



Report on Complications Resulting from Traditional Circumcision in Mbale and Manafwa Districts of Uganda

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Table of Contents

List of Tables	i
List of Figures	ii
Acronyms and Terminology	iii
Summary of Findings	1
1. Introduction	3
1.1 <i>Background</i>	3
1.2 <i>Objectives of the study</i>	5
1.3 <i>Study design and methodology</i>	5
2. Findings	7
2.1 <i>Quantitative interviews with young men</i>	7
2.2 <i>Qualitative findings: Parents of young men who circumcised during the 2010 season</i>	13
2.3 <i>Qualitative Findings: Health Workers</i>	19
3. Conclusion and Recommendations	23

List of Tables

- Table 1. Demographic characteristics of young men interviewed
- Table 2. Households Assets
- Table 3. Percent distribution of self-reported complications (adverse events) among young men circumcised traditionally
- Table 4. Sexual behaviour among young men
- Table 5. Distribution of preferred circumciser and reason for preference
- Table 6. Number of interviews conducted with parents by sub-county
- Table 7. Number of interviews conducted with health workers by health facility

List of Figures

- Figure 1. Percent of young men who sought treatment for complications
- Figure 2. Time taken in days to heal and commencement of sexual intercourse
- Figure 3. Costs incurred by parents for treatment of sons following TMC

Acronyms and Terminology

Bagisu	Tribe in the Bugisu region
Bashebi	Traditional circumciser
Bugisu	Region (a sub-county) in Eastern Uganda
HCP	Health Communication Partnership
Imbalu	Cultural/traditional circumcision and ceremony
LC	Local Council (village)
Local surgeon	Traditional circumciser
Mugisu	Member of the Bagisu tribe
SMC	Safe male circumcision
TMC	Traditional male circumcision

Summary of Findings

This study was designed to collect information on the prevalence of complications (adverse effects) resulting from traditional male circumcision in the Bugisu region during the 2010 traditional circumcision season. The findings will be used to advocate among Bagisu cultural leaders for the integration of safe medical male circumcision during Imbalu.

The study included interviews with a total of 224 young men who were circumcised traditionally during the 2010 season, 35 parents of the circumcised young men, and 13 health workers present at facilities during 2010. The study was conducted in 23 parishes and five health facilities in the districts of Mbale and Manafwa (located in the Bugisu region).

Quantitative findings

There was a high prevalence of complications (adverse effects) among the young men circumcised traditionally, with 42 percent of them reportedly experienced complications including excessive pain, 32 percent of whom experienced medical complications. Excessive bleeding was by far the most common complication reported by the young men; and 32 percent of those who reported complications said they were very severe.

Three quarters of the young men sought treatment for their complications with 39 percent seeking treatment at a private clinic and 23 percent seeking treatment with a traditional circumciser. The average length of time to healing was 45 days with the maximum reported time being 140 days.

The majority (87%) of the young men interviewed were sexually active; most (60%) of these engaged in multiple sexual relationships in the 12 months preceding the study. Circumcised young men waited an average of 2 months after circumcision to resume sexual intercourse, with the minimum waiting time being 14 days.

Most (81%) of the young men said that if they had it to do again, they would prefer a traditional circumciser. Only 19 percent said they would prefer a medical doctor. The major reason why many preferred a traditional circumciser was the prestige associated with traditional circumcision among the Bagisu. Most of those who preferred safe male circumcision (SMC) with a medical doctor, stated that it would allow them to heal faster and the circumcision would be done in a clean and safe environment.

Qualitative findings

Most of the parents of traditionally circumcised sons supported traditional male circumcision (TMC) because it is a practice that they have inherited from their ancestors and they do not see any reason why the tradition should be changed. There is general fear among the young men and their parents that those who opt to go to the hospitals for circumcision will be labeled cowards.

Parents who were in support of SMC gave the following advantages of SMC: use of sterilized equipment, less painful compared to TMC, lower costs involved, limited chances of getting complications, SMC is time saving and reduces the risk of exposing young men to HIV.

While some parents insisted that their sons did not get any complications as a result of TMC, most of them stated that their sons faced some difficulties as a result of TMC. These included excessive pain and bleeding, lacerations and infections.

The health workers reported that very few circumcised boys/men seek treatment for complications at the health facility as these were often controlled within the communities by the local surgeons themselves. They stated that education, socio-economic status and religious affiliation influenced young men's and parents' decisions for either TMC or SMC.

The health workers explained that TMC is costly as the circumcised boys take an average of two months to heal and require a lot of medicine during that time. Additionally, families spend a lot of money on local beer and food for guests during the ceremony. Property is often destroyed during the celebrations.

A number of health workers expressed disapproval of traditional circumcision and were doing everything in their power to see that young men opted for SMC instead. The health workers said that they had been having outreaches aimed at convincing young men to have SMC at health centres instead of doing it traditionally.

As many parents and boys are not ready to let go of traditional circumcision, advocacy for SMC among the Bagisu in Mbale and Manafwa districts will be a challenge. A compromise would involve training the local surgeons and ensuring that they conduct circumcisions in a safe environment using sterilized equipment. Another option is to include a trained medical practitioner from a health facility to perform the circumcisions—in a hygienic environment such as a tent—during the Imbalu ceremony, while the traditional circumciser is able to function as the spiritual leader of the ceremony.

1. Introduction

The Ministry of Health, with support from the Health Communication Partnership (HCP), is implementing a communication campaign promoting safe male circumcision with the goal of contributing to the reduction in HIV and STI incidence among Ugandan men. In addition to the demand creation campaign in areas where circumcision is not a custom, HCP assisted health and development partners in Eastern Uganda where traditional circumcision is practiced to design an advocacy strategy to convince Bagisu cultural leaders that safe male circumcision (SMC) should have a place in the traditional circumcision (TMC) ceremonies due to complications associated with the traditional circumcision procedure.

Research has shown that traditional circumcision carries a great health risk and has resulted in serious complications among many young men in Kenya. However, there currently exists no data on the prevalence of complications related to traditional circumcision in the Bagisu region of Uganda.

1.1 Background

Every two years (on even years), after the main harvest, the Bagisu (Bamasaba) conduct male circumcision (*Imbalu*) to initiate 15 – 20 year old boys into the rights and responsibilities of manhood. In this culture, no man should marry until he has been circumcised. It is a symbol of courage and represents a boy's respect for his family and community, bringing his relatives honor. In addition, circumcision is a cultural marker, which distinguishes the Bagisu from their non-circumcising neighbors.

The Bamasaba circumcision tradition

When a family determines that it is a boy's year to be circumcised, the boy must inform his mother's brother. If his uncle agrees, he provides goats to be slaughtered. Other relatives will help to prepare food and local brew for the circumcision day. Prior to circumcision, initiates are taken to a secluded sacred grove ("*mwisengero*") for spiritual rebirth. Only those already initiated or awaiting circumcision may enter.

The day before the ceremony, the boy arrives at his uncle's residence for the slaughtering of goats. On the day of the circumcision, the male relatives accompany the boy before sunrise to a stream where they sing ritual songs as he bathes in cold water. After breakfast, the initiate is taken to the compound where he will be circumcised in front of his relatives by a traditional circumciser ("*Omushebi*") and his assistant, who is likely later to become a circumciser himself.

At the compound, the boy is given a local herb ("*Idyanyi*") to eat by the clan leader, who offers blessings and words of encouragement, then drinks local brew and sprinkles some of it on the initiate's chest. The boy then visits his relatives and well-wishers, and dances the "*Kadodi*" dance with them.

After the *Kadodi* dance, the boy returns to the compound for the actual circumcision. At this time the boy is feeling possessed and very strong, because of the herb given to him. A small hole is

dug in the ground and some herbs are buried and covered with a sisal mat. The initiate jumps and stands firm on the mat with both hands either at his waist or holds a small rooted tree on his shoulders or above his head, while the Omushebi performs the circumcision. The initiate must stand rigid without moving; if his feet move or his facial expression changes, his family is disgraced. If he is especially brave, he jumps up and down after the cut, blood splashing over the observers.

The procedure is done quickly. After cutting the foreskin off, the traditional circumciser pours water on the wound while massaging it. Then the initiate is allowed to move around for some time as relatives pour water or sprinkle pepper on the wound. Meanwhile, the circumciser moves to several other compounds in the village to circumcise other boys. In some places, the circumcision is done in two cuts. In that case, the traditional circumciser will return to complete the circumcision (removing the second layer) after he has made the first cut on all the other boys. After circumcision, someone pours a raw egg on the wound to control the bleeding and ties a leaf around the penis to prevent infection, and the boy goes away with medicine in a roll of leaves to care for his wound.

Rationale for this study

Studies conducted among tribes in Kenya that practice traditional circumcision have found high rates of adverse effects resulting from the practice^{1,2,3}. As many as 35% of young men circumcised among the Babukusu, a tribe with cultural circumcision practices very similar to the Bagisu, had serious complications ranging from excessive bleeding to infection and even disfigurement and sexual dysfunction following traditional circumcision, according to a 2007 study. Anecdotally, doctors and nurses working in health facilities in the Bugisu region have reported complications among circumcision candidates there as well.

In September, 2010, the Uganda Ministry of Health made safe medical circumcision an essential health service, and instituted the National Safe Male Circumcision Policy. This policy states that only medically qualified health workers may perform male circumcision. Since its enactment, safe medical male circumcision services have been established in government and private health facilities in the Bugisu region.

In 2011, the USAID-funded STAR E Project called together members of the health community in Bugisu to design an advocacy strategy for convincing the cultural leaders of the Bagisu to integrate safe medical circumcision into their circumcision tradition. The strategy focuses on convincing the cultural leaders that traditional circumcision as currently practiced among the

¹ Bailey RC, Egesah O, Rosenberg S. Male circumcision for HIV prevention: a prospective study of complications in clinical and traditional settings in Bungoma, Kenya. *Bull World Health Organ* 2008; 86: 669-77 doi: [10.2471/BLT.08.051482](https://doi.org/10.2471/BLT.08.051482) pmid: [18797642](https://pubmed.ncbi.nlm.nih.gov/18797642/).

² Sidley P. Botched circumcisions lead to arrest for murder. *BMJ* 1996; 313: 647- pmid: [8811755](https://pubmed.ncbi.nlm.nih.gov/8811755/).

³ Ncayiyana DJ. Astonishing indifference to deaths due to botched ritual circumcision. *S Afr Med J* 003; 93: 545- pmid: [14531099](https://pubmed.ncbi.nlm.nih.gov/14531099/).

Bagisu is unsafe. This study was designed to provide evidence of complications resulting from traditional circumcision practiced in Bugisu in 2010, to be shared with Bagisu cultural leaders, politicians, and parents.

1.2 Objectives of the study

The goal of this study was to establish the prevalence of complications arising out of traditional circumcision in the Bugisu region of Uganda. The findings will be used to convince leaders of the need to adopt safe male circumcision for traditional purposes. Specifically, the study sought to:

- (i) Assess the prevalence of complications related to traditional circumcision in 2 districts where traditional circumcision is practiced;
- (ii) Document self-reported adverse events by type and severity;
- (iii) Determine satisfaction with traditional circumcision practices among those who were circumcised traditionally;

1.3 Study design and methodology

This was a cross sectional study design in which both qualitative and quantitative research methods were employed to provide a range of opinions and conclusions regarding traditional circumcision in Bugisu region. The study adopted a qualitative approach in which key informant interviews with parents of young men circumcised in the 2010 season and health workers who worked in health facilities during 2010 were conducted to learn about their experiences and opinions with regard to traditional male circumcision.

1.3.1 Study population

The study population consisted of young men who were traditionally circumcised during the 2010 circumcision season and resided in 8 sub-counties of Mbale and Manafwa which are part of the greater Bugisu region. Other respondents included in the study were health workers from five health facilities who were present during the 2010 circumcision season as well as parents of young men who were circumcised during the 2010 season.

1.3.2 Study Sample Size and selection of respondents

Young men circumcised during the 2010 season: To compute sample size for the young men, we assumed a prevalence of complications due to traditional circumcision of 35%, a power of 0.80 and an alpha of 0.05. The prevalence of complications due to circumcision used in this study was based on a similar study conducted among traditionally circumcised young men in Western Kenya. From this, we derived a sample size of 184 young men. We expected a high non-response rate of 30%, given the type of the study. Therefore, we increased the sample by 30%, giving us a targeted sample of 240 young men.

Health Workers: There are five health Center IVs and hospitals in the 2 selected districts. We planned to recruit 3 health workers from each of these facilities for a total of 15 health workers. Health workers who were at the selected facility during the 2010 circumcision season were eligible to participate. We decided not to target health workers at Health Center II and Health

Center III because it is unlikely that an individual with a complication resulting from traditional circumcision would present at these lower level facilities. At each facility, only the nurses/midwives, clinical officers and doctors were eligible to participate.

Parents of Young Men Circumcised during the last circumcision Season: The study was conducted in 24 parishes in the 2 districts. We anticipated selecting two parents from each parish to participate in the study, for a total of 48 parents

1.3.3 Data Collection

Data collection lasted a total of 10 days and we used an interviewer administered structured questionnaire for young men circumcised in 2010, parent key informant guide for the parents of the young men and a health worker key informant guide for health workers.

Structured questionnaire for young circumcised men: This questionnaire included mostly close-ended questions that were posed to selected young men who were circumcised traditionally during the 2010 circumcision season in the two districts of Mbale and Manafwa. The interviewer administered questionnaire collected information on the following:

- Respondent's demographic characteristics
- Date and nature of the procedure
- Respondent's satisfaction with the procedure
- Complications experienced as a result of the procedure
- Knowledge of peers who experienced complications after traditional circumcision
- Respondent's sexual experience before and after circumcision
- Treatment for complications.

Key informant guides: These collected information from health service providers in selected health facilities and parents of young men circumcised in 2010. The following information was collected from health providers:

- Number of cases reporting traditional circumcision complications during the 2010 season
- Type of adverse effects of TMC seen by the health providers, including long term consequences.
- Estimated costs of treating complications of traditional circumcision.

For parents, we collected the following information:

- Opinions and perceptions about traditional male circumcision
- Type of adverse complications experienced by their sons during the 2010 season.
- The parent's experience while treating young men who had complications
- Estimated costs (time and finances) of treating complications of TMC.

1.3.4 Data management and analysis

Quantitative data analysis: The study collected data on a wide range of variables, including continuous, binary and ordinal variables. A number of univariate statistics and bivariate analyses were conducted. The project was particularly interested in learning about the

prevalence and types of complications related to traditional male circumcision. During the analysis, we used simple percent distributions and means as well as other statistics for comparison purposes.

Qualitative analysis: Interview transcripts were analyzed through an iterative process of qualitative textual analysis. Open coding was utilized to code initial interviews by identifying and labeling discrete units of text that refer to one or more domains relevant to key topics. Content of and appropriate names for the different concepts and working codebook of primary domains and emerging themes were developed.

2. Findings

2.1 Quantitative interviews with young men

2.1.1 Demographic characteristics

The distribution of respondents by background characteristics is shown in Table 1 below. A total of 224 young men were interviewed. A higher proportion of respondents in this study resided in Mbale district than Manafwa. The mean age was 19, and the majority (82 percent) were 15-20 years of age; 18 percent were 20-24 years of age. On average, the boys were circumcised at 17 years of age. With regard to marital status, as expected, the vast majority (84 percent) of the young men were single while 15 percent were married and only one percent were separated or divorced.

Half (51 percent) of respondents were protestant, a quarter (26 percent) were catholic, and 19 percent were muslim. Only 4% belonged to other faiths. Slightly less than half (48 percent) of the young men reported that they were currently attending school. With regard to the level of education, 56% of the young men had a primary or lower level of education; 44% had a secondary or higher level of education. For details see Table 1 below.

Table 1. Demographic characteristics of young men interviewed

Characteristic	Percent	Number
Age		
Mean	19.2	
Median	19	
15-20	82	184
20-24	18	40
Marital Status		
Married	15	33
Single(Never Married)	84	189
Divorced/Separated	1	2
Religion		
Catholic	26	54
Protestant	51	115
Muslim	19	42
Others	4	8
Level of education		
Primary and below	56	125
Secondary	43	95
Tertiary	1	3
Currently at school		

Yes	48	107
No	52	117
Occupation		
Currently not working	6	14
Subsistence farmer	22	48
Commercial farmer	7	16
Domestic worker/house help	4	9
Petty trader/ hawker/bodaboda	10	23
Artisan	2	5
Student	44	98

The survey also collected information on the household's ownership of selected assets that have a strong association with the standard of living of the household where the young man lives. Information was collected on ownership of radio and television as a measure of access to mass media; telephone ownership (both mobile and non-mobile telephones) as an indicator of access to an efficient means of communication; and ownership of a bicycle or motorcycle as a sign of the household's level of access to transportation.

Results indicate that 83% of the households owned a radio, while 13% owned a television set. Forty percent of households owned a bicycle and 10% owned a motorcycle. Sixty-six percent of the households have access to phones with 63% owning a cell phone and only 3% with a fixed telephone. Only 9% of the households have access to electricity. For details, see Table 2 below.

Table 2. Households Assets

Household Item	%(n=224)
A radio	83
A television set	13
A bicycle	41
A motor cycle	10
Your own/family home	92
Cell phone/land line phone	66
Computer	2
An income generating business	38
An indoor bathroom	7
Running water	3
Electricity	9

2.1.2. Complications as a result of traditional circumcision

Results indicate that 41.5 percent of the young men experienced an adverse effect from traditional circumcision in 2010. When excessive pain is removed from the list of complications experienced, the resulting prevalence was 32%. Forty-six percent of young men from Manafwa district experienced adverse events as compared to 38% from Mbale district. Respondents were asked to list the complications they experienced as a result of traditional circumcision in 2010. The most common complications reported were excessive bleeding (26%), excessive pain (25%), infections (6%) and haematoma (5%). The least common complications were pain during urination and unsatisfactory cosmetic outcome. See details in Table 3 below.

For young men who experienced complications, we asked their perception about the severity of the adverse events. Results indicate that most of the young men thought that the adverse events were mildly severe (45 percent), with 33 percent and 23 percent saying that the adverse events were very severe and not severe respectively. Young men from Mbale district were twice (60 percent) as likely to report that the complications were mildly severe than those from Manafwa district (31 percent), while those from Manafwa were far more likely (37 percent) to report that the complications were not severe than their counterparts in Mbale (9 percent). See details in Table 3 below.

Table 3. Percent distribution of self-reported complications of traditional circumcision and their severity

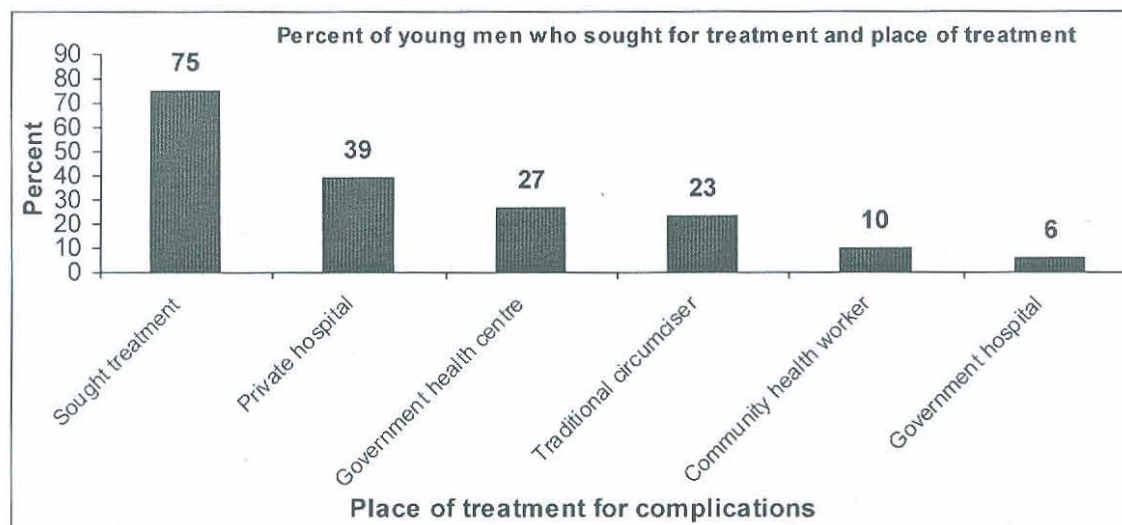
Complications	DISTRICT		
	Mbale (n=120)	Manafwa (n=104)	Total (n=224)
Had any complications overall	38	46	42
Had any complications excluding excessive pain	31	33	32
Excessive bleeding	22	31	26
Infections	11	0	6
Excessive pain	22	30	25
Pain during urination	1	0	0.5
Incomplete circumcision	3	1	2
Lacerations of the glans, scrotum and thighs (improper cut)	9	0	5
Swellings (haematoma)	6	5	5
Gross oedema	2	0	1
Unsatisfactory cosmetic outcome	1	0	0.5
Excessive removal of the foreskin	2	0	1
Self reported severity of complications			
Very severe	32	33	32
Mildly severe	60	31	45
Not severe	9	37	23

2.1.3. Treatment seeking behaviour among young men who experienced complications

We also asked young men who had experienced complications whether they sought treatment for the complications and where they sought treatment. Of those who experienced complications, three quarters of them sought treatment. Some 39% sought treatment from a private clinic/hospital, and 23% sought treatment from traditional circumcisers. Others sought treatment from community health workers, government health centers, and government hospitals. From interviews with parents and health workers, we learned that most of those who received treatment from traditional circumcisers or community health workers received

antibiotics (a powder with penicillin), bandaging of their wounds to arrest the bleeding, or were re-circumcised in the case of incomplete circumcision.

Figure 1. Percent of young men who experienced complications and sought treatment: Manafwa and Mbale districts, 2010 (n=93)⁴



2.1.4. Time taken to heal

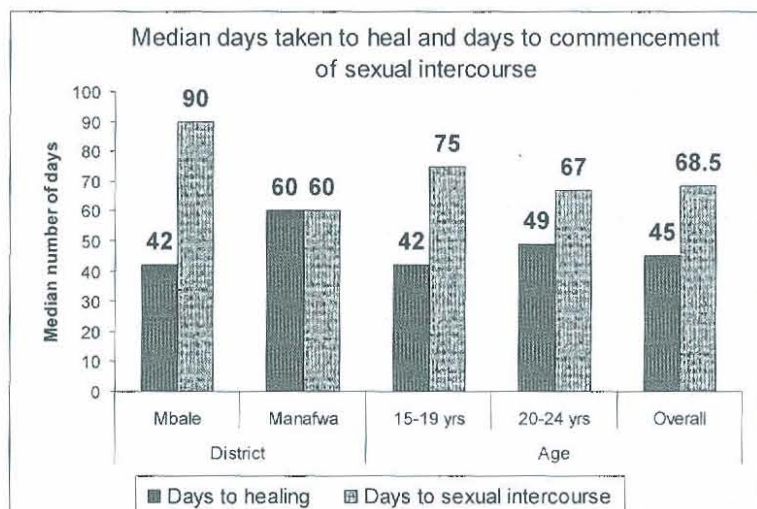
All of the respondents were asked how many days it took the circumcision wound to heal. Figure 2 below shows the median time⁵ it took for respondents to heal was 45 days--approximately one and a half months. Boys from Manafwa (median=60 days) and those who were older (median=49 days) took a longer time to heal than their counterparts in Mbale (median=42 days) and younger ones (median=42 days) respectively.

On average, respondents waited 68.5 days to resume sexual intercourse after circumcision. Young men from Mbale district (median days=90) and those aged 15-19 years (median days=75) waited longer than those from Manafwa district (median days=60) and the older ones (median days=67).

⁴ Respondents could name more than one place where they sought treatment, so total exceeds 100%

⁵ We considered the median time it took because of the outliers in the dataset, the mean and the median were at such extremes and thus the mean was not a realistic statistic to use.

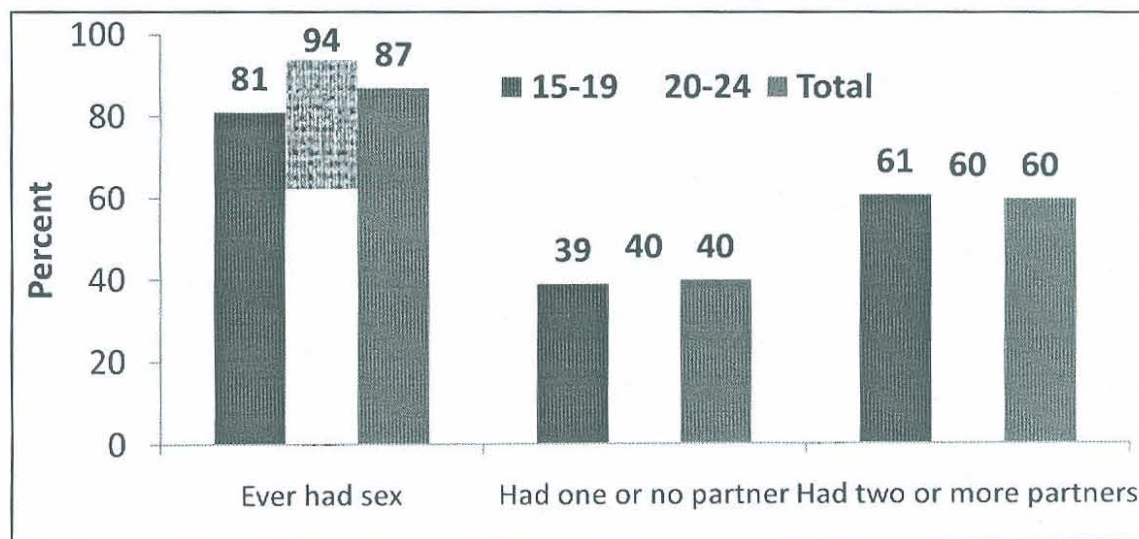
Figure 2. Time taken to heal and resume sexual intercourse: young men who were traditionally circumcised in 2010 in Manafwa and Mbale Districts



2.1.5. Sexual behaviour among traditionally circumcised young men

The study also explored the sexual behaviour of respondents both before and after getting circumcised. Results in Table 4 indicate that 87% of the young men were sexually active at the time of the study; among those who were sexually active, 10 percent had no sexual intercourse during the 12 months preceding the study. Those who were 20 – 24 years old were three times more likely to be sexually active (19%) than those who were 15 - 19 years old (6%). Some 60% of respondents reported that they had sexual intercourse with 2 or more partners in the 12 months preceding the survey. There was no difference in behaviour with regard to multiple sexual partnerships between the younger and older young men.

Table 4. Sexual behaviour among young men reporting traditional circumcision during the 2010 circumcision season in Mbale and Manafwa (n=224)



2.1.6. Preference of circumciser among the young men

We asked young men if they went through the procedure again, whether they would chose to be circumcised traditionally or medically. The results shown in Table 5 indicate that the majority (81%) would prefer to be circumcised by a traditional circumciser in comparison to 19 percent who would prefer being circumcised by a medical practitioner. Respondents who were 20 – 24 years old (88 percent), from Manafwa district (93 percent) and those who did not experience complications (84 percent), were more likely to prefer a traditional circumciser than their counterparts who were from Mbale, younger and had experienced complications during circumcision.

In the study, we asked the young men who preferred traditional circumcision why they preferred the traditional method. The majority (77%) said that they preferred the traditional circumciser for cultural reasons and preservation of the prestige. Other reasons mentioned for preferring a traditional circumciser included the process being faster (7%), less painful (11%), getting material gifts from relatives (5%) and the wound healing faster (3%). On the other hand, 60% of those who preferred to be circumcised by a doctor said the main reason was that the wound heals safer; 38% preferred medical circumcision because the wound heals faster and the process is less painful; and 5% said they preferred medical circumcision because it is less expensive.

Table 5. Preferred circumciser and reason for preference among men circumcised during 2010 traditional circumcision season in Manafwa and Mbale

Characteristic	Percent (n=224)
Preferred circumciser:	
Medical doctor	19
Traditional circumciser	81
Reasons for preferring a Doctor	
Wound heals with less risk of infection	60
There is less pain and heals faster	38
It is less expensive	5
Reasons for preferring a traditional circumciser	
The wound heals faster	3
There is less pain	11
For cultural recognition and prestige	77
To get Material benefits	5
The process is faster than medical	7

2.2 Qualitative findings: Parents of young men who circumcised during the 2010 season

Table 6. Number of interviews conducted with parents by sub-county

DISTRICT	SUB COUNTY	# OF INTERVIEWS
Manafwa	Bwagogo	7
	Bukusu/Butiru	3
	Bogobero	4
	Sibanga	2
	Total	16
Mbale	Busiu	4
	Bungokho	4
	Bufumbo	8
	Bukonde	3
	Total	19

2.2.1. Perceptions of parents regarding traditional circumcision

Most of the parents interviewed in the two study districts were in support of traditional male circumcision (TMC). They argued that TMC, traditionally known as 'Imbalu,' is a practice that they inherited from their ancestors and they do not see any reason why the tradition should be changed because it has not had any negative effects on the people in their communities. It was further reported that replacement of TMC with SMC would lead to loss of tradition and culture that is one thing that clearly identifies a Mugisu (someone from the Bagisu tribe). Parents also emphasized that opting for SMC is a cowardly act and any person who chooses to go for SMC is denied the chance to participate in community activities because society does not regard him as a Mugisu and he would be treated as an outcast. Almost all parents interviewed reported that the most prominent reasons why they advocate for and practice TMC were the need to preserve the Bagisu culture and the fear of being discriminated in society if they chose SMC. Traditional circumcision is revered among the Bagisu people and they expressed that overall, they would not like to see it taken away, as indicated in the following quotes:

"This has been our tradition since our great grandparents. Our fathers have practiced it and we have to follow in their footsteps. So we also advise our sons to do as we did. It is the Bamasaba tradition and if one is circumcised medically, he is not allowed to celebrate or attend any traditional ceremony. He is not considered a man in the community. He would never take part in other community traditional activities, would be an outcast and not considered a Mugisu."
(Parent, Manafwa District)

"My son has to be circumcised in the court yard! Those injections they give them in hospitals may have side effects on the boys like weakening the boy's penis. This may affect his sexual life." (Parent, Manafwa District)

"In our community, we do not have any cowardly children that would warrant taking to the hospital! We, their parents, braved the knife and they have taken after us. Only those who feel like taking their children do it but it is not common. There is one man of the Pentecostal faith who took his child a long time ago but he was mocked by the community. So it hasn't happened again." (Parent, Mbale District)

Views of parents presented in the quotations above show a very strong belief in TMC. Many parents have socialized their children to believe that if one is not circumcised traditionally then he is not a man. This kind of belief has been passed on from one generation to another and it is deeply ingrained in the minds of these people. In addition, the voices highlight the inaccurate information community members have regarding SMC. For instance, many parents believed that SMC would lead to reduced sexual urge.

Despite the strong opinions expressed in support of TMC, a few parents interviewed were in support of SMC, especially those in Mbale district. The major reasons advanced in support of SMC included use of sterilized equipment, less pain compared to TMC, low costs involved, limited chances of getting complications and the fact that SMC is time saving.

The following paragraphs discuss the arguments presented by parents in support of SMC.

Use of sterilized equipment: Parents reported that TMC is usually practiced in a community ground in an unclean environment with traditional circumcisers using unsterilized knives; whereas, SMC is done at a health facility using sterilized equipment. Parents also reported that while a traditional circumciser can use the same knife on more than one person, health workers do not use the same blade on more than one person. They argued that such a practice by traditional circumcisers exposes people to the risk of contracting HIV. One of the parents interviewed in Mbale explained:

"I would prefer medical circumcision because there are so many diseases these days. A local surgeon could have used the knife on a mature person (who is sexually active) who is infected with HIV and then uses the same knife on my son and ends up infecting him in the process. I am better off taking him to the hospital for circumcision."

Less pain compared to TMC: During SMC, anesthesia is used as a way of reducing pain during circumcision. With TMC, enduring pain is a sign of strength. Therefore, the more pain one withstands, the more one is regarded as a man. Respondents in support of SMC argued that SMC saves men from the pain associated with TMC. However, the parents believed that they are powerless to change their cultural practices and, consequently, they cannot spare their children from the pain of TMC. One woman interviewed in Manafwa district expressed her helplessness:

"We found some of these practices here! As a woman, I really cannot say a lot about circumcision. It's the clan leaders who make these decisions. But if we put tradition aside, I

would opt for the medical circumcision to alleviate the pain that is experienced during traditional circumcision.”

Lower costs associated with SMC: All parents who were in support of SMC pointed out that SMC was a cheaper option compared to TMC. They argued that TMC involves the costs of organizing food for very many guests, buying gifts, buying goats for sacrificing and paying the traditional circumciser. On the other hand, there are very few costs involved with getting SMC at a health center or hospital. These parents also revealed that people who choose SMC do not have to worry about their homes and crops being vandalized by the many people who usually participate in TMC. Some of the parents interviewed in Mbale district had this to say:

“I would prefer medical male circumcision because there are very few [monetary] charges in the hospital. The charges and costs on things like goats and other items for ritual performance make traditional circumcision very expensive whereas in the hospital, you can even get the service at no cost. You also don't have to spend lots of money on feeding people; your home and crops do not have to be vandalised and generally run down as the case is with traditional male circumcision.”

“For three days before circumcision, you host various relatives and well wishers who come to celebrate. You have to feed them, accommodate them and be responsible for whatever they do in your home yet today some of us can barely afford a descent meal in a week. So, most parents who have gone through this will definitely opt for medical circumcision because it is less costly.”

Less likelihood of complications as a result of SMC: It was reported by parents in support of SMC that there are many complications associated with TMC. The major complications reported included excessive bleeding and laceration of veins. They argued that such complications are not common with SMC because it is conducted by a trained health. Parents reported that some of the traditional circumcisers are not trained and at times conduct circumcisions when they are very drunk. In the words of one of the parents in Manafwa whose child had experienced complications:

“In my opinion, after the complications that my son faced as a result of traditional medical circumcision, I would want to take the rest of my sons for medical circumcision because in hospital there is every treatment needed for the safety of a child during circumcision. In the hospital, he could even get some free drugs! In the hospital, they could also give me advice that I previously didn't know.”

SMC saves time: Some parents noted that since SMC does not involve organizing functions for the circumcised, a lot of time is saved and activities continue normally. It was noted that during the traditional circumcision season, all work comes to a standstill and it is time consuming to organize these functions.

Reduced risk of contracting HIV and unwanted pregnancies: Parents in support of medical male circumcision also revealed that traditional male circumcision has very many rituals and practices that are dangerous. For example, people who practice witchcraft often take things such as soil from the place where a boy was circumcised with the intention of bewitching him. Parents also

reported that traditional practices like the popular "kadodi dance" encourage promiscuous behavior and even rape. They stated that there many young girls and women have unprotected sex at night during the circumcision ceremonies, increasing their risk of HIV and unwanted pregnancies. It was pointed out that SMC is safer because it does not involve such practices.

Parents also mentioned that some parents refuse to pay for their children's and relatives' school fees in order to pay for TMC ceremonies. One of the parents in Manafwa had this to say:

"People's views are still very traditional, and they get very excited about the ceremony. They even do not want to take children to school because they want to save for the ceremony. Some people even raise cattle specifically to sell and fund the ceremonies. This is very common in my village and I think the whole of Bwagogo as a sub-county. So, as the ceremonies are nearing, there are people who have saved in form of cattle and they are going to give these cattle to their nephews and children who are going to get circumcised but will not sell the cattle to contribute towards the children's or nephew's school fees even if he is sent away from school for non-payment."

Although some parents would want their children to be circumcised in a hospital, it was sometimes hard for them to implement this when their children insisted on traditional circumcision. Parents reported that a son who is circumcised in a hospital is often ridiculed and viewed as a weak person not worth being a man. Despite the parents' interest in SMC, participants revealed that when a son insists, they feel they must accept the boy's decision and give him all the necessary support. One of the parents put it this way:

"Traditional circumcision is a declaration to the community that one is a man and not a coward. He will be respected and recognized in society."

2.2.2. Types of complications associated with traditional male circumcision as reported by parents

Parents of young men circumcised in the 2010 season were asked about the types and magnitude of complications experienced by their sons. While some parents insisted that their sons did not have any complications as a result of TMC, most of them revealed that their sons faced some difficulties as a result of TMC. Parents in both districts reported the same complications. These included excessive pain and bleeding, lacerations and infections as explained below.

Excessive pain: Parents revealed that according to the Bagisu culture, the more pain a man suffers during TMC, the more respect is accorded to him by members of the community. They reported that the traditional circumcisers do not give the young boys any medicine to reduce the pain. In the process, some of the circumcised boys find the pain so unbearable that they choose not to nurse the wound, which eventually results in infections.

Excessive bleeding: There is limited knowledge by traditional circumcisers and parents on how to stop the bleeding after TMC. Some parents reported that traditionally, the bleeding is supposed to stop through application of sand on the fresh wound. They reported that often this

leads to infections because it is not hygienic. Some of the parents believe that excessive bleeding is a sign that the gods were not appeased. For instance, one of the parents noted:

"My son bled for a long time because we had not slaughtered a goat at his circumcision. So, we slaughtered the goat and the bleeding stopped. It was said that his father's spirit was annoyed with the boy. Actually, the surgeon had severed a couple of veins which caused him to bleed quite a lot, but afterwards he became fine; he nursed the wound for about two months and healed."

Another parent of circumcised son who experienced excessive bleeding reported that he used spider web to stop the bleeding. This parent explained that, *"The circumciser was too fast and careless, he cut the vein and also he used one knife for all the boys and he did not clean it after circumcising, he kept going from one person to the other. This led to excessive bleeding. The boy bled for so long and it was heavy until the next morning. We became very worried so someone suggested that we tie it with a string of spider web and the bleeding stopped."*

Lacerated veins: Parents reported that many traditional circumcisers were careless during the procedure and accidentally cut veins leading to excessive bleeding. Parents revealed that the traditional circumcisers were usually drunk and unstable, thus making careless mistakes which might cost the lives of the circumcision candidates. One of the parents in Mbale had this to say:

"There are those people that move with traditional circumcisers during these ceremonies and after some time with these elders, they assume they have the required experience to circumcise. These are normally the ones who make terrible mistakes during circumcision. For example the one in Busiu Centre here who was not fully trained and he cut off the boy's penis. He was nearly beaten to death by members of the community."

Infections: Parents reported that circumcised boys experienced various infections as a result of the unclean practices surrounding TMC. Many of the parents in the two study districts reported that while they might have ideas regarding treatment of wounds, they cannot do it as efficiently and effectively as medical personnel. Some of the methods that parents used to treat their son's infections did not work well.

As one of the parents lamented, *"The circumciser treated a lacerated vein by tying the vein and pouring a crushed egg on the wound to block the vein and stop the bleeding. During dressing, the gauze would not hold on, there was a lot of water like fluid oozing from the upper part of the penis which made the gauze wet and unable to hold on to the wound. He also experienced painful urination."*

Another parent explained that, *"Four days after circumcision, one of my boys got an infection; his penis became very swollen and very painful. He found it extremely painful to urinate. We sought medical help and the pain subsided in 3 weeks. In about 1½ months, he completely healed but this was because of the medication given to him at the hospital that kept the wound dry."*

Often complications are reported to health facilities when it is too late for the health workers to rectify them. Parents first use their traditional methods to treat complications and when the situation worsens, they go quickly to the health centres for medication.

2.2.3. Parents' experiences taking care of sons who had traditional circumcision

All parents in support of TMC were in agreement that although the practice is part of their culture, it is costly in terms of time and finances. They reported that circumcised boys take an average of two months to heal and during this time, the parents had to nurse them to ensure that they healed completely. This takes time the parents would have used to engage in other productive activities. Some of the parents interviewed in Mbale and Manafwa had this to say about their experiences in taking care of their sons who were traditionally circumcised.

"He fell sick after the circumcision and could not do any work. I really tried to treat him so that he did not get any complications. I was affected because after circumcision, he slept in my house until he healed. I nursed him myself, woke up at night to treat him, dress the wound with bandages, reminding him to take his pills and could not do any other productive work."

"I was greatly affected, right from the start of the initiation rituals up to the actual circumcision. I did not work during this period (2 weeks) and lost a lot. For example, I brewed local beer and used about 200 kgs of maize and 80 kgs of millet. Additionally, I spent a lot of money feeding the guests. I had to feed them posho, chickens, beef and cabbage. Some of my crops and furniture were destroyed. On the day of circumcision, I slaughtered two goats; one at the grave yard and another at the circumcision site which honors the ancestors. The local surgeon charged me 30,000 UGX. Altogether, I think I spent approximately 400,000 UGX on the ceremony."

Despite this, majority of parents interviewed would still prefer TMC. It should be noted however that many of them no longer hold very big ceremonies after circumcision. They preferred a smaller event involving just a few close relatives and friends.

2.2.4. Costs incurred by parents during treatment of traditionally circumcised young men

Regarding the costs involved in taking care of sons after traditional circumcision, all parents interviewed could not clearly state how much they spent but made estimates. The graph below represents the average reported costs incurred by parents during traditional circumcision and treatment of their sons. It should be noted that the figures might be higher if all parents would factor in all incurred expenses. Some of the parents interviewed had this to say with regard to the cost of treating their sons:

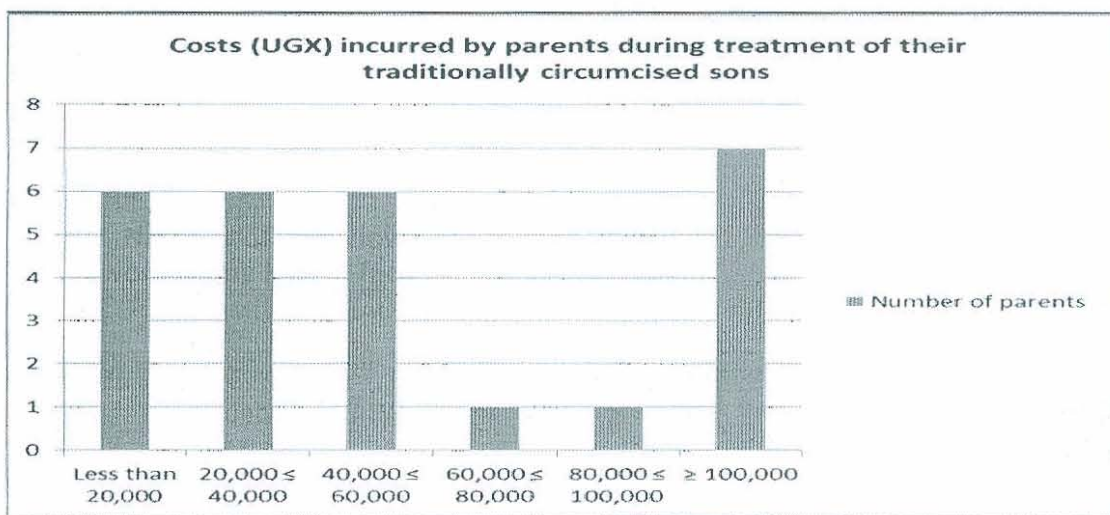
"I spent approximately 50,000 UGX. As you know, it's difficult to capture all the small expenses. I had not factored in the circumcision charges! I paid the local circumciser only 5,000 UGX. He asked for 10,000 UGX but we negotiated and he came down to 5,000 UGX. There are also other related costs I do not remember."

"Actually, I bought some drugs prior to the circumcision. Things like dressing had been procured earlier because I knew he was going to get circumcised. I bought 12 Procaine Penicillin Forte (PPF) bottles at 1,000 each (12,000 UGX) together with the mixing solution. Altogether, I spent about 30,000 UGX on drugs. I estimate that I spent about 200,000 UGX on treatment alone. Other costs included my cohorts—who were circumcised the same year as me—coming to claim a 'giff' called Lubaka. I spent about 200,000 UGX on them. I sourced most of the dressing materials from clinics in Bududa district. Transport to and from Bududa is 2,000 UGX."

Altogether, I spent about 6,000 UGX on transport. Three days after the circumcision, I hosted another wave of guests; I spent about 30,000 UGX on them."

"I cannot estimate the cost accurately because I kept on buying medicine in installments. But it may have been approximately 100,000 UGX for treatment of the four of them because I spent quite a lot of money on dressings, antibiotic drugs and pain killers. I did not write the money down but that is an estimate and the amount might be higher than that."

Figure 3. Costs incurred by parents for treatment of sons following TMC



Comparison of costs shows that SMC is less expensive than TMC both in terms of time and finances.

2.3. Qualitative Findings: Health Workers

Table 7. Number of interviews conducted with health workers by health facility

DISTRICT	NAME OF HEALTH FACILITY	# OF INTERVIEWS
Manafwa	Magale HC IV	3
	Bugobero H.C IV	1
	Total	4
Mbale	Busiu H.C IV	3
	Kolonyi Hospital	3
	Bufumbo H.C IV	4
	Mbale RRH	3
	Total	13

2.3.1. What health workers think young men say about traditional circumcision

Health workers reported that a greater number of young men were being circumcised traditionally than at health facilities. This was reported to be because there is general fear among the young men and their parents that those who opt to go to the hospitals for circumcision are 'not real men.' The young men have been made to believe that people who opt for SMC are cowards. According to them, a real man has to show 'his manhood' by being circumcised traditionally. As a result, those who go to hospital for circumcision are treated as inferior and excluded from activities that 'actual men' do.

One health worker said, *"Most of the young men are circumcised in the community because of those local beliefs, the parents tell them that not to go to the hospital; if you make a mistake of going to the hospital, you will not be called a man. You will be isolated, not be called an important person in the community and no one will share with you at the drinking pots. They don't even give you responsibilities or be allowed to contribute ideas during meetings."* The young men therefore say that they want traditional circumcision because they want to show that they are brave and do not want to be ostracized.

The health workers generally agreed that the Bagisus love their tradition and take pride in it, which is mainly displayed during the traditional circumcision festivals. The majority of the young men love the traditional system because they say that during the dancing they move to their relatives and get gifts to start off their own homes, since they will have qualified as "men." The young men fear that if they go to hospitals for SMC, they will miss out on these gifts that their peers are getting. In explanation, one young man who opted for the traditional circumcision was remembered saying that, *"I come here and you give me a goat, the other one gives me a hen, and another gives me a cow or something else. It is a way of getting some ntandikwa [monetary gift]."*

Education status, socio-economic status and religious affiliations are thought to influence what young men and their parents say about traditional circumcision. Apparently, parents and young men who are educated prefer to be circumcised medically. Some even say traditional circumcision is expensive because of the ceremonies involved. Poor young men therefore prefer going to the health centers because they know that SMC is safe and their wound will heal quickly with minimal costs. The Pentecostals are likewise encouraging SMC and are medically circumcising their children regardless of their age.

One health worker had this to say, *"What is happening now is that people no longer go into all the rituals especially if they are Pentecostals or people who are a bit educated; they are shunning this traditional system and opting for medical male circumcision."*

2.3.2. The health workers' opinions in regard to traditional circumcision

The health workers were somewhat divided in their opinions with regard to traditional circumcision, although the majority are in support of SMC. Whereas some of them understand and sympathize with traditional circumcision, the majority think SMC is superior and that traditional circumcision should be eradicated.

Many look at traditional circumcision as a backward practice that is ancient. One health worker had this to say, *"We are now in a modern world and there has been sensitization about SMC through radio, health educators and LC [local council] leaders go to radio and talk about circumcision and they encourage people to go to health centres, here we even have that sign post [SMC signage at the health centre]."*

A number of health workers revealed their disapproval of traditional circumcision and were doing everything in their power to see that young men attended SMC instead. The health workers said that they have been having outreaches and telling the young men to have safe male circumcision at health centres instead of doing it traditionally from their communities. One health worker expressed her disapproval that, *"Sincerely these boys just force themselves to go there; sterility is not there; secondly how can you really stand in public and expose yourself like that though it is culture. If I had been a Mugisu I would not allow my son to be circumcised in the community."*

Health workers also looked at traditional circumcision as being dangerous because most local surgeons (traditional circumcisers) share knives between young men and do not sterilize them but instead just sharpens them, and clean with water. They believe that this is why most of the young men who are traditionally circumcised develop complications such as excessive bleeding, infections, and poor healing of their wounds. As compared to traditional circumcision, SMC is safer and heals much faster.

They also believed that traditional circumcision was phasing out. From personal experience, one health worker narrated that, *"traditional circumcision is phasing out because we are Bagisus, and I have seen many people even my own brother whom I did not expect to know about SMC told me that he was going for it. Many of them have preferred to come to the clinic because they know it is safe and they also fear HIV."*

Some health workers think that the traditional surgeons do circumcision as a business and as such, it would be impossible to get them to stop. One was quoted saying, *"do you really think the traditional leaders can campaign and send these boys to the health centre to be circumcised? If they tell these boys to go to the health unit they are losing market. They are getting money from those people. Can you really do that if it was your business?"*

The health workers ultimately hoped that young men, once advised by the traditional/cultural leaders, can choose to be circumcised medically at health facilities. Cultural leaders are considered very instrumental in encouraging young men to embrace SMC as opposed to traditional circumcision. Cultural leaders can do a lot of sensitization once they understand the advantages of SMC and know the dangers and complications which come with TMC. One health worker explained that, *"People usually follow their leaders so if these people accept, then their subordinates will follow. It is like in Buganda when Mutebi talks, people follow. Now like us in Bugisu region when Wamimbi talks, people listen."*

Still on the subject of youth embracing SMC after the traditional leaders are convinced, another health worker had this to say, *"Believing that once the traditional leaders talk, the young men will accept SMC is rather a very perfect situation, utopian; it will never happen. I am telling you*

maybe in the next 100 years, because we have had meetings over this issue but the progress to date is so little."

On the other hand, some of the health workers felt that traditional circumcision is a practice that will never end. Some said they do not want to be accused of interfering and do not want to clash with the communities. A medical surgeon at Mbale hospital had this to say, *"Among the Bagisu, the norm is traditional circumcision. That is the basic thing you cannot change because of research or anything. The norm here is that a normal Mugisu male must go through traditional circumcision."*

Those health workers who advocated for retention of traditional circumcision said that the traditional surgeons (*bashebi*) should be trained to improve their skills so that SMC at health facilities does not interfere with the Bagisu culture.

2.3.3. Complications resulting from TMC that were seen by health workers

There were major discrepancies regarding the numbers of complications arising from traditional circumcision that the health workers had treated or seen within the same health centres. For example, one health worker said that they had only one complication, whereas a colleague in the same facility reported as many as twenty cases. All the health facilities reported that they did not have mechanisms for recording data on the complications they had treated. Data on circumcision complications cases is only recorded in general registers used for other patients at the facility. For example, knowing whether or not sepsis was due to circumcision was difficult because in the register, a record is only made of the sepsis but not the cause of sepsis.

Generally, health workers reported that complications of TMC were not common at the facilities as very few of the cases seek treatment at the health facility. Since circumcision is a seasonal festival, usually beginning in August and ending in December every even year, the health workers treated complication cases only during those months. According to the health workers, this is also because most of the complications that occurred during traditional circumcision were controlled by the local surgeons themselves. The only way to know the actual burden of complications is when you go to the traditional circumcisers (the *bashebi*).

One health worker said, *"We don't see everything, we only see those who come on their own but I am sure they are there because the way they do their circumcision there are no antibiotics and the environment they are in I don't think it is sterile so I am sure they are common but may be they are managed in their own way in the villages."*

It was reported that local surgeons often made mistakes during traditional circumcision procedures. On average, each interviewed health worker had seen 3 complication cases, making it 45 cases seen on average. By far, the commonest complication received at the facilities was excessive bleeding. The circumcised men usually end up with damaged blood vessels which make them bleed. There is also poor healing of wounds. To make matters worse, many of the circumcised men do not dress their wounds daily for fear of pain, which delays healing and causes sepsis. Sometimes, the young men developed pus and secondary infections on their penises. On rare occasions, complications such as damaged urethras and

glans, as well as cut skin of the testes or the shaft, urethral fistulae, hematoma formation and badly cut prepuce were treated.

2.3.4. Treatment seeking behaviors for complications among young men

Often, young men with complications choose to stay home and not go to the health centres for treatment. Instead, they get their own treatments and seek assistance from herbalists or health workers if the condition does not improve. Other health workers said that a number of men with complications arising from traditional circumcision have stopped them along the way and asked for assistance, although it is not common to find young men seeking treatment for complications at health facilities. In most of the cases, they seek treatment at home and sometimes waylay health workers so they are treated at home. A nurse at Magale HC IV explained, "*Since they know where we stay and we stay with them in the community they know where to find us, so they ask and we give advice but even if you advise them to come to hospital they do not come because they fear that they will not be called men.*"

The health workers reported receiving parents and caretakers who go to them for advice and medication on behalf of their sons who develop complications, and thereafter treat the boys at home. This is because some parents or caretakers circumcise more than one son at a time and so taking them all to the health centre is a challenge. Most commonly, they buy enough gauze, antibiotics (usually *Procaine Penicillin Forte (PPF)*), and treat them at home.

Those who manage to go to the health centres are managed on a case-by-case basis, depending on what their complications are. For example, someone with damaged veins (evidenced by bleeding) has to have the bleeding controlled by suturing and at times transfused if a lot of blood has been lost. Septic wounds are treated with antibiotics though some of them end up with bad scars. Some young men, however, are advised to stay home because the bleeding will eventually stop by itself. One health worker complained that, "*Traditionally they believe that they do not need to arrest bleeding, they just circumcise the boy and leave him bleeding. So most of them come when they have bled and they are anemic and we end up referring them to Mbale hospital for blood transfusion.*"

One midwife reported having received a young man whose urethra had been damaged during traditional circumcision. A catheter was inserted and the case was referred to the nearest hospital (Mbale hospital) for further management.

When asked as to whether the facilities were offering medical male circumcision as an alternative to traditional male circumcision, some of the service providers said that the services were not yet in place at their facilities but that the services were scheduled to begin in the near future. However, relevant staff had undergone training and equipment obtained for the theatre.

For those facilities that already offer SMC services, circumcision is offered on a daily basis.

3. Conclusion and Recommendations

Overall, advocacy for SMC among the Bagisu will be challenging; however, in-roads can be made by making known the high rates of complications among young men during TMC.

The health workers largely agreed that TMC should be eradicated through increasing awareness on its dangers and associated complications, and by getting the traditional leaders of Bagisu to support SMC.

Whereas the parents accepted that TMC is a burden, filled with complications for themselves and their children, they were not ready to let go of their culture of 'Imbalu' which distinguishes them from other tribes. Therefore, as a compromise, what is needed is integration of SMC into the ceremony of young men's rite of passage into manhood.

As a compromise, training of the local surgeons (traditional circumcisers) and ensuring that they conduct the Imbalu in a safe environment using sterilized equipment is an option.

Sexual education needs to be integrated within the Imbalu ceremonies as most of the young men engaged in multiple sexual relationships before they fully healed from circumcision.

Policy makers, health workers and other advocates for SMC should be patient and not expect immediate results of their efforts as the culture is deep-rooted among the Bagisu.