because I think traditional way must stop because I think they are negligence and careless ... as a result they die ... You find out that parents are looking for their children only to find out that they have gone to the mountains and they are dead As for me I am going to tell you the truth I was scared to go to the clinic because I saw people dying on TV thinking that things are done the same at the clinic and at the mountains (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal).

Pre-procedure medical examination and HIV testing

A dominant theme concerned the pre-procedure medical procedure, including HIV testing, checking for CD4 counts for those who live with HIV, and exposure of current STIs.

Fear of the HIV test and result

A commonly-cited reason for not doing MMC was fear of the HIV tests and its results. In some men, this prevented them from considering MMC:

M3: I am thinking of going but my other challenge is being tested [for] HIV, I am scared. I once thought of going, it was before I knew that they check you, then I heard that they do then I didn't go anymore ... [because] ... I think it will affect me. I read about it, I was at Love Life, I know AIDS, I read a lot about it, now that I know about it and where it all went wrong. And for now I see that I am still fine (grand), I always check myself for signs [group laugh] (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal).

M4: It is because I was still scared of finding out the results ... Knowing that I'm going to die... I'd rather not know when to die than to know when to die, or how I will die, because I always will find certain ways maybe to block it. I'm not sure, but I maybe want to live with this.

M8: Because I am not going to get circumcised via because I have to pass through getting tested, and I don't want to find out now. I am ready to get circumcised, but getting results, hey. (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

Another man from the same group (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng) stated that he would go for MMC if he did not have to have an HIV test and when he was ready, would go for an HIV test: “*M8: If it's optional, I can just pass testing, I am just going to pass this thing and get circumcised, and then later on, maybe, I don't know, maybe later on when I am ready*”.

In a group of men from Inanda (KwaZulu-Natal), a similar reluctance to get tested for HIV was stated as the primary cause for not getting circumcised. Reasons for fear of the HIV test included fear of finding out one is HIV positive, a belief that ‘not knowing’ is better than knowing, fear of not coping with a positive HIV status and not wanting to change lifestyle:

M4: Other people, they do not want to get tested, that's another thing. They know that if you go there, you have to get tested before being circumcised.

Facilitator: Is that common amongst men, that thing of testing before circumcision?

M6: Yes, I think it is.

Facilitator: Have you heard other guys saying that and does it prevent them from going to the hospital?

M8: The truth, the results that they are going to get there. That's what they are scared of. Just like saying you are positive, you know how hard that can be. Even if you're going to counsel me and tell me that I am going to be ok, well I am not.

M4: And the other thing is now, I am still living my life ... Once I test HIV positive, it means that I must change the way that I eat ... and at the same time you must always use a condom when you are having sex or else find a girlfriend who is positive. [laughter] That's another thing ... It's better if I don't know so I can live my life as I want to live it (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

One rural man was concerned that he would be tested for STIs and the health provider would discover he had genital warts, relay this information to others, which he would experience as very embarrassing:

M1: I am scared that before they cut me they will do a blood test and they find that I have several sicknesses [genital warts on the penis] and that will affect me ... As I indicated the problem is because this kind of disease is not common so maybe when someone sees that for the first time to see umhlume [warts] they get alarmed and from there go out and tell others ... Yes, it's about being a man; it is a private thing (Rural uncircumcised males, 18-24y, Jozini., KwaZulu-Natal)

An uncircumcised man from an urban supplementary group (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal) reiterated that HIV testing prior to MMC was the reason he had not yet gone for MMC:

M7 UC: I don't know if I am right or wrong I think it is good to go to a place knowing what's happening there having all the information, rather than going to the clinic to get circumcised and the nurse tells me that I need to get tested first [Laughter]; that will make me not to get circumcised (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal).

Denied MMC due to CD4 count and being HIV-positive

One HIV-positive man said he went for MMC and was refused because his CD4 count was too low, and he has not been ‘ready’ to do MMC since:

M7: I remember the last time I went there [for MMC], but I couldn't do [because of] the results of my CD4 counts and whatever, my status. They did not allow me to do that, because ...I am turning 18 years positive, that's why I didn't go for the circumcision. They denied me to circumcise ... Because of the

status ... By that time, when I went for the first time, before they told me about my CD4 count, ja, you see there I was ready. I made it clear with myself that I am going to do it. But suddenly I was told no man, due to your circumstances we can't, then come back when you are ready, then I never had a chance to be ready like I was before (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

Post-procedure healing period and wound care

A recurrent theme regarding why men reported they will not get medically circumcised concerned the post-procedure healing period (6 weeks) during which the man should not have sex or masturbate, in order for the wound to heal.

Lack of certainty regarding the post-procedure healing period

Lack of certainty regarding the exact period of healing time was apparent among some men:

M7: I won't go and be circumcised ... How many months does it take to get healed?

Facilitator: How long does it take to heal? I am asking the group now.

Group: We don't know.

M4: Maybe 2 weeks.

M1: 2 weeks but you can't sleep with your partner for 6 weeks, after 6 weeks you can. But healing in 2 weeks (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal).

Must have sex – 6 weeks is too long; Erections

There were strong beliefs among some men that they needed regular sex and that they would not be able to wait for the full six-week healing period. One man (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal) stated that he has regular sex and he cannot 'withstand' not having sex for 6 weeks after MMC, because 'every week at least I must have sex'. Another man from the same group similarly objected to not having sex for 6 weeks were he to have MMC because: 'It harms me ... it is such a long time so I must check the penis is still working'.

In a supplementary group of males aged 25-34y, a male participant described that a concern among uncircumcised men, especially those who are married or have long-term partners, was a fear or concern that their partner may go outside the partnership for sex, during the six-week healing period.

M1: Going back to circumcision, maybe I need to get heal, I have got my wife, then I am sexually active, when I am coming there to medical circumcision, I might think that my wife is going there to another man, just because I am going to take three weeks. What about my wife?

Facilitator: Alright, so it is about the healing time?

M1: The healing time (Peri-urban males and females, 25-34y, Tavern groups, Atteridgeville, Gauteng).

Another factor that emerged as a barrier to MMC was the anticipated pain of getting an erection during the healing period. Two participants noted this fear. One participant said that he did not want to get circumcised because he would get an erection when he sees a woman in the 6 week healing period, which would be painful (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

A young man (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng) said that he wanted to go for MMC but was *'not prepared'* because he was afraid of getting an erection at night while dreaming, which would be painful.

Culture: Not knowing what happens to the severed foreskin

In two sites in KwaZulu-Natal (Rural uncircumcised males, 18-24y, Jozini; Peri-urban uncircumcised males, 25-34y, Inanda) several men (5) expressed concern for what happens to the foreskin once it is removed. Concerns included what the ancestors would say about its absence when the man dies (Rural uncircumcised males, 18-24y, Jozini), and suspicions about the foreskin being cooked as *'special meat'*, or being sold overseas (Peri-urban uncircumcised males, 25-34y, Inanda). This resulted in the statement that *Yes, it is, that's the biggest problem. Maybe we just want you to cut it and give it back to me'* (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Data from an urban supplementary group (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal) indicates that concern for what happens to the foreskin – and the desire to be given the severed foreskin after the procedure – is not limited to rural and peri-urban areas:

M2 UC: If I go to the shop and buy Simba chips I get a slip to prove that it's mine; so even with the foreskin I will have something proving that it's mine like a doctor's note (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal).

Enablers of MMC

Paradox: Uncircumcised men with support and awareness of MMC benefits.

A notable result in several areas of discussions regarding factors enabling MMC is that many uncircumcised men have support for MMC, have knowledge and awareness of MMC benefits, and yet have not actually done MMC. Therefore, the following enabling factors need to be considered in the light of the apparent fact that such enabling factors are not sufficient for some men to get circumcised, and that such factors may be outweighed by the barriers to MMC previously described.

The nature of MMC

Participants were asked whether they knew what MMC was. In all groups, there was broad understanding that MMC was a medical procedure to remove the foreskin, conducted in a clinic or hospital, as opposed to *'the mountain'* (traditional circumcision).

Access to information about MMC

Participants were asked about sources of information about medical male circumcision. It was apparent at all sites that information about MMC is accessible from several sources, including clinics, television, radio, Life Orientation lessons at school, pamphlets, word of mouth, friends, and family members.

Most participants were fully aware of the benefits of MMC, including risk reduction of HIV, STIs, improved hygiene, and enhancement of sex. Participants reported receiving encouragement and information from parents, school life orientation classes, door-to-door campaigns, friends, clinics, and on the radio:

M2: You know this knowledge is everywhere, we just do not want to use it ... My mom has told me yeah, you have to do this for the sake of yourself first to secure yourself to have a good and a nice sex life with your partner. And for yourself in order not to get any type of STIs...so that you can have healthy children and stay strong.

M3: I have learnt about it as school in Life Orientation classes. I even got a distinction for that.

M4: There were people who were going from house to house, taking people who want to circumcise and he [my brother] went.

M1: I was influenced by my friends because all of them are circumcised ... medically. ... Ok, they told me that it is not that painful and that it's for my safety (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Facilitator: And where do they get that information from?

M1: Most of the time at schools.

M6: From Mr X, he once told us about that we need to circumcise at the hospital.

M2: School kids come back with pamphlets from school. I don't know who hands them out (Rural uncircumcised males, 18-24y, Jozini., KwaZulu-Natal).

M3: Yeah, from schools, they also talk about it at the clinics. If you go to the clinic to consult about a disease, they end up talking about it. And also from the radios.

Facilitator: Ok, so at the schools, at the clinics and radios (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

For some men, this information was sufficient reason for them to consider getting medically circumcised, but not sufficient to translate this consideration into action prior to the study. For the participants cited below, participating in the focus groups, listening to others and raising their own concerns, appeared to be the point where the intention to get medically circumcised was made:

M8: Maybe I did not care at time when they were still doing it on the mountains and the Xhosas when they still doing it on the mountain, I did not take notice of it. I did not see the reason. I did not see anything about it. But now that I have heard what exactly it is there for, now I think I know exactly what to do, now I think I want to do it now ... But before, I did not know anything about it, that's what I can say.

Facilitator: Ok, when are you planning to go?

M8: By the end of the month (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

M2: I told myself. I am like, you know what? All the things that I have been hearing and seeing, how it is going to benefit you as a human and these campaigns, they are all over, that it is going to benefit you at the end of the day. I told myself, you know what, do this or keep on being a sissy-boy, running away from your problems. So now I am like, I told myself I am going to do this (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M3: Circumcision, I have to do it, because I see the adverts in the newspapers, circumcision, you know. Like you know, I pick this paper, I didn't meet these people first, I met them after. So I pick this paper, I say wow, for free, professional and safe medical, you know. I say no, I must call this guy from [CHAPS]. Maybe they are going to help me.... I found that paper around the ground at home there. So I picked it up and said this paper, I need it. I need to make a decision now and do this (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

One participant who had talked about wanting to be circumcised and shared his story that he had gone three times to get medically circumcised, but left before MMC because he did not want to find out his HIV test result, decided during the focus group that he was going to get medically circumcised right then. He left and was medically circumcised by the time the focus group ended (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

The value of information was evident in one urban supplementary group (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal), where an uncircumcised man described how discussing MMC with his friends had caused him to be afraid of MMC, but that the discussion of MMC in the focus group had allayed some of his concerns:

M7 UC: It [his attitudes towards MMC] is positive it's just that when you talk about this they take you in a wrong way so the more you listen to other people is the more you take a step back (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal).

Awareness of the benefits of MMC

When the uncircumcised participants were asked why (other) men get circumcised, most responded with awareness of the various benefits of MMC, including hygiene, reducing the risk of (and for some, preventing) diseases (HIV, STIs), and improved sexual performance. Some men were also aware that MMC does not mean that a condom is not necessary:

M5: It is hygiene for me ... What I mean is that, if you are not clean, you will attract diseases, but if you are, you won't.... It does not mean that if you are circumcised, you are free to go around [have sex] without using a condom.

M2: I would say from what I have heard, you have a good sex life.

M4: I agree with M5, for hygienic purposes.

M3: I think it is prevention from getting diseases ... Syphilis.

M2: I think it is not prevention. I think it lowers the chances of you getting the diseases. You can still get the diseases but it lowers the chances of getting the diseases ... HIV, STIs, the drops (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M1: I think they heard a lot and got motivation from AIDS, that if you are not circumcised it becomes easy to get the sicknesses like STIs the minor sicknesses, but if you are circumcised it is much better because the foreskin is the one that is not clean. So when it is removed it is not easy to get different sicknesses.

M3: Others say you make your woman happy when you are circumcised ... They say when you are circumcised you perform very well in bed (Rural uncircumcised males, 18-24y, Jozini,, KwaZulu-Natal).

M4: I hear people saying it becomes longer when it stands up, because the skin was pulling it down somehow. So I think maybe it's one of the reasons why we want to get circumcised.

M3: I think circumcision is good to circumcise because you know, as I am a grown up like this, I have had sex with girls, you know, and then you know, when you are not circumcised, eish, you feel like when you push, you feel pain, you know, and then you crack [foreskin cracks], those kind of things you know.

M7: I do hear people, it will help you preventing from being positive, and I already know where I am standing. It will help you to avoid unplanned pregnancies. I already have a child. I've got one son (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

M4: What they say, people who have circumcised they say if you have sex, the lady that you have sex with, you enjoy it very much ... Mostly it's to avoid to get infected with those diseases, most of the people ... it does not mean if you are circumcised you won't be affected, but there are less chances of getting infected if you are circumcised.

M2: When you listen to people, they say if you are not circumcised, you will get sexual diseases easily.

M3: Yeah, they say that it's nice, you enjoy to have sex when you are circumcised and you do not get diseases.

M6: It looks attractive when it is circumcised.

M5: Ok, from what I have heard, a circumcised man delays to ejaculate, the one who is not circumcised ejaculates much quicker. That's what I have heard women saying. Women do not like short and quick ones [laughter] (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Women's awareness of MMC

Men in Inanda (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal) said that their partners, wives, mothers, and female friends knew about MMC, and they talk about it. One man in this group also stated that he obtained support from his partner to go for MMC after discussing the advantages and disadvantages of MMC, but that he had not done so because of fear of pain

However, the group agreed that MMC is not discussed with 'side chicks' (casual female partners).

Community perceptions of MMC

Community awareness of MMC

In all peri-urban groups, participants stated that their community is aware of MMC and its benefits. When asked how this is the case, the typical response involved descriptions of having been exposed to multiple source of information about MMC:

M2: We have been seeing these things and hearing from our, you see it in social media, TV or the billboards. We all know about it (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M4: Most people in my community, I think they should be knowing about male circumcision, because it's always everywhere on radio, on TV, I think maybe even in papers, newspapers. They also go around like maybe in gazebos... So I think by now they should all know (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

M6: Yes, they know about it because we always talk about it (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

As discussed in the Barriers section, for many uncircumcised men, despite awareness of MMC benefits and multiple sources of exposure to this information, for some men, fear of MMC or no time to go for MMC deter from MMC. The following participant captured this when he stated:

M8: ... It's just that like before I said, we are afraid to approach things as men, you see. ...So most of these people who have never been circumcised, or maybe they just simply don't have time. But I think they are just ignorant.

Facilitator: You think they know about it?

M8: They know clearly, because it's everywhere.

Facilitator 2: Why do you say that they are ignorant?

M8: Maybe they don't have time, because it's everywhere, and it helps you as a brother. It will help you from getting diseases, like we said before (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

According to some men, community perceptions of MMC are largely positive, and include perceptions that circumcision increases sexual pleasure, reduces disease transmission (e.g., STIs and HIV), and that the penis looks more attractive when circumcised:

M4: What they say, people who have circumcised they say if you have sex, the lady that you have sex with, you enjoy it very much.

M2: When you listen to people, they say if you are not circumcised, you will get sexual diseases easily ... STDs ... Like a drop.... So it is better to get circumcised so that you don't get those diseases, that's what they say.

M3: Yeah, they say that it's nice, you enjoy to have sex when you are circumcised and you do not get diseases.

M6: It looks attractive when it is circumcised.

M4: Mostly it's to avoid to get infected with those diseases (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal)

Interpersonal discussions about MMC

One peri-urban participant described how his mother had discussed MMC with him when he was 13 years old. She told him that MMC was a good thing and that it resulted in: *“a good and a nice sex life with your partner. And for yourself in order not to get any type of STIs...so that you can have healthy children and stay strong”* (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

In contrast, one man (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng) said that he discussed getting circumcised traditionally with his fathers and uncle, and they responded negatively, saying *‘in this family we don’t do such things ... since that time I have lost interest in circumcision’*. The same man indicated that he would prefer to talk to his brothers and uncles about circumcision, not his mother or girlfriend. He also indicated that he would be willing to speak to a man who was circumcised and who is working with MMC, such as a consultant from CHAPS, or a circumcised friend.

A man from Inanda (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal) reported initiating a discussion with his partner, who was supportive and open to discussing the advantages and disadvantages of MMC. However, he was the exception in the group, and all other participants in that group agreed that they would not discuss MMC with their mothers, sisters, partners, and casual partners.

Pressure to get circumcised

There were indications that some uncircumcised men feel pressurised to be circumcised and are discriminated against for not being circumcised, which necessitate lying about being uncircumcised and avoiding talking about it with friends.

M2: I do not know, we do not usually talk about it when us men are together. ... I think some men do not feel comfortable speaking about it because if you speak about it, it is going to be like 'no dog, you haven't been there, ahh, you, you have wasted your time'. Sometimes you lie about it.

M3: Yes, I do.

Facilitator: Is that common that the men would lie about it?

M2: That's very common, very common.

M3: I have said it so many times (Peri-urban males, 18-24y, Vosloorus, Gauteng).

Furthermore, these men stated that the general acceptance of being more sexually capable due to being circumcised has resulted in uncircumcised men being teased or ridiculed as *‘not being man enough’*:

M2: Even if you say it to a girl, a girl would prefer to sleep with a guy who is circumcised ... I am trying to fit in. I am trying to run away from the stereotype that when you are not circumcised you are

not a man enough. So you are still a boy to us. So we are just running away from those bullets in order to save ourselves. We do not want to be badmouthed from our boys saying 'this guy, wasting his time'.

*M5: All my friends think I am circumcised, all of them because I told them so ... Because I knew if I told them, they would mock me about it every f***ng day. So I decided not to tell them. They would, they would mock you every day, and so you have to lie about it.*

M3: I have lied about it. We all know about it, it's a guy code. ...

Facilitator: What kinds of bullets do you have to dodge?

M3: They tease you actually, saying 'iyo, haven't you removed that thing?'

M2: They call it a polo neck.

M3: You still have that polo neck? They call it a 'chewey' or a 'polo neck'.

M5: They say you still do pillow fight ... They say it is a pillow or something like that [laughter]

M3: So we just want to avoid that.

Facilitator: Are you stigmatised by guys who have gone to traditional or medical male circumcision? Who stigmatises you?

M3: Both.

M2: Traditional guys, both, but traditional guys are worse.

M2: Yes, they [traditionally circumcised men] [say]... 'you have not been there bra' so you are still a small boy (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

It was reported that not being circumcised in some rural communities caused 'bad, bad trouble', and that this community attitude exists in peri-urban areas, but to a lesser extent, and that more and more men are being medically circumcised:

M2: Yes, when you are in the rural areas, you have to go to the mountains otherwise you are going to face bad, bad trouble.

M3: But here, I do not think they pay more attention to that.

M2: But I think it is getting more common for us to go to medical.

Facilitator: But it's a bit common for medically circumcised men to be stigmatised?

M2: Yes, to a lesser extent, yes (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

The pressure to get circumcised was reiterated by two uncircumcised men in a supplementary rural group in Mpumalanga (PBE, rural males, 25-34y, KwaGuqa, Mpumalanga), who said that they feel pressured and forced to get circumcised, and that the perception was that 'if you are not circumcised it means you are nothing', equivalent to being unemployed or uneducated:

M6 UC: It's like, I feel like they are putting us on some kind of a line or a systemic thing that if you are not circumcised it means you are nothing. Same applies, like, if you are not educated you won't have a job and stuff and stuff. But back then it wasn't like that, but these days it's like they are putting us in something like a line, they want us to go this road .. it's like we are under a system that no one even know whose system is.

M5 UC: Ja, it is true that M6 UC is speaking because even now, er, a lady is asking you whether you have circumcised or not if you want to have sex [Group laughs].

M5 UC: I feel bad because I don't know what to say (PBE, rural males, 25-34y, KwaGuqa, Mpumalanga).

MMC is a 'shortcut' compared to traditional circumcision

According to one man, one reason for community discrimination against medically circumcised men is that becoming medically circumcised was perceived as *'taking a shortcut'*, referring to avoiding the rigours of traditional circumcision:

M3: I think stigmatisation also applies because you did not face those hardships that are endured at the mountains and you are from the hospital, you are taken care of by the doctors and take pain killers to reduce your pains during that process of healing. The community still stigmatises you even though you are medically circumcised (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Cultural differences were also reported in terms of the importance of circumcision, especially for those men who had not been circumcised. For example, Zulu culture does not include traditional circumcision, while Xhosa culture does. This results in circumcised Xhosa men treating uncircumcised Xhosa men as 'boys' instead of men regardless of age:

M4: What they used to do in the rural areas, in Xhosa culture, when they are skinning a cow, something like that when they are eating a meat, boys must stay on that side and men must stay on that side and men must stay on the other side (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Within cultures – specifically Zulu culture – it is reported that there is no community pressure for a man to be circumcised, as a man is defined in terms of being married, having a family and his own home:

M: Ahh there is no difference, the only difference is that the one is circumcised and another one is not circumcised.

M3: In Zulu, if you are a man, you have to be a man by your actions, like if you have your wife, your kids and your house. Then they can say you are a man.

M8: You are a man enough when you are married and you got family.

M4: You have your own house.

M5: What separates us (boys from men) is marriage (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

The kind of man who does and does not undergo MMC

Participants were asked to describe the kind man who does not undergo MMC. In one group (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal), most participants emphasised that *'It is not like they do not want to ... they are just afraid of the pain'*. Other fears included fears of needles. In the same group, another characteristic of a man who does not do MMC concerned Zulu cultural beliefs about maintaining the integrity of the penis: *'the kind of a man who grew up with older people and....in previous years, those people were not doing that kind of stuff because I do believe that God created everything in the human being for a particular purpose ... So if I am taking it off, there will be something which would be missing'*.

When participants were asked what kind of man is likely to go for MMC, responses focused upon self-love and reducing the risks associated with multiple sexual partners: *Any man, but some men who like it and love themselves can go there to get it'* and *'...mostly men who are very busy, men*

that know they have got more than one girlfriend, you see? Which means they have got multiple partners. They just go for their own sake' (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Service Provision in communities

When asked whether they knew where they could get medically circumcised, a group of rural men (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal) listed four different clinics and hospitals in their area where they knew they could get circumcised. These men did not mention any problems with MMC services.

In Inanda (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal), participants were positive regarding MMC services: *'They say the service is good, no complain'*.

In Vosloorus (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng), several agencies/health facilities were identified as associated with MMC, including CHAPS, *Brothers for Life*, Men's Clinic and nearby clinics. However, two participants from this group explained that they would rather pay for MMC at a private facility than go to these clinics because the women at the clinic (presumably, nurses) are *'mean'*, *'are always in a rush'*, and tell men to *'woza woza [come, come] it's your turn to come in'*.

Uncircumcised men in Soshanguve (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng) described services where men were picked up, followed by discussions in groups, and then MMC occurring. Specific sites for MMC were mentioned. One man in the group also said that he commenced the MMC process the morning of the focus group: *'When I woke up, I said I am going today. So I went there, I waited and they said the doctor is not here, but there is transport coming here to pick some people up and then we can go to Gopane and get circumcised that side, but first you have to join the group and discuss'*³.

Additional information requested about MMC

Participants were asked whether they wanted any additional information about MMC. The questions raised were:

I want to know the MMC procedure from A to Z – What happens? Is it painful?

A young man (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng) said that he wanted to know exactly what the MMC procedure entails, and whether there is pain when they cut the

³ There was no communication with recruiters that if a person attended a focus group that he would be circumcised. When the participant raised this in the focus group, researchers clarified that this was not the case. Once clarified that attending the group was not a condition for getting MMC, the participant later left the group and underwent MMC at the premises the group was being held.

foreskin. His question arises from observing that his friends emerge from the MMC process walking in a specific way, indicating pain and discomfort. He further stated that if he had this information, he would go for MMC.

One additional question raised by an uncircumcised man in a supplementary group (PBE, peri-urban males, 18-24y, Emzinoni, Mpumalanga) was the gender of the person doing the MMC procedure.

The foreskin – where does it go?

A peri-urban man (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal) wanted to know what happens to the severed foreskin. I.e., how it is disposed of.

Is it mandatory to have an HIV test before getting circumcised?

An uncircumcised rural man (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal) wanted to know whether it is mandatory to have an HIV test in order to have the MMC procedure.

They say it reduces chances of getting HIV – how?

Two uncircumcised rural men from a supplementary group (PBE, rural males, 25-34y, KwaGuqa, Mpumalanga) said that they wanted to know how MMC reduces the chances of getting HIV.

Why is there no after-MMC support for those who cannot travel to the clinic?

A rural man (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal) wanted to know why there was not a medical professional who could travel to MMC patients to take care of post-procedure pain and complications, as patients do not have money to travel to the clinic for such medical care.

Is the procedure 100% safe?

A peri-urban man (Peri-urban uncircumcised males, 25-34, Soshanguve, Gauteng) wanted assurance that the procedure is 100% safe, and that doctors won't make a mistake.

Besides health reasons, what other benefits are there to MMC?

A peri-urban man (Peri-urban uncircumcised males, 25-34, Soshanguve, Gauteng) wanted to know whether there were other benefits to MMC, other than health reasons (HIV and STIs).

How does MMC affect having healthy children?

A peri-urban man (Peri-urban uncircumcised males, 25-34, Soshanguve, Gauteng) wanted to know whether MMC affected the health of a newborn child, such as whether it would need an incubator or other special care.

How does being circumcised affect sexual pleasure in a woman?

A peri-urban man (Peri-urban uncircumcised males, 25-34, Soshanguve, Gauteng) wanted to know how circumcision increases sexual pleasure for a woman, such as its effect on sensation during penetration.

How does the MMC procedure affect a substance use?

A peri-urban man (Peri-urban uncircumcised males, 25-34, Soshanguve, Gauteng) wanted to know how the MMC procedure – presumably including pain medications – impact upon a person who takes drugs.

Participant recommendations for increasing MMC

Several men in one group made the following recommendation to facilitate men going for MMC centred around resolving the barriers identified in the previous section:

- Removing mandatory HIV testing before the MMC procedure (*Rural uncircumcised males, 18-24y, Jozini,, KwaZulu-Natal*). This was stated by 5 men in this group.

In another group, most men (5) recommended the following:

- Provision of information and advice on how to deal with erections during the post-procedure healing process. (*Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng*).

Individual men made the following recommendations:

- One stable referral person at the health centre that a man can get help from if there is a post-procedure complication problem (*Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal*);
- The option of receiving the foreskin after circumcision so that he can dispose of it according to cultural traditions (*Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal*);
- Counselling and information for HIV-positive men on ART regarding how they can proceed with MMC, and whether there are any interactions (*Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng*);
- Anaesthetic so that you do not see the cutting (*Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal*);
- Guarantee of effective pain control post-MMC (*Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal*);
- Help to remove the dressing (*Rural uncircumcised males, 18-24y, Jozini,, KwaZulu-Natal*);
- Remaining in care at the health centre until he is able to walk properly (*Rural uncircumcised males, 18-24y, Jozini,, KwaZulu-Natal*).

Uncircumcised men from a rural supplementary group (PBE, rural males, 18-24y, Bethania, KwaZulu-Natal) suggested the following processes would increase MMC in their area:

- More people from *Brothers for Life* should speak to communities to encourage them to do MMC;
- *Brothers for Life* offices in towns could be a central point for rural men to get advice regarding the closest clinic is to go for MMC, as well as to provide information and advice to men seeking MMC;
- People should be invited to schools, via posters, and that MMC could be explained to the community at such meetings. Dramas (plays) could be presented to explain MMC to the community at such events, followed by signing men up to do MMC:

M2 [UC]: Maybe they should invite people to the hall or school, maybe there can be posters that tell people to go to the school; they can ask the teachers to collect all the school children. When everyone is there then they can talk ... Maybe you can take those characters from the advert to act out a short play, using these people will work better give them a clear picture and to catch peoples' attention. When you see that you have the peoples' attention then you make them fill forms. They can't resist that because they saw things changing after circumcision for the better for sure they will sign. If you act out a play and get people to sign, people will definitely sign (PBE, rural males, 18-24y, Bethania, KwaZulu-Natal).

In an urban supplementary group (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal), it was stated by two uncircumcised men that television adverts are not enough to convince uncircumcised men to do MMC, and he suggested that *Brothers for Life* target specific groups and locations to convince men to get circumcised:

- Organise sports, musical and dance events that will attract men to discuss MMC:

M5 UC: I like what my brother is saying here that Brothers for Life must come to us as men to see the information on TV is not enough there are things that they can't say publicly on TV but to us face to face they can talk about anything, if we can see them organizing soccer game whereby they start by addressing men, music, dance and then soccer. There can be things like competitions. There must be things that can attract men to go there if we know that we are going to get this and that encourages us to attend things like those because no one will be able to resist if they know they will be getting something out of it at the end. That would make us free to attend such things.

M7 UC: People like music in locations they will come in numbers.

M5 UC: Not only celebrities maybe a competition here in Umlazi you can collect dance groups because we have a lot of those. When we arrive there Brothers for Life is also there to teach us then the competition continues and maybe you bring some small prizes to makes people interested. (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal).

- Target hostels, and other places where men and women live together, after identifying what kind of activities and music they like:

M3 UC: And also if you are going to do that campaign you need to target places like Seventeen hostel for instance, you tell them that it protects your partner from getting cervical cancer; they won't take that serious. So before coming to them you need to plan and find out what they like, if they like Maskandi music you bring Ndlamanzi to perform then you give them the message that could really work.

M5 UC: As M3 is talking about target you need to go to places where women and guys stays tell them about circumcision that is just a good idea.

(PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal).

- Schools
- Taverns

Another suggestion by an urban uncircumcised man in a supplementary group in KwaZulu-Natal was to explain that Jesus was circumcised, and that it is not wrong, even from the perspective of belief in ancestors:

M5 UC: I think they lack information what I can say Jesus Christ was circumcised it doesn't mean it is illegal and most people did. So Christians can get information that Jesus also did it which means it is not wrong because in the end there is a belief one Man upstairs is there; ancestors are there through God. If He wasn't there we wouldn't have ancestors (PBE, urban males, 25-34y, Umlazi, KwaZulu-Natal).

A suggestion by an uncircumcised peri-urban man in another supplementary group (PBE, peri-urban males, 18-24y, Emzinoni, Mpumalanga) was to promote MMC through churches and religious revival events:

M2 UC: I think it must be at church, and the pastor is preaching about circumcision, and let the sermon be a revival (PBE, peri-urban males, 18-24y, Emzinoni, Mpumalanga).

Post-broadcast evaluation of the MMC mass media campaign

Participants were asked to discuss a series of questions regarding their exposure to the MMC “Salon” television, radio, poster and billboard adverts that formed part of the overall MMC campaign, as well as their recall of the contents of such adverts, and the impact these adverts had in their decision-making regarding MMC, and also any emergent interpersonal discussions with others.

In the presentation of post-broadcast evaluation (PBE) results, unaided recall is given priority, and aided recall mentioned only where it added data not otherwise identified.

Exposure to “Salon” television and radio adverts

Across all sites, of those 30 participants in the formative groups who answered the survey questions regarding exposure to the “Salon” television advert (n=26), the great majority of participants

(n=25) said they had seen the televised “*Salon*” advert. Four participants did not answer the question and one participant had not seen the TV advert nor heard the radio advert.

Of those who responded to the survey question regarding exposure to the “*Salon*” radio advert (n=24), slightly more than half (n=13) had heard the radio “*Salon*” advert.

Of those participants who responded to both questions regarding exposure to the television and radio adverts (n=24), a total of 13 participants had both seen the television and heard the radio adverts. Only one participant reported not being exposed to either the television or radio advert.

Awareness of B4L campaigns and messaging

The majority of participants (20/30) reported being aware of *Brothers For Life* (BFL) campaigns, citing television adverts regarding the “*Salon*” MMC advert most often, followed by a previous advert regarding the prevention of violence against women (Patrick Shai), and a recent campaign focusing upon encouraging HCT (“nothing changes”).

Participants associated B4L with HIV, STIs, male circumcision, promoting condoms, refraining from abusing partners, and that “*it’s about brothers who come together like this, and give out facts, like opinions on how to be a better man*” (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

The general attitude towards B4L is positive: “*We like Brothers for Life because it shows us a way about how we should live ... it shows a way forward. It has this element about us uniting and fight things that we come across such as HIV and other diseases*” (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

At least one participant in each group could describe the B4L logo of the clasped hands, which was perceived as a symbol of unity (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng). Few participants were familiar with the B4L slogan.

Favourite advertisements

Table A2-1 and A2-2 (Appendix 2) describes the television and radio adverts spontaneously described as most favourite and least favourite advertisement by the participants. Radio and television stations were not specified in most descriptions.

The great majority of favourite television adverts contain humour, followed by aspirational and educational messages. Radio adverts that were educational were most often mentioned as favourites. Adverts that were repetitive (i.e., shown often) and political were least liked.

The “*Salon*” television advert

Participants were asked to recall the contents of the televised “*Salon*” advert, followed by a series of questions regarding impact, clarity, and understanding of the advert. Following this unaided

recall of the television advert, participants were shown the television advert and asked for additional comments and feedback. There was little additional data obtained from these aided recall discussions, and thus this aided feedback is not reported.

Recall of “Salon” advert contents

In all groups, participants who had seen the televised “Salon” advert recalled that the advert occurred in a hair salon with a woman discussing the improvement in her sex life after her partner had been circumcised.

One man (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal) confused the “Salon” advert with another advert (Men’s Clinic).

Overall thoughts

Overall, the TV advert was liked because it was humorous, educational and provided useful information about MMC, and because it encouraged women to communicate with their partners about MMC. The advert was thought to be relevant to age groups 18-24 and 25-34.

M2: I think it was well put together because it interacts with the youth, the elderly because there is humour and you can see it is also serious as well. So it was well put together. It does not bore me (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

The advert was also appreciated for providing sensitive information in a non-explicit way, which was also humorous. One participant used to analysing adverts, noted how the advert used sex to captivate audiences, and that this worked:

M2: The information, everything is straight there and it’s captivating in some sense. I mean, it’s appealing with sex, and we know that sex appeals, has interest in most people.

Facilitator: Okay, so they use sex to hook people?

M2: Well, obviously circumcision, it’s an activity at the end of the day, that the end of it, it goes to the bedroom, to the intercourse. However, the message was right, and it wasn’t too explicit (Peri-urban uncircumcised males, 25-24y, Soshanguve, Gauteng).

The advert was seen as having appeal and benefits for both males and females, and was commonly seen as a means of triggering conversations between men and their long-term sexual partners.

Likes and dislikes

The only dislike expressed was that ‘*It makes me feel ashamed because I am not circumcised and I always wonder what it is that they are feeling. What is that zing?*’ (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Another participant said he liked the advert because ‘*... it’s not only about the sex life, but they also tell us that when you get circumcised, you avoid infections in women and also men. So that’s why I*

like it because it gives us perception in both people, in both male and female as to why circumcision is so important' (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Women talking about circumcision

Several men agreed that it was effective to place women at the centre of the advert, as this placed pressure on men to get circumcised. It was also stated that this approach was more effective than placing a man at the centre of the advert, as men would turn a 'blind eye' toward this kind of advert:

M2: Well, by using girls since they are the ones who are persuasive, (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng)

M3: They are putting us under pressure because it seems like women now have to stand up for us. What they are saying actually is that we are not manning up enough. If we are going to get women talking about circumcision, whereas men have to go and avoid the issue or turning a blind eye, it just puts me under pressure ... To get circumcised. Not only to get circumcised but to do the right thing.

Facilitator: And if it was not women on that advert, how would you feel about it? If it was men talking to men in that advert?

M2: I would turn a blind eye

M3: Boys are going to be boys, we would not listen

(Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Understanding of Zing and Upgrade

Individual participants in one group (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng) also mentioned the six weeks healing period, prevention of cervical cancer, and the *Upgrade* slogan. The *Zing* catchphrase was mentioned by individual participants in two groups (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng; Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal). ‘

When prompted, the *Zing* catchphrase was not uniformly understood, and was explained to mean an extension of the penis, better sexual performance, or to be circumcised:

M1: I think when I saw it, it told me that when you are circumcised, your woman becomes happy ... But it doesn't say the reason why. It says it's got the zing. I don't know, maybe your dick is extended or what, I don't know. ... I didn't know what zing is. By my mind I thought maybe you think maybe it has more inches.

M2: The zing, I interpreted it as better performance.

M5: Ja, excellency [laughter](Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

M8: Just to Zing, it means to cut off, he does not have the thing, he does not have the foreskin.

M4: Same applies (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

The slogan *Upgrade* was understood to mean improvement in sex life, less chances of getting diseases, a better and healthier lifestyle, and that 'things' are not going to be the same:

M2: Basically it [Upgrade] means ...that it improves your sex life with your woman and it upgrades the chances of you by less getting these diseases that we know about. And yeah, basically yeah it means that.

M5: I would say the word upgrade means that it is more effective now because it has upgraded, that means at the time before, their sex life was not as good as it is now. I think upgrade means improved sex life.

M3: I think the word upgrade also means... that things are not going to be the same. If we were dying of ignorance or if we got HIV because we are ignorant, there is upgrade, things are not going to be the same again. We have.....upgrade simply means we are having a chance to do better or to do circumcision, to have a better healthy lifestyle (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Messaging impact

The impact of the core message of the advert – to encourage men to get medically circumcised – was not uniform. Several themes emerged in these responses:

I am fully or partially convinced – after speaking to my partner

There were men who were fully or partially convinced to get MMC after seeing the advert on television, especially after speaking to their partner:

M6: As I was watching it [Television advert], I spoke to her, I told her that I want to do this and she encouraged because it lowers the chances of having cancer (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

M4: It pushed me a bit. It did push me a bit, because even my partner was even talking about it a lot, saying you have to go and get a zing, at least be circumcised, and protected at the same time, rather than not going there because you might not know what kind of disease you might contract (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

M1: I can go and circumcise, because when I watch the advert they are happy when they go there and in the family everyone knows each other's status, which means they check before they cut you, they know their status and they are stress free (Rural uncircumcised males, 18-24y, Jozini., KwaZulu-Natal.)

The preceding statements regarding the presence of support for MMC is at odds with the fact that the men who made these comments were not circumcised. Other discussions – detailed in *Barriers to MMC*, and *Barriers to MMC: Converting intention into action* – provide further contextual data regarding factors (e.g., fear of pain, fear of the HIV test) that possibly explain these paradoxical statements.

I was already convinced – other barriers intervened

There was one man who said that the advert did not affect his decision because he was already convinced to do MMC, but had other constraints, namely time to do the procedure:

M5: ... for me I won't say its convincing because I have already made up my mind that I would go and get circumcised when I have time, so it did not play that much of a role to me because I have already concluded with myself that I would go there (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Not convinced enough – need to be convinced by a woman in my life

Two men said that they would be convinced to do MMC if they could discuss the matter with their female partners, or their mother:

M2: To be honest, [I was] not [convinced] ... enough. ... I think it would have been enough if the women in my life played, in my life had to say those things to me ... If it was more live to me, the women like my mom or my girlfriend who I am dating, in a serious relationship with. I think it would be much better if she said it to me. Like if you had to go there, you know, our sex life would be better. I think in that perspective, it would be much, it would be more, more clear to my mind. But in the TV, I still do not take it like that serious.

M3: Yeah it is working to a certain extent ... but ... women have a lot of influence on men, so it would be that much powerful if like M2 said his mommy or his girlfriend ... (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

I wasn't convinced, only informed

One man said he was informed, but not convinced. Another said that he had already decided not to get circumcised, so the advert had no impact:

M2: Is this question saying was the advert persuasive enough to encourage me to? ... No .. Because I picked up a lot of things there. I picked up humour, I picked up communication between friends and lovers, and the message got in, it was clear. ... So it wasn't more like pushing me to go. It just informed me and then I understood everything. Okay, better performance, okay. Oh, girls, they talk about this (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

M1: It did talk to me, but like basically if you don't want to go there you won't go there. Even though he is talking to you, he is telling you what to do, but in your mind you are telling yourself I don't want to go there, I am just fine the way I am (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

Intended messages, new information received, clarity

Participants (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal; Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng) stated that the intended messages of the advert included:

- Men should get circumcised;
- Use condoms even when you are circumcised;
- Once circumcised your sexual performance is prolonged;
- Encourages communication between partners;
- Circumcision reduces cervical cancer, STIs, and HIV.

One person from Inanda (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal) said that the information about diseases reduction due to circumcision contained in the advert was new information, while another said that they already knew this information from clinic pamphlets and newspapers.

Participants (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal; Peri-urban uncircumcised males, 18-24y, Soshanguve, Gauteng) said that the advert was clear and understandable.

Recall of SMS locator and logos

Some participants from the three peri-urban groups (Vosloorus, Soshanguve, and Inanda) recalled information at the end of the advert, including that there was a *Brothers for Life*, Department of Health, and USAID logo, the Choice condom, and a toll-free telephone number to call if you want to find a clinic nearby for MMC. However, recall of the toll-free number was vague:

M3: Yes. I saw Brothers for life, condoms, it's Choice, hey and then USAID I have also seen that and the Department of Health.

Facilitator: Ok, besides that did you see any number?

[Silence]

M5: ... I think I saw USAID or something. Numbers, I think there were numbers but I can't remember them (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

M1: Yes, a telephone number. I did see a telephone number, but I can't remember the telephone number.

Facilitator 2: Okay, did anybody use the number? [No]

M2: Yes, I think each and every advert, they enclose details such as like go to your nearest clinic, or call the number, they give you a toll free number. They just didn't take that into much deeper consideration (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

M4: Yes, they did say it that you have to go to the nearest clinic or phone this number

M3: I do not remember the number, but it was 08 something

M4: I don't remember the number but it is 08 something like that (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Participant recommendations

Recommendations made by younger men for improving the advert included using sexually active younger people (teenagers) where the young woman tells the young man she doesn't like sex with uncircumcised men, and male friends sitting on the corner of a soccer pitch talking about how circumcision improves sex (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

Some men aged 25 to 34 suggested that the setting could be a tavern, and discussions regarding how circumcision can prolong sex (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

The “Salon” radio advert

Exposure to the radio advert

A total of 13 participants across all groups had heard the radio “Salon” advert. Participants heard this advert on:

- Ukhosi FM (in Zulu) and Khaya FM (in English) (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- Metro FM (in Sotho) (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng); and
- uKhozi FM (presumably in Zulu) (Peri-urban uncircumcised men, 25-34y, Inanda, KwaZulu-Natal).

Unaided recall of advert content

Unaided recall of the advert included the basic story of the advert:

M4 [Role playing what he heard on radio] Haaibo, Thandi, why are you smiling? She said my man got an upgrade. Tell us friend, what is it?' Then she tells them that he went to the clinic and got circumcised for six weeks. The fat lady asked why and Thandie told them that it was important because she won't get STIs and cervical cancer. She also said there is no play without a jaz [condoms] (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng).

When asked whether the radio advert was different to the television advert, participants stated that the advert was very similar to the television advert, and that the core message concerned getting circumcised to increase sexual pleasure – the *Zing* - for both partners:

M2: It was more likely the same because I knew the advert, and then when it plays on the radio, like when that guy goes and he jumps on top of the bed, then automatically images, they come together because of my knowledge throughout that advert (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

*M4: I think women are happy when a man is circumcised because they talk about it. They tell each other that their men are circumcised and the other ladies would also go and tell their men to get circumcised. Because they want to feel what the others are feeling, if it is true or not, the *Zing* (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).*

Impact of radio advert

Discussions regarding unaided recall of the radio advert were brief, as few participants had heard it, compared to the television advert. Of those participants who recalled the radio advert, the attitude towards the advert was positive: They liked it, the message was clear, and said *'it keeps reminding us this is the right thing to do'* (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal) – but no participant stated that they learned any new information from it.

One man (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal) said that *'Yes, it did make me feel differently, ... before I did not care about that this is a very important thing to do as a man, but now I know the results the consequences, that maybe I should do this, it is the right thing to do.'*

There were no suggestions from participants regarding changing the advert.

Aided recall of "Salon" radio advert

When participants listened to the radio advert, and were asked for their feedback, they reported noticing the six weeks healing period, prevention of diseases (including cervical cancer), and unwanted pregnancy.

However, main discussion concerned messaging concerning the use of condoms for circumcised men: One participant (Peri-urban males, 25-34y, Soshanguve, Gauteng) said that not enough *'focus'* was placed on the use of condoms. One man (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal) was confused by the message of using a condom, which was clarified by another participant:

M6: I'd like to ask, what is the use of a condom? I don't understand this got me confused a bit ... Because he said no glove no love, but it doesn't say now that you are circumcised you don't use a condom.

M1: They explained that it doesn't mean that because you are circumcised you won't get diseases, they say it minimises the chances of getting sick because even for a woman it prevents cervical cancer and the condom prevents unwanted pregnancy, you know 100% that she won't fall pregnant (Rural uncircumcised males, 18-24y, Jozini, KwaZulu-Natal).

Several men (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal) said that using a condom after circumcision contradicted the MMC message of increasing sexual pleasure because condoms reduce sexual pleasure, and also that using condoms prevents having children:

M4: If I am circumcised, my woman is happy and on top of that I have to use condoms, it means that I am blocking that thing. I am covering it with something, no!

M8: You should go straight when you are circumcised

M6: In my observation, if we are all circumcised and use condoms. We won't have kids at all (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

The “Salon” billboards and posters

Unaided recall of billboards and posters

Only participants from the three peri-urban groups recalled seeing the “Salon” MMC billboard or poster. Most of these participants said they recalled seeing the poster at clinics, and one man (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng) recalled seeing a billboard, although he could not recall where he had seen it.

For some participants, recall of the visual contents of the MMC poster was vague, while others recalled a woman and a man with a cowboy hat holding a condom (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng).

The word ‘circumcise’ was recalled by participants in two groups (Peri-urban uncircumcised males, 25-34y, Soshanguve, Gauteng; Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

Aided recall of billboards and posters

When participants were shown the MMC poster, some recalled having seen the billboard, although they could not remember where. They also identified the core messages of getting circumcised and using condoms, *getting the upgrade that counts*, and that the *upgrade* improved sex and makes the woman happy:

M3: It's a condom, then a man and a woman and they have written there circumcise.

M4: I am not sure where I have seen it, at the bottom it was written with the white colour, circumcise, lower chances of getting STDs.

M3: This poster to me shows that in the bedroom because the lady is wearing the nightdress and the man is not wearing on top. If you upgrade, you enjoy the sex.

M4: I think it says if you have circumcised, you want to have sex, because you can see the way they are looking at each other. They are looking straight into the eyes (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal)

M2: They are happy

M5: Much happier

M2: That the upgrade helped out, Zing! (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng)

When asked whether they would change anything on the poster to improve it, participants stated that they ‘do not see anything faulty’, and ‘it’s right’:

Facilitator: Would you change anything on this poster?

M3: I would not

M4: Nothing

M3: I think it is ok. I do not see any problems with it. I do not see anything faulty (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng)

M3: No, it's right.

M: It's perfect (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal).

The way forward

Participants were posed with the following questions: If the MMC campaign continued, how would you change it? What stories would you tell? What characters and settings would you use?

Participants were also asked whether they would design a different advert for local/regional and national broadcast. Responses to these questions did not emerge from the one rural group, and the following reflects discussions only from the three peri-urban groups.

The following responses were received regarding the actors/personalities portrayed in the adverts:

- Use local personalities and celebrities to get more attention, such as DJs, rappers, and rich young people (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- Use younger people because current adverts are aimed at older people (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- Use a well-known couple (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- Use actors from Generations (Siyabonga Radebe, comedian), the actor from the Knorrox advert ('its incredible'), the President (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal);
- Use the same people (i.e., no change suggested) (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal);

In terms of whether the current Zing advert should be continued or replaced, the following responses were obtained:

- Replace the Zing advert because it has been around for 2 years and we all understand it now (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- A series of adverts that contain a story, like Generations or Scandal because then more people would watch them (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- Continue the current Zing advert because we know it (Peri-urban uncircumcised males, 18-24y, Vosloorus, Gauteng);
- The Zing advert is '*spot on*'; '*there is no other way of doing it*' (Peri-urban uncircumcised males, 25-34y, Inanda, KwaZulu-Natal);
- A series of adverts, relevant to different locations (Peri-urban uncircumcised men, 25-34y, Soshanguve, Gauteng).

Discussion

Participant selection

As noted in the methodology section, the four formative groups constituted the core of the research, with supplementary data from uncircumcised men in Tavern and PBE studies serving only to provide additional data, where it existed. Overall, the formative group data was supported by statements made by uncircumcised men in the supplementary groups.

A notable characteristic of participants in the formative groups is that only 4 participants did not include Zulu as their preferred language. Similarly, only 2 uncircumcised men in the supplementary groups did not include Zulu as either their first language, or a second language.

In other words, the results of this study need to be viewed within a predominantly Zulu cultural perspective in which circumcision – both traditional and medical – is not historically prevalent. The bias towards Zulu-speaking participants is largely the result of the selection of formative sites in KwaZulu-Natal (2), and also that Zulu is a common language across many locations in South Africa where multi-cultural communities occur, such as peri-urban and urban areas.

Uncircumcised men's intention to get circumcised

The statements of the formative group – and supplementary group – participants cannot be interpreted outside of each participant's stated intention and desire to get circumcised. Essentially, this means giving consideration to whether the current status of being uncircumcised is due largely to a lack of conviction regarding the value of being circumcised, or whether this is due to barriers preventing the desire to get circumcised from translating into the action of becoming circumcised.

Most uncircumcised men plan to get MMC

A notable result from this formative study was that the majority of uncircumcised men (n=25) said they planned to get circumcised. Several participants described going for MMC, and not completing the cycle of action in this regard.

With only one exception, those uncircumcised men who planned on getting circumcised all intended to get medically circumcised (n=24). This result is very similar to findings in the supplementary groups (n=28), where 24 men said they intended to get circumcised, and the great majority (n=23) said they planned to do MMC.

A minority of uncircumcised men do not plan on getting circumcised

A minority of uncircumcised men (n=5) in the formative groups stated that they had no plans to get circumcised. Similarly, 4 of uncircumcised men in the supplementary groups said they did not intend to get circumcised, whether MMC or traditional circumcision.

Within both formative and supplementary groups, there did not appear to be any consistent pattern in terms of employment status, whether these men had children or not, or age group, although the sample was relatively small (n=5 in the formative groups, and n=4 in the supplementary groups).

Two sets of barriers to circumcision

Based upon the stated intention and desire to get circumcised (or its absence), it is reasonable to propose two sets of barriers to MMC:

Barriers to translating conviction to action: Based upon the intention to get circumcised by the majority of uncircumcised men (25 in the formative groups, and 24 in the supplementary groups), it may be argued that education and media campaigns that promote MMC have been very successful in convincing the majority of uncircumcised men of the value of MMC, but that specific barriers exist to translating this conviction into action. Examples explored (detailed in sections to follow) included lack of support from family members, service delivery barriers, but mainly fears concerning the procedure itself, and concerns regarding the 6-week healing period.

Barriers to conviction: It may also be argued that for a minority of uncircumcised men (5 in the formative groups, and 4 in the supplementary groups), education and media campaigns have not been sufficient to change their minds regarding the value of circumcision. I.e., these men are not convinced that circumcision – whether medical or traditional – has value for them, or they have other considerations (e.g., religion, being married, perceived low risk for STIs and HIV, and being satisfied with sexual performance) that counter the value of circumcision and circumcision messaging.

Barriers to MMC: Converting intention into action

The largest group of factors acting as barriers to MMC concern uncircumcised men who perceive the value of MMC but do not act on that perception, or who do not complete that cycle of action.

The MMC procedure: Logistics, fear of pain, discomfort, and wound-healing

For many uncircumcised men, in both the formative and supplementary groups, the fear of pain, the MMC procedure, the belief that the man needs to stay at home for 5 days after the procedure, and the 6 weeks healing period was the most important barrier to MMC, despite the desire to be circumcised. In addition, some men reported delaying MMC due to concerns about taking time off work, or slotting the recovery period into busy schedules.

Work schedules and lack of planning: A few men said that they could only do MMC at specific times of the year due to work commitments. The primary consideration in this regard was finding the time to heal after the procedure, which was perceived as requiring time off work (said to be 5 days), and/or a disruption of social activities. Addressing these concerns – i.e., whether a man can return to work soon after the procedure - would alleviate this barrier.

Anticipated pain: The anticipated pain that will be experienced is a dominant theme through all groups. This includes pain during the procedure and after the procedure. For many uncircumcised men, the idea that the pain – and the need to take pain medication for several weeks – is a major barrier to going for MMC. Some men – not many – were also afraid of seeing the cutting of the procedures, and would prefer that this did not occur. Some mentioned the salt that is used in wound care, which is also perceived as being painful. These perceptions were reinforced by observing other men walking with discomfort after MMC. A detailed explanation of how pain is managed, the level of pain, and a description of the procedure would address many of these fears.

Fear of infection, damage to the penis, and death: Fear of damage to the penis as a result of infection or incompetent medical professionals was also a dominant theme. These perceptions were fuelled by stories on the radio and television of mutilation and death due to traditional circumcision, particularly in the Eastern Cape. Stories of infection-free MMC completions would be useful to counter-act these perceptions, as well as reinforcing guidelines for preventing infections.

Suspicion of free MMC: Related to the fear of pain, damage to the penis and death was the suspicion of incompetency and errors at clinics and hospitals offering free MMC. This was expressed as a lack of trust in the personnel doing MMC. These fears are reinforced – in some locations – by rapid turn-over of MMC, and impatient staff. Several men said that they would rather pay for MMC at a private facility where they could be assured of being taken care of professionally, and more safely. The rapid processing of MMC patients appears to foster the impression of carelessness, disrespect, and distrust.

Belief that HIV testing was mandatory: The third dominant theme expressed by men across all sites is the belief that an HIV test prior to MMC is mandatory. Fear of HIV results, as well as STIs, was commonly stated as an important barrier to going for MMC. In one example, a man went for MMC, was test HIV-negative, was advised to test again before MMC, and then did not return due to feared results. Some men stated that they feared the impact of an HIV-positive result on their lifestyles. Related to this concern are stories of being denied MMC due to low CD4 counts. As the national guidelines do not require an HIV test prior to MMC, and HIV-positive men can be medically circumcised, this suggests that these guidelines need to be more clearly communicated.

Desire for follow-up services for wound-care: There were several men who expressed a desire for follow-up services if there is a problem, particularly in rural areas where travel costs were involved. Other men expressed a need for knowing that there was a specific person they could contact and discuss wound care with, as opposed to a multitude of personnel handling his case.

Inability to endure 6 weeks of no sex: Several men said that they would not go for MMC because they did not believe they could endure 6 weeks without sex. Guidelines regarding how to refrain from sexual arousal during this period would be useful. For example, avoid behaviours and settings

that are sexually stimulating (avoid e.g., erotic films, books, conversations; do not masturbate) and talk openly to sexual partner about reason for no sex;

Painful erection during the healing period: Concern for how to handle an erection during this period was also mentioned, as this was imagined to be painful. Guidelines for dealing with unexpected erections would be useful to counter this concern.

Lack of family support

It is evident that in Zulu culture - whether rural, peri-urban or urban - circumcision is viewed differently from Xhosa, Pedi, Sotho, Venda and other groups that have a tradition of circumcision. In the latter groups, traditional circumcision is regarded as a necessary requirement for a male to be regarded as an adult man, and respected as such by his family and community. As a result, uncircumcised Zulu men stated that they were not motivated towards MMC due to cultural pressures, but rather through health reasons and the allure of improved sexual performance. In some cases, a family member or partner encouraged these men to get circumcised medically, for the same reasons.

However, several men stated that family members did not actively support or encourage MMC, and that this was a barrier to MMC in terms of obtaining practical support (e.g., money for transport), as well as emotional support for what some family members deemed unnecessary. It may be argued that this lack of support for MMC by family members is not an active barrier (in terms of actively being prevented from getting MMC), but rather a withholding of support.

This phenomenon emphasises the need for messaging regarding the benefits of MMC that are aimed at secondary target groups, namely older men and women who form the social network of uncircumcised men and who, although not antagonistic towards MMC, do not perceive the value of MMC.

Pre-MMC services: Long queues and appointments

There was one man who stated that he made an appointment, and this was not followed up by the service provider. Another man said he went for MMC and left because of the long queues. These complaints were not stated by other men.

Culture: What happens to the foreskin?

Several men, in both rural and peri-urban sites, stated that they would need to account for the missing foreskin to their ancestors when they died. They also implied that they would go for MMC if they could receive the foreskin afterwards. Information about what happens to the foreskin may be helpful.

Partial circumcision

There were men who had engaged in cultural practices that removed part of the foreskin, and others who had surgery to remove part of the foreskin, such as very tight foreskins being removed in young boys. There was a desire to do MMC, but they were not sure whether this was possible. Although not included in this study, it is possible to speculate that some traditional circumcision practices do not remove the foreskin to the extent of the MMC procedure, and these men are not aware that MMC is possible for them. Guidelines for dealing with partial circumcision, and also procedures for checking the extent of previous circumcision, need to be more clearly communicated.

Barriers to MMC: I am not convinced

As previously stated, there was a minority of men who were simply not convinced that MMC was necessary, or who were opposed to it. It was notable that these objections were not the result of lack of information about MMC, but were largely due to beliefs or perceptions that the MMC procedure would either not benefit the man, or that MMC was not desirable from a religious or other perspective.

Too old for MMC: In older men (25-34y), the most commonly stated reason for not being convinced to go for MMC was age. These men – typically married with children - did not see how the benefits of MMC – as stated in advertisements and information campaigns – apply to them.

You can't fix what is not broken: There were several men who argued that MMC was either against nature or their religious beliefs, particularly Christian beliefs. This included statements about how God made the foreskin for a reason, and therefore removing it would be wrong.

Low risk perception: Some men simply did not believe that they were at risk of the diseases (HIV and STIs) referred to in MMC messaging, and therefore did not believe it was necessary or of benefit to them. This was not just older men, but also a young man who said he already took all necessary precautions (e.g., condoms), so he did not see the need for MMC.

I already have HIV and/or STIs: One man said he already had the diseases that MMC was intended to prevent, so he did not see the point of MMC for himself.

I already have good sex as an uncircumcised man: One younger man rejected the messaging regarding the increase of sexual pleasure due to MMC because he felt he was already having pleasurable sex.

Most of these reasons for not being convinced that MMC is desirable are intractable, and would require long-term education and/or engagement in order to change, if this was even possible. It is suggested instead that the most common of these barriers - belief that the man is too old – is

addressed through targeted communication regarding how older, married men, men with families, would or could benefit from MMC.

Enablers of MMC

High awareness of MMC and its benefits

All men – including those who were not convinced that MMC was desirable – were aware of MMC and the difference between MMC and traditional circumcision, where to go for MMC, and the key stated benefits of MMC. There is no doubt that MMC awareness and information is wide-spread within the communities included in the study.

All participants were aware of specific clinics and hospitals where they could do MMC, indicating that access to MMC services is not a challenge for these men.

Support from women and dialogues with women

It was also found that the inclusion of women in the dialogue surrounding MMC has benefited the acceptance of MMC for various reasons, including being able to talk to female family members and partners about possibly going for MMC, and obtaining support from these women for this decision. Several men stated that MMC was recommended to them by their mothers for health and relationship reasons, and some by partners for both sexual and health reasons. However, this was not the case with all men – some men said they would not discuss MMC with women.

Circumcision is associated with manhood

In some communities, circumcision is associated with attaining manhood, which promotes MMC.

Positive community perceptions

In all peri-urban groups, participants stated that their community is aware of MMC and its benefits, and these perceptions were largely positive. This was ascribed to effective communications via media and other sources.

Pressure to get circumcised

The widespread acceptance of MMC has, according to several men, resulted in pressure from peers to get circumcised. This was stated to be common, in both rural and peri-urban areas. This applied to both traditional and medical circumcision, depending upon the site and community customs. This reported phenomenon indicates that MMC messaging and awareness has reached a significant level of acceptance in many communities.

MMC as a ‘shortcut’ to manhood

Concerns regarding the safety of traditional circumcision has, in some ways, benefited MMC because MMC is perceived as safer than undergoing the rigors of traditional circumcision. This

appears to be more the case in non-Zulu cultures. But, some Zulu men living in multicultural environments who report being treated as ‘boys’ by non-Zulu peers due to being uncircumcised report that MMC is a practical solution to achieving acceptance as a man.

Post-broadcast evaluation of the MMC “Salon” mass media campaign

Awareness, recall, impact of the television advert

The great majority (26/30) of formative study participants had seen the televised “Salon” MMC advertisements, and just over half (16/30) had heard the radio version of the advert. Awareness of the contents and messaging was good, with all key messages recalled within all groups, unaided. The overall attitude towards the adverts was positive. Participants also associated the *Upgrade* and *Zing* slogan and catchphrases with having had MMC, and the resulting improvement in sexual performance.

There appeared to be no significant lack of understanding of the content and messaging.

The television advert appeared successful in promoting discussion between partners, and several men reported discussing MMC with their partners as a result of seeing the advert. As a result, some men initiated actions to get MMC, while others considered MMC after watching the advert. Barriers to completing these actions are discussed in the previous section. One person said that watching the advert caused him to be ashamed that he wasn't circumcised. Several men said that the inclusion of women in the advert was helpful and effective.

Some men reported that they were informed by the advert, but not convinced to do MMC. This was not due to any problem with the advert, but rather due to other considerations, such as believing that he did not need it, or other beliefs preventing doing MMC.

SMS locator and logos in the television advert

In contrast to the positive recall of the advertisement messaging, most men did not recall the SMS clinic locator information. This is possibly due to the fact that most men knew where to get MMC anyway, and so did not pay much attention to this aspect of the advert.

Some men recalled the various logos at the end of the advert.

Overall feedback on the television advert

Most men said they enjoyed the television advert, and said that it was well put together, was accessible to both younger and older audiences, was informative, and was effective in encouraging men and women to discuss MMC.

Participant recommendations regarding the televised advertisement

There were not many recommendations for improving the advert, as most participants thought it was fine as it was. However, younger men in one group suggested a younger couple, and also a scenario at a soccer game. Older men in another group suggested adding information about how circumcision can improve sex.

Awareness, recall, impact of the radio advert

Data regarding the radio advert was not as extensive as for the television advert because less than half of formative study participants had heard the radio advert. Overall, the feedback regarding the radio advert was very similar to the feedback regarding the televised advert, and no suggestions were provided for improving the radio advert.

Awareness, recall, impact of billboards and posters

Awareness of billboards in formative groups was low. For those who recalled the billboard or poster, the main feedback concerned the condom held by the man in the advert, and the message to get circumcised. No suggestions were made for improvements to the billboard and poster, which was said to be good.

In supplementary groups of tavern patrons where posters were placed within taverns over a period of time, the overall response was positive, and some men stated that the poster encouraged him to go for MMC, and another man said it prompted him to think about getting circumcised.

The Way Forward

Many formative participants said that they would not change the advert. Some participants suggested that the “*Salon*” advert had been around for 2 years, and needed to be replaced because it had achieved its purpose.

Various suggestions were made in terms of the characters and settings of a new advert, including using local celebrities, younger people, actors from well-known television series, and well-known couples. It was also suggested that a series of adverts be developed that form a story. There were also suggestions to locate the advert in different settings, presumably rural, peri-urban, and urban.

In the tavern supplementary groups, it was suggested that posters are developed that focus upon traditional circumcision, although it was not clear what this would entail. Also, it was suggested that a poster was developed that more clearly contrasted uncircumcised and circumcised in terms of the benefits of MMC.

Conclusions

The primary conclusion of this study is that MMC has gained wide-spread acceptance within the communities included in the study, and that the main barriers to MMC – for most uncircumcised

men - do not lie in a lack of knowledge regarding the benefits of MMC, as successfully disseminated via mass media, health services, and other sources.

Overall, the “*Salon*” mass media campaign appears to have been highly successful across all sites studied, and has contributed towards a broad dialogue within families and relationships, and a general acceptance of MMC within the target population. However, specific target populations – such as men aged 25-34, married men, and religious groups – require more attention in order to persuade some men within these populations of the benefits of MMC.

Nevertheless, a large majority of uncircumcised men in this study had not only considered MMC, but had done so favourably, but reported being held back from doing MMC due to specific concerns concerning the procedure, particularly pain, safety (infection and damage to the penis), dealing with post-procedure challenges (e.g., wound care, the time required to heal, and erections), and the need to have an HIV test prior to MMC.

Most of these issues can be addressed through targeted communications and information campaigns to answer these questions and concerns.

Appendix 1: Participant Demographics

Table A1-1 - Description of participants

Group	1	2	3	4	All
Province	Gauteng	Gauteng	KwaZulu-Natal	KwaZulu-Natal	
District	City of Tshwane (Region 1)	Ekurhuleni	Umkhanyakude	eThekweni	4
Site	Soshanguve	Vosloorus	Jozini	Inanda	4
Participant Residence	Soshanguve	Vosloorus	Jozini	Inanda	4
Site Type	Peri-urban	Peri-urban	Rural	Peri-urban	
Group Gender	Male	Male	Male	Male	
Number	8	7	8	7	30 (100%)
Age group	25-34	18-24	18-24	25-34	2
Age outliers	35, 36	-	26	35	4 (13%)
Uncircumcised	8	7	8	7	30 (100%)
Planning on Circumcision					
Yes: MMC	7	5	8	4	24 (80%)
Yes: Trad Circ	0	1	0	0	1 (3%)
No	1	1	0	3	5 (17%)
Home Language	Zulu Tswana English Tsonga Sepedi	Zulu English Sotho Afrikaans	Zulu	Zulu	7
Employment status					
Employed	1	2	1	2	6 (20%)
Unemployed	6	4	7	5	22 (73%)
Student	1	1	0	0	2 (7%)
Highest educational level achieved					
< Grade 12	2	0	4	4	10 (33%)
Grade 12	6	7	4	3	20 (67%)
>Grade 12	0	0	0	0	0

(Table A1-1 continued on the next page ...)

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Group	1	2	3	4	All
Site	Soshanguve	Vosloorus	Jozini	Inanda	4
Self-reported Relationship Status					
Single	4	3	8	0	15 (50%)
Casual	2	2	0	6	10 (33%)
Multiple	0	1	0	0	1 (3%)
Long-term	1	1	0	1	3 (10%)
Married	0	0	0	0	0
Did not answer	1	0	0	0	1 (3%)
Has children					
Yes	3	0	4	6	13 (43%)
Has cell phone					
Yes (owned)	7	7	8	6	28 (93%)
No, but has access	1	0	0	1	2 (7%)
Cell phone has internet	4	7	5	4	20 (67%)
Use: Phone calls	7	7	7	6	27 (90%)
Use: SMS	6	5	5	6	22 (73%)
Use: Email	4	5	0	1	10 (33%)
Use: Facebook	4	6	1	1	12 (40%)
Use: Google	4	6	0	1	11 (37%)
Use: WhatsApp	5	7	1	4	17 (57%)
Use: Twitter	2	1	0	0	3 (10%)
Use: Download Apps	3	4	0	0	7 (23%)
Use: Other	1	1	0	0	2 (7%)
Seen/heard B4L TV/Radio MMC Advert					
Seen TV advert	7	7	4	7	25 (83%)
Heard radio Advert	2	1	3	7	13 (43%)

Appendix 2: Favourite Adverts

Table A2-1: Favourite Television and Radio Adverts

<i>Television</i>			
<i>Subject</i>	<i>Organisation</i>	<i>Reason(s)</i>	<i>Group</i>
<i>Kung Fu Master – Your soul lacks fire</i>	<i>Chicken Licken</i>	<i>It's not just about chicken – there is another message about working hard to achieve.</i>	<i>18-24y, Vosloorus, Gauteng</i>
<i>Old man eating chicken – Inner Peace</i>	<i>Chicken Licken</i>	<i>I like the style. It is interesting. It puts a smile on my face.</i>	<i>18-24y, Jozini, KwaZulu-Natal. 25-34y, Soshanguve, Gauteng. 25-34y, Inanda, KwaZulu-Natal</i>
<i>Two men talking about 'tender' as they are eating a hamburger</i>	<i>Nandos</i>	<i>Humour. Play on words.</i>	<i>18-24y, Vosloorus, Gauteng</i>
<i>Change / Julius Malema</i>	<i>Nandos</i>	<i>Funny and attractive</i>	<i>25-34y, Soshanguve, Gauteng</i>
<i>Popeye and Spinach: Insurance, Funeral policy</i>	<i>Hollard</i>	<i>Funny but conveying a good message. We need insurance to be buried properly. Teaches us we are going to die one day.</i>	<i>18-24y, Vosloorus, Gauteng 18-24y, Jozini, KwaZulu-Natal 25-34y, Inanda, KwaZulu-Natal</i>
<i>Driver who takes drunk man home</i>	<i>MiWay</i>	<i>They are concerned about safety of their clients.</i>	<i>18-24y, Vosloorus, Gauteng</i>
<i>Man rushing to wedding</i>	<i>Vodacom</i>	<i>I wish one day I will be married.</i>	<i>18-24y, Jozini, KwaZulu-Natal</i>
<i>Olympics/Sports</i>	<i>Coca-Cola</i>	<i>I like sports.</i>	<i>18-24y, Vosloorus, Gauteng</i>

<i>Old man and child eating bread</i>	<i>Albany Bread</i>	<i>The child learns from his/her elders.</i>	<i>18-24y, Jozini, KwaZulu-Natal</i>
<i>Cremora – Take the top off</i>	<i>Nestle</i>	<i>Funny. Play on words. You must pay attention.</i>	<i>25-34y, Soshanguve, Gauteng</i>
<i>Late for the Game – Men’ sexual health</i>	<i>Men’s clinic</i>	<i>Funny.</i>	<i>25-34y, Inanda, KZN</i>
<i>Obvious!</i>	<i>Lunch Bar</i>	<i>Humour.</i>	<i>25-34y, Inanda, KZN</i>
Radio			
<i>Circumcision</i>	<i>B4L</i>	<i>It is funny. It shows wants a man who is circumcised.</i>	<i>25-34y, Inanda, KZN</i>
<i>Circumcision</i>	<i>Unspecified (UKhosi Radio)</i>	<i>Circumcision is important to protect yourself and your family from sicknesses.</i>	<i>18-24y, Jozini, KwaZulu-Natal</i>
<i>It’s all about the price</i>	<i>Checkers</i>	<i>My niece sings the song.</i>	<i>25-34y, Soshanguve, Gauteng</i>
<i>Various</i>	<i>LoveLife</i>	<i>It is educational.</i>	<i>25-34y, Soshanguve, Gauteng</i>

Table A2-2: Least Favourite Television and Radio Adverts

<i>Television</i>			
<i>Subject</i>	<i>Organisation</i>	<i>Reason(s)</i>	<i>Group</i>
<i>Life insurance</i>	<i>Clientele</i>	<i>Repetitive: Plays day after day.</i>	<i>18-24y, Vosloorus, Gauteng</i>
<i>Political adverts</i>	<i>ANC and DA</i>	<i>Only show what other party is not doing, not what they themselves are doing.</i>	<i>18-24y, Vosloorus, Gauteng</i>