MEANINGS OF MALE CIRCUMCISION AMONGST CIRCUMCISED MEN IN ZAMBIA: A CASE STUDY OF GONDWE TOWNSHIP IN CHILANGA DISTRICT

BY

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DECLARATION

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CERTIFICATE OF APPROVAL

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ABSTRACT

Background: Zambia has been battling the spread of HIV/AIDS using different interventions such as abstinence campaigns, messages of being faithful to one faithful partner, correct and consistent condom use. The Zambian government endorsed Voluntary Medical Male Circumcision (VMMC) as an additional biomedical strategy for preventing HIV/AIDS and reducing the risk of cervical cancer in women. Circumcised men attach different meaning and cultural values to their circumcision status. In Zambia much research has been done on male circumcision and most of these studies have focused on focused on knowledge, perceptions, acceptability and barriers to access MC services in general and research is yet to profile the meaning of circumcision and the cultural values attached to it by circumcised men.

Aim: The study sought to understand the meaning of Male Circumcision (MC) among the circumcised men in Gondwe Township Lusaka.

Methods: This was a qualitative study with an Interpretive Phenomenological research design. Data were collected using in-depth interviews from 20 circumcised men who were living in Gondwe Township at the time of study, who were 18 years and above. Participants were recruited using purposive and snowball sampling methods. Interviews were audio recorded. Interpretive Phenomenological Analysis method was used for data analysis.

Results: The study found that male circumcision carries health, social and cultural meaning and is understood primarily as a symbol of hygiene and a complimentary method of HIV prevention and other Sexually Transmitted Infections (STIs). Additionally, male circumcision is a cultural practice that signifies a transition from boyhood to manhood among the circumcising ethnic groups in Zambia. MC also acts as an agent of socialization which teaches young boys the responsibilities; prepare them for sex, marriage, parenthood, respect for different people, a way to earn respect, promotion of division of labour and formation of social structures in society. The study further showed that the important factors influencing men to opt for circumcision were hygiene and cleanliness, protection from HIV and STIs, sexual pleasure, prevention of penile and cervical cancer, influence from peers, spousal/partners, parents and other family members.

Conclusion: Based on the findings of this study, it can be concluded that male circumcision has health, social and cultural meaning to the circumcised men and they viewed it as a method of maintaining hygiene and a complimentary method of HIV prevention and other STIs. It is also viewed as a cultural practice which signifies manhood among the circumcising ethnic groups in Zambia. However, based on the findings of this study, possible implications for the circumcision practice include attaining masculinity, protection and prevention of diseases, maintaining hygiene and cleanliness, socialization and earning respect in society.

Keywords: Male Circumcision, Medical Male Circumcision, Meaning, Values, and Culture

DEDICATION

This dissertation is dedicated to Mr Lingison Phiri and Mrs Sophia Phiri, my ever caring and loving parents. They have always been there for me and imparted in me the value of education early in life. “With man this is impossible, but with God all things are possible”, Matthews 19:26. Only through God is everything possible. My gratitude goes also to all lecturers in the Department of Social Work and Sociology especially under Sociology division for all their positive contribution to my degree.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
FGD	Focus Group Discussion
HIV	Human Immune Deficiency Virus
IPA	Interpretative Phenomenological Analysis
MC	Male Circumcision
MMC	Medical Male Circumcision
STD	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TMI	Traditional Male Initiation
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

CHAPTER ONE

1.0 Introduction

This study sought to understand the meanings of Male Circumcision among the circumcised men in Gondwe Township of Chilanga District, Lusaka. The study originates from the fact that Zambia's Ministry of Health has adopted a policy that includes male circumcision as one of the ways to combat HIV and AIDS infection. In Zambia, HIV prevalence remains high, with a prevalence of 12.3% and an overall HIV annual incidence among men and women aged 15-49 years of 70 per 10,000 populations (ZAMPHIA, 2016). HIV/AIDS has been responsible for more than 25 deaths since it was discovered in the early 1980's. This has made it to be the most destructive epidemic ever recorded in human history (UNAIDS, 2005). The Lusaka province is one of the regions with a high rate of HIV/AIDS standing at 16.1% and several strategies are being considered to mitigate the spread and impact of the HIV/AIDS pandemic (National AIDS Council [NAC], 2017).

In an effort to combat the high HIV burden, Zambia initiated programmes to expand the provision of voluntary medical male circumcision (VMMC) in 2007 (NAC, 2016). This policy change was based on evidence from three randomised controlled trials conducted in Kenya, Uganda and South Africa, which showed that male circumcision (MC) reduced the risk of sexual transmission of HIV from women to men by approximately 60% (Central Statistical Office, 2015). An assessment of the impact and costs of scaling-up MC in Zambia found that if the government had expanded MC coverage to 80% of all adolescent and adult males by 2015, it would have averted an estimated 486,000 new HIV infections (approximately 50% of all new infections) and would result in substantial cumulative net savings for the public health sector. For this reasons, a national programme to make high-quality and safe MC services available and accessible on a voluntary basis to all HIV-negative men aged 15-49 years was implemented (MOH & NAC, 2016).

Following this implementation of MC, more men in Lusaka and specifically Gondwe Township have been opting for circumcision based on the different meanings, benefits and the cultural values attached to the practice. In addition, several reasons have been given by men opting for circumcision and this motivated the researcher to conduct this study to understand the meanings men have regarding male circumcision, their motives for adopting the practice and also the cultural value attached to the practice.

1.1 Background Information

Male Circumcision is the procedure of removing part or the whole foreskin of the penis for health, cultural or religious reasons. Circumcision can range from a small snip to full removal of the foreskin, depending on the point of reference under which it is being performed. According to the Loosli (2004: 22), the word 'circumcision' has its roots in two Latin words: *Circum* which means "around" and *coedere* which literally means "to cut". The word circumcision is a combination of these two concepts; it means to "cut around" surgically. As such, circumcision has come to refer to a procedure that removes some or all the prepuse or foreskin of the penis early in childhood or later as an adult. Generally, male circumcision is practiced in most parts of the world for various reasons and at different stages of life such as shortly after birth, adolescence or adulthood. At times it can be done for health or hygienic reasons. However, medical reasons are not the only reasons that people have found and continue to find as compelling for the practice of male circumcision. At other times, male circumcision is done for social, cultural or religious reasons (Loosli, 2004). Rivers et al (2002) assert that culturally, if conducted in adolescence, male circumcision is characterised by a maturation process that underscores it, as a rite of passage into manhood. In such cases, it also defines individual, group and gender identity.

The HIV epidemic remains a major health challenge all over the world. In 2013, the UNAIDS estimated 35 million people were living with HIV globally; and in the same year, 2.1 million new HIV infections and 1.5 million AIDS related deaths occurred (UNAIDS, 2014). Recent studies have identified approaches for HIV prevention especially those that target the generalised epidemic in Sub-Saharan African and includes Comprehensive condom and lubricant programming, harm reduction for people who inject drugs, behavioural preventions, prevention of transmission in health-care settings, Antiretroviral (ARV)-related prevention, and voluntary medical male circumcision for HIV prevention (Vermund et al., 2013; WHO, 2014). Similarly, there is also evidence that their female partners have lower rates of HIV, STI and even cervical cancer (USAID/ AIDSMARK, 2003).

As a result of the randomized clinical trials which showed that medical male circumcision can be used as a prevention measure for HIV infection (Auvert et al., 2005; Gray et al., 2007; Doyle et al., 2010), the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) recently recommended that circumcision be added to current interventions to reduce the spread of HIV. Traditionally, many African societies have

embraced male circumcision as a rite of passage from childhood to adulthood, rather than as medical operation and also for religious and to a lesser extent, for medical purposes (Van Dam, 2000; WHO and UNAIDS, 2007). While not all communities practice circumcision, studies investigating HIV transmission done among communities practicing circumcision have consistently found that circumcision significantly reduces the rate of HIV transmission at the community level (Alsallaq et al., 2009; Weiss et al., 2009).

Lofland and Lofland (1996) opine that the most fundamental aspect of a human social setting is that of meanings. Meanings play an important role in human life because people have a natural inclination to understand and make meaning out of their lives and experiences. It is one of those attributes that makes us distinctively human. In addition, meanings are the cognitive categories that make up one's view of reality and with which actions are defined. Life experience generates and enriches meanings, while meanings provide explanation and guidance for the experience (Frankl, 1963; Chen, 2001). For instance, Bengo et al (2010) argued that male circumcision is not just a medical intervention with public health significance; but also a cultural practice, which has always had wider social, political, religious and ethical dimensions. As such, meaning is the underlying motivation behind actions and the interpretation of events in society (McArthur, 1958; Chen, 2001).

Research has shown that in African countries where male circumcision is not regularly or traditionally performed, there is a relatively high level of acceptance regarding Voluntary Medical Male Circumcision as a public health intervention to combat the spread of HIV (Stine, 2008). While this may be the case, there have been numerous reasons advanced for men opting for male circumcision in other countries. For example, Westercamp and Bailey (2007) found that in Sub-Saharan Africa men's decision to circumcise was influenced by penile hygiene and reduced risk of STIs, especially in non-circumcising communities. Similarly, in Ghana among the Aka group many men opted for male circumcision on the perception of improved hygiene, disease prevention, female preference and enhanced sexual enjoyment (Mensch, 199 as cited by WHO, 2009). Likewise, men attending Focus Groups in Botswana (Kebaabetswe et al., 2003), Kenya (Mattson, 2005) Malawi, the United Republic of Tanzania (Nnko et al., 2001), and Zimbabwe (Westercamp & Bailey, 2007) opted for MC because they believed that male circumcision enhanced penile hygiene.

Sexual attraction and enhanced sexual pleasure have also been cited as determinants of MC. For instance, studies conducted in the Philippines (Lee, 2005 as cited by WHO, 2009) and in

the Republic of Korea (Ku et al., 2009) revealed that women preferred circumcised men due to the perception that circumcision enhanced sexual pleasure. Similar results were also reported in Nyanza Province where 55% of uncircumcised male respondents were of the opinion that women enjoyed sex more with circumcised men and this was a strong predictor of circumcision (Mattson et al., 2005). Other countries in Africa such as the United Republic of Tanzania (Nnko et al., 2001), South Africa (Lagarde et al., 2003) and Nigeria (Myers et al., 1985 as cited by WHO, 2009) revealed that both men and women perceived that circumcision enhances sexual pleasure. In a University Teaching Hospital in Lusaka, Zambia, 91% of the clients (men) undergoing circumcision cited a lower risk of STIs, including HIV infection as a major influencing factor for their decision of male circumcision (Bowa and Lukobo, 2006 as cited by WHO, 2009).

Some tribes globally practice male circumcision as part of cultural practice. This is known as Traditional Male circumcision (TMC) that has no medical affiliation. The providers in this process are traditional circumcisers with experience in male circumcision. Zambia is a culturally and linguistically diverse country, with seven major locally spoken languages: Bemba, Kaonde, Lozi, Luvale, Nyanja and Tonga. Of the seven major tribes within Zambia, only the Lunda and Luvale tribal groups consider male circumcision as a normal part of the coming-of-age process for young men. The Lunda and Luvale tribes are primarily found in North-Western Province, where the prevalence of male circumcision (71%) is the highest in the country (Central Statistical Office, 2009). For example, a study done by Chinyama Seleji (2011) reviewed that adolescents are circumcised in order to be accepted as real men in the society. Typically, Lunda and Luvale boys aged 7-13 years gather at traditional camps called Mukanda, where they are trained on traditional culture, marriage and hunting. Men who are not circumcised in these communities are often ostracized, and are prohibited from eating or bathing with other circumcised men (Lukombo & Bailey, 2007; Bowa, 2009). This study reveals that masculinity is only demonstrated by the circumcision status of the man and not the age of the person. Other circumcising groups in Zambia include the Mbunda and Chawa tribes of Eastern Province, who mainly reside along the border with Malawi, as well as a growing Muslim immigrant population and a small Jewish contingent, found mostly in the major urban and trading centers (ibid). In these circumcising ethnic groups male circumcision plays a significant role of teaching the young boys the different responsibilities of the society. It is also the only possible way of attaining masculinity in these tribes and any man who is not circumcised may be denied certain social privileges of the community.

The Zambian government through the Ministry of Health have helped to raise awareness of the potential health benefits of male circumcision through mass media advertising and hospital newsletters (Stine, 2008). However, the success of any HIV prevention strategy depends on the social context in which it is implemented, as it has to be considered credible, culturally relevant, and practical by all the participants. For this reason, it appears that we must care about the success of male circumcision because of meanings in context but do not show that currently they are failing. It was against this background that this study sought to understand the meaning of male circumcision among the circumcised men in Gondwe Township in Lusaka.

1.2 Statement of the Problem

Male Circumcision is now being considered as an important intervention in the prevention of the spread of HIV heterosexual (WHO, 2007). Zambia has battled the spread of HIV/AIDS using different interventions. These interventions range from abstinence campaigns; messages of being faithful to one faithful partner, correct and consistent condom use. In addition, the Zambian government endorsed voluntary medical male circumcision as an additional biomedical strategy for preventing HIV/AIDS, STIs and reducing the risk of cervical cancer in women. The circumcision "policy" recommends that male circumcision should be clinically based, as opposed to the alternative of traditional male circumcision (Mahule, 2016). According to the 2013-2014 Zambia Demographic and Health Survey (ZDHS), the prevalence rates for HIV and male circumcision were at 13 and 12 percentages respectively. The VMMC services and programs have reasonably scaled up and knowledge levels on male circumcision have increased among men in Zambia. This can be attributed to availability of MC information on media and many other means by medical institutions and state holders (ZDHS, 2014). Since knowledge on male circumcision is relatively high, there is need to understand the meaning, motives and cultural value attached to MC among circumcised men. In terms of meaning, the circumcised men may attach different meaning to their circumcision status which influences their decision to undergo male circumcision.

There are three main problem areas which show a gap in knowledge as shown in the literature. In Zambia much research has been done on male circumcision and most of these studies have focused on knowledge and attitudes (Kalonga, 2010; Jones et al., 2014), perceptions and beliefs (Lisulo, 2009; Chinyama, 2010; Sanjobo et al., 2010), acceptability (Lukobo & Bailey, 2007; Mlewa, 2013; Mahule, 2016) and barriers (Phiri, 2008) to access

MC services in general and empirical scientific evidence on meaning of medical male circumcision among circumcised men is still lacking in Zambia. However, very little has been done on meaning and motives of men for opting to be circumcised. There is also limited information published on cultural value that circumcised men from circumcising ethnic groups in Zambia attach to medical male circumcision. It was on this basis therefore that, this study sought to understand the meanings of Male Circumcision among the circumcised men in Gondwe Township in Lusaka.

1.3 RESEARCH OBJECTIVES

1.3.1 General objective

- The purpose of the study was to understand the meanings of Male Circumcision among the circumcised men in Gondwe Township Lusaka.

1.3.2 Specific Objectives

Specifically, the study had the following objectives:

1. To find out from the point of view of circumcised men the meaning of Male Circumcision.
2. To understand the motives of circumcision among the circumcised men.
3. To find out the cultural value that circumcised men from circumcising ethnic groups in Zambia attach to male circumcision.

1.4 RESEARCH QUESTIONS

1. What is the meaning of male circumcision to circumcised men?
2. Why do some men opting to be circumcised?
3. What is the cultural value of undergoing male circumcision in circumcising ethnic groups in Zambia?

1.5 Significance of the Study

The findings from this study may provide a better understanding on the meaning of male circumcision from the view point of circumcised men. This study may also contribute to better understanding of the motivating factors influencing men for opting to be circumcised.

It also provided information on the cultural values that men have relating to circumcision. The findings may further provide information necessary for organizations dealing with HIV/AIDS and Male Circumcision in decision making about how to package information about HIV/AIDS and Male Circumcision. In addition, the findings of this study may enable policymakers to advocate for better or improved HIV/AIDS interventions and prevention services. In essence, this information will necessitate appropriate measures to be taken so as to respond effectively on the HIV/AIDS prevention interventions. Apart from helping policy makers, this study may also contribute to the existing literature and provide information for further studies. This research was also an academic requirement for the Master of Arts (MA) Degree in Sociology.

1.6 Scope and Delimitations of the Study

Delimitations are boundaries of the study (Mugenda and Mugenda, 1999). The investigation was delimited to the phenomenon of the meaning of Male Circumcision from the point of view of circumcised men in Gondwe Township. The study was conducted in Gondwe Township and it concentrated only on males who were circumcised in order to have an in-depth understanding of the meaning of circumcision.

1.7 Definitions of Key Concepts

Male Circumcision (MC): refers to the removal of the foreskin at the end of the penis (Pearson Education Limited, 2004). In this study, male circumcision meant the removal of the skin on the head of penis that can be rolled in front or backward.

Voluntary Medical Male Circumcision (VMMC): refers to circumcision done by a medical clinician, in a medical facility (Wambura et al., 2011).

Motives: Motives are what drives activity systems, independently of the specific individuals who enact the necessary roles on any particular occasion (Damasio, 2003). In this study, motives meant the reasons that influenced men to go for medical male circumcision.

Phenomenology: Phenomenology is “the study of lived experiences and the ways we understand these experiences to develop a worldview” (Marshal and Rossman, 1999:112).

Culture: Culture is defined as “the ways of thinking, the ways of acting, and the material objects that together form a people’s way of life ” (Macionis, 2008:58).

1.8 Organization of the Study

This research report is organized into six chapters. Chapter one covers the introduction to the study which highlights the background to the study by looking at the hermeneutic phenomenology theory and meaning making, definition and practice of male circumcision globally, regionally and locally. It also contains the statement of the problem, research objectives and questions, significance of the study, scope and delimitations, definition of the key concepts, and organization of the study. The second Chapter presents the literature review which highlights the search strategy that was used to secure appropriate articles for this study. It also presents the history of male circumcision and the literature that supports the need for the study. This chapter has also provided a brief description of the theoretical model upon which the study is based. A brief summary of literature is also provided in this chapter identifying knowledge gaps that need to be filled where applicable. Chapter three describe the research methodology that was used to carry out the study including the research design, study site, target population, sampling methods, sample size and sampling procedures, inclusion and exclusion criteria, data collection methods, data collection techniques, pilot study, data collection procedures as well as data processing, analysis and interpretation. This chapter has also provided the trustworthiness of the study, reflexivity and ethical considerations. Chapter four contains the research findings which have been presented under thematic sub-sections in line with the study objectives. Chapter five presents the discussion and interpretation of the findings as well as the implications and limitation of the study findings. Finally, chapter six presents the summary of the research findings, conclusion and recommendations which also include suggested areas for further research.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter presents literature on Voluntary Medical Male Circumcision. The focus was on meaning of male circumcision, motives influencing men to be circumcised and the cultural value attached to male circumcision among men from circumcising ethnic groups. Most literature published is on the meaning of traditional male circumcision practiced by specific ethnic groups. Literature on motives of men for opting to be circumcised is more inclined to the quantitative part than to the qualitative methods. The literature on cultural value attached to male circumcision among men from circumcising ethnic groups was limited.

The review of current literature was divided into four sections. The first section provides the search strategy that was used to secure appropriate articles for this chapter. The second section presents the history of male circumcision while the third section provided the literature that supports the need for the study focusing mainly on the following thematic areas: Meaning of medical male circumcision to circumcised men; Motives (reasons) of circumcision among the circumcised men, and Cultural Value attached to male circumcision among men from circumcising ethnic groups. The fourth section also provides a description of the theoretical model upon which this study was based. A summary of the review is provided identifying knowledge gaps that need to be filled where possible.

2.2 Search Strategy

There are many current research articles on Medical Male Circumcision, its meaning, factors that influence the practice and the cultural beliefs regarding circumcision. The following databases were searched for current literature (1993 to the present) on medical male circumcision, men who have experienced MMC, and their perspective on the practice: Google Scholar, Science Direct, JSTOR, SAGE, and Emerald Management journals. The following search terms were used, *medical male circumcision, meaning of MC, motives, facilitating factors, cultural beliefs regarding MC, phenomenology and MC, qualitative research and MC, phenomenology and qualitative research, meaning of MC in Zambia.* I reviewed the available literature with received dates from 1993 to present. Data were sourced for the history of male circumcision and the theoretical model component with

Phenomenology and lived experience with no restriction on the publication date. All articles reviewed were published in English.

2.3 History of Male Circumcision

Male circumcision, a complete removal of male foreskin, has been practiced in many societies since ancient times. The earliest evidence of male circumcision was discovered in Egyptian tombs aged more than 4000 years (Israelistes, 1993). The reasons for this procedure have positively transformed with changing societies and time and they include traditions, religion, hygiene and more recently medical problems such as cervical and penile cancers and Human Immunodeficiency Virus and the related complications (WHO, 2007).

Male circumcision also roots in various religious scriptures and history. For the Christians, male circumcision has its roots in the Jewish tradition and male circumcision was considered to be divine part of purity (WHO, 2007). The commandment to circumcise was a convent made by God with Abraham and it is recorded in the book of Genesis chapter 17 verses 10-14, reading: *"And God spoke to Abraham saying: this is my covenant which you shall keep between me and you and thy seed after you-every male child among you shall be circumcised"* (The Holy Bible, 2003). Since Abraham's time the Jews have taken this procedure as a religious mandate and most Jews in contemporary World tend to circumcise (Israelistes, 1993). Some scholars have suggested that, Jews and followers of Judaism probably adopted circumcision to make penile hygiene easier in the hot, sandy climate but also as rite to passage into adulthood and as a form of blood sacrifice (Lauman and Masi, 1997; Schenker and Gross, 1997). On the part of Islamic religion, male circumcision has remained to be an obligation despite that the practice is not mentioned in the Holy Quran. Prophet Mohammad mentioned it as a law for men in the Sunnah. In the Islamic tradition, the main reason given for male circumcision is cleanliness. It is essential that every Muslim washes before praying and also ensure that no urine is left on the body. This means that the removal of the foreskin makes it easier to keep the penis clean because urine cannot get trapped there. Male circumcision is further seen by most Muslims as an introduction to the Islamic faith and a sign of belonging. As a result, Muslims who are not circumcised are not allowed to pilgrimage in Mecca, as uncircumcision is considered unhygienic (Lufti, 1998).

From the studies conducted by the WHO (2007), Lauman and Masi (1997), Schenker and Gross (1997), and Lufti (1998), it is clear that both the Christians and Muslims conduct male

circumcision for hygienic purposes and also as a sign of membership into religious grouping. For Christianity, male circumcision is mainly based on purity while Muslims placed more emphasis on purity and a sign of membership. Thus, considering that more men are now opting for male circumcision conducted by clinicians in the health care facilities for various reasons, the current study had a point of departure in that it did not suggest how men construct their experience with MC and make meaning of their circumcision statuses, rather it explored the various meanings that men have regarding male circumcision so as to allow diverse views to be brought out by the participants themselves.

In Africa, male circumcision is typically practised as a rite of passage to mark the transition from boyhood to manhood and male circumcision is generally a cultural surgical procedure (Doyle, 2005). Ethnic roots of male circumcision are also seen in various ethnic groups. The procedure has been successfully practiced and transferred from one generation to another for many years among the Maasai in Northern Tanzania (Kilima et al., 2012). Other example of ethnic groups practicing male circumcision include; the Yao and Lomwe ethnic groups in Malawi (Bailey et al., 1999), Gogo and Kurya tribes in Central and Northern Tanzania (Kilima et al., 2012), Bukusu tribes in Kenya (Mbachi and Likoko, 2013), and the Bagisu tribes in Uganda (Crowley and Kesner, 1990).

In Zambia, before the introduction of Medical Male Circumcision programme, male circumcision was mainly performed for cultural and religious reasons by Muslims and traditionally circumcising ethnic groups. Male circumcision is practiced culturally in Zambia by a few ethnic groups; particularly those from North-western Province and parts of Western province - the Luvale, Lunda, Mbunda, Luchazi, Chokwe, Ovimbundu, and the Nkangala. The practice is also conducted by Muslim societies throughout the country. In these societies, the practice has been seen as a traditional rite of passage of boys to manhood for centuries (USAID, 2005). Traditionalists and custodians of the male circumcision state that this ceremony has been, and continues to be, a very important part of the development and building of the boy child's character in terms of shaping personal discipline, livelihood skills, family life skills, community life and village systems (Rivers et al., 2002). It is the foundation of how the former boy (now a man) should live as a respected responsible citizen in his community - a hygienically clean, preferred social and sexual partner (USAID, 2005). Circumcised males in such ethnic groups are also considered immune to various physical and spiritual ailments that may befall uncircumcised males by going through circumcision.

2.4 EMPIRICAL STUDIES ON MALE CIRCUMCISION

2.4.1 The Meaning of Medical Male Circumcision to Circumcised Men

According to Rizvi et al. (1999), male circumcision can have deep symbolic meaning that could pose barriers to implementation. In some parts of the world, male circumcision is a traditional practice with religious or cultural significance. In others, it is a common hygiene intervention and in yet others, it is unfamiliar or foreign.

Zavreiw (1994) in Chinyama (2010) also argued 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 a 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. In connection to the point by Turner above, Jenkins (1996:4) defines social identity as "our understanding of who we are and who other people are…" Similarly, gender construction may be understood as "the way in which a person, a group of people or a whole society builds an understanding of what it means to be a man or a woman" (Lindegger, 2005:9). In addition, gender construction is revealed in the behaviours that men and women engage in (Lindegger, 2005:9). For example, according to the Xhosa, becoming a man signifies that one is now eligible to marry, to inherit land and to participate in family court. It is an identity which comes with (or is meant to come with) greater responsibility (Vincent, 2008).

Turner further explained the meaning of circumcision symbolised 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 opposed 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 (Turner, 1967).

In Kenya, Kwamboka (1992) in Mbachi and Kariuki (2013) found that initiates become men after circumcision and they are allowed to sit with older men to share their thoughts. They are

told to practice the role of fathers, for example being ready to marry, how to take care of the young ones, to be good examples to the young ones, protecting their families, looking after their property that they will inherit from their fathers among others. This makes him a responsible man no longer a child. Munoz et al (2003) also agrees with this as he reported that circumcision prepares one for manhood and Matjeke (1999) also concurs with this study as indicated in his research that traditional circumcision is a cultural practice that reflects the strength of a tradition. Boykin (1983) also concurs with this study as indicated in his research that traditional circumcision is a way of transition from childhood to adulthood.

From the various studies by Zavreiw (1994), Turner (1967), Vincent (2008), Kwamboka (1992), Munoz et al (2003), Matjeke (1999), and Boykin (1983) cited above, it is vital to note that male circumcision is an important practice among the circumcising ethnic groups in that male circumcision is associated with issues of status, sexuality and sexual health. In these tribes, men who are not circumcised do not receive respect from the members of the communities because they are considered to be children or regarded genderless meaning that a man does not have a status until he undergoes male circumcision. In addition, men are only allowed to marry after getting circumcised and they also allow them to own land as well as help in settling family disputes. Circumcision also instils adult responsibilities in the young men as it prepares them for adulthood. Although these studies brought out these meaning of male circumcision, they did not give a voice to the participants to explain as to how they construct their circumcision experience and attach meaning to their circumcision status. Therefore, this study ensured that circumcised men are allowed to explain how they construct their male circumcision experience and attach meaning to their statuses.

Louise (2008) carried out a study in South Africa to understand how some of the cultural and social meanings have shifted, particularly with respect to attitudes towards sex and the role that circumcision schools traditionally played in the sexual socialisation of Xhosa youth. The study found that ritual circumcision is often defended on the basis of its usefulness as a mechanism for the maintenance of social order, particularly in relation to the perceived crisis in youth sexuality marked by extremely high levels of gender-based violence as well as HIV infection. The paper suggests two key ways in which traditional Xhosa circumcision has changed. These include the erosion of the role which circumcision schools once played in the sexual socialization of young men and the emergence of the idea that initiation gives men the

unlimited and unquestionable right to access to sex rather than marking the point at which sexual responsibility and restraint is introduced into the lifestyle of young men.

It can be seen from the above study by Louise (2008) that traditional circumcision had both cultural and social meanings to the Xhosa men. Circumcision was mainly conducted because it was used as a mechanism for the maintenance of social order through socialization of the youths regarding sexuality which was leading to high levels of gender-based violence and HIV infections. However, this study only focused on traditional male circumcision and it did not look at the meaning of medical male circumcision to the circumcised men. Therefore, this research focused on the meaning of medical male circumcision among circumcised men.

2.4.2 Motives of Circumcision among the Circumcised Men

In Tanzania a study was conducted by Nnko et al (2001) to assess the determinants of male circumcision status in a traditionally non-circumcising ethnic group and to investigate the reasons for increasing acceptance of circumcision. Data were obtained from a factory workers study using focus group discussions and in-depth interviews to ascertain norms and values in relation to male circumcision. The study found that men are often circumcised in their late teens or twenties. The most frequently mentioned reason for the increasing popularity of circumcision were; health and sex-related; circumcision was thought to enhance penile hygiene, reduce sexually transmitted disease incidence, improve sexually transmitted disease cure rates, and enhanced sexual pleasure for both men and women. Similarly, Weiss et al (2007) also found that the main facilitators of acceptability of circumcision were perceived protection from sexually transmitted infections (STIs), including HIV; improved genital hygiene; and improved sexual pleasure of both the male and his female partner.

In addition, the results above correspond with studies conducted in Sub-Saharan African Countries which revealed that for those men who are HIV negative, male circumcision has been advocated as an important strategy to complement the existing biomedical prevention methods to reduce HIV transmission from infected women to uninfected men (Auvert et al., 2005; Gray et al., 2007). It has been also found that circumcised males have reduced risk of infecting their female partners with HIV (Drain et al., 2006). Both facts discussed above attests to the importance of male circumcision in prevention of this deadly disease. This has led to various stakeholders to recommend male circumcision as a complimentary but not a substitute method in HIV prevention (Francis et al., 2012).

From the above studies by Nnko et al (2001), Weiss et al (2007), Auvert et al (2005), Gray et al (2007), Drain et al (2006), and Francis et al (2012), one striking thing was that most of them took a quantitative approach by bringing out the factors that influence the men for opting to be circumcised such as improved genital hygiene, protection from STIs, and improved sexual pleasure for both men and women. Since they took a quantitative approach, they did not give a voice to the respondents to express their motives for choosing to be circumcised. The point of departure for the current study was that it took a qualitative approach so as to not only identify the factors that influenced men's decision to undergo male circumcision but also to give a voice to participants to express their motives for opting to be circumcised through verbal accounts.

Pappas-DeLuca et al (2010) conducted a qualitative study to ask members of the general public, health care personnel, and other key stakeholders for their attitudes and perceptions regarding male circumcision in Namibia. Data was collected from eight regions using two methods: focus group discussion (FDGs) with the general public and key informant interviews with stakeholders. Across the eight regions, 46 FGDs were conducted separately by sex (male/female), age (18-34/35+ years), and circumcision status (circumcised/uncircumcised). The key informant interviews were conducted with 36 health personnel, traditional circumcisers and healers, business leaders, community leaders, HIV/AIDS activists, religious leaders, government officials and political leaders. The study found that most of the findings on perceived advantages and disadvantages of male circumcision centered around four areas: health and hygiene, culture/tradition, sexual pleasure, and normative beliefs. The decision to circumcise or not was said to be influenced by two key areas: health and culture. When circumcision is done for health reasons, the key influences reported were parents (for small boys), doctors, individuals (for grown men), and partners (for sexual health reasons). When circumcision is sought for cultural/traditional reasons, the influencing players were identified as family, community, cultural group, and partner (Pappas-DeLuca et al., 2010).

Similarly, a study by Gwata (2009) on socio-cultural perceptions of Xhosa-speaking men on traditional male circumcision in South Africa also found that pressure from one's family is a major influencing factor in a Xhosa man's decision to undergo traditional circumcision. Pressure from one's peers, family members as well as from the opposite sex was alluded to in all four interviews. The study by Gwata informs this research about the facilitators of male

circumcision which are centered on health and culture. However, this study only focused on traditional male circumcision and did not look at medical male circumcision. Therefore, the current research focused on medical male circumcision based on the experiences of circumcised men to understand their motives for opting to be circumcised.

In Namibia, a study was conducted by Bailey et al (2002) to assess the acceptability of male circumcision in the Luo, a large, traditionally non- circumcising ethnic group in Western Kenya. Data were collected using separate focus group discussions with adult Luo men and women and semi-structured interviews with clinicians were conducted in Nyanza Province, Kenya. The study found that the main facilitators were association of male circumcision with better hygiene and reduced risk of infection. Both men and women were eager for promotion of genital hygiene and male circumcision, and they desired availability of circumcision clinical services in the Province's health facilities. Bailey et al (2002) further suggested that woman's views might have a powerful influence on the circumcision decisions of men among the Luo of western Kenya. These sentiments were also echoed by Scott et al (2002) cited by Kalonga (2010) when he high-lighted that there may be some influence of women's views within health promotion targeting men, as believing that women enjoyed sex more with circumcised men than their uncircumcised counterparts was significantly associated with an increased willingness of men to be circumcised. Similarly, Kim et al (2002) and Ku et al (2003) reported that in the Republic of Korea, the principal reason given for circumcision among those who thought it was necessary, was to improve penile hygiene, enhance sexual pleasure and to prevent conditions such as penile cancer, STDs and HIV.

From the above studies by Pappas-DeLuca et al (2010), Gwata (2009), Bailey et al (2002), Scott et al (2002), Kim et al (2002), and Ku et al (2003), it is clear that men were influenced by several factors that made them to get circumcised. These findings demonstrate that men's decision to undergo male circumcision were influenced by parents (for small boys), doctors, individuals, female partners, family members, community, cultural group, peer groups, improve penile hygiene, improved sexual pleasure and to prevent conditions such as penile cancer, STDs and HIV. These studies however, have weaknesses in that they had mixed views of participants as they focused on circumcised men, women, and uncircumcised men. To fill this gap, the current study had a point of departure in that it only focused on circumcised men to so as to have people with similar experience with male circumcision to understand their motives for undergoing circumcision.

Macintyre et al (2014) also carried out a qualitative study to examine the facilitators and barriers to VMMC demand in Turkana Country, Kenya with a focus on older men. This is one of the regions targeted by the VMMC program in Kenya because the Turkana ethnic group does not traditionally circumcise, and the rates of HIV and STD transmission are high. Twenty focus group discussions and 69 in-depth interviews were conducted with circumcised and uncircumcised men and their partners to elicit their attitudes and perceptions toward male circumcision. The interviews were conducted in urban, peri-urban, and rural communities across Turkana. The results showed that facilitators to circumcision include stigma against not being circumcised (since circumcision is associated with modernity), protection against diseases including HIV, and cleanliness. It was also noted that older men should adopt the practice to serve as role models to younger men. The study concluded that both men and women were generally supportive of VMMC, but overcoming barriers with appropriate communication messages and high quality services will be challenging.

Similarly, Lukobo and Bailey (2007) also conducted a study in Zambia to assess the acceptability of male circumcision as an intervention to improve male genital hygiene and reduce sexually transmitted infections, including HIV-1 in Zambia. Thirty-four focus group discussions were conducted-17 with men and 17 with women-in four districts chosen to represent urban and rural communities where circumcision is and is not traditionally practiced. The study found that in communities where circumcision is little practiced, the main facilitators for acceptance were improved genital hygiene, HIV/STI prevention, and low cost. Penile hygiene is widely recognised as being extremely important and perceived as a major benefit of circumcision by both men and women. Halperin (2005) noted that it was easier for a circumcised man to maintain cleanliness and this was a major factor in women's acceptability of male circumcision as, in many parts of Africa, cleaning of the penis following intercourse is viewed as the women's role, for example in Zambia, Malawi, Zimbabwe and Uganda (Lukobo and Bailey, 2007). Circumcision protects against infections and allows for easier identification of sores and ulcers, permitting earlier treatment. It is easier for uncircumcised men to acquire STIs compared with circumcised men, and circumcision reduced risk of STIs and HIV (Mattson, 2005).

From the above studies conducted by Halperin (2005), Lukobo and Bailey (2007), and Macintyre et al (2014), it is clear that men's circumcision decision was mainly influenced by stigma against not being circumcised, protection from diseases such as HIV, STI, and

cleanliness. In these studies however, the focus was on circumcised men, women and uncircumcised men. From the phenomenological point of view, these people (women and uncircumcised men) cannot establish the lived experiences of male circumcision. To address this gap, the current study endeavoured to bring out the lived experiences of circumcised men and find out what motivated them to undergo MC from the point of view of the participants.

In Zimbabwe, a study was carried by Hatzold et al (2014) to explore the barriers and motivating factors to Voluntary Medical Male Circumcision (VMMC) for HIV prevention, and to assess utilization of existing VMMC communication channels. Mixed methods of quantitative and qualitative studies were used. A population-based survey was conducted with 2350 respondents aged 15-49. Analysis consisted of descriptive statistics and bivariate analysis between circumcisions and selected demographic. Logistics regression was used to determine predictors of male circumcision uptake compared to intention to circumcise. Focus group discussions (FGDs) were held with men purposively selected to represent a range of ethnicities. The study found that among male respondents, 11.3% reported being circumcised and 49% reported willingness to undergo VMMC. Factors which men reported motivated them to undergo VMMC included HIV/STI prevention (44%), improved hygiene (26%), enhanced sexual performance (6%) and cervical cancer prevention for partner (6%). The study concluded that VMMC demand-creation of messages need to be specifically tailored for different ages and should emphasize non-HIV prevention benefits, such as improved hygiene and sexual appeal, and need to address men's fear of pain.

From the above study by Hatzold et al (2014), it is clear that the researchers took a quantitative approach by bringing out the factors that influence the men for opting to be circumcised such as improved genital hygiene, protection from HIV/STIs, and improved sexual performance and cervical cancer prevention for partner. Since they took a quantitative approach, they did not give a voice to the respondents to express their motives for choosing to be circumcised. The point of departure for the current study was that it took a qualitative approach so as to not only identify the factors that influenced men's decision to undergo male circumcision but also to give a voice to participants to express their motives for opting to be circumcised through verbal accounts.

Kibira et al (2017) conducted a study to understand what influences men's circumcision decisions, their experiences with health education at health facilities and their knowledge of partial HIV risk reduction in Wakiso district, Uganda. Data were collected from five public

health facilities in Wakiso district and twenty-five in-depth interviews were held with adult safe male circumcision clients. Data were analysed using thematic network analysis. The results show that safe male circumcision decisions were mainly influenced by sexual partners, a perceived need to reduce the risk of HIV/STIs, community pressure and other benefits like hygiene. Sexual partners directly requested men to circumcise or indirectly influenced them in varied ways. The study concluded that participants reported positive community perception about safe male circumcision campaigns, influencing men to seek services and enabling female partners to impact this decision-making process. However, this study only focused on adult safe MC clients and it did not include the young circumcised men. To address this gap, the current study focused on both the young circumcised men and adults to gain an in-depth understanding of their motives for opting to be circumcised.

Toefy et al (2015) carried out a study to understand sexual practices of couples in the post-operative period in a Coloured population in the Western Cape of South Africa. Data were collected using focus group discussions from coloured males who had undergone VMMC in the previous six months in the Cape Town area and their partners participated in eight single-genders. The groups explored why the men decided to undergo VMMC, what kind of counselling they received, and how they experienced the 6-week post-operative period, including sexually. The results show that the primary motivation to VMMC uptake included religious injunction and hygiene reasons and protection against sexually transmitted infections not necessarily HIV.

Nevin et al (2015) also conducted a study to understand perceptions of HIV and identify barriers and facilitators to Safe Male Circumcision (SMC) in high HIV prevalence fishing communities along Lake Victoria, Uganda. Eight (8) focus group discussions were held, stratified by sex and age, with 67 purposively sampled participants in 4 communities in Kalangala District, Uganda. The study found that the main facilitators to circumcision uptake were; improved hygiene, disease prevention, and improved sexual performance and desirability. Barriers included a perceived increase in SMC recipients' physiological libido, post-surgical abstinence, lost income during convalescence, and lengthier recovery due to occupational hazards. Similarly, Lukobo and Bailey (2007) who also found that traditional groups practicing male circumcision revealed that uncircumcised men and women experienced premature ejaculation, decreased penile hygiene and unfit for marriage. Male circumcision was believed to be a developmental milestone for a man. It was also perceived

to protect one from sexual diseases. Opinions were expressed with regards to enhanced sexual pleasure; circumcised men were thought to "perform" longer, thereby increasing their female partner's satisfaction. However, men not practicing traditional male circumcision expressed limited interest in the practice although some considered undergoing male circumcision because of beliefs that women preferred circumcised men (ibid).

From the above studies by Toefy et al (2015), Nevin et al (2015), and Lukobo and Bailey (2007), it is clear that improved hygiene, disease prevention, and improved sexual pleasure were among the factors that influenced men's decisions to be circumcised. However, these studies did not focus on people with similar experience because they included circumcised men and women as participants. To address this gap, the current study only focused on men who were circumcised from the health facility to understand their experiences with male circumcision and find out their motives for opting to be circumcised.

Rupfutse et al (2014) carried out a study on factors associated with uptake of voluntary medical male circumcision, Mazowe District, Zimbabwe. The purpose of the study was to identify factors influencing the level of VMMC uptake in Mazowe district. An analytic cross-sectional study was carried out in Mazowe district and a multi-stage probability sampling strategy was used to select 300 men aged between 18 and 49 years. Data were collected using pretested interviewer administered questionnaires, key informant interviews and focus group discussions. Quantitative data was analysed using Epi info where odds ratios and p-values were calculated. Qualitative data was analysed thematically. The study found that being Shona origin, fear of pain, and fear of poor wound healing were independently associated with being uncircumcised while having a circumcised friend and encouragement by a friend or relative were independently associated with being circumcised. The study concluded that fear of pain, fear of poor wound healing and encouragement by a friend or relative were associated with circumcision status. Similarly, Munthali et al (2006) in a study amongst adolescents in selected districts of Malawi reported that youths underwent circumcision because they envied peers who had been circumcised and undergone initiation ceremonies.

From the above studies by Rupfutse et al (2014) and Munthali et al (2006), one striking thing was that most of them took a quantitative approach by bringing out the factors that influence the men for opting to be circumcised such as peers and relatives. Since they took a quantitative approach, they did not give a voice to the respondents to express their motives for choosing to be circumcised. The point of departure for the current study was that it took a

qualitative approach so as to not only identify the factors that influenced men's decision to undergo male circumcision but also to give a voice to participants to express their motives for opting to be circumcised through verbal accounts.

2.4.3 Cultural Value of MC among men from Circumcising Ethnic Groups

According to Walker (1993), circumcision defines who one is in the cultural group where it is a tradition and those who have not undergone it, are seen as outcasts or are socially unacceptable. Circumcision makes him accepted by other members of the community and therefore he feels proud of belonging to a particular group since he is given an age group he belongs to. These results are supported by Meissner and Buso (2007) who reported that the social status accorded to male circumcision in South Africa is of crucial significance in traditionally circumcising communities, because being circumcised is the only possible way of attaining manhood. In Xhosa culture, male development starts during the first six to seven years of life, when a boy is not yet able to distinguish right from wrong, and is thus not held responsible for any wrong that he might commit. Older boys are considered more capable of making informed judgements, although they are still not held fully responsible for their actions. It is only once they are circumcised that they are entitled to businesses, property or marriage, or to participate in other features of community life, such as feasts and beer-drinking ceremonies. Uncircumcised boys have sexual relations with women, but are often rejected for being uncircumcised (Meissner and Buso, 2007). Similarly, a study by Chinyama (2011) in North-Western Province of Zambia that adolescents are circumcised in order to be accepted as real men in the society.

Similarly, societal structures are reported from Masai groups and the Bukusu in Kenya, where males become warriors ("moran" in Masai culture) once they are circumcised, and men are referred to as elders when their children have been circumcised (Marck, 1997). Male circumcision is considered essential for becoming a full member of society among the Meru in Kenya (Grant et al., 2004) in Bendel State, Nigeria, and in rural Guinea-Bissau and Senegal (Niang and Boiro, 2007). Also, Chinyama (2010) agrees that circumcision sets apart a *Luvale* man from women. Circumcision through *mukanda* is a symbol that marks the end of childhood and sets the beginning of the masculine status. It also promotes the division of labour between men and women. In the *Luvale* culture, social norms necessitated that men and women should perform different roles and these roles are complimentary in nature.

From the above studies by Walker (1993), Meissner and Buso (2007), Chinyama (2011), Marck (1997), Grant et al (2004), Niang and Boiro (2007), and Chinyama (2010) demonstrate the cultural values men from circumcising ethnic groups attach to their circumcision practice. Traditional male circumcision among these ethnic groups plays an important role of cultural identity among the men. Any uncircumcised man is considered an outcast and he may not be accepted in the community of his people. These studies had their own weaknesses in that they focused only on cultural value of traditional male circumcision men from circumcising ethnic groups attach to their circumcision statuses. To fill this gap, the current study had a point of departure in that it included both traditional and medical male circumcision so as to have a holistic understanding of the cultural values men from circumcising ethnic groups attach to their circumcision statuses.

In South Africa, Peltzer et al (2008) conducted a study on traditional circumcision during manhood initiation rituals in the Eastern Cape: a pre-post intervention evaluation. The study found that when male circumcision is performed on adolescents and young adults, it usually marks a transition from boyhood to manhood. In many traditional circumcision ceremonies, boys and men are educated about their responsibilities and duties as an adult member of the community. These ceremonies often involve demonstrations of bravery and manhood to confirm that the initiate is ready and worthy to become an adult member of the community. These results are supported by Kepe (2010) who revealed that in societies where circumcision is a norm, people have more respect and regards for men that have underwent the rite of passage through circumcision initiation than those who are uncircumcised.

Similarly, Mbachi and Likoko (2013) reported that in Kenya circumcised men enjoys certain privileges in society such as conducting traditional rituals and activities, being part of the decision making within one’s own family and the community at large, attaining respect and social power from one’s society. Such privileges cannot be enjoyed by any man that is uncircumcised despite his age and socio-economic status in African society. This means that initiation by circumcision for men practicing the rite is vital for both societal and individual needs. However, the study above informs this research about the cultural values men from amaXhosa men attach to their traditional circumcision statuses and it did not look at the cultural values men attach medical male circumcision. To fill this gap, the current study explored both the traditional and medical male circumcision to gain an in-depth understanding of circumcised men’s experiences and their cultural values attached to MC.

In most ethnic groups traditional male circumcision is done as a way of maintaining cultural identity and perpetuating the traditions. Equally during circumcision ceremonies, educational sessions are carried out to pass important knowledge to the youth, and therefore passage of ethnic traditions to each successful generation. In Malaysia for example, the government has incorporated into these ceremonies sexual and reproductive health and gender education to young boys (Rashid et al., 2009; Wilcken et al., 2009). Similarly, Vincent (2008:438) stated that "a circumcised man is expected to take greater social responsibility in his community, to act as negotiator in the family disputes as well as cooperating with elders".

Male circumcision is also of high social importance in relationships with women, who are reported as actively influencing men's decisions as to whether or not to be circumcised. In Lagarde's study in South Africa, 13.1% of traditionally circumcised men reported partner request as a reason for circumcision (Lagarde et al., 2003). As for the traditionally circumcising Xhosa people, Crowley and Kesner (1990) state that "no self-respecting Xhosa girl would marry a Xhosa male unless he had submitted to the Umkhwetha (circumcision ritual)". Similarly, Lagarde et al (2003) confirms that participants in various studies also reported beliefs about sexual performance. Circumcised men are said to enjoy sex more and also to give more pleasure to their partners. Enhance sexual performance is a prominent belief in South Africa and Southern Nigeria (Caldwell et al., 1997).

Generally, penile hygiene was believed to be a major facilitator of male circumcision in both traditionally circumcising and non-circumcising communities (Kebaabetswe et al., 2003). In fact, in some societies, being uncircumcised is unacceptable and it is believed to cause diseases. For instance, in a qualitative study to analyse the cultural concepts, practices and social relations associated with male circumcision in two West African countries, Senegal and Guinea-Bissau, the foreskin was believed to be dirty, a source of bad smell and diseases, and even evil. The study further showed that sexual relations between a man who is not circumcised and a women who is a virgin is perceived to cause a "terrible disease called Pusoonu", whose symptoms are similar to those of AIDS (Niang and Boiro, 2007).

Similarly, in some settings where circumcision is the norm there is discrimination against non-circumcised men. For example, in some cultures such as the Yao in Malawi, the Lunda and Luvale in Zambia, or the Bagisu in Uganda, it is unacceptable to remain uncircumcised, to the extent that forced circumcisions of older boys are not uncommon (Bailey et al., 1999; Westercamp and Bailey, 2007; Lukobo and Bailey, 2007). Among the Xhosa in South Africa

men who have not been circumcised can suffer extreme forms of punishment, including bullying and beatings (Crowley and Kesner, 1990). This discrimination may extend to entire ethnic groups, as in the case of Luo in Kenya, who do not traditionally practice circumcision and report that they are often discriminated against by other Kenyans because of this (Bailey et al., 2002). However, the study did not focus on cultural values of male circumcision but on cultural beliefs men have relating to male circumcision. To address this gap, the current study only focused on cultural values men attach to male circumcision to gain an in-depth understanding of their cultural values associated with MC.

2.5 Knowledge Gap

The study reviewed literature on meaning of Male Circumcision among the circumcised men globally; regional and locally. From the literature examined, studies show inadequate coverage on the meaning of medical male circumcision. While mentioning the male circumcision in general, much focus has been on the meaning of traditional male circumcision. The TMC is usually practiced by specific ethnic groups. Other literature covers the motives for opting to be circumcised in general and is inclined more to the quantitative part than to the qualitative methods. The examined literature has also concentrated much on the cultural beliefs and the meaning of traditional male circumcision, very little has been done on the cultural value attached to medical male circumcision among men from circumcising ethnic groups. However, the literature reviewed was also related to other areas of the world different from Zambian society and specifically Gondwe Township in Lusaka district. It was on this basis therefore that, this study sought to understand the meaning of male circumcision among the circumcised men to fill the noted gaps.

2.6 THEORETICAL MODEL GUIDING THIS STUDY

Theoretical model encompasses theories or issues in which a study is embedded and it also serves as an orientation for gathering facts since it specifies the type of facts to be systematically observes in the study. Although this study could be informed by various theories, the researcher has considered the application of Socio-Cultural Theory by Lev Vygotsky (1934) and Theory of Reasoned Action (TRA) by Fishbein and Ajzen (1975). These two theories have been adopted in this study to provide a rich conceptual framework for exploring and understanding the meaning, motives and the cultural value attached to male circumcision among circumcised men. These theories drew on a broader research context

arising from the extensive literature on meaning and motives of male circumcision among circumcised men. These theories also helped to frame the research questions for the study. The reason for using Socio-Cultural theory and the Theory of Reasoned Action were to enable the researcher to get an in-depth understanding of the multi-faceted perspective on the meanings of MC, factors that influence men to opt for circumcision and its cultural value to circumcised men from circumcising ethnic groups in Zambia. These two theories had been employed in other studies (Kheswa et al., 2014; Keetile and Bowelo, 2016) in this area.

2.6.1 Socio-Cultural Perspective

The socio-cultural perspective considers the way that different individuals interact with their social groups and how these social groups influence different individuals and how they develop throughout their lives. The social group can consist of any group that the individual is part of. In fact, most people belong to a large number of different social groups. These include gender groups, racial groups, religions and more. For example, your peers can influence you in a dramatic way but so can your family, your social class and your ethnicity. Given all other characteristics exactly the same, a male will develop different than a female. A wealthy male develop differently than a poor male (Vygotsky, 1978).

According to Peplau and Taylor (1997), socio-cultural perspective draws our attention to the significance of culture, and then seeks to understand ways in which specific features of culture affect people's thoughts, feelings, and behaviour. De Kock et al (1997) highlight few values that are synonymous with being an African such as: importance of the family, importance of the group (clan), respect of elders, fear of God (Uqamata), as well as a deep commitment to sustain meaningful community life through shared problems and sorrows. Culture refers to aspects of the social environment that control human conduct. This view is evident in the word that: "umntu ngumntu ngabantu" which means to be a human is to relate with others (Venter, 2011). Culture gives people a general design for living and patterns for interpreting their reality, a sense of who they are, where they are coming from and how they fit into society (sense of belonging). Culture in any society is characterised by sharing the rituals and preservation of societal identity (Venter, 2011).

The Socio-Cultural Theory was relevant to this study as it helped in providing guidance on the need to adequately explore the various cultural values the study participants from circumcising ethnic groups attached to male circumcision as well as the meaning behind their

circumcision statuses. Additionally, the theoretical construct of this theory were useful in grounding the findings of this study. Within the context of this study, circumcised men had their own motives for opting to be circumcised which were established. This allowed the researcher to understand the behaviours of the circumcised men both in their culture and the meaning of their current circumcision status.

2.6.2 The Theory of Reasoned Action

The study also employed Theory of Reasoned Action (TRA), which was developed and modified by Ajzen and Fishbein (Fishbein and Ajzen, 1975; Fishbein and Ajzen, 1980; Fishbein and Ajzen, 2005). TRA proposes that behavioural intentions are a combined function of the attitude toward performing a particular behaviour in a given situation and of the norms perceived to govern that behaviour multiplied by the motivation to comply with those norms (Fishbein and Ajzen, 1975). This theory assumes that human beings are usually quite rational and make systematic use of the information available to them. In this theory, people consider the implications of their actions before they decide to engage or not engage in a given behaviour (Fishbein and Ajzen, 2005).

Additionally, as male circumcision is recommended for medical reasons [especially prevention of HIV/AIDS acquisition, penile cancer and STIs later in life], men who may choose to be circumcised must also belief that undergoing male circumcision may reduce their chances of HIV acquisition later in life. The study attempted to understand the factors (reasons) influencing men's decision to opt for circumcision. The researcher chose this theory mainly because he believed that constructs of this theory are key in informing men's decision on opting to be circumcised.

The assumption of TRA is that most behaviours of social relevance are under volitional control and that a person's intention to perform or not perform behaviour is the immediate motivation of that action (Fishbein and Ajzen, 2005). A person's intention regarding routine circumcision is influenced by personal and social influences. One personal factor is the person's evaluation of the outcome of circumcision, which can be either positive or negative. Men who believe circumcision is necessary for reduction of HIV/AIDS transmission, preventing penile cancer as well as maintaining their genital hygiene may choose or opt for circumcision. Meanwhile men who believe otherwise may have negative evaluation of circumcision and may choose not to undergo male circumcision. Subjective norm is the

determinant of a person's intention which is a person's person of the social pressures applied to perform the behaviour (Fishbein and Ajzen, 2005). This implies that an individual's intentions and behaviours are influenced by certain background factors which include individual, social and information factors.

There are also beliefs which are assumed to influence attitudes, subjective norms, and perceived behavioural control which, in turn produce intentions and behaviour (Fishbein and Ajzen, 2005). Feng and Wu (2005) also state that, intentions is the best predictor of behaviour, and it is a function of the person's attitude towards performing the behaviour and general subjective norms concerning the performance of that behaviour. For example, if a man intends to get circumcise in future, he may eventually do so or he may also choose not to undergo male circumcision given the prevailing circumstances at the time. The Theory of Reasoned Action states that beliefs influence attitudes and subjective norms which then determine intention and the corresponding behaviour (Fishbein and Ajzen, 1980). For example, if the child's father in the family is circumcised, the father may also believe circumcision to be normal or necessary for their male child. In addition, if most males in the community or society have been circumcised, the parents, in particular the father can subjectively intend to circumcise or decide otherwise. Although constructs of the TRA discussed above not been precisely used in the paper, notions of the TRA have been used to understand why would men opt for circumcision and the cultural values attached to it.

The Theory of Reasoned Action was also relevant to this study as it helped in providing guidance on the need to adequately explore the various motives the participants had for opting to be circumcised in Gondwe Township as well as the cultural values attached to the circumcision practice. In addition, the theoretical constructs of this theory were useful in grounding the findings of this study. Within the context of this study, circumcised men had their own motives for undergoing male circumcision which were established in this study. For example, the assumption of the TRA is that men opted for circumcision based on the positive benefits associated with the practice such as; reduction of HIV/AIDS transmission, prevention of penile, maintaining genital hygiene, and sexual pleasure among circumcised men. These are among the reasons why the TRA was deemed appropriate for this study.

CHAPTER THREE

3.0 Research Methodology

3.1 Introduction

This is a qualitative study situated within a paradigm of Interpretative Phenomenological Analysis (IPA), aimed at making sense of people's experiences (Smith et al., 2009). The research questions and theoretical perspectives of the study discussed in the previous chapters inform the research methodology within a qualitative strategy. Therefore, this chapter outlines and describes the research strategy, study site, target population, sampling methods and procedure, data collection techniques, trustworthiness, data analysis and interpretation, and ethical considerations.

3.2 Research Paradigm: Ontological and Epistemological Positioning

The methodological theory informing this study was based on a range of ideas drawn from the interpretivism and phenomenology with a view of acquiring knowledge elicited from the participating circumcised men at Gondwe Township. The philosophical assumptions presented in this methodology chapter were similar with the theoretical perspectives outlined previously in chapter two. The philosophical and theoretical model that informed this study further helped in shaping the methods and the interpretation of research findings (Crewell and Poth, 2017; Corbin and Strauss, 1998).

3.2.1 Interpretive Paradigm

The interpretive paradigm emerged as a response to the positivist paradigm's view of social reality. Proponents of positivism advocated for the use of natural sciences methodologies, and assumed the possibility of objectivity in the social sciences (Hasan, 2016; Aliyu et al., 2014; Crotty, 1998). However, interpretivism focuses on understanding social reality from the viewpoint of those experiencing it (Gimbel, 2016; Thanh and Thanh, 2015). In the worldview of interpretivism, people attach varied and multiple meanings to social reality; this has led to researchers seeking to obtain diverse views on the social phenomena (Packard, 2017; Creswell, 2007). The focus of interpretivism on seeking people's accounts from their own perspectives is often called an inside or emic perspective (Ritchie et al., 2014; Crotty, 1998).

Using interpretive perspective as a framework in this study enabled circumcised men to construct their lived experiences with male circumcision. It also allowed them to construct their social worlds in different ways. For instance, Rubin and Rubin (1995) have argued that people attach subjective meanings to their social world and that these meanings are shaped by their knowledge, experience and their social-cultural and historical factors (Creswell and Creswell, 2017; Crotty, 1998). Thus, this research explored individual narratives and experiences, but at the same time situates these circumcised men within the context of the prevailing Zambian socio-cultural and historical milieu not to mention their personal contexts that enabled the researcher to gain an understanding of their views and opinions. This epistemological approach to research was consistent with the aim of the study.

3.3 Research (Design) Strategy

This study used a phenomenological research design. Leedy and Ormrod (2005) assert that phenomenology is a research design which aims to understand people's perceptions, perspectives, and understanding of a particular situation and it is divided into two main branches which are descriptive and hermeneutic phenomenology. To understand the lived experiences of circumcised men, this study adopted Gadamer and Heidegger's hermeneutic phenomenology which is interpretive in nature and it take into account both an emic and etic position. The emic position in this study allowed the researcher to capture and explore the meanings that circumcised men at Gondwe Township attach to their experiences. The etic position involved the researcher trying to make sense of the collected data by bringing in his own interpretations and theoretical ideas, but using verbatim quotes to support those interpretations in the participant's actual experience (Reid et al., 2005). Smith et al (2009) confirms that the bottom line with phenomenology as a tradition is participant oriented because the approach is more concerned with the human lived experience, and posits that experience can be understood through examination of the meanings which people impress upon it. This means that making sense of what is being said or written involves close interpretative engagement on the part of the researcher.

The weakness of using descriptive phenomenology was that it encourages the researcher to be totally passive in the research process of which it is not possible considering that researchers are living human beings who are active and they have values and beliefs. These values and beliefs are needed by the researcher in order to make sense of people's interpretations of the social world thereby being able to come up with a coherent explanation

of the phenomenon being studied which in this case is medical male circumcision among circumcised men at Gondwe Township.

3.4 Study Site

The study was conducted in Lilayi specially Gondwe Township of Chilanga District Lusaka Province. Gondwe Township is located in the Southern part of Lusaka (the Capital City of Zambia) off Kafue Road. It is about Seventeen Kilometers (17km) from the Zampost Lusaka Main, Cairo Road. It is an upgraded settlement, meaning that it has been accorded legal status. According to the 2010 Lilayi population Census put the population of the entire Lilayi at 13,402. The total number of housing units in the township is 2,984 (CSO, 2010). Gondwe Township is a highly density area and has two (2) nearby schools (Lilayi Primary and Lilayi Secondary) and one military Clinic located in Lilayi Police Training College. Lilayi Clinic is one of the major providers of sexual and reproductive health services including Medical Male Circumcision Services, in the Country. The township is located in Kabwata Constituency and the socio-economic activities of the Township range from agricultural related activities, professional occupation to selling goods and services (CSO, 2010). The majority of the people are characterised by high business activities during the day and professional occupation to sustain themselves and sending their children to school.

The site was chosen because it was easily accessible to the researcher without any difficulties. The study site is near the two major police camps in Lusaka that is, Lilayi Police Training College and Lilayi Paramilitary Camps. According to the National AIDS Council (2017), the adult (15-59) HIV prevalence for Lusaka stands at 16.1%. These figures are high and represent a suitable site for the study since some of the residents are police officers who do not only operate from Lilayi but to all parts of the country. These are the reasons upon which this study site was deemed appropriate for the research.

3.5 Target Population

The population of informants from whom a sample was selected to participate were all Gondwe township men who have undergone medical male circumcision and are in the age group of 18 years to 49 years. The male populations of 18 years and above in Lilayi were estimated at 4046. These men were chosen on purpose given that the study was rooted in Interpretative Phenomenological Analysis (IPA). Creswell (2013:155) confirms this by stating that “It is essential that all participants have [similar lived] experience of the

phenomenon being studies”. Thus, IPA aims to allow participants with similar experience to begin a process of reflection and engagement with the meaning of their personal experience of having undergone VMMC and the impact of circumcision experiences (Biggerstaff and Thompson, 2008).

3.6 Sampling Methods

The goal of this study was not to recruit a representative sample, but rather to focus on participants who possessed similar characteristics that were relevant to the study (Creswell and Creswell, 2017; Ritchie et al., 2014). The researcher therefore, employed a combination of Purposive and Snowball sampling methods in recruiting the participants. Cohen et al (2011) submits that purposive sampling involves choosing people who have certain experiences that would be essential for the research. These sampling techniques were suitable for phenomenological study which focuses on people with similar experiences in this case circumcised men.

3.6.1 Sample size

The purpose of qualitative research is not to generate large quantities of data but to gather quality information for a deeper understanding of the participant’s motives based on their experience. Smith and Osborn (2008) have advocated for a small sample size. This is because qualitative research is not aimed at making generalizations but having a holistic picture of the perspectives of people experiencing a phenomenon. Smith (2008) posited that semi-structured qualitative studies commonly involve a sample size of 10 to 20 participants who must be information rich cases. Similarly, for phenomenological studies, Creswell and Poth (2017) have recommended a sample size of 5 to 25 participants who have similar experience with the phenomenon being studied. As such, the commonality of their experiences can be captured and interpreted. Thus in this study, the researcher did in-depth interviews with 20 participants because 20 still fell within the recommended range of sample size.

3.6.2 Sampling procedure

In this study, access to the participants was done by first getting an ethical clearance from the research ethics committee in the school of Humanities and Social Sciences, and an introductory letter from Social Work and Sociology department. These letters were used to seek permission from the Community Chairman of Gondwe Township to conduct a research

in the area. After receiving permission, two types of sampling procedures were used in this study to recruit the participants. The first being purposive sampling which was used to recruit the first participant for the study. According to Bryman (2016), purposive sampling is the kind of sampling which is non-probability and is used to sample out participants that are of relevancy and importance to the research questions. These sampled participants have similar attributes, experiences and characteristics among others. The advantages of using this sampling technique is that study, subjects who possess similar traits and experiences are not left out in the study to ensure that the data collected is valid and relates to the research question (Berg, 2009). However, in this kind of sampling research, a researcher cannot generalize the findings to a wider population (Hesse-Biber and Leavy, 2011).

As earlier mentioned, the study participants comprised of men who have undergone medical male circumcision. The rationale behind choosing this group of men was to understand the meaning and motives of male circumcision from the perspective of a circumcised man. The first circumcised man was identified with the help of a community peer educator as gatekeeper who also happened to have been involved in the circumcision process of the men at Lilayi Clinic. The peer educator was also working as a community mobiliser of men for male circumcision at Lilayi Clinic. The gatekeeper requested if the men would be interested in participating in a study of this kind.

The second sampling technique that was used is the Snowball technique. This is where participants from the purposive sampling suggest other participants whom they have similar experiences with and who will also further suggest other participants until the researcher has the number of all participants for the study (Bryman, 2016). The act of referring other participants by the participants enables the researcher to have a sample of participants fitting into the researcher's study target (Berg, 2009). This procedure was also chosen because of the positive nature of the study. The priority for this study was to identify and select a sample of 20 circumcised men aged 18 to 49 years, living in Gondwe Township. Phenomenology specifically focuses on a small sample in order to elicit and locate rich contextualised data about a particular shared experience (Smith et al., 2009). With regards to the foregoing, the researcher used these sampling techniques to select study subjects who were relevant to the research questions.

3.6.2.1 Inclusion Criteria

As indicated, men who have undergone medical male circumcision residing in Gondwe Township aged between 18 and 49 were selected to participate in the study. Additionally, the participant must be willing to discuss his experiences in relation to the meaning and motives for opting to be circumcised.

3.6.2.2 Exclusion Criteria

Children less than 18 years of age and adults older than 49 years were excluded from the sample. The reason for the exclusion is that men who have more than 49 years are not part of the target group for circumcision (Makawa, 2012). Then adolescents below 18 years are still young and they cannot make decisions on their own but based on their parental consent.

3.7 Data Collection Methods

This research employed the method of qualitative research to gather information of the meaning of male circumcision among circumcised men and the motives for opting to be circumcised. It is important that the 'lived experience' of the research participants be allowed to tell the narration of the research study. According to Creswell (2013:161), in a phenomenological research study, "the process of collecting information involves primary in-depth interviews with as many as 10 individuals. The important point is to describe the meaning of the phenomenon for a small number of individuals who have experienced it". Similarly, Smith et al (2009) suggested that semi-structured interviews are well-suited to the task of capturing people's lived experiences and through which a phenomenon could be interpreted in terms of the meanings interviewees bring to it. In this study, the researcher used semi-structured interviews as a technique for data collection in order to get in-depth information on the meaning and motives of male circumcision.

3.7.1 Sources of Data

Both secondary and primary data collection techniques were used in this study. These techniques were helpful in understanding the gaps that exist between reality and available literature on the topic. These techniques however, were employed in the following ways:

3.7.1.1 Secondary Data

This involved the collection of relevant literature useful to the research. This included books and newspapers from national archives, books from the University of Zambia main library and the internet. Secondary data were used as a source of information so as to have a broad understanding of the topic. Primary sources of data remained the center of information gathering as regard to this study. The main sources of secondary data were the internet through phones or laptops using Wi-Fi or data bundles. Other sources of secondary data were books and newspapers from national archives, magazines as well as journals. All these were gotten from the library database at the University of Zambia.

3.7.1.2 Primary Data

After the use of secondary information, the methods of data collection that followed was primary data which is the information collected as a result of the investigation done in the field and this was obtained through semi-structured interviews. This data was very important to the study as it provided sources of empirical evidence on the topic under study. In ensuring that this information was adequately collected, a tape recorder was used.

3.7.2 Data Collection Techniques

3.7.2.1 Semi-Structured Interviews

Data collection in interpretive Phenomenology must be conducted in a way that invites participants to offer a rich, detailed, first person account of their experiences (Smith et al., 2009). Therefore, the researcher used semi-structured interviews to explore the meaning participants attached to male circumcision. This type of interview was used to create a space in which the researcher and participants constructed the knowledge together (Birks and Mills, 2011; Hand, 2003). An interview was therefore, an interaction between the researcher and interviewee to co-construct knowledge on a phenomenon (Mills et al., 2006). The researcher preferred the semi-structured interview because it enabled him to have more clarifying, probing, and cross-checking questions where the interviewer has the freedom to alter; rephrase and add questions according to the nature of the responses from interviewees, even though he had the same set of questions (Best and Kahn, 2003). The semi-structured interviews also provided an opportunity for recording all the responses from participants.

3.7.2.2 Pilot Study

The pilot study was conducted after the Institutional Review Board (IRB) approval of the actual study. The IRB approval number for the study is HSSREC: 2019-AUG-005. A panel of experts from school of Humanities and Social Sciences Research Ethics Committee (HSSREC) validated and approved the research proposal and the data collection techniques.

The researcher tested the data collection techniques before actual data collection to ensure that the questions in the interview guide were answerable and that they provided answers to the research question and time needed to complete the interview. The pilot study consisted of three participants who fit the study criteria. The decision to select three participants to test the interview guide was guided by Taylor et al (2008; cited in Ochien'g, 2013) who recommended that a sample of three to four is better than no piloting at all. The participants for the pilot study were recruited from Lilayi Paramilitary Camp which was not part of the study sample and all the participants underwent medical male circumcision. They were contacted through purposive and snowball sampling methods. All participants' identities were not made known to the researcher or to each other.

The primary purpose of the pilot study was not to collect research data, but to test the research question from the interview guide and also the research procedure such as data analysis so that adjustments could be made before collecting the dissertation data. According to Creswell (2003), a pilot study allows the researcher to improve on the questions and format of the study. The purpose of the pilot study was to test the usability of the interview questions and to see if the questions would provide the type of answers needed for the study. The results from the pilot study were used to refine the interview guide and to make necessary adjustments to address any shortcomings and challenges prior to conducting the actual study.

The pilot study ensured that the questions, such as what is the meaning of medical male circumcision among circumcised men, why do some men opt for circumcision, and the cultural value men from circumcising ethnic groups have regarding male circumcision, were clear to elicit the type of responses desired from the participants in this study, thus contributing to the dependability and credibility of this study (Creswell, 2003).

3.7.2.3 Data Collection Procedures

The researcher obtained an introductory letter from the University of Zambia, School of Humanities and Social Sciences in the Department of Social Work and Sociology. The investigator first introduced himself to the Community Chairman, briefing him on the study before requesting for permission for the study to be carried out in the Township. The letter was then presented to the Community Chairman of Gondwe Township who authorized the study. The researcher carried out the data collection in Gondwe Township and this was done during a normal working day.

Data collection took place from 23rd September to 15th October 2019. Data was collected through in-depth interviews using interview guide and conducted on a one to one basis. Reid et al (2005:22) asserts that "one-to-one interviews…allow participants to think, speak and be heard". Code numbers were used to identify participants to ensure their anonymity. Each in-depth interview participant was identified by the pseudo names which were different from the actual names of the participants. During the interviews, participants were asked a range of questions relating to the meaning of medical male circumcision, motives for opting to be circumcised, and the cultural values of circumcision. A recorder was used to minimise loss of data and ensure accuracy of the transcription. The recording of the interview data took place by means of note-taking and audio recording as recommended by Huberman and Miles (2002). The note-taking served as an additional recording measure and as a back-up procedure if consent is not obtained from the interviewees to record the interview by means of an audio recorder. The data storage was protected using a password which was not shared to anyone else except my research supervisor.

3.8 Data analysis and interpretation

Following Interpretive Phenomenological Analysis principles, all the data collected was transcribed verbatim and manually analysed for themes based on the procedure described by Kings and Horrocks (2010). The data was analysed using Interpretive Phenomenological Analysis (IPA). In phenomenological research, the analysis of data begins as soon as the first data are collected. In this study, interviews were recorded with the consent of the participants. The audios were then transcribed and uploaded into the qualitative research software called Nvivo version 12 pro. The researcher read through the transcripts identifying open codes using the qualitative software Nvivo. Coding aided in identifying concepts, categories and

sub-categories that were further broken down (Saldana, 2016; Rubin and Rubin, 2012). Open coding involves reading the texts 'word-by-word', 'line-by-line', and repeatedly to identify phrases that interviewees were using to describe things and issues. The coded data was then categorised (grouped) according to different characteristics in order to better understand the data (Bryman, 2012; Rubin and Rubin, 2012). The categories were then grouped to form sub-themes and then eventually, the sub-themes were grouped to come up with the main themes.

3.9 Trustworthiness of the Study

Qualitative research is trustworthy when it accurately represents the experience of the study participants (Streubert and Carpenter, 1999). In this study, trustworthiness was measured using four criteria namely: credibility, dependability, transferability and confirmability.

3.9.1 Credibility

Credibility is demonstrated when participants recognise the reported research findings as their own experiences (Streubert and Carpenter, 1999:330). In this study to establish credibility, I employed peer debriefing by giving the draft report to three (3) expert researchers for constructive criticism. Credibility was also established through member checking. Participants were given an opportunity to verify the findings and interpretation. Data collected from participants and the initial interpretation of these data was taken back to the participants to find out if my interpretations were credible. The follow up interviews with the participants for verification of the transcribed data ensured some prolonged engagement with them and thus enhanced rapport that one would probably miss in single point interviews. Creswell (2013) affirms that verification of the findings by the participants is the first step in achieving validity of a research project in qualitative study.

3.9.2 Dependability

Dependability or reliability refers to "how one can be sure that one's findings are consistent and reproducible" (Smith et al., 2003:2). In this study, dependability was established by validating the interview questions and data analysis method to determine clarity through a pilot study with three (3) non-Gondwe Township men who underwent medical male circumcision. Dependability was also enhanced by using inquiry audit. Lincoln and Guba (1985) assert that the inquiry auditor examines the product (i.e. the data, findings, interpretations, and recommendations) and attests that it is supported by data and is internally

coherent so that the “bottom line” may be accepted. Thus, a single audit can be used to determine dependability and this process establishes the dependability enquiry. The supervisor of this study was responsible for examining the data, findings, interpretations and recommendations to attest that it is supported by data.

3.9.3 Transferability

Transferability or external validity refers to how applicable or generalizable the research findings are to another setting or group (Smith et al., 2003:2; Tobin and Bagley, 2004:389). It indicates the applicability of the research. In this study, transferability was achieved through detailed description. To ensure future work on the meaning of medical male circumcision, I produced a detailed description of participant’s experiences on the meaning of medical male circumcision, their motives for opting to be circumcised, and their views on the cultural values of male circumcision based on men from circumcising ethnic groups in Zambia. I also provided a rich account of descriptive data such as the context in which the research was carried out, its setting, sample size, sampling strategy, demographic characteristics, inclusion and exclusion criteria, interview procedure, and data analysis. Detailed descriptions of the participants in the specific contexts and description of results can be applied in other contexts. This enhanced the possibility that the findings have the same meaning for other circumcised men.

Another way to enhance transferability, I established an audit trail to report in detail the processes within this study so that future researchers who repeat this study should be able to replicate it successfully (Patton, 2002). Audit trails are frequently used by qualitative researchers to establish rigor by providing details of data analysis of the study. They help the researcher to review and verify the path followed from the beginning of the research process to the final research write up (Wolf, 2003). In this study, notes, interview guides and transcripts, which include the raw data and how they were reduced and analysed, were presented and maintained for review when necessary. Paper copies were kept in my house and data obtained electronically using a tape recorder were secured using password protection and stored in a locked place at my house. This will allow any other researcher to trace the whole process of the research study from start to finish.

3.9.4 Confirmability

Confirmability or objectivity refers to how neutral the findings are in terms of whether they are reflective of the subjects and the inquiry and not a product of the researchers' biases and prejudices (Smith et al., 2003:2; Tobin and Begley, 2004:389). This is to establish the truth, accuracy and genuineness of the actions and perceptions of participants. In this study, to ensure confirmability, I employed bracketing and reflexivity strategies. Reflexivity is the ability to make my position explicit by being conscious of the biases, values and experiences I bring into the study (Creswell, 2013). I was conscious not to influence any participant's opinion and to allow the data speak for itself. Data were checked and rechecked throughout the process to minimise biases and establish trustworthiness. According to Creswell (2009), phenomenologists should set aside their individual judgement and biases by linking data to their original sources, the concept known as bracketing. These various strategies when employed ensured trustworthiness in the study.

3.9.5 Reflexivity and Positionality

The principle of reflexivity means that the researchers should be conscious about their own position, values, biases and decision in constructing knowledge of the social world in the research process right from designing the tools, data collection and interpretation of the findings (Hesse-Biber and Johnson, 2015; Draper and Swift, 2011). Being a qualitative research, the researcher was aware that her background, values, beliefs and experiences could influence the research process (Floyd and Arthur, 2012). To overcome the problem of reflectivity, the researcher applied what Greenbanks (2003) recommended that reflexivity requires explicit self-consciousness and self-assessment about the researcher's own views and positions and how these might influence the design, execution and interpretation of research findings. Therefore, the researcher endeavoured to put aside any preconceived ideas he had or what he may have personally observed about the meaning and motives of male circumcision among circumcised men in Zambia. In this study, I kept a reflexive period during the data collection phase to be able to provide an account of my own beliefs and thoughts about this study. Given below is the reflection:

When conducting social science research, all researchers are people who live and experience the same socio-cultural context as the people they are studying in communities hence their beliefs, values, gender or even socioeconomic status can affect the research process and that

is, why issues of positionality and reflexivity arose. Bourke (2014) stated that positionality is about acknowledging who we are as individuals, and as members of groups, and as resting in and within social positions or in other words it is about power and social relations between the researcher and the participants. Given this, Van der Riet (2012) posited that total detachment is unrealistic and could hinder the research process. In this study, the researcher was in a position of both the insider and outsider. He was an insider because he was also a resident of Gondwe Township in Lusaka. He was however, an outsider because he had never been circumcised before hence, he was not aware of the experience, meaning and motives of male circumcision. To accomplish positionality, the researcher used the recommendations which were made by Savin-Baden and Howell (2013) who argued that there is need for researchers to acknowledge their personal positions that have the potential to influence the research. In this study, the researcher clearly highlighted his position as a resident of Gondwe Township as well as his outsider position as he had never had any male circumcision experience. However, he endeavoured to establish good rapport which made the participants feel at ease to fully express their thoughts on medical male circumcision.

3.10 Ethical Considerations

This study involved human participants and their human rights needed to be protected. A number of ethical issues were addressed in the course of the research including approval, access and acceptance, informed consent, confidentiality and anonymity, right to withdrawal, beneficence, justice and fairness.

3.10.1 Approval

Approval and clearance was sought from the University of Zambia Ethics Committee HSSREC to allow the researcher carry out the study. After recommendations from my supervisor, the study was submitted to HSSREC for ethics clearance and the approval number for the study is HSSREC: 2019-AUG-005. In September 2019, approval was obtained. A letter of support was obtained from the school of Humanities and Social Sciences, department of Social Work and Sociology. The researcher was given a go ahead written permission within September.

3.10.2 Permission

Another ethical issue that was addressed in the conduct of this study was access and acceptance which are closely related to the issue of informed consent. Access and acceptance involve obtaining permission to carry out research in a community, institution or organization (Bell, 1991). In this study, permission was sought from the Community Chairman of Gondwe Township. A detailed explanation of the voluntary nature of the study, expectations of participants, the risks and benefits, and confidentiality issues were availed to the community chairman. The community chairperson allowed the researcher to carry out the study.

3.10.3 Informed Consent

In the conduct of this research, the principle of informed consent was given the required attention by explaining the purpose of the study; its voluntary nature, expectations of participants, the risks and benefits, confidentiality issues and how information would be utilized. The information sheet written in English was given to participants explaining the nature of the study and their expectations in this study. After the reading and understanding of the information sheet, a written consent form was obtained from participants (see appendix A and appendix B). The researcher ensured that only those who consented to participate in the research were interviewed. In addition, the participants were notified that there was going to be an audio recording during the interviews and they were at liberty to listen to the recordings after the interviews were done. Before switching on the tape-recorder during the interviews, the researcher asked if it was fine to use it.

3.10.4 Confidentiality and Anonymity

The confidentiality, right to privacy and anonymity of the participants was ensured. The researcher explained to the participants that all information would be treated as confidential and no identifying information would be made public without written consent of the participant. As Babbie (2004) suggests, the people who read the research and the researcher should not be able to identify a given response with a given participant. The names of the participants who participated in this study were not revealed anywhere instead, code names were used. The recorded responses and the written report were silent on the true identities of the participants. Participants were assigned numbers during transcription, and only these numbers were used during data analysis. The interview participants were identified with pseudo names and the recordings are stored in a password protected laptop. To this end, the researcher is the sole custodian of documents used and information collected for this study. A

tape recorder was used during the interviews and all information collected had been transcribed and the recordings deleted.

3.10.5 Right to Withdraw

The research participants were given permission to withdraw from participating in the study at any stage if they so wished without being forced and also not to answer any question they were not comfortable with. As Shenton (2004) suggests, one of the tactics to improve honesty among participants is to ensure that each person approached is given opportunities to refuse to participate in the study. In emphasizing this, I ensured that data collection involved only those who were genuinely willing and prepared to share their personal experiences freely. Men were encouraged to be frank from the outset of the interviews. The information sheet also informed participants that their participation was voluntary and that they were free to withdraw at any time (see appendix A).

3.10.6 Beneficence

Participants were assured that the study did not have any known harm and risks. There were no direct personal benefits for the participants but that their participation would add to scientific knowledge. Participants were also informed that the research was for academic purpose to fulfil a Master of Arts degree requirement.

3.10.7 Justice and Fairness

Eligible participants were all given equal opportunity to participate or to decline and adequate time to ask questions. The in-depth tool guide used was cleared and approved by HSSREC (School of Humanities and Social Sciences Research Ethics Committee).

CHAPTER FOUR

5.0 PRESENTATION OF THE RESEARCH FINDINGS

5.1 Introduction

This chapter was aimed at presenting the findings of the research conducted in Gondwe Township in Lusaka. This study used qualitative methodology rooted in interpretive phenomenology to understand the meaning of MMC from the view point of circumcised men. Data was collected from 20 medically circumcised men of Gondwe Township using in-depth interviews and the period of data collection was three weeks from the month of September 2019 to October 2019. I conducted an analysis of the interview transcripts using Interpretive Phenomenological Analysis (IPA), which examines how participants make sense of their lived experiences. I analysed the circumcised men's individual accounts in detail, and in this chapter, I present and interpret the generic themes and sub-themes found, as well as my interpretation (Pietkiewicz & Smith, 2014). The main objective/purpose of the study was to understand the meanings of Medical Male Circumcision amongst circumcised men of Gondwe Township, motives of circumcision among circumcised men, and their perspectives on the cultural values of MC among men from circumcising ethnic groups in Zambia.

The overarching research question for the study was as follows: What is the meaning of male circumcision to the circumcised men of Gondwe Township?

Sub-question 1: Why do some men opt to be circumcised in Gondwe Township?

Sub-question 2: What is the cultural value of undergoing male circumcision in circumcising ethnic groups in Zambia?

Data was collected pertaining to the background characteristics of participants, meaning of medical male circumcision, motives of circumcision, and cultural value of male circumcision.

4.2 Background Information of Participants

Information about the background characteristics of participants is very critical for the purposes of understanding the population under study. Background characteristics may also save as some of the factors that influence men to go for male circumcision.

The study sample included 20 men who had undergone MMC, of which three participants were below 20 years old; six participants were in the age range of 20-24, three participants fell in the age range of 25-29, other three participants were aged 30-34, two of them fell in the age range of 35-39 while only one participant was aged 40-44. In addition, two of the participants were aged 45-49. Although the sample shared similarities in location, all lived in Gondwe Township, they reflected a difference in age, which ranged from 18 to 48 as shown in table 4.2a below:

Table 4.2a: Age of Participants

Age	**Frequency**
Below 20	3
20-24	6
25-29	3
30-34	3
35-39	2
40-44	1
45-49	2
Total Number	**20**

Source: Field Work 2019

The self-reported highest levels of education were as follows: Tertiary level was seven, Secondary level was 11, and Primary level was two while none of the participants had never been to school as shown in table 4.2b below.

Table 4.2b: Level of Education of Participants

Level of Education	**Frequency**
Never been to School	0
Primary level	2
Secondary level	11
Tertiary level	7
Total Number	**20**

Source: Field Work 2019

The results further showed that 11 participants were not married, two of the participants were widowed, and seven participants were married while none of the participants was either separated or divorced as shown in table 4.2c below.

Table 4.2c: Marital Status of Participants

Marital Status	**Frequency**
Single	11
Married	7
Separated	0
Divorced	0
Widower	2
Total Number	**20**

Source: Field Work 2019

With regards to tribe/ethnicity identification, three participants were *Bemba,* one was *Bisa* and one was *Chokwe*, two were *Ngoni,* one was *Lozi* and one was *Mbunda,* two were *Tonga,* one was *Lunda* and one was *Luchazi*, and two were *Luvale* as shown in table 4.2d below:

Table 4.2d: Tribe/ethnic grouping

Tribe	**Frequency**
Bemba	3
Bisa	1
Chewa	3
Chokwe	1
Lozi	1
Luchazi	1
Lunda	1
Luvale	2
Mbunda	1
Ngoni	2
Nsenga	1
Tonga	2
Tumbuka	1
Total Number	**20**

Source: Field Word 2019

Representation at region of origin showed that seven participants were coming from Eastern province of Zambia; six participants were from North-Western province, three were from

Northern Province, two were from Southern province, one was from Muchinga province and one was from Western province as shown in table 4.2e below.

Table 4.2e: Place of Origin of Participants

Province	**Frequency**
Eastern	7
Muchinga	1
North Western	6
Northern	3
Southern	2
Western	1
Total Number	**20**

Source: Field Work 2019

In terms of employment/occupation, five participants reported employment in the Zambia Police Service, three participants were teachers in the private and public schools, one participant was a Lecturer at a college, one was a Technician, one was an electrician, one an engineer, one was a bricklayer, three were undergraduate students, one was a bus driver and three were not employed as shown in table 4.2f below.

Table 4.2f: Employment/Occupation of Participants

Occupation	**Frequency**
Bricklayer	1
Bus Driver	1
Electrician	1
Engineer	1
Lecturer	1
Police	5
Student	3
Teacher	1
Technician	1
Unemployed	3
Total Number	**20**

Source: Field Work 2019

4.3 Specific Codes and Themes That Emerged From the Data

This section presents an analysis of the perspectives of the research participants on the meaning of male circumcision, their motives for opting to be circumcised as well as the cultural values attached to male circumcision by men from circumcising ethnic groups in Zambia. In accordance with the theoretical perspectives presented in chapter two and three, the findings chapter is grounded in the importance of giving a voice to study participants who were circumcised men from Gondwe Township in Lusaka through their own accounts. This approach is in line with the epistemological methods of understanding the social worlds based on the lived experiences of research participants.

Gondwe Township men who underwent male circumcision were asked to talk about their lived experiences with male circumcision. The circumcised men's accounts clustered around five (5) themes. I explicated five master themes from the data collected and these themes were; (1) Knowledge on Male Circumcision, (2) Meaning of Medical Male Circumcision, (3) Motives for Opting to be circumcised (Reasons for Circumcision), (4) Cultural Values Attached to Male Circumcision, and (5) Existing Cultural Beliefs about Male Circumcision. The insights from this section provide a context for the subsequent chapter, which is the discussion chapter. Table 4.3 below contains 20 subthemes and five themes that emerged from the study.

Table 4.3: Emerging Themes and Subthemes

Themes	Sub-themes
Knowledge on Male Circumcision	*Sources of information on male circumcision*
Meaning of Medical Male Circumcision	*Attainment of manliness (Masculinity)*
	A rite of passage that signifies manhood
	Complimentary method of HIV/AIDS prevention
	Health and Cleanliness
	Protection from STDs and HIV Infections
Motives for Opting to be circumcised (Reasons for Circumcision)	*Hygiene and Cleanliness*
	Prevention of Penile and Cervical Cancer
	Sexual Pleasure among Circumcised Men
	Peer Influence

Cultural Values Attached to Male Circumcision	*A rite of passage into manhood*
	An agent of Socialization
	A way to earn respect
Existing Cultural Beliefs about Male Circumcision	*Circumcised men enjoy sex more than uncircumcised men*
	Circumcised men are not safe to have sex without using a condom
	Circumcised men gives more sexual pleasure and satisfaction to women

Source: Field Work 2019

4.4 Knowledge on Male Circumcision

4.4.0 Introduction

The study wanted to find out from circumcised men their sources of knowledge on male circumcision. One of the themes that emerged from this study was knowledge on medical male circumcision. As starting point, participants were asked to indicate how they first learnt about the male circumcision. The results showed that participants had various ways in which they first learnt about male circumcision and its use for HIV prevention. The participants said that they learnt about male circumcision through the media, health posters at the clinic, educators, school clubs, reading, radio and television discussion, friends and AIDS talks at secondary school, from medical doctors, seminars and workshops. The study shows that none of the participants indicated having learnt about male circumcision from home. This implies that culture has little influence on male participant's knowledge of male circumcision compared to other sources such as the media.

In addition, all the participants said that they were circumcised from the medical facility. Five of the participants were circumcised in 2010, seven participants were circumcised in 2012, one participant was circumcised in 2013, three participants were circumcised in 2014, two participants were circumcised in 2015, and two participants were circumcised in 2018.

All the participants interviewed knew what male circumcision was and five of the participants said that circumcision was a common practice in their tribes while the other 13

participants said that circumcision was not a common practice in their tribes. Male circumcision was defined as the removal of the foreskin from the penis. This means that the head of the penis is exposed all the time. The participants added that it does not affect the ability to pass urine normally or the ability of fathering children when a man marries his wife. The only difference in the definition of male circumcision was mainly in the wording of the responses from participants while the basic ideas remained similar. Examples of the responses obtained during the in-depth interviews are shown in the verbatim below:

> *"Male circumcision is the removal of the foreskin on the male penis"* **(Chanda).**

> *"Male circumcision is the cutting of the front part of the penis"* **(Felix)**.

> *"Male circumcision is the removing of the foreskin from the manhood"* **(Timothy)**.

4.5 Meaning of Medical Male Circumcision

4.5.0 Introduction

Circumcision can have several meanings to men depending on the social, cultural and health reasons. The second theme that emerged from this study was the meaning of male circumcision to circumcised men. Within this theme, participants constructed five (5) meanings of male circumcision as sub-themes. Sub-themes were responses of participants to the question that were asked on the meaning of medical male circumcision. The sub-themes were categorized into; (i) attainment of manliness, (ii) a rite of passage that signifies manhood, (iii) complimentary method of HIV/AIDS prevention, (iv) health and cleanliness, and (v) protection from STDs and HIV infections.

4.5.1 Attainment of Manliness (Masculinity)

The study found that five participants from circumcising ethnic groups said that MC is a symbol of attaining manhood. Manhood is considered a very important aspect in the life of men. While manhood is achieved differently across cultures in the Zambian society for instance, in some cultures manliness is attained through initiation rites such as circumcision where a body part is altered. This is evident from the verbatim below:

> *"Yes in my tribe they usually say that for one to be a man, you have to be circumcised by going to the circumcision camp"* **(Paul)**.

In addition, three participants said that manliness is also demonstrated by the performance of a man sexually. They argued that having a circumcised penis has an impact on a woman's sexual satisfaction and the channel to satisfaction is male circumcision because of the perceived increase in sexual energy in a man. This was attributed to the fact that when they remove the foreskin the head of the penis becomes very hard and this increases the number of rounds which a man can do sex with a woman and a woman enjoys if a man can do many rounds because it shows that he is strong sexually. The quote below illustrates this point:

> *"Yes, when men are circumcised they become sexually energized and they can do many rounds of sex with a woman and you find that if you are weak in bed your friends can be laughing at you if the woman you are having sex with tells your friends. Some women like saying that 'uja samakwanitsa kugona namukazi simwamuna wazoona' (i.e. that one cannot manage to perform sexually because he is not a real man). In our Zambian culture, what we know is that a man is supposed to be strong sexually and women like men who are strong sexually to satisfy them"* **(Gabriel)**.

From the above quote, it is clear that manhood can be determined by sexual performance of men and how they satisfy their women in society. The participants believed that circumcision gives the men energy which helps them to perform many round sexually. A round is a local term which refers to the number of sexual sessions a man is able to perform in a given timeframe for example in one night. The belief is that the more rounds a man is able to perform, the more he is considered to be a real man and thus sexually desirable to women.

4.5.2 A Rite of Passage that Signifies Manhood

In this category, five participants said that their circumcision statuses were seen as a rite of passage that signifies manhood. This means that participants from traditionally circumcising ethnic groups such as *Luvale, Luchazi, Chokwe, Lunda and Mbunda* view male circumcision as a marker of identity which signifies a rite of passage from 'boyhood' to 'manhood'. In these circumcising tribes, a man who is not circumcised is regarded as a manless and also at times taken to be a curse to his family and society. This is evident from the verbatim below:

> *"Male circumcision is like an initiation which is conducted in most of the tribes in Zambia for girls [….] some tribes conduct initiation for girls to prepare them to be responsible women. This initiation for girls is the same with the traditional*

circumcision for us in our tribe; it's just that they conduct initiation for boys to prepare them to become responsible men too" **(Gabriel)**.

From the quote above, it is clear that although the circumcision was not done in the traditional way, participants still see it as a means of fitting into the culture of the circumcised men. This means that culturally, the social status of being a real man is only achieved when one is circumcised.

4.5.3 MC as a Complimentary method of HIV/AIDS Prevention

From the verbal accounts of the participants, male circumcision seemed to have played a significant role in complimenting other methods of HIV/AIDS prevention. The results further revealed that these participants were aware of the current conventional ways of protecting themselves from sexually transmitted diseases such as; abstinence (A), being faithful to one partner (B) and correct and consistent use of condom (C). However, the participants acknowledged that this ABC method may fail at times or may not be applicable. Hence, circumcision is viewed as a rescue strategy in these circumstances. Explaining how abstaining may be impossible, one participant had this to say:

"With the issue of abstaining, if you have tested sex you will always want to have sex because it is not easy to abstain, once you have tested it. Maybe for the younger ones that haven't been exposed to it can abstain but you as an adult since you have been exposed you will want, again and again" **(Jimmy)**.

Similarly, to a married couple who wish to have a child, three participants claimed that abstinence and the use of a condom are inapplicable. In addition, it was also felt that chances of getting married to an HIV positive partner could not be ruled out. In terms of correct and consistency use of condoms, participants believed that they are also not hundred per cent effective. Regarding faithfulness to one partner and the use of condoms, two participants remarked as follows:

"In terms of faithfulness, you can be faithful but sometimes we are tempted, everyone is tempted even if you are a Christian [...] the same may not be guaranteed by the female partner; personally, I don't trust people. Girls can cheat by having many sexual partners and this may put my life at risk. So circumcision is better to me" **(Brian)**.

"Condoms are made by humans and everyone makes mistakes. The one who makes condoms may make a mistake and the condom may burst along the process […] so having a circumcised penis may help one reducing the risks of HIV infection" **(Jimmy)**.

4.5.4 Health and Cleanliness

The findings revealed that five participants associated their circumcision status with being healthy and clean. These participants argued that the value of medical male circumcision was linked to its capacity to improve penile hygiene. They further claimed that the removal of the foreskin from the penis would ensure that the virus does not have any prolonged contact with the penis. However, when a man is not circumcised, he is prone to HIV because the foreskin is being covered, so the HIV and other STIs stays there. The following quote below illustrates this point:

"You know with the penis when you have not washed it for some time it can have some white stuff inside the foreskin which smells showing that there are some germs and dirt there, but if you are circumcised, you don't even have to worry about washing your penis always because it will always be clean" **(Charles)**.

4.5.5 Protection from STDs and HIV Infections

With regards to protection from STDs and HIV infections, six participants believed that their circumcision statuses were important because they were protected from sexually transmitted diseases and HIV/AIDS infections. They argued that male circumcision is taken as a tool for preventing HIV in men and their female partners. The participants mentioned that male circumcision makes the penis firm and not easily prone to cuts and bruises, thus reducing the chances of contracting STIs and HIV infections. The verbatim below illustrate this point:

"Male circumcision is now being considered as an important intervention in the prevention of the spread of HIV/AIDS. This is possible because when you get circumcised the foreskin is no longer there, and the head of the penis becomes very hard and this reduces the chances of the risks of getting infected with diseases such as syphilis, gonorrhoea, cancer and HIV/AIDS. If you still have your foreskin, when you have unprotected sex the germs or the virus can still plant itself on the foreskin and find a way to spread" **(Boniface)**.

"When one is circumcised, simple diseases like syphilis and gonorrhoea can fail to catch a circumcised man, but such diseases can easily catch those who are uncircumcised" **(Charles)**.

4.6 Motives for opting to be circumcised (Reasons for circumcision)

4.6.0 Introduction

There are several reasons that influence men to undergo medical male circumcision and each man has a motive for making such as decision. Thus, the third theme that emerged from this study was motives that specifically influenced men's decision to get circumcised. Various motives (reasons) that influence men's decision to undergo male circumcision were brought out and these were divided into various sub-themes which included; (i) Hygiene and Cleanliness, (ii) Prevention of Penile and Cervical Cancer, (iii) Sexual Pleasure among circumcised men, and (iv) Peer influence as presented below:

4.6.1 Hygiene and Cleanliness

Penile hygiene and cleanliness was universally mentioned by all the twenty participants interviewed as an important reason for opting to be circumcised. Participants said that they were circumcised as a means of improving their penile hygiene by removing the foreskin which harbours the dirt. They added that removal of the foreskin was also believed to make bathing and cleaning of the penis easier. The quote below illustrates the importance of penile hygiene in influencing men's decision to be circumcised:

"One of the reasons why I was circumcised is that I wanted to be clean and before I was circumcised, I use to have some white stuff on my foreskin more especially if I have not bathed in a day. So I use to make sure that every time I am bathing, I have to clean it but when you are circumcised all the dirt are gone and there is no need to clean it. This helps me to stay health and protected from risk of getting sick with STIs" (**Bernard)**.

"I went for circumcision in order to help me keep my penis clean that even when I travel far from home and I don't bathe for long, I don't feel dirty. I also heard from the radio that when one gets circumcised, he cannot easily contract infection from a woman, since the germs have nowhere to hide" **(Robert)**.

Some participants were more explicit about why they thought penile hygiene was important for opting to be circumcised. Even though not empirically correct, one participant explained why he considered penile hygiene more important than HIV prevention as the reason for opting to be circumcised as shown in the verbatim below:

> *"The idea of hygiene is an important reason for accepting circumcision. Before I was circumcised, when I am having a shower it has to click in my mind to wash my penis. When I became circumcised it is an advantage to me because I don't have to wash my penis all the times. So for me hygiene is the most important reason which influenced my decision to get circumcised. When you talk of HIV, removing the foreskin makes the head of the penis harder, the chances of getting diseases are there because the head of the penis is no longer protected and when it has scratches it can encourage the HIV virus to enter through the scratches. So I am not convinced that circumcision can protect against HIV but for hygiene yes am sure"* **(Felix)**.

4.6.2 Prevention of Penile and Cervical Cancer

Some of the participants felt that male circumcision reduces the risks of penile and cervical cancers among men and women respectively. Only three participants mentioned the reduced risk of cancer as possible reason for opting to be circumcised. These participants mentioned 'germs' and 'dirt' that causes cervical cancer which they said are hidden in the foreskin of uncircumcised men. From this perspective, some men opted for circumcision in order to protect themselves and their female partners from penile and cervical cancer as portrayed by this quotation from one participant below:

> *"A man who has a circumcised penis is clean and does not carry dirt and diseases like someone who is not circumcised. It is these dirt and germs which can cause cervical cancer because they are hidden inside the foreskin and if the man does not bath he can transmit the germs to the woman when she is having sex with him"* **(Robert)**.

4.6.3 Sexual Pleasure among Circumcised Men

Improving sexual performance was mentioned as one of the reasons which influenced men to seek circumcision. It was argued that many men believed that circumcised men were 'better in bed' and able to satisfy the sexual needs of women. The participants added that

circumcision increases sexual energy in men and allows them to have sexual intercourse for much longer than uncircumcised men. The main reason given for this by eleven of the participants was that circumcision reduces the sensitivity of the penis and allows a man to prolong sexual intercourse before he ejaculates. Hence, all participants in this category thought that loss of penile sensitivity was a good thing to them because it allowed both men and women to enjoy sex for longer periods. Thus, participants opted for circumcision in order to improve their sexual performance. The quotes below illustrate this point:

> *"At least when you are circumcised you can be protected against HIV and you can also enjoy sex at the same time because you can have that nice feeling of a woman's skin inside but with a condom sex is not enjoyable because you just feel the plastic and the woman also feels the plastic. She cannot feel the sperms when you release because they remain in the condom"* **(Timothy)**.

> *"When they remove the foreskin, the head of the penis becomes very hard and this increases the number of rounds which a man can do sex with a woman and a woman even enjoys when you can do many rounds it shows that you are strong sexually"* **(Joel)**.

The above views were found in all the twenty interviews conducted. The perceived sexual benefits such as claims of better sexual performance raise some implications. First, it highlights the key role of women as positive influencers of their spouses and sexual partners in seeking male circumcision, which means that the planned communication campaign can successfully enlist women to support MMC and mobilize their partners to adopt the practice. However, the excitement about circumcised men being sexually better highlights a potential risk for women, especially if also coupled with beliefs that circumcised men do not have HIV or do not transmit it. Women should be told that in case of sexual relations with circumcised men, the still must observe HIV prevention measures such as being faithful to one sexual partner, HIV testing, and condom use.

4.6.4 Peer Influence

Peer influence was found to be a key factor that influences decisions to seek medical male circumcision among circumcised men in Gondwe Township. In terms of influence from

peers, three (3) sub-themes were generated and these included; (i) Close Friends, (ii) Spousal/Partners, and (iii) Parents and other Family Members as presented below:

4.6.4.1 Close Friends

From the verbal accounts of circumcised men, where one's peers were already circumcised or where they made a group decision to go for circumcision, one was more likely to comply with friends' influence and go for circumcision. Four men who had undergone medical male circumcision reported their main reason for doing this as being the need to be like most fiends, who were already circumcised. Thus, gaining social acceptance from peers was a key factor that motivates some men to get circumcised. The quote below illustrates this point:

> *"There was a friend of mine who had decided to go for circumcision and told me to go and circumcise. He said that nowadays there a lot of diseases and you can only protect yourself from such diseases by going for circumcision. So the influence from my friends (already circumcised) is what influenced my decision to get circumcised"* **(Jimmy)**.

4.6.4.2 Spousal/Partners

Both young and older men who have spouses/partners/girlfriends can greatly influenced by their female companions in their decisions to seek medical male circumcision. The participants in this study said that their female partners were the ones who influenced their decisions to get circumcised. Some men also reported that they were seeking the consent of their wives/partners before going to get circumcised. The verbatim below illustrate this point:

> *"It's the mother of my children (wife) who influenced me to get circumcised. There was a day she went to the clinic and when she came back home, she started telling me about the benefits of being circumcised and even motivated me to go for circumcision but I refused to get circumcised. She continued reminding me that I should go for circumcision and if I don't get circumcised, she will leave me or start denying me sex until I get circumcised"* **(Gerald)**.

> *"[...] the first day I heard about male circumcision I just thought about it and later consult my wife if she was okay with it; because I may go secretly then she later learn of it and runs away from the marriage. So my wife is the one who influenced me to get circumcised because she told me that when I get circumcised*

it will reduce our chances of getting infected with STIs, HIV and also protect her from cervical cancer" **(Patrick)**.

From the quotes above, it is clear that most women are supportive of male circumcision and are also capable of bearing positive influence on their men. They can do this by discussing the benefits and dangers of male circumcision with their male partners.

4.6.4.3 Parents and other Family Members

Parents and other family members were reported to be key influencers of decisions to seek male circumcision. This was more common for those men who were circumcised at young age. Some men said that they were circumcised before reaching the age of 15 years. In this case, the decision to circumcise is entirely that of their parents. When asked about who influenced them to get circumcised, five participants mentioned parents among their key influencers as indicated in the quote below:

> *"Yes, my mother is the one who mainly influenced me to get circumcised. She sat me down and told me the benefits of male circumcision like prevention of STDs and I accepted to do it [...] from that day, it encouraged me and finally got circumcised"* **(Gabriel)**.

In addition, it was further reported that even grown up young men would still seek the opinion of their parents so as not to offend them or deviate from their cultures. This was common among men from non-circumcising ethnic groups. The quote below illustrates this point:

> *"I consulted my parents because in the Chewa culture circumcision is a new phenomenon. I did not want to bring confusion in the family because of my being circumcised. So I waited for my parents and after allowing me, that's when I went to the clinic to get circumcised"* **(Bernard)**.

4.7 Cultural Meaning of Male Circumcision

4.7.0 Introduction

As defined by Tylor (1971:491), culture is "that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a

member of society”. In other words, culture refers to the meanings and ways of life that characterize a society. However, culture in this study means the importance of male circumcision according to the tribes/ethnicity that practice traditional male circumcision in Zambia. Study participants were asked whether or not male circumcision was a common practice in their cultures. Out of twenty participants interviewed, only five participants said that male circumcision was a common practice in their culture while other fifteen participants said that circumcision was not practiced in their culture.

Thus, the fourth theme that emerged from this study was the cultural values that men from circumcising ethnic groups attach to male circumcision. Various cultural values and their significance were brought out by the participants and these were divided into three (3) sub-themes which included; (i) a rite of passage into manhood, (ii) an agent of socialization, and (iii) a way to earn respect as presented below.

4.7.1 A traditional rite of passage into manhood

The findings of the study show that all the five participants from circumcising ethnic group said that male circumcision is a traditional rite that must be performed by all males for them to be recognised and accepted in all cultural activities. In these circumcising tribes (i.e. Chokwe, Luchazi, Luvale, Lunda, and Mbunda) circumcision is conducted through traditional initiation camps in the bush among the young boys (8-12 years) and older/adolescent boys (13-19 years). Participants claimed that uncircumcised man is considered an outcast from the community and he even loses some social privileges by not participating in men’s social discussions or marry because uncircumcised man is considered a woman or a child. The verbatim below illustrate this point:

> *“In my community (Lunda), it is the cultural belief that a man must be circumcised when he is 13 years old for him to be recognized and accepted in the community and among his friends. Any man who is not circumcised is not respected and he is considered as manless”* **(Patrick)**.

> *“Circumcision is a traditional rite for all males who want to be recognized because it is the cultural belief that an uncircumcised man cannot partake in the ceremony that involves appeasing the gods of the land. He will not be welcomed among his fellow men and sometimes he will be considered an outcast. The fear of being excommunicated makes many men to opt for circumcision”* **(Gabriel)**.

"In our Luvale culture, when male circumcision is performed on adolescents and young adults, it usually marks a transition of the boys from boyhood to manhood. During male circumcision, boys and young men are taught about their responsibilities and duties as adult members of the community. The responsibilities and duties taught include; how to build a house, make a granary, make home crafts like fishing equipment such as baskets and taking care of the family" **(Boniface)**.

The quotations above show the cultural value men from circumcising ethnic groups attached to male circumcision as a rite of passage that signifies a transition from boyhood to manhood. This implies that circumcision for young boys in traditionally circumcising ethnic groups in Zambia is deeply rooted in cultural practice that is not negotiable. This means that culturally, the social status of being a real man is only achieved when one is traditionally circumcised. Males get circumcised because it is a requirement in their culture. Circumcision of males is a marker of identity and belongingness, and also as a traditional rite of passage from boyhood to manhood. In these communities, a man who is not circumcised is ridiculed and regarded as a boy even in old age. Hence, the same attitude is passed on from one generation to another.

4.7.2 Traditional Circumcision is viewed as an agent of socialization

Some participants from *Luvale, Chokwe,* and *Mbunda* viewed traditional male circumcision as an agent of socialization which is aimed at training the young men with survival skills to become responsible members of the society. In accordance with Macionis (2008), socialization is the process by which older members of a society teach their way of life to the young. He added that sociologists use the term socilization to refer to "the lifelong social experience by which people develop their human potential and learn culture" (p. 116). Kottak (2002) asserts that one of the characteristics of culture is that culture is shared and learnt. This means that culture is the public property of a social group of people and individuals get cultural knowledge of the group through socialization.

The findings of the study showed that the young boys are taken to initiation schools located outside their villages in the bush were they are taught about the norms, values, beliefs, and the expectations of their communities. In the *Luvale* culture, traditional male circumcision teaches the young boys how to be responsible members of the society. While for the *Mbunda* culture, circumcision is used to prepare the young boys for sex and parenthood. Moreover, in the *Chokwe* culture circumcision is used to teach the young boys on how to respect different

people in society. However, two of the partcipants from *Luvale* also mentioned that circumcision is used to create group structures and prepare a boy for manhood. It also promotes the division of labour between men and women in the community. In these commnuities, both men and women are required to perform different roles in the community and this is taken as a complimentary lifestyle between men and women. The quotes below illustrate this point:

> *"In our Luvale culture, traditional male circumcision plays an important role of formulating social structures in the community. For example, different categories of people are formed through circumcision such as, circumcised men versus uncircumcised and men versus women. The Luvale belief that a woman is not supposed to challenge a circumcised man but instead, she is supposed to be subjective to her husband especially when it comes to decision making in the house"* **(Charles)**.

> *"[…] when the boys and young men are taken to the camp for traditional circumcision, they prepare them for sex, marriage and parenthood. Every man from the community of Mbunda is expected to marry and have children...a man has a responsibility of providing for his family"* **(Chanda)**.

> *"In our Chokwe culture, during traditional male circumcision the boys are taught about unit in the community and also the need to be there for one another. They also teach them how to respect different categories of people in the society. For example, they usually teach them to always respect the age mates of their fathers, the same way they respect their own fathers and the same should be applied even to the age mates of their mothers in the community"* **(Emmanuel)**.

4.7.3 Traditional Circumcision is a way to earn respect

Study participants from traditionally circumcising cultures (*Luvale and Lunda)* mentioned that traditional circumcision enhances self-esteem and social status, and one's point of view can be respected in the community. In these two communities, a circumcised man does not only gain personal respect but brings pride and honor to his family. The participants added

that circumcision makes a circumcised man to have a dignified death and funeral. This means that one is not considered a 'man' unless he is traditionally circumcised as shown in the quotes below:

> *"In our Mbunda culture, even if a woman wants to get married, she can't marry an uncircumcised man because he is referred to as a boy"* **(Patrick)**.

> *"In our Luvale culture long time ago, whenever someone dies and was circumcised, a traditional ceremony would be performed. You cannot be allowed to participate in it if you are not circumcised. Also, this traditional ceremony cannot be performed at the burial of the man who is not circumcised"* **(Charles)**.

In terms of cultural values men from circumcising ethnic groups attach to male circumcision, a number of them were noted by the participants and their associated significance. For instance, participants from Chokwe, Luchazi, Luvale, Lunda, and Mbunda ethnic groups said that male circumcision is a rite of passage which signifies a transition from boyhood to manhood. Secondly, participants from Luvale, Chokwe, and Mbunda viewed male circumcision as an agent of socialization which teaches the young boys the survival skills to become responsible members of the society. In Luvale culture, male circumcision prepares the young boys how to be responsible adults and it also promotes division of labour between men and women in the community. While for the Mbunda culture; circumcision plays an important role for preparing the young boys for sex and parenthood. Additionally, in Chokwe culture, circumcision is important for teaching the young boys on how to respect different group of people in society. Participants from Luvale and Lunda further said that male circumcision plays an important role as a way of earning respect from the members of the society. Hence, male circumcision is vital for the transmission of culture and in these circumcising ethnic groups; one is not considered a man unless he is circumcised.

4.8 Existing cultural Beliefs about Male Circumcision

4.8.0 Introduction

The cultural beliefs people have plays an important role in the construction and definition of a particular practice. Thus, the fifth theme that emerged from this study was the existing cultural beliefs circumcised men have about male circumcision. Various cultural beliefs men have about male circumcision were brought out and these were divided into three (3) sub-

themes which included; (i) circumcised men enjoy sex more than uncircumcised men, (ii) circumcised men are not safe to have sex without using a condom, and (iii) circumcised men gives more sexual pleasure and satisfaction to women.

4.8.1 Circumcised Men Enjoy Sex More Than Uncircumcised Men

The study participants believed that cirumcised men enjoy sex more than uncircumcised men because their foreskins were removed which reduces the sensitivity of the penis and allows them to have sexual intercourse with a woman for a long time before they ejaculate. One of the participants claimed to have confirmed this experience from his partner as remarked in the following quote below:

> *"Ya, when you are circumcised the head of the penis becomes quite strong and a little bit hard meaning that it is not sensitive like someone who is not circumcised. If you are uncircumcised and you are having sexual intercourse, it takes only few minutes for you to ejaculate. But when you are circumcised since the penis is hardened and its sensitivity is reduced, it takes long for you to ejaculate which gives you more sexual pleasure. So for me, I was circumcised to enhance my sexual performance and protect myself from HIV"* **(Timothy)**.

4.8.2 Circumcised Men Are Not Safe to Have Sex without using a Condom

Some participants believed that when a man is circumcised, there is need to wear a condom during sex with a woman because of the partial protection provided by his circumcision status. The participants argued that circumcision does not offer full protection from diseases but only reduces the chances of getting infected by the virus. They added that since both condoms and circumcision cannot provide hundred per cent protection, it was still important for circumcised men to wear condoms during sex. The verbatim below illustrate this point:

> *"There was a day I saw an experiment in Kabwe where a condom with water was put in a jar which was mixed with red ink. After 45 minutes, the water in the condom started changing the colour to red which proved that condoms have very small holes which can allow vaginal fluids to enter the condom. So for me, I think a condom should go together with circumcision since both are not hundred per cent safe"* **(Robert)**.

5.8.3 Circumcised Men Give More Sexual Pleasure and Satisfaction to Women

The participants claimed that sexual pleasure and satisfaction between a man and woman can only be achieved when a man is circumcised. They participants believed that male circumcision reduces the sensitivity of the penis which they explained harden the penis glans and acts to slow ejaculation. This is confirmed from the verbatim below:

> *"In our Zambian culture, the issue of sexual satisfaction between a man and woman is important. When the penis is circumcised, it hardens and it takes long time for a man to ejaculate which gives a better chance and time for a woman to also enjoy sex before a man ejaculates. But if you are not circumcised, the penis is too sensitive and you can ejaculate in a few minutes and the woman will not be satisfied. So for me I believe circumcision is the only way to improve sexual satisfaction between a man and woman"* **(Felix)**.

> *"Wow some women believe that when a man is not circumcised then he is not capable and in fact he is considered manless. Secondly, there are common beliefs which are there among the women that circumcised men take long in bed than those men who are not circumcised. A circumcised man reach a point of a woman and they bring about sexual enjoyment and satisfaction than someone who is not circumcised"* **(Paul)**.

From the verbal accounts given, it was deduced that there were some aspects of cultural beliefs that circumcised men have about male circumcision and among them was the fact that some circumcised men felt that circumcised men enjoyed sex more than uncircumcised men. Additionally, other circumcised men believed that circumcised men are not safe to have sex with woman without using a condom. While some participants believed that circumcised men gives more sexual pleasure and satisfaction to women than uncircumcised men.

CHAPTER FIVE

5.0 Discussion and Interpretation of the Research Findings

5.1 Introduction

The previous chapter focused on the presentation of the findings for this study. This chapter presents the discussion of the findings of this study in quest to answer the research objectives which were; to find out from the point of view of circumcised men the meaning of male circumcision, to understand the motives of circumcision among the circumcised men, and to find out the cultural value of undergoing male circumcision in circumcising ethnic groups in Zambia. It also endeavours to find out if the findings of this study are consistent with the findings of the studies done by other scholars on the same topic and then a conclusion will be drawn. Implications of this study are also presented, after which a conclusion is made.

5.2 The Meaning of Male Circumcision to Circumcised Men

The first objective was to find out from the point of view of circumcised men the meaning of male circumcision. It sought to find answers to the research question “what is the meaning of male circumcision to men?” Circumcision can have several meanings to men depending on the social, cultural and health reasons. Owing to this assertion, findings generated in this study provided a basis for knowledge on meanings that circumcised men have regarding male circumcision. These meanings were categorized into attainment of manliness (masculinity), a rite of passage that signifies manhood, male circumcision as a complimentary method of HIV/AIDS Prevention, health and cleanliness, and protection from STDs and HIV Infections.

On attainment of manliness (masculinity), participants said that circumcision is a very important aspect in the life of men because it shows that they have become adult members of the society. For example, Paul indicated that: *“Yes in my tribe they usually say that for one to be a man, you have to be circumcised by going to the circumcision camp”*. This study concurs with Meissner and Buso (2007) who reported that the social status accorded to male circumcision is of crucial significance in traditionally circumcising communities, because being circumcised is the only possible way of attaining manhood. It is only once boys are circumcised that they are entitled to businesses, property or marriage, or to participate in other features of community life, such as feasts and beer-drinking ceremonies. Similarly, a

study by Chinyama (2011) in North-Western Province of Zambia found that adolescents are circumcised in order to be accepted as real men in the society.

In addition, masculinity is also demonstrated by the performance of a man sexually. This implies that for men having a circumcised penis has an impact on a woman's sexual satisfaction because of the perceived increase in sexual energy in a man. These results are similar to those of Lukobo and Bailey (2007) who found that traditional groups practicing male circumcision revealed that uncircumcised men experienced premature ejaculation, decreased penile hygiene and unfit for marriage. Male circumcision was believed to be a developmental milestone for a man. Opinions were expressed with regards to enhanced sexual pleasure; circumcised men were thought to "perform" longer, thereby increasing their female partner's satisfaction. According to Lukobo and Bailey, manhood can be determined by sexual performance of men and how they satisfy their women in society. This means that medical male circumcision signifies attainment of manliness because it gives the men energy which helps them to perform many rounds sexually. A round is a local term which refers to the number of sexual sessions a man is able to perform in a given timeframe for example in one night. The belief is that the more rounds a man is able to perform, the more he is considered to be a real man and thus sexually desirable to women.

When it comes to male circumcision as a rite of passage that signifies manhood, participants perceived their circumcision statuses as a mark that shows a transition from boyhood to adulthood. This means that participants from traditionally circumcising ethnic groups such as *Luvale, Luchazi, Chokwe, Lunda and Mbunda* view male circumcision as a marker of identity which signifies a rite of passage from 'boyhood' to 'manhood'. In these circumcising tribes, a man who is not circumcised is regarded as a manless and also at times taken to be a curse to his family and society. This implies that although the circumcision was not done in the traditional way, participants still see it as a means of fitting into the culture of the community in question. Hence, MMC is viewed as a rite of passage which signifies a stransition from boyhood to manhood.

Mbachi and Kariuki (2013) concurs with the current study by indicating in his research that initiates become men after circumcision and they are allowed to sit with older men to share their thoughts. They are told to practice the role of fathers, for example being ready to marry, how to take care of of the young ones, to be good examples to the young ones, protecting their families, looking after their property that they will inherit from their fathers among

others. This makes him a responsible man no longer a child. Munoz et al (2003) also agrees with this as he reported that circumcision prepares one for manhood and Matjeke (1999) also concurs with this study as indicated in his research that traditional circumcision is a cultural practice that reflects the strength of a tradition. Boykin (1983) also concurs with this study as indicated in his research that traditional circumcision is a way of transition from childhood to adulthood.

In terms of male circumcision as a complimentary method of HIV/AIDS prevention, participants said that male circumcision helped them to compliment other methods of protecting themselves from diseases such as absinence (A), being faithful to one partner (B), correct and consistent use of condom (C) every time they are having sex with a woman. The participants acknowledged that sometimes the ABC method fails or it may not be applicable to a married couple who want to have a child. Hence, circumcision is viewed as a rescue strategy in these circumstances. These findings correspond with studies conducted in Sub-Saharan African Countries which revealed that for those men who are HIV negative, male circumcision has been advocated as an important strategy to complement the existing biomedical prevention methods to reduce HIV transmission from infected women to uninfected men (Auvert et al., 2005; Gray et al., 2007). It has been also found that circumcised males have reduced risk of infecting their female partners with HIV (Drain et al., 2006). Both facts discussed above attests to the importance of male circumcision in prevention of this deadly disease. This has led to various stakeholders to recommend male circumcision as a complimentary but not a substitute method in HIV prevention (Francis et al., 2012). Therefore, medical male circumcision is viewed as a complimentary method of HIV/AIDS prevention in addition to the ABC strategy.

Health and cleanliness was another meaning that was brought out by participants which was associated with their circumcision statuses. These participants claimed that the value of medical male circumcision was linked to its capacity to improve penile hygiene. They argued that the removal of the foreskin from the penis would ensure that the virus does not have any prolonged contact with the penis. However, when a man is not circumcised, he is prone to HIV because the foreskin is being covered keeping dirty particles that cause HIV and other STIs. The current results are in line with the symbol Turner (1967) noted among the *ndembu* pertaining to *mukanda.* He noted that 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. Hence, being uncircumcised is equated to impurity and a feminized status. The dryness of the glans penis after removal of the glans that secret smegma is considered hygienic.

Study participants also said that protection from STDs and HIV infections mattered to them and in this study some of the meanings that circumcised men brought out were protection from STDs and HIV infections. This implies that these participants associated their circumcision status to being protected from STDs and HIV/AIDS. They argued that circumcision is taken as a tool for preventing HIV in men and their female partners. This means that medical male circumcision is also viewed as a way of protecting them from the sexually transmitted diseases such as syphilis, gonorrhoea, cancer and HIV/AIDS. The current results are similar with previous studies conducted from Tanzania, Uganda, Kenya, South Africa, Zimbabwe and Zambia which found that men reported associating their circumcision statuses with protection from STIs and HIV/AIDS. Circumcision was thought to protect against infections and allows for easier identification of sores and ulcers, permitting earlier treatment. It is easier for uncircumcised men to acquire STIs compared with circumcised men, and circumcision reduced risk of STIs and HIV (Nnko et al., 2001; Bailey et al., 2002; Mattson et al., 2007; Lukobo and Bailey, 2007; Weiss et al., 2007; Hatzold et al., 2014; Macintyre et al., 2014; Nevin et al., 2015; Kibira et al., 2017). The findings that MC was primarily performed for prevention of HIV/AIDS contradicts a report from Toefy et al (2015) who found that the primary motivation to VMMC uptake included religious injunction and protection against STIs not necessarily HIV.

5.3 Motives of Male Circumcision among Circumcised Men

The Theory of Reasoned Action (TRA) that was used to guide this study posited that behavioural intentions a combined function of the attitude towards performing a particular behaviour in a given a situation and of the norms perceived to govern that behaviour multiplied by the motivation to comply with those norms (Fishbein and Ajzen, 1975). A person's intention to perform the behaviour is influenced by personal and social influences. One personal factor is the person's evaluation of the outcome of circumcision, which can be either positive or negative. Men who believe circumcision is necessary for reduction of HIV/AIDS transmission, prevention of penile cancer and maintaining their genital hygiene

may choose to be circumcised. Meanwhile men who believe otherwise may have negative evaluation of circumcision and may choose not to undergo male circumcision. Subjective norm is the determinant of a person's intention which is a person's social pressures applied to perform the behaviour (Fishbein and Ajzen, 2005).

Feng and Wu (2005) buttressed this point by stating that intentions is the best predictor of individual's behaviour, and it is a function of the person's attitude towards performing the behaviour and general subjective norms concerning the performance of that behaviour. Thus, participants in this study admitted to the fact that their decision to undergo medical male circumcision was motivated by certain motives such as; hygiene and cleanliness, prevention of penile and cervical cancer, sexual pleasure among circumcised men, and peer influence. The study found that all the twenty (20) participants interviewed said that hygiene and cleanliness was good for them and as they were motivated to be circumcised as a means of improving their penile hygiene by removing the foreskin which harbours the dirty. Participants further argued that removal of the foreskin was also believed to make bathing and cleaning of the penis easier. This finding confirms findings in previous studies in which generally, penile hygiene and cleanliness was believed to be a major facilitator of male circumcision in both circumcising and non-circumcising communities. Penile hygiene is widely recognised as being extremely important and perceived as a major benefit of circumcision by both men and women (Nnko et al., 2001; Bailey et al., 2002; Kim et al., 2002; Kebaabetswe et al., 2003; Mattson et al., 2005; Niang & Boiro, 2007; Weiss et al., 2007; Macintyre et al., 2014). Similarly, Halperin (2005) noted that it was easier for a circumcised man to maintain cleanliness and this was a major factor in acceptability of male circumcision in many parts of Africa.

In terms of prevention of penile and cervical cancer, some participants said that male circumcision reduces the risks of penile and cervical cancers among men and women respectively. These participants mentioned 'germs' and 'dirt' that causes penile and cervical cancer which they said are hidden in the foreskin of uncircumcised men. Thus, these men were motivated to undergo male circumcision in order to prevent themselves and their female partners from getting penile and cervical cancer. This finding concurs with previous studies conducted by Kim et al (2002), Ku et al (2003), and Hatzold et al (2014) which found that the main factors which men reported motivated them to undergo VMMC was to prevent conditions such as penile cancer in men and cervical cancer in their female partners. The majority of the participants did not mention penile and cervical cancer prevention as one of

the reasons for opting to be circumcised. This indicated knowledge gap among the participants regarding male circumcision in preventing penile and cervical cancer. Lack of knowledge about these could be one of the reasons why some people do not support MMC. This point indicates to the need for communication on MMC to emphasize the other benefits of male circumcision, including those that accrue to women.

When it comes to sexual pleasure among circumcised men, the study found enhancing sexual performance as one of the reasons which influenced men to seek circumcision. The participants argued that circumcised men were 'better in bed' and able to satisfy the sexual needs of women. It was further claimed that circumcision increases sexual energy in men and allows them to have sexual intercourse for much longer than uncircumcised men. The main reason given for this by the participants was that circumcision reduces the sensitivity of the penis and allows a man to prolong sexual intercourse before he ejaculates. Hence, some participants thought that loss of penile sensitivity was a good thing to them because it allowed both men and women to enjoy sex for longer periods.

The findings from this study confirm a study by Mattson et al (2005), which revealed that seventy-six per cent of women believed that circumcised men enjoy sex more and confer pleasure to their female partners more than uncircumcised men. This findings also concurs with previous studies conducted in other countries by Nnko et al (2001), Kim et al (2002), Ku et al (2003), Weiss et al (2007), Pappas-DeLuca et al (2010), Hatzold et al (2014) and Nevin et al 2015) which reported that the main principal reason given for circumcision by the circumcised men was to improve sexual pleasure and desirability of both the male and his female partner. The perceived sexual benefits such as claims of better sexual performance raise some implications. It highlights the key role of women as positive influencers of their spouses and sexual partners in seeking male circumcision. This means that the planned communication campaign can successfully enlist women to support MMC and mobilize their partners to adopt the practice. However, the excitement about circumcised men being sexually better highlights a potential risk for women, especially if also coupled with beliefs that circumcised men do not have HIV or do not transmit it. Women should be told that in case of sexual relations with circumcised men, they still must observe HIV prevention measures such as being faithful to one sexual partner, HIV testing, and condom use.

On peer influence, participants said that they opted for circumcision because of the influence from their close friends, spousal/partners, and the parents as well as other family members. In

terms of close friends, participants said that having close friends who were already circumcised or where they made a group decision to undergo male circumcision played an important role in influencing their decisions to circumcise. For example, some men who had undergone medical male circumcision reported their main reason for doing this as being the need to be like most peers, who were already circumcised. Thus, gaining social acceptance from friends was a key factor that motivated some men to get circumcised. The current results are supported by previous studies from South Africa and Zimbabwe conducted by Gwata (2009) and Rupfutse et al (2014) who in their research found that having a circumcised friend and encouragement by a friend were independently associated with being circumcised. Similarly, Munthali et al (2006) in a study amongst adolescents in selected districts of Malawi reported that youths underwent circumcision because they envied peers who had been circumcised and undergone initiation ceremonies.

The study also found that having a wife or partner who is supportive of the circumcision practice was an important factor that influenced men to undergo male circumcision. The participants argued that both young and older men who have spouses/partners/girlfriends can greatly influenced by their female companions in their decisions to seek medical male circumcision. Thus, participants claimed that their female partners were the ones who influenced their decisions to get circumcised and some men were even seeking the consent of their wives/partners before getting circumcised. This finding is in line with previous studies conducted by Gwata (2009), Pappas-DeLuca et al (2010), and Kibira et al (2017) who in their research found that pressure from sexual partners was a major influencing factor in a man's decision to undergo male circumcision. This was based on a perceived need to reduce the risk of HIV/STIs and enhance their sexual pleasures. Similarly, Bailey et al (2002) found that women's views might have a powerful influence on the circumcision decisions of men among the Luo of Western Kenya. These sentiments were also echoed by Scott et al (2002) cited by Kalonga (2010) who highlighted that there may be some influence of women's views within health promotion targeting men, as believing that women enjoyed sex more with circumcised men than their uncircumcised counterparts was significantly associated with an increased willingness of men to be circumcised. This implies that most women are supportive of male circumcision and are also capable of bearing positive influence on their men. They can do this by discussing the benefits of male circumcision with their male partners.

Parents and other adult members of the family were also deemed to be vital by the participants in influencing their decision to circumcise. This was more common for those

men who were circumcised at young age. In this case, the decision to circumcise is entirely that of their parents. It was further argued that even grown up young men would still seek the opinion of their parents so as not to offend them or digress from their cultures. This was common among men from non-circumcising ethnic groups. The current results concurs with previous studies conducted by Gwata (2009), Pappas-DeLuca et al (2010), Rupfutse et al (2014), and Kibira et al (2017) who also found that the decision to circumcise was said to be influenced by parents (for small boys) and other family members more especially when circumcision is done for health and cultural/traditional reasons. This indicates the role played by the family in influencing the men in opting to be circumcised.

5.4 Cultural Values men from Circumcising Ethnic Groups Attach to MC

According to Peplau and Taylor (1997), socio-cultural perspective draws our attention to the significance of culture, and then seeks to understand ways in which specific features of culture affect people's thoughts, feelings, and behaviour. De Kock et al (1997) highlight few values that are synonymous with being an African such as: importance of the family, importance of the group (clan), respect of elders, and fear of God. Culture refers to aspects of the social environment that control human conduct. Culture gives people a general design for living and patterns for interpreting their reality, a sense of who they are, where they are coming from and how they fit into society (sense of belonging). Culture in any society is characterised by sharing the rituals and preservation of societal identity (Venter, 2011). Thus, five (5) participants from circumcising ethnic groups in Zambia agreed that their culture had values attached to the male circumcision practice. These circumcised men had three (3) values attached to their circumcision statuses and these were; a traditional rite of passage into manhood, an agent of socialization, and a way to earn respect.

In terms of the value of male circumcision as a rite of passage into manhood, all the five participants from circumcising ethnic group (*Luvale, Luchazi, Chokwe, Lunda and Mbunda*) viewed traditional male circumcision as a traditional rite that must be performed by all males for them to be recognised and accepted in all cultural activities. In these tribes male circumcision is viewed as an identifying feature of their culture and something young men were essentially required to undergo in order for them to be considered members of their society and to be eligible for marriage. They argued that uncircumcised man is considered an outcast from the community and he even loses some social privileges by not participating in men's social discussions or marriage because an uncircumcised man is considered a woman

or a child. Walker (1993) agrees with this study as it is indicated in his research that, circumcision defines who one is in the cultural group where it is a tradition and those who have not undergone it, are seen as outcasts or are socially unacceptable. Circumcision makes him accepted by other members of the community and therefore he feels proud of belonging to a particular group since he is given an age group he belongs to.

The current results are also supported by the previous studies conducted by Bailey et al (1999), Westercamp and Bailey (2007), Lukobo and Bailey (2007), and Peltzer et al (2008) who reported that in some settings where circumcision is the norm there is discrimination against non-circumcised men. For example, in some cultures such as the Yao in Malawi, the Lunda and Luvale in Zambia, or the Bagisu in Uganda, it is unacceptable to remain uncircumcised, to the extent that forced circumcisions of older boys are not uncommon. Among the Xhosa in South Africa men who have not been circumcised can suffer extreme forms of punishment, including bullying and beatings (Crowley and Kesner, 1990). This discrimination may extend to entire ethnic groups, as in the case of Luo in Kenya, who do not traditionally practice circumcision and report that they are often discriminated against by other Kenyans because of this (Bailey et al., 2002). This means that culturally, the social status of being a real man is only achieved when one is traditionally circumcised.

In society, different groups of people socialize their members differently for the tasks ahead of them in life in order to be responsible members of that group. In accordance with Macionis (2008), socialization is the process by which older members of a society teach their way of life to the young. Hence, all the five (5) participants from circumcising ethnic groups viewed traditional male circumcision as an agent of socialization which is aimed at training the young men with survival skills to become responsible members of the society. In the *Luvale* culture for instance, traditional male circumcision teaches the young boys how to be responsible members of the society. While for the *Mbunda* culture, traditional circumcision is used to prepare the young boys for sex, marriage and parenthood. Additionally, in the *Chokwe* culture, male circumcision is used to teach the young boys on unit and how to respect different people in society. This means that culturally, male circumcision has a cultural value of preparing young boys to adulthood by teaching them different skills.

The results above confirm a study by Vincent (2008:438) who stated that “a circumcised man is expected to take greater social responsibility in his community, to act as negotiator in family disputes as well as cooperating with elders”. This finding is also in line with previous

studies conducted by Rashid et al (2009), and Wilcken et al (2009) who reported that during circumcision ceremonies, educational sessions are carried out to pass important knowledge to the youth, and therefore passage of ethnic traditions to each successful generation. In Malaysia for example, the government has incorporated into these ceremonies sexual and reproductive health and gender education to young boys.

It was further found that traditional male circumcision has cultural value in the Luvale culture and it is used to create group structures and prepare a boy for manhood. It also promote the division of labour between men and women. In our Zambian society for example, there two initiation ceremonies held one for boys and another one for girls. The norms taught in these two initiation ceremonies required that men and women perform different roles in our community. The current results concurs with Marck (1997) who found that societal structures are reported from Masai groups and the Bukusu in Kenya, where males become warriors ("moran" in Masai culture) once they are circumcised, and men are referred to as elders when their children have been circumcised. Similarly, Chinyama (2010) agrees that circumcision sets apart a *Luvale* man from women and uncircumcised men. Circumcision through *mukanda* is a symbol that marks the end of childhood and sets the beginning of the masculine status. Chinyama further reported that traditional circumcision among the *Luvale* people promotes the division of labour between men and women. In these communities, social norms necessitated that men and women should perform different roles and these roles are complimentary in nature (Chinyama, 2010).

The cultural value of male circumcision as a way to earn respect was deemed to be vital by circumcised men from *Luvale* and *Lunda* cultures. These participants believed that traditional male circumcision enhances self-esteem and social status, and one's point of view can be respected in the community. This implies that in these communities, a circumcised man does not only gain personal respect but brings pride and honour to his family. It was argued by participants that circumcision makes a circumcised man to have a dignified death and funeral. This means that in both Luvale and Lunda cultures, one is not considered a 'man' and no respect can be given to him unless he is traditionally circumcised. These findings are supported by previous studies conducted by Peltzer et al (2008) and Kepe (2010) who revealed that in societies where circumcision is a norm, people have more respect and regards for men that have underwent the rite of passage through circumcision initiation than those who are uncircumcised. Similarly, Mbachi and Likoko (2013) reported that circumcised men enjoys certain privileges in society such as conducting traditional rituals and activities, being

part of the decision making within one's own family and the community at large, attaining respect and social power from one's society. Such privileges cannot be enjoyed by any man that is uncircumcised despite his age and socio-economic status in African society. This means that initiation by circumcision for men practicing the rite is vital for both societal and individual needs.

5.5 Implications of the Study

The perceived sexual benefits such as claim of better sexual performance raise some implications; first, it highlights the key role of women as positive influencers of their spouses and sexual partners in seeking male circumcision, which means that the planned communication campaign can enlist women to support medical male circumcision and mobilize their partners to adopt the practice. Second, it also highlights circumcised men as role models using their experience to convince uncircumcised men to adopt the practice.

The implications for positive change would also include an in-depth understanding of the lived experiences of men about medical male circumcision; their perspectives on the meaning and motives of circumcision could serve as a basis for further investigations into strategies that would lead to improved HIV/AIDS interventions and prevention services.

5.6 Limitations of the Study

Some challenges were encountered during the study and they made the research process very difficult to manage. The main challenges encountered were as follows:

1. Some participants were difficult to be found at their homes after making an appointment and this meant going back to the same homes more than once. This delayed the data collection process.
2. The researcher faced challenges in getting consent from the Community Chairman to carry out the interviews. The Community Chairperson in charge of giving consent was not around at the time and the researcher had to wait for a long time before consent was given.
3. Some men that were invited for the interviews refused to participate in the study as they were expected to be paid or compensated for their participation while others were not certain with their right to confidentiality in the study hence the researcher had to consider other participants.

CHAPTER SIX

6.0 Conclusion and Recommendations

This chapter tries to provide the synopsis of the findings and discussions. It gives the salient conclusions on the findings and makes suggestions for future studies as recommendations. This study was conducted at Gondwe Township in Chilanga District. It investigated the meaning of medical male circumcision among the circumcised men.

6.1 Summary of Findings

Among the findings of this study were the following:

The first research question sought to find out from the point of view of circumcised men the meaning of medical male circumcision. It merged that medical male circumcision has several meaning to circumcised men in Gondwe Township. The study found that male circumcision was viewed as an attainment of manliness (masculinity); a rite of passage which signifies manhood, a complimentary method of HIV/AIDS prevention, a method maintaining health and cleanliness, and protection from STDs and HIV infections.

The second research question looked at the motives (reasons) of circumcision among circumcised men. The study found that health related factors such as; hygiene and cleanliness, protection from STIs, reduction of the risk of HIV/AIDS, and prevention of penile and cervical cancer were some of the factors that influenced men's decision to circumcise. The study also found that sexual related factors such as sexual pleasure among circumcised men and satisfaction of the female partners influenced men's decision to circumcise. The study further revealed that social factors such as influence of friends, spousal/partners, parents and other family members influenced men to opt for circumcision.

The third research question sought to find out the cultural value of undergoing male circumcision in circumcising ethnic groups in Zambia. The findings of this study revealed that circumcised men from circumcising ethnic groups (*i.e. Lunda, Luchazi, Luvale, Chokwe, and Mbunda*) viewed traditional male circumcision as a tradition rite of passage into manhood; an agent of socialization which teaches the young boys how to be responsible members, prepare them for sex, marriage, parenthood, respect for different people, and promotion of division of labour in society. It is also a way to earn respect in one's culture.

6.2 Conclusion

Overall, it is evident from the findings that male circumcision has health, social, and cultural meaning to the circumcised men and they viewed it as a method of maintaining hygiene and a complimentary method of HIV prevention and other STIs. It was also viewed as a rite of passage that signifies a transition from boyhood to manhood. It came to light from the findings of this study that most of the factors and/or reasons influencing men to circumcise transcend the health, sexual and social related factors. The major factors (reasons) that influenced men's decision to circumcise include, but not limited to hygiene and cleanliness, prevention of penile and cervical cancer, enhanced sexual pleasure and satisfaction, influence of peers (e.g. friends, spousal/partners, parents and other family members). The main cultural values circumcised men from circumcising ethnic groups in Zambia attached to circumcision were; a rite of passage to manhood, an agent of socialization which teaches the young boys the responsibilities such as; prepare them for sex, marriage, parenthood, respect for different people, promotion of division of labour and formation of social structures in society. It was a way of earning one's respect in society. The findings from this investigation provide contextual understanding that may assist in scaling-up male circumcision in Zambia.

6.3 Recommendations

Based on the findings of the study, the following recommendations are made:

1. **Target Group for Sensitization Program:** Although women have not been targets of MMC promotional messages, they are an important target group for the MMC program. Women are sometimes consulted by their male partners in decisions about adult MMC.
2. **Lack of knowledge on the benefits of MC:** The National AIDS Council and Ministry of Health (MOH) should develop information, education and communication materials in local languages to include messages that highlight the benefits of male circumcision such as hygiene, reduced chances of acquiring HIV, STIs, Penile and Cervical Cancer. It must also acknowledge that male circumcision contributes to the prevention of HIV/AIDS and cannot stand alone but must go with the ABC (**A**bstinence, **B**eing faithful to one sexual partner and correct use of **C**ondoms) strategy for HIV prevention.

3. **The use of circumcised men as role models in sensitization:** The Ministry of Health should come up with educational campaign programmes on television and radio stations using circumcised males as role models using their experience on the benefits of male circumcision to convince uncircumcised men to adopt the practice. If done on media VMMC clients can be well equipped with knowledge on benefits of male circumcision.

6.4 Areas for Further Research

- It was evident from this study that context does play a significant role, and thus further research specific to the meaning of medical male circumcision within Zambian context would also be advantageous. Future research endeavours may include repeating this research by including women as part of the participants in order to get diverse views from both men and their female partners on the meaning and motives of circumcision. This will help to establish deeper understanding of the phenomenon.

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APPENDICES

Appendix A: RESEARCH PARTICIPANT INFORMATION SHEET

Title of the Research Study: Meanings of Male Circumcision amongst Circumcised Men in Zambia: A Case Study of Gondwe Township of Chilanga District in Lusaka.

Who am I?

Good morning/afternoon, my name is Wilson L. Phiri a Master's Student. I am currently studying at the University of Zambia for a degree in Master of Arts (MA) Degree in Sociology. Conducting a research is one of the requirements for one to get the Master's degree at the University of Zambia. You are being invited to take part in a research study as part of a master's project. Before you agree to participate in this study, you need to fully understand why the research is being done and to be sure you are completely happy with what is involved. Please take time to understand the following information about the study. You can either read it yourself or it can be read out for you. Feel free to ask any questions where you are not clear or if you would like more information. This will help you to make a decision on whether you wish to take part in this study or not. My contact details and those of my research supervisor are found at the end of this memo.

Purpose of the Study

This study is part of the master's program for my training in Sociology at the University of Zambia. The aim of the present study is to address a gap in knowledge in the field by exploring the meaning, reasons for opting to be circumcised and the cultural values men from circumcising ethnic groups have regarding male circumcision as an HIV prevention strategy. This research is expected to provide valuable information that will enhance our understanding of the lived experiences of the circumcised men. The study wants to know the meaning of medical male circumcision based on the lived experiences of circumcised men. It will also investigate the reasons for undergoing the male circumcision procedure and the benefits it has to men. Cultural beliefs and values associated with male circumcision will also be explored in this study. The findings of this research are expected to not only inform interventions, but also to impact on the information communication and dissemination, training programmes and policy formulation for addressing the HIV/AIDS pandemic.

Types of Research Intervention

This research will involve your participation in a one on one interview that will take about 20 to 30 minutes (half an hour) interview.

Why Have You Been Invited To Take Part?

You are being invited to take part in this research because the study is targeting all men aged 18 and above residing in Gondwe Township. I feel your experience as a man can contribute much to our understanding of the meaning and motives of male circumcision. Looking at the age characteristics for this study (18-50 years) you are falling in this age group. You are selected for this study because you meet the minimum requirements for participation in this study. Your recommendations and contributions will be considered in the process.

Voluntary Participation

Participation in this study is entirely voluntary. As part of the informed consent procedure, all potential participants will be instructed that they do not have to disclose personal information which they are uncomfortable sharing. Refusal to participate in the study will not result in a penalty or withdrawal of any benefits that you entitled to. If you choose to participate and should you at any stage feel uncomfortable and wish to withdrawal from the interview please do not hesitate to do so.

What procedures are involved?

I am inviting you to take part in this research project. The researcher will conduct interviews with you on medical male circumcision. The participation in the study will be prior to understanding the purpose, being allowed to answer questions and signing of consent. If you agree to participate, I will ask you to sign the consent form and after signing the consent form, you will be engaged in a one on one interview. During the interview, I will sit down with you in a comfortable place at the Centre. If it is better for you, the interview can take place in your home or any place appropriate for you. You will be requested to answer questions on the meaning of male circumcision, motives (or reasons) for opting to be circumcised and what your culture's stance is on male circumcision. You will also be asked questions on the advantages and disadvantages of male circumcision as a complimentary method of HIV/AIDS prevention.

The questions can at times ask very personal information on your experience with male circumcision, sexuality or that of your spouse. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but I will be present unless you would like someone else to be there. All interviews will be audio recorded and a tape recorder will be used to record the interview so that the researcher is able to capture your exact statements. The information recorded is confidential, and no one else except my research supervisor Mr. Roy Kalinda will have access to the information documented during your interview. The entire interview will be tape-recorded but no-one will be identified by name on the tape. The tape will be kept under safe and lock at all times. The information recorded is confidential and no one else except my supervisor will have access to the tapes. The tapes will be destroyed 3 months after the research process has been completed.

What is the Duration of the Interview?

This interview is expected to take between 20 to 30 minutes. I may call if need arises before the final submission of the report to the university.

Use of Information

The information will be mainly used for academic purposes. The results of the study will provide an insight on the meaning of medical male circumcision from the view point of circumcised men. It will also help to identify the motives for opting to be circumcised among circumcised men which will provide research driven recommendations that will help the government to come up with long term interventions in addressing HIV/AIDS pandemic.

Potential Risks and Discomforts

Given the nature of the study, no risks are foreseeable during the interview phase. Participants may feel embarrassed and uncomfortable due to the nature of the questions that

tackle issues of personal and confidential information. Should there be any unforeseeable severe reaction to the interview; every effort will be made to ensure the physical and emotional safety of participants during the data collection process. While you may find some questions to be sensitive, there is no risk to you as participants. If you are uncomfortable with some of the questions asked you are free to refuse to answer and your refusal to respond to any questions carries no risks at all. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview.

Possible Benefits to Participants

The study seeks to establish the meaning and motives of medical male circumcision as an HIV prevention strategy among circumcised men. There are no direct benefits to you from participating in the study. Moreover, by participating, you will contribute to generation of a better understanding of the factors that influence men for opting to be circumcised. You will also help to gather information that may be necessary for organizations dealing with HIV/AIDS and Male Circumcision in decision making about how to package information about HIV/AIDS and male circumcision. However, the information gathered will enable policy makers to advocate for better or improved HIV/AIDS interventions and prevention services. In essence, this information will necessitate appropriate measure to be taken so as to respond effectively on the HIV/AIDS prevention interventions.

Reimbursements

There will be no cash payments involved in this study for participants, as it is not my wish that it should look like I am bribing you.

Confidentiality

The research being done in the community may draw attention and if you participate you may be asked questions by other people in the community. Any information that is obtained in connection with this study will not be identified with the participants. Moreover, the data is confidential and we will not be sharing information about you to anyone outside of the research team without your permission. The information that we collect from this research project will be kept private. Participant’s identity will be kept confidential thus participants will not be required to use their names during the interviews. Any information about you will have a number on it instead of your name and only the researcher will know what your number is. Confidentiality will be maintained, records of the data and the consent form, if you choose to participate will be kept under safe and lock at all times. Only the investigator will have access to the data. The information can only be released to the Supervisor or the Research Department of the University if need arise. If the results of the study are published, no names of the subjects will be published. These will be destroyed 3 months after the research process has been completed.

Sharing the Results

After the data has been collected and a report written, this will be submitted to the University of Zambia Postgraduate for marking. Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results.

Right to Refuse or Withdraw

Your participation in this study is completely voluntary. It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Even if you agree to participate in this study, you may wish to end your participation at any time without giving any reasons and there will be no penalty. You may also refuse to answer any questions you don't want to answer and still remain in the study. I will give you an opportunity at the end of the interview/discussion to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

Information and Contact Persons

If you have any concerns regarding this study, you can contact UNZA Research Ethics Committee P.O. BOX 32379, Lusaka. For any question, you may call the following people:

1. Principal Investigator

Names: Wilson L. Phiri

Department: Social Work and Sociology

Cell No: +260976666454

Email: phiriwilson9@gmail.com

2. Research Supervisor

Names: Roy Kalinda

Department: Gender and Development Studies

Cell No: +260977882515

Email: roy.kalinda@unza.zm

Appendix B: PARTICIPANT INFORMED CONSENT FORM

Title of Study: Meanings of Male Circumcision amongst circumcised Men in Zambia: A Case Study of Gondwe Township of Chilanga District-Lusaka.

The researcher has discussed this research with me. I have had the opportunity to ask questions about this research and I have received answers that are satisfactory to me. The information sheet has been read out to me and willingly agrees to participate in the study. The potential risks and benefits are clear as well as the assurance of strict confidentiality of my identity. A brief background of the study has been read out to me I understand the general purposes, possible risks and methods of this study.

I agree to take part because (*Tick those appropriate to you)*:

- I know what I am expected to do and what this study involves. **Yes/No**
- The inconvenience and discomfort of participating in the study have been explained to me. **Yes/No**
- I understand that the project may not be of direct benefit to me. **Yes/No**
- I understand that my participation is voluntary and that I am free to withdrawal at any time, without giving a reason. **Yes/No**
- I am satisfied with the explanation given in relation to the project and my consent is freely given. **Yes/No**
- I understand that my personal information will be kept private. **Yes/No**
- I agree to take part in a one on one interview. **Yes/No**
- I agree to record my interview. **Yes/No**
- I do not wish to be recorded, but still wish to be interviewed. **Yes/No**
- I hereby consent voluntarily to participate in this study and I have been given a copy of this form. **Yes/No**

Signed (or Thumb Print): ____________________ Date: __________________ (Participant)

Signature (or Thumb Print): ____________________ Date: ________________ (Witness)

In case the participant is not able to sign this form, this attests that the consent form has been read and explained accurately by the researcher and that the participant has fixed his thumbprint as consent.

Researcher's Statement

I, **Wilson L. Phiri** have explained to the participant in a language he understands, and he understands the procedures to be followed in the study and the risks and benefits involved.

Signature of Interviewer: ________________________ Date: _______________________

Appendix C: INTERVIEW GUIDE FOR CIRCUMCISED MEN

Section A: Background Information

1. What is your age?

		Tick
1	Below 20	
2	20-24	
3	25-29	
4	30-34	
5	35-39	
6	40-44	
7	45-49	

2. What is your level of education?

		Tick
1	Never been to School	
2	Primary level	
3	Secondary level	
4	Tertiary level	

3. What is your current marital status?

		Tick
1	Single	
2	Married	
3	Separated	
4	Divorced	
5	Widower	

4. What is your Tribe/ethnic group? ___________________________________

5. Province you come from____

6. Employment/Occupation____

Section B: Meaning of Male Circumcision

1. Have you ever heard of the male circumcision? *Probe:* If yes, where did you first learn about male circumcision from?
2. Are you circumcised? *Probe:* If yes, when did you undergo circumcision?
3. Is circumcision a common practice in your tribe? *Probe:* If yes, what is the traditional meaning of male circumcision according to your tribe?
4. What does it mean to you to be circumcised? *Probe:* Would there be any issues for you if you were not circumcised?

Section C: Motives for Opting To Be Circumcised (Reasons for Circumcision)

1. What do you think would influence men nowadays to go for Medical Male Circumcision?
2. What are the reasons why you were circumcised?

Section D: Cultural Values Men from circumcising Ethnic Groups Attach to MC

1. Is there male circumcision in your culture? *Probe:* If yes, what is the cultural value of male circumcision?
2. What teachings are given on male circumcision?
3. What do you think are the existing cultural beliefs about male circumcision?
4. In relation to male circumcision, are there any subjects, topics, or thoughts I have not discussed with you that might be important, or useful, for us to talk about?

Appendix D: WORK PLAN/PROJECT TIME SCALE

DESCRIPTION OF ACTIVITY	SCHEDULE										
	Marc 2019	April 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
Literature Review											
Preparation of draft proposal writing											
Presentation of the proposals at departmental level											
Revision of the proposals with supervisors											
Preparation of data collection tools											
Revision of the data collection tools with supervisors											
Submission of the proposal for ethical review at DRGS											
Actual Fieldwork											
Data Analysis											
Preparation of Draft Report Writing											
Editing the Report											
Report Submission											

Appendix E: REPORT BUDGET

Description of Items	Quantity	Unit Cost (Average)	Total Cost
1. Stationary			
Reams of Paper (A4)	5 Reams	K45	K225
Blue Pens	5	K3	K15
Ink for Printer	2	K450	K900
Perforator	2	K35	K70
Stapler	2	K15	K30
Staples	4	K15	K60
Field Bag	2	K150	K300
Diary	2	K20	K40
Note book	2	K7.50	K15
Tape Recorder	1	K600	K600
Flash Disks	2	K75	K150
Sub total			**K2,405**
2. Literature Review			
Internet	15 Gb bundles	K100 x 3	K300
Bus Fare to and from sources of data	10 days	K36	K360
Sub-total			**K660**
3. Secretarial Services			
Interview Guides Printing	15	K1	K15
Information sheets	15	K1	K15
Proposal printing	50 pages	K1	K50
Report printing	1 copy (154 pages)	K1	K154
Photocopying	4 copies (300 pages)	K0.50	K150
Binding of final copies of proposal	2 copies	K20	K40
Binding of final copies of Report	4 copies	K100	K400
Sub-total			**K824**
4. Professional fees			
Ethical Clearance Payment	1 payment	K1,000	K1000
Lunch allowance	10 days	K50	K500

Talk time for communication	From start to the end	K300	K300
Sub-total			**K1,800**
Total Cost for all items			**K5,689**
Contingency at 10%			**K568.90**
Grand total			**K6,357.90**

JUSTIFICATION OF THE BUDGET

STATIONARY

The 5 reams of paper (A4) will be used for the research proposal development and the research report. The other papers will be used for the interview guides, information sheets and the informed consent to carter for the 20 participants other relevant persons.

The two flash discs will be used for coping, storage and safe keeping of data. In addition, the tape recorder will be used for data collection as a technique for recording the interviews.

Furthermore, the other accessories such as diary, field bag, note book, pens, perforator, stapler, and staples will be used for routine data collection.

PERSONNEL

Data collection will be done in places where the principal researcher and research assistants do not reside. This entails the need for talk time for communication, transport and allowances for food during the entire period of data collection.

SERVICES

Concerning services, the researcher will need funds for ink for the printer, transcription of the recorded interviews, photocopying services and contribution towards the ethics committee. Five (5) copies of the research proposal will be produced and submitted to the Post Graduate Ethics Committee.

CONTIGENCY

The contingency fund has been put at 10% of the budget to cover for the extra costs due to inflation and other unanticipated eventualities.