

# The Social Construction of Male Circumcision Among Peri-Urban Circumcised Men in Zambia: A Phenomenological Study

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## ABSTRACT

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

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

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

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

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

## INTRODUCTION

Male Circumcision refers to the surgical removal of part or the entire foreskin of the penis, conducted for medical, cultural, or religious purposes. Depending on the intended purpose, it can occur at different life stages that is, infancy, adolescence, or adulthood. Historically, many African communities have been practicing male circumcision as a rite of passage, symbolizing a boy's transition into manhood and it is generally a cultural surgical procedure (Doyle, 2005). For instance, among the Maasai in Northern Tanzania, the ritual is embedded in intergenerational cultural transmission (Kilima et al., 2012). Similar practices are also found among the Yao and Lomwe ethnic groups of Malawi (Bailey et al., 1999), the Gogo and Kurya tribes of Tanzania (Kilima et al., 2012), Bukusu tribes of Kenya (Mbachii and Likoko, 2013), and the Bagisu tribes of Uganda (Crowley and Kesner, 1990).

In Zambia, male circumcision is culturally prominent among the Lunda and Luvale tribal groups in North-Western Province, where its prevalence is highest (71%) in the country (Central Statistical Office, 2010). For these communities, male circumcision marks a critical initiation into adulthood in order for men to be accepted in the society (Seleji, 2011). In Lunda and Luvale tribes, boys between 7 and 13 years usually attend initiation camps known as Mukanda, where they receive instructions in their cultural norms, marital responsibilities, and traditional survival skills (e.g., hunting). In these communities, men who remain uncircumcised face exclusion and stigmatization from eating or bathing with other circumcised men, with circumcision acting as a social marker of masculinity (Lukombo & Bailey, 2007; Bowa, 2009).

More recently, the role of circumcision in public health has gained prominence. Following evidence that male circumcision reduces the risk of HIV infection, the World Health Organization recommended Voluntary Medical Male Circumcision (VMMC) as an additional HIV prevention method (WHO, 2014). Given that Zambia's high HIV prevalence rate of 12.3% and an overall HIV annual incidence of 70 per 10,000 populations (ZAMPHIA, 2016), VMMC has been incorporated into national strategies to complement other interventions such as condom and lubricant use, behavioural preventions (abstinence), prevention of transmission in health-care settings, and antiretroviral therapy [ARV] (Vermund et al., 2013).

It is probably for this reason that research carried out across sub-Saharan Africa where male circumcision is not regularly or traditionally performed reveals that there is a relatively high level of acceptance of VMMC as a public health intervention to combat the spread of HIV (Stine, 2008). Similarly, the motivations for circumcision have expanded to include hygiene, STI prevention, perceived sexual benefits, and partner preferences, especially in non-circumcising communities (Westercamp & Bailey, 2007; Mensch, 1999 as cited by WHO, 2009; Kebaabetswe et al., 2003). In addition, men attending Focus Groups in Botswana, Kenya, Malawi, the United Republic of Tanzania, and Zimbabwe opted for male circumcision because they believed that the practice enhanced penile hygiene (Mattson, 2005; Nnko et al., 2001). Similarly, there is also evidence that their female partners to circumcised men have lower rates of HIV, STI and even cervical cancer (USAID/ AIDSMARK, 2003).

Sexual attraction and enhanced sexual pleasure have also been quite dominant in literature as determinants of MC. For instance, studies conducted in the Philippines (Lee, 2005 as cited by WHO, 2009) and in the Republic of Korea (Ku et al., 2009) revealed that women preferred circumcised men due to the perception that circumcision enhanced sexual pleasure. Similar results were also reported in Nyanza Province where 55% of uncircumcised male respondents were of the opinion that women enjoyed sex more with circumcised men and this was a strong predictor of circumcision (Mattson et al., 2005). Other countries in Africa such as the United Republic of Tanzania (Nnko et al., 2001), South Africa (Lagarde et al., 2003) and Nigeria (Myers et al., 1985 as cited by WHO, 2009) revealed that both men and women perceived that

circumcision enhances sexual pleasure. In Zambia, a study by Bowa and Lukobo (2006, as cited by WHO, 2009) at University Teaching Hospital in Lusaka found that 91% of the circumcised clients cited health-related (i.e. lower risk of STIs, including HIV infection) reasons for undergoing the procedure.

However, while research has largely focused on medical benefits, knowledge, and acceptability, little attention has been given to how circumcision is socially constructed that is, how men perceive and interpret its meaning within their cultural and social contexts. This study seeks to understand the social construction of male circumcision among peri-urban men in Gondwe Township of Lusaka, Zambia. By social construction of reality, Berger and Luckmann (1967) meant that people continuously create through their actions and interactions, a shared reality that is experienced as objectively factual and subjectively meaningful. Consequently, socially constructed reality develops emergence properties which guide the behaviour and actions of those involved in its construction. In this regard, this study sought to examine how uptake of male circumcision is a socially constructed reality through interactions and attached meanings on one hand and how it is a consequence of constructed objective reality on the other hand. The study used a phenomenological approach to enlist lived experiences and ways men understand these experiences to develop a worldview (Marshall and Rossman, 1999:112).

## **MATERIALS AND METHODS**

### **Research design**

This is a qualitative study situated within a paradigm of Interpretative Phenomenological Analysis (IPA), aimed at making sense of people's experiences (Smith et al., 2009). IPA focuses on understanding social reality from the viewpoint of those experiencing it (Gimbel, 2016; Thanh and Thanh, 2015). Using IPA as a framework in this study enabled circumcised men to construct their lived experiences with male circumcision. It also allowed them to construct their social worlds in different ways. For instance, Rubin and Rubin (1995) have argued that people attach subjective meanings to their social world and that these meanings are shaped by their knowledge, experience, and their social-cultural and historical factors (Creswell and Creswell, 2017; Crotty, 1998).

### **Study Site**

The study was conducted in Lilayi, specifically Gondwe Township of Chilanga District Lusaka Province. Gondwe Township is located about 17km south of the capital Lusaka. According to the 2010 Census, Lilayi has a population of 13,402 (Central Statistical Office, 2010). Gondwe Township is a high-density area and has two schools, a Police Training College, a Paramilitary Training camp, and a military Clinic. Lilayi Clinic is one of the major providers of sexual and reproductive health services including Medical Male Circumcision (MMC) Services, in the Country. Being proximal to two training facilities including a camp which receives police officers on rotational basis as well as being in Lusaka which has an HIV prevalence of 16.1%, the site was deemed appropriate for this kind of study.

### **Sampling**

The researcher employed a combination of purposive and snowball sampling methods to recruit 20 men who participated in the study. Purposive sampling involves choosing people who have certain experiences that would be essential for the research and these men were also to provide referrals for others eligible to be participants. The sample size was determined by theoretical saturation. A point in the research process at which no further new information was revealed from the interviews. The study participants comprised of men who have undergone medical male circumcision because of their lived experiences. The initial circumcised men were identified with the help of a community peer educators who are gatekeepers and are working as peer educators and community mobilisers of men for male circumcision at Lilayi Clinic.

Permission to conduct the study was granted by the Community Chairman of Gondwe Township.

### **Data Collection Methods**

This research employed in-depth interviews to gather information on social construction of male circumcision among circumcised men and the motives for opting to be circumcised. In-depth interviews are better suited to describe the meaning of the phenomenon as it is conducted in a way that invites participants to offer a rich, detailed, and first-person account of their experiences (Smith et al., 2009). Data collection took place from 23<sup>rd</sup> September to 15<sup>th</sup> October 2020. Code numbers were used to identify participants to ensure their anonymity. Each in-depth interview participant was identified by pseudo names which were different from the actual names of the participants. A recorder was used to minimise loss of data and ensure accuracy of the transcription. The recording of the interview data was done using note taking and audio recording as recommended by Huberman and Miles (2002).

### **Data analysis and interpretation**

Following Interpretive phenomenological Analysis (IPA) principles, all the data collected was transcribed verbatim and manually analysed for themes based on the procedure described by Kings and Horrocks (2010). The data was analysed using IPA. In phenomenological research, the analysis of data begins as soon as the first data are collected. In this study, interviews were recorded with the consent of the participants. The audios were then transcribed and uploaded into the qualitative research software called Nvivo version 12 pro. The researcher read through the transcripts identifying open codes using the qualitative software Nvivo. Coding aided in identifying concepts, categories and sub-categories that were further broken down. Open coding involves reading the texts 'word-by-word', 'line-by-line', and repeatedly to identify phrases that interviewees were using to describe things and issues. The coded data was then categorised (grouped) according to different characteristics to better understand the data. The categories were then grouped to form sub-themes and then eventually, the sub-themes were grouped to come up with the main themes.

### **Reflexivity and Positionality**

The principle of reflexivity means that the researcher should be conscious about his/her own position, values, biases and decision in constructing knowledge of the social world in the research process right from designing the tools, data collection and interpretation of the findings (Hesse-Biber and Johnson, 2015; Draper and Swift, 2011). Being qualitative research, the researcher was aware that his background, values, beliefs, and experiences could influence the research process (Floyd and Arthur, 2012). To overcome the problem of positionality, researcher applied what Greenbanks (2003) recommended that reflexivity requires explicit self-consciousness and self-assessment about the researchers' views and positions and how these might influence the design, execution, and interpretation of research findings. Therefore, researcher endeavoured to put aside any preconceived ideas or what he may have personally observed about the meaning and motives of male circumcision among circumcised men in Zambia.

### **Ethical Considerations**

This study involved human participants and their human rights needed to be protected. Several ethical issues were addressed during the research, including approval, access and acceptance, informed consent, confidentiality, and anonymity, right to withdrawal, beneficence, justice, and fairness. Approval and clearance were sought from the University of Zambia School of Humanities and Social Sciences Ethics Committee HSSREC, which granted the researchers to carry out the study through approval number: 2019-AUG-005.

## STUDY FINDINGS (RESULTS)

### Background Information of Participants

The study sample included 20 men who underwent VMMC in Gondwe Township, of which the majority (6) were aged between 20 and 24. The rest of the age groups were almost evenly distributed. Table 1 summarises the distribution of participants by age.

**Table 1: Distribution of Study Participants by Age**

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

Education is an important attribute to consider, and the participants were asked to self-report their highest level of education. Accordingly, most of the participants attained the maximum of secondary level education (11), and none of the participants had never been to school as shown in Table 2 below:

**Table 2: Level of Education of Participants**

Level of Education	Frequency
Never been to School	0
Primary level	2
Secondary level	11
Tertiary level	7
<b>Total Number</b>	<b>20</b>

The results further showed that 11 participants were never married while 7 were married. Two of the participants reported to be widowed. With regard to occupation, five participants reported employment in the Zambia Police Service, three participants were teachers in the private and public schools, while one each were lecturer, technician, electrician, engineer, bricklayer and bus driver. Three of the participants were undergraduate students, and three more were not employed.

### Specific codes and themes emerging from data

In accordance with the research design, the findings emphasized the importance of giving a voice to study participants who were circumcised men from Gondwe Township in Lusaka through their own accounts. This approach is in line with the epistemological methods of understanding the social worlds based on the lived experiences of research participants. Participants were asked to talk about their lived experiences with male circumcision and their accounts indicated that despite the prevention of HIV/AIDS being one of the reasons behind the uptake of male circumcision in peri-urban communities, cultural beliefs about manliness,



sexual potence, and health and hygiene, and agent of male socialisation.

**Table 3: Emerging themes and subthemes**

Themes	Sub-themes
Meaning of Medical Male Circumcision	Attainment of manliness (Masculinity)
	A rite of passage that signifies manhood
	Complimentary method of HIV/AIDS prevention
	Health and Cleanliness
	Protection from STDs and HIV Infections
Motives for Opting to be circumcised (Reasons for Circumcision)	Hygiene and Cleanliness
	Prevention of Penile and Cervical Cancer
	Sexual Pleasure among Circumcised Men
	Peer Influence
Cultural Values Attached to Male Circumcision	A rite of passage into manhood
	An agent of Socialization
	A way to earn respect

### Meaning of medical male circumcision

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

### Masculinities and other cultural beliefs

Manhood is considered a very important aspect in the life among men in Zambia. While manhood is achieved differently across cultures in the Zambian society, in some cultures manliness is attained through a ceremony that signifies the rite of passage such as circumcision where a physical body part is altered to symbolise this significant change. These cultures view male circumcision as a marker of identity which signifies a rite of passage from ‘boyhood’ to ‘manhood’. In this regard, a man who is not circumcised is regarded as a boy and also at times taken to be a curse to his family and society. This is evident from a few participants:

“Yes in my tribe they usually say that for one to be a man, you have to be circumcised by going to the circumcision camp. This process signifies that one has graduated from a boy to a man” **(Paul)**.

“Male circumcision is like an initiation which is conducted in most of the tribes in Zambia for girls [...] some tribes conduct initiation for girls to prepare them to be responsible women. This initiation for girls is the same with the traditional circumcision for us in our tribe; it’s just that they conduct initiation for boys to prepare them to become responsible men too” **(Gabriel)**.

Participants claimed that uncircumcised man is considered an outcast from the community, and he even

loses some social privileges by not participating in men's social discussions or marry, because uncircumcised man is considered a woman or a child. This implies that circumcision for young boys in traditionally circumcising ethnic groups in Zambia is deeply rooted in cultural practice that is not negotiable. This means that culturally, the social status of being a real man is only achieved when one is traditionally circumcised. Males get circumcised because it is a requirement in their culture:

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

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

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

## Health and hygiene

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

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

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

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

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

The findings revealed that the fear for acquiring HIV/AIDS was not the only health reason for men to participate in male circumcision; mere health and cleanliness were the other reasons. These participants

argued that the value of medical male circumcision was linked to its capacity to improve penile hygiene. They contended that the removal of the foreskin from the penis would ensure that the virus does not have any prolonged contact with the penis. The following excerpt below illustrates this point:

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

They added that removal of the foreskin was also believed to make bathing and cleaning of the penis easier. The quote below illustrates the importance of penile hygiene in influencing men’s decision to be circumcised:

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

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

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

### **Sexual prowess**

Sexual prowess was another reason men opted to undergo male circumcision. Participants pointed out that manliness is also demonstrated by the performance of a man sexually. They argued that having a circumcised penis has an impact on a woman’s sexual satisfaction and the channel to satisfaction is male circumcision because of the perceived increase in sexual energy in a man. This was attributed to the fact that when they remove the foreskin the head of the penis becomes very hard and this increases the number of rounds which a man can do sex with a woman and a woman enjoys if a man can do many rounds because it shows that he is strong sexually. The quote below illustrates this point:

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

Improving sexual performance was mentioned as one of the reasons which influenced men to seek circumcision. It was argued that many men believed that circumcised men were ‘better in bed’ and able to satisfy the sexual needs of women. The participants added that circumcision increases sexual energy in men and allows them to have sexual intercourse for much longer than uncircumcised men. The main reason given for this by eleven of the participants was that circumcision reduces the sensitivity of the penis and



allows a man to prolong sexual intercourse before he ejaculates. Hence, all participants in this category thought that loss of penile sensitivity was a good thing to them because it allowed both men and women to enjoy sex for longer periods. Thus, participants opted for circumcision in order to improve their sexual performance. The quotes below illustrate this point:

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

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

### **Agent of male socialization**

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

The findings of the study showed that the young boys are taken to initiation schools located outside their villages in the bush where they are taught about the norms, values, beliefs, and the expectations of their communities. In the Luvale culture, traditional male circumcision teaches the young boys how to be responsible members of the society. While for the Mbunda culture, circumcision is used to prepare the young boys for sex and parenthood. Moreover, in the Chokwe culture circumcision is used to teach the young boys on how to respect different people in society. However, two of the participants from Luvale also mentioned that circumcision is used to create group structures and prepare a boy for manhood. It also promotes the division of labour between men and women in the community. In these communities, both men and women are required to perform different roles in the community and this is taken as a complimentary lifestyle between men and women. The quotes below illustrate this point:

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

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

### **Social relations and interactions**

Close relations and peer relationships also play an important role in influencing decisions to seek medical male circumcision among circumcised men in Gondwe Township. In terms of social relations and interactions, participants were mostly influenced by peers, spouses, parents and other close relatives. Some

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

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

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

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

“[...] the first day I heard about male circumcision I just thought about it and later consult my wife if she was okay with it; because I may go secretly then she later learn of it and runs away from the marriage. So my wife is the one who influenced me to get circumcised because she told me that when I get circumcised it will reduce our chances of getting infected with STIs, HIV and also protect her from cervical cancer” (**Patrick**).

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

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

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

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

## DISCUSSION OF FINDINGS

This study sought out to understand the social construction of medical male circumcision in Peri-urban societies in Zambia. The findings revealed that circumcision is not merely a health decision but is deeply

embedded in cultural, social and personal identity frameworks. There are basically three elements coming out of this analysis.

### **Meaning of medical male circumcision**

Firstly, male circumcision is constructed as a cultural norm that defines manhood and confers social legitimacy in some Zambian ethnic groups, such as Luvale, Lunda, and Chokwe. For these communities, circumcision is not merely a personal health choice but a collective social expectation needed for attaining social acceptance and respect. However, uncircumcised men are often denied participation in communal rituals and are labelled immature or unmanly. This finding corresponds with Durkheim's concept of "social facts" (May, 2011), where cultural practices exert influence over individual behaviour. For these men, circumcision is an obligation rather than a choice, deeply embedded in the cultural practice of their communities. Many people undergoing circumcision is less about personal choice and more about conformity to cultural expectations and societal belonging.

From the symbolic interactionism perspective, circumcision becomes a signifier of masculinity, hygiene, and sexual competence. For the participants, circumcision signifies a transition into adulthood, recognition as a responsible male, and an enhancement of personal hygiene and sexual desirability. This study concurs with previous studies by Chinyama (2011) and Meissner and Buso (2007) who in their studies reported that circumcision is often the gateway to marriage, participation in community rituals and the assumption of adult roles (e.g., feasts and beer-drinking ceremonies). Men also reported enhanced sexual performance and satisfaction after undergoing circumcision due to the perceived increase in sexual energy in a man, which contributed to self-esteem and social status. These findings echo earlier studies in Zambia and other African contexts which revealed that uncircumcised men experienced premature ejaculation, decreased penile hygiene and unfit for marriage. Male circumcision was believed to be a developmental milestone for a man because circumcised men were thought to "perform" longer, thereby increasing their female partner's satisfaction (Lukobo and Bailey, 2007; Mattson et al., 2005; Nevin et al., 2015).

The majority of the participants viewed male circumcision as a complimentary method of HIV/AIDS prevention alongside the ABC model (Abstinence, Being faithful to one partner, correct and consistent use of condom (C) every time they are having sex with a woman. The participants acknowledged the limitations of these methods such as condom failure or partner infidelity and saw circumcision as a rescue strategy for protecting oneself against Sexually Transmitted Diseases (STDs) such as; Syphilis, gonorrhoea, penile or cervical cancer, and HIV/AIDS infections. It also allows for easier identification of sores and ulcers, permitting earlier treatment. This perception is supported by previous biomedical studies conducted in Sub-Saharan African Countries which revealed that male circumcision reduces the risk of acquiring HIV and STIs for both men and their female counterparty (Auvert et al., 2005; Drain et al., 2006; Gray et al., 2007; Mattson et al., 2007; Lukobo and Bailey, 2007; Hatzold et al., 2014; Macintyre et al., 2014; Nevin et al., 2015; Kibira et al., 2017). The facts discussed above attest to the importance of male circumcision in prevention of this deadly disease. This has led to various stakeholders to recommend male circumcision as a complimentary but not a substitute method in HIV prevention (Francis et al., 2012).

The study further revealed that circumcision was closely linked to perception of improved hygiene because the removal of the foreskin from the penis would ensure that the virus does not have any prolonged contact with the penis. However, uncircumcised man is prone to HIV infection because the foreskin is being covered keeping dirty particles that cause HIV and other STIs. These findings correspond with the symbol Turner (1967) noted among the ndembu pertaining to mukanda. He noted that the exposition of the top part of the stake of the muyombo tree leaving white wood that is used to pay homage to the ancestors prior to mukanda. This act symbolizes that what was hidden (and impure) has been revealed. A circumcised man is considered white or pure. The symbol was equated to the removal of the prepuce from the penis at circumcision to expose the glans. Hence, being uncircumcised is equated to impurity and a feminized status

in these circumcising ethnic groups.

### **Motives of Male Circumcision among Circumcised Men**

There are a number of factors that motivated men's decisions to circumcise. The participants emphasized hygiene and disease prevention such as penile and cervical cancer as a motivation for getting circumcised. These participants mentioned 'germs' and 'dirt' that causes penile and cervical cancer which they said are hidden in the foreskin of uncircumcised men. These findings confirm previous studies in which generally, penile hygiene and cleanliness was believed to be a major facilitator of male circumcision in both circumcising and non-circumcising communities (Nnko et al., 2001; Bailey et al., 2002; Kim et al., 2002; Kebaabetswe et al., 2003; Halperin, 2005; Mattson et al., 2005; Macintyre et al., 2014). Similarly, noted that it was easier for a circumcised man to maintain cleanliness and this was a major factor in acceptability of male circumcision in many parts of Africa by both men and women. These results also concur with previous studies conducted by Hatzold et al (2014) study which found that men were motivated to undergo VMMC to prevent penile cancer in men and cervical cancer in their female partners.

Furthermore, sexual performance emerged as another motivating factor. Many participants believed circumcision increased sexual stamina and satisfaction for their partners. They argued that circumcised men were 'better in bed' and able to satisfy the sexual needs of women. It was further claimed that circumcision increases sexual energy in men and allows them to have sexual intercourse for much longer than uncircumcised men. These findings correspond with previous study by Mattson et al (2005) who revealed that seventy-six per cent of women believed that circumcised men enjoy sex more and confer pleasure to their female partners more than uncircumcised men. The findings also concurs with previous studies conducted in Kenya, South Africa, and Uganda which reported that improved sexual pleasure and desirability of both the male and his female partner were main principal reasons given for male circumcision.

Social influence and social networks played a significant role in the men's decision to circumcise. Men reported undergoing male circumcision due to encouragement from peers' particularly younger men, marriage/sexual partners due to perceived sexual and health benefits; and parents were also pivotal in influencing their children's circumcision decisions. This implies that social networks including friends, spouses, and family are critical in shaping health decisions. Having close friends who were already circumcised or where they made a group decision to undergo male circumcision played an important role in influencing their decisions to circumcise. These findings affirm previous studies by Bailey et al. (2002) and Munthali et al. (2006) which found that having a circumcised friend and encouragement by a friend were independently associated with being circumcised. Also, female partners were particularly influential, with some men stating that they underwent circumcision to retain their partners' affection or avoid rejection (Gwata, 2009, Rupfutse et al., 2014; Pappas-DeLuca et al., 2010). It also concur with Kibira et al (2017) who found that the decision to circumcise was influenced by parents (for small boys) and other family members more especially when circumcision is done for health and cultural reasons. This was based on a perceived need to reduce the risk of HIV/STIs and enhance their sexual pleasures.

### **Cultural Values men from Circumcising Ethnic Groups Attach to MC**

The study found that among the traditionally circumcising groups (e.g., Luvala, Luchazi, Chokwe, Lunda and Mbunda) in Zambia, male circumcision serves as a rite passage into manhood to be performed by all males for recognition and acceptance in all cultural activities. For these communities, uncircumcised man faces discrimination and stigmatization from the community and participation in marriage and cultural activities because an uncircumcised man is considered a woman or a child. These results are supported by previous studies by Bailey et al (1999), Westercamp and Bailey (2007), Lukobo and Bailey (2007), and Peltzer et al (2008) who reported that in some settings where circumcision is the norm there is discrimination against non-circumcised men. For example, in some cultures such as Yao in Malawi, Lunda



and Luvale in Zambia, and the Bagisu in Uganda, men are not allowed to remain uncircumcised and they are usually forced to get circumcised. Similar cases occur among the Xhosa in South Africa where uncircumcised men suffer extreme forms of punishment, bullying and beatings (Crowley and Kesner, 1990). This discrimination may extend to entire ethnic groups (e.g., Luo in Kenya), who do not traditionally practice circumcision and they are discriminated by other Kenyans because of this (Bailey et al., 2002). This means that culturally, the social status of being a real man is only achieved when one is traditionally circumcised.

In circumcising cultures, male circumcision also serves as an instrument of socialization. For these ethnic groups, boys are taught survival skills, social responsibilities, and gender roles. Many participants described initiation schools as spaces where young boys learn societal responsibility (e.g. Luvale culture); prepares the young boys for sex, marriage and parenthood (e.g. Mbunda culture), and teaches the young boys on unity and how to respect different people in society (e.g. Chokwe culture). These findings underscore the sociological importance of circumcision as both a cultural practice and a social institution. The current results affirm Lukombo & Bailey (2007) and Bowa (2009) who found that Lunda and Luvale boys aged 7-13 years gather at traditional camps called Mukanda, where they are trained on traditional culture, marriage and hunting. This finding also aligns with anthropological perspectives that emphasize the role of initiation rites in transmitting cultural knowledge and reinforcing social structures (Kottak, 2002; Macionis, 2008).

Among the Luvale culture, circumcision is used to create group structures and prepare a boy for manhood through reinforcement of cultural norms such as the division of labour and social hierarchy. This finding concurs with Marck (1997) who found that societal structures are reported from Masai groups and the Bukusu in Kenya, where males become warriors ("moran" in Masai culture) once they are circumcised, and men are referred to as elders when their children have been circumcised. In addition, circumcision promotes the division of labour between men and women. This affirms Chinyama (2010) who reported that traditional circumcision among the Luvale people promotes the division of labour between men and women because social norms necessitated that men and women should perform different roles and these roles are complementary in nature.

Additionally, earning respect and social acceptance was another cultural value attached to male circumcision. Men from Luvale and Lunda cultures said that uncircumcised man is considered 'manless' and no respect is given to him unless he is traditionally circumcised. These findings affirm previous studies by Peltzer et al (2008), Mbachi and Likoko (2013), and Kepe (2010) who revealed that in societies where circumcision is a norm, people have more respect and regards for men that have undergone the rite of passage through circumcision initiation than those who are uncircumcised. This means that initiation by circumcision for men practicing the rite is vital for both societal and individual needs.

## Conclusion

The study concludes that male circumcision has multifaceted meaning among circumcised men in peri-urban Zambia. Apart from biomedical benefits, circumcision symbolizes manhood, hygiene, sexual competence, cultural identity. Among traditionally circumcising ethnic groups in Zambia, it serves as a rite of passage, a tool for socialization, and a marker of masculinity; reinforcing societal values and structures. The circumcision practice is further linked to perceptions of disease prevention, sexual performance, and societal respect. Understanding the social construction of circumcision is essential for public health practitioners, policymakers, and cultural leaders who are aiming at promoting male circumcision in Zambia. Programs should not only emphasize its health benefits but also engage with its cultural meanings and the social dynamics that influence men's decisions such as; hygiene, sexual satisfaction, peer influence, and cultural expectations. By tailoring health messages to reflect these values can help to enhance the effectiveness, acceptability and sustainability of circumcision programs in Zambia and beyond.



## Limitations of the study

This study has presented very important insights, but it also has several limitations. Firstly, the study utilised a small sample size of only 20 participants which limits the generalization of the findings to the wider Zambian male population. Secondly, the research was confined to one geographical area in Gondwe Township of Lusaka thereby limiting the cultural diversity and regional representation in the data. Thirdly, the utilization of the interpretative phenomenological approach, while rich in depth, is also subjective and dependent on the researcher's interpretations, which may be influenced by his own positionality and worldview. Lastly, even although the current study discusses cultural and social meanings of circumcision, it does not critically consider the health risks associated with the procedure, such as complications or psychological impacts, thus presenting a predominantly narrative.

## RECOMMENDATIONS

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

1. **Target Group for Sensitization Program:** Although women have not been targets of MMC promotional messages, they are an important target group for the MMC program. Women are sometimes consulted by their male partners in decisions about adult MMC.
2. **Lack of knowledge on the benefits of Male Circumcision:** The National AIDS Council and Ministry of Health (MOH) should develop information, education and communication materials in local languages to include messages that highlight the benefits of male circumcision such as hygiene, reduced chances of acquiring HIV, STIs, Penile and Cervical Cancer. It must also acknowledge that male circumcision contributes to the prevention of HIV/AIDS and cannot stand alone but must go with the ABC (Abstinence, Being faithful to one sexual partner and correct use of Condoms) strategy for HIV prevention.
3. **The use of circumcised men as role models in sensitization:** The Ministry of Health should come up with educational campaign programmes on television and radio stations using circumcised males as role models using their experience on the benefits of male circumcision to convince uncircumcised men to adopt the practice. If done on media VMMC clients can be well equipped with knowledge on benefits of MC.

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