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Understanding the Bamasaaba Men and Masculinity in Response to the Safe Medical Male Circumcision Policy in Uganda

Bernard Omukunyi¹

1) The University of the Western Cape, South Africa

Date of publication: October 21st, 2022

Edition period: October 2022 – February 2023

To cite this article: Omukunyi, B. (2022). Understanding the Bamasaaba Men and Masculinity in Response to the Safe Medical Male Circumcision Policy in Uganda. *Masculinities and Social Change*, 11(3), 237-261.

<https://doi.org/10.17583/MCS.2022.10135>

To link this article: <https://doi.org/10.17583/MCS.2022.10135>

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Bernard Omukunyi
University of the Western Cape

Abstract

This paper uses qualitative unstructured interviews and Focus Group Discussions (FGD) to understand how Bamasaaba men conceptualise masculinity in response to the safe medical male circumcision policy (SMMCP) in Ugandan. Results were obtained from cultural leaders, clan leaders, traditional surgeons, medical officers, 2016 initiates, focus groups and the key informant, a representative of Inzu ya Masaaba. Processing the audio recorded responses and data analysis involved transcribing, interpreting, coding, and categorising using Atlas Ti software. The results of the study suggest ambivalence. The historical and political attempts to abolish TMC have evoked resistance, with most holding firmly to TMC as the only means by which Bamasaaba boys can acquire the status of manhood. However, some men see health values in medicalised male circumcision practices and believe that medicalisation has caused positive adaptations to TMC for purposes of enhanced hygiene and safety.

Keywords: Uganda, Bamasaaba Men, Masculinity, Response, Safe Medical Male Circumcision, *Umusaan Burwa*.

Comprender a los Hombres Bamasaaba y la Masculinidad en Respuesta a la Política de Circuncisión Masculina en Uganda

Bernard Omukunyi
University of the Western Cape

Resumen

Este trabajo emplea entrevistas cualitativas no estructuradas y discusiones de grupos focales (FGD) para entender cómo los hombres Bamasaaba conceptualizan la masculinidad en respuesta a la política de circuncisión médica masculina segura (SMMCP) en Uganda. Los resultados se obtuvieron de los líderes culturales, los líderes de los clanes, los cirujanos tradicionales, los funcionarios médicos, los iniciados en 2016, los grupos focales y el informante clave, un representante de Inzu ya Masaaba. El procesamiento de las respuestas grabadas en audio y el análisis de los datos supuso la transcripción, la interpretación, la codificación y la categorización mediante el software Atlas Ti. Los resultados del estudio sugieren ambivalencia. Los intentos históricos y políticos de abolir el TMC han suscitado resistencia, y la mayoría se aferra firmemente al TMC como el único medio por el que los niños de Bamasaaba pueden adquirir el estatus de hombre. Sin embargo, algunos hombres ven valores de salud en las prácticas de circuncisión masculina medicalizadas y creen que la medicalización ha provocado adaptaciones positivas a la TMC con el fin de mejorar la higiene y la seguridad.

Palabras clave: Uganda, hombres bamasaaba, masculinidad, respuesta, circuncisión masculina médica segura, *Umusaan Burwa*

This paper explores how Bamasaaba men conceptualise masculinity in response to the safe medical male circumcision policy (SMMCP) in the Bugisu sub-region. The SMMCP promotes the modern practice of Medical Male Circumcision (MMC) for HIV prevention. However, in the Bugisu sub-region, *umusaan burwa* (singular) or *basaani burwa* (plural) signifies a brave man or brave men. To qualify as *basaani burwa*, young men have to undergo traditional male circumcision (TMC) to acquire respect, social acceptance and a sense of belonging to a collective (Wanyenya, 2013). This collective is primarily shaped by a patriarchal understanding of life and a sense of individual identity that is rooted in being a 'real man'.

Fulfilling the rituals of traditional male circumcision grants boys, the right to marry and establish families of their own. In addition, TMC allows boys to assume other social responsibilities such as inheriting property and actively participating in cultural practices such as the offering of ancestral sacrifices (Meissner and Buso, 2007, p. 37). By contrast, an uncircumcised man is known as *umusiinde* (singular) or *basiinde* (plural). Such a man is treated as a boy and if he marries, his marriage is usually disrespected by his wife, family, and society until he is traditionally circumcised (Wanyenya, 2013, p. 413-25). In addition, the *imbalu* ceremony in which TMC takes place has strong religious connotations for men and women in the Bugisu sub-region. *Imbalu* links men to the ancestral world, so that only traditionally circumcised men may enter that world when they die (Khanakwa, 2016).

The objective of extension or reform to the policy was to scale up the Medical Male Circumcision (MMC) to prevent the spread of HIV (Omukunyi and Roman, 2021). Scholars, policy developers and implementers have justified SMMCP by noting that the traditional practice of male circumcision increases the risks of HIV infections (UNAIDS & CAPRISA, 2007). Thus, in a bid to discredit TMC, they have claimed that it is ineffective at curbing HIV transmission (Bailey, 2007; Maughan-Brown et al., 2011). Many researchers back up this claim, with 35% of complications related to TMC found in Kenya and 48% in South Africa, some of which result in fatalities (Bailey et al., 2007; Herman-Roloff et al., 2011a; Herman-Roloff et al., 2011b).

In Bugisu, Uganda, complications such as infections, delayed wound healing, bleeding and excessive removal of the foreskin have been reported

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

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

Evidence shows that Bamasaba people have conflicting ideas about the implementation of the SMMCP. Many are dismayed that the system imposes medical male circumcision on them, since the law states they have the right to practise their traditional beliefs. While the reformed health policy does not ban TMC, it relegates traditional circumcision providers to an inferior and peripheral position (Wambura et al., 2011), overtly seeking to render them unnecessary through its well-funded marketing campaign and complete roll-out of MMC. A state of low-intensity conflict appears to have arisen between Bamasaba men who hold local beliefs, traditions and values concerning traditional male circumcision and those who assert the health rules and regulations implemented by the Ministry of Health (Nanteza et al., 2020; Semwali, 2021).

Conflict or mixed reactions about TMC is not new in the Bugisu sub-region, most men who have traditionally circumcised as a group, experienced ambivalence about medical male circumcision practices for generations (Wanyama and Egesah, 2015). This study focuses specifically on how Bamasaba men in the area conceptualise masculinity in response to the implementation of the SMMCP in Uganda. In part, it attempts to establish whether the latter has resulted in any change in how men in this region construct the concept of masculinity.

Literature and Theoretical Framework

This section provides the literature review and theoretical framework from Connell (1995) perspective. Wood and Jewkes (2005) argue that masculinity is socially constructed and cannot be exclusively relegated to biological characteristics. Mfecane (2010) concurs, holding that male gender attributes of domination and grandiosity are not innate in children but are socially inculcated in males so that they can eventually satisfy their gender role in society. Kraus *et al.* (2000) argue that society engineers' concepts of masculinity and femininity based on separate sets of gender expectations.

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

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

The performance of these masculine responsibilities does not qualify a person to be regarded as a 'man' if the person has not undergone the circumcision ritual. Mfecane (2016) confirms that masculinity is centred on the act of circumcision, noting that even when a person who has undergone male circumcision neglects gender expectations, he does not lose the honour

of being called a man. Other scholars have argued that circumcision also serves as a way in which males can defend their honour and masculinity in the community (Vincent, 2008).

Nevertheless, in African societies, generally, masculinity refers to a set of qualities or characteristics, behaviours and roles associated with boys and men. Itulua-Abumere (2013) states that masculinity ‘consists of those behaviours, languages and practices, existing in specific cultural and organisational locations, which are commonly associated with males and are thus culturally defined as not feminine.’

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

Such social issues are relevant to African traditions and cultural practices. Thus, what defines both Bamasaaba men *and* women is embedded in the social practice of TMC. Much critical thinking and writing published about men and masculinity seeks to understand how men’s power is created (Freedman, 2006; Kimmel *et al.*, 2004). For the Bamasaaba, the social practice of TMC is the medium through which cultural and religious values, knowledge, power acquisition and family/community responsibilities are instilled (Connell & Wood, 2005; Elkin & Handel, 1988).

However, Connell (2003) coined the term hegemonic masculinity, referring to qualities associated with the dominant masculinity of a certain period in the history of the West. Western society at that time used the ideals of masculinity to shape cultural models, with a significant number of men attempting to live up to the standard of hegemonic masculinity in contemporary society. Hegemonic masculinity, according to Connell, exists alongside other categories of masculinity such as ‘subordinate’, ‘complicit’ and ‘marginal’ masculinities (Connell, 1995).

As much as the study was focused more on hegemonic masculinity, the Bamasaaba men use the practice of TMC to justify the subordination of the

male population that underwent MMC, marginalising their way of being men in the Bugisu sub-region. Connell's (1995) explanation of subordinate masculinity, which is defined as the masculinity of certain groups of men who do not seem to be living up to the dominant ideas of being a man. The hegemony of masculinity symbolically eliminates these groups of men from the definition of manhood. This explains the contemporary Western (European and American) treatment of gay men who do not conform to hegemonic masculinity and are therefore expelled from the group because heterosexuality is a significant expression of hegemonic masculinity (Wyrod, 2008).

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

Among the Bamasaaba men and all the Bugisu communities, bravery is the cultural driving force behind the designation *umusaani burwa* and is expressed through the act of pain endurance in the initiation process. Waldeck (2003) claimed that traditional male circumcision becomes a significant resource that determines gender roles ascribed to men, defining certain habits of social life. After circumcision, the young man is expected to display aggressiveness, strength, independence, hard work, physicality, stoicism, and competitiveness – all the qualities associated with 'masculinity'.

Cooter & Pickstone, (2016) demonstrated how African people are socialised to practise their culture, traditions and customs. This may be seen in the way the Bamasaaba strive to preserve their rite of male circumcision which they experience as a spiritual and social practice with social, traditional and cultural benefits – all of which are absent from the clinical process of SMMC. Furthermore, beginning from childhood, Bamasaaba practise and

create their social status through participation in cultural events, which shape them even before they have the self-awareness to understand who they are as individual Bamasaaba as stated by Şenkul *et al.* (2004) and his colleagues.

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

In addition, Sanjobo (2007) observe that the rituals performed during TMC involve demonstrations of bravery and manhood. The Bamasaaba value the pain that the initiate experiences during the operation, as an endurance of it confirms that the initiate is ready and worthy to become an adult male member of the community. The most profound aspect of the ceremony is the spiritual aspect.

Sanjobo (2007) state that circumcision is a tradition that links the initiate with his ancestors and with God, reflecting, in some cases, an ancient covenant made between God and his people. The failure of SMMCP to speak to the aspect of spiritual and cultural identity, the assuming of new roles and responsibilities, and a demonstration of ability to withstand pain make it an operation devoid of all meaning and entirely inadequate to express all that is contained in the *imbalu* ceremony.

The discourse presented on medical male circumcision is that MMC modernises traditional practices and prevents disease. Some scholars argue that the Bamasaaba already relate TMC to the prevention of disease, since Masaaba, the first man to practise circumcision, is said to have had four male children who developed penile complications that caused them serious illness (Nalinya, 2014), and that TMC was developed partially as an intervention for disease prevention. However, to the Bamasaaba, the link with disease prevention is tenuous. For many, the primary direct reason why the Bamasaaba engage in TMC is to prepare newly circumcised men for founding a family.

Kibira *et al.* (2013) state that it is forbidden, especially among the Bamasaaba, for an uncircumcised man to marry and raise a family. One would

expect this view to become irrelevant if an *umumasaaba* man grows up in a community that does not traditionally practise TMC and where he adopts the culture of that community. However, Senkul *et al.* (2004) report that in such cases, where none of the local people have been able to witness the ceremony and the man remains uncircumcised, the woman is supposed to inform the elders that her husband is uncircumcised.

Therefore, this section provided the literature which is used to discuss the findings and understand how Bamasaaba men conceptualised the cultural definition of manhood. This definition by men serves as the main building block of most men's sexuality. It is through an understanding of masculinity that men perceive and think about their sexuality. In addition, the theoretical framework consisting of the gender theory of masculinities assists in explaining how participants responded to the implementation of the SMMCP. It is possible that through their sexuality, the Bamasaaba men affirm their sense of acquired masculinity, and that this may influence the decision that boys and parents make about male circumcision.

Research Methodology

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

Purposive stakeholder sampling was used to explore the understanding of the targeted population – the Bamasaaba people – of traditional male circumcision and Ugandan health policies. Unlike the trained health clinical officers, the significant number of traditional surgeons are uneducated. They focus on subsistence farming outside their spiritual vocation in Traditional Male Circumcision (TMC) practice. The sample included traditional and religious practitioners (*bakhebi*) mostly from Islamic faith, government health personnel and cultural leaders, including clan leaders as custodians of TMC. The cultural leaders are appointed or nominated to serve on the cabinet of the *Umukhuka we Inzu ye Bamasaaba*.

One key participant was interviewed through face-to-face interviews of 45-one hour, while others participated in seven focus group discussions (FGDs)

taking over two hours depending on saturation. The members that formed the FG were a mixed group of civil servants, religious leaders, and local people in the communities from three districts in Bugisu sub-region. FGDs were characterised by an attentive, non-judgemental, and open environment, with basic ground rules setting the tone for frank discussion (Blanche et al., 2006). Data gained through FGDs helped generate ideas for investigating and developing a hypothesis.

All ethical guidelines involving permission, confidentiality, informed consent, and safety of participants were observed. The study was approved at the ARTS post-graduate committee meeting (ARTHD 2015/10) on 05 November and the Senate Higher Degrees meeting on 18 November (reference: SHD 2015/12). In addition, the study was submitted to the University Research Ethics Committee for registration (Reg. No 15/7/65). After securing permission from the University Research Ethics Committee to proceed with the research, the researcher requested permission from *Umukhuka II Inzu Ya Masaaba* (the king of the Bugisu kingdom) and the director of the Safe Male Circumcision Programme at Mbale Regional Hospital. Participants signed informed consent forms to participate.

In addition, all participants' names, occupation, and address for the FG members were kept anonymous for ethical reasons. Audio-recorded interviews were transcribed and subject to Atlas software for data analysis, through the coding of each paragraph according to themes and sub-themes. The thoughts and insights deriving from data were also analysed, coded, and recorded into a memo file attached to the participants' files for later interpretation (Ray et al., 2021).

To verify the results of the first analysis, the data was re-analysed in relation to the biographical details of the participants, such as age, gender, location, occupation, and experience. The results were again thematically analysed by coding significant sentences and paragraphs into themes using the Atlas software.

Results

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

‘Umsani Burwa’ (Brave Man) as a Traditionally Circumcised Man

The Bamasaaba’s responses to both TMC and MMC are subject to analysis through the lens of gender theories of masculinity, as espoused by Connell, (1995). In addition, Connell & Messerschmidt (2005) reflect on how Connell, (1995) builds a theory of hegemonic masculinity that rests on four, non-hegemonic masculinities. These masculinities are complicit, subordinate, marginalised and protest masculinities.

Data from participants was analysed and presented according to Connell’s explanation of subordinate masculinities. Some participants such as cultural leaders acknowledged that facing one’s inherent dread of pain is a significant aspect of the cultural process of *imbalu* and is what makes boys men. He said:

Men will maintain a strategic distance from medical male circumcision because it reduces pain, which is the vital aspect of being a man. In light of the pain ... I am terrified of the pain, though I had traditional male circumcision. Until today, I do not know how it happened, and maybe that is why it is believed that male circumcision is spiritually motivated. (Cultural Leader No. 6.)

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

Of course, the most important element of imbalu to the Bamasaaba is pain. We, the Bamasaaba, associate the pain of imbalu with bravery, and a man needs to be brave and strong. Furthermore, if most Ugandans do traditional male circumcision, it will reveal to us that they do declare it a critical cultural practice. (Cultural Leader No. 3.)

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

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

Pouring of blood through slaughtering animals ... in our culture means dedication of boys to our ancestors. We do this for boys to stand upright and withstand the pain of imbalu. The ritual of bloodshed, stepping on the gravesite, roasting meat, roasting matooke (bananas) and eating at the gravesite means sharing with the dead and creating a relationship with your ancestors to give you the courage to stand the pain of the knife as a brave man. For example, the boy or boys on the day of traditional male circumcision are taken to step on khusirindwa (the grave) of his father, if no more, or the grandfather, to say this is my day of blood sacrifice and pain endurance. (Clan Leader No. 3).

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

During the initiation process in the Bugisu, there are different things that we do which are more painful than the actual cutting of the foreskin of a Mugisu man. Things like smearing the boys with millet flour, mud, animal dung and clay soil to look different from men and be like animals in the bush. (Clan Leader No. 1.)

Mhlahlo (2009) reports a similar aspect during the initiation of Xhosa boys in the Eastern Cape in South Africa. He states that the initiates are presented as animals and that this symbolic identification with animals is part of the process of being transformed into a man. The participants emphasised that all of this was demanding on the body and mind of the young man. Any boy unwilling to go through these conditions, who elects to undergo SMMC to escape pain, will not be regarded as a man. Clan Leader 3 said:

If a boy has any desire to undergo safe medical male circumcision because of the fear of pain, he will not be regarded as a man in Bugisu. We always tell the boys that they should not stress about the pain; it is the thing that makes him umusaani burwa, a real man. (Clan Leader No. 3)

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

A man can defeat pain after male circumcision, which must last for a specific period for specific cultural reasons. Medical male circumcision is a surgical practice for HIV prevention, which causes emotional, psychological and spiritual pain but does not make one a man in Bugisu. (Clan Leader No. 4.)

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

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I think that medically circumcised men may be great men. In my opinion, manhood means being healthy, clean and strong to protect your family. (Clan Leader No. 7)

However, this comment was not in line with the majority. All, including the man who made the above comment, were unanimous that it was unacceptable for a woman to perform male circumcision in the hospital setting. Schenker (2007) states that trained male or female personnel take only thirty minutes to perform MMC in the hospital setting, whereafter nurses dress the wound.

This is obviously contrary to the Bamasaaba's cultural practice of male circumcision, which is an exclusively male preserve and where women play a support role only. A significant number of participants appeared to feel that current health policies undermine their masculinity, notably if they are to be circumcised by female doctors in the hospital.

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

I think pain is more vital because it shows a boy the harsh conditions and hardships a man should go through. This is the reason why you can consider what transpired that day for the rest of your life, and it is a taboo in the Bugisu to forget your surgeon. (Traditional Surgeon No. 8.)

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

Men and Community Perspectives on Masculinity in relation to TMC and SMMCP

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

We are all equal; however, in most Bamasaaba men, when you are not traditionally circumcised, you are not viewed as a man, you are viewed as a boy. (P5, Focus Group No. 4.)

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

To me, the significance of traditional male circumcision is an acquisition of manhood. This is because the new men coming out of mwikombe [initiation school] are regarded with high esteem. This man can do things which are done by the elders in that society. (P1, Focus Group No. 5)

An 'outsider' perspective such as this opened the discussion and led to a lively debate on how masculinity manifests post-TMC. A slightly more complex perspective on the notion of masculinity began to emerge in several groups. Eventually, the question was posed as to how outsiders to TMC would perceive the effects of the Bamasaaba ritual of initiation into manhood.

Participants stated there were various routes through which *basaani burwa* could demonstrate their responsibilities as men. Most explained these in general terms, indicating that men had to demonstrate the 'social qualities of individual manhood' after TMC, as one put it. Although TMC guaranteed

initial social acceptance as a man, the qualities of manhood had to be lived and expressed after TMC in order to maintain this social acceptance.

The Necessity of Ongoing Demonstrations of Masculinity

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

The reason why our children are infected by HIV is an attempt to prove that they are men after the traditional male circumcision process. There are cruel conditions during the kadodi dance; the Bamasaaba must refrain from these brutal conditions to make the imbalu practice enjoyable. I do not mind my children undergoing safe male circumcision to avoid this commotion. They must alter this tradition into a protected one; after all, they all are men. (P 8, Focus Group No. 7.)

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

It is not the traditional male circumcision; it is the thing ... the way the Bamasaaba culture defines imbalu among the Bugisu. The Bamasaaba's culture says that imbalu makes you a man. However, as a Christian, I will say that imbalu has created a patriarchal society, particularly in the Bugisu. (P 8, Focus Group No. 2.)

In the same way, Robertson (2007) stated that patriarchal power prevalent in most societies influences some men to exhibit the qualities of 'complicit

masculinity'. In this form of masculinity, men who do not personally demonstrate dominant or patriarchal qualities go along with prevailing views without challenging them and therefore entrench hegemonic masculinity.

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

In my opinion, I view imbalu as the mechanism of putting men in certain positions of control. In particular, I think men acquire the power to control women and other men who are not traditionally or uncircumcised men in the Bugisu communities. (P2, Focus Group No. 4.)

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

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

Oh, my God, imbalu is significant in Bugisu, yes, no doubt. However, there is no distinction between the two when it comes to social challenges; I see traditionally circumcised men and medically circumcised men going through the same difficulties to provide for their families. I think their employment is the same. As the Bamasaaba, we need to stop thinking that we are better than people from other places because of the rituals that we perform during the imbalu ceremonies. (P8, Focus Group No. 1.)

As conversations progressed, participants often broadened their discussion. They conceded that TMC was no guarantee of the ability to function as men in society, as all men went through the same challenges. Other elements of manhood that were raised had less to do with personal qualities and more to do with the role played by a man in his family and society. This

indicates that the definition of masculinity was still centred mainly around demonstrable actions and roles played, rather than personal qualities.

Participants pointed out that uncircumcised men had houses, a spouse and children, and circumcised men had similar things. In addition, Şenkul *et al.* (2004) argue that circumcision does not adversely affect sexual function in men. Likewise, the participants for this study believed that *imbalu* influences man to fulfil a woman's sexual desires. Participant 6 expressed this view:

I think it must be about how you fulfil a woman's sexual desires, her conjugal rights, and how you characterise yourself in public is what matters most. I think the entire issue for the Bamasaaba men is about getting rid of the foreskin, which keeps on blowing the whistle in their mind that discloses to them that they are now circumcised men. They put their mind off their goals and feel content with what they have. (P 3, Focus Group No. 5.)

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

For me, it is mainly how I can accommodate my better half, plant a seed, can take our children to school and also take good care of them, too. The foreskin or not ... every one of those things is seen as well. So, whether you have your foreskin or not does have anything to do with manhood at present. (P6, Focus Group No. 3)

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

I believe that the Bamasaaba men are wasting time on traditions, subjecting boys to moving from one house to another. Men are all the same; it is the matter of your identity, whether you are a man. Regardless of whether you are circumcised or not, it is a similar thing; it is how you see life and, individuals

around you, and how you mingle. I imagine and figure out what a lesser man is. My advice to the Bamasaba is to take your children to school and forget about imbalu and umusaani burwa. Be a real man in modern society. (P5, Focus Group No 7.)

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

The Bamasaba ... tell me, have you not seen medically circumcised men who are more mature than the so-called traditionally circumcised men? I have seen the individuals who are circumcised acting like crazy people. So, doesn't imbalu have any importance? It is about the mental development of a person; it is not about circumcising a person. (P13, Focus Group No. 4.)

Interestingly, this participant concurred that a man 'is characterised by his decisions and what he believes in' but that these personal qualities depend on having undergone TMC. In effect, he sees the inner qualities of manhood, such as the ability to make good decisions, as inextricably linked to TMC – without TMC, he seemed to be saying, there may be no ability to act like a man. The issue was contentious; Participant 9 strongly disagreed:

No, what are you talking about? I do not think medical male circumcision will characterise somebody as a man; a man is characterised by his decisions and what he believes in. The men who are medically circumcised do not know who they are. Moreover, some men who missed the blessings of their ancestors are settling on the terrible decisions they made in life. They act in a non-masculine manner and do not assume the full obligation of being men. (P9, Focus Group No. 4.)

On this point, many participants concurred. They noted that for this reason some men in communities that do not practise TMC have opted for MMC;

they believed that it enabled them to satisfy their partners sexually. The men agreed that women played a strong role in pushing them toward circumcision but denied that a woman would ever persuade them to undergo SMMC.

Conclusion

In general, what strongly emerged was that gender is determined at birth, but masculinity is conferred through an event that combines spiritual transformation, vigorous teaching, and practical demonstrations of bravery through complete practice of *Imbalu*. At the same time, most people felt that although the event itself could not change a man and make him responsible, it was nonetheless the only way to 'access' hegemonic masculinity, which from then on had to be worked out in person. In Messerschmidt's terms, the practice of TMC conferred hegemonic masculinity, while MMC conferred only 'a marginalised' masculinity (Connell, 1995).

As indicated in the theoretical framework about hegemonic masculinity, the Bamasaaba men use the practice of TMC to justify the subordination of men who underwent MMC, marginalising their way of being men. The evidence of the study shows that these men are cowards and remain marginalised, discriminated against, and stigmatised by traditionally circumcised men. This means that if the Bamasaaba people do eventually accept the implementation of the SMMCP, there would have to be a potential shift in the notion of *imbalu* as a test of bravery and pain endurance.

Furthermore, receiving SMMC as a biomedical intervention would drastically strip the process of its spiritual connotations as an act that demonstrates initiates' links with their ancestors. This issue would remain unresolved for those who hold to such beliefs. The acceptance of the SMMCP would require that Bamasaaba men reconstruct their cultural ideas of *umusaani burwa* ('brave man'), and *bumakhoki* ('brother' or 'mate') and adopt a concept of medicalised practice.

Currently, the implementation of the SMMCP is seen as a threat to the extensively organised tradition of TMC. The robust belief system of the men in the region has created a profound sense of attachment to TMC and antipathy toward the implementation of the SMMCP. The rhetoric of fighting HIV infections through MMC, despite its truths, is watered down by the fact that Bamasaaba already practise circumcision and they have no need for MMC for

this purpose. TMC remains strong because, in this one event, the identity of both group and individual is shaped and reinforced. It is through the rituals associated with imbalu that a young boy experience himself as a man for the first time; a person set apart from both animals, spirits, and wome

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Dr Bernard Omukunyi is a Lecturer Sociology of Education at the Department of Educational Studies, University of the Western Cape, South Africa.

Contact Address: Direct correspondence to Bernard Omukunyi Faculty of Education. The University of the Western Cape, Robert Sobukwe Road, Bellville. 7535, South Africa. email:

bomukunyi@uwc.ac.za