

THE INFLUENCE OF RELIGION IN THE UPTAKE OF MALE CIRCUMCISION AS AN HIV PREVENTION STRATEGY IN SWAZILAND

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ABSTRACT

Circumcision has been practised for centuries among various groups of people world-wide, mainly for religious, traditional, hygienic or medical reasons. However, this practice was rare in Swaziland. Following recommendations by the World Health Organisation that circumcision should be added as an additional strategy for HIV prevention, the country embarked on mass male circumcision campaigns, aimed at scaling up the practice nationwide. Apparently the turn-up for the procedure is below the set targets. Knowledge of factors that influence the uptake of circumcision is necessary in order to maximise the success of the strategy. This study aimed at assessing the influence of religion and/or culture on perception and hence uptake of circumcision in Swaziland. An explorative qualitative research design was used, in which in-depth face-to-face interviews were conducted on seventeen participants individually. Results showed that Christianity and African Traditional Religion are the dominant religions in Swaziland and each of them has both a negative and a positive influence on the perception of, and hence the decision to be, circumcised. This depended on the individuals' interpretation and understanding of the doctrine of their religion or denomination. It was recommended that the identified positive influences be capitalised on to promote circumcision.

KEYWORDS: Christianity, culture, HIV prevention, male circumcision, religion

INTRODUCTION

Swaziland is a small landlocked southern African country bordered by Mozambique to the east and South Africa to the north, west, and south. It is just 17 364 km² in size, with an estimated homogenous population of 1.4 million (CIA, 2011). The Swazi people are descendants of the Bantu who originated in the Benue-Cross Region in Cameroon

(Government of Swaziland, 2012:1). These people believed in, and practised African Traditional Religion (ATR) (Chidester, Kwenda, Petty, Tobler & Wratten, 1997:56). With the colonisation of Africa by Western countries and the global spread of other racial groups, other religions infiltrated Swaziland. Currently Swaziland consists of a mixture of religious groups, comprising 40% Zionist (a blend of Christianity and indigenous ancestral worship), 20% Roman Catholic, 10% Muslim, and 30% a combination of Anglican, Bahá'í, Methodist, Mormon, Jewish, and other religions (NationMaster.com, 2012). Thus, predominantly Swazis are affiliated to the various denominations of Christianity as well as ATR.

It follows, therefore, that most activities that are related to culture and spirituality in Swaziland are aligned to either Christianity or ATR, or a combination of both. This includes health-related behaviours and interventions. The major health challenge in Swaziland currently is HIV and AIDS, which has claimed the lives of about 11 958 people in 2008 alone (UNDP, 2009:1). An estimated 26.3% of the adult population is also infected with HIV, ranking Swaziland the worst affected country world-wide (USAID, 2010:1). With its impact dating back to the 1990s, the HIV epidemic was declared a national disaster in 1999 by His Majesty King Mswati III (NERCHA, 2007:5). Since then, national and global efforts at a broader scale have been made to try and fight the HIV and AIDS pandemic, preventively, and in terms of mitigation of the impact.

Of late, the country has embarked on mass male circumcision campaign following the recommendations by the World Health Organisation (WHO) and United Nations Programme on HIV/AIDS (UNAIDS) to include circumcision on the comprehensive package for HIV prevention. The recommendation was based on the findings that male circumcision reduces heterosexual transmission of HIV from women to men by 60% (Auvert, Taljaard, Lagarde, Sobngwi-Tambekou, Sitta & Puren, 2005:298). It has been projected that if Swaziland could circumcise 50% of males aged 15–49 by the end of 2020, one HIV infection could be averted for every four circumcisions performed (Grund, 2010:1). Regionally, this will contribute towards the prevention of about 2 million new HIV infections and 0.3 million deaths in sub-Saharan Africa over that period (Williams, Lloyd-Smith, Gouws, Hankins, Getz, Hargrove, Zoysa, Dye & Auvert, 2006:1032).

PROBLEM STATEMENT

The achievement of the projected impact of male circumcision depended mainly on its acceptability and uptake among the target population. Apart from mere awareness and availability of services, a number of factors influence the decision to be circumcised at individual levels. These include religious factors such as those of Islam or Judaism that enforce male circumcision mandatorily, and cultural or traditional beliefs.

Nearly all Muslims and Jews are circumcised for religious reasons (WHO & UNAIDS, 2007:3). Christianity, on the other hand, seems to have a bidirectional influence on circumcision, depending on the specific denomination and place (Rain-Taljaard, Lagarde, Taljaard, Campbell, MacPhail, Williams & Auvert, 2003:323; Circumcision Reference Library, 2004; WHO & UNAIDS, 2007:4). Similarly, ATR seems not to have any uniform practice in relationship to circumcision. Instead, the practice of circumcision varies with ethnicity. The majority of African ethnic groups practise male circumcision mandatorily as a rite of passage of adolescents into manhood (WHO & UNAIDS 2007:4; Mavundla, Netswera, Bottoman & Toth, 2009:395; Wambura, Mwangi, Mosha, Mshana, Mosha & Chungalucha, 2009:38).

Swaziland is a multicultural community with a mixture of these religions and their practices (NationMaster.com, 2012). Therefore, it becomes difficult to predict the perceptions of circumcision from a religious or cultural point of view, and hence their influence on the uptake of male circumcision among Swazis. Yet every health care measure or intervention, including male circumcision for prevention of HIV transmission, needs to be culture-sensitive for it to be fully acceptable and effective. Apparently the turn-up for the on-going mass male circumcision was below the set targets. Knowledge of the influence of religious beliefs in the uptake of circumcision was therefore necessary in order to maximise the success of the strategy in reducing the high rate of HIV infection and AIDS.

PURPOSE AND OBJECTIVE OF THE STUDY

The purpose of this study was to assess Swaziland's male perceptions of male circumcision from a religious and/or cultural perspective, including their influence on the uptake in the on-going mass circumcision for prevention of HIV in Swaziland. The ultimate objective was to ascertain and ensure that circumcision for HIV prevention is compatible with the Swazi religious and cultural beliefs so as to maximise its acceptance and the effectiveness of this strategy.

DEFINITION OF KEYWORDS/CONCEPTS

Male circumcision is the surgical removal of all or part of the foreskin of the penis (Rain-Taljaard et al., 2003:316). This is usually done for various reasons such as religious/cultural, hygiene, medical or social reasons, among others (WHO & UNAIDS, 2007:3–7).

Religion refers to a belief in and a deep respect for a supernatural power or powers regarded as creator and governor of the universe (Farlex, 2014). Each individual would thrive to act or behave in compliance with the expectations by the supernatural being, who in most religions is God.

To **influence** is to affect or alter by indirect or intangible means (Farlex, 2014). As a noun, influence refers to the capacity or power to produce effects or changes on the actions, behaviour or opinions of others (Dictionary.Com, 2014). The resultant effect of change can be either desirable (positive) or undesirable (negative).

An **HIV prevention strategy** is an elaborate and systematic plan of action designed to achieve a long-term or overall aim of preventing HIV transmission (Oxford Dictionaries Online, 2014).

RESEARCH METHOD

An explorative qualitative research design was used, in which all men in Swaziland who had been sensitised to the on-going mass circumcision were eligible. Ethical clearance was obtained from the Ministry of Health (Swaziland), Scientific and Ethics Committee. Participants were identified as they came for circumcision or related services at Family Life Association of Swaziland (FLAS), Mbabane, and selected by convenience sampling. Prior permission to collect data had been obtained from FLAS Research and Evaluation Unit. A written informed consent was also obtained from each participant before data collection. Data were collected concurrently with sampling and continuously up to the point of data saturation, one participant at a time. Collection of data took place between the period 28th June and 11th July 2012, using in-depth unstructured face-to-face interviews as well as observations of non-verbal cues. Participants were given the option to choose to be interviewed either in English or siSwati. The interviews were based on the grand tour question that: “*What has made you to make up your mind and decide to be circumcised?*” This was followed by probing open-ended questions, which relate to perceptions about circumcision and the influence of religion and culture on the decision to either be circumcised or not. Focus was based on the decisions by the participants themselves as well as their colleagues who may or may not be circumcised. Thus, participants’ own discussions with peers and colleagues in the community about circumcision and religious beliefs were explored. Data were captured using audiotapes for the conversations and field notes for the observations. Guba’s (1981) model for assessing and enhancing trustworthiness was used as described in Krefting (1991:216–222).

DATA ANALYSIS

The resultant data were subjected to the generic process of qualitative data analysis, as described by Creswell (2003: 191–195). The process involved transcribing the audiotapes into a written form and merging the data with the field-notes into one transcript. The transcripts were read repeatedly to identify the main themes and sub-themes for analysis, and each theme was described separately. Following data interpretation, a comprehensive description of the perceptions of circumcision from a religious point

of view was made. Ultimately, the influences of religious and cultural beliefs on the decision to be circumcised among Swazis were identified. The findings obtained from this analysis are described in the section below.

RESULTS

Characteristics of the participants

As determined by data saturation, a total number of 17 participants aged between 19 and 42 years were interviewed. The sample comprised those who had been circumcised as from 2007 up to date, as well as those who had not yet been circumcised. Some participants were residing in the urban area of Mbabane while others had come from some distant semi-urban or rural areas. Most participants were native Swazis, with some who had spent much of their time in South Africa working, pursuing their education, or visiting relatives. The only non-Swazi participant was a Mozambican who had been residing and working in Swaziland for some years and often visited home.

All participants believed in Christianity and were affiliated to Christian denominations, except for one who was not affiliated to any specific religion. From the interviews conducted, the participants revealed the influence that religion and culture has on perception and uptake of male circumcision.

Influences of religion and culture on circumcision

Two major themes emerged, namely, the influence of the Christianity rooted in the Bible as well as the influence of ethnicity rooted in African Traditional Religion, each of which had two sub-themes.

Theme 1: The influence of Christianity on circumcision

Results show that Christianity has a minimum and bidirectional influence on the acceptance of circumcision in Swaziland. Thus, some felt that there is no relationship between Christianity and circumcision, others perceived circumcision as a practice that is against Christianity, while others felt circumcision is one of the biblical practices that is still necessary. All these were essentially based on individual understanding and interpretation of the Bible. Below is an elaboration of the Biblical reasons given for and against the practice of circumcision.

Subtheme 1.1: Positive influence of Christianity on circumcision: It emerged that some Christians are of the opinion that they ought to be circumcised so that they look like Jesus Christ, around whom Christianity is centred. One participant who was motivated by this feeling to be circumcised said:

“As I read the Bible, I came across this verse which says also Jesus was circumcised, so I said, ‘Guys!’ they are busy saying, ‘You are not a Jew. You are not a Jew’. I said, ‘There is no problem. I am not a Jew, but I am a son of God.’ So I said, ‘Whatever happens, I will pray first and go and do circumcision.’”

In addition, it is also ostensibly believed that God helps those who help themselves in any matter. One participant, who had this belief and also understood that circumcision is a way of helping oneself to remain free from HIV infection, remarked as follows:

“As far as I know, because I normally read the Bible, the Bible says ‘God helps those who help themselves’. So, if I don’t circumcise [get circumcised] and say God will help me, He won’t [help me]. I need to help myself in order for God to help me, because He sees that I am willing.”

On the other hand, it was also shown that some people had a completely different and opposite perception about Christianity and circumcision. Below is an elaboration of this line of thinking.

Subtheme 1.2: Negative influence of Christianity on circumcision: Contrary to the above view, some believe that the human body was created in God’s image and serve as His temple. As such, no one should tamper with it, and circumcision is considered as an ungodly act of tampering with God’s creation. The following quotation from one participant depicts this line of thinking.

“Some people think it is against the bible’s commandments because they think if God has created you with a fore skin, if you remove it you are now damaging the temple of the Lord.”

Similarly, another participant added on to say:

“They [colleagues] tell you that God created me like this, so there is no need [for circumcision], only God can remove it [the foreskin].”

While the bidirectional influence of Christianity on male circumcision has been widely documented, the particular religious reasons for and against circumcision seem to vary as elaborated in the discussion section. Second, after Christianity was ATR, with a notable influence on circumcision as discussed below.

Theme 2: The influence of African Traditional Religion (ATR) on circumcision

Similar to Christianity, a bidirectional influence on circumcision was also noted for ATR.

Subtheme 2.1: Positive influence of ATR on circumcision: Results show that the indigenous Swazis do not practise circumcision in their ATR. However, some people from circumcising ATR ethnic groups from neighbouring countries are influencing Swazis to be circumcised. The following quotation was from one migrant who had accompanied two of his Swazi friends for circumcision:

“And sometimes, you know, in our country [Mozambique], if you are born, after 10 years you must be cut [circumcised].”

One native Swazi who had been influenced by such migrants to be circumcised said:

“I have even heard one who was circumcised from birth. So he was one other person who was, like, telling us to circumcise [be circumcised].”

In addition to the circumcising foreigners who come to Swaziland to influence from within, some Swazis also migrate to other countries where they adopt the practice and spread it among colleagues back home. The following quotation illustrates that:

“I had a friend of mine who was studying in South Africa. He did circumcision, I think, some five or six years back. Even the [circumcision] campaigns were not that much that time, but he did it. He told me that, you know, when you are circumcised, you normally enjoy [having sex].”

However, not all traditional or cultural sentiments were positive about circumcision as shown below.

Subtheme: 2.2: Negative influence of ATR on circumcision: From an ATR perspective, it emerged that some people were concerned about the disposal of their foreskins in modern medical circumcision, which they felt was not cultural. Consistent with this line of thinking, one participant, in reciting sentiments of his anti-circumcision colleagues, remarked as follows:

“Another reason [for not coming for circumcision] is that they [colleagues] want to take their foreskins with them back home. Some of them are people who strongly believe that I can’t leave some of my body parts outside. I have to report to the ancestors. [So the issue will be about] taking everything [the foreskin] with me, bury them in my homestead so that the ancestors will take me as a full human being in the family because every part of my body is in the family.”

While these findings have some similarities with published literature, there are some elements that seem to be unique as presented in the discussion section.

With these conflicting perceptions, it is apparent that the influence of religion and culture on circumcision is a debatable issue. In the following section, a further discussion of this issue is presented.

DISCUSSION OF THE FINDINGS

Results show that the native Swazis do not practise circumcision in their traditional religion per se as stated earlier. However, the practice of circumcision was influenced by the global spread of circumcising groups, which practised circumcision for various, chiefly religious reasons. This is not unique to Swaziland, but has been observed in other countries as well. As an example, the infiltration of circumcising Muslims into certain ethnic groups in Uganda and Tanzania led to a higher prevalence of circumcision among these ethnic groups (Nnko, Washija, Urassa & Boerma, 2001:216, 217; Kelly, Kiwanuka, Wawer, Serwadda, Sewankambo, Wabwire-Mangen, Konde-Lule, Lutalo, Makumbi & Gray, 1999:401; WHO & UNAIDS, 2007:3). These circumcising religious groups end up influencing the native inhabitants to be circumcised, as has been observed in this study.

Consistent with what has been revealed in the reviewed literature (NationMaster.com, 2012), the presented results also show that the dominant religion in Swaziland is Christianity blended with African Traditional Religion. The observed minimum and bidirectional influence of these religions on the perception of circumcision, independently and/or in combination, is also not unique to Swaziland.

Christianity

According to the Circumcision Reference Library (2004), there is a mixture of views, perceptions and practices concerning circumcision among Christians. Some Christians do not undergo circumcision, based on St Paul's letters to the Galatians and Corinthians, which state that in Christ Jesus neither circumcision nor uncircumcision counts for anything (Bible Society of South Africa, 2011:1313, 1343, 1345), Catholics do not practise circumcision, based on the papal bull issued by Pope Eugenius IV during the Ecumenical Council of Florence in February 1442. They believe that circumcision is a feature of the Mosaic Law and the Old Testament, which, according to the New Testament, are no longer necessary for personal salvation (Circumcision Reference Library, 2004). Given that Roman Catholics constitute 20% of all religious believers in Swaziland (NationMaster.com, 2012), it is not a surprise that the anti-circumcision beliefs prevail among Swazis for these reasons. Similarly, some Christian churches in the neighbouring South Africa reject the practice, viewing it as a pagan ritual (Rain-Taljaard et al., 2003:323). Likewise, the advent of Christianity and the colonial administration in Tanzania influenced some Yao ethnic groups to stop the practice of male circumcision (Nkhata, 2010:3). The observed negative perceptions about circumcision among Christians in Swaziland are likely to be a result of this mixture of views.

Worth noting is the fact that while the common resolution among these believers, including some Swazis, is to reject circumcision, the specific arguments against circumcision are not exactly the same. This implies that the negative influence of

Christianity on circumcision is more of individual understanding of the religion than a universal prescription by the religion itself. Moreover, out of the cited reasons and the supporting scriptures, there seems to be none which strictly and/or directly forbids or illegalises circumcision in the practice of the religion. Instead, they only point out to the fact that circumcision does not add any value to one's holiness, though on the other hand it does not constitute any breach of any specific prescribed condition in one's Christian life. Thus, circumcision has no effect on one's holiness, which is the primary marker of Christianity.

Contrary to the negative view by Catholics and other churches, Coptic Christians throughout the world, for example in Egypt and Ethiopia, still retain some of the early Christian practices, including circumcision (Circumcision Reference Library, 2004; WHO & UNAIDS, 2007:4). According to the 2011 Ethiopian Demographic and Health Survey, 96% of men among Coptic Orthodox Christians are circumcised (Central Statistical Agency (Ethiopia) & ICF International, 2012:210). A study in Tanzania has also revealed that some Christians in this country feel that Christians should be circumcised, since Jesus Christ himself was circumcised (Wambura et al., 2009:64). For example, in the Nomiya Church in Kenya, male circumcision is a prerequisite for membership of the church (Mattson, Bailey, Muga, Poulussen & Onyango, 2005:185).

Apparently, the positive influence for circumcision is based on the wish of Christians to be like Jesus Christ. As in the case of the negative influence, circumcision is also not stipulated anywhere as a requirement for Christianity. As such, it is also more of personal choice than by religious instruction. The influence of African Traditional Religion on circumcision is similarly subjective.

African Traditional Religion (ATR)

African Traditional Religion is a religion found in Africa and practised by Africans based on their culture and lifestyle. It is universally characterised by the worship of forefathers or ancestors, believed to be the mediators between living people and God. Unlike Christianity and other religions, ATR cannot be traced back to any one founder, but rather to the various ethnic groups that make up the totality of the African community. As such, this religion is not practised uniformly throughout Africa. Instead, there are some variations from one ethnic group to another. Male circumcision is one of the practices that appears to be a feature of specific ethnic groups, and not ATR in general.

African Traditional Religion as practised in Swaziland initially involved circumcision, but the practice was phased out by urbanization and westernization (WHO, 2006:510). However, as stated earlier, the majority of African ethnic groups still practise male circumcision mandatorily as a rite of passage of adolescents into manhood (Mavundla

et al., 2009:395; Wambura et al., 2009:38). Failure to do so is unacceptable and attracts stigmatisation to the man. Examples of such groups are the Gogo in Dodoma Region and the Kurya in Mara Region, both in Tanzania (Wambura et al., 2009:51). Explanations to justify this practice vary. Some believe that it indicates masculinity, bravery, and endurance, typical of a real man, as well as a sign of self-identity (WHO & UNAIDS, 2007:4; Wambura et al., 2009:90, 91). Most participants in this study also cited these reasons as motives for circumcision, including those who would have claimed that religion had no influence on their decision to be circumcised.

Some groups, including the Dogon and Dowayo of West Africa and the amaXhosa of South Africa, view the foreskin as the feminine element of the penis, the removal of which (along with passing certain tests) makes a man of a boy (Silverman, 2004:422; WHO & UNAIDS, 2007:5).

According to the findings of this study, the intermingling of Swazis with these circumcising groups is influencing Swazis to undergo the traditional circumcision. These include economic migrants from the circumcising tribes of the neighbouring Mozambique and other countries. In addition, Swazis also often temporarily migrate to other countries for economic reasons, usually to further their education or to work. A significant proportion of the participants in this study reported to have been either studying or working in South Africa, a country known to have some circumcising ethnic groups, such as the amaXhosa (Mavundla et al., 2009:395; WHO & UNAIDS, 2007:5), from which they adopt the tradition of circumcision.

On the other hand, it also emerged that some Swazis still cling to their original traditional customs, which seems to be incompatible with modern medical circumcision. It is believed that ancestors and spirit media are in charge of the human body and/or its parts, and these cannot just be tampered with. Thus, circumcision is considered to be an act of tampering with the human body that warrants the involvement of the ancestors. However, the setting of modern medical circumcision does not give room for such traditional rituals, and this discourages believers of this religion from undergoing the procedure. As noted in the results presentation, some of these people would want to be allowed to take their foreskins home after circumcision for proper traditional disposal, usually burial, as opposed to the modern incineration, which should be done to all medical wastes.

Moreover, in general, principles and practices of ATR are passed from one generation to another orally and/or in practice. As such, followers of this religion thrive not to deviate from the cultural practices of their elders or ancestors. From this perspective, the practice of circumcision is considered one such deviation from traditional Swazi practice, which has not been part of the Swazi culture.

Thus, the influence of religion and culture or tradition on the perception of circumcision greatly varies as summarised in the following conclusion

CONCLUSIONS

This study showed that the dominant religion in Swaziland is Christianity, which could be pure or blended with ATR. These two religions have a minimum and bidirectional influence on circumcision. Thus, to some extent, they promote the currently on-going mass male circumcision campaigns. However, some believers of these religions have a contrary view, and this is undermining the efforts for mass circumcision. The perceptions are individualised, based on an individual's understanding of the doctrine of one's religion.

RECOMMENDATIONS

Based on the findings, it is recommended that the male circumcision task force capitalise on the identified positive aspects of circumcision from the perspective of each religion and use this to influence other people positively, especially those who feel that their religion is silent about circumcision. Moreover, even the negative aspects of circumcision that were identified should also be discussed openly during circumcision campaigns so as to allow people to share ideas and re-think these negative aspects in view of the other benefits for circumcision that are now known. To some extent, some of the discouragements arise out of a misinterpretation or a misunderstanding of the religion doctrine. Therefore, it follows that religious organisation such as churches can also be used as agents for promoting circumcision.

With these recommendations effected, religion and culture could significantly promote circumcision as an HIV prevention strategy.

LIMITATIONS OF THE STUDY

Being a qualitative study, the significance of the influences identified in this study to the entire Swazi nation could not be ascertained without proper quantification. Thus, further studies are necessary to determine the significance of these influences. Moreover, the study was conducted on one site and on relatively few participants, which limits the generalisability of the results to the whole country.

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