



‘Umusaani Burwa’: How Families in the Bugisu Sub-Region Conceptualise Masculinity in Response to Safe Male Circumcision in Uganda

Bernard Omukunyi; Nicolette V. Roman

The Centre for Interdisciplinary Studies of Children, Family and Society (CISCFS), Faculty of Community Health
Science, The University of the Western Cape, South Africa

Email: bomukunyi@uwc.ac.za

<http://dx.doi.org/10.47814/ijssrr.v5i3.214>

Abstract

This qualitative study used unstructured interviews to gain insights into how families in the Bugisu sub-region conceptualise masculinity in response to safe medical male circumcision (SMMC), as promoted by the Ugandan government. Results were obtained from cultural leaders, clan leaders, traditional surgeons, medical officers, 2016 initiates, focus groups and the key informant, a representative of Inzu ya Masaaba. Processing the audio recorded responses and data analysis involved transcribing, interpreting, coding, categorising, and generating findings using Atlas Ti software. The results of the study suggest that families in the Bugisu sub-region are ambivalent about the implementation of the safe medical male circumcision policy (SMMCP). Both historical and political attempts to abolish TMC have evoked resistance, with most holding firmly to TMC as the only means by which Bamasaaba boys can acquire the status of manhood. However, some families see health values in medicalised male circumcision practices and believe that medicalisation has caused positive adaptations to TMC for purposes of enhanced hygiene and safety.

Keywords: *Bugisu sub-region; Conceptualise; Families; Masculinity; Response; Safe Medical Male Circumcision; Umusaan Burwa*

Introduction

This paper explores how families in the Bugisu sub-region conceptualise masculinity in response to the safe medical male circumcision policy (SMMCP). In these communities, *umusaan burwa* (singular) or *basaani burwa* (plural) signifies a brave man. To qualify as *basaani burwa*, young men have to undergo traditional male circumcision (TMC) to acquire respect, social acceptance and a sense of belonging to a collective (Wanyama, 2013). This collective is primarily shaped by a patriarchal understanding of life and a sense of individual identity that is rooted in being a 'real man'.

Fulfilling the rituals of traditional male circumcision grants boys, the right to marry and establish families of their own. In addition, TMC allows boys to assume other social responsibilities such as inheriting property and actively participating in cultural practices such as the offering of ancestral sacrifices (Meissner & Buso, 2007). By contrast, an uncircumcised man is known as *umusiinde* (singular)

or *basiinde* (plural). Such a man is treated as a boy and if he marries, his marriage is usually disrespected by his wife, family, and society until he is traditionally circumcised (Wanyenya, 2013). In addition, the *imbalu* ceremony in which TMC takes place has strong religious connotations for families in the Bugisu sub-region. *Imbalu* links men to the ancestral world, so that only traditionally circumcised men may enter that world when they die (Khanakwa, 2016).

These firmly held convictions have resulted in strong resistance to any attempts to eradicate or even slightly modify the *imbalu* ceremony with its practice of TMC, despite a strong push by government and NGOs to conduct male circumcisions in hospital settings for enhanced hygiene and the prevention of HIV/Aids. In the context of the intensely spiritual, cultural and traditional understanding of male circumcision in the Bugisu sub-region, the quest to prevent HIV transmission comes as an additional, but not negligible, consideration for families.

According to UNAids (2006), cultural practices associated with TMC foster the transmission of HIV and other sexually transmissible diseases. As a unitary state under one legal system, Uganda is attempting to adhere to global health and other policies. In response to the World Health Organisation (WHO) and United Nations Programme on HIV (UNAids) recommendations released in 2006/2007, the Ugandan Ministry of Health (MoH) extended its national HIV policy to incorporate medical male circumcision as one of several preventive strategies.

The objective of this extension or reform to the policy was to scale up safe medical male circumcision (SMMC) to prevent the spread of HIV (Government of Uganda 2010). Scholars, policy developers and implementers have justified SMMC by noting that the traditional practice of male circumcision increases the risks of HIV infections (UNAids & CAPRISA, 2007). Thus, in a bid to discredit TMC, they have claimed that it is ineffective at curbing HIV transmission (Bailey et al., 2007; Maughan-Brown et al., 2011). Many researchers back up this claim, with 35% of complications related to TMC found in Kenya and 48% in South Africa, some of which result in fatalities (Bailey et al., 2007; Herman-Roloff et al., 2011a; Herman-Roloff et al., 2011b).

In Bugisu, Uganda, complications such as infections, delayed wound healing, bleeding and excessive removal of the foreskin have been reported (AFGH, 2010). Studies of male circumcision in Uganda indicate that approximately 90% of men in the Bugisu sub-region have undergone TMC (Wabwire-Mangen et al., 2009), where delayed wound healing is considered part of the tradition of transforming boys into men. Furthermore, bleeding and removal of the foreskin form part of the pain endurance that is essential to the ritual, qualifying male children to be known as an *umusaani burwa*, or brave men (Wanyama, 2013).

The Ugandan government therefore walks a tightrope as it attempts to balance global and national concerns with the rights of various groups, each with its own cultural and religious beliefs and practices. In the uneasy tension between these two concerns, national and global health standards will inevitably take priority, as is evident through the widespread implementation of the SMMCP. The policy has met with resistance amongst many in Bugisu who hold a traditional understanding of circumcision that goes far beyond its physical or medical aspect.

Evidence shows that Bamasaaba people have conflicting ideas about SMMC. Many are dismayed that the system imposes medical male circumcision on them, since the law states they have the right to practise their traditional beliefs. While the reformed health policy does not ban TMC, it relegates traditional circumcision providers to an inferior and peripheral position (Wambura et al., 2011), overtly seeking to render them unnecessary through its well-funded marketing campaign and complete roll-out of SMMC. A state of low-intensity conflict appears to have arisen between families who hold local beliefs,

traditions and values concerning traditional male circumcision and those who assert the health rules and regulations implemented by the Ministry of Health (Nanteza et al. 2020; Semwali, 2021).

Conflict or mixed feelings about TMC is not new to the families in the Bugisu sub-region, who have, as a group, experienced ambivalence about medical male circumcision practices for generations (Wanyama, 2013; Wanyenya, 2013). This study focuses specifically on how families in the area conceptualise masculinity in response to the implementation of the SMMCP in Uganda. In part, it attempts to establish whether the latter has resulted in any change in how families in this region construct the concept of masculinity.

Male circumcision may consist of a simple cut on the male body but it carries tremendous cultural and spiritual meanings and undertones. Anyone seeking to understand resistance to SMMC by families in the Bugisu sub-region must appreciate that male circumcision holds different and overlapping traditional, cultural, and religious significance.

Literature and Theoretical Framework

Wood and Jewkes (2001) argue that masculinity is socially constructed and cannot be exclusively relegated to biological characteristics. Mfecane (2010) concurs, holding that male gender attributes of domination and grandiosity are not innate in children but are socially inculcated in males so that they can eventually satisfy their gender role in society. Kraiss and William (2000) argue that society engineers' concepts of masculinity and femininity based on separate sets of gender expectations.

Qualities are ascribed to each gender, and this ascribing of qualities is what constructs masculinity and femininity in society, leading to ideologies about the so-called innate power or abilities of men and women in society (Mfecane, 2010). This study adopted Connell's (1995) proposed influential theory on masculinity which essentially criticises the literature on gender roles, arguing that masculinities exist on a spectrum, so that the phenomenon of masculinity cannot be generalised. The study used Connell's (1995) theory of masculinities to understand how Bamasaba men understand the cultural definition of manhood that serves as the main building block of most men's sexuality.

In addition, Connell and Messerschmidt (2005) 'hegemonic masculinity' which, is the most 'honoured' view of masculinity, that young boys aspire to. Men gain this honour through persuasion or force, and once society accepts them accordingly, such men become role models of what constitutes 'being a man' in society. Mfecane (2018) explains that notions of masculinity are central to traditional circumcision rituals, as may be heard in the cry, 'I am a man!' following the operation. Thereafter, the person may ascend the social hierarchy and avoid being regarded as an outcast among men. According to Mfecane (2016), circumcision both ensures that a male removes the pressure associated with being uncircumcised, and shifts the focus to the responsibilities expected of men in the household and community.

The performance of these masculine responsibilities does not qualify a person to be regarded as a 'man' if the person has not undergone the circumcision ritual. Mfecane (2016) confirms that masculinity is centred on the act of circumcision, noting that even when a person who has undergone male circumcision neglects gender expectations, he does not lose the honour of being called a man. Other scholars have argued that circumcision also serves as a way in which males can defend their honour and masculinity in the community (Vincent, 2008). Nevertheless, in African societies, generally, masculinity refers to a set of qualities or characteristics, behaviours and roles associated with boys and men. Itulua-Abumere (2013:42) states that masculinity 'consists of those behaviours, languages and practices, existing in specific cultural and organisational locations, which are commonly associated with males and are thus culturally defined as not feminine.'

In this definition, masculinity relates broadly to a cultural identity. Chodorow (2002) notes that the word ‘man’ has both positive and negative cultural implications, with ‘masculine’ behaviour, social practices and values openly critiqued in feminist theory. All the same, masculinity can be used as a template to reflect and explain African adherence to TMC in many societies. Sociology enables one to view masculinity through the lens of class, culture, rituals, customs, and ethnicity, all which impact significantly on the social construction of masculinity (Giddens and Sutton, 2021; Turner et al. 2017).

Such social issues are relevant to African traditions and cultural practices. Thus, what defines both Bamasaaba men *and* women is embedded in the social practice of TMC.

Much critical thinking and writing published about men and masculinity seeks to understand how men’s power is created (Freedman, 2006; Kimmel, Hearn & Connell 2004). For the Bamasaaba, the social practice of TMC is the medium through which cultural and religious values, knowledge, power acquisition and family/community responsibilities are instilled (Connell & Wood 2005; Elkin & Handel, 1988).

However, Connell coined the term hegemonic masculinity, referring to qualities associated with the dominant masculinity of a certain period in the history of the West. Western society at that time used the ideals of masculinity to shape cultural models, with a significant number of men attempting to live up to the standard of hegemonic masculinity in contemporary society. Hegemonic masculinity, according to Connell, exists alongside other categories of masculinity such as ‘subordinate’, ‘complicit’ and ‘marginal’ masculinities (Connell 1995:77-81).

The study focused on Connell’s explanation of subordinate masculinity, which is defined as the masculinity of certain groups of men who do not seem to be living up to the dominant ideas of being a man. The hegemony of masculinity symbolically eliminates these groups of men from the definition of manhood. This explains the contemporary Western (European and American) treatment of gay men who do not conform to hegemonic masculinity and are therefore expelled from the group because heterosexuality is a significant expression of hegemonic masculinity (Wyrod, 2008).

For Connell and Messerschmidt (2005) ‘hegemonic masculinity’ defines the most ‘honoured’ view of masculinity, that which young boys aspire to. Men gain this honour through persuasion or force, and once society accepts them accordingly, such men become the role models of what constitutes ‘being a man’ in society. In African societies, especially in the Bugisu communities, masculinity refers to a set of competitive qualities or characteristics, behaviours and roles associated with boys and men. These qualities are believed to be acquired through the complete process of initiation by fulfilling the cultural practices of *Imbalu*.

The theory of masculinities assists in explaining how families respond to the implementation of the SMMCP. The implementation of SMMCP influences the changing context, including the increased prevalence of and access to the Safe Medical Male Circumcision (SMMC) in Uganda. However, some communities especially the Bamasaaba consider TMC to SMMC. Any *umumasaaba* boy who goes to the hospital or has a desire to have pain reduced during the male circumcision process is considered a coward (Makwa, 2010). Therefore, according to the thinking of the social group, this ‘man’ will remain a ‘boy’ for not fulfilling the cultural obligation of the Bamasaaba. In the same way, according to the explanation by Connell (1995), this ‘boy’ will acquire subordinate masculinity, that is, and he will be expelled from the Bugisu communities by ‘men’.

Among the Bamasaaba families, bravery is the cultural driving force behind the designation *umusaani burwa* and is expressed through the act of pain endurance in the initiation process. Waldeck (2003) claimed that traditional male circumcision becomes a significant resource that determines gender roles ascribed to men, defining certain habits of social life. After circumcision, the young man is expected

to display aggressiveness, strength, independence, hard work, physicality, stoicism, and competitiveness – all the qualities associated with ‘masculinity’.

Cooter (1995) demonstrated how African people are socialised to practise their culture, traditions and customs. This may be seen in the way the Bamasaaba strive to preserve their rite of male circumcision which they experience as a spiritual and social practice with social, traditional and cultural benefits – all of which are absent from the clinical process of SMMC. Furthermore, beginning from childhood, Bamasaaba practise and create their social status through participation in cultural events, which shape them even before they have the self-awareness to understand who they are as individuals Şenkul.

Berger and Luckmann (1991) argue that cultural groups construct knowledge for one another, collaboratively creating a custom, tradition and culture that has shared meaning for that cultural group. The Bamasaaba and other traditionally circumcising cultural groups are immersed in the culture of TMC as a tool for developing their social norms in society.

It is necessary to understand TMC as a social construct before one can appropriately explain the Bamasaaba response to the implementation of SMMC. The Bamasaaba believe that their ancestors introduced traditional male circumcision and that it plays an essential role in the development of their modern descendants. The practice has profound social implications for initiates, changing their focus, preferences and aspirations (Kipkorir & Welbourn, 1973), as evidenced in the new roles and responsibilities that Bamasaaba men assume after circumcision. (Mshana et al., 2011).

In addition, Nawa and Sanjobo (2011) observe that the rituals performed during TMC involve demonstrations of bravery and manhood. The Bamasaaba value the pain that the initiate experiences during the operation, as an endurance of it confirms that the initiate is ready and worthy to become an adult male member of the community. The most profound aspect of the ceremony is the spiritual aspect. Nawa and Sanjobo (2011) state that circumcision is a tradition that links the initiate with his ancestors and with God, reflecting, in some cases, an ancient covenant made between God and his people. The failure of SMMC to speak to the aspect of spiritual and cultural identity, the assuming of new roles and responsibilities, and a demonstration of ability to withstand pain make it an operation devoid of all meaning and entirely inadequate to express all that is contained in the *imbalu* ceremony.

The discourse presented on medical male circumcision is that MMC modernises traditional practices and prevents disease. Some scholars argue that the Bamasaaba already relate TMC to the prevention of disease, since Masaaba, the first man to practise circumcision, is said to have had four male children who developed penile complications that caused them serious illness (Nalianya, 2014), and that TMC was developed partially as an intervention for disease prevention. However, to the Bamasaaba, the link with disease prevention is tenuous. For many, the primary direct reason why the Bamasaaba engage in TMC is to prepare newly circumcised men for founding a family. Kibira et al. (2013) state that it is forbidden, especially among the Bamasaaba, for an uncircumcised man to marry and raise a family. One would expect this view to become irrelevant if an *umumasaaba* man grows up in a community that does not traditionally practise TMC and where he adopts the culture of that community. However, Senkul et al (2003) report that in such cases, where none of the local people have been able to witness the ceremony and the man remains uncircumcised, the woman is supposed to inform the elders that her husband is uncircumcised.

Research Methodology

The study adopted a qualitative research approach, which Christensen, Johnson, and Turner et al (2017) refer to as the process of exploring issues that aim at understanding specific explanations, thoughts, and motives for generated research themes. The approach was appropriate since the study was exploratory in nature (Creswell and Tashakkori, 2007).

Purposive stakeholder sampling was used to explore the understanding of the targeted population – the Bamasaaba people – of traditional male circumcision and Ugandan health policies. The sample included traditional and religious practitioners (surgeons), government health personnel and cultural leaders, including clan leaders as custodians of TMC.

Key participants were interviewed through face-to-face interviews while others participated in seven focus group discussions (FGDs). FGDs were characterised by an attentive, non-judgemental, and open environment, with basic ground rules setting the tone for frank discussion (Blanche, Durrheim & Painter, 2006). Data gained through FGDs helped generate ideas for investigating and developing a hypothesis.

All ethical guidelines involving permission, confidentiality, informed consent, and safety of participants were observed. After securing permission from the University of the Western Cape to proceed with the research, the researcher requested permission from *Umukhuka II Inzu Ya Masaaba* (the king of the Bugisu kingdom) and the director of the Safe Male Circumcision Programme at Mbale Regional Hospital. Participants signed informed consent forms to participate.

Audio-recorded interviews were transcribed and subject to Atlas software for data analysis, through the coding of each paragraph according to themes and sub-themes. The thoughts and insights deriving from data were also analysed, coded, and recorded into a memo file attached to the participants' files for later interpretation (Ray et al., 2021). To verify the results of the first analysis, the data was re-analysed in relation to the biographical details of the participants, such as age, gender, location, occupation, and experience. The results were again thematically analysed by coding significant sentences and paragraphs into themes using the Atlas software.

Results

Confirming the literature, the cultural and clan leaders interviewed stated that any Bamasaaba male who had not fulfilled initiation conditions would not qualify to be called a man. The notion of masculinity in Bamasaaba is embodied in the concept of *umsani burwa* which is similar to the Xhosa notion of *indoda* (Mfecane, 2016), meaning a traditionally circumcised person.

'Umsani Burwa' (brave man) as a traditionally circumcised man

The Bamasaaba's responses to both TMC and SMMC are subject to analysis through the lens of gender theories of masculinity, as espoused by Connell (1995). In addition, Connell and Messerschmidt (2005) reflect on how Connell (1995) builds a theory of hegemonic masculinity that rests on four, non-hegemonic masculinities. These masculinities are complicit, subordinate, marginalised and protest masculinities. Data from participants was analysed and presented according to Connell's explanation of subordinate masculinities. Some participants such as cultural leaders acknowledged that facing one's inherent dread of pain is a significant aspect of the cultural process of *imbalu* and is what makes boys men. He said:

Men will maintain a strategic distance from medical male circumcision because it reduces pain, which is the vital aspect of being a man. In light of the pain ... I am terrified of the pain, though I had traditional male circumcision. Until today, I do not know how it happened, and maybe that is why it is believed that male circumcision is spiritually motivated.

(Cultural Leader No. 6.)

According to most participants, a non-appreciation of the function of pain in TMC has made medical professionals critical of the cultural practice. Nyamweza et al. (2019) point out that public campaigns to discredit *imbalu* and promote SMMC focus on the fact that SMMC is a ‘minor’ operation, which is ‘not painful’. The participants pointed out that in Bugisu communities, men are discouraged from undergoing SMMC for the very reason that it reduces pain. Pain endurance is a critical construct of masculinity to the Bamasaba, through which boys demonstrate courage, bravery, toughness and strength:

Of course, the most important element of imbalu to the Bamasaba is pain. We, the Bamasaba, associate the pain of imbalu with bravery, and a man needs to be brave and strong. Furthermore, if most Ugandans do traditional male circumcision, it will reveal to us that they do declare it a critical cultural practice.

(Cultural Leader No. 3.)

Khanakwa (2016) states that only when boys stand upright, withstanding the pain of *imbalu* and undergoing the relevant rituals are they qualified to be called ‘real men’. However, with their emphasis on the demonstration of masculinity through pain endurance and other TMC rituals, the Bamasaba may be failing to recognise the gravity of the HIV pandemic. Participants confirmed that the Bamasaba have not responded well to HIV educational campaigns or to the policies that promote SMMC.

Clan leaders stated that the rituals and the tradition of slaughtering form part of the ceremony and are a way of worshipping and communicating with God, enabling young men to withstand the pain of *imbalu*. A clan leader in Bududa stated:

Pouring of blood through slaughtering animals ... in our culture means dedication of boys to our ancestors. We do this for boys to stand upright and withstand the pain of imbalu. The ritual of bloodshed, stepping on the gravesite, roasting meat, roasting matooke (bananas) and eating at the gravesite means sharing with the dead and creating a relationship with your ancestors to give you the courage to stand the pain of the knife as a brave man. For example, the boy or boys on the day of traditional male circumcision are taken to step on khusirindwa (the grave) of his father, if no more, or the grandfather, to say this is my day of blood sacrifice and pain endurance.

(Clan Leader No. 3)

A clan leader from Manafwa concurred that pain endurance is a fundamental component of the rite of passage from boyhood to manhood in TMC. In addition to pain endurance, he said that initiates had to endure other forms of extreme discomfort, such as being deprived of water and having their bodies covered in substances to make them look like animals:

During the initiation process in the Bugisu, there are different things that we do which are more painful than the actual cutting of the foreskin of a Mugisu man. Things like smearing the boys with millet flour, mud, animal dung and clay soil to look different from men and be like animals in the bush.

(Clan Leader No. 1.)

Mhlahlo (2009) reports a similar aspect during the initiation of Xhosa boys in the Eastern Cape in South Africa. He states that the initiates are presented as animals and that this symbolic identification

with animals is part of the process of being transformed into a man. The participants emphasised that all of this was demanding on the body and mind of the young man. Any boy unwilling to go through these conditions, who elects to undergo SMMC to escape pain, will not be regarded as a man. Clan Leader 3 said:

If a boy has any desire to undergo safe medical male circumcision because of the fear of pain, he will not be regarded as a man in Bugisu. We always tell the boys that they should not stress about the pain; it is the thing that makes him umusaani burwa, a real man.

(Clan Leader No. 3)

In general, the participants showed that hegemonic masculinity among the Bamasaaba is constructed by defeating pain and enduring TMC as a cultural practice. The researcher asked whether it was possible for SMMC to make one a man. An interviewee pointed to an interesting aspect of SMMC. He said that it caused a deeper kind of pain than merely physical, yet was still unable to qualify a boy as a man:

A man can defeat pain after male circumcision, which must last for a specific period for specific cultural reasons. Safe medical male circumcision is a surgical practice for HIV prevention, which causes emotional, psychological and spiritual pain but does not make one a man.

(Clan Leader No. 4.)

Other responses were mixed. Some participants appeared to have evaluated the issue and said SMMC was ‘a display of manhood adjusted to the medical setting’. The participant who said this continued:

I think that medically circumcised men may be great men. In my opinion, manhood means being healthy, clean and strong to protect your family.

(Clan Leader No. 7)

However, this comment was not in line with the majority. All, including the man who made the above comment, were unanimous that it was unacceptable for a woman to perform male circumcision in the hospital setting. Schenker (2007) states that trained male or female personnel take only thirty minutes to perform SMMC in the hospital setting, whereafter nurses dress the wound. This is obviously contrary to the Bamasaaba’s cultural practice of male circumcision, which is an exclusively male preserve and where women play a support role only. A significant number of participants appeared to feel that current health policies undermine their masculinity, notably if they are to be circumcised by female doctors in the hospital.

A traditional surgeon revealed that it is only through TMC that male members of the community learn self-control, and later acquire power, strength, and social control.

Van Vuuren and De Jongh (1999) point out that in Xhosa culture what ‘makes a man’ is his ability to endure harsh conditions. Similarly, a traditional surgeon from Manafwa referred to the pain of TMC as its most crucial aspect since it symbolises future hardships. This view of manhood underscores the idea that the pain endured during TMC both exemplifies and prepares one for endurance, bravery, stamina, and stoicism – all constructs of masculinity – over the long term. The participant said:

I think pain is more vital because it shows a boy the harsh conditions and hardships a man should go through. This is the reason why you can consider what transpired that day for the rest of your life, and it is a taboo in the Bugisu to forget your surgeon.

(Traditional Surgeon No. 8.)

The participants' views represented in this section converge around the idea that masculine hegemony is gained through the pain of TMC. Their belief in the function of ritual pain to inculcate personal control and eventual control of one's family and social situations is strongly suggestive of the hegemonic masculinity that prevails among the Bamasaba.

Family and community perspectives on masculinity in relation to TMC and SMMCP

Data was analysed for information on the concept of a constructed masculinity within the framework of Connel's (1995) theory on forms of masculinity. Questions sought to uncover areas of conflict that could arise between SMMC and TMC in the performance of masculinity. A question in this regard was whether the traditional practice of male circumcision brought about inequalities that might be detectable in everyday life. Participant 5, in FG 4, stated:

We are all equal; however, in most families, when you are not traditionally circumcised, you are not viewed as a man, you are viewed as a boy.

(P5, Focus Group No. 4.)

The idea that masculinity can be acquired and that as an acquisition, it entitles the bearer to social esteem or respect, is an expectation that involves the rest of society. This view of the social 'proof' of masculinity emerged from a FG in Bududa where participants spoke of undergoing TMC to obtain the status of manhood in the eyes of others. Participant 1 from the focus group stated:

To me, the significance of traditional male circumcision is an acquisition of masculinity. This is because the new men coming out of mwikombe [initiation school] are regarded with high esteem. This man can do things which are done by the elders in that society.

(P1, Focus Group No. 5)

An 'outsider' perspective such as this opened the discussion and led to a lively debate on how masculinity manifests post-TMC. A slightly more complex perspective on the notion of masculinity began to emerge in several groups. Eventually, the question was posed as to how outsiders to TMC would perceive the effects of the Bamasaba ritual of initiation into manhood. Participants stated there were various routes through which *basaani burwa* could demonstrate their responsibilities as men. Most explained these in general terms, indicating that men had to demonstrate the 'social qualities of individual manhood' after TMC, as one put it. Although TMC guaranteed initial social acceptance as a man, the qualities of manhood had to be lived and expressed after TMC in order to maintain this social acceptance.

The necessity of ongoing demonstrations of masculinity

For the Bamasaba, according to these participants, masculinity is achieved firstly through undergoing TMC, but its ongoing expression is found in powerful physical wellbeing, risk-taking and bravery. The TMC ceremony itself demanded these qualities through the harsh conditions it presented to initiates. Some felt these conditions were unnecessarily harsh. Participant 8, who identified himself as a pastor, supported *imbalu* while rejecting the extreme conditions, stating:

The reason why our children are infected by HIV is an attempt to prove that they are men after the traditional male circumcision process. There are cruel conditions during the kadodi dance; the Bamasaba must refrain from these brutal conditions to make the imbalu practice enjoyable. I do not mind my children undergoing safe male circumcision to avoid this commotion. They must alter this tradition into a protected one; after all, they all are men.

(P 8, Focus Group No. 7.)

This participant continued to differ from other members of his focus group by stating that manhood was not bound to TMC. It became clear that underlying ideology, in this case, strongly held religious views, shaped this man's overall assessment of masculinity and how it is acquired. His views were echoed by another who identified as Christian. These men, it seemed, broadened the definition of masculinity by shifting the focus from the event to the personal qualities that needed to be developed to become a real man:

It is not the traditional male circumcision; it is the thing ... the way the Bamasaaba culture defines imbalu among the Bugisu. The Bamasaaba's culture says that imbalu makes you a man. However, as a Christian, I will say that imbalu has created a patriarchal society, particularly in the Bugisu.

(P 8, Focus Group No. 2.)

In the same way, Robertson (2007) stated that patriarchal power prevalent in most societies influences some men to exhibit the qualities of 'complicit masculinity'. In this form of masculinity, men who do not personally demonstrate dominant or patriarchal qualities go along with prevailing views without challenging them and therefore entrench hegemonic masculinity.

A small group of participants in the focus group repeatedly raised the issue of patriarchy and control. One said:

In my opinion, I view imbalu as the mechanism of putting men in certain positions of control. In particular, I think men acquire the power to control women and other men who are not traditionally or uncircumcised men in the Bugisu communities.

(P2, Focus Group No. 4.)

From the perspective of this participant, it is primarily through *imbalu* that men acquire authority to exercise control, especially over the women in their society. Since not all Ugandan men go through *imbalu*, it appears that participation in the ritual reinforces and upholds patriarchy without creating it. For this reason, the majority of participants in this group expressed deep support for the practice of traditional male circumcision in their communities.

One participant said he did not practise the TMC rituals but was circumcised at home where he could undergo pain and demonstrate the acquisition of manhood. However, he later adjusted his claim, stating that whether men are traditionally or medically circumcised, they all face the same social challenges as men in modern society. He said:

Oh, my God, imbalu is significant in Bugisu, yes, no doubt. However, there is no distinction between the two when it comes to social challenges; I see traditionally circumcised men and medically circumcised men going through the same difficulties to provide for their families. I think their employment is the same. As the Bamasaaba, we need to stop thinking that we are better than people from other places because of the rituals that we perform during the imbalu ceremonies.

(P8, Focus Group No. 1.)

As conversations progressed, participants often broadened their discussion. They conceded that TMC was no guarantee of the ability to function as men in society, as all men went through the same challenges. Other elements of manhood that were raised had less to do with personal qualities and more to do with the role played by a man in his family and society. This indicates that the definition of masculinity was still centred mainly around demonstrable actions and roles played, rather than personal qualities. Participants pointed out that uncircumcised men had houses, a spouse and children, and circumcised men had similar things. In addition, Şenkul et al (2004) argue that circumcision does not

adversely affect sexual function in men. Likewise, the participants for this study believed that *imbalu* influences man to fulfil a woman's sexual desires. Participant 6 expressed this view:

I think it must be about how you fulfil a woman's sexual desires, her conjugal rights, and how you characterise yourself in public is what matters most. I think the entire issue for the Bamasaaba men is about getting rid of the foreskin, which keeps on blowing the whistle in their mind that discloses to them that they are now circumcised men. They put their mind off their goals and feel content with what they have.

(P 3, Focus Group No. 5.)

Most participants in the focus groups agreed that women in the Bugisu sub-region would look for men who had survival qualities. In addition, participants stated that real men would look forward to fulfilling their family responsibilities and taking good care of their women and children. These qualities are just as visible as whether or not one has a foreskin:

For me, it is mainly how I can accommodate my better half, plant a seed, can take our children to school and also take good care of them, too. The foreskin or not ... every one of those things is seen as well. So, whether you have your foreskin or not does have anything to do with manhood at present.

(P6, Focus Group No. 3)

Wanyama and Egesah (2015) stated that TMC rituals have social, spiritual, physical and psychological implications, but that these aspects come into play primarily through relationship-building, which occurs through ongoing contact and interactions with family members, friends and society at large. In support of these scholars, one of the participants in a FG stated:

I think the Bamasaaba men are wasting time on traditions, subjecting boys to moving from one house to another. Men are all the same; it is the matter of your identity, whether you are a man. Regardless of whether you are circumcised or not, it is a similar thing; it is how you see life and, individuals around you, and how you mingle. I imagine and figure out what a lesser man is. My advice to the Bamasaaba is to take your children to school and forget about imbalu and umusaani burwa. Be a real man in modern society.

(P5, Focus Group No 7.)

This minority of participants regretted that *imbalu* was no longer valued as it used to be as a rite of passage to manhood. They acknowledged that masculinity has become defined in relation to certain behaviours that demonstrate hegemonic masculinity. Some observed how the Bamasaba had started to recognise medically circumcised men as real men, without requiring them to go through the traditional rituals of initiation. They pointed out that some medically circumcised men were more mature than others who had been traditionally circumcised. A participant remarked:

The Bamasaaba ... tell me, have you not seen medically circumcised men who are more mature than the so-called traditionally circumcised men? I have seen the individuals who are circumcised acting like crazy people. So, doesn't imbalu have any importance? It is about the mental development of a person; it is not about circumcising a person.

(P13, Focus Group No. 4.)

Interestingly, this participant concurred that a man 'is characterised by his decisions and what he believes in' but that these personal qualities depend on having undergone TMC. In effect, he sees the inner qualities of manhood, such as the ability to make good decisions, as inextricably linked to TMC –

without TMC, he seemed to be saying, there may be no ability to act like a man. The issue was contentious; Participant 9 strongly disagreed:

No, what are you talking about? I do not think medical male circumcision will characterise somebody as a man; a man is characterised by his decisions and what he believes in. The Bamasaaba men who are medically circumcised do not know who they are. Moreover, some men who missed the blessings of their ancestors are settling on the terrible decisions they made in life. They act in a non-masculine manner and do not assume the full obligation of being men.

(P9, Focus Group No. 4.)

On this point, many participants concurred. They noted that for this reason some men in communities that do not practise TMC have opted for SMMC; they believed that it enabled them to satisfy their partners sexually. The men agreed that women played a strong role in pushing them toward circumcision but denied that a woman would ever persuade them to undergo SMMC.

The role of women in promoting TMC

In considering the part women play in influencing men to undergo TMC, the participants agreed that women's influence was not uncommon in the Bugisu sub-region, even among non-Bamasaaba men who culturally did not need to circumcise. Some noted that certain men chose to go for SMMC to please their sexual partners. However, most reiterated that they would oppose their partners if they suggested SMMC. One argued:

For me, it will be something new as a traditional man. I will oppose that one, and I do not care if the relationship ends. It is my body and my life; the woman cannot decide what I must do with it. She cannot even suggest SMMC to me as a Mugisu man. Our women know that we do imbalu for cultural, not for medical reasons in the Bugisu sub-region.

(P 16, Focus Group No. 4.)

In another discussion, participants confirmed that Bamasaaba women could not generally influence a man to circumcise medically. The participants asserted that both Bamasaaba men and women are proud of their culture of *imbalu* and would subscribe to rigid standards to preserve it. Participant 4 expressed the view of typical hegemonic masculinity in saying:

As a traditional Mugisu man, I would say no to my female partner proposing that I experience male medical circumcision on the grounds of pride and to maintain that ego of umusaani burwa [brave man].

(P 4, Focus Group No. 1.)

Another participant touched on the subject of pride and ego in remarking that as men who originated from a community practising TMC, they are considered unique, and that there was a real difference between traditional and medically circumcised men:

I do believe being traditionally circumcised makes a man unique. I do consider them as lesser men for not demonstrating their bravery in public. I discover that they are, or they are not (traditionally circumcised) as the case may be. Also, the same applies to my friends that I have seen medically circumcised; it truly affects them socially.

(P 2, Focus Group No. 6.)

In this section, participants have indicated that women play a significant role in the families to determine which kind of male circumcision their children should undergo. For these women, the

acquisition of masculinity was deeper than attaining honour, but consider spiritual transformation more significant to their families.

The effect of modernisation on TMC

In modern society, traditions have changed to accommodate new forms of social cohesion, redefining the way social events are conducted. This has significantly affected the traditional practices of *imbalu*. The above participant said that *imbalu* had become robbed of its earlier significance:

In the past, boys had to learn about the responsibilities of being a man. They also learnt how to treat other people, especially women, and you had to get the opportunity to find out about the general public and making strong relationship with agemates. We would learn how to keep the secret code of manhood, socialising and networking that would make you take care of business after the initiation process. Being circumcised was just a portion of the whole cultural process in Bugisu.

(Inzu ya Masaaba)

This participant was concerned that the implementation of the SMMCP would weaken the influence of an already negatively affected institution which enabled the Bamasaaba to perform and construct their masculinity in Bugisu communities. As Kepe (2010) points out, TMC is the enactment of a social reality, whereby the cutting of the male body, the stamping of the feet and the beating of the chest symbolises the rite of passage from childhood to adulthood. This key informant raised the interesting idea that while physical masculinity was clear at birth, fuller masculinity is entered into through the rituals of TMC:

I believe that masculinity is inborn. The boys are masculine when they are born, but it is ignited through unmistakable rituals done during the initiation process. Therefore, when I do not traditionally circumcise, I will feel, to a lesser extent, a man if I am not traditionally or culturally circumcised.

(Inzu ya Masaaba)

Generally, the data demonstrates mixed reactions with regard to the implementation of the SMMCP in the Bugisu sub-region. There is deeply held resistance to the practice among some, while others approve of the greater emphasis on behaviour as a demonstration of masculinity, rather than a single event.

Conclusion

In general, what emerged was that men in the majority of families are strongly attached to the practice TMC, which was the central invigorating or ‘igniting’ event for the acquisition of masculinity. As a participant pointed out, gender is determined at birth, but masculinity is conferred through an event that combines spiritual transformation, vigorous teaching, and practical demonstrations of masculinity. At the same time, most felt that although the event itself could not change a man and make him responsible, it was nonetheless the only way to ‘access’ hegemonic masculinity, which from then on had to be worked out in person. In Messerschmidt’s terms, the practice of TMC conferred hegemonic masculinity, while SMMC conferred only ‘a marginalised’ masculinity (Connell, 1995).

The study confirmed two observations made in the introduction of this paper; that ambivalence prevails among Bamasaaba men with regard to SMMC, and that families perceive a strong need to uphold and continue practising TMC. It became clear from the comments of all participants that this event holds iconic and symbolic power and is regarded by many families as the lynchpin of society, ‘holding all

things together', as it were. Given the patriarchal nature of Ugandan society, the welfare of Ugandan men may be said to occupy a central place in the interest of the nation. On a smaller scale, this centrality of the welfare of men is enacted and ensured through the practice of TMC in the Bugisu Sub-region. This being the case, SMMC is resisted or considered irrelevant by the majority of family members in the region.

However, there are exceptions to this statement. Twenty-first-century life involves globalisation and exposure to other cultures and increased access to higher education. Even less educated families see the value of the SMMCP for promoting safe and hygienic practices and have adapted TMC to comply with standards of hygiene. Its value, to them, is the positive adaptations it has wrought upon TMC. However, for conferring manhood on boys, it has no value. Participants demonstrated, whether wittingly or unwittingly, that the construction of masculinity is largely dependent on ideology or underlying belief system. The study shows that amongst the Bamasaba, some families support the implementation of SMMC for the modernisation of circumcision, and the spiritual neutrality of this option.

It was interesting to the researcher that during focus group discussions, participants who at first declared the centrality of TMC for the practice and acquisition of manhood later expanded their definitions of masculinity as discussions deepened and revealed more nuance. This phenomenon suggests that the concept of masculinity is constructed socially and depends on the input of many family members. It is also worth pointing out that formal discussions around a topic such as this are rare in Bamasaba society; men have few occasions where abstract concepts such as the construction of masculinity are given serious consideration. It seemed that the very act of engaging in the discussion had some power to expand people's definitions and assumptions.

The study indicates that families' views of TMC are largely determined by its power to confer hegemonic masculinity, which they highly value. Therefore, apart from the masculinity boys acquire 'naturally', the practice of TMC remains a strong tradition among the Bamasaba and is used as the principal means by which young boys are imbued with the constructs of hegemonic masculinity. For most, the implementation of SMMC neither contributes nor affects the construction of masculinity.

The robust belief system of the families in the region has created a profound sense of attachment to TMC and antipathy toward the SMMCP. The rhetoric of fighting HIV infections through SMMC, despite its truths, is watered down by the fact that Bamasaba already practise circumcision and have no need for SMMC for this purpose. TMC remains strong because, in this one event, the identity of both group and individual is shaped and reinforced. It is through the rituals associated with *imbalu* that a young boy experience himself as a man for the first time; a person set apart from both animals, spirits, and women.

Acknowledgements

I would like to appreciate the National Research Foundation, my supervisor Prof K. Nadasen, the management of all the three selected Child and Youth Care Centres in Cape Town and all the participants who consented their commitment to participate in this study.

Reference list

- AFGH 2010. *Health spending in Uganda: The impact of current aid structures and aid effectiveness*. Action for Global Health.
- Bailey, R.C., Moses, S., Parker, C.B., Agot, K., Maclean, I., Krieger, J.N., Williams, C.F., Campbell, R.T. and Ndinya-Achola, J.O., 2007. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *The lancet*, 369(9562), pp.643-656. [https://doi.org/10.1016/S0140-6736\(07\)60312-2](https://doi.org/10.1016/S0140-6736(07)60312-2)
- Barber, M.D., 2012. *The participating citizen: A biography of Alfred Schutz*. Suny Press.

- Berger, P.L. & Luckmann, T. 1991. *The social construction of reality: A treatise in the sociology of knowledge* (No. 10). Penguin UK.
- Blanche, M.T., Blanche, M.J.T., Durrheim, K. & Painter, D. 2006. *Research in practice: Applied methods for the social sciences*. Juta and Company Ltd, University of Cape Town Press.
- Brown, R.A. and Armelagos, G.J., 2001. Apportionment of racial diversity: A review. *Evolutionary Anthropology: Issues, News, and Reviews: Issues, News, and Reviews*, 10(1), pp.34-40. [https://doi.org/10.1002/1520-6505\(2001\)10:1%3C34::AID-EVAN1011%3E3.0.CO;2-P](https://doi.org/10.1002/1520-6505(2001)10:1%3C34::AID-EVAN1011%3E3.0.CO;2-P)
- Chanda, C., Likwa-Ndonyo, R., Nzala, S. and Mweemba, O., 2012. Perceptions and beliefs of university and college students towards male circumcision in Lusaka. *Medical Journal of Zambia*, 39(1), pp.27-32.
- Chodorow, N.J., 2002. The enemy outside: Thoughts on the psychodynamics of extreme violence with special attention to men and masculinity. *Masculinity studies and feminist theory: new directions*, 1: 235-261.
- Connell, R.W. and Messerschmidt, J.W., 2005. Hegemonic masculinity: Rethinking the concept. *Gender & society*, 19(6), pp.829-859. <https://doi.org/10.1177%2F0891243205278639>
- Connell, R.W. and Wood, J., 2005. Globalization and business masculinities. *Men and masculinities*, 7(4), pp.347-364. <https://doi.org/10.1177%2F1097184X03260969>
- Connell, R. W. 1995. *Masculinities*. Berkeley. University of California press C.A.
- Connell, R.W., 2003. Masculinities, change, and conflict in global society: Thinking about the future of men's studies. *The Journal of Men's Studies*, 11(3), pp.249-266. <https://doi.org/10.3149%2Fjms.1103.249>
- Cooter, R., 1995. Law and unified social theory. *Journal of Law and Society*, 22(1), pp.50-67. <http://ezproxy.uwc.ac.za/login?url=https://www.jstor.org/stable/1410702>
- Coughtry, S.E., 2011. Patriarchy and the trap of masculinity: a post-colonial analysis of violence against sexual minorities in Uganda. Master's Thesis, Smith College, Northampton, MA.
- Creswell, J.W. and Tashakkori, A., 2007. Developing publishable mixed methods manuscripts. *Journal of Mixed Methods Research*, 1(2), pp.107-111.
- De Vos, A. S. 2005. Qualitative data analysis and interpretation. In: De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (eds.). *Research at grass roots for the social sciences and human services professions* (3rd ed.). Pretoria: Van Schaik Publishers.
- Elkin, F. and Handel, G., 1988. *The child and society: The process of socialization*. McGraw-Hill Humanities, Social Sciences & World Languages.
- Fracher, J. and Kimmel, M., 1998. Hard Issues and Soft Spots. *Men's Lives*, ed. By MS Kimmel and MA Messner. Boston: Allyn and Bacon.
- Freedman, E.B., 2006. *Feminism, sexuality, and politics: Essays by Estelle B. Freedman*. Univ of North Carolina Press.
- Gardiner, J.K., 2002. Theorizing age with gender: Bly's boys, feminism, and maturity masculinity. *Masculinity studies and feminist theory: New directions*, pp.90-118.
- Kimmel, M.S., Hearn, J. and Connell, R.W. eds., 2004. *Handbook of studies on men and masculinities*. Thousand Oaks California. Sage Publications.
- Giddens, A., and Sutton, P.W., 2021. *Essential concepts in sociology*. John Wiley & Sons.
- Gilmore, D.D., 1990. *Manhood in the making: Cultural concepts of masculinity*. Yale University Press.
- Government of Uganda (2010). *Safe Male Circumcision Policy*. Kampala, Uganda: Ministry of Health. <https://www.malecircumcision.org/resource/uganda-safe-male-circumcision-policy>
- Hearn, J., 2004. From hegemonic masculinity to the hegemony of men. *Feminist theory*, 5(1), pp.49-72. <https://doi.org/10.1177%2F1464700104040813>
- Herman-Roloff, A., Llewellyn, E., Obiero, W., Agot, K., Ndinya-Achola, J., Muraguri, N. and Bailey, R.C., 2011. Implementing voluntary medical male circumcision for HIV prevention in Nyanza Province, Kenya: lessons learned during the first year. *PloS one*, 6(4), p.e18299. <https://doi.org/10.1371/journal.pone.0018299>

- Herman-Roloff, A., Otieno, N., Agot, K., Ndinya-Achola, J. and Bailey, R.C., 2011. Acceptability of medical male circumcision among uncircumcised men in Kenya one year after the launch of the national male circumcision program. *PloS one*, 6(5), p.e19814. <https://doi.org/10.1371/journal.pone.0019814>
- Itulua-Abumere, F., of Roehampton, U., L., VGC, A., Enterprise, D. G., & Nigeria, A. L. (2013). Understanding Men and Masculinity in Modern Society. *Open Journal of Social Science Research*, 1(2), 42. <https://doi.org/10.12966/OJSSR.05.05.2013>
- Kepe, T., 2010. 'Secrets' that kill: Crisis, custodianship and responsibility in ritual male circumcision in the Eastern Cape Province, South Africa. *Social Science & Medicine*, 70(5), pp.729-735. <https://doi.org/10.1016/j.socscimed.2009.11.016>
- Khanakwa, P., 2016. Male Circumcision among the Bagisu of Eastern Uganda. *Doing Conceptual History in Africa*, 23, p.115.
- Kibira, S. P., Nansubuga, E. & Tumwesigye, N. M. 2013. *Male circumcision, sexual behaviour, and HIV status in Uganda*. Department of Community Health and Behavioural Sciences, School of Public Health, Makerere University, Kampala, Uganda.
- Kilmartin, C.T., 1994. *The masculine self*. Macmillan Publishing Co, Inc.
- Kipkorir, B.E. and Welbourn, F.B., 2008. *The Marakwet of Kenya: A preliminary study*. Nairobi, Kenya. East African Publishers.
- Kivel, P., 2006. Boys will be men: Guiding your sons from boyhood to manhood. *Boys will*. <http://paulkivel.com/wp-content/uploads/2015/07/boyswillbemen.pdf>
- Krais, B. and William, J.M., 2000. The gender relationship in Bourdieu's sociology. *SubStance*, 29(3), pp.53-67. <http://doi.org/10.1353/sub.2000.0037>
- Maughan-Brown, B., Venkataramani, A.S., Nattrass, N., Seekings, J. and Whiteside, A.W., 2011. A cut above the rest: traditional male circumcision and HIV risk among Xhosa men in Cape Town, South Africa. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 58(5), pp.499-505.
- Messerschmidt, J.W., 2019. The salience of "hegemonic masculinity". *Men and masculinities*, 22(1), pp.85-91. <https://doi.org/10.1177%2F1097184X18805555>
- Meissner, O., and Buso, D.L., 2007. Traditional male circumcision in the Eastern Cape-scourge or blessing? *South African Medical Journal*, 97(5), pp.371-373. <https://hdl.handle.net/10520/EJC68998>
- Mfecane, S., 2010. *Exploring masculinities in the context of ARV use: A study of men living with HIV in a South African village* (Doctoral dissertation, University of the Witwatersrand). Johannesburg, South Africa
- Mfecane, S., 2016. "Ndiyindoda" [I am a man]: theorising Xhosa masculinity. *Anthropology Southern Africa*, 39(3), pp.204-214. <https://doi.org/10.1080/23323256.2016.1208535>
- Mfecane, S., 2018. Towards African-centred theories of masculinity. *Social Dynamics*, 44(2), pp.291-305. <https://doi.org/10.1080/02533952.2018.1481683>
- Mhlahlo, A.P. 2009. What is manhood? The significance of traditional circumcision in the Xhosa initiation ritual (Doctoral dissertation, Stellenbosch: University of Stellenbosch). Cape Town. South Africa.
- Mshana, G., Wambura, M., Mwanga, J., Mosha, J., Mosha, F. and Changalucha, J., 2011. Traditional male circumcision practices among the Kurya of North-eastern Tanzania and implications for national programmes. *Aids Care*, 23(9), pp.1111-1116. <https://doi.org/10.1080/09540121.2011.554518>
- Nalianya, J. 2014. *Uganda: Museveni tells off Bukusu, Bagisu over archaic circumcision ritual*. Uganda. *The STAR News Paper. Nairobi Kenya*. <https://allafrica.com/stories/201408201338.html>
- Nanteza, B.M., Makumbi, F.E., Gray, R.H., Serwadda, D., Yeh, P.T. and Kennedy, C.E., 2020. Enhancers and barriers to uptake of male circumcision services in Northern Uganda: a qualitative study. *AIDS care*, 32(8), pp.1061-1068. <https://doi.org/10.1080/09540121.2019.1698703>
- Nyamwiza, J., Mukisa, J., Ichtho, J., Ssenyonga, R., Nalutaaya, A., Kawooya, I., Benjamin, T., Nagendo, J., Musewa, A., Ali, S. and Loro, E.L.E., 2019. Prevalence and factors associated with safe male circumcision among Makerere University undergraduate students, Kampala-Uganda. <https://doi.org/10.21203/rs.2.11964/v1>

- Ray, P., Reddy, S.S. & Banerjee, T. 2021. Various dimension reduction techniques for high dimensional data analysis: a review. *Artificial Intelligence Review*, pp.1-43.
- Robertson, S., 2007. *EBOOK: Understanding Men and Health: Masculinities, Identity and Well-being*. McGraw-Hill Education (UK). Open University Press.
- Schenker, I., 2007. Jewish Traditional Circumcisers (Mohalim): Procedures, Certification, Monitoring, and Training. A report commissioned by the WHO. Geneva.
- Semwali, A.H., 2021. Prevalence of Voluntary Medical Male Circumcision and Factors Associated with Low Uptake among Men Aged 20 Years and Older in Mpanda Municipal Council. *Health Science Journal*, 15(1), pp.1-5.
- Şenkul, T., İşerİ, C., Karademİr, K., Saraçođlu, F. and Erden, D., 2004. Circumcision in adults: effect on sexual function. *Urology*, 63(1), pp.155-158. <https://doi.org/10.1016/j.urology.2003.08.035>
- Turner, V. and Abrahams, R.D., 2017. *The ritual process: Structure and anti-structure*. Routledge.
- UNAids & CAPRISA, 2007. *Social science perspectives on male circumcision for HIV prevention*. Geneva: Switzerland.
- UNAids, 2006. Male circumcision: Africa's unprecedented opportunity. UNICEF Eastern and Southern African Regional Office. Retrieved September 30, 2012, Available: [\[http://www.who.int/hiv/pub/malecircumcision/africa_opportunity/en/\]](http://www.who.int/hiv/pub/malecircumcision/africa_opportunity/en/)
- Van Vuuren, CJ & de Jongh, M., 1999. Rituals of manhood in South Africa: circumcision at the cutting edge of critical intervention. *South African journal of ethnology*, 22(4), pp.142-156.
- Vincent, L., 2008. 'Boys will be boys': traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture, Health & Sexuality*, 10(5), pp.431-446. <https://doi.org/10.1080/13691050701861447>
- Waldeck, S.E., 2003. Using male circumcision to understand social norms as multipliers. *U. Cin. L. Rev.*, 72, p.455.
- Wabwire-Mangen, F., Odiit, M., Kirungi, W., Kisitu, D.K. and Wanyama, J.O., 2009. Uganda HIV prevention response and modes of transmission analysis. *Kampala: Uganda AIDS Commission (UAC)*.
- Wanyenya, W., 2013. The general views of Bamasaba of Eastern Uganda about their oral narratives and cultural songs. *International Journal of English and Literature*, 4(8), pp.413-425. <https://doi.org/10.5897/IJEL2013.0407>
- Wanyama, M. and Egesah, O., 2015. Ethnography and ethno-music of Babukusu traditional male circumcision; messaging, symbolism, and rationale. *Sociology and Anthropology, Academia*.
- Wambura, M., Mwanga, J.R., Moshā, J.F., Mshana, G., Moshā, F. and Changgalucha, J., 2011. Acceptability of medical male circumcision in the traditionally circumcising communities in Northern Tanzania. *BMC public health*, 11(1), pp.1-8. <https://doi.org/10.1186/1471-2458-11-373>
- Wood, K.M. and Jewkes, R.K., 2001. 'Dangerous' love: Reflections on violence among Xhosa township youth (pp. 317-336). University of Natal Press/Zed Books. <https://researchonline.lshtm.ac.uk/id/eprint/18477>

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).