TRADITIONAL MALE CIRCUMCISION AND THE RISK OF HIV TRANSMISSION IN CHAVUMA DISTRICT, NORTH WESTERN PROVINCE, ZAMBIA

BY

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A dissertation submitted to the University of Zambia in Partial Fulfillment of the requirements of the Master of Arts Degree in Gender Studies

THE UNIVERSITY OF ZAMBIA
LUSAKA

2010

I, CHINYAMA SELEJI, declare that this dissertation:

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is approved as fulfilling the requirements for the award of degree of Master of Arts in Gender and Development studies of the University of Zambia.

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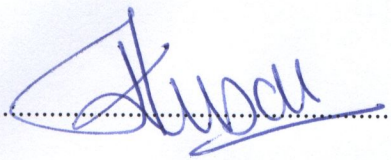

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I would like to dedicate this work to all boys and young men that are exposed to HIV infection at traditional circumcision.

ACKNOWLEDGEMENTS

In the first place I would like to thank all the professionals whose work I consulted for literature review.

I wish too to thank my supervising Lecturer Dr. Thera Rasing from the Gender Studies Department who guided me in completing this course.

I wish also to thank the male parents, male traditional leaders, male traditional circumcisers that I interviewed and Kelvin Kaumba and my wife Holenu who were my assistants during data collection.

I do not wish to forget my sponsor, the Ministry of Health that provided the finances for this programme.

Many thanks also go to my classmates for the good company I enjoyed while with them on campus.

Lastly but not the least, I would also thank my dear wife Holenu and all family members who gave the support materially and morally in my educational career.

ACRONYMS

AIDS	Acquired immune deficiency syndrome
CDE	Classified daily employee
CRAIDS	Community response to AIDS
CSO	Central Statistics Office
DHMT	District health management team
HIV	Human immuno virus
IEC	Information, education and communication
MOH	Ministry of health
MTCT	Mother-to-child transmission
NAC	National Aids Council
NGO	Non-Govern mental Organization
STI	Sexually transmitted infection
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations programme on Aids
UNFPA	United Nations Population Fund
USAID	United States International Development AID
WHO	World Health Organization

ABSTRACT

It has been found that circumcised men are less than half likely to be infected by HIV as uncircumcised men. However, there are also chances that HIV infection can be transmitted at traditional male circumcision due to sharing a blood-contaminated surgical knife among initiates.

This study aims to establish the aspects of traditional male circumcision and the risk of HIV transmission to boys. It also aims to establish the knowledge of male parents, traditional leaders and traditional circumcisers about HIV transmission at traditional male circumcision rites. Further, it seeks to determine whether HIV sensitization has led to safe practice at traditional male circumcision rites to prevent transmission of HIV infection and to identify factors influencing safety of traditional male circumcision against the HIV virus.

The study used qualitative methods to collect data using interviews. Data was collected among the *Luvale* in Chavuma district in Northwestern Zambia. The data was analyzed manually.

The study revealed that the majority of the respondents knew what HIV/AIDS was and the routes of transmission. Some respondents knew HIV could be transmitted at male circumcision. Others could not correlate HIV transmission through MTCT and transmission at circumcision. Some traditional circumcisers could not believe sharing a surgical knife between initiates at circumcision could transmit HIV because they wipe it with a cloth before re-using it. They actively used the

traditional method of using one surgical knife on all the initiates pausing risk of HIV transmission among them.

There were no trained health workers in most health centres in Chavuma district in North Western province to perform male circumcisions except for Chavuma Mission Hospital and Lukolwe rural health centre that had a classified daily employee (CDE) each. There was no active programme dealing with prevention of HIV transmission at male circumcision in the area.

Some parents and traditional leadership were opposed to altering the rite because it would compromise their traditional heritage but appealed that the traditional male circumcisers be trained in safe circumcision in order to prevent HIV infection at such a rite.

Among the *Luvale*, the *mukanda* serves as the training ground for life skills and it is also a channel for receiving ancestral blessings and power. Manhood to the *Luvale* men therefore entails enduring hardship in life and building up courage to face challenges in life. Circumcision sets apart a *Luvale* man from women and uncircumcised men. Circumcision through *mukanda* is the symbol that marks the end of childhood and sets the beginning of the masculine status. Therefore, attaining manhood through circumcision appears much more important than the possible risk of contracting HIV infection at traditional circumcision. The sharing of a surgical knife carries traditional significance. It creates a bond among the peers for the rest of their lives that they shared blood.

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CHAPTER 1

1.0 INTRODUCTION

This thesis comprises of 6 chapters: Chapter 1 includes preliminaries, introduction and background to male circumcision and HIV/AIDS, significance of the study, research questions, and objectives. Literature review is given in chapter 2, methodology is explained in chapter 3 and results are discussed in chapter 4. Chapter 5 contains conclusion and chapter 6 contains recommendations. Annexes are at the end of the thesis. The work proceeds as follows:

Zambia is faced with the HIV/AIDS pandemic. This has adversely affected the socioeconomic situation of the country because the productive generation is dying and there is a drain on resources to fight and manage HIV (MoH/CBoH, 1999). There is the burden of vulnerable children who have lost their parents due to the disease. This includes orphans who were projected to rise from 520,000 in 1999 to 895,000 by 2009 and 974,000 by 2014 besides the street children (MoH/CBoH, 1999). Certain socio-cultural aspects predispose people to the HIV infection especially if it involves invasive procedures and blood-letting. One such procedure is traditional male circumcision, where boys are initiated sharing an unsterilized surgical knife

which predisposes them to contracting the HIV virus (Hrdy, 1987). Therefore, traditional circumcision among the *Luvale* in Zambia can be a possible source of HIV infection transmission. This study focuses on traditional male circumcision and the possible risk of HIV infection transmission to boys among the *Luvale*.

It is important to mention that women (including female nurses) were not involved in the study because the topic is about men's secret society. Traditionally, among the *Luvale,* it is taboo for a woman to be present at a circumcision session or circumcise a man. Even if women get involved in the celebrations of *mukanda,* a ritual traditional education process performed at puberty among the *Luvale,* they are never present at the stage of cutting the prepuce from the initiates' penis. Women were therefore not going to provide valid data for this study if interviewed.

1.1 Background

Manhood is a state of exhibiting behaviours considered as male. It is an achieved status in society and a product of learned behaviuors. Alsop, Fitzsimons, Lennon and Minsky (2002: 13-14) referred to masculinity as a set of psychological and behavioural traits, which are considered particularly appropriate to bodies classified as male. Masculinity is a gendered social

construct for male identity. This gender concept, male, is a categorization which becomes fundamental to men's sense of identity and carries with it associated expectations of patterns of behaviour. It is a phenomenon which has bodily, psychological and behavioural features (Alsop, Fitzsimons, Lennon and Minsky, 2002). Therefore, a man's body is important in the creation of his sense of self.

In some cultures the world over, manhood is achieved through initiation rites of which circumcision is a part where a body part is altered. Male circumcision rite is part of a rite of passage for a male child into manhood. It is a procedure performed to cut the prepuce or foreskin from the penis (Romberg, 1985). After a circumcision ritual, men are accepted as new members and are expected to behave according to the norms as initiated men. Among ethnic groups that circumcise males, the uncircumcised men are stigmatized and they miss the social privileges enjoyed by those who are circumcised.

The *Luvale* in Zambia practice traditional male circumcision. These are mostly concentrated in the North-Western, and a few in Western and Southern Provinces. Male circumcision is a critical issue that is psychologically established in the minds of the *Luvale* people. Not only do circumcised *Luvale* men identify themselves from uncircumcised men but also importantly from

women. The male circumcision rite is so important to the *Luvale* men such that at times it supercedes the realization of possible risk that may be involved with the process of attaining such status. This includes the possible risk of contracting HIV infection at traditional male circumcision. The *Luvale* claim circumcision is done for hygiene reasons and ethnic identity besides being an ancestral prescription. The *Luvale* believe that to be a real man one must be able to endure pain and hardships of life. Hence, in order to prepare one for manhood, he is subjected to the pain and hardship of the *mukanda* process by circumcision (Wele, 1993 and Mwondela, 1970).

The hygiene aspect too is depicted in some strongly held beliefs. The beliefs are that a circumcised man ought not to have sex with a woman who had sex with an uncircumcised man because he has polluted her. The other belief is that the circumcised man ought not to eat with an uncircumcised or else the circumcised man/men would suffer a 'headache'. The *Luvale* consider an uncircumcised man 'impure' or `unclean' because he has *waza,* the *smegma,* an accumulation of sebaceous secretion and retained urine under his foreskin. Turner (1953) noted a similar remark among a related ethnic group in his study of the *Lunda rites and ceremonies* of North Western Rhodesia, now Zambia. This is a serious remark with social implications that has moved

uncircumcised men at times to willingly invade the *mukanda* site in order to be circumcised to prevent the stigma in their life time.

Researchers have claimed that there is a link between HIV/AIDS and traditional male circumcision because the infection may be transmitted during the performance of the rite (Bailey 1999; Van Dam and Anastasi 2000; USAID/AIDSMark 2003). Bailey noted that traditional male circumcision is a factor in the transmission of HIV infection because of circumcision practices, such as using the same unsterilized knife for each man during circumcision. Such a practice may increase the risk of transmitting the infection through blood-to-blood contamination. Beside the fact that HIV can be transmitted at traditional male circumcision, current knowledge indicates that circumcised men have half reduced chances of contracting the HIV virus through penetrative sexual relationships (USAID/AIDSMark, 2003). Due to such information there is an increasing desire by men among the non-circumcising ethnic groups in Zambia to undergo male circumcision (USAID/AIDSMark, 2003). There could be reduced chances of contracting the infection, but there is also a risk of transmitting the infection during the actual circumcision procedure as a result of blood - to - blood contamination due to the use of the same unsterilized knife for each man.

1.2 Circumcision and manhood among the *Luvale*

"Culture is symbolic communication. Some of its symbols include a group's skills, knowledge, attitudes, values, and motives. The meanings of the symbols are learned and deliberately perpetuated in a society through its institutions. Culture is a collective programming of the mind that distinguishes the members of one group or category of people from another" (Li and Karakowsky, 2001). Therefore, culture contributes to formation of identity to the various ethnic groups the world over. It is culture that differentiates the *Luvale* from others. Cultural differences manifest themselves in different ways and differing levels of depth. Symbols represent the most superficial and values the deepest manifestations of culture, with heroes and rituals in between. "Rituals are collective activities, sometimes superfluous in reaching desired objectives, but are considered as socially essential" (Li and Karakowsky, 2001). They are therefore carried out most of the times for their own sake (ways of greetings, paying respect to others, religious and social ceremonies, etc.). Symbols and rituals are the tangible or visual aspects of the practices of a culture. The true cultural meaning of the practices is intangible; this is revealed only when the practices are interpreted by the insiders" (Li and Karakowsky, 2001).

Different groups socialize their members differently for the tasks ahead of them in life in order to be responsible members of that group. Values and attitudes in

societies play a role in social relationships. This is important because it maintains group cohesions and solidarity.

A common belief transcends all ethnic groups in Zambia, the existence of a supernatural power from whom all life originates in both matrilineal and patrilineal societies. This belief contributes to the people's regulation of life and expectations. The beliefs and customs held by the *Luvale* are that boys are supposed to be initiated into manhood. Attainment of manhood is only achieved through circumcision that is immediately followed by *mukanda,* which symbolically transforms the boys from childhood into men. Mwondela (1970) writing about traditional educational process, *mukanda and makishi* among the *Luvale* in Zambia, noted that the circumcision tradition had no religious significance but it marked a boy's entry into adult life. He said male circumcision was also important for reasons of hygiene.

According to Wele (1993), the educational training for the young people among the *Luvale* is in three categories: first, from childhood up to ages ten to twelve. Irrespective of sex children at this stage undergo the same training associated with domestic chores. This is supplemented with folktales aimed at moral purification. Second, during the adolescent stage boys and girls are socialized differently. The boys are initiated by circumcision into the adult

world of men during the *mukanda.* Although girls are not circumcised, they are also initiated into the world of women during the *wali.* Third, the boys and girls are introduced and prepared for marriage. Mwondela (1970) noted that the last category, for boys, it is done in the *zango,* a communal village gathering place for men.

Mukanda is a transformation stage to manhood among the *Luvale.* This transformation is not complete without a bodily alteration in the form of male circumcision. This is probably linked to the role of reproduction by the penis that the young man is expected to perform later in life. *Luvale* women ridicule uncircumcised men and would never marry them because of the stigma attached to them that they are 'children'. *Luvale* men must be circumcised to prevent loss of social privileges. The *mukanda* and circumcision ritual among the *Luvale* are linked with the ancestral world. There is a belief that ancestors ought to bless the initiates in order to give them power for the tasks ahead in life. Manhood therefore is centered on a man's body with which he is able to marry, have sex with the wife and raise a family. Manhood seems to be equated to heterosexuality in this case. A circumcised man is equipped with life skills during *mukanda* training process to enable him sustain the family and be able to contribute to his society positively as a member.

1.3 HIV/AIDS in Zambia

UNFPA (2002) reported that 40 million people are living with HIV/AIDS worldwide and that half of the infections occur among young people. People of all ages and both sexes are living with HIV/AIDS worldwide. About 80% of African children were reported to be living with HIV (UNFPA 2002). Sub-Saharan Africa is the worst affected with a total of adults and children living with HIV/AIDS estimated at 28.1 million and newly infected at 3.4 million (UNAIDS/WHO, 2001).

Zambia's HIV infection rate is widespread with an estimated adult HIV prevalence of 14% (CSO/MoH, 2007). It is estimated that 25% of pregnant women are infected and 40% of babies born from HIV-positive women are infected with the HIV virus. In a study in Zambia, about acceptability of male circumcision it was found that the groups practicing male circumcision among them the *Luvale*, do male circumcision and prefer camp settings. It is also clear that male circumcision is already being used as preventive measure against HIV infection prevention in Zambia and the non circumcising ethnic groups show willingness to undergo the procedure (USAID/AIDSMark, 2003). However, despite male circumcision being promoted as a preventive strategy against HIV infection, there is still a concern about the safety of the procedure especially the traditional one that is done under unsanitary conditions and where a knife is shared

among the initiates. This instead can be a source of infection if performed in such a manner and under such conditions. Bailey (1999) said male circumcision procedures and risky sexual relations soon after the circumcision rite are factors aiding transmission of the infection. USAID (2001) expressed worry about some traditions that can result in increased risk of HIV such as use of improperly disinfected instruments at male circumcision and brotherhood rites where blood is exchanged amongst individuals as a sign of ethnic identity.

A lot of HIV sensitization has been done in Zambia with a view to preventing the spread of this disease. The CSO (2003 and 2007) claimed that knowledge of HIV/AIDS was nearly universal in Zambia. Both males and females have high knowledge about mother-to-child transmission (MTCT) of HIV. However, it is noted that although overall knowledge on HIV/AIDS is high, there are still misconceptions of specific details about HIV such as deep understanding of the means of transmission of the HIV virus (CSO, 2003). Seleji (2003) had similar findings about knowledge of HIV/AIDS among adults in Chavuma.

HIV infection is transmitted through unprotected sexual intercourse, mother-to-child transmission (MTCT), blood transfusion with improperly screened blood and blood products, use of unsterilized equipment used by infected persons i.e. blades, needles and syringes. Martines and Herderson (2004)

quoting UNAIDS 2003 report that 700,000 new infections occurred among children younger than fifteen years worldwide. Thus, the youth are vulnerable to contracting the HIV virus. One aspect that predisposes the young people to the HIV infection is sexual debut (MoH, 2005). The youth are reported engaging in sex early before fifteen years though the mean age is 17.5 years for boys. It is reported that premarital sex is common and that condom usage among the youth is low in Zambia (CSO, 2000).

If boys are infected with HIV, they can infect others at traditional male circumcision, which involves blood mix-up where boys are circumcised in a group of peers sharing a surgical knife. During the procedure, the traditional circumcisers do not wash hands while circumcising all initiates, increasing chances of transmitting the infection from their bloodcontaminated hands and risk to get HIV infection themselves. Traditionally, the circumcision procedure is performed under unsanitary conditions using unsterile instruments. Traditional male circumcision is therefore one cultural practice that may facilitate transmission of the infection to boys.

Recent information however, indicates that male circumcision reduces the chances of contracting the HIV through penetrative sexual relationships (USAID/AIDSmark, 2003). While this may be true, the risk of HIV

transmission during the actual circumcision procedure must not be ignored. Bailey, Egesah and Rosenberg (2008: 675) referring to provision of circumcision services in communities with high prevalence of HIV said that safety of circumcision must be addressed in populations where it is already practiced. Infection transmission at circumcision can only be avoided if the procedure is performed under sterile conditions. Male circumcision among the practicing ethnic groups brings the gender aspect into play where male roles are emphasized.

1.4 Significance of the study

The study sought insights in aspects of traditional male circumcision with regard to the risk of HIV transmission. In the effort to curb the HIV scourge; the Ministry of Health, National AIDS Council and the Parliament consider male circumcision as a public health measure to prevent the contraction of the infection. The study further sought an understanding into the practice and hygiene aspects during traditional male circumcision with regard to the spread of HIV infection. Therefore, the findings of this study would help policy formulation that would provide a framework within which safety and health standards would be guaranteed, especially to the young males. The data would also be useful in the formulation of specific preventive information, education and communication (IEC) messages to prevent HIV transmission at

traditional male circumcision. The information may be used to dispel the dilemma of being stigmatized because of not being circumcised and the need to protect children against contracting the virus. Further, the findings could be useful to the parents (fathers), traditional circumcisers and traditional leaders. The circumcisers might resort to safe methods if they were well informed about the risk of HIV transmission at traditional circumcision.

1.5 Research questions

1. What aspects of traditional male circumcision rite are risk factors in HIV infection transmission to boys?
2. What factors influence traditional male circumcision rite in view of HIV infection?

1.6 Objectives

1.6.1 General Objectives

To establish practices and perceptions about traditional male circumcision and the risk of HIV transmission to boys.

1.6.2 Specific objectives

1. To determine practices and perceptions about traditional male circumcision and the risk of HIV transmission to boys.

2. To establish knowledge about HIV transmission at traditional male circumcision rite.
3. To identify factors influencing traditional male circumcision in view of the HIV virus.
4. To assess the equipment used at traditional circumcision.
5. To make recommendations for policy formulation.

CHAPTER 2

2.0 LITERATURE REVIEW

2.1 The *Mukanda* rite

Mukanda is a traditional education process among the *Luvale* of North Western Zambia. The *Luvale,* are a matrilineal group and live as extended families. The *mukanda* rite is performed in three phases: The initial stage is the preparatory phase. A male parent referred to as *chijika-mukanda,* the *mukanda planter* embarking on the event informs and discusses his intentions to conduct a *mukanda* with relatives and informs their local traditional chief. Parents in neighbouring villages who have uncircumcised male children may wish to join in the event. They make their intentions known and join in the preparations for the ritual.

The preliminary stages involve the sounding of the lion roarer, *chikwita* in *Luvale* or *ndumba mwela* in *Chokwe.* This is a piece of plank tied to a string that is rotated at night outside the village portrayed as risen spirit of an ancestor. The *chikwita* serves as a public announcement of the pending event. It also serves to scare and test the courage of the initiates to-be as well as scaring the women and uninitiated. The *chikwita* sounding is alternated on different days with dancing, *kuhunga* by the initiates to-be.

Intensive preparation for food, beer, and tutors *(chilombola - singular, vilombola - plural),* a medicine man *(nganga-mukanda)* and a circumciser *(chikeji or chipungu)* begins. Preparations also involve the making of the *makishi,* masquerade costumes. The *makishi* are a prerogative of the *mukanda* and serve several purposes during the rite. They are the media for

transmission of skills and cultural knowledge to the initiates. The *makishi* also provide entertainment throughout the *mukanda* rite. They are also used to scare the women and the uncircumcised away from the *mukanda* and its secrets. The secrecy acts to create a boundary separating initiated men from uninitiated, boys and women. Cameron, (1998) in her study about *Women's masquerade in Africa and Diaspora* noted this aspect of *makishi* being used for scaring women and boys. Normally, women and the uncircumcised men run away from *makishi* because they are told that the spirit in the form of masks can harm them. This can also be noted from the sayings of the *Luvale* themselves that the *makishi* are nothing but a disguised person meant to scare and intimidate the women and uncircumcised boys. A common saying among the *Luvale* points to this fact:

"Chikasakasa vakashile malunga kumukanda
mapwevo kwimbo hikutwa ngunda"

When translated this adage goes like this:

"A haphazardly made creature that was designed by men at mukanda to scare women in the village, who ululate upon seeing it."

The *makishi* are portrayed to the women and uncircumcised as spirits of the dead through a ritual called *kuvumbuka,* resurrection of the dead ancestors at the graveyard. Each *likishi (likishi,* singular *makishi,* plural*)* depicts a certain character among the people. The *likishi* such as *chileya cha-mukanda (*spirit of a foolish man*), chizaluke (*spirit of a wise man*), katotola,* lord of the mukanda *(*spirit of a disciplinarian*), utenu (*spirit of a fierce and aggressive man*), ndondo* (a small masquerade with a protruding belly, (spirit of a bewitched man due to arrogance) are some of the *makishi.* A day is set for the celebration, reveling and beer consumption. The following day the initiates are brought before a *muyombo* tree to pay homage to the ancestors to confer blessings on the boys for safety and good health during their stay in the forest at the *mukanda.* White ochre is smeared on the foreheads of the boys as a sign of purification. Later in the noon there is highly emotional frenzy and jubilation upon the arrival of the *katotola,* a masquerade with a conspicuous well-decorated large head gear. The boys are challenged to touch the eye of the fierce and scary *katotola* to test their courage. This probably is their second test of courage and introduction to manliness after the *chikwita.* Only courageous boys touch the *katotola's* eye but the cowards have

to be dragged. The *mukanda* planter in line with his clan gives the *katotola* a name after he has slaughtered a goat in paying homage to the ancestors.

The second phase is the seclusion phase, marked by the *kuhukula*, literally meaning whisking away of the initiates to the forest. The *katotola* carries the first boy to be initiated, known as *sakambungu* in *Luvale*, the head-boy. The rest of the boys are carried by their specific tutors who are usually close relations. The *tundanji* are brought to the forest at a place called *fwilo*, the death place where symbolically the initiates are slaughtered, circumcised by a *chikeji*, the traditional circumciser (Wele, 1993: 35). The initiates sleep at this place until the following day when the *mukanda* shelter is constructed using fresh branches and foliage.

The site for the shelter is chosen by the *nganga mukanda* who stakes pegs of medicine inside the *mukanda* at various points to protect the initiates against evil spirits. The *mukanda* shelter becomes the sleeping place for the boys and their tutors. The boys remain at *mukanda* until their penile surgical wounds are healed. The period is referred to as *tundanji vali hamafwo* (the initiates are being nursed on fresh leaves). This means the initiates' penile wounds are still fresh just like the fresh foliage used to construct the *mukanda*. It is expected that by the time the fresh foliage dries up and turns brown, the initiates' wounds should have healed as well.

During this period the boys follow strict rules and regulations. These rules pertain to meals, courtesy, sleep, elimination and hygiene and interpersonal relationships. Violation of these results in severe punishment such as beating or starving. It is taboo for the *kandanji* to visit home during the seclusion period. Should the *kandanji* go home, the chief would charge the *mukanda* planter, tutor and parents for exposing *mukanda* secrets. Any man who reveals *mukanda* secret will be bewitched to death or turned into a mad person. Hambly (1935: 39), in his study about the *initiation of boys in Angola* noted poisoning of boys who revealed circumcision secrets. The women and uncircumcised men are not allowed to come to the *mukanda.* Any uncircumcised man who strays at the *mukanda is* circumcised instantly because he has invaded the privacy of *mukanda.* Equally, in the past any woman who strayed at the *mukanda* was caught and detained there until the coming out of the *tundanji* after which she was transferred to another *mukanda* and the transfers went on as long as the woman lived. Such a woman is called *Nyachifwa,* the unfortunate one. The reason for not releasing the woman is fear that she would reveal what goes on at the *mukanda.* Such a practice of detaining stray women does not exist nowadays due to human rights issues.

The *vilombola* tasks are to bring meals and firewood besides teaching the *tundanji* life skills during all this period. The teaching is supplemented with

kukuwa, coral music that acts as a teaching method besides the entertainment it provides. A song serves this teaching aspect:

> *Ayisamba kekeke, ayisamba kekeke,*
> *keka wa keka ayisamha kekeke*
> *muzuvo yanoko, ayisamba kekeke, chijila kwingilamo, ayisamba kekeke,*
> *kahela kanoko, ayisamba kekeke, chijila kukwataho, ayisamba kekeke, pwevo lya chilombola, ayisamba kekeke, kusavala nenyi, ayisamba kekeke,*
> *mbumba luhundu ayisamba kekeke, chikonya muteto, ayisamba kekeke.*

This song when translated goes like this:

> *Do not enter your mother's bedroom*
> *Do not touch your mother's bed*
> *Do not commit adultery with your tutor's wife*
> *If you do these things, leprosy and epilepsy strike you.*

This song instills discipline in the initiates and warns them against incest and adultery because these bring group division. The fear of the consequences serves as a deterrent against the mentioned vices.

When the *tundanji's* wounds are healed, they wear *zombo,* knee length fibre kilts. Their clothes were gotten from them during the circumcision at *fwilo,* the site of circumcision, the symbolic death place. They can not wear these clothes anymore because they are considered impure. They are associated with the uncircumcised state. The initiates are taken to the river for a bathing ritual,

kulyachisa. This is the first time they come in contact with water after all this period in seclusion in the forest. This time the boys are now considered pure, different from the uncircumcised. To make this distinction clear, the *Luvale* sing a song with a derogatory remark at the bathing ritual.

Ndonji kumukanda Ndonji lila, e-e-h Ndonji
Ndonji kumukanda Ndonji lila, e-e-h Ndonji
Kwahichila tundanji kwazuma, e-e-h Ndonji
Kwahichila vilima kwanuka, e-e-h Ndonji

This song when translated goes like this:

Ndonji cried at circumcision.
Where initiates pass it is warm
Where the uncircumcised pass it stinks.

In the song, praise is given to the circumcised and the uncircumcised are reviled. After the *kulyachisa* the *tundanji* are brought near the home of the *chijika-mukanda* and they reside in a thatched hut, sub camp, *kasazo* until the *mukanda* process is completed. The *tundanji* are not allowed to go into or pass through the village because they are still bound by the *mukanda* ritual process. Women can now get close and give them food but are not allowed to enter the *kasazo*.

The last phase is the coming out. Preparations for food and more beer begin because people from afar are invited. These include friends and relatives. It is a time to rejoice and usually a day is set. In some instances it ends with a *makishi*

dance parade called *chilende.* Each initiate has a *likishi* at the *chilende* who performs a dance. The *mwengo,* an elegant and decent *likishi* depicting a *wealthy man* and belonging to the *chijika mukanda* perform *fwifwi* dance first. Later a *chizaluke,* depicting *a wise man,* for each initiate take turns to perform *fwifwi* dance. The *fwifwi* dance is performed by tying shaped twigs in the waist to which whiskers are attached at the front end, a phallic representation which is flickered meticulously and systematically from side-to-side amid drumming and singing. This is the final day for the *makishi* and would never be seen again for this particular *mukanda* rite.

After the *chilende,* the *tundanji* are taken back at the *mukanda* shelter in the forest where they collect firewood to take home to make a fire for the celebration. Immediately the elderly men who set the *mukanda* ablaze shout *ijila ulovo wove,* come back for your fishing line, a useful tool for the fishing skill they have been taught. This is a serious warning for the boys never to look back in life to the feminized status. The *tundanji* run back home with their firewood late in the afternoon and the *mukanda is* set ablaze behind them before dusk. For the first time during the seclusion period, the *tundanji* enter the village where they are shielded round by women. The women place and beat the straw sleeping mats over the initiates' heads amid singing and dancing from the *kachacha* drumming, a circular dance for both men and women.

This is meant to prevent the initiates from seeing the flames and hear the sound of the burning *mukanda* shelter. It is believed that if the *tundanji* see the light or hear the sound of the burning *mukanda,* the *tundanji* can get impotent or they would never be men enough. In fact a man must never pass or step at the site of his *mukanda* in his lifetime or else he will get impotent. The following day the *tundanji* are taken to the *kateu,* a place where they are bathed and their hair is shaven.

The young men are no longer *tundanji* but are now considered men and are brought carried shoulder high into the main arena of the celebration by their *vilombola* to the great jubilation of everybody. This becomes a highly charged emotional period, as the mothers are happy to have their sons who "were dead" once again. Each *chilombola* gives an account of his successful work on the boy during the stay at the *mukanda.* The *chilombola* narrates how the young man has attained manliness, and that the penis has healed well and there was no surgical complication. The parents only make payment to the *chilombola* if he did a good job on the boy. In the evening, on the day of the ceremony marking the coming out of the *mukanda,* the boys sleep in the *zango,* an indication that they are now men and no longer boys. From now on they belong to the *zango* where they would be given further tips in life skills and reinforces what was taught during *mukanda.*

Soon after the *mukanda* each graduate has sex in a ritual called *kusukula chikula,* to cleanse himself, usually with an unsuspecting girl. The girl has to be an unaware or else the boy wound be charged for polluting her. The boy will never have sexual relations with this lady in his life time again in order not to pollute himself again.

The young man has no intimate links any longer with his mother or any other women. He spends his time with peers and men at the *zango* where further instruction into marital issues is imparted. The peers with whom he shared circumcision and eventually *mukanda* become friends for life. An initiated man is expected to have his own garden and build a house in which he is expected to marry and raise a family.

The ethnic identity aspect is depicted in a song sung by the *Luvale* at the *mukanda,* the initiation rite and informal education process:

> *"Chinguvu -e- mutwamwene eye-e mutwamwene, namasetu*
> *mavamwene eye-e muvamwene, navilolo muvamwene eye-e*
> *muvamwene, nava-myangana muvamwene eye-e muvamwene,*
> *vosena muvamwene, eye-e muvamwene."*

This song when translated goes like this:

> *"Chinguvu, we underwent circumcision rite,*
> *our fore-fathers, headmen, chiefs, every*
> *man underwent circumcision rite".*

In this song, the boy *Chinguvu* is told to endure the surgical pain while being circumcised because every man, including the chief of his ethnic group, went through a similar process to become a "real man".

Mukanda is a *Luvale* traditional educational process. It is a ritual of passage for boys into adulthood by circumcision. It is an important institution of socialization among the group where boys are taught life skills and social responsibilities. During the process men are taught how to be good husbands, good orators, hunters, dancers, artists, traders, disciplinarians, etc. *Mukanda* process creates and fosters extended family ties in that it becomes an occasion for all members to celebrate and contribute material things and necessary ideas throughout the *mukanda* period. The ritual is also associated with traditional religion by its association with ancestral spirits who are believed to confer powers on the circumcised men. *Mukanda* aims to equip the novices with necessary social skills that he needs to consolidate his new manly social position in society.

2.2 Male circumcision and manhood

Scholars (White 1953 and 1961, Turner 1953 and 1967 and Harrington 1968) have studied passage rites and have demonstrated the role they play in the socialization of society members. The rituals and their desired outcome or expected behaviours are social constructs whose significance has meaning to the people who practice it. This is what makes their existence unique. These passage rite studies have been carried out worldwide as well as in Africa and Zambia in particular on male circumcision and male initiation rites (Romberg, 1985; Bailey, Egesah and Ronsenberd, 2008; AIDSMark, 2003). Circumcision is a Latin word meaning `cutting in a circle'. This is a procedure performed to remove the foreskin that covers the delicate glans penis. Traditionally, a traditional circumciser operates on the boys in a group of peers sharing a surgical knife.

Traditional male circumcision is practiced in many parts of the world and it has existed for many centuries. Some ethnic groups in African countries such as Nigeria, Uganda, Kenya, Cote d'Ivoire, Burkina Faso, Rwanda, Senegal, Tanzania, Botswana, South Africa and Zambia, practice traditional male circumcision. However, the majority of the ethnic groups in Zambia do not. From the writings of Romberg (1985) it is clear, usually among the Jews and Moslems, male circumcision is performed on neonates soon after birth or in

late childhood. Depending on where male circumcision is being practiced, there is wide variation on the age. The procedure has been performed mostly on children and rarely on adults (Romberg, 1985).

The examination of naturalizing discourses, psychoanalytic theories and social constructionist accounts helps to make sense of gender identity by theorizing masculinities and femininities. Studies have been conducted on men to give an understanding of the gender aspect of masculinity (Alsop, Fitzsimons, Lennon and Minsky, 2002). Despite the variations in the theories used in understanding sexual identity, the common belief among all is that masculinity is a social construct. These theories enable us to imagine how we create and live our gendered identities as masculine or feminine (Alsop, Fitzsimons, Lennon and Minsky, 2002). Further, (ibid: 137) noted that the construction of masculinity varies across cultures.

Turner (1953), White (1953), Bloch (1986), Romberg (1985), Herdt (1994) and Ayisi (1972) are anthropologists who studied male initiation rites of which circumcision is part. From an anthropological point of view: they claim that groups that practice male circumcision often do not know the true reason why they perform the ritual.

However, reasons such as hygiene (though some scholars have refuted this idea), cosmetic value, ethnic identity or mark of adulthood as part of adolescent initiation rites have been given (Romberg, 1985). Turner (1953: 9) writing about the *Ndembu,* said the main purpose of boys' initiation is to inculcate ethnic values, hunting skills and sexual instructions. He said there was emphasis on obedience to the discipline of elders and endurance of hardship in boys as contrasted with the emphasis on sex and reproduction associated with girls. He further described the *mukanda,* the circumcision process and isolation rite in the bush as bringing an atmosphere of a strong sense of masculine comradeship which was the basis for tribal solidarity.

Bloch (1986) writing about the Merina of Madagascar, noted that circumcision ritual represents a blessing that is bestowed on the young initiate through a connection with his ancestors. Ayisi (1972: 75) in his study about African culture, commented on ritual practices and noted that "Though the practice may seem simple and regarded as sociologically dysfunctional, its metaphysical plausibility is demonstrated by the psychological value of the practice to the people." The significance of the circumcision rite should also be seen in the context of puberty. Manhood among the *Luvale* is celebrated by both the male and female kinfolk and other community members. These events strengthen family ties and ethnic solidarity. UNAIDS (2000) noted that

circumcision usually is linked to religious or ethnic identities or life cycle ceremonies, and may customarily be done after puberty. Dewhurst and Michealson (1964:1442) noted that the fear of loss of social privileges to a man makes him value tradition so strongly.

The *mukanda* ritual is an important institution among the *Luvale* because of its perceived social benefits of legitimizing manhood. *Mukanda is* usually performed at puberty though the age limit has considerably changed. It is a rite of passage among the *Luvale* to signify manhood *(ungazule,* in *Luvale).* The most critical point in *Luvale* men's lives is the period when they are separated from their mothers and isolated from the society and brought to the forest to be circumcised. This is done in order to be identified with their fathers as "real men", emphasizing the gender aspect of masculinity. At the *mukanda* the *tundanji,* the initiates are groomed into the perceived masculine roles. These roles include life skills of hunting through which they obtained meat for food and promoted group cohesion among men since it is done in groups, beating drums (not so much nowadays as this skill is not as important as it used to be in the past), self-esteem, being good husbands, being courageous and that the uncircumcised and women should not undermine them. Mwondela (1970) who wrote about the organization of the *mukanda* informal education among the *Luvale,* noted that the age for *mukanda* was between eleven and thirteen but has

changed, such that even smaller boys as young as five years undergo circumcision. He said that the purpose of *mukanda* (traditional education) had lost its meaning of socializing boys into responsible men. Those who are circumcised very young can not comprehend the *mukanda* teachings. A man is expected to learn skills at *mukanda* that are essential to life. Harrington, (1968: 954) writing about sex-role identity noted that genital mutilation has a role in sex differentiation in socialization practices. He said "Circumcision should be viewed as a societal mechanism for resolving the conflict between initial feminine identification and subsequent masculine behavioral expectations in the socialization of male children. It does not suddenly begin the training for the adult role (ibid: 954)."

He further said that in societies that circumcise, sex differentiation ought to be important and systematically inculcated. Boys and girls should be taught to be "men" and "women" rather than just adults (ibid: 955). This means that those circumcising very young boys before puberty are only increasing sex differentiation and not preparing them for adult roles at this point because they are too young to grasp the knowledge and skills and concept of ancestral blessings and *Luvale* identity. However, the importance attached to these skills learnt at *mukanda* has changed over time due to social changes and global influence. This entails that culture is dynamic and the *Luvale* culture is

bound to change from time to time. This also entails that *mukanda* is only symbolic among the group practicing it.

Upon coming out from *mukanda,* the novices are given new names signifying that they have attained a new status and identity. They have been transformed into "real men" or "adults". Hambly, (1935: 36-40) writing about initiation of boys in Angola also noted that the boys received new names after circumcision. It is demeaning to call a circumcised man by his precircumcision name because he has attained a higher status. Turner, (1967: 152) noted among the *Ndembu* that circumcision is a rite of passage in which the novices are re-born as men after a symbolic death. He said that combined with attainment of full manhood, the rite stress sexuality. Kimmel (1987: 18-19) noted that definitions of masculinity are constructed from femininity in male-female relations. He noted that through sexuality manhood is constructed. He further noted that "sexual performance is one of the crucial arenas in which masculinity is socially constructed and enacted (ibid: 18-19)." Quoting Herek, Kimmel notes that masculinity requires distancing from perceived femininity.

Men demarcate their social world through sexuality and keep women out because women are considered "the other".

Zavreiw (1994) (www.popline.org/docs/095872) also said that the practice of circumcision is bound up with issues of status, sexuality and sexual health. Turner (1967: 153-154) also noted among the *Ndembu* that an uncircumcised man is considered a woman and is permanently polluting because he is ever draining *waza.* The *waza is* equated to the woman's menstrual flow probably because both discharges are from the reproductive organs in both cases. In fact, an uncircumcised man is considered a "child" or genderless for the rest of his life. Therefore, a boy is also considered genderless until after circumcision. Turner further explained the meaning of circumcision symbolized by a small ritual. During the paying of homage to the ancestors prior to *mukanda* rite, the top portion of a piece of a *muyombo* tree stake is trimmed of its bark and exposed leaving a white wood. This act is known as *kusoloka,* making visible. What was hidden (and unclean) is now visible which is compared to the cutting and removal of the prepuce leaving the glans exposed. A circumcised man is white or pure. The dryness of the glans is also recommended. Circumcision is used to heal and to cure, that the boy may be strong, that he may catch power. Circumcision therefore is a symbol of purity, legitimation and power.

Dewhurst and Michaelson (1964: 1442) noted that among African ethnic groups that initiate male children into adulthood by circumcision, failure by

any member to undergo the rite carries great stigma. Such a one is considered a "child" the rest of his life and loses social privileges and may not even marry. Meggit (www.cirp.org/library/legal/QLRC/02.html) also observed in reference to the circumcision for boys between eleven and thirteen among the Walbiri of central Australia:

> *"The rite of circumcision and its attendant ceremonies firmly and equivocally established a youth status in Walbiri society. Should he fail to pass through these rites, he may not participate in religious ceremonies, he can not acquire a marriage line, he can not legitimately obtain a wife; in short he can not become a social person. "*

Maquet (1972: 66-67) writing about *the cultural unity of Black Africa* noted that "From childhood to adolescence, the child has already assimilated the essential part of his/her social heritage and knows its place in the network of human relations and mankind." Maquet noted that nearly in all African societies, this preparation is not regarded as sufficient. Before being admitted to adult status one must undergo initiation. This is a test that may be very painful when it includes surgical operations such as circumcision for boys. These tests must be worn without complaint to enjoy the rights of adulthood, which shows that one will be able to endure the physical and mental wounds inflicted by life. Circumcision is a cultural test of endurance of the hardships of life.

Just (1972) made an analytical comparison of the *mukanda* between *Luvale* and *Ndembu* of West Central Africa. He used male-female opposition principles where *mukanda* strengthens the father-son tie and weakens the mother-child tie.

He noted that there is a close relationship between *mukanda* and the social structure among the practicing people because of the importance they attach to the rite. The father-son tie can be observed by examining the ritual position of the initiates before and after the *mukanda.* After the *mukanda,* the boy distances himself and is no longer under the influence of the women. The initiate instead identifies himself with the father and men and engages in activities that are assigned to men. Just noted that *mukanda* ritual largely appropriates to express lineage, solidarity, prestige and masculinity of the initiates. Herdt's (1994) http://family.jrank.org/pages/1410/Rites-Passage-Rites-Passage-Cross-Culturally.html description of male initiation practices among the Sambia of Papua New Guinea highland, states "Males must undergo a long, ordous, ritual process through which to transcend feminized boyhood to ultimately achieve masculinity. This is ritual custom: it is what men must do to become men, even if they must be dragged into manhood screaming all way. Being painful, refusal to have it done is indicative of cowardice." *Luvale mukanda* acts to create ethnic male solidarity and attainment of manhood. It is also an education in which parents seek to train individuals to adapt to their various social roles.

2.3 Risks of HIV infection transmission at traditional male circumcision

Researchers are concerned about the safety of male circumcision especially the traditional one as regards to HIV transmission (Bailey 1999, Zavriew 1994, Van Dam and Anasitasi 2000, USAID/AIDSMark 2003 and Bailey, Egesah and Rosenberg 2008). There is a chance of acquiring HIV through male circumcision especially if it is done in a traditional way as part of a rite.

In the past, researchers have looked at the aspects of the health complications associated with male circumcision. USAID (2000) expressed concern over the safety of traditional male circumcision despite the possible protective effects of male circumcision against HIV infection. Zavriew (1994) (www.popeline.org/docs/095872) said there is a link between mass circumcision that involves cutting and blood letting and HIV. Traditional circumcisions are carried out by traditional circumcisers with varied skills and experience under unsterile conditions. The practice of mass circumcision using unsterile instruments on all the initiates promotes high chances of cross-infection among the initiates and circumcisers. Van Dam and Anastasi (2000) noted that traditional male circumcisions are carried out using unsterilised equipment, which increases risks for HIV infection. Researchers such as Bailey (1999), Van Dam and Anastasi (2000) and USAID/AIDSMark (2003) stated that while traditional male circumcision can predispose to HIV transmission, there is

new evidence also that male circumcision reduces the chances of contracting HIV through sexual relationships (USAID/AIDSMark 2003). Bailey, Egesah and Rosenberg (2008) expressed concern that in communities with high prevalence of HIV and where male circumcision is already practice there is need to be concerned about the safety of the rite in view of HIV infection transmission.

Researchers and health experts claim circumcision is increasingly being considered as a public health measure and are advocating for the procedure to be used to reduce the acquisition of sexually transmitted HIV infection (Van Dam and Anastasi, 2000). The foreskin is believed to be a potential site for infection. It has a high concentration of Langerhans cells, which have high affinity for the HIV virus, through which the virus enters the blood stream. Removal of the foreskin reduces the chances of contracting the HIV virus in penetrative sexual acts (USAID/AIDSMark, 2003). Because of this protective information about HIV transmission studies have been carried out in non-circumcising ethnic groups to study acceptability of male circumcision. Several men from non-circumcising groups would like to be circumcised if the procedure is safe and carried out by an experienced person. Even women feel that men should be circumcised if truly circumcision protects against HIV/AIDS (USAID/AIDS Mark 2003).

Zavriew (1994) (www.popeline.org/docs/095872) notes that when tradition and society require a certain practice carried out, even the threat of HIV is unlikely to trigger behaviour change. Even after learning new information, people hold on to information that supports established beliefs rather than conflicting information. Information that fits beliefs is easily perceived and accepted. If people strongly support circumcision, any information that conflict this is dismissed. Tiemstra (1999) noted in a study about circumcision of children in an American hospital that despite having information, parents are unlikely to change if their beliefs are strong. In that study on the importance of conformity in decision to circumcise illustrated that social concerns outweighed medical concern. Group pressure can lead to parents abandon their judgment about HIV risk and conform to the group interests of socializing their male children into "real men" through traditional circumcision. Therefore, what affects someone socially affects him/her psychologically as well and these two cannot be separated. (www.cirp.org/library/psych/goldmal/).

There is a global effort to prevent the HIV/AIDS pandemic and bring it under control. However, despite the successes scored in some places (UNFPA, 2002) it has been noted that lack of knowledge about the disease, culture and resistance to change behaviour are among the factors hindering the progress of prevention. Culture confers resistance to change behaviour or directly put

people at risk of HIV infection especially with such practices like traditional male circumcision. It is important to focus on widely held beliefs about masculinity, especially behaviours and attitudes that contribute to the spread of HIV. This includes the way men view risk and how boys are socialized to become men. Although studies have been concluded on how circumcision reduces chances of contracting the HIV virus, little seems to have been done to make traditional male circumcision safe in relation to acquisition of HIV infection.

2.4 Conclusion

Male circumcision is a rite of passage into adulthood usually performed at puberty by certain ethnic groups. The initiation into manhood by circumcision through *mukanda* training process among the *Luvale* is a strongly revered ritual. The ritual confers male status and ethnic identity besides the belief that it connects the novices with the ancestral world as a source of power. Current information also shows that circumcised men have reduced chances of acquiring HIV infection through unsafe sexual acts (AIDSMark, 2003). Traditionally, the initiates share a surgical knife, which promote a bond among them. However, such a practice of sharing a surgical knife carries a risk of transmitting the HIV infection among the initiates and circumcisers due to blood -to- blood contamination (Bailey, 1999; Van Dam and Anastasi, 2000

and USAID/AIDSMark, 2003). Therefore, cultural practices such as initiation into manhood by invasive procedure like circumcision under unsterile conditions risk the life of young men who undergo it and circumcisers who perform the operation.

CHAPTER 3

3.0 METHODOLOGY

3.1 Introduction

This chapter gives details on the research design, study setting and population, sample size, sampling method, data collection techniques and tools, data analysis and dissemination of findings. Ethical consideration and study limitations will also be described.

3.2 Research Design

This is a descriptive study. The reason for choosing a descriptive study design was that it would best describe the practices and perceptions about traditional male circumcision rite and the risk of HIV transmission to boys. Data was collected from the participants using checklists, observations and interviews. The data were analyzed manually.

3.3 Study Setting

The study was conducted in a rural district, *Chavuma* in North-Western Zambia. *Chavuma* is situated partly to the east and partly to the west of *Zambezi* district and the remaining vast area borders Angola. This setting was chosen because here traditional male circumcision is practiced. Furthermore, the researcher who is circumcised communicates and understands languages spoken in that region.

3.4 Study Population

The study population included circumcising ethnic groups of *Chavuma* area i.e. the *Luvale* and *Lunda.* Fathers of initiates, male traditional leaders, male traditional circumcisers who are residents of the area and male health workers were targeted and interviewed.

3.5 Sample Size

In this study, 42 participants were targeted. The participants were selected using convenient and snowball methods. The researcher interviewed 20 fathers of initiates, 6 male traditional leaders (3 chiefs and 3 headmen, who were the overall custodian of the *mukanda* tradition), 11 circumcisers and 5 male health workers (3 male nurses and 2 classified daily employees). The senior chief of the *Luvale* who is the overall custodian of their tradition was one of the traditional leaders that were interviewed though he does not live in *Chavuma.* The 2 classified daily employees are involved in male circumcision in a clinical setting at *Chavuma* mission hospital and *Lukolwe* health facility. *Chavuma* district has 5 health facilities that were assessed for adequacy of medical supplies and staffing. These include 1 hospital and 4 health centers. Of the total number of health facilities only 4 (*Chiyeke, Chingi, Lukolwe*, and *Chavuma* mission hospital) were assessed for this study because they were within reach.

3.6 Sampling Method

In this study, the subjects known that could provide information were targeted in order to collect qualitative and quantitative data. Because of a limited number of traditional male circumcisers and because they were scattered over the area, non-probability methods were used in the selection of the respondents using snowball and convenient sampling methods where one participant was identified and later led the researcher to the next participant and these were selected because they were present at the time of the study. Some of the health workers (3 male nurses) were conveniently included in the study just because they were the only male health workers who were present in the health facilities that were assessed.

3.7 Data Collection Tool

Interview schedules with open-ended questions were used to collect data from the fathers of the initiates, male traditional leaders and male traditional circumcisers. Assessment checklists were also used to collect data. These included a checklist for health workers, health facility equipment (surgical blades, cutting scissors, disinfectants, bandages) necessary for performing circumcision and traditional circumcision procedure.

3.8 Data Collection Technique

A tape recorder was used during interviews. The researcher asked a number of questions to assess the male parents', male traditional leaders' and male traditional circumcisers' practices and perceptions about traditional male circumcision rite and the risk of HIV transmission to boys, knowledge of HIV/AIDS and its relationship with traditional male circumcision. Questions about the circumcision procedures and equipment used were also asked to note any chances of contamination and use of unsterile equipment.

The interview schedule was used to collect the same set of information on male parents', male traditional circumcisers' and male traditional leaders' knowledge about HIV transmission at traditional male circumcision and their assessment of the safety of the practice. The recorded interviews were later transcribed and information entered on a data master sheet. The use of an interview schedule as a data-collection instrument enabled the researcher to collect data

3.9 Data Analysis

Data was analyzed manually. It was checked for completeness, categorized and entered on a data master sheet. In some cases the respondents were contacted again where certain aspects were not covered during the interview. The concepts used were transcribed from audio to written language. Furthermore,

the recorded material was translated from *Luvale* to English. The responses were categorized according to themes.

3.10 Dissemination of findings

Executive summaries have been sent to the *Chavuma* District Health Management Team for possible intervention in prevention of HIV in traditional circumcision. Further, the summaries have been sent to senior chief *Ndungu* for possible intervention and to the Ministry of Health for policy consideration respectively.

3.11 Ethical Consideration

To protect the safety and rights of the participants, the researcher obtained permission to conduct the study from the respondents themselves.

The nature and purpose of the study was explained to the respondents before interviews were done. Participation was voluntary. The respondents were assured that the information they provided would be treated as confidential. Further, they were assured that their names would not be written on the questionnaires, but numbers would be used for confidentiality's sake. Many of the respondents preferred that their names be mentioned in the report because there was nothing wrong as far as they were concerned. However, their names have not been included in this report.

3.12 Limitations of the Study

The sample was not large enough for the findings to be generalized to other settings where the practice of male circumcision rites is practiced.

Since no observation was made on circumcisers, their claims that the practice had changed from traditional circumcision methods to safe methods of performing circumcision could not be checked.

CHAPTER 4

4.0 RESULTS

4.1 Introduction

This chapter analyzes the parents', traditional male circumcisers', and traditional male leaders' practice and perceptions about traditional male circumcision rite. Further, exploration would be made to examine how the practices and perceptions relate to the risk of HIV transmission at traditional male circumcision. A consideration would also be given to factors that influence traditional male circumcision in view of HIV infection. The findings are presented in tables and pie charts.

4.2 Background characteristics

During the study various aspects about *mukanda* were noted. In this study, 20 male parents were interviewed and all of them had male children under their custody. Some of the children under custody were dependents such as grandchildren and nephews. The *Luvale* take responsibility of extended family members' needs, including their circumcision rite. Six traditional leaders who are the custodians of the ritual, 11 traditional male circumcisers and 5 health workers comprising of 3 male nurses and 2 male classified daily employees (CDEs) were also interviewed. Out of the 5 health facilities in the district, 4 were assessed for adequacy of surgical equipment that can be used in

circumcision and health workers that can perform male circumcisions. Below are the analyses of the findings.

4.3 Description of the sample

In this study, 42 participants were targeted. This sample was chosen conveniently. The participants comprised of 20 fathers of initiates, 6 male traditional leaders (3 chiefs and 3 headmen, who were the overall custodian of the *mukanda* ritual), 11 circumcisers and 5 male health workers (3 male nurses and 2 classified daily employees). The fathers are responsible for the circumcision of their sons while the traditional leaders are the custodians of the *Luvale* culture. The circumcisers are the ones that perform circumcisions on the boys. The health workers perform clinical circumcision in the health facilities as opposed to the traditional circumcision. This information is presented in table 1 below.

Table 1: **Sample Distribution**

Respondents	***No.***
Fathers to initiates	20
Traditional leaders	6
Traditional circumcisers	11
Health workers	5
Total	**42**

Source: Field data

4.4 *Mukanda* and Manhood

Mukanda is a transformation rite in which boys are initiated into manhood among the *Luvale.* This rite is conducted at puberty marked by a celebration. Circumcision is performed on the initiates during the rite. The *mukanda* is conducted in the forest isolated from the village. The initiates are kept in the forest until the surgical wounds are healed. Another celebration marks the end of the ritual process.

The *mukanda* ritual is conducted to give intensive training to a boy of what he ought to be, a *chingazule,* real man. This is a traditional education process among the *Luvale* in which young men are trained and prepared for adult life. The *mukanda* ritual in the forest serves a dual purpose: first, to introduce initiates to nature so that they can master the forest because it is essential for their survival and second, to ensure privacy of the *mukanda* ritual so that women and the uncircumcised men would not invade its secrecy. The *makishi* are used to scare the women and uncircumcised men from the *mukanda* site to ensure privacy. The *mukanda* involves following strict rules and procedures in any aspects during the stay of the initiates and breaking such involves severe punishment to the initiate or parents. During the process, initiates are not permitted to have a bath, cut their nails nor shave their hair. This is meant to subject the boys to the test of hardships of life as part of the training. This is to

make them strong, having physical strength and endurance which are perceived as tenets of manhood.

Mukanda has phases in its performance: the first phase is the preparatory phase when intentions are made and traditional leadership informed. The ancestors are invoked to confer blessings and power upon the initiates.
Second, is the seclusion phase when the initiates are isolated from the village into the forest. This is the time they are circumcised and undergo the *mukanda* ritual. When their surgical wounds are healed, the initiates are taken for *kulyachisa* (the bathing ritual) at a river or stream.

After the bath they are brought near the village to reside in a grass-thatched hut, sub camp, *kasazo,* until preparations are made to mark the end of the *mukanda.* The third phase is the coming out of the *mukanda.* This is marked by a celebration and burning of the *mukanda* shelter and *kasazo.* The initiates are then re-united with the rest of the family members with a new status not as boys but men.

In the past the *tundanji* underwent the *mukanda* for a much longer period, close to 24 months. This has reduced nowadays to about 3 weeks to match with modern school schedule in order to allow children attend lessons. It was noted

during the study that, while some parents conducted the *mukanda* and *makishi* involved in the forest, others circumcised their sons in shelters near their homes without *makishi.* The *tundanji* were kept in the shelter until the coming out. In the past the *makishi* were a prerogative of the *mukanda.* The shelters do not guarantee privacy from women and the uncircumcised for proper *mukanda* teaching. This means that the boys initiated in shelters near homes no longer receive the *mukanda* training in life skills that are imparted during the ritual. This is a shift from the normative management of the *mukanda* ritual. This shift showed that circumcision without the *mukanda* teaching appears symbolic only.

This provokes another subject for study: What distinction is there between men who undergo *mukanda* with circumcision and those that are just circumcised without the *mukanda* ritual? How does this affect the heritage, existence and organization of the social group? Manhood is considered a very important aspect in the life of men. While manhood is achieved differently across cultures, in some cultures it is attained through initiation rites such as circumcision where a body part is altered.

In Alsop, Fitzsimons, Lennon and Minsky (2002: 13-14), masculinity is defined as a set of psychological and behavioural traits, which are considered particularly

appropriate to bodies classified as male. A muscular body defines an ideal man in the western culture. Masculinity therefore is a gendered social construct for male identity. It is a phenomenon which has bodily, psychological and behavioural features. Circumcision is a rite of passage among the *Luvale* that is immediately followed by the *mukanda* ritual. The *Luvale* consider circumcision a symbol of manhood that is attained through initiation of male children. Circumcision is accompanied by intensive *mukanda* training of the initiates. At the *mukanda* the young men are taught life skills pertaining to masculine adult duties that are necessary for survival. This is to equip them for manhood, to be real men.

Table 2 shows the male parents' responses about the significance of male circumcision. Each parent gave several responses. 20 fathers said it is for hygiene reasons to remove smegma which stinks, 14 fathers said because it is an ancestral requirement that has been passed from generation-to-generation that give them ancestral power and blessings as men, 18 fathers said they avoid stigmatization of both the child who would face serious social discrimination and themselves for not circumcising the boy while 20 of them said it is for the attainment of manliness.

Note that the responses here were very high. 20 parents said circumcision is significant because it leads to attainment of manliness while 18 fathers said one would be considered an outcast, not an ideal man and he would loose social privileges i.e. one can not participate in men's social discussions or marry because one is considered a woman or a child.

They also said circumcision is an ancestral obligation that ought to be fulfilled in all males, failure to which the uncircumcised may never receive blessing and power of the ancestors. Besides, the ancestral links, the chiefs, would punish the parents of the uncircumcised child for disobedience.

In Table 2 (see also Figure 1), 20 parents, 7 traditional circumcisers and all the 6 traditional leaders interviewed said that circumcision is a rite that signifies manhood among the *Luvale.* The *Luvale* centre manhood on a male circumcised body specifically the circumcised penis. A question probably that ought to be asked is: Why is the circumcised penis the only body part manipulated for one to be considered an ideal man? The concept of the body being the centre of focus in the perception of manhood may be similar in different cultures but it seems the specific body part varies greatly across cultures. This is evidenced by the fact that in western culture a muscular

body defines an ideal man but in *Luvale* a circumcised penis is what defines an ideal man.

The perception of the *Luvale* about manhood is that ancestors give a blessing and power to the young male. This power can only be conferred upon the young male at his circumcision. In our analysis it appears there are two views to this idea: First, the penis is associated with the most important male adult role in life, reproduction. A man is expected to reproduce among other male roles. This idea is in agreement with Rombergs's (1985) and Turner's (1967) observations that circumcision enhances sexuality where the adolescent is introduced into sexual life. The penis is altered by circumcision and the young man is prepared through *mukanda* for life skills for the roles ahead in life. Mwondela (1970) noted among the *Luvale* that the young man is expected to marry after circumcision. When married, he raises a family which he is expected to fend for using the skills he was taught at *mukanda.* He needs to sustain the family and perform other vital social responsibilities. The circumcision marks the end of the feminized and the beginning of the male status at which he receives the ancestral powers though he is not necessarily expected to immediately perform the reproductive role. This change in status is dramatized among the *Luvale* by making an observable mark, the circumcision.

Psychologically, this aspect of a long standing tradition is established through socialization.

The second view about the question "why is the circumcised penis the only body part manipulated for one to be considered an ideal man?" is in line with the symbol Turner (1967) noted among the *Ndembu* pertaining to *mukanda.* He noted the exposition of the top part of the stake of the *muyombo* tree leaving white wood that is used to pay homage to the ancestors prior to *mukanda.* This act symbolizes that what was hidden (and impure) has been revealed. A circumcised man is considered white or pure. The symbol was equated to the removal of the prepuce from the penis at circumcision to expose the glans. Secretion of *smegma* from the penis is equated to menstruation in women. Therefore, being uncircumcised is equated to impurity and a feminized status. The dryness of the glans penis after removal of the glands that secret smegma is considered hygienic. This is shown by the high responses in Table 2 and figure 1 where all (42) the parents and all the (6) traditional leaders interviewed respectively gave hygiene as one of the reasons for male circumcision. This suggests that the *Luvale* link sexuality, manhood and *mukanda* not only with ancestral powers but also with hygiene.

Mwondela (1970) said that the circumcision rite among the *Luvale* has no religious significance but marks the boy's entry into adult life. However, he added that the *mukanda* ritual involves paying homage to the ancestral spirits. Wele (1993) said during the preparatory stage of the *mukanda* among the *Luvale,* the ancestral spirits are invoked before a *muyombo* tree in a ritual called *kulikombelela* to bless and purify the children that undergo the rite. Rubbing of white ochre on the forehead of a would-be initiate is done alongside the *kulikombelela* ritual. The white ochre represents purity to appease the ancestors in order to confer blessings upon the boys for protection against evils spirits. Further, the traditional chiefs who are the mediators with the ancestral world punish the parents who let their children grow into adults without circumcision.

Table 2 and Figure 1 show the responses of the fathers and traditional circumcisers respectively about the significance of circumcision for boys. They referred to the fact that *mukanda* is an ancestral prescribed rite. In modern religion, Christianity and Islam for instance, there is belief in a supernatural being, God or Allah who has control over the lives of the living. Equally, the *Luvale* believe in the powers of the supernatural world that is controlled by deceased relatives who have powers over the living. If these ancestors are not appeased they may strike bad omen amongst individuals. *Mukanda* therefore is associated with traditional religion and probably Mwondela referred to modern

religion, Christianity. The fact that ancestral spirits are invoked in the *mukanda* ritual process means traditional religion is involved.

Table 2: **Male parents' responses about significance of male circumcision.**

Reasons for male circumcision	*No.*
Hygiene reasons	20
Ancestral prescription	14
Avoiding stigmatization of son and family	18
Attainment of manliness	20
Total	**72**

Source: Field data

The pie chart (Figure 1) shows responses from the circumcisers about the aim of male circumcision for *Luvale* men. Each circumciser gave more than one response. Note that 7 circumcisers said it was done to prepare boys for manhood, 5 circumcisers said it was done because it is an ancestral prescription, 11 circumcisers said it was done to avoid social stigma (a man may not be seen as an ethnic group member in an uncircumcised state) and that parents avoid traditional charges from the traditional leadership for keeping an uncircumcised child. The chiefs affirmed that they charge any parent who does not circumcise his male children because failure to do so would be

tantamount to insolence to the traditional leadership that is considered a link with the ancestral world.

Circumcision is used to establish group cohesion and prepare a boy for manhood. The feeling of being an outcast is so serious and this is worsened by loss of social privileges such as failure to find a marriage partner or eat with circumcised men.

Therefore, it is imperative for all male children to be circumcised. The social status of being a real man is only achieved through initiation, by being traditionally circumcised.

4.4.1 Sex differentiation in relation to women

The development of a boy among the *Luvale* is in two phases. Initially, the child is trained and is under the guidance of the women from birth mostly in domestic chores. Later he is circumcised and incorporated into the world of men through *mukanda* ritual on how to be a good husband, father, and good leader in society including training in social activities such as hunting, drum beating E.t.c.

Circumcision brings an end to the early relationship between the child and women who had been doing the initial training. White (1961) noted that

circumcision as an essential part of initiation ceremonies is designed to separate the male child from the mothers' influence. Wele (1993) and Mwondela (1970) noted that the *mukanda* training among the *Luvalė* marks the termination of a son-mother relationship and incorporation of the boy into the world of men. Harrington (1968) also said that circumcision is a social mechanism to resolve the conflict of initial feminine identity and subsequent masculine behavioural expectation. Circumcision and *mukanda* are used to terminate the feminized stage and marking the beginning of masculine status. Therefore, male circumcision aims to establish male social identity and consider women and the uncircumcised as "the other".

4.4.2 Peer-bond among men

It was also noted that the sharing of a single surgical knife and undergoing the same *mukanda* ritual was of great significance among the *Luvale.* The fathers of initiates were asked about their observations on the number of knives that were used at recent traditional male circumcisions they had witnessed. Of the 20 fathers interviewed, 19 fathers said 1 knife showing that boys who were circumcised traditionally shared a surgical knife, while only 1 father said several knives were used. It was noted that this parent initiated his sons in a shelter near his home though he hired a health worker who used several blades. Using different surgical blades for each boy is a practice by health workers to avoid

cross infection. Note that circumcisions in the shelters near home are at times done by a traditional practitioner using a single knife on all the initiates.

Peers who share a traditional surgical knife, *poko ya mbeli* at circumcision become friends for life because they shared blood due to blood mix-up during the rite. This bond can only be broken upon death. This aspect promotes male solidarity, cooperation and group work among the peers. Harrington (1968) in his study of the initiation of boys in Angola noted that circumcision increases sex differentiation and male identity and not necessarily introduction to adult life. This was important because the boys had to identify themselves with the roles they play for the survival of their communities from infancy. The *mukanda* events are important for the group to create male identity and ethnic solidarity. This idea is in line with the other observation about division of labour where men as members of the group play different roles from women towards the achievement of societal goals.

4.4.3 Group identity and cohesion

Manhood to the *Luvale* requires both the avoidance and repudiation of all behaviours associated with femininity and uncircumcision. Turner (1967) noted that the *Ndenbu's* perception of the uncircumcised man is that he is impure because he has smegma under his foreskin. Being uncircumcised means a man

has not worn the observable mark of manhood in line with the group norms: he is therefore an outcast. It is mandatory for every man to be initiated into adulthood. Failure to be initiated by circumcision carries great stigma not only to the man who is not circumcised but also for the relatives.

Table 2 and Figure 1 affirm this idea from the strong responses of the fathers (18) and traditional circumcisers (11) respectively that circumcision is performed to avoid stigmatization. These are socially constructed and psychologically established beliefs that have been handed down from generation to generation. The avoidance of stigma has played a great role in the perpetuation of the rite by the group. The avoidance of stigma of having an uncircumcised child probably explains why parents now just perform circumcision without their children undergoing the *mukanda* training. It is just meant for the boy to gain the circumcised status as a mark of manhood. It was also noted that children under five years were circumcised contrary to the old practice where boys aged 12 years and above were circumcised. Very young boys could not understand the teachings of the *mukanda* ritual because they were too young to comprehend the concept. Thus, the *Luvale* circumcise male children to avoid stigma and behave as a distinctive group from other categories of human beings such as women and the uncircumcised. This

behavioral, sociological and psychological pattern holds the *Luvale* men in solidarity for the social roles in collective responsibility.

The *Luvale* believe that their ancestors handed down the circumcision and *mukanda* ritual to them. This is revered and upheld. This is clearly demonstrated by the fact that before the boys is initiated; permission has to be sought from any of their chief who acts as a mediator between the ancestral world and the living. The traditional leadership deals severely with and charges any parent who lets a male child grow into adulthood without circumcision.

Although nowadays the traditional leadership may not punish a parent who conducts clinical circumcision, a parent embarking on clinical circumcision never informs the traditional leadership because the chiefs would not allow it. This is because the rituals that are performed in traditional circumcision such as invoking the ancestral spirits which gives power to the boys is never performed in clinical circumcision. Therefore, the status of being circumcised to a *Luvale*, fosters ethnic and family ties in that puberty and manhood are celebrated by the family and community members unlike in other societies where puberty is a personal affair. Among the *Luvale* even the traditional leadership is involved in this affair as it reinforces ethnic obligations.

4.4.4 Formation of social structures

Traditional circumcision strengthens social structures - circumcised versus uncircumcised and men versus women. It is a widely held idea among the *Luvale* that a woman is not supposed to challenge or undermine a circumcised man. The *Luvale* believe a woman is supposed to be subjective to her husband especially in matters of decision-making.

Cameron (1998: 50-93) presented a view that men tap into the wealth of women's power. She said men rob women of their power in order to consolidate theirs. She said men steal and use the blood on women's sanitary pads as catalysts for spells of potency for performing masquerade and circumcision rituals. This is called *Kuhonga,* a ritual way of taking people's possessions using magic. This also shows that women are equal or have more potential than men hence the attempt to use what belongs to women by men.

In this case, manhood can not be mentioned without reference to femininity because the two compliment each other. Though men may not openly admit this, in Cameron's view, it appears that men would like to present themselves as an ideal man. This idea of robbing what belongs to women probably is a reason why men feel they ought to lead women after they have come out of *mukanda.* This is noted by Mwondela (1970) writing about the third stage of the *mukanda* that "The

boy's attitude about womenfolk had now completely changed. Women were to be regarded as inferiors and no longer to be looked to for instruction" This, however, does not mean a man would never take advice from a woman. It means he looks more to fellow men for consultation because their roles are similar after puberty. Equally, a woman, after the initiation ritual, *wali* pays her allegiance to fellow women. Therefore, manhood does not only render masculine powers but the headship role in the households.

The *Luvale* perceive that circumcision renders power in reshaping, reinforcing and controlling the masculine identity. It renders a man's social standing and promotes cultural identity. Circumcision among the *Luvale* is an important integral part of the development and building of young men's character in terms of shaping personal discipline, livelihood skills, family life skills, community life and village systems.

4.4.5 Division of labour

Another aspect noted about the circumcision and manhood among the *Luvale* was promotion of division of labour between men and women. The social norms necessitated that men and women perform different roles. These roles are complementary. For example, if a woman is pregnant, she can not take on strenuous social activities of obtaining food such as hunting or diving in

deeper waters using different fishing methods to catch fish for food. Therefore, men were required to perform such tasks. This is the reason why men were prepared and trained to be tough and strong at *mukanda* as a sign of being an ideal man. While women took on domestic tasks and child care at home, the men were expected to bring necessities for the survival of the family and community from outside the home. This is a complementary lifestyle.

4.4.6 Legacy of traditional circumcision and *mukanda* ritual

The circumcision rite has existed probably for centuries. Despite the socio-political changes, the *Luvale* still cherish it. Bloch (1986), writing about the Merina of Madagascar claimed that Madagascar had undergone considerable change, but the circumcision rite had prevailed through changing socio-political contexts. Despite shifting circumstances, Bloch found an inherent stability to these rites. The endurance of traditional male circumcision was noted from the data that were collected. Although there have been changes in the way it is managed, the rite has remained a symbol of manhood legitimation amongst the *Luvale.* The responses by fathers who circumcised their sons and traditional leaders why they permitted the use of a single knife on all initiates in view of the deadly HIV infection respectively is consistent with legacy of the ritual.

When the 20 initiates' fathers were asked which method they had used previously to circumcise their children, 14 fathers said they had done it traditionally while 6 had circumcised their sons at health facilities. Out of the 14 fathers that circumcised traditionally, 10 of them wished to circumcise the remaining uncircumcised sons traditionally to uphold their culture while only 4 fathers did not wish to have their uncircumcised sons circumcised traditionally because it was too involving and expensive. Among the fathers that did not wish to circumcise traditionally again, 2 mentioned Christian faith as a reason besides the costs involved. Though traditional circumcision has never been costed, it can cost above K1,000,000 in food, beer, *makishi* costumes, and other charges. Clinical circumcision is approximately K20,000 equivalent to a cost of a chicken. Traditional circumcision is considered un-Christian because of the rituals associated with *mukanda* such as invocation of ancestral spirits. The 6 parents who had never traditionally circumcised their sons gave either their Christian faith or inability to meet the costs as reasons for not having done this. Traditional circumcision is the norm among the *Luvale* but when conditions are not favourable to conduct it, clinical circumcision is done. In fact, a circumcised status is much more important than uncircumcised status as a symbol of manliness. The cost and Christian faith were only minor factors that influenced the decision to resort to clinical circumcision.

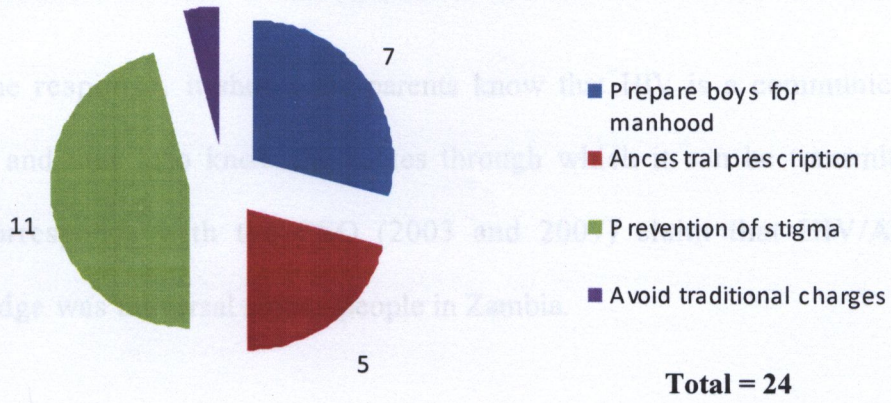
Traditional circumcision is known for instilling manliness behaviour because of the teachings. Men who undergo clinical circumcision do not receive the same respect as those traditionally circumcised.

Those circumcised clinically are called by a derogatory term *mukanda wa Hombe or mukanda wa Njochi,* a "white man's circumcision". Probably, *Hombe* was an explorer who introduced clinical male circumcision among the *Luvale* in Angola *or* a missionary George Suckling who introduced clinical male circumcision among the *Luvale* in Zambia respectively. Of course an uncircumcised man is worse off than a man who is clinically circumcised. Traditional circumcision is still performed among the *Luvale* in Chavuma district.

The traditional leadership was asked why it permitted traditional circumcision in view of HIV infection. There were divergent views from the leaders. While some said that the initiates could be circumcised in the health facilities but not by the uncircumcised health practitioners, others said *mukanda* is for the pure and the impure should never be involved at any time. This they emphasized in order to avoid distortion of their culture. Their expression was `How can you give a job to someone who doesn't know how to do it?' "This means an uncircumcised (unclean) man can not circumcise *a Luvale.* `It is like

women calling upon men to perform their feminine rituals on their behalf. It is unacceptable'. With such a deep-seated belief not to openly expose a treasured culture for fear of disapproval and interference into what the *Luvale* believe is the basis of their existence. The parents only resort to clinical circumcision when they are sure the one performing it is circumcised too. The traditional leaders said traditional male circumcision was their foundation for future life as *Luvale* men and the culture had been passed on from their ancestors. The *Luvale* felt that discouraging their tradition was like "killing them". They would be without heritage.

Figure 1: **Traditional circumcisers' response of the aim of male circumcision of *Luvale* men**



Source: Field data

4.5 *Mukanda* and the risk of HIV transmission

4.5.1 Male parents' knowledge of HIV/AIDS

All parents interviewed had heard of HIV/AIDS before. It was a disease they were quite aware of because they had lost relatives and friends due to this disease. Table 3 shows the parents' responses of their knowledge about the routes of HIV transmission. All 20 parents interviewed said HIV could be transmitted through sex. However, note that 14 parents said HIV could also be transmitted from mother-to child and 10 parents said HIV could be transmitted through traditional male circumcision.

From the response, it shows the parents know that HIV is a communicable disease and they also know the routes through which it can be transmitted. This corresponds with the CSO (2003 and 2007) claim that HIV/AIDS knowledge was universal among people in Zambia.

Table 3: **Male parents' knowledge of routes of HIV transmission.**

Routes of HIV transmission	*No.*
Sex	20
Re-using needles and syringes	4
Mother-to-child transmission	14
Tattooing	8
Traditional male circumcision	10
Blood transfusion	2
Total	**58**

Source: Field data

Table 4 shows responses of parents to the question if they had received information that initiates must not share a surgical knife at male circumcision. There were 19 parents except 1 who said they had received information that initiates must not share a surgical knife at traditional male circumcision to prevent transmission of HIV infection. This shows that the parents are aware of the risks of spreading or contracting HIV during the rite.

Table 4: **Male parents receipt of message not to share surgical knife at male circumcision.**

Initiates sharing surgical knife	*No.*
Yes	19
No	1
Total	**20**

Source: Field data

The responses in table 5 were based on the observations by fathers during circumcision rites. Only 7 fathers said the circumciser washed hands in a basin and only 1 said the circumciser used several blades while only 2 said the circumciser wore protective coverings on hands. Note that 1 father said that the circumcisers used a piece of cloth to wipe the knife. However, when these responses were analyzed they show that the initiates were exposed to the HIV infection because sterility was not achieved. Repeatedly washing in a basin of water contaminated with other initiates' blood is a source of infection. Equally, wearing a pair of protective covering on the hands without changing them and use them on several initiates is another source of infection. Wiping a surgical knife with a piece of cloth is not sterilization. Therefore, it is another source of infection. This shows that hygiene or safe circumcision in traditional circumcision is not a reality.

Table 5: **Male parents' observations of measures taken by circumcisers to ensure safe circumcision.**

Hygiene measures at traditional circumcision	*No.*
Circumciser washing hands before and between cases.	7
Circumciser using only one blade on each initiate.	1
Circumciser wearing protective coverings on hands such as gloves or plastics.	2
Circumciser wiped the knife with a piece of cloth.	1
Total	**11**

Source: Field data

Parents in the sample were asked whether traditional male circumcision should be stopped because of the of HIV infection. Table 6 shows that only 3 parents agreed to stop traditional circumcision to prevent infection spread while 17 refused to stop traditional male circumcision. They suggested finding an alternative to be used in traditional circumcision to prevent HIV rather than stop the rite. It seems traditional circumcision which prepares one for manhood is much more important to the *Luvale* than the threat of HIV infection. It appears that the parents only resort to clinical circumcision on account of financial inability and when the boys are required to return to school after vacation. During the interview, the senior chief said some parents resorted to clinical circumcision because of poverty, they failed to meet the costs. He said that was not right because they were destroying their heritage.

Table 6: **Traditional male circumcision and HIV infection.**

Transmission of HIV at traditional circumcision	*No.*
Yes	**3**
No	**17**
Total	**20**

Source: Field data

The circumcisers were asked about their knowledge of HIV/AIDS. Table 6 shows that all circumcisers knew about the HIV infection, 10 were aware of the symptoms of the infection and that it could be transmitted from one person to the other. Knowledge about the routes of transmission was varied. Note that 10 knew it could be transmitted at traditional male circumcision, 9 said it could be transmitted through sex, and 7 said it could be transmitted through blood mix-up. Note also that all circumcisers knew the infection has a long incubation period.

Table 7: **Traditional circumcisers' knowledge of HIV**

Circumcisers' knowledge of HIV	*NO.*
Knowledge of HIV	11
Knowledge of symptoms	10
Knowledge HIV is transmittable	10
Routes of transmission: - sex	9
- Mother -to- child transmission	6
- Blood transfusion	1
- Blood mix up	7
- At traditional circumcision	10
- Reusing of syringes and needles	3
Knowledge of long incubation period	11
Total	**77**

Source: Field data

Table 8 shows the responses about who might be at risk of contracting HIV at traditional male circumcision. It can be noted that 10 circumcisers said that the initiates are while all the 11 circumcisers said that they were at risk themselves. The circumcisers knew that there is a possibility that HIV infection can be transmitted at traditional male circumcision. This corresponds with the CSO (2003 and 2007) who claimed that HIV/AIDS knowledge in Zambia is nearly universal.

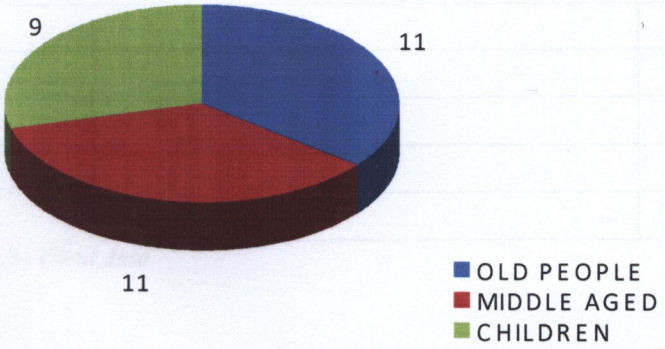
Table 8: **Risk of contracting HIV at traditional male circumcision.**

Details	*No.*
Initiates	10
Circumciser	11
None	-
Total	**21**

Source: Field data

The traditional circumcisers were asked about which age groups could be infected with HIV/AIDS. Figure 2 shows that 11 circumcisers said old people, 11 circumcisers again said the youth while 9 said children could be infected. Traditional circumcisers indicated that HIV can be contracted by anyone regardless of their age. Important to note also from Figure 2 is that a high number 9, stated that children could be infected with the HIV. They indicated that babies can contract HIV virus from their mothers. However, their practice is not consistent with such level of knowledge. Table 10 showed that 6 of the traditional circumcisers used a single surgical knife at circumcision. It is also important to note that in Table 11, 6 of the traditional circumcisers said they lack equipment. Therefore, boys are still put at risk of contracting HIV at traditional circumcision in the process of attaining manhood.

Figure 2: **Age at risk of being infected by HIV/AIDS**



TOTAL 31

Source: *Field data*

Table 9 shows when the circumcisers last circumcised initiates. During the interview all the traditional circumcisers said that they circumcised more than one initiate at a time. This question was asked to examine if the circumcisers traditionally circumcised boys and if these boys were exposed to the risk of contracting HIV infection. It shows that 1 circumciser had performed circumcisions in 2007, 7 circumcisers had performed circumcisions in 2006 and 2 circumcisers performed circumcisions in 2005. The data in Table 10 where 6 of the circumcisers said initiates shared a surgical knife at circumcision show that the circumcisers had exposed the boys as well as themselves to HIV infection.

Table 9: **When circumciser last performed male circumcision.**

Year	*No.*
2007	1
2006	7
2005	2
Total	**10**

Source: Field data

Of the 11 circumcisers in Table 10, 8 of them reported that they took hygiene measures while 2 did not. Note that 6 circumcisers reported that they washed their hands before starting the procedure and between cases (washed from a basin). Only1 circumciser said he sterilized the surgical knife by boiling it, 5 circumcisers said they used a single knife on each initiate, 5 circumcisers wore gloves, and 2 circumcisers wiped the surgical knife with a piece of cloth. One circumciser informed the researcher that he used unsterilized hair scissors to circumcise due to lack of equipment.

The circumcisers claimed they occasionally used borrowed equipment from health facilities. Moreover, they are not trained in aseptic techniques to prevent cross-infection. Two circumcisers did not carry out any hygiene measures at circumcision. Generally, from these responses one can deduce that sterility or safe circumcision was not a reality. Therefore, the boys as

well as the circumcisers were exposed to blood borne diseases such as HIV infection.

Table 10: **Self reported hygiene measures taken by traditional circumcisers.**

Hygiene measure at traditional circumcision	*No.*
Wash hands before and between cases	6
Sterilize the surgical knife (if only using one knife)	1
Use several knives	5
Wear gloves	5
Wipe the surgical knife with a cloth	2
None	2
Total	**21**

Source: Field data

Table 11 shows the circumcisers' responses whether they used one knife to circumcise several initiates. Note that 6 circumcisers said the initiates shared a single knife, (1 circumciser claimed to have been using a hair scissors in place of a knife due to lack of equipment) and 5 circumcisers said each initiate was circumcised with a separate surgical knife. From this data it is clear that the traditional circumcisers still perform circumcisions in the traditional way, using one knife on several initiates. It is also clear that the circumcisers used the medieval technology that can easily promote HIV transmission from one initiate to another. It shows half of the initiates were exposed to blood borne infections and were at risk of contracting HIV.

Table 11: **Initiates sharing surgical knives at traditional male circumcision.**

Initiates sharing surgical knife	*No.*
Initiates shared a surgical knife	6
Initiates did not share a surgical knife	5
Total	**11**

Source: Field data

Table 12 shows responses from the circumcisers when they were asked why they used a single surgical knife on several initiates in view of HIV infection. Only 1 of them said small children as young as 5 years old could not be infected with HIV because they had not indulged in sex, 6 said they lacked equipment while 1 said it was important to promote a bond among the peers. The sharing of the surgical knife with blood mix-up is considered a sign of strong bond among the initiates, meaning, "they shared blood". This is considered a very important aspect of manhood because it promotes group cohesion and identity. However, 10 of the circumcisers said that it is an ancestral prescription. This probably explains why they think the ancestral powers given at traditional circumcision create the bond among the peers hence the reluctance to completely resort to clinical circumcision which is safe.

Table 12: **Why use a single surgical knife on all initiates?**

Reason for initiates sharing surgical knife	*No.*
Children can not be HIV positive	1
Lack of equipment	6
Promote bond among peers	1
It is ancestral prescription	10
Total	**18**

Source: Filed data

4.5.2 Traditional leaders

During the study, the chiefs exhibited knowledge of the HIV/AIDS disease. They were able to tell the disease process, routes of transmission, signs and symptoms and that there was no treatment for the disease. There were 2 sub-chiefs who said they were members of the Community Rapid Response Against HIV/AIDS (CRAIDS). The traditional leaders also knew that there was a possibility of transmission of HIV at traditional male circumcision because of sharing one surgical knife among initiates.

When asked about the implications of traditional male circumcision in view of HIV infection, they said it was not practical to institute safe circumcisions due to inadequate technology. They were also not in favour of the idea of uncircumcised and female health workers performing male circumcisions. They said these were not recommended because they have not gone through the ritual themselves. In fact they do not favour a "white man's circumcision and circumcision by the impure". They also said

changing a tradition they have upheld for centuries abruptly is not so easy.

What makes it difficult is the incubation period of the disease because the disease manifests itself after many years and the people may not associate it with the rite. However, the traditional leaders were quick to point out that parents needed to ensure that their children were protected against HIV transmission at traditional male circumcision. They hoped that it would be government policy to train the traditional male circumcisers in safe circumcisions and work out a circumcision kit for them and incorporate them in the HIV prevention strategy. This would be helpful because the health facilities are not adequately staffed with workers they recommend to circumcise their children. The fear of HIV transmission at circumcision was not mentioned as a reason for choosing clinical circumcision. The knowledge about chances of HIV transmission at traditional circumcision and low cost of clinical circumcision has no influence on the decisions to choose clinical circumcision, which is safer for the boys.

Despite the chiefs claiming they know about and participate in HIV/AIDS prevention programmes they had not sensitized or given a decree to their subjects to stop the sharing of a single knife among initiates at circumcision. This means that the HIV/AIDS sensitization campaign has not helped much to stop the possibility of HIV transmission at traditional male circumcision. The HIV/AIDS campaign has been general and has not fully

addressed beliefs of how boys are transformed into men. It could truly mean the *Luvale* may wish to change the method of circumcision but lack equipment and safe technology. However, the traditional leaders' willingness to allow the use of several blades for each initiate should be the beginning point for information, education and communication messages on safe methods used in the rite.

4.5.3 Health workers knowledge of HIV/AIDS

The health workers knew that HIV could be transmitted at traditional male circumcision because of blood mix-up due to sharing a surgical knife among the initiates. This knowledge about HIV by heath workers was necessary in order to inform the community about the risk of sharing a surgical knife among initiates at circumcision.

4.5.4 Availability of surgical supplies and health workers to perform clinical circumcision

The 3 male nurses interviewed at *Chiyeke* and *Chingi* health centre did not know how to circumcise males. Their training curriculum did not prepare them for such a task. However, the 2 male classified daily employees (CDEs) at *Chavuma* mission hospital and *Lukolwe* health facilities knew how to circumcise males because they had learnt it from the doctors they had previously worked with. *Chiyeke* and *Chingi* health facilities did not offer male circumcisions because there was no one to perform them. It was reported that in *Chingi* area, *a Luvale* man living in a neighbouring country performed traditional circumcisions in the

villages. The lack of staff to perform male circumcision and inconsistent supply of medical supplies was a factor that hindered some parents from seeking clinical circumcision. One parent had personally circumcised his five sons a week before the interview and kept them in a shelter near his home. He used a single knife on all the boys. He said he decided to do it the traditional way because tradition dictates.

Besides, there was no one to perform it at *Chiyeke* health facility, the nearest facility to his home. Another reason was that he could not afford paying the circumcision fees for all the boys at the health facility. Therefore, the deep-seated belief perceived traditionally given by the ancestors of connecting manhood with the ancestral world through traditional circumcision in order to receive power renders the ritual a vital institution among the *Luvale.* On the other hand, lack of health staff to perform clinical circumcision and the aspect of paying for clinical circumcision impinges on safety of the ritual against HIV as people resort to the traditional one since relatives can perform it or payment is sometimes made in kind.

4.5.5 Cooperation between health workers and traditional male circumcisers

The health workers interviewed at *Chavuma* mission hospital and *Chiyeke* health center did not discuss with traditional circumcisers over matters of HIV transmission at traditional circumcision. However, the classified daily employee at *Lukolwe* health center and the nurse at *Chingi* health centre said

they at times gave traditional circumcisers some medical supplies at their discretion because it was not government policy and the health facilities sometimes experienced shortages of medical supplies. Further, they gave health education to the parents, traditional leaders and circumcisers about HIV and the possibility of transmission of the infection at traditional circumcision. However, none of them had trained the traditional circumcisers in safe circumcisions. All the health workers interviewed felt that the traditional circumcisers had not complied with the plea to prevent HIV infection at traditional male circumcision because the circumcisers lacked training in safe circumcision.

Both lack of trained staff to perform circumcision and preference for traditional circumcision by parents contributed to the low utilization of health facilities for circumcision. *Chavuma* mission hospital was the only facility that was self sufficient in medical supplies because it was both government and donor funded. The study shows that the health facilities were not well equipped with trained staff in male circumcision and medical supplies. Parents could not access male circumcision for their sons because the service was not offered at nearby facilities. However, to the *Luvale* traditional circumcision is much more important than clinical circumcision because it is related to manhood and *Luvale* identity.

CHAPTER 5

5.0 CONCLUSION

Among the *Luvale,* traditional male circumcision is perceived as key to the attainment of manhood. The *Luvale* claim it is done for hygiene reasons and ethnic identity besides being an ancestral prescription. The *Luvale* concept of masculinity is dramatized by manipulating the body specifically the penis, by performing circumcision for a man to attain manhood. The purpose of the rite among the *Luvale* is to make a distinction between the circumcised on one point and women and the uncircumcised on the other. Socially, the importance of male circumcision is demonstrated by its celebration by both women and men. Male circumcision marks social rather than biological events in the attainment of manhood. Manhood is a psychological and culturally constructed issue. This probably explains the variations in the age at circumcision as very young boys under five years can be circumcised. These can not understand the teachings of *mukanda.* Being uncircumcised among the *Luvale* carries stigma and loss of social privileges. Being circumcised clinically carries some stigma of going through a "white man's circumcision" where anaesthesia is used to reduce the pain. Suffering the pain of circumcision and hardship of *mukanda* are tenets of the ritual. The *Luvale* strongly believe that anyone who does not go through the test of hardship and endurance of the pain of circumcision and *mukanda* is half a man. Such a one is considered a child and impure the rest of his life and looses social privileges. The *Luvale* perceive that

circumcision and *mukanda* transform boys into responsible men and establish cultural and ethnic identity. Hence, boys are still predisposed to HIV through traditional circumcision rites due to the following factors:

- The belief and perception that traditional male circumcision rite is ancestral given and should not be changed.
- The uncircumcised are considered outcasts. Therefore, the fear of losing social privileges necessitates circumcision of male children.
- Beliefs by parents, circumcisers and chiefs that uncircumcised health workers are impure and can not circumcise their children prevent them from seeking the service at health facilities manned by female and uncircumcised health workers.
- Circumcision charges at health facilities discourage parents form seeking safe circumcision. Instead they use relatives and friends who are paid in kind.
- Lack of trained medical personnel in the health facilities that can circumcise.
- Lack of training in safe circumcision by traditional circumcisers has led to the status quo where initiates share a surgical knife at circumcision.
- Lack of programmes specifically addressing prevention of HIV through traditional circumcision.

The majority of the respondents knew what HIV/AIDS was and the routes of transmission. Some respondents knew HIV could be transmitted at male circumcision. However, others could not correlate HIV transmission at circumcision. They could not believe that the youngest initiates could be HIV positive because these had not yet engaged in sex. Some traditional circumcisers could not believe sharing a surgical knife between initiates at circumcision could transmit HIV because they wipe the knife with a cloth before re-use on the next initiate. At least half of the traditional male circumcisers actively used the traditional method of using one surgical knife on all the initiates under unsanitary conditions, exposing them to the risk of HIV infection. This shows that the HIV/AIDS campaign massages had reached the people in *Chavuma* but were not specific about the prevention of the infection at traditional male circumcision rite.

It was noted that modernization has influenced the management of the ritual but the concept remains; circumcision makes ideal men. The *Luvale* oppose altering the *mukanda* rite because this would compromise the tradition. The respondents appealed that if HIV infection is to be prevented at traditional male circumcision, traditional circumcisers must be trained in safe circumcision methods. The training would enable traditional circumcisers perform safe circumcisions and prevent distortion of their

culture by impure clinicians (male and female) who would conduct the ritual on their behalf. The respondents said alteration of such a revered culture is something that they would give consent to with caution. Such notions have continued exposing the boys to HIV infection because safe methods of circumcision have been slowly and in some cases not adopted at all. Important to note also is the belief that ancestors confer power on the young men upon circumcision during the *mukanda* process. The sharing of blood by initiates which creates a bond among peers through a shared surgical knife is considered key to the creation of manhood and male identity. Any changes to such deep-seated beliefs probably would require specific and intensive sensitization. Among the *Luvale* the traditional beliefs are so strong that the risk of HIV is taken lightly. Besides taking a risk is a tenet of achieving manhood.

The traditional circumcisers said that they had inadequate equipment as evidenced by the use of hair scissors. The fact that traditional circumcisers still use the same knife on all initiates shows lack of training in safe circumcision. This is also due to a traditional prescription since it leads to a bond with peers. Moreover, none of the interviewed circumcisers reported being trained in clinical or safe circumcision. The way the *Luvale* perceive and transform male children into manhood has both positive and negative

consequences for life. It builds a heritage for the ethnic group but there is also the risk of transmitting HIV infection to the boys through the rite. As male circumcision is being encouraged among certain HIV/AIDS campaigns for the prevention of HIV infection consideration should also be taken especially of the traditional rite to put measures in place to prevent transmission of the infection.

CHAPTER 6

6.0 RECOMMENDATIONS

6.1 Recommendations to the *Luvale* traditional leadership.

1. Inform the subjects about the risk of transmitting HIV infection during traditional male circumcision and discourage the usage of a single knife and performing the procedure under unsanitary conditions.

2. The traditional leadership needs to lobby from the government to preserve this cultural heritage since it has been found key to the prevention of HIV transmission. Therefore, there is need to lobbying the government and cooperating partners to help train the traditional male circumcisers in safe circumcision practices just as it was done with traditional birth attendants.

6.2 Recommendations to Chavuma DHMT

1. There is need to re-train the traditional male circumcisers in safe methods of circumcision in order to prevent HIV transmission. Traditional leaders must be involved in this process from the start to avoid conflict that can lead to failure of the activity.
2. There is need to assist the traditional circumcisers with surgical supplies, so that they can perform safe circumcisions.
3. There is need to involve a health worker with wide experience in circumcisions (preferably a native) to assist with a programme on safe male circumcisions.

6.3 Recommendations to the Ministry of Health

1. There is need to develop male circumcision specific health education messages aimed at prevention of HIV transmission at traditional male circumcision.
2. There is need to train traditional male circumcisers in safe circumcision by the Ministry of Health.
3. There is need to provide the traditional male circumcisers with circumcision kits in order to promote safe circumcisions.

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ANNEX A

THE UNIVERSITY OF ZAMBIA

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20th February 2008

Mr. Seleji Chinyama
Gender Studies Department University of Zambia
LUSAKA.

RE: APPROVAL OF RESEARCH PROPOSAL

The Graduate studies Committee of the School of Humanities and Social Sciences has approved your research proposal entitled "Practice and Perceptions about risks of HIV transmission in traditional Male circumcision: the case of Chavuma District North Western Province, Zambia." Please get in touch with your Head of Department or Supervisor to guide you as to the next course of action.

for B Nkunika
ASSISTANT DEAN, (PG) STUDIES
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES UNZA

cc. Director, RGS
cc Head, Gender Studies

ANNEX B

INTERVIEW GUIDE FOR MALE PARENTS

TOPIC: **Study into traditional male circumcision and the risk of HIV transmission in Chavuma district, NorthWestern province, Zambia.**

Instructions

1. Introduce self and explain the purpose of the study.
2. Assure confidentiality and privacy.
3. Names of respondents should not be mentioned in the interviews.
4. Thank the respondents afterwards.

Date.....

Location.....

Respondent Number.....

1. What is you tribe?
2. What is your level of education?
3. Do you have uncircumcised male children under your care?
4. What do you know about HIV/AIDS?
5. From whom did you hear about the diseases?
6. What are the signs that one is infected with HIV?
7. What are the signs that one has AIDS?
8. Is it always to know that someone is infected with HIV?
9. Is HIV transmittable from one person to the other?
10. What are the routes of HIV transmission?

11. Can babies and children as young as 5 years be infected with HIV?

12. What are the dangers of HIV?

13. Can procedures involving blood mix-up lead to transmission of HIV?

14. Can HIV infection be transmitted at traditional male circumcision? Give a reason for your answer.

15. Have you received message discouraging the *tundanji* sharing a surgical knife at circumcision?

16. If yes, whom did you get this message from discouraging sharing of surgical knife at circumcision?

17. What reason(s) was (were) given for discouraging *tundanji* share a surgical knife at circumcision?

18. Would you allow your children grow up without circumcision?

19. What is the significance of male circumcision to you?

20. Have any of your male children undergone traditional male circumcision?

21. Do you want to conduct traditional circumcision again in future?

22. Have any of your male children undergone clinical male circumcision?

23. Which way is easier for you to circumcise your children, traditionally or clinically? Give a reason for you answer.

24. What hygiene measures if any does the traditional circumciser apply at circumcision?

25. How many knives does the traditional circumciser bring if circumcising more than one initiate?

26. How does the circumciser sterilize the knife before circumcising the next boy if only using one surgical knife?

27. Why are boys circumcised sharing a surgical knife when there is a risk of HIV infection transmission?

28. What position have you taken to ensure boys are protected from HIV infection at traditional male circumcision?

29. Are male circumcisions performed at your nearest health facility?

30. Are you pleased with the circumcision services performed at your nearest health facility?

31. Can all boys be circumcised clinically under hygiene measures to avoid transmission of HIV infection?

32. How does a boy among the *Luvale* become a man?

33. What else do you wish to share with me about traditional male circumcision?

ANNEX C

IN-DEPTH INTERVIEW GUIDE FOR TRADITIONAL MALE CIRCUMCISERS

TOPIC: **Study into traditional male circumcision and the risk of HIV transmission in Chavuma district, North Western province, Zambia.**

Instructions

1) Introduce self and explain the purpose of the study.

2) Assure confidentiality and privacy.

3) Names of respondents should not be mentioned in the interviews.

4) Thank the respondents afterwards.

Date.....

Location.....

Respondent Number.....

1. What is you tribe?
2. What is your level of education?
3. What do you know about HIV/AIDS?
4. From whom did you hear about the diseases?
5. What are the signs that one is infected with HIV?

6. What are the signs that one has AIDS?
7. Is HIV transmittable from one person to the other?
8. What are the routes of HIV transmission?
9. Is it easy to know that someone is infected with HIV?
10. How long does it take for a person infected with HIV to start showing the signs of the infection?
11. Can babies and children as young as 5 years be infected with HIV? Explain your answer
12. What are the dangers of HIV?
13. Can procedures involving blood mix-up lead to transmission of HIV?
14. Can HIV infection be transmitted at traditional male circumcision? Give a reason for your answer.
15. What is the significance of male circumcision?
16. Has circumcision got anything to do with a boy's status and how?
17. How many surgical knives do you use to circumcise men?
18. Do you wash hands before starting each circumcision?
19. How do you clean the knife before circumcising the next initiate?
20. Do you think there is a possibility you can infect *tundanji* or you can be infected with HIV at traditional male circumcision?
21. How can you prevent the possibility of HIV transmission at traditional male circumcision if think it is a risk?
22. Do you charge for the circumcisions performed? How much?

23. Do you coordinate circumcisions with health workers?

24. Do you borrow equipment from health facilities when you perform circumcisions?

25. Are you given the equipment all the time you borrow?

26. Do the health workers charge you for the supplies given?

27. Are there any organizations that give you health education specifically on traditional male circumcision and the risk of HIV transmission?

28. Have you received clinical training on male circumcision?

29. Have you received any message discouraging sharing surgical knives among initiates at circumcision?

30. If yes, from whom did you hear such message?

31. What reason was given for discouraging sharing surgical knife among initiates at circumcision?

32. What is your opinion over the message of discouraging sharing surgical knife among the initiates at circumcision?

33. Do you think it would be easy to use a single surgical knife for each initiate at circumcision?

34. What else do you wish to share with me about traditional male circumcision?

ANNEX D

INTERVIEW GUIDE FOR TRADITIONAL LEADERS

TOPIC: **Study into traditional male circumcision and the risk of HIV transmission in Chavuma district, North Western province, Zambia.**

Instructions

1) Introduce self and explain the purpose of the study.

2) Assure confidentiality and privacy.

3) Names of respondents should not be mentioned in the interviews.

4) Thank the respondents afterwards.

Date.....

Location.....

Respondent Number.....

1) What is you tribe?

2) What is your level of education?

3) What do you know about HIV/AIDS?

4) From whom did you hear about the disease?

5) What are the signs that one is infected with HIV?

6) What are the signs that one has AIDS?

7) Is it easy to know that someone is infected with HIV?

8) Is HIV transmittable from one person to the other?

9) What are the routes of HIV transmission?

10) Can babies and children as young as 5 years be infected with HIV?

11) What are the dangers of HIV?

12) Can procedures involving blood mix-up lead to transmission of HIV?

13) Can HIV infection be transmitted at traditional male circumcision? Give a reason for our answer.

14) Have you received message discouraging the sharing of surgical knife at traditional male circumcision?

15) Can male children grow up without circumcision among your people?

16) What is the significance of male circumcision?

17) Have any of your male children undergone traditional male circumcision?

18) Do you want to conduct traditional circumcision in future?

19) Have any of your male children undergone clinical male circumcision?

20) Which way is easier for you to circumcise your children, traditionally or clinically? Give a reason for you answer

2l) What hygiene measure if any does the traditional circumciser apply at circumcision?

22) How many knives does the traditional circumciser bring if circumcising more than one initiate?

23) How does the circumciser sterilize the knife before circumcising the next boy if only using one surgical knife?

24) Why are boys circumcised sharing a surgical knife when there is a risk of HIV infection transmission?

25) What position have you taken to ensure boys are protected from HIV infection at traditional male circumcision?

26) Are male circumcisions performed at your nearest health facility?

27) Are you pleased with the circumcision services performed at your nearest health facility?

28) Should all male children be circumcised clinically under hygiene measures to avoid transmission of HIV infection?

29) How does a boy among the *Luvale* become a man?

30) What else do you wish to share with me about traditional male circumcision?

ANNEX F

UNIVERSITY OF ZAMBIA
Department of Gender Studies
TRADITIONAL CIRCUMCISION PROCEDURE CHECKLIST

Topic: Study into traditional male circumcision and the risk of HIV transmission in Chavuma District, North Western Province, ZAMBIA.

Instructions

1) Introduce self and explain the purpose of the study. 2) Assure confidentiality and ensure privacy. 3) Names of respondents should not been mentioned in the interviews. 4) Thank the respondents afterwards.

	DETAILS	ALWAYS	SOMETIMES	NEVER DID SO
1	Did the practitioner wash hands with ash/soap /detergent before preparing the equipment?			
2	Did the practitioner wash hands with detergent/soap/ash before and after attending to each boy?			
3	Did the practitioner wear protective coverings on hands before circumcising each boy?			
4	Did the circumciser at any time use same knife on more than one boy?			
5	If only using one knife how did the practitioner sterilize the knife before re-using it on another boy?			
6	Did the practitioner at any time re-use swabs/bandages?			
7	Did the practitioner change protective coverings on hands when circumcising each boy?			

ANNEX G

UNIVERSITY OF ZAMBIA
School of Humanities and Social Sciences
Department of Gender Studies

TRADITIONAL CIRCUMCISION EQUIPMENT CHECKLIST

Topic: Study into traditional male circumcision and the risk of HIV transmission in Chavuma District, North Western province, ZAMBIA.

Instructions

1) Introduce self and explain the purpose of the study. 2) Assure confidentiality and ensure confidentiality and privacy. 3) Names of respondents should not be mentioned in the interviews. 4) Thank the respondents afterwards.

	Working surface (i.e. table, chair or stool, on the ground)	Number or amount of equipment prepared	Type of equipment prepared	No. of boys to be circumcised at a session.
Working surface				
Knife(s)				
Cotton wool (i.e. enough)				
Cleaning detergent including soap				
Dressings				
Gloves/plastic papers				
How many boys circumcised at a session?				