

## **Traditional male circumcision as a remedy to sexually transmitted infections amongst youths in the Limpopo Province of South Africa**

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### **Abstract**

*Scientific evidence has shown that male circumcision reduces the risk of sexually transmitted infections by providing partial protection in heterosexual men from contracting infections by at least sixty percent. This exploratory study involved 12 male students at the University of Limpopo. Its purpose was to explore their understanding of male circumcision, their attitude and assess the motive for their uptake and acceptability of male circumcision. The findings from this study shows that for the youths interviewed, the motive for performing male circumcision was cultural rather than a remedy to prevent STIs and/ or HIV. These findings indicate that even though male circumcision has been shown to reduce men's risk of becoming infected through heterosexual sex, few youths are aware of this prevention information. The findings of this study suggest that effective STIs programmes in the context of male circumcision need to be innovative, taking into account the cultural paradoxes evident in the behaviour of people who will be aware of male circumcision as a partial HIV prevention strategy. Further research should extend the findings of the present study in order to develop HIV risk reduction interventions in the context of male circumcision.*

**Key words:** Initiation schools, Traditional leaders and youth, Male students, Professional nurses and doctors, HIV/AIDS

### **Introduction**

Scientific evidence has shown that male circumcision reduces the risk of sexually transmitted infections (STIs). According to Joint United Nations Program on HIV and AIDS (UNAIDS) (2016), South Africa has the largest proportion of people living with HIV in the world; with about 270 000 new HIV infections and 110 000 AIDS-related deaths and 7 100 000 people living with HIV in 2016. The South African National Sero-prevalence study estimated that the overall HIV prevalence in the South African population was 10.6% in 2008; peaking among those aged 15-49 at 16.9% (Shisana et al., 2009).

According to Shisana et al., (2009) HIV prevalence remains disproportionately high for females compared to males in the 25-29 age groups, where 32.7% were found to be HIV

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positive. HIV prevalence among males aged 20-24 is more than twice as high as that of males aged 25-29. In terms of race, HIV prevalence among indigenous Africans is thirteen (13%) compared to six percent (6%) among Caucasians.

With a robust response to the epidemic, new HIV infections have decreased by 49% and AIDS-related deaths have decreased by 29%. Despite these gains, South Africa still holds 19% of the global number of people living with HIV, 15% of new infections and 11% of AIDS related deaths. The gains were generated through its treatment programme which is the largest in the world, accounting for 20% of people on antiretroviral therapy globally (UNAIDS, 2016).

Among the interventions implemented, the government of South Africa through its Ministry of Health is playing its role in initiating policies and campaigns urging people to go for male circumcision. According to the South African Government News Agencies, they eluded that male circumcision forms part of governments' comprehensive HIV prevention strategy. They went on saying 'circumcision has been shown to reduce the risk of sexually transmitted infections including HIV transmission by as much as sixty percent (60%)'. One of its fundamental goals in encouraging people to take advantage of the campaign was made public through the Limpopo Health and Social Development MEC, Dikeledi Magadzi who was quoted in SA News saying, "all our hospitals in the provinces are open to conduct medical male circumcision at no cost. People who want to be circumcised at our hospitals must book their space in time to avoid disappointment as the need for this service might exceed expectations". Magadzi went on to say "we are working closely with our traditional leaders and we are remaining confident that things will go well at the initiation schools, including meeting all necessary requirements" All these it's a true indication that male circumcision in the governments' long term policies in the prevention and fighting for STIs pandemic from community level to national level as part of its preventative strategies against Sexually Transmitted Infectious diseases.

Male circumcision is one of the key methods that has been scientifically proven to reduce the risk of Sexually Transmitted Infections (STIs), such as HIV/AIDS, herpes, gonorrhoea, syphilis, human papillomavirus, to mention but a few. Scientific evidence shows that male circumcision reduces the risk of STIs by providing partial protection in heterosexual men from contacting HIV by at least 60% (Kapila and Williams, 1993). Coupled to this demonstrated efficacy, there are several reasons why many adult men and

teenagers seek or go for circumcision. Some of the reasons identified include cultural beliefs, healthy reasons, religious beliefs, sexual reasons and cosmetic reasons; all these are the reasons why most men and teenagers go for circumcision. Male circumcision can only be done through two ways, which are medical circumcision and traditional circumcision. According to the Department of Health of South Africa, medical circumcision is a simple surgical way procedure done to remove the foreskin on a penis in a clinical set-up by the professional nurses and/or doctors. Dodge and Kaviti (1965) defined traditional male circumcision as the removal of foreskin on the penis carried out for cultural reasons as an initiation ritual and a rite of passage into manhood, performed in a non-clinical setting by traditional providers of a certain ethnical group of people.

There are many theories that can be used to assess youth attitude towards male circumcision from their cultural perspectives. The Social Acceptance Theory (SAT) was employed in order to better understand youth attitudes, perceptions and views towards male circumcision. Arising out of the socio-psychological tradition, SAT focuses on the internal processes of an individual's judgment or decision-making with relation to a communicated message; it is thus an explanatory method designed to examine when persuasive messages are most likely to succeed. Attitude change is the fundamental objective of persuasive communication. Social Acceptance Theory seeks to specify the conditions under which this change takes place and predict the direction and extent of the attitude change. According to Sherif & Nebergall (1965), a person's likelihood to change his position based on the information he has received, is the likely to follow the direction of his attitude change, as well as the person's tolerance of other positions, and the level of commitment to his own position. Furthermore, it is has been claimed that the expectations regarding attitude change could be based on the message individuals have received and the value and credibility of the source of that message. This study was designed based on the above considerations. Hence, this study sought to:

- To explore the understanding of male circumcision and the sources of information about its operation among youths;
- To evaluate knowledge of and attitudes towards male circumcision as a preventative way for STIs;
- To assess the uptake and acceptability of male circumcision among the study population.

## **Methods**

### ***Design***

This study employed exploratory design which helped to assess the provision of traditional male circumcision as a remedy to sexually transmitted infections amongst youths in the Limpopo Province of South Africa. Exploratory research design investigates the nature of a phenomenon, the manner of existence, and related factors as well as features in order to gain further information on the situation. Exploratory research is employed to increase the researcher's awareness on the phenomenon and provides valuable information for further investigations and usually asks the "how" questions (Babbie and Mouton, 2001). The current study asks how male circumcision is provided and utilised as well as how youths embrace the service.

### ***Population, Sample and Sampling Procedure***

The respondents were drawn from the students which always play soccer tournaments during the weekend as part of their social life at the University of Limpopo. These teams are organised and made up of male youths which belongs from the same origin. Therefore, the researcher went at the University Sports Complex and identified these teams and then selected the respondents using the purposive and quota sampling techniques. The sampling units were both circumcised and uncircumcised male youth between the ages of 18-25 years old drawn from different tribal groups surrounding Polokwane, mainly those tribal groups who practice traditional male circumcision ceremony as part of their religious beliefs. Therefore, the selected groups were the youths from Pedi, Venda, Tsonga and Swati tribal groups. The researcher interviewed twelve (12) participants who were male students studying at the University of Limpopo, Turfloop Campus by the time the researcher collected data. Each tribal group was represented by three (3) students and amongst these three (3), two (2) should be circumcised and one (1) uncircumcised, all these students should be of the ages between 18-25 years. A total of twelve (12) students, three (3) from each tribal group were interviewed.

### ***Data collection***

This research used qualitative data and its semi-structured instruments. In order to complement the qualitative data, the research employed the use of face to face in-depth interviews in each of the selected tribal groups which are to be represented by twelve (12) students apiece. One language were used in the collection of data, that is, English, because the respondents were all University of Limpopo students therefore they are all determined to use English as it is the most commonly used medium of instruction amongst the students. But however, participants who were fluent in Venda, Tsonga, Pedi and Swati were also engaged during the interviews in order for them to fully express their thoughts on how they view male circumcision from their tribal view.

### ***Data analysis***

According to Burns and Grove (2003), data analysis is a mechanism for reducing and organising data to produce findings that require interpretation by the researcher. Data analysis is a challenging and a creative process characterised by an intimate relationship of the researcher with the participants and the data generated (De Vos, 2002).The researcher made use of thematic data analysis. According to Bongaarts (1989), “thematic data analysis qualitative analytic method is used for identifying, analyzing and reporting patterns (themes) within data”. Therefore, the researcher used thematic data analysis to minimally organise and describes raw data to be in (rich) detail. A captured theme in the data was then related to the research question and represents some level of patterned response or meaning within the data set. This characteristic of thematic data analysis enables the researcher to derive meaning from the data collected.

## **Results**

### ***Knowledge about MC and the source of information***

The common sources of information on male circumcision frequently cited by the study participants were elderly people, friends, health centres, teachers and the media (Radio, Television, magazines and internet. Interestingly, the most widespread channels (i.e. radio

and television) of information communication were mentioned by most of the study participants as their initial sources of information about male circumcision.

Youth from Venda tribe indicated that they all know about STIs in their community from their elderly people in their communities especially during the time they went to the mountains for initiation. Swati speaking youth which took part during the collection of data, also indicated that they know more about STIs from health workers in their communities, they argued that, whenever they visited clinics and hospitals, they were told about STIs and they were encouraged to undergo for circumcision in order for them to prevent STIs transmission. Majority of the youth from Pedi tribal group indicated that they know STIs from the media especially the most common radio programme on Thobela FM and on SABC TV. Most Tsonga speaking youth, who took part in this research, indicated that they know much about STIs but most of them indicated that they know STIs from their friends when interact with their peers. The sources of information to which the youths were being answering the question, 'have you heard of Male circumcision in your community? Majority of the youth from Venda tribe said they got the information from the elderly people. For instance this is what one of the participants had to say "*I get know male circumcision from my grandfather whom I stay with, he used to say you cannot be a man enough if you not circumcised, you should go to the mountains and that's the only way you can be regarded as man*"

Furthermore, youth from Swati tribal group who took [part in this research also made it clearly that the commonly source of information about male circumcision was from the health workers in the nearby clinics from their community. One of the respondents had this when he was asked,

*"I have visited health centres to collect brochure about male circumcision information and also listen to talks by health workers on advocacy for male circumcision in the fight against HIV pandemic. After receiving the information I decided to undergo circumcision".*

More so, majority of Pedi speaking youth indicated that they got the advocacy message on male circumcision from the media such as radio, television and internet. One of the respondents said this when he was asked where he had he heard about male circumcision? He said, "*I have researched on male circumcision information on internet so that I can understand more*".

All these are some of the sources of information in which the youth got the information about male circumcision which acted as a spring board for them to undergo male circumcision.

### ***Reasons Why People Practice Male Circumcision***

Most of the youths got circumcised either for health/hygiene reasons or for traditional or cultural reasons. Protection against sexually transmitted infections including HIV was cited by only 6 out of 12 of the respondents. These reasons suggest that protection against STIs is not the main factor determining circumcision uptake among the youth in Limpopo Province. The table below represents the reasons why youth undergo for male circumcision. Various reasons were kept recurring in their responds to the question, ‘why do you think people practice Male circumcision in their communities’? All the youth from Venda tribal group indicated that they undergo for male circumcision because of it’s their traditional and cultural belief to be circumcised. When the respondent to the question, ‘why do they think people practice Male Circumcision in their communities’ one of the respondents had this to say, *“I think people undergo circumcision because it’s our culture to get circumcised, it’s very rare to find a Venda guy who is not circumcised because each and every one would go to the mountains whether you like it or not”*.

Unlike Venda speaking youth, Tsonga youth who took part in this research indicated that although it is their culture to go for circumcision, but they indicated that the main reason why people go for circumcision is because they want to satisfy woman during sexual intercourse. One of the respondents said this, *“The reason why ‘We’ (Tsongas) go for circumcision is for us to satisfy our partners on bed. Therefore most us we regarded as man enough because we are circumcised and our partners respect us for that because we satisfy them on bed”*.

### ***Procedure for Male Circumcision***

Majority of the respondents indicated that the procedure reduces sexual pleasure, can lead to bleeding that can cause health problems and that the procedure was painful and most of them believed that the procedure was costly and it undermines human rights, in the case of Venda culture, everyone must undergo for circumcision whether you like it or not. Most of the

reasons respondents cited for not for the procedure of Male circumcision were found during the interviews are illustrated in the following quotes from some of the respondents' views:

*"I have been there; the procedure involved is so painful. This is the reason why I can't encourage anyone to get circumcised"*

*"The procedure for circumcision is painful. The operation takes about an hour to be completed. During the process, a lot of blood is lost and sometimes the anaesthesia which helps to reduce the pain may not be effective thereby worsening the pain"*

*"Traditional circumcision is not good at all, you go to the mountains in winter and the process itself it's so annoying therefore I think maybe medical male circumcision is better than traditional one".*

*"medical male circumcision is very expensive, they don't give us salt, they will just cut you and tell you go and buy salt on your own, I remember when I got circumcised I didn't have money I thought it's for free but I was surprised to be told that I should buy salt, so I can't say it's cheap because you will pay for the salt".*

The findings on the procedure of Male circumcision either traditional or medical way, clearly show that the process is very painful given the findings from respondents in this regard. Traditional way was viewed as not conducive at all because of the winter time in which the initiation took place. Medical way has been also reported as expensive in the sense that they don't provide salt and bandages to the circumcised man. Therefore it's expensive given the fact that you should buy salt on your own after getting circumcised. Also another issue which was also reported was the fact that most of the medical practitioners who circumcise man at the health facilities, they are normally woman, therefore most youth are reluctant to go and get circumcised medically because they will be shy to expose their genitals to the persons of opposite sex.

### ***Knowledge about STIs and its transmission***

Knowledge for protection against STIs infection is cardinal for people to make an informed decision on whether or not to undergo the operation. An encouraging and important finding from this study is that most of the youths in this study had heard that male circumcision is a STIs prevention method. All the respondents indicated that they were aware of STIs and its



transmission from woman to man. The respondents unanimously agreed that they were aware of STIs transmission; they all agreed that they got the information from their elders, teachers, peers, health workers as well as from the media. When they were asked the question, ‘what do you about Male circumcision and STIs transmission from woman to man’, they all responded indicating that they were aware about STIs. They also made it clear that although they were aware of STIs transmission, they indicated that indeed male circumcision is another way of protecting themselves from STIs as well as reducing its transmission from female to male.

### ***Exposure to Advocacy Messages of MC as STIs Prevention Strategy***

Respondents indicated are exposed and that they had seen messages advocating male circumcision as a way of preventing STIs. Respondents were then asked to mention the channels through which such messages were received. The information presented in Table below indicates that radio and television combined Health Centres and Non-Governmental Organizations (NGOs). Another source that was cited by the respondents was magazines. Others reported having seen male circumcision advocacy messages in newspapers. This suggests either that the youth do not frequently read newspaper or that newspapers rarely carry information on male circumcision. Bill boards, which are also an important avenue for promoting circumcision uptake, were cited by only of the respondents. The findings show that less than half of respondents who indicated having been exposed to advocacy messages on male circumcision indicated that they were satisfied with the messages they had been exposed to.

### ***Views on whether Circumcision Can Prevent STIs***

Different views were indicated by the youths from Limpopo when they were asked if they knew whether circumcised cannot get STIs. One participant said:

*“Yes what I heard is that if you are circumcised there is a reduced risk to be infected with HIV because you have a little chances of contracting HIV when you don’t have a foreskin. I heard that from the radio.”*

### ***Youth Awareness about Male Circumcision***

Given the high numbers of respondents who indicated that indeed youth are aware and they had heard about male circumcision as a traditional and cultural belief, medical operation and a method of STIs prevention as well as those who had been exposed to advocacy messages, it was expected that equally high numbers were going to report having been circumcised because of the awareness of male circumcision amongst the youths.

### ***Commonly preferable MC Method***

Youth who reported to have been circumcised were asked to indicate the main reason for their decision on whether traditional or medical way of getting circumcised. Different views were raised during the discussions. Most traditionally circumcised men indicated that their decision to be circumcised using traditional way was mainly for cultural reasons. They reported that it was a norm for all boys to be circumcised in their tradition. However, some reported that they have done circumcision because of peer pressure. Some argued that they were teased by friends because they were not circumcised while their friends were. They indicated that they have been circumcised to fit into the society. When they were asked the question, ‘why do they prefer traditional way of circumcision’, they had this to say,

*“My decision was because it’s my culture to go to the mountains to become a man, so all the people in my family went to the mountains so I had no choice but to go. I went the traditional route because it was my rite of passage as a Venda man. Because the only way I could feel as an authentic Venda man, was if I undergo that traditional ceremony.”*

*“I had to be circumcised traditionally because it is a norm in our community and the fact that almost every one of my age were going there to the bush, I had to go also. It was a matter of peer pressure and the fear of being out of a league/class. I believed that undergoing circumcision was to make me a very strong man and I would be allowed to go out with girls and get married.”*

*“I still believe that for one to become a man he must undergo the traditional way of circumcision. Many men believe that for all the men who don’t go for circumcision they are undermined and are being ashamed of themselves when it comes to their culture.”*

From the findings, most medically circumcised men (MECI) argued that youth in their community take prefer medical way of circumcision as a way of graduating from childhood to manhood. They also indicated that some are afraid to go the mountains because the time they go there it's during winter time therefore they don't prefer to go traditional way but rather opted for medical one. Respondents who went through medical way had this to say when they were asked why youth in their community prefer medical way respondent has this to say; *"I think of youth in my community prefer Medical way, am saying this from my experience, because myself I was afraid to go to the mountains because most young men who went there died. We read in the newspapers that people are dying from the initiation schools. I didn't want to die young."*

Another respondent also indicated the other reason why he thinks many youth prefer medical way than traditional way. He had this to say; *"I could list many reasons why youth prefer medical way and refusing to go the traditional route, but mainly, it's my personal feeling with the whole practise, in general. A belief that if you go to the mountains you are now a man! I generally believe that its crap. Going to the mountains (for) a week or a month does not make you a man at all."*

More so in agreement with a Pedi respondent above, a Tsonga respondent said: *"I think it depends on individual choices, as an individual, even though I am Venda, I still have the right to decide what it is that I would like to take from my culture and what it is that I would not take. If we have to follow culture even when it goes against our own logic, then I have an issue with that. Myself I have chosen medical way though there are certain things from my culture which I genuinely respect, such as the norms we are supposed to keep... you know respecting one's elders and speaking to people in a certain way."*

### ***Benefits of Male Circumcision***

Various views were raised by youths from their diverse background during the interviews. Most of the reasons which kept on occurring from different respondents were the fact that Male circumcision was the rite of passage to adulthood and also that you will be regarded as a man and you gain respect in the community. Also other reasons which were mentioned as the benefits of male circumcision was that of preventing STIs though it was not the number one priority among the youth to undergo circumcision.

When asked, ‘what you consider as the benefits of MC’, one of the Venda respondents said: “In my culture you have to go to the mountains, to be recognised as a man, respected man. *Most of us who went to the medical doctors, we are being undermined and regarded as coward because they believe we were not brave enough to go to the mountains.*”

While a Tsonga respondent indicated also that the reason why male circumcision thinks is good, it’s not only good for man alone but rather for woman as well. He had this to say: “*I think people see it as a right thing because men are still going to initiation schools and to medical doctors for male circumcision because it gives them confinement to be accepted in our society as man enough and also there are women who are still encouraging their men to go and do male circumcision for their own reason which I don’t know.*”

## **Discussion**

The findings from this study shows that for the youths interviewed, the motive for performing male circumcision is cultural rather than as a health intervention to minimize their risk of being infected with STIs and/ or HIV. This finding suggests that as the South African government is encouraging people to go for MC, their messages should be rooted into people cultures.

Another useful finding is that the youths read magazines, listen to radios programmes and watch television. These media should be prioritized in the communication strategy in order to shape the youth attitude towards MC as a STIs preventative strategy in Limpopo Province. It is noteworthy that a few traditionally and medically circumcised men had heard from different sources (media, peers, parents and health care providers) that male circumcision has a partial HIV protective effect. They believed in the partial HIV protective effect of male circumcision, a few felt it was fully protective and most saw it as only one of several HIV prevention strategies. In this study most traditionally and medically circumcised men had not received sexual health education about male circumcision as potential preventive effect against HIV, yet like in a study among medically circumcised in the Eastern Cape most respond in the affirmative to the HIV protective effect from a survey question (Peltzer & Kanta, 2009). According to WHO (2007) scientific evidence clearly shows that male circumcision reduces the risk of STI infection providing partial protection against STIs for men. But, according to WHO (2007), male circumcision does not replace other STIs

prevention methods: Whether circumcised or not, men are at risk of STIs infection during sexual intercourse. It is important that they limit their number of sexual partners, use condoms consistently and correctly and seek prompt treatment for sexually transmitted infections to further reduce their risk of infection, and they emphasise the importance of continued adherence to HIV prevention: Some men and their partners may relax their attitude towards safer sex after circumcision. Action to limit partner numbers and use condoms correctly and consistently is still required alongside other STIs prevention approaches.

As limitations of this study, it should be noted that this was an explorative inquiry and does not claim to represent the views of all youths in Limpopo. Its findings shed some lights on the views held by some people about MC.

## **Conclusion**

The findings from this study shows that for the youths interviewed, the motive for performing male circumcision is cultural rather than a remedy to prevent STIs and/ or HIV. The findings of this study suggest that effective STIs programmes in the context of male circumcision need to be innovative, taking into account the cultural paradoxes evident in the behaviour of people who will be aware of male circumcision as a partial HIV prevention strategy. The Department of Health, the government, stakeholders, traditional leaders themselves need to emphasize the need to provide male circumcision as part of comprehensive HIV prevention services that include HIV counselling and testing, condom distribution, and diagnosis and treatment of sexually transmitted infections and also establishing the influences and messages that will prevent an increase in unsafe sex after circumcision will help to ensure maximum STIs prevention benefits. Further research should extend the findings of the present study in order to develop HIV risk reduction interventions in the context of male circumcision.

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