



HRPO USE ONLY: HRPO#

Principal Investigator/Project Director's (PI/PD) Name: Anthropology Undergraduate Student
Faculty Sponsor's Name (if applicable): `
Project Title: The politics of local perceptions and global public health policy in Uganda

Contact HRPO by calling (314) 633-7479 if you have questions regarding completion of your Protocol.

All boxes will expand as needed.

1. Provide a brief background/history related to your project. **Be succinct.**

<p>The Joint United Nations Programme on AIDS (UNAIDS) estimates that there are currently 33.2 million people in the world living with HIV. Sub-Saharan Africa remains the most heavily affected region of the world, accounting for 67% of all cases and 72% of all AIDS deaths in 2007 (UNAIDS 2008). Past interventions to reduce HIV incidence have focused on behavioral change, such as increasing condom use and limiting number of sexual partners. However, the relationship of male circumcision to HIV incidence has been suspected for some time through the observation that some communities in sub-Saharan Africa with widespread male circumcision had lower rates of HIV infection. More recently, NIH funded clinical trials conducted in Rakai, Uganda revealed at least a 51% reduction in HIV transmission among circumcised men (UNAIDS 2007). Although the scientific community broadly supports institution of routine male circumcision in Uganda, it is essential to understand how communities currently understand male circumcision and how its adaptation as an HIV prevention method may be received.</p>
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2. Describe your research objectives. This section may include research questions and hypotheses.

<p>The objectives of the study are to understand the local perceptions of men regarding male circumcision as a social practice and how that definition might change based on data concerning HIV prevention. I hope to explore how governmental education messages regarding HIV and medical male circumcision should incorporate existing local perception of the procedure. I also hope to learn how government officials are approaching education about MMC in the context of HIV.</p>
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3. Describe the potential contribution of your project. Describe how this project will contribute to the literature and/or the field.

<p>Conclusions from my research will illuminate cultural meanings and understandings of male circumcision held by residents of Iganga and how those understandings might affect the implementation of MMC as an HIV risk reduction strategy. By interviewing Ugandans who have traditionally conducted circumcisions as a religious practice, I hope to discover how the people of Uganda will have to adapt as this type of surgical intervention is conducted with increased governmental regulation. Also, I will research whether men would view MMC as a panacea warding off all sexually transmitted diseases, which could potentially lead to increased engagement in risky sexual practices. In addition, I will discern if the men of Iganga would be receptive to male circumcision if it was offered to combat HIV as well as make recommendations for how the government should proceed with the message in the area. This will have important implications as the</p>
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government of Uganda designs education programs about circumcision prior to its arrival as a government program in Iganga.

4. Estimated end date of project:

July 31st, 2009

5. Clearly define each participant group by providing age ranges and any other relevant descriptors (e.g., social service providers, social service recipients, students, employees in the work place)

The primary participant group will be men above age 18. These men should be residents of Iganga. Religious leaders and health official will fall into this category They can be from any occupation and will interviewed primary at the facility of the non-governmental organization. Public health officials and professors at Makerere University in Kampala will also be interviewed.

6. Describe the process you will use to recruit each participant group.

Recruitment is most voluntary when it enables potential participants to actively seek information about the study. Recruitment of friends or acquaintances should be avoided, when feasible, to reduce the possibility of coercion. As a general rule, employers should not introduce studies to their employees. If recruiting or conducting research at another location (e.g., church, school), it is wise to obtain prior permission from the site; however, HRPO does not require documentation of approval from that organization.

IDAAC, the NGO that is assisting in my research will be aiding my recruitment of participants. They have a database of men who have shown an interest in learning about HIV prevention in the past. My contact at the IDAAC will inform men about the existence of my study and if they are interested, he will provide them with my contact information.

Public officials and professors will be identified through their involvement in HIV/AIDS issues or expertise on HIV/AIDS. This will be judged by heads of departments at Makerere University School of Public Health who will be contacted and consulted by phone. Membership on HIV/AIDS prevention committees in the Ministry of Health in Uganda will be used to judge the involvement of a public official in HIV/AIDS issues. I will be able to obtain their contact information from University/Office (Ministry of Health) websites, department heads at Makerere University.

7. Provide a brief but thorough overview of all project procedures, including the estimated amount of time required of each participant.

- For interviews or focus groups: ATTACH a complete list of questions and/or topics that will be covered in the interview.
- For surveys or questionnaires: ATTACH the survey in your application *unless* it is a standard, published survey used for diagnostic or assessment purposes.

The procedure will involve a 30 minute interview. After the oral consent script is read, the translator and I

will move to the questions. Questions for Iganga residents are listed below.

1. What makes a man a man? (i.e. definition of masculinity in community)
2. Does circumcision have any impact on if one is a man?
3. Does being circumcised make you more or less of a man?
4. Who would you rather be circumcised by: a local healer or a doctor you don't know?
5. Does the type of circumcision you receive impact your manliness/masculinity?
6. What methods of HIV prevention do you use?
7. If you were told MC could reduce the chance that you would get HIV, would you do it? If yes/no, why/why not?
8. Would you be willing to wait a few weeks to engage in sexual activity after a circumcision?
9. Would being circumcised result in behavioral disinhibition/risk compensation?

Additional questions for public officials and professors:

1. What strategies are used in Uganda to prevent HIV?
2. How do you feel about the ABC method?
3. What do you know about the connection between HIV and male circumcision?
4. What do you think about the government wanting to create programs for any man to become

circumcised?

5. Do you think men who are circumcised to prevent HIV will become more lax with ABC?
6. What do you think about the government taking funds from other HIV prevention strategies and putting them toward circumcision?
7. How does being circumcised affect someone's manliness in your own community?
8. Are there enough health workers to meet the demand of circumcision?

8. Describe the exact amount or value of any remuneration. Specify under what conditions, if any, the remuneration will not be awarded. Enter N/A if no remuneration is provided to participants.

1000 Ugandan schillings will be offered as remuneration. This is the equivalent of about 50 cents in U.S. dollars. This is being provided to cover transportation to and from the interview site. It is a small amount, relative to what prices are charged for normal items in Uganda. It is not enough to be an incentive in and of itself.

9. Describe how you will maintain the confidentiality of the data.

The participants' responses to the interview questions will be recorded with the use of field notes. I will not record any identifiers of the participants. All records will be anonymous. My notes will be retained either on my person (when traveling) or in a locked cabinet in my locked room while in Uganda. Once I return to the US the notes will be retained in a locked cabinet in my locked office. Electronic data will be stored on a password protected computer.