

**HIV Prevention:
Medical Male Circumcision in
South Africa**



**Research Unit
November 2010
Target Audience Formative Research for the Development of Soul City Series Eleven**

EXECUTIVE SUMMARY

BACKGROUND AND INTRODUCTION

Sub-Saharan Africa remains the region most affected by HIV/AIDS, and further exceptional efforts are needed to reduce new infections.

In 2007, WHO/UNAIDS recommended that male circumcision (MC) be included in the HIV Prevention Package as another intervention. This was driven by results of three randomised controlled trials that showed compelling evidence that male circumcision reduces the risk of HIV infection in men by approximately 60%. WHO/UNAIDS recommend that male circumcision be one element of a comprehensive prevention package. They also recommend that the package be provided by trained health professionals in a safe health setting.

The Soul City Institute of Health and Development Communication (Soul City Institute) embarked on an HIV-prevention strategy in 2009 under the banner of the OneLove campaign. The campaign is a social and behaviour change campaign that has two aims: to change the social conditions in which the HIV epidemic flourishes, and to change individual behaviour. In 2011, Soul City has included medical male circumcision (MMC) and prevention of parent-to-child transmission (PPTCT) under the banner of the OneLove campaign.

This research is to inform the development of the campaign and its materials.

METHODOLOGY

The study is a descriptive study using qualitative research methods. It was conducted from August to October 2010. Twenty-six focus group discussions were performed in the nine provinces of South Africa. The research participants were from a mix of urban, rural, informal settlement and rural-informal residential areas. Their ages ranged from 16 to 45 years, and they were categorised in separate age groups.

The group discussions were tape-recorded, transcribed and translated verbatim, and then coded and analysed thematically with the use of ATLAS.ti software.

KEY FINDINGS

- Knowledge of MC was high. Most participants knew what MC is, many from their

experience with traditional practices.

- Age of circumcision was debated, varying from support for neonatal circumcision to boys only above 18 years old.
- Benefits of circumcision cited by respondents were: health, hygiene and sexual pleasure. Most participants thought that MC is beneficial.
- The key barrier to MC mentioned is pain.
- There was a lot of discussion about medical versus traditional circumcision, and about the issues involved in becoming a man.
- The foreskin was labelled with many derogatory names.
- Disadvantages of having a foreskin were discussed in detail.
- HIV/AIDS awareness seemed relatively high.
- Male and female perspectives of MC were similar.
- Most people didn't see a role for women in MC, though some mentioned supporting partners and staying away from them until they had healed.
- Medical MC was considered safe because it is performed by trained personnel, who also check for other diseases.
- Some cultural practices around MC were discussed and criticised; some were supported.
- Most participants felt that medical MC and traditional practices can exist side by side.

CONCLUSION

There is general support for men to be circumcised. There is some, though limited, knowledge about male circumcision. In discussing male circumcision, it is impossible not to talk about traditional circumcision.

CONTENTS

EXECUTIVE SUMMARY	2
BACKGROUND AND INTRODUCTION	2
METHODOLOGY	2
KEY FINDINGS.....	2
CONCLUSION.....	3
CONTENTS.....	4
BACKGROUND AND INTRODUCTION	6
METHODOLOGY	6
LIMITATIONS	7
KEY FINDINGS.....	8
DESCRIBING MALE CIRCUMCISION	8
BEST AGE FOR CIRCUMCISION	9
NAMES FOR THE “SMALL SKIN”	10
BENEFITS OF CIRCUMCISION	10
DISADVANTAGES OF HAVING A FORESKIN	11
CHALLENGES OF CIRCUMCISION.....	12
HIV AND AIDS.....	12
ROLE OF WOMEN IN CIRCUMCISION.....	14
TRADITIONAL CIRCUMCISION	15
CLEANSING WHEN RETURNING FROM THE MOUNTAIN	16
ACCEPTANCE IN THE COMMUNITY.....	16
NEGATIVE TEACHINGS	16
STIGMA AND PEER PRESSURE.....	17
PUNISHMENT	19
TRADITIONAL AFTERCARE	19
MEDICAL MALE CIRCUMCISION	19

CULTURAL PRACTICES CRITICISED AND SUPPORTED.....	22
TRADITIONAL MALE CIRCUMCISION AND MEDICAL MALE CIRCUMCISION TO WORK TOGETHER FOR SAFETY AND HEALTH REASONS.....	24
DISCUSSION.....	24
CONCLUSION.....	26
APPENDIX 1.....	27
INTERVIEW SCHEDULE.....	27
GENERAL PUBLIC MALE CIRCUMCISION.....	27
CIRCUMCISED MEN.....	29

BACKGROUND AND INTRODUCTION

South Africa has a high HIV/AIDS prevalence, with an estimated 5.2 million people living with HIV. Despite positive gains, such as South Africa's epidemic appearing to be levelling off, prevalence is still at 10.9%.¹ Declines in HIV rates among 14–24-year-olds over the past five years are not reflected among older age groups, and the current level of HIV infection continues to overwhelm the health system.

Key prevention strategies must be evidence-based and should employ a combination of structural, behavioural and bio-medical interventions.² In southern Africa, behaviour change imperatives mostly relate to safer sex and include: decreasing multiple concurrent sexual partners (MCPs), decreasing intergenerational sex, increasing the age of sexual debut, and increasing the consistent and correct use of condoms. Although condom use has increased substantially over the past five years, from 57 to 87% and from 8 to 40% among men of 15–24 and 50+, respectively, these gains are insufficient to stop the spread of HIV on their own.

Soul City Institute is a social change project that aims at impacting on society at the individual, community and socio-political levels. The Soul City Institute is a nongovernmental organisation that was established in 1992.

Soul City Institute is continuing its five-year HIV-prevention strategy in South Africa, that has been launched as part of the OneLove campaign, through a combination of media, social mobilisation and advocacy. It is introducing communication around medical male circumcision (MMC) and prevention of parent-to-child transmission (PPTCT), which have been identified by the South African National AIDS Council (SANAC) as key prevention priorities. Both interventions require intensive communication strategies to ensure their success.

METHODOLOGY

A descriptive study using qualitative research methods was conducted from August to October 2010 in the nine South African provinces.

Informed consent was obtained from participants, and all data were anonymous. Ethical approval was obtained from the Human Science Research Council (HSRC) Ethics Committee.

1 This relates to people two years and older. Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-Van Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S and the SABSSM III Implementation Team (2009) *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press.

2 UNAIDS (2010) *Combination HIV prevention programs: Engaging stakeholders to tailor and combine behavioural, structural and biomedical strategies to reduce HIV transmission.* Geneva, Switzerland: UNAIDS.

The objectives of the research were:

- to gain insight into target audiences' understanding, attitudes and practices of MC, and HIV prevention in general
- to understand the acceptability of the interventions
- to understand any myths or misinformation about MC
- to uncover barriers to accessing the prevention services
- to reveal the best way of communicating these issues to both male and female audiences.

Twenty-six focus group discussions were conducted with groups of between 10 and 12 people (260 participants). Participants were from urban, rural, informal settlement and rural-informal communities. Age groups were divided into categories of 16–21, 20–25, 25–30, 30–35 and 35–45 years. Group discussions were held with males and females separately, except for two mixed groups during the pilot phase. Men's groups were further divided into groups of men who have been circumcised and the general public.

In the area of the Orange Farm Bophelo Pele project, the participants were recruited from the community without mention of the project. The KwaZulu-Natal group were from the East Street Clinic, under SFH, the NGO performing medical male circumcision around the Pietermaritzburg area. The rest of the participants were not from any projects.

Data were recorded and transcribed verbatim, then imported into ATLAS.ti software and analysed using open-ended coding, and finally grouped into themes.

Trained fieldworkers ran the group discussions using an interview schedule in the participants' home language. (See Appendix 1 for the interview schedule.) Discussions were tape-recorded, translated and transcribed prior to analysis.

Demographic similarities and differences were identified during analysis.

LIMITATIONS

Limitations identified in this research are as follows:

- Views of people living with HIV/AIDS are not represented. (Participants were not asked their HIV status.)
- Some of the rural groups were not familiar with the term "male circumcision", which had to be explained with caution and tact.

- The general public men were recruited based on willingness to participate. However, in these groups some of the men were found to have been circumcised, mostly traditionally. These men's attitudes towards men who have not been circumcised, or have been circumcised medically, occasionally hindered the active participation of the non-circumcised men.

KEY FINDINGS

Overall, there was similarity between the groups, and the only major difference arising between the provinces was in how traditional circumcision was described, namely "bush", "forest" and "mountain". There were slight differences between the age groups, with younger women having less to say about MC than the older women. It is not clear from their discussions, though, how protective they thought circumcision is.

The Eastern and Western Cape young men held a strong view on protecting traditional circumcision and initiation schools.

DESCRIBING MALE CIRCUMCISION

When asked to share their thoughts of what circumcision is, participants said that it is removing the foreskin, which causes pain, and doing it for cultural reasons.

*When we talk of MC we're talking about removal of foreskin. (M 20–25 G urban)
Every boy child must go to the circumcision school to cut the tube in front of the penis. Long time ago there were no doctors, so they used the initiation schools to cut the tube. (M 35–45 L rural)*

When I think about male circumcision, I feel some pain when I think about things that happened before to other boys who were circumcised. (M 16–21 EC rural)

Culture comes to mind. In my Venda culture it's when you separate boys from men. It is when you take another step in life, you go to the mountain school to be circumcised. (Mixed 26–40 G)

In some groups there were people who said that they saw no reason to circumcise, because all men are born with the extra skin on the penis – God knew why the penis should be like that. Some even quoted from the Bible that those who circumcise would never see the Kingdom of God.

I don't see the importance of cutting it, because we were all born like this. (M 30–45 G informal)

The Bible stipulates that you will never see the Kingdom of God if you are circumcised, it's in the Bible. That's why some people don't want to circumcise. (M 20–27 FS rural informal)

BEST AGE FOR CIRCUMCISION

Men believed that a good age to go for circumcision ranges from birth to 18 years. The Eastern Cape groups talked about what the provincial law states as the right age for circumcision.

I think at the age of 18 is the right time for boys to be circumcised, because at that age boys are physically strong and they can face the conditions they come across there on the mountain. (M 25–30 EC rural)

Some also believed that it is better for babies or children of seven to nine years to be circumcised.

Even a newborn should be circumcised, before he even leaves the hospital. For example, I have facial traditional marks [ngigcabile]. I don't know when and how it happened, I was still young. (M 25–30 KZN urban)

But I think it is better to start circumcise at around seven, eight and nine. (M 16–21 L rural)

Some men argued that there would be no cultural significance in circumcision being done at an early age.

If a child can be told to get circumcised at a tender age, that will devalue initiation as our traditional custom. (M 25–30 EC rural)

All men said that it does not matter at what age one circumcises; there is unbearable pain during this procedure.

When referring to traditional male circumcision, women felt that boys should not go too early. They specifically said that 12 to 14 years is too young, as a 12-year-old cannot tell right from wrong. Sixteen was also thought to be too young. The correct age mentioned was around 18 to 20 years.

Others have done at 12 and 14, but they are not allowed even though they do it. It is not allowed to such young children. (F 16–21 EC rural)

It's better at 20. You know, if he is 19 years or 20 years. (F 30–45 EC rural)

NAMES FOR THE “SMALL SKIN”

Men, particularly those who are circumcised, used derogatory names for the foreskin. Terms used by a range of participants to identify the foreskin include:

ijwabu, letlalonyana, mokgopanyana, mzekezeke, *poloneck*, ikepisi, ketelele, sokisi, *tube*, poulos, *balaclava*, sefepi and mosobo.

BENEFITS OF CIRCUMCISION

All men said they know that removing the foreskin transforms a man’s life. Every male participant said that they are always able to keep the penis clean and fresh, and that condom use is easier.

They also said that condom use reduces the risk of getting diseases. Some of the reasons mentioned in encouraging men to circumcise were: stigma, peer pressure, punishment from parents and culture. In addition, men reported that the penis looks good and circumcised men get better sexual pleasure.

It is hygiene because sometimes when you’ve been sitting for a long time, when you open this foreskin, it could have cracks and then tear ... and you find that some guys don’t wash because they are scared of the pain they are feeling. And you have those things when you open it – amapapa – those things smell bad. I did it for hygiene. (M 25–30 G Orange Farm)

This also helps, if you don’t cut then you tend to retain dirt here in front, which can also make you sick. (M 25–30 NW informal)

It’s less stress; you don’t have to worry about foreskin being in your way, you can easily put a condom without any difficulty. (M 20–27 FS rural-informal)

For people who are circumcised it’s grand ... you feel like you can use any condom with no difficulties. (M 25–30 G Orange Farm)

All participants believe that after circumcising, sexual performance improves because the foreskin is no longer in the way.

The foreskin always pushes back during sex and it means that sometimes it gets into the way and the penis struggle to go all the way. [Laughter] You won’t get full satisfaction like that. (F 25–30 G urban)

Let me talk about myself. I once slept with someone who had not circumcised, without a condom, and I slept with another one who had circumcised, and it was different. (F 16–21 FS peri-urban)

Yes, if you sleep with somebody uncircumcised, he is cold. The foreskin is cold. (F 16–21 EC rural)

I used to have a boyfriend who was not circumcised. During sex there will be a bad smell from his penis and I thought it was natural. Later in life I got involved with a guy who was circumcised. I realise the difference, the circumcised one was not smelly, he was more appetising down there. It's hygienic. (Mixed 26–40 G urban)

You can have sex easily with your partner without feeling pains. So you enjoy a lot of sex than the person who is not circumcised. (M 16–21 EC rural)

When that skin is removed you can also satisfy your partner. [Some giggle] Your skin no longer pulls forward, it can be nice. (M 25–30 NW informal)

And those who like to masturbate, once you are circumcised you can masturbate quite effectively ... [Cuts in] You take baby oil or any moisturiser, apply it on your penis and voila – your penis is slippery mmhhh ... [All laugh] (M 25–30 KZN urban)

DISADVANTAGES OF HAVING A FORESKIN

Men generally disliked having a foreskin and related it as one of the worst things that happened to men. They described it as too much work, as if it is not part of their body. They talked openly about the difficulties and inconvenience of having a foreskin, such as “pulling it to wash, to enjoy sex and to urinate, and putting on a condom”. Some also talked about fear of losing their partners.

Sometime with the foreskin when ushay'i six nine [urinating] you end up messing the toilet seat. When it's in the pants the foreskin is closed and igobile [twisted], the moment you take the penis out it forces the foreskin open and if you are not careful the urine will just shoot out to any direction. (M20-30G urban)

You end up messing the seat and sometimes you find men with wet parts on their pants. (M25-30G urban)

Sometimes you get caught on your zip [when you're uncircumcised]. (M25-30G urban)

When you have a foreskin it happens sometimes that the vein underneath your penis can be broken during sexual intercourse and make a cut or a sore. (M 16–21 EC rural)

You don't have self-confidence about yourself. When you are in a toilet with other men, you hide yourself when urinating because you are not confident. (M 20–30 G informal)

You might even experience a little bit of discomfort during sex because the foreskin moves up and down during sex. (F 16–21 M rural)

And the girls will run away from you, saying that your foreskin is cold. (M 16–21 EC rural)

CHALLENGES OF CIRCUMCISION

For all men, circumcised or not, pain is the major barrier. Those who are not circumcised are partly held back by the thought of the pain. Men also expressed a fear of losing erections should something go wrong with the operation.

I once booked myself for circumcision last year. The day came, I went for counselling. I was told to go and change my clothes, to wear the hospital robe. While I was changing I saw scissors and needles and I ran away. (M 20–27 FS peri-urban)

For me, when they had finished the circumcision ... we waited for the transport ... their drug started to fade out. I felt dizzy and my knees were wobbly, I wish I could relax. That's when I started feeling the pain. (M 20–30 G Orange Farm)

Discussion among urban men in KZN (16–21):

- *For me it's two things: I can't walk properly because of pain and I'm very slow in doing things.*
- *You also have to watch what you wear 'coz jeans can be very uncomfortable, and sometimes you experience erections at night and it's very painful.*
- *You can't defend yourself; even a small kid can mug you.*
- *Fear of pain.*
- *It is extremely painful and by so doing scaring the other guys.*
- *We hear in the news of people dying and we are scared of the same happening to us.*

HIV AND AIDS

Most men were aware that circumcision can decrease the chances of HIV and other sexually transmitted infections (STIs). They knew that the use of condoms must continue after circumcision. All the women talked about the health benefits of men being circumcised, and that this was linked to “dirt” being trapped under the foreskin. Women talked about sexually transmitted diseases (STDs); some mentioned HIV/AIDS, and some knew that the protection of circumcision was not complete.

What made me remove foreskin is ... I'm Zulu and at home they said, 'No, we don't remove foreskin.' But looking at the things that are happening because of this issue of HIV, I saw that it is something serious and I better go and do it. (M 25–30 G Orange Farm)

You have lesser risk of contracting HIV and other diseases when you have circumcised compared to somebody who has not circumcised. That does not mean you won't contract HIV if you are circumcised and you don't use condoms. (Mixed 26–40 G urban)

Circumcision has a great contribution in the prevention of HIV because the foreskin that carries a lot of diseases is removed and chances of getting diseases are reduced, but on the other hand you need also to protect yourself. (M 25–30 EC rural)

You can catch diseases even if you are circumcised if you are having sexual intercourse, because you exchange fluids which have viruses. (M 16–21 EC rural)

Male circumcision helps with the reduction of HIV/AIDS; it reduces the opportunities of getting HIV/AIDS, especially these days when there are so many diseases. (F 30–45 EC rural)

It's wise for everyone to use a condom, whether you are circumcised or not. (F 16–21 M rural)

The group from Gauteng informal settlement believed that men living with HIV should not be circumcised and should rather stay on treatment.

I don't think is necessary for a man who is already being infected with HIV to go and circumcise, because the damage is already done and you can bleed to death during circumcision. (M 27–34 G informal)

Somebody already infected must just take treatment and forget about circumcision, but it's important for a person who is HIV-positive to go to the mountain and to learn about culture if he is HIV-positive; maybe he can be a preferential case, just chop a little bit. (M 27–34 G informal)

Announcement was made that all people going to the mountain must first do an HIV test. This was announced by the chiefs in the Ndebele area, and I was part of those people who went to test first before going to the mountain, to avoid people bleeding to death and getting infected during circumcision. (M 27–34 G informal)

ROLE OF WOMEN IN CIRCUMCISION

Traditionally, this is a secret male domain and women are completely excluded. In some of the groups, especially the rural groups, the participants said that male circumcision has always been a secret reserved for those who are circumcised. They said what happens to the men should never be known by women, hence women are not allowed even to see the penis until it is healed. They said that this is the reason why in some cultures only older boys are allowed to go to the mountain, because they will be able to keep their mouths shut when they come back to the community. They said even mothers of boys are not involved; the son cannot bath in front of his mother. Not even a man's wife should see how he looks after circumcision; she should just enjoy the benefits (good sex).

The role of women is to cook and send food to her son only, and nothing else. Women are to be kept in the dark on this matter. There should be no disclosed information to the women about what is taking place there. (M 20–30 WC informal)

If it happens that you brought up the boy alone, then the men from your family's side take the responsibility of checking how the boy is doing, not you the women or the mother. (M 20–30 WC informal)

No woman is allowed closer to a man who is just coming from circumcision, because if you are not healed well, it will expose what is happen in there. Women will know what we are doing. (M 35–45 L rural)

Traditionally there is no role that a woman plays; she has no say in the matter. She must just be happy that her son is going to hospital. She will just prepare whatever needs to be prepared for the day her son comes home. (M 27–34 G informal)

I don't see anything that needs a woman in that topic; this topic is only related to men. How can a woman talk about something she don't know? This topic needs men. (M 25–35 KZN rural)

This must be a secret, even my wife mustn't know what happens there; it must be my secret that I will die with. She mustn't know, she must only feel it when it's inside, that's all. (M 35–45 EC rural)

TRADITIONAL CIRCUMCISION

There was a long discussion about the traditional male circumcision and initiation schools. When talking about the traditional/initiation places, participants referred to them as “the mountain”, “the veldt” or “the bush”, and “the forest”. They believed that every man should go for initiation because it is part of their culture and that is where they learn a lot about their culture. They said they are taught manners, respect, responsibility, self-control, discipline and secret rules, and about meeting ancestors. It seems that the hardship of the cold and pain is also part of the experience and that a boy comes back able to “tolerate anything”.

When you come from the traditional circumcision, you learn manners, respect and many things. There is a belief that when you come from traditional circumcision, you must not be washed by a woman like they use to do before you go. You become a responsible person. (M 16–21 L rural)

Those who've been to the bush are stronger and can tolerate anything. (F 16–21 EC rural)

They also believed that those who are circumcised in a traditional way are more of a man and stronger than the others.

They have been beaten, no food and bathing with intelezi [tradition medicine] to make them strong. (M30–45 EC rural)

The advantage of going to the mountain is that you get to connect with the ancestors. (M 16–21 EC rural)

The mountain also has its rules that are given out. There are rules that come out; you are instructed to drink certain medication. There are rules that come out, but I can't say it here. (M 25–30 NW informal)

Circumcision is more about culture and that is what it means to you as a person, more than hygiene. In most cases people they have no information about why it's good to be circumcised, they just do it for culture purposes because it defines who they are as people. (Mixed 26–40 G urban)

What is important is to promote and appreciate our custom, and not to follow the custom of the white man; to promote your own culture and tradition in your own place. (M 25–30 EC rural)

It's a respectable, honourable thing; you are respected when you have been to the mountain. (M25–30 NW informal)

CLEANSING WHEN RETURNING FROM THE MOUNTAIN

We need to do away with some of the wrong practices. For instance, there is a tendency of being encouraged to sleep with an old woman or the slut when you come back from the mountain so as to clean yourself from bad luck. In other words, men get infected with HIV even if they are circumcised, but you can escape after one round without being infected. (M 25–30 EC rural)

There is belief that a boy must cleanse himself of bad luck as soon as he returns from the mountain, and that the cleansing should be done by sleeping with the girl that you do not love, sometimes who is regarded as a slut, which raises another question with regards to HIV. Now I don't know which the right thing is, because through masturbation one can cleanse himself – instead of taking your bad luck to somebody, rather spill it down. [Laughter] (M 25–30 EC rural)

ACCEPTANCE IN THE COMMUNITY

Another advantage is to be acceptable in your community. It is also easy to socialise with other people who are circumcised. (M 16–21 EC rural)

It has status in society; you don't have limitations, you have a voice on issues affecting your community. You will be listened to, unlike somebody who has gone to the hospital for circumcision. You are regarded as "inkwenkwe" if you haven't been to the mountain school, you cannot address men or attend ceremonies. (Mixed 26–40 G urban)

You become a social misfit, people disrespecting you. (M 25–30 EC rural)

NEGATIVE TEACHINGS

There are boys who went to the initiation school and have never tasted liquor or smoked dagga, but they come back smoking dagga and some drinking liquor. (M 25–30 EC rural)

You know, according to me this practice should just stop because, from what I've heard, you find that a boy of 15 years can tell a man of 40 off just because the boy has been to the mountain and he was told that anyone who has not been is not man enough ... That means

there is no respect any longer among the people. And those who go for medical circumcision at hospitals, they never get that attitude of being above others. (F 25–30 G urban)

The problem is that, some of us, when they return from the mountain they refuse to do house chores like fetching water, cooking, cleaning, etc. and parents are always not pleased with his behaviour. There is always a commotion in this family because parents shout at him and he shouts back. (M 16–21 EC rural)

Women did not like that their sons disappeared to the bush without their knowledge. They were also concerned about the length of time that boys spent at the mountain because they took time off school and this impacted negatively on their education. The women were also anxious about the deaths happening at the traditional/initiation schools.

You wake up in the morning and your son is gone. You look for him all over, but you can't find him. After sometimes, you will see people coming to you; they inform you that your son is in the bush and they came to ask for money, goat and others necessities like food. (F 30–45 EC rural)

Children will leave even during school period and teachers should not allow them, they should go once they have finished their exams. You only get a letter that a child is gone; you see his report – he has failed. If you ask his teacher he says, 'No, it's because he left during exam time.' (F 16–21 EC rural)

The other thing is that in the forest it takes a long time and these children have to go to school. At the doctor it takes one day and you can go home. If you do it during the school holidays, you will be healed by the time the schools re-open. (F 20–30 L rural)

I also think that hospitals are good because even if you look on TV, news tell us that a lot of men who die, die in the mountain. [Silence] (F 16–21 FS rural-informal)

Okay, for example, if you watch TV, every winter children die because they are taken to the initiation school and the person who is in charge of the school and the person who is responsible for cutting them do not know how to their job. So many people end up taking their children to the hospital, because it is healthy to do it in a hospital and many people don't die in a hospital. (F 20–30 L rural)

STIGMA AND PEER PRESSURE

There was a common view of being discriminated against in the community if one was not circumcised. The pressure came from parents, adults, peers and women as sexual partners.

My mother was an influence in me going to the mountain school. Every time I misbehave she will call me "leshoboro" [a man that is not circumcised]. Every time you are called that name, you feel offended. That's why I went there after understanding what "leshoboro" meant. I was a laughing stock and took a decision to go to the mountain school at 13. When I came back my mother treated me differently, she respected me and treated me like a matured boy. (Mixed 26–40 G urban)

I wanted to go because all my friends were going there [to the mountain]. (Mixed 26–40 G urban)

I was the only one left who hadn't circumcised and they were forever laughing at me, then I felt left out and I thought, 'Let me do it to be part of the friends.' Even my girlfriend said it's better because 'I heard it's nice when you circumcise'. And I thought since I'm teaching people about positive lifestyle then I have to practise what I preach. (M 25–30 G Orange Farm)

If you have not gone to the bush your life will be miserable. You won't be able to associate with other men and share opinions. You will be labelled as not a man enough among the community, or half a man. (M 25–30 EC rural)

Sometimes you suffer prejudice from the institutions of higher learning, and nobody wants to associate himself with you. You come to a social gathering, as soon as you mix with them they begin to change the topic or disperse because of your arrival. Nobody wants to share views or chat with you, because you are a boy. (M 25–30 EC rural)

Sometimes if you are not circumcised, and you are as far as Port Elizabeth, working there, and you get promoted to the position of being a manager, you will have to come back and get circumcised before you manage those people. Because they say that they cannot be managed by a boy, regardless of how old you may be. (M 16–21 EC rural)

Another thing is that the boy is being taunted by his peers, and then he can end up raping or stealing because he is frustrated. (M 16–21 EC rural)

The other thing is that, when you did not go to the mountain, those who went there disrespect you: 'Wena umsana ungazongitshela' ['You are a boy, don't tell me anything']. (M 16–21 M rural)

PUNISHMENT

Sometimes parents refuse that you must go to mountain as a form of punishment if you are not respecting them. How can you send a boy to the mountain that destroys the things that are going to help him? (M 16–21 EC rural)

Sometimes parents look at the behaviour of the people who are already circumcised and if their behaviour doesn't show that they are men, they behave like children – they eliminate chances for those who are not yet circumcised. (M 16–21 EC rural)

Circumcision protects you if you don't like using a condom, because it's not easy to get infection. (M 25–30 KZN urban)

If you have removed your foreskin it means that you have no problem when you are passing urine. You do not have to roll back the foreskin all the time. Secondly, you don't have to roll back the foreskin and clean it. (M 16–21 EC rural)

TRADITIONAL AFTERCARE

I speak for the traditional side. Healing using the traditional things, there are things a man can use, like khopa [snail], which a woman does not know how to use them. These things that I am talking about are easy to use and are not expensive in a way that economically some of us cannot afford to have other medication. (M 16–21 L rural)

I think the caregiver is fully responsible, because he is the one who signs the consent form and in the consent form there are stipulated principles that the boys must be given clean water all the time and healthy food. So in the first eight days the caregiver is not supposed to leave the boys, and he is the first person to see if the boy has a problem. So things like dehydration can be blamed to the caregiver, because he is the one who must give them reasonable amounts of water daily. It has been discovered that boys are killed by dehydration, and assault [initiation]. (M 25–30 EC rural)

MEDICAL MALE CIRCUMCISION

There was a lot of discussion about safety in clinics or hospitals, including the facts that doctors and nurses are well trained, that patients are checked for STIs and other diseases before circumcision in medical facilities, and that clean instruments are used for each person. In addition, at one clinic,

young boys are taught health promotion.

At the clinics they test you. You volunteer before they test you for HIV, and I think things they do medically are much safer. (M 20–25 G Orange Farm)

I prefer medical circumcision because all the instruments they take out are unique [new] ... They are clean and safe, and then they throw them away. So I prefer it because if anything wrong happens, they know what they will do. (M 20–25 G Orange Farm)

The health services are much better; they give you numbers to call in case of emergency. You can even send them a call-back at midnight, if for example you are bleeding, and they will call you. (M 16–21 KZN urban)

Yes, long before you even agree to do it, you go through some classes where they take you through the procedures and why you should know your status, as well as how to look after yourself after you've done it. So when you ready they take you for counselling, and after that they give you a date to do it. (M16-21 KZN urban)

A doctor knows that the penis is a very sensitive part, it needs someone who is well experienced to touch it. Even if something happens the doctor will be able to act promptly. (M30–45 EC rural)

They [Nurses] have kgathallo [care] for people because they know what they have to do to the person. That is the knowledge that they have. (F 16–21 rural-informal)

Hospitals are safer, and even the government is supporting this initiative. In hospitals you get well-trained doctors to perform circumcision. (M30–45 EC rural)

You need to use salt and water so that your skin can come together, because when you use Sunlight or using Dettol it might take time to heal. (M 20–30 G Orange Farm)

You should also refrain from alcohol. (M16–21 KZN urban)

DISADVANTAGES OF MEDICAL MALE CIRCUMCISION

Some men mentioned that they might feel uncomfortable going to health services, because there are women known to them who work there. There were also men who said circumcision should be done by male doctors and nurses, because they are afraid of getting erections when touched with soft hands by female doctors. Several men also said that female nurses will discuss the size and shape of their penis.

Another challenge is that there are a lot of girls that work there [health service]. So you can just think, 'A girl is holding my penis' ... It can be a challenge that they are looking at sizes: 'Yours is big, yours is small.' And they do talk about it: 'That one uyiphethe i45 [he's got a big penis].' So, that can be a challenge for many men to go to the clinics. (M 25–30 G informal)

I want a male doctor, not a nurse. Nurses, they have soft hands, I will have an erection while she is touching my penis. (M 20–27 FS rural-informal)

No female doctor; it won't be comfortable to be touched by a female doctor on your penis; you might have an erection during the process. It's not safe. (M 27–34 G informal)

Female doctors will discuss my penis with other nurses, so I know women like to talk about men, penis, the size, the length. That won't be comfortable for me to allow a female doctor to circumcise me. (M 20–27 FS rural-informal)

Other problems raised with having circumcision done at health services were that men don't like going to clinics, and that they are scared to test for HIV.

Another challenge is that men doesn't like going to clinics. It's only us as women who go there, but if there was somebody who can call a special meeting and call everybody, they will go. (F 30–45 EC rural)

BEHAVIOUR CHANGE AFTER CIRCUMCISING

Men had different views on changing their sexual behaviour after circumcision. Some said that they continued to use condoms, and some did not use them consistently. Some men reported that their sexual enjoyment increased and they went out and proved that by sleeping with many women.

*Since I've circumcised I haven't used a condom. **[Why?]** It's just that I feel I need to heal properly and have been keeping away from sex ... since March this year. So I don't know the difference yet. (M 20–25 G Orange Farm)*

I think there is a need to use condoms even if you have circumcised, just to be on the safe side. You don't know what that girl has ... They say it's [the condom] 100%, but you don't just look at AIDS. In terms of pubic lice they can also get into you. So, I think condoms are important for many other things. (M 20–25 G Orange Farm)

After healing you often experiment with different girls because you want to feel the

difference, but after that you are back to normal. (M 25–30 KZN urban)

My behaviour has not changed at all as far as females are concerned, and in other things as well. (M 16–21 KZN urban)

Personally, it hasn't changed, but sexually it has changed – I became more sexually active than before. (M 25–30 NW informal)

It is not clear from women's discussions, though, how protective they thought circumcision is.

I think the main worry is that men don't want to use condoms. That's why circumcision is important, because even before the times of condoms, they were aware that if men cut the foreskin they would not have a big problem with diseases, even if they slept with more than one [sexual] partner. (F 25–30 G urban)

He sleeps with another girl and not you, his girlfriend. [They agree] So he sleeps with another girl to take out that "sesila", and it is ok, you understand as his girlfriend. (F 16–21 FS rural-informal)

CULTURAL PRACTICES CRITICISED AND SUPPORTED

The young Eastern Cape men held a view that the media should not expose these practices, since it is part of their culture and must be kept a secret. They said the exposure scares boys from going to the mountain. This group stated that the media always criticises the practices of traditional circumcision. They were not open to discuss anything against traditional circumcision. They also undermined those who had undergone medical circumcision.

People have seen programmes like Cutting Edge in the television and have believed everything they saw there. But as I have indicated before, these are rare cases of botched circumcisions that are shown in the television, it is not usually the case. (M 16–21 EC rural)

People who are circumcised in the hospital get exposed on television and this scares boys who are not yet circumcised and may refuse to be circumcised later. I can say it is easy to be exposed on television. So another disadvantage is that when they show them on TV, it sends a message that that particular hospital also performs circumcision. That is what I don't like. (M 16–21 EC rural)

So in the hospital men are given soft food and they sleep on the beds, and that is a behaviour which is not acceptable. (M 16–21 EC rural)

In the hospital there are many people, including women. (M 16–21 EC rural)

The Western Cape group was also protective of traditional circumcision/initiation schools. They blamed everything that went wrong, like deaths, on other “tribes” copying Xhosas and doing it all wrong. They also blamed young initiators who set up these schools to make money.

Also there are some tribes that don't practise this ritual, but they just like doing it. Now it is sometimes found that it is not done in the proper way, because the ritual is not theirs. That is why you find there are lots of boys dying in the mountains, it is because proper methods of performing this ritual are not followed. (M 20–30 WC informal)

I would like that our boys be circumcised at the mountain, but because the initiators themselves are young men that puts our boys at risk. (M30-45 EC rural)

There are a few traditional initiators these days; the only available ones are young ones, same age as the person to be circumcised. The initiator will not make it easy for the boy there because of some reasons, maybe the initiator does not like the boy or whatever it may be. (M 20–30 WC informal)

However, the Western Cape group accepted the involvement of medical staff to test boys for diseases before they go to the initiation schools.

The idea of getting tested before being circumcised is good, but only if you are to be tested and treated for what may be diagnosed in you. (M 20–30 WC informal)

I think it is good that boys are first sent to hospitals to be tested. (M 20–30 WC informal)

The Western Cape participants were the only men who openly shared their fears of dying and being maltreated at initiation schools.

We live in fear of not knowing if you are to return or not, and the step you are to take of entering manhood. (M 20–30 WC informal)

Another thing that comes to my mind is the treatment you are to receive there. There is huge fear of the treatment you are to receive from the initiator, because we hear of bad and cruel things that the initiators do to boys in the bush. (M 20–30 WC informal)

TRADITIONAL MALE CIRCUMCISION AND MEDICAL MALE CIRCUMCISION TO WORK TOGETHER FOR SAFETY AND HEALTH REASONS

Many participants said they accept that male circumcision should be performed medically. Some participants said that medical professionals and traditional surgeons must work together in performing circumcisions, for safe-health reasons. Both fields would improve and men would benefit more.

I don't think it is important to choose where to do this. It doesn't matter whether you do it in the hospital or on the mountain, what is important is that you must be safe. (M 25–30 EC rural)

I believe circumcision can be done anywhere only if people respect health principles. (M 25–30 EC rural)

I mean, even if you are going to perform it on the mountain, it must be known so that nobody breaks the health rules and principles. (M 25–30 EC rural)

The mountain ... because it is safe as well. (M25–30 GP urban)

DISCUSSION

The research suggests that there are many similarities among all the groups. The research participants talked openly about their experiences, perceptions, beliefs and attitudes around male circumcision. There were debates about the merits of both types of circumcision. Generally, there was a strong belief that men should undergo circumcision because participants believed there are more benefits to than challenges of male circumcision.

All men related details of discomfort when having the foreskin, such as having to deal with the smelly “white stuff” that sits under the foreskin daily, and they argued that even after bathing it accumulates immediately and the penis sweats a lot.

There were mixed feelings about traditional versus medical circumcision.

Many participants said that they accept that male circumcision should be performed medically at the health services, and some said that as long as the health workers are professionals they would not mind whether they are male or female doctors.

Nonetheless, there were more men who felt that if circumcision happens at the medical centres, it should be male doctors or male nurses who perform the operation. They came up with various

reasons why it is not acceptable to them that female doctors and nurses do it. Some said it would be uncomfortable and almost embarrassing for a woman to be fiddling with their private parts, saying that it would lower their dignity as men and that they would get an erection when touched by soft hands, as well as expressing concern that the nurses would talk about the shape and size of their penis with other nurses.

Other men spoke of the cultural belief, without explaining it, that women are not allowed near circumcised men. Even those who think that there is a need to involve medical doctors in the traditional schools insisted that those doctors should be male and that older men should guarantee that the doctors don't have sex the night before going to the initiation schools, as this would cause all the wounds not to heal. It was not explored whether the older men would check that the doctor had not slept with a woman the night before.

Women, unlike men, talked strongly against some bad practices and conditions around traditional circumcision, and mentioned deaths and penis amputation as a result.

There were also many problems emanating from boys going to the bush that women discussed. They talked about boys coming back from the bush drinking and smoking, which they had been taught to do by the elders. The women also talked about boys coming back and disrespecting their elders, even their own fathers.

The women disliked the fact that boys often just disappeared and they didn't know where their sons were. They were also against bush circumcisions being costly to the parents; they felt that traditional circumcision should not be run as a business.

Many women complained that boys went to the traditional schools during school or even exam time, and that teachers colluded in this. They also felt that going to the bush took a long time, and some felt the time was wasted.

Their greatest anxiety was that many boys died in the bush. The women said that they had seen this on television, and some had personal knowledge of boys dying or being mutilated.

Young women did not feel comfortable talking about male circumcision, and they did not have a lot to say about it, though they talked about hygiene and sexual pleasure with circumcised men.

The content of the discussions was remarkably similar, despite the groups being from different areas and of different ages.

All participants shared similar views that men should be circumcised, since it brings about many benefits.

CONCLUSION

Some people are well informed about medical male circumcision, largely those in areas around MMC projects. Many have learned about male circumcision through the media.

For further education on HIV prevention, this research also highlights clearly that we should utilise male circumcision in existing traditional and health contexts within communities where it is practised regularly. We need to reduce tensions between the medical and traditional male circumcision practices; concerns from both perspectives need to be addressed by conversations in order to reach common ground. In addition, there needs to be a process for ensuring the participation and involvement of women in medical male circumcision.

APPENDIX 1

INTERVIEW SCHEDULE

Hello, my name is I am doing research for the development of a new Soul City drama series. I would like your views about the topic.

Please feel comfortable to give your opinions and feelings openly, and to tolerate views that come from other people, which may be different to yours. All the information coming out of this interview will be confidential in the sense that we will not be able to link the information back to you as an individual; your name will not be used anywhere, and we will use the information only for research purposes – to help us to develop the drama series.

Do you mind if we record the interview? We do it simply so that we don't lose any of the important things that you tell us. Only the researchers will listen to the tapes; they will not be used for any other purpose.

GENERAL PUBLIC MALE CIRCUMCISION

- What comes to mind when you hear “male circumcision” (MC)?
- What are some of the advantages of being circumcised?
- What are some of the disadvantages of being circumcised, or not?
- At what age should male circumcision be done?
- What are your views about male circumcision in relation to HIV prevention?
 - Probe: What are your views on condom use for circumcised men?
- What are your views on male circumcision done in health services?
- Where do you think male circumcision should be done? (Places like clinics, etc.)
 - Probe: Why?

- Who do you think should perform the circumcision in health services?
 - Probe: Why?
- What are some of the barriers to circumcision?
- What would be the role of women during the healing process?
 - Probe: How do mothers/sisters or partners help?
- Is there anything else you would like to add in this discussion?

CIRCUMCISED MEN

- What was your experience of circumcision?
- Were there any problems you encountered?
- What do you think are the benefits?
- How did you find the healing process of male circumcision?
 - Probe: What is involved in the healing process? (Risk of infection, pain, etc.)
 - Who gave you support?
 - Sex life concerns?
 - Time off work?
- What are the things you do now to prevent HIV?
- Is there anything else you would like to tell us?