

Abstract

Despite significant financial and human resources mobilised to manage current infections and prevent new cases of HIV, prevalence remains high in South Africa. The intractability of HIV has resulted in calls for public health experts to consider the implementation of novel HIV prevention strategies (UNAIDS, 2013), such as Voluntary Medical Adult Male Circumcision (VMAMC) as a part of a comprehensive HIV intervention. Whether traditionally practiced or not, male circumcision is powerfully implicated in meanings of masculinity in South Africa. The possibility of a national rollout of VMAMC potentially collides this traditional position with medical meanings of masculinity and HIV prevention, as such this paper explores these meaning within the context of this public health possibility. Semi-structured repeat interviews conducted with 30 adult men from Johannesburg were analysed using a Straussian grounded theory approach. Two primary mechanisms revealed that the meanings of masculinity within the context of VMAMC is made (1) by adopting an active role in the fight against HIV in South Africa, and (2) as a function that maintains and prioritises tradition. Thus, although VMAMC is a biomedical intervention focused on the physical body, it is tensioned by a traditional practice that has historical and cultural significance for masculinity in South Africa. These categories suggest that the removal of the foreskin extends far beyond the biomedical understandings of the body even when medicine (in the form of HIV prevention) frames the discussion of masculinity, which has potential implementation implications for a national VMAMC HIV prevention programme in South Africa.

Introduction

Although by no means conclusive, trial research on in South Africa, Kenya, Uganda, and Zimbabwe has shown that VMAMC offers approximately 60 per cent protection against HIV infection (Auvert, Taljaard, Lagarde, Sobngwi-Tambekou, Sitta & Puren, 2005; Auvert et al., 2013, Auvert et al., 2008; Kahn, Marseille & Auvert, 2006; Siegfried et al., 2005; Siegfried et al., 2003). Based largely on this evidence, the South African government has introduced the staggered implementation of a comprehensive HIV prevention intervention including VMAMC (Auvert et al., 2013; Mehta et al., 2013; Tobian & Gray, 2011; UNAIDS, 2010; UNAIDS/WHO, 2013). However, VMAMC cannot be regarded as a 'simple' solution to the HIV pandemic, as it requires males to undergo an irreversible body modification under surgical conditions.

While anthropology has produced a sizeable literature on the practice of circumcision as a culturally-bound practice, it represents a relatively under-studied area in psychology. Clearly, the success of any HIV prevention is significantly influenced by the social context in which it is implemented (UNAIDS, 2013). For the social context to be considered amenable to the intervention, the target communities must regard the programme as culturally relevant and practical. This is particularly relevant considering the practical and theoretical tensions that exist between VMAMC and traditional male circumcision (TMC) practices in South Africa (Author, in press). Given that adult men are the primary intervention targets for VMAMC and circumcision is inextricably implicated in meanings of manhood in South Africa, understanding men's perceptions of the impact of VMAMC on masculinity is an important, if not central, precondition for establishing the feasibility of its programmatic rollout. As such, this article reports on the meanings of masculinity in

South Africa in relation to the possibility of a national rollout of HIV-preventative VMAMC.

Masculinity and Circumcision in South Africa

Meanings of masculinity are not immutable, since masculinity is socially constructed to reflect a particular social context (Levant, 2011). A historical account of South African masculinity must take account of traditional patriarchy, colonialism, as well as racial oppression (Carton, 2002; Connell, 2005). As such, this paper focuses on the interpretation of the data as it converges with the ways in which the participants from South Africa make meaning of VMAMC in relation to masculinity.

The meanings of masculinity through male circumcision practices are amply apparent in South Africa where (for some men) hegemonic masculinity is performed through TMC, whereby young men are expected to endure and overcome physical pain as they symbolically mark their bodies' shift from boyhood into manhood (Kepe, 2010). Thus, for these men, male circumcision is a traditional practice of symbolic significance crossing personhood, gender, status, and community celebrated via the physical body. However, for others, circumcision is an indisputable mutilation of the male body (Denniston et al., 2006; Grund & Hennink, 2012; Mshana, Wambura, Mwanga, Mosha, Mosha & Changalucha, 2011; Westercamp, Agot, Ndinya-Achola & Bailey, 2012). As such, the authors were interested in investigating how the introduction of VMAMC for HIV prevention is tensioned against the backdrop of masculinity in South Africa at the interface between modern rights-based apprehensions of the practice as the violation of the integrity of the body, injunctions against medical circumcision in favour of its traditional practice and an endorsement of surgical circumcision as an important public health intervention for HIV prevention.

Methods

Participants

People who live or work in Alexandra Informal Settlement were invited by field workers to participate in this study (Author, 2015). This site was selected for sampling as is situated in the Gauteng Province, which recent statistics show has the same HIV infection prevalence (approximately 10%) as the national average (UNAIDS, 2013). In addition, the province has one of the lowest prevalence of TMC in the country (see table below).

Table 1: Percentage of traditionally circumcised males per province in South Africa

South African Province	Percentage of circumcised males
Free State	21
Western Cape	21
Limpopo	48
Eastern Cape	55
Mpumalanga	25
Northern Cape	8
North West	20
Kwa-Zulu Natal	8
Gauteng	18

Sourced from: Department of Health (2013)

Snow-ball sampling techniques were used to obtain a sample of 30 adult men (aged 18-64 years); eight of whom were married and 12 were unmarried. The majority of the sample consisted of men who do not practise traditional circumcision (15 men in the sample self-identified as Zulu, two were White English-speaking men, two were Swazi, and two were Sotho men). The remaining participants all practice TMC as a cultural rite of manhood, one Tsonga man, two Pedi men, five Xhosa men; and one White English-speaking participant self-identified as Jewish, where male circumcision is a part of a religion practice in fulfilment of the commandment that all

male children be circumcised (Genesis 17:10-14). This heterogeneous sample provided the authors with the opportunity to investigate different meanings of masculinity (Langa, 2008), based on traditional penile cutting practices and locates these within the context of VMAMC for HIV prevention in South Africa.

Data Collection: Semi-Structured Interviews

As part of the larger study, the authors developed a list of interview questions that served as a guide for the field workers to investigate the relevance and meanings of TMC for each participant (Author, 2015). The authors sought to examine the general reactions to the use of VMAMC for HIV prevention in South Africa (particularly in relation to existing TMC practices). Other interview questions were developed to elicit discussion on the relationships between male circumcision (traditional or VMAMC), masculinity, male sexuality, the endurance of pain as well as physical (and perhaps psychological) recovery.

Given that our object of interest is not circumcision in general but VMAMC as an HIV prevention strategy, the questions focused on biomedical appropriations of the practice. Thus, the authors used the interviews to explore meanings of VMAMC, as they *intersected* with the possibilities implied by a national roll out of VMAMC. The authors viewed this 'groundedness' as an important resource for rather than an obstacle to their subsequent analysis.

Procedure

After ethical clearance for this study was obtained, the fieldworkers visited Alexandra Informal Settlement on several occasions and approached individuals near the KwaBhekilanga Sports Facility (a common gathering area where people can access

public transportation). After being verbally informed about the nature of the study, and if the individuals indicated that they were interested in participating, they were given a participant information sheet, which offered the interested parties further information regarding the aim and nature of the study as well as the requirements for participation and the fieldworkers' contact details (Author, 2015).

Individuals who were interested in participating in the study then contacted the fieldworkers' telephonically to arrange an interview session. Each interview was conducted within a one hour period, however; interviews with participants who offered particularly rich insights lasted for approximately one to two hours. The fieldworkers transcribed the interviews verbatim (including any hesitations, repetition in speech and overlapping talk) (Author, 2015).

Data Analysis

A Straussian grounded theory approach was selected as the most appropriate method of data coding and analysis to identify the theoretical categories that are used in the meaning-making of masculinity within the context of HIV prophylactic VMAMC in South Africa (Author, in press). This approach requires the researcher to recursively examine the data so as to remain receptive to exploring the theoretical options that may arise. The authors relied on theoretical sampling, whereby initial data was analysed to give rise to tentative theoretical categories, which further informed more focused data collection. These theoretical categories were cyclically re-examined until there was sufficient integration of data from various series of data collection, and a sound theoretical account of the key factors involved in the meaning-making of masculinity within VMAMC for the purposes of HIV prevention (Charmaz, 2014).

Additionally, the authors undertook memo-writing and the constant comparative method in order to gain some understanding of the interview data (Author, in press). The four phases of the constant comparative method were followed, namely: (1) incidents that were considered to be pertinent to each category were compared; (2) the categories and their properties were amalgamated; (3) the theoretical account of the meanings of masculinity were bordered; and (4) the theoretical account of these was reported with the context of VMAMC for HIV prevention in South Africa.

Results

The data revealed that the meanings of masculinity in relation to VMAMC for HIV prevention in South Africa was underpinned by core two mechanisms. They reflected that masculinity is performed: 1) by adopting an active role in the fight against HIV in South Africa, and 2) as a function of the maintenance and prioritisation of tradition. Thus, for these participants, VMAMC either buffers or diminishes masculinity and manhood. The meanings of masculinity in consideration of VMAMC are represented in the categories below.

Fighting HIV is a sign of masculinity

Evoking the importance of actively fighting against HIV in South Africa as a form of masculinity represented an interesting inversion of the 'male as at-risk' trope in the health risk literature. For example, when asked if circumcised men or intact men were more masculine, P15 regards VMAMC for HIV prevention as having value in the meaning-making of masculinity, '*[after having a VMAMC] you will see yourself as man enough and at a lower risk of getting infected.*'

P23 (married, aged 48, Pedi) also equates masculinity with being an agent of disease prevention when he says, *'I think those who are circumcised are more of men because they are safe from diseases.'* Likewise, P24 (single, aged 29, isiZulu) makes meaning of masculinity in line with the uptake of VMAMC, *'a real man makes the right decision and if circumcision means that he won't get HIV then, he must do it.'*

Throughout his interview, P4 (single, aged 18, isiZulu) seems to have high regard for VMAMC-based public health intervention for HIV prevention. He says that *'Yes I would [undergo VMAMC] because I want to save our country; I want to reduce the number of HIV infection in our country.'* It seems as though he has adopted the role of HIV prevention-agent and that, at least for him, this offers him a new way of making meaning of masculinity (since he would not have been able to make such meaning through TMC, which is in opposition to his non-circumcising traditional structures).

While being opposed to all forms of male circumcision and insisting that he will not undergo VMAMC for HIV prevention purposes, P6 says, *'We need to take care of our country to reduce the number of HIV infection by getting circumcised.'* It would seem as though, while not wanting to participate in VMAMC interventions himself, he feels that he is part of the collective of men who he regards of caretakers of South Africa by undergoing this HIV prevention intervention. P14 (single, aged 24, isiXhosa) understands meanings of masculinity within the context of VMAMC in relation to his ability to fulfil his role within his family, *'I don't see anyone who does not want to live an elongated life with his family. This disease affects everyone in South Africa.'*

However, half of the participants believed that individual and population health should not be achieved at the possible compromising of tradition. For these participants, masculinity is performed in the upholding of traditional practices, such as ritualised male circumcision, particularly when such practices are regarded as being threatened through biomedical interventions (HIV prophylactic VMAMC). For example, P26 (single, aged 23, English), who was medically circumcised as an infant and as a Caucasian male does not come from a traditionally circumcising background, believes that VMAMC will not be a priority for men in South Africa:

I think we're becoming hyper-acute of the HIV pandemic but we still aren't taking it seriously enough and I'm not sure that many people will go out and say "let me get circumcised because I don't want to transmit HIV", whereas when it's done for cultural or religious purposes, they often don't really have a choice or they're embracing that choice quite openly.

P26 believes that HIV prevention is not a primary concern for the majority of men in South Africa, and that TMC will continue to trend over VMAMC. This may be due to two reasons. The first relates to autonomy and action, whereby he believes that, in consideration of TMC, men are not able to act with agency against traditional structures. This may be due to the resistance that they might come up against from their families and communities if they attempt to favour VMAMC over the practice of TMC as a rite of passage. The second reason for the preference of TMC over VMAMC is the meaning-making of masculinity through the maintenance and prioritisation of tradition.

Masculinity is Prioritisation of Tradition.

P26 indicates that men will willingly embrace traditional practices and wish to adhere to these traditional structures rather than change these practices to slant towards medical philosophies regarding the body and disease prevention. For example, P9 says, *'I think [male circumcision] will have more value to have it for cultural or religious reasons than for HIV prevention.'*

Participants who came from a circumcising tradition generally regarded TMC as more important than VMAMC for HIV prevention:

Protection, as you has said before, [but] you still need condoms to practise safer sex because [VMAMC] is not 100% safe. If you do circumcision for cultural or religious purposes it's a good thing and it actually boosts your morally and your self-esteem. People around you tend to view you in a respectable way. (P1)

P26 speaks to the inability of VMAMC to compete with TMC practices that have longstanding historical, social, cultural, and personal significance to the men who come from traditionally circumcising backgrounds. The data indicates that this is crucial to the meanings of masculinity and VMAMC. As such, this will have to be considered by those involved in public health as this HIV intervention moves towards upscaling throughout South Africa.

However, P4 speaks to the importance of adhering to traditional practices of penile modifications (to circumcise or not circumcise) as it informs masculinity, *'if us men do not follow our history, then we cannot teach our sons to be real men too. It would be bad, man.'*

The participants indicated that the introduction of VMAMC challenged a man's ability to maintain his traditional practices regarding male circumcision or non-male circumcision. P18 (married, aged 61, isiZulu), because of his Zulu culture, insists that TMC is not practiced and that he will not go for a VMAMC to reduce his risk of HIV in case *'people might think that I did [circumcision] for culture, and that would be wrong, so... [shrugs]'*.

The notion of cultural identity and the significance of the present or absent foreskin is one of interest considering that traditional practices and norms are subject to an evolution of their own. Other Zulu participants reflected on how TMC is not part of their modern culture but how it used to be practiced hundreds of years ago. P4 says, *'I think all cultures do support male circumcision because when we grow up as boys we used to go to the mountains and then the elders will do the circumcision on us themselves.'* However, P16 (single, aged 31, isiZulu) considers how other Zulu men may react to VMAMC since they do not currently practice any form of male circumcision, *'in my culture we don't practise male circumcision so for them it will be difficult to digest such issue and hence they will react in a negative way.'*

Participants from non-circumcising backgrounds made meaning of masculinity independently from TMC and reflect on meanings of masculinity in ways that suggest that modernity has influenced the robustness of traditional understandings and symbols of masculinity:

Masculinity these days has a totally new definition. In the olden days, you had to go to the mountains and struggle for a long time. There are many successful men that we look up to that are not circumcised. The modern

man cannot be defined on his penis or foreskin. (P10 - single, aged 19, SiSwati)

P10 goes on to say that masculinity is not related to circumcision but rather that, '[a man] *needs to show masculine qualities of being a good provider and so on.*' P8 (single, aged 18, isiZulu) agrees, '*If an uncircumcised man has a house, wife and children, and a circumcised man have the same things. I think it has to be about how you satisfy a woman [sexually] and how you represent yourself in the community.*'

However, P6 (single, aged 18, SeSotho) reports that the presence or absence of the foreskin directs these behavioural outcomes, saying '*uncircumcised men are more powerful than circumcised men because you can recognise an uncircumcised man easily through their behaviour.*' This participant comes from a cultural group that does not practice traditional circumcision and thus, regards circumcision as emasculating. Throughout his interview, this participant indicated that he was deeply opposed to TMC and also that he would also not undergo VMAMC at any time. Thus, for this participant, male circumcision (in any form) is regarded as compromising hegemonic masculinity since it violates his meanings of masculinity as it relates to the intact foreskin.

However, the degree to which men subscribe to this form of patriarchy is moderated by cultural embeddedness, for example:

[...masculinity] is based upon cultural values. I mean it is up to you whether you follow to do circumcision or not. It all falls under the cultural aspect. If those people with a certain mind-set that if you have removed your foreskin, you are a man. (P7 - single, aged 18, isiXhosa)

Yet P7 goes on to highlight how masculinity is related to TMC in ways that inherently exclude the uptake of VMAMC as a way to make meaning of masculinity. He says *'when you do circumcision for traditional purposes they say that you are manly meaning you are a man now.'* For participants who come from a traditionally circumcising background, failure to adhere to traditional custom results in the perception that such an individual is not a real man, regardless of his age and status within his community. P19 (married, aged 51, isiZulu) reflects on this when he says, *'we are all equal but in some cultures when you are not circumcised you are not considered a man, you are considered a boy.'* P17 (married, aged 43, isiZulu) highlights the importance TMC in South Africa to particular cultures saying *'the meaning of [traditional circumcision] is manhood, because after initiation school you are treated like a man and you can do things done by older males.'*

As a self-identified Xhosa man, who would be expected to undergo a TMC performed by a community leader or traditional healer at initiation schools in rural parts of South Africa to impart powerful masculine qualities to young men, meanings of masculinity are undoubtedly aligned with TMC, *"...it's a manhood stage, besides anything. If you want to be man you have to be circumcised in my culture.'* After the interview, this participant spoke to this briefly again as he told the fieldworker that boys who reject TMC practices are not welcome to visit the homelands because of their uncircumcised state. Furthermore, they will not be allowed to marry a Xhosa woman since he cannot negotiate *lobola* (payment of bride wealth) with her family, as he is not a man. P20 (single, aged 34, isiZulu) confirms this, *'[...] in some cultures, like Xhosa, when you are uncircumcised no matter how old you are or have any kids, you are a boy.'* These participants reflected on the

notion that regardless of age, maturity, or status, one would not be considered to be a 'man' if the uncircumcised man came from a circumcising tradition.

Overall, the data showed that the above categories were central to participants' meanings of masculinity and VMAMC, which rival each other and are, therefore; critical to the meanings of masculinity within the context of HIV prevention in South Africa.

Discussion

The participants noted that meanings of masculinity were made in relation to the ways in which others regarded them as men, and this was undeniably related to circumcision. As such, the participants felt that others would regard them as being particularly masculine if they adopted one of two roles: firstly, they could be regarded as being active masculine agents in the fight against HIV; or secondly, they could be perceived as being masculine as they maintain and prioritise traditional practices relating to male circumcision. In both cases, it would seem as though these meanings of masculinity are aligned with being a protector of the people, either through HIV prevention or maintaining of traditional values and customs.

Thus, despite an understanding of masculinity extending beyond the practice of traditional circumcision or the uptake of VMAMC, meanings of masculinity are culturally-bound, as they are related to the presence or absence of the foreskin (as well as the method, timing, and context of its removal). The prioritisation of tradition over HIV prophylactic VMAMC makes meaning of masculinity because for some African cosmologies, male bodies need postpartum modifications to achieve complete 'wholeness' (Peltzer, Nqeketo, Petros & Kanta, 2008). Although this is a concept foreign concept to many, under these ideologies masculinity is not

universally complete upon birth. Thus, participants who prioritise TMC practices over VMAMC are doing so in the belief that they are defending their historical rights to attaining masculinity through traditional practices that cannot be changed to accommodate medical HIV interventions.

An additional issue that might not have been widely considered relates to traditional practices regarding male circumcision or non-circumcision. It seems as though (given the dissimilar conditions under which medical male circumcision for traditional purposes and VMAMC for HIV prevention must occur) men who subscribe (willingly or otherwise) to TMC practices may find themselves unable to take up this prescribed form of HIV prevention.

For Xhosa men and men from other traditionally circumcising traditions in South Africa, the rite is typically regarded as a vital component of the initiation of pubescent boy into manhood and masculinity (Mavundla, Netswera, Bottoman & Toth, 2009; Vincent, 2008). During this initiation, the boys are isolated with other initiates for a defined period of time within an initiation school. The initiation typically consists of cultural indoctrination in the form of various intricate rituals, abstinence from sex and particular foods and/or fluids, tests of physical strength and masculinity, and the male circumcision is performed by the *ingcibi*, the traditional surgeon (Peltzer & Kanta, 2009). This ritual is performed in groups (up to twenty boys at a time) where these boys live together for approximately three months in the rural Eastern Cape as they undertake the conversion from boy to man.

Furthermore, men who regard (any form of male circumcision) as compromising their traditional identities, which are related to the intact male body, may also find that they are unable to participate in this HIV intervention. This may then result in a sense

of shame and guilt, especially if VMAMC for HIV prevention is understood as an expression of masculinity as it relates to morality. This potential form of psychological anguish should be considered as VMAMC is upscaled in South Africa as a method of HIV prevention.

However, the Zulu King Goodwill Zwelithini, has currently endorsed the re-introduction of male circumcision into Zulu culture by way of VMAMC in an effort to address the HIV pandemic (Decoteau, 2013). This highlights the potentiality of VMAMC being introduced as a traditional practice that is aligned with meanings of masculinity in the adoption of both HIV-fighting agent as well as maintaining TMC practices.

Yet, this (if even possible) would require a great deal of time before VMAMC for HIV prevention would be integrated into traditional structures that make meaning of masculinity in ways that are not exclusive from the practice or non-practice of TMC. As such, the participants expressed the overarching tensions that exist due to the introduction of VMAMC as a public health HIV prevention strategy in South Africa (since it currently challenges meanings of masculinity as they relate to TMC or non-male circumcision).

While a sizeable body of anthropological literature (Grund & Hennink, 2012; Mshana et al., 2011; Westercamp et al., 2012) has contributed to understanding the social and historical meanings of male circumcision, the introduction of research suggesting its prophylactic potential against HIV transmission implies that newer, more nuanced and specific and historically relevant contributions to the way in which male circumcision, as a social, biomedical, cultural practice, intersects with meanings of HIV at the individual and social levels are needed.

Thus, in the accounts of the participants, the authors found that the removal of the foreskin extends far beyond the biomedical understandings of the body even when medical, in the form of HIV-risk. The findings of this study highlight how the male body (and its permanent modification for the purposes of infection prevention) are sites for meaning-making of masculinity in the context of VMAMC and HIV prevention for men in South Africa. This reminds those involved in public health interventions to consider and understand the ways in which the body and masculinity intersect with VMAMC in their implementation of VMAMC-based HIV prevention interventions.

Conclusion

This study adopted a Straussian grounded theory approach to ascertain the meanings of masculinity and VMAMC in relation to HIV prevention (as opposed to traditional social constructions) in South Africa. The findings speak to collective meanings (and a uniquely South African understanding) of an imposition to modify the body to combat HIV infection, where modification to the body is also a vehicle for cultural, gender and sexual expression. The medicalisation of circumcision as part of a comprehensive national HIV prevention strategy implies important points of convergence and contestation between traditional ideas about manhood and masculinity in the context of modern injunctions to risk and hygiene. These points suggest that feasibility studies need to move beyond cost-benefit and economies of scale is assessing the merits of a national rollout. Rather, circumcision in the age of HIV presents far more complex narratives that will complicate public health thinking about the implementation of VMAMC. This study represents a starting point in moving such thinking towards better understanding the meanings of rather than just the economic feasibility of a national rollout of VMAMC.

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