

# Research Journal: Unpacking the Intersection of VMMC, Masculinity and Gender Roles in Chirumhanzu District: A Critical Analysis

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**Abstract:** Voluntary Medical Male Circumcision (VMMC) is a proven strategy for reducing HIV transmission among men (UNAIDS, 2020). This research investigates how traditional notions of masculinity and gender roles influence the acceptance and uptake of Voluntary Medical Male Circumcision (VMMC), a key strategy in HIV prevention. The study aims to understand the cultural and social factors that shape men's health-seeking behaviors regarding VMMC. The study used descriptive correlational design. Sequential sampling sampling method was used to select 80 participants with an age range of 15-49 years. Guided by an intersectional perspective, data was collected through structured interviews that examined demographic details, perceptions of masculinity, how VMMC impacts gender relations, and the social influences that either promote or hinder its adoption. Data analysis using SPSS focused on exploring the correlations between masculinity norms and VMMC participation, as well as identifying social and cultural barriers or enablers. The results indicated that all participants were literate; however, misconceptions persisted, such as the belief that VMMC diminishes sexual feelings (40%) and prolongs sexual activity (15%). Some concerns raised included lack of demand creation, perceived insincerity among VMMC providers, unaddressed side effects, and issues with informed consent. Based on these findings, the study recommends incorporating discussions about masculinity and gender roles into VMMC programs. Engaging men, women, and community leaders in promoting positive masculinity can help challenge harmful norms, foster supportive environments, and increase VMMC uptake. It is also crucial to deliver culturally sensitive healthcare that addresses fears about pain, provides follow-up care, and maintains confidentiality. Integrating VMMC services with HIV testing and counseling could further improve access and awareness, with trained counselors playing a vital role.

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## I. INTRODUCTION

The study explores the intersection of Voluntary Male Medical Circumcision (VMMC), Masculinity and Gender roles in Chirumhanzu district, Zimbabwe, where VMMC uptake remains low despite its proven effectiveness in reducing HIV transmission. The study aims to identify key factors influencing VMMC uptake and inform targeted interventions to increase uptake, enhance HIV prevention efforts and promote gender-sensitive health programs, ultimately contributing to improved health outcomes in the district.

## II. METHODOLOGY

The study adopted an interpretivist philosophy and mixed-methods approach, combining quantitative surveys with qualitative interviews and focus group discussions. A descriptive correlational design examined the relationship between VMMC uptake and traditional masculinity norms. The study population consisted of uncircumcised, sexually active men aged 15-49, with a sample of 80 participants selected using sequential sampling. Data was collected using KoboCollect and analyzed using descriptive statistics, Pearson Correlation Analysis, and grounded theory. Ethical considerations, including informed consent and confidentiality, were maintained throughout the study.

### III. FINDINGS

The findings from this mixed-methods study on VMMC, masculinity, and gender roles in Chirumhanzu district, involving 80 uncircumcised, HIV-negative men aged 15-49. Key findings include: most participants were young (mean age 20), cohabiting (38.75%), and educated (43.75% secondary education); 56.25% didn't view VMMC as a sign of masculinity; traditional masculinity norms influenced VMMC decisions (41.25% citing cultural norms); VMMC impacted relationships (56.25% reporting tense relationships); and cultural factors, including stigma (44.44%), influenced decisions. The study highlights the complex interplay between VMMC, masculinity, and gender roles, emphasizing the need for targeted education and community involvement.

### IV. CONCLUSION

The study on VMMC, masculinity, and gender roles in Chirumhanzu district found that traditional masculinity norms influence VMMC decisions, impacting relationships and cultural factors. The study recommends integrating masculinity discussions into VMMC programs, engaging communities, and providing culturally sensitive services. Policy implications include incorporating masculinity discussions, while programmatic implications involve community-based interventions. Research implications include exploring masculinity complexities, and practice implications involve training healthcare providers. The study's findings can inform effective VMMC programs, contributing to HIV prevention and improved health outcomes.

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