

## ANNEXURES

### Annexure 1: Questionnaire

**A STUDY TO INVESTIGATE KNOWLEDGE AND  
ACCEPTABILITY OF MALE MEDICAL CIRCUMCISION AS AN  
HIV PREVENTION INTERVENTION AMONGST GRADE 11 AND  
12 BOYS AT SEHUSHE HIGH SCHOOL IN LIBODE.**

#### Questionnaire

1. Age .....

2. Grade .....

3. Religion (Tick one)

Christian	
Hindu	
Rastafarian	
No Christian	
Other	

4. Place of Residence (Tick one)

Urban area	
Rural area	
Informal Settlement	

5. What is the current marital status of your parents? (Tick one)

Married/living together	
Single	
Separated	
Divorce	
Widowed	

6. What is the current employment status of your parents? (Tick all the relevant answers)

Father formally employed	
Mother formally employed	
Father self-employed	
Mother self-employed	
I don't know about my father	
I don't know about my mother	
Father deceased	
Mother deceased	

**7. Who do you currently live with? (Tick all the relevant answers)**

Father	
Mother	
Brother	
Sister	
Grandfather	
Grandmother	
Uncle	
Aunty	
Other relative	
Other (specify)	

**8. Knowledge about Medical Male Circumcision**

Is there any difference between Medical Male Circumcision and Traditional Male Circumcision?	Yes	No	I don't know
Is Medical Male Circumcision safe when it is done accordingly?	Yes	No	I don't know
Is Medical Male Circumcision done at the clinic?	Yes	No	I don't know
Is Medical Male Circumcision done at the hospital?	Yes	No	I don't know
Is Medical Male Circumcision done by a nurse?	Yes	No	I don't know
Is Medical Male Circumcision done by a doctor?	Yes	No	I don't know
Is Medical Male Circumcision done by a traditional surgeon (ingcibi)?	Yes	No	I don't know
Is Medical Male Circumcision done by any circumcised men?	Yes	No	I don't know
Does Medical Male Circumcision reduce the risk of STI among males?	Yes	No	I don't know
Does Medical Male Circumcision reduce the risk of STI among females?	Yes	No	I don't know
Does Medical Male Circumcision reduce the risk of HIV infection among males?	Yes	No	I don't know
Does Medical Male Circumcision reduce the risk of HIV infection among females?	Yes	No	I don't know
Does Medical Male Circumcision prevent HIV infection entirely among males?	Yes	No	I don't know
Does Medical Male Circumcision prevent HIV infection entirely among females?	Yes	No	I don't know

**9. Can you tell me all the places you have heard about Medical Male Circumcision? (Tick all relevant)**

Never heard about it. <b>SKIP to question 10</b>	
Television	
Radio	
Facebook	
Twitter	
Posters / Billboards	
Pamphlets / Booklets / Hand outs	
Community events	
Friend / Relative	
From and HIV&AIDS organisation	
Clinic / Hospital	
Newspaper	
Don't remember	
Other (specify)	

### 10. Acceptability of Medical Male Circumcision

Would you consider undergoing Medical Male Circumcision as an HIV prevention intervention?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Do you think your parents would allow you to be medically circumcised for HIV prevention intervention?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Do you think most of your family members would allow you to be medically circumcised for HIV prevention intervention?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Can most of your male friends allow you to be medically circumcised for HIV prevention intervention?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Can most of female friends allow you to be medically circumcised for HIV prevention intervention?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Can most of your male schoolmates allow you to be medically circumcised for HIV prevention intervention?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Can most of female schoolmates allow you to be medically circumcised for HIV prevention intervention?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Can most of your community members allow you to be medically circumcised for HIV prevention intervention?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree

### 11. Which type of circumcision do you prefer? (Tick one)

Medical Male Circumcision	
Traditional Male Circumcision	

**12. Would you refer a friend for MMC? (Tick one)**

Yes	
No	

**13. Would you refer a relative for MMC? (Tick one)**

Yes	
No	

**14. Are there any complications related to Medical Male Circumcision?**

Yes	
No	

**15. If yes, which one of the following? (Tick all relevant)**

Continuous excessive bleeding	
Severe pains of the penis	
Infections (Urinary Tract Infection-UTI)	
Wound not healed at 60 days after surgery	
Partial amputation	

!!!!!!!!!!!!.....Thank you very much for participating in this study.....

**Annexure 2:** Access approvals obtained from the District Director of Education and the school Principal.



Department of Public Health  
Faculty of Health Sciences  
Walter Sisulu University  
Private Bag XI  
5117  
January 25, 2016

The District Director

Department of Education  
Libode  
5160

Dear Sir/Madam

**APPLICATION TO CONDUCT RESEARCH**

I am a registered male student at WSU-Mthatha Campus, I am doing Master of Public Health where research is a requirement for the fulfillment of the qualification. I therefore kindly request for permission to conduct a research study in your institution (Sewushe High School, Libode) amongst a total of thirty (30) grade 12 learners(boys) aged between 15 – 20 years. The purpose of the study is to investigate the *"Acceptability of Medical Male Circumcision as an HIV prevention intervention amongst grade 12 boys at Sewushe High School in Libode"*.

The information will be collected through Questionnaires. Participants will use time suitable for them to fill in the Questionnaires. Participation is voluntarily, and anonymity and confidentiality of the respondents will be maintained.

Your assistance will be greatly appreciated.

Yours sincerely,

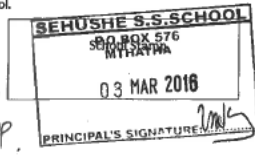
Gotye Lungani, student no: 204618878

Supervisor: Dr A Nyembezi *[Signature]* Date: 03/02/16  
HOD: Dr Z Vundle *[Signature]* Date: 03/02/2016

Department of Education use only

Permission Granted       Permission Not Granted

District Director's signature: *[Signature]* Date: 29/02/2016  
NASHWA MAREE KOBANE (School Principal), hereby to confirm that Mr Gotye L  
was granted permission to conduct a research study in my school.



PP.

**Annexure 3:** Ethics Committee of Walter Sisulu University, faculty of health sciences Human Research Ethics Committee (reference: 028/2018).



FACULTY OF HEALTH SCIENCES  
POSTGRADUATE EDUCATION, TRAINING, RESEARCH AND ETHICS UNIT

**HUMAN RESEARCH COMMITTEE  
CLEARANCE CERTIFICATE**

PROTOCOL NUMBER : 028/2018

PROJECT : ACCEPTABILITY OF MEDICAL MALE CIRCUMCISION AS AN HIV PREVENTION INTERVENTION AMONGST GRADE 11 AND 12 HIGH SCHOOL MALES IN LIBODE

INVESTIGATOR(S) : LUNGANI GOTYE

DEPARTMENT : PUBLIC HEALTH

DECISION OF THE COMMITTEE : APPROVED

DATE OF APPROVAL : 01 SEPTEMBER 2020

DURATION : 1 YEAR (01 SEPTEMBER 2020 – 01 SEPTEMBER 2021)

CONDITIONS : NONE

N.B You are required to provide the committee with a progress or outcome report of the research after every 6 months. The committee expects a report on any changes in the protocol as well as any untoward events that may occur at any time during the project to the investigator/s.

WALTER SISULU UNIVERSITY  
ACADEMIC HEALTH SERVICE COMPLEX OF THE  
EASTERN CAPE  
POSTGRADUATE EDUCATION AND TRAINING  
FACULTY OF HEALTH SCIENCES  
WALTER SISULU UNIVERSITY  
PIBAG X 1, WSU, 5117, E.C  
TEL: (047) 502 2100 / FAX: (047) 502 2101

DR. E.J. NDEBIA  
CHAIRPERSON

20.10.20  
DATE

**DECLARATION OF INVESTIGATOR(S)**

(To be completed in duplicate and one copy returned to the Research Officer at Office A8 Q2 GF 03 Administration Building, Sison Street Campus, Fort Gale, Mthatha, WSU)

I/We fully understand the conditions under which I/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Research Ethics Committee. I/We agree to a completion of a 6-monthly/ yearly progress report. The committee reserves the right to withdraw approval in the event that there are serious ethical violations.

(Signature)

17/12/20 (Date)

N. B. Please quote the protocol number in all enquiries.

**Annexure 4:** Parents provided assent for their children to participate if they were younger than 18 years.



**Department of Public Health  
Faculty of Health Sciences  
Walter Sisulu University  
Private Bag X1  
5117  
November 24, 2017**

**The Parent/Guardian**

**Sehushe Senior Secondary School  
P O Box 576  
Libode  
5160**

Dear Sir/Madam

### **CONSENT TO CONDUCT RESEARCH**

I am a registered male student at WSU-Mthatha Campus; I am doing Master of Public Health where research is a requirement for the fulfilment of the qualification. I therefore kindly request your consent to allow me to conduct a research study from your son who is a learner at Sehushe High School, Libode. Permission has already been granted by the Department of Education, the school principal and by the SGB. The purpose of the study is to investigate the ***“Acceptability of Medical Male Circumcision as an HIV prevention intervention amongst grade 11 and 12 boys at Sehushe High School in Libode”***.

The information will be collected through Questionnaires (a list of questions). Participants will use time suitable for them to fill in the Questionnaires. Participation is voluntarily (no one will be forced to participate even though you are requested to sign this consent form). Anonymity and confidentiality of the respondents will be maintained.

Your assistance will be greatly appreciated.

Yours sincerely,

Gotye Lungani, student no: 204618878  
Contact no: 071 854 3845/047 502 9096

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Please mark with an "X" inside the relevant box

Consent Granted

Consent Not Granted

Full names of parent/guardian:

.....

Signature: .....

**Annexure 5:** Learner consent forms.



**Department of Public Health  
Faculty of Health Sciences  
Walter Sisulu University  
Private Bag X1  
5117  
November 24, 2017**

**The Learner**

**Sehushe Senior Secondary School  
P O Box 576  
Libode  
5160**

Dear Sir

### **INFORMED CONSENT TO CONDUCT RESEARCH**

Re: Request to participate in research study on ***“Acceptability of Medical Male Circumcision as an HIV prevention intervention amongst grade 11 and 12 boys at Sehushe High School in Libode”***.

I am a student at WSU-Mthatha Campus; I am doing Master of Public Health where research is a requirement for the fulfilment of the qualification. I therefore kindly request your support to participate in my study as highlighted above.

Such support may include answering questions to be provided in a form of Questionnaires where you are expected to tick the relevant answers according to your knowledge and understanding of Medical Male Circumcision (MMC).

Participation is voluntarily. Your response will be kept confidentially and anonymity will be maintained.

Your support will be highly appreciated.

Yours sincerely,  
Lungani Gotye (Mr.)  
Student no: 204618878  
Cell: 071 854 3845

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Put an 'X' next to the appropriate/relevant answer

Agree to  
participate

Don't agree to  
participate

Name and Surname ..... Grade ..... (e.g  
11)

## **Learner Consent for Publication**

**Title: Acceptability of Medical Male Circumcision as an HIV prevention intervention among male learners in a South African high school**

This form provides consent for MDPI to publish details and/or images from the public. It must be completed prior to publication.

### **Learner/representative details**

Learner name: \_\_\_\_\_

If a representative is signing on the learner's behalf:

Name of learner representative: \_\_\_\_\_

Relationship of representative to learner: \_\_\_\_\_

By signing this form, I confirm that I have the authority to represent the learner and provide authorization on their behalf.

### **Article details**

Article title: Acceptability of Medical Male Circumcision as an HIV prevention intervention among male learners in a South African high school

Journal: Healthcare (BASEL)

Authors: Lungani Gotye, Sibusiso C. Nomatshila, Kedibone Maake, Wezile Chitha, Sikhumbuzo A. Mabunda, Anam Nyembezi

### **Declaration by learner or their representative**

I, the learner named above or the learner's representative, have read the abovenamed article in full (including text, figures, and supplementary material) and agree to its publication. I am fully aware of the implications of publication and accept any associated risk. In particular, I understand that, despite anonymization, it is possible that I (or the learner) may be identified based on the details or images contained in the article. While the authors and the publisher will make efforts to minimize this risk, confidentiality cannot be guaranteed.

I understand that the paper will be published online in open access format (using a creative commons CC BY 4.0 license, <http://creativecommons.org/licenses/by/4.0>), meaning that it can be downloaded, copied and reused without limitation. This include any figures, tables, and supplementary data. The primary audience for the published paper will be healthcare professionals, research academics and students from across the globe.

The final published version may differ from the one submitted to the journal due to minor revisions, changes to style, and reformatting. Publication in the journal mentioned above is not guaranteed and will take place at the discretion of the publisher, and with permission of the Editor-in-Chief (or a qualified Editorial Board member) after a peer review process.

Signing this form does not remove any of my/the patient's statutory rights to privacy. I understand that I may revoke consent at any point prior to publication, but after publication my consent can no longer be withdrawn.

I understand that I/the learner will receive no financial benefit or compensation from publication of the article.

Learner and/or representative signature(s):

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Place, date:

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