

34. Male circumcision: practice and implication for transmission and prevention of STD/HIV in Central Kenya ¹

**Beth M. Ahlberg, V.N. Kimani,
L.W. Kirumbi, M.W. Kaara, I. Krantz**

Introduction

The aim of this study was prevention of HIV/AIDS among young people. The point of departure was the scenario of adolescent sexual and reproductive health in Kenya with high rates of early and unwanted premarital pregnancy, induced abortion and related complications, school drop-out and sexually transmitted diseases. In Kenya young people live in a paradoxical situation of prohibition and silence on matters of sexuality.

Our assumption was that breaking the silence and creating dialogue or space for people to address the prohibitive silence is an important prerequisite for preventing the spread of STD/HIV. We thus applied an open design and started by mapping the community to identify relevant community groups and networks, generate locally based knowledge, meanings and issues around which further research could be carried out as well as explore tools and use them to facilitate dialogue and preventive behavior in the community. The term *Mwomboko* which is used in a local poem 'words of wisdom' (Ngugi Wa Thiong'o 1987) and is also a local dance of young people where a couple moves two steps forward, stoops and makes a turn was discovered during this mapping process. *Mwomboko* was thereafter symbolically used to denote a movement involving data collection using interactive analytical methods, each stage of analysis defining the movement in the next step.

Circumcision unexpectedly emerged from the school data as a major concern of young people. Since circumcision is an old custom, it became necessary to carry out more systematic research to find out why it was of

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such concern to the young people as well as find out its meaning, how it is organized and linked to sexuality.

The relevance of circumcision to HIV/AIDS

Circumcision has been implicated as a risk factor in the transmission of HIV. It is for example, argued that sexual intercourse causes lacerations and bleeding in women who have undergone clitoridectomy and infibulation thus increasing their risk of infection (Linke 1986; Gunn *et al.* 1988; Padian 1987). Furthermore, in both female and male circumcision, use of instruments during the operation without proper sterilization has been implicated as a possible transmission route. Results from surveys at STD clinics (Hira *et al.* 1990) have, however, indicated that male circumcision may lower transmission of STD including HIV. This has led to the conclusion that male circumcision should be considered a necessary line of action especially in Africa where condom use is low (Johnson and Laga 1988; Bongaarts *et al.* 1989; Marx 1989; Caldwell 1995).

There might be an argument for male circumcision for hygienic reasons especially in poor areas where most studies seem to have been carried out. However, to institute a widespread cutting of foreskins as a preventive measure against the spread of HIV, is not only to ignore the meanings and practices associated with the ritual, but it is also to assume that:

“the African countryside and its peoples are in some way immune to change and that cultural practices such as circumcision (or no circumcision) and degrees of sexual permissiveness are fixed for all time. Such a view ... is not too different from assuming that the populations of the African countryside beat to a kind of heart of darkness” (Conant 1995: 109).

For the circumcised and the uncircumcised, associated practices may be more critical in the transmission process than just the presence of a foreskin. This paper presents findings from studies in Central Kenya indicating that male circumcision in its current form is closely associated with practices, and is organized in ways which have implication to the spread of STD/HIV.

Subjects and methods

Murang'a District of Central Kenya, an agriculturally high potential, densely populated area inhabited by the Kikuyu people who practice male circumcision universally is the study site. Data was gathered from primary and secondary school youth, health workers, parents and teachers in one of the six administrative divisions comprising Murang'a District.

The school youth

Questions were generated from 4,365 girls and boys in 15 primary and 14 secondary schools, purposefully selected using the administrative zonal units of the Ministry of Education.

The youth in classes 6-8 (11-17 years) in primary schools and forms 1-4 (14-20 years) in secondary schools were encouraged to write anonymously, questions they would otherwise feel too ashamed or afraid to ask their parents, teachers or other adults. They could use any of the three languages —Kikuyu (mother tongue), Swahili and English, the last two of which are taught in schools.

To avoid interrupting the school routines, we made a single visit to each school. This meant having all the pupils in one hall. Most school halls are poorly furnished, and pupils had to bring their bulky desks. Although we stressed the need for privacy in answering the questions, the sitting arrangement was not conducive for such privacy. The questions generated nevertheless reflect varied concerns of the school youth in this area. Equally important was the style of expression and the language used. Where questions are quoted in this text, we have tried to have them in the form they were originally expressed.

Circumcision emerged from this data as a major concern of the school youth. Since male circumcision is an old custom, it was surprising that the school youth expressed such concern over it. From the questions, it became clear that the adolescents were undergoing a practice they did not fully understand. It thus became necessary to investigate other social groups and networks particularly the health workers, teachers and parents who in one way or the other are relevant in the ritual of circumcision.

The health workers

We mainly focused on the private clinicians, a health system existing at the periphery despite being an important and rapidly expanding resource. Private clinicians comprising of clinical officers, nurses and nurse midwives, located in shopping centres and markets all over the area perform most of the operations on boys.

A survey of all the 35 private clinicians in one administrative division provided information regarding which clinicians perform the operation, their workload and periods when they operate. More qualitative information was gathered during three workshops with private clinicians (Krantz *et al.* 1995). This elicited information on the operation, the management of the wound, the use and care of instruments, the organization of circumcision, the information given to the initiates and the persons involved particularly the *mutiri*. A *mutiri* is counsellor of the initiate and is an important person in the ritual of circumcision. Elderly clinicians in particular contrasted the traditional operation they themselves went through and the type they currently perform at their clinics thus providing insights about changes in the ritual.

The parents and teachers

We reached the parents through the parent/teacher association in which all parents belong to by virtue of having children in a school. Since many teachers are also parents, those who could join the discussion sessions were encouraged to do so.

We presented the following summary of our observations as the point of entry for interaction with the parents:

“We have asked your children to ask those questions they would be ashamed or fear to ask you as a parent or adult. The questions indicate that your children have little knowledge about even the simplest facts about their bodies; they have a lot of wrong information and myths regarding sex but are actively involved in sexual activity even though you stress they should wait until they are married. Moreover, your children are very concerned about the ritual of circumcision and wonder why they go through it. They have a peer (*muriika*) for a *mutiri* (counsellor) and they organize their own rituals; for example buying road licence, undressing the wound before the time they have been advised by the doctor, causing the erection of the penis and applying medicines they buy at the shop or market. The initiate is advised to have sexual intercourse (*kuhurwo mbiro*) immediately after circumcision in order to fully become a man. He is instructed by the *mutiri* and other peers on how to negotiate with girls for sex. As parents you are involved only in providing money for the operation, for medicines (which are unnecessary) and for food during the convalescence period. You know little of what goes on in the small rooms (*thingira* or *kiumbu*) which you offer the initiate and his peers”.

Parents were then asked whether this is a true representation of what they and their children are experiencing; what they thought were the causes; and what they thought could be done to improve the situation. The ensuing discussion then focused on the organization of circumcision now and in the past, the changes taking place and possible preventive interventions.

Findings

Circumcision as a concern of adolescents

Overall, 580 questions concerning circumcision were asked by 455 (15 percent) of the youth in primary and 91 (7 percent) in secondary schools. The dominant concern was what circumcision is and why young people have to go through it. Most of the questions were asked by boys, probably because circumcision is universal for boys.

As far as female circumcision is concerned, there seem to be a great deal of confusion mainly because some girls undergo the operation while others do not. Questions were also moralistic asking whether female circumcision is good or bad. Compared to male circumcision, where the question is simply why boys are circumcised, the concerns about female circumcision were expressed in a variety of ways as indicated below:

“Why are girls circumcised? Why are girls not circumcised? Is it bad for a girl to be circumcised? Why did girls stop being circumcised in some areas and in others they still do it? Why is circumcision of girls discouraged? Why has the government prohibited clitoridectomy and traditionally it was done?”

The questions also indicated other types of concern, for example, the role of circumcision in fertility and sexuality. There seemed to be

confusion and lack of knowledge about the role of circumcision in fertility. Some questions suggest that the adolescents simply want to know whether there is a link between circumcision and production of sperm or the possibility to impregnate as the following questions illustrate:

“Can an uncircumcised boy make a girl pregnant? Can an uncircumcised boy fertilize? If a person isn't circumcised can his sperm produce a baby? Can a 15 year old uncircumcised boy make a girl pregnant? Can the foreskin of uncircumcised boys hinder sperm secretion?”

Another set of questions indicate that the youth have a general impression that an uncircumcised boy (*kihii*) cannot make a woman pregnant.

“Why is it that when an uncircumcised boy fucks a girl she can't conceive? Why is a boy unable to cause fertilization unless he is circumcised? How is it that an uncircumcised girl can conceive and an uncircumcised boy cannot make a girl pregnant?”

There was concern over the link between circumcision and sexuality and more specifically sexual pleasure. The fact that some girls do not undergo the operation while others do seem to have created confusion on the issue of sexual pleasure as well. Questions concerning circumcision and sexual pleasure were asked by more mature boys 15-20 years. While a few questions indicate that uncircumcised girls are regarded as more pleasurable, the major concern seems to be to find out who gives more sexual pleasure —the circumcised or the uncircumcised woman.

“Why dont circumcised girls enjoy sex i.e., why do guys prefer uncircumcised girls? Is there any difference between a circumcised and uncircumcised girl? Who is better to have sex with a circumcised or an uncircumcised girl? Does a girl without a clitoris reach orgasm while having sex? Who enjoys sex most between circumcised and uncircumcised? Who is the best girl to marry between circumcised and uncircumcised?”

There seem to be an impression that an uncircumcised boy cannot erect and cannot penetrate. Circumcision itself seem to be linked to development of sexual pleasure and desire and there seem also to be a belief that circumcision causes the development of secondary sexual characteristics and increase in sexual desire.

“Why do girls say that circumcised penises are sweeter than the uncircumcised? Why does an uncircumcised person not know how to penetrate his penis through the vagina and reach the uterus? Why is it that a boy who has not undergone circumcision cannot enter through the vagina when mating? For good penetration of the penis through the vagina, why must a boy be circumcised? When a boy goes for circumcision why does he begin loving girls? Why do boys desire sex after circumcision? What makes a boy after circumcision increase his desire for sex? Why do boys be friend girls after circumcision? Is it true that when a girl gets circumcised she gets big breasts?”

The youth are concerned with the behavior changes that take place after circumcision as well.

“Why is it that when a girl gets circumcised she pretends she cannot give a boy to do her? Why do people boast after they are circumcised? What happens at circumcision to make boys change their behavior so much? Why does a boy after getting circumcised no longer sleeps in the same house as his parents? When a boy is circumcised why can't girls go to his hut? How would I tell my parents that I want to go for circumcision?”

These questions indicate the meanings adolescents associate with circumcision. They furthermore express the level of knowledge on sexual matters, conception and fertility. It is clear that the youth have little knowledge, and a great deal of misinformation and myths. The way the questions are expressed moreover indicate that there is a silence about circumcision. To be able to locate the concerns of young people, the seeming confusion, the silence, the changes taking place and the implication of these to transmission of STDs including HIV/AIDS, past and contemporary forms of the ritual of circumcision in the Kikuyu society are presented.

Male circumcision in the past

Prior to the colonial and Christian missionary intervention at the turn of the century, all boys and girls went through the ritual of circumcision. The ritual was associated with acquiring of social status for the initiate and his parents. The boy would come off age after which he was expected to behave as an adult. He could then be called upon to perform important duties such as defending the community, participating in dances and *ngwiko*, a type of controlled sexual activity which allowed newly initiated girls and boys to sleep together, to explore and enjoy each other without penetration, as one elderly teacher explained:

“*Andu metikiritio kugwika ciero ciika* (people were allowed to play with thighs only)”.

The parents had their status elevated after the circumcision of their children, the mother moving from the low status *Kang'ei* to high status, authoritative *Nyakinyua* age group (Ahlberg 1991) and the father moving up the various ladders of council of elders (Kenya 1938).

The organization of circumcision

Circumcision was an important event for the initiates, their families and the entire community. It was an elaborate ceremony that brought individuals, relatives, and the community together. As the start of adulthood for the initiate, care was taken both to impart the socially prescribed knowledge and discipline. The ceremony including preparation, seclusion, the operation and the convalescence took a long time.

After the operation, there was great jubilation including singing, dancing, beer drinking and exchange of gifts. This was one time when

women were allowed to collectively and publicly participate in dances, songs and chants which in normal circumstances would be considered extremely obscene. It was one occasion the society allowed public obscenity meant to teach the new adults what was expected of them in their sexual life.

When the time for initiation approached, the parents identified a respectable and knowledgeable man to be the *mutiri*, a counsellor who was supposed to prepare the boy for initiation, take him through the operation by physically supporting him from behind, nurse the wound and guide him thereafter.

On the day of circumcision, the boys in groups were taken to the river very early in the morning and were dipped in the cold water after which they were circumcised. The cold water served as local anaesthesia as well as a vasoconstrictor to reduce bleeding. The *mutiri* supporting the boy from behind encouraged him not to cry even if the pain was unbearable, because it would lower respect and status for him and his family.

After the operation, groups of initiates lived together, in a separate house with the *atiri* (pl.) supporting them both physically and emotionally. During the time, they were well fed and learned from the *atiri* until they emerged (*kumira*) as adults.

Sexual activity after circumcision

Part of the education for the initiates was how to relate to women and how to maintain discipline in sexual matters. The newly initiated girls and boys were involved in dances and were allowed to sleep together the whole night and to engage in *ngwiko*.

Although full sexual intercourse at this period was not allowed, in their relation with girls, there still were attempts by men, or rather, men were expected to try their luck on the girls. The most commonly used form of wooing girls into sexual intercourse was to scare them that unless they agree to *Kukurwo mbiro* (a metaphor referring to wiping off the soot that gathers around the cooking pot), they would never give birth, sexual intercourse with their husband would be extremely painful or the husband might die during the first intercourse. The girls then were equally empowered to resist this by their peers, older girls and their *atiri*. During discussions, many women talked about this as a common experience during their time as this quote indicates:

“Even in the past men cheated newly circumcised girls that if they did not agree to have the soot (*mbiro*) cleaned before marriage, their husbands would die during the first intercourse. My friends and I were cheated only to find from older girls who were already married that it was a lie”.

Peer pressure was part of the mechanisms used to maintain the proscribed sexual discipline among girls and boys. In addition to the peer pressure, taboos and prohibitions and the belief that the breach of conduct could lead to a break down of harmony and social balance leading to catastrophes and disease, were extensively used to guide people in their daily life. When there was a breach of conduct or even a suspected one for example, a full sexual intercourse during *ngwiko*, heavy punishment

was meted to those involved. Girls had a way of finding out which of their agemate may have had full sexual intercourse. If, during dances, a man showed a favourable attitude to a girl, she was suspected by the others of having given in to the man. She was ostracised or fined (Ahlberg 1991).

Moreover, as women in this study have explained, if by chance the girl had full sexual intercourse, she could not enter her mother's house because by having sexual intercourse, she herself became a full woman (*mutumia*) and no house was allowed to have two women. She could only enter, after an elaborate ceremony through which her sexual activity became public knowledge.

Given the strict rules and associated punishments, the attempts by men must have been part of the open discourse in sexuality in this community and a test of the moral discipline. The society was in addition organized in ways which minimized the possibility of breaching the codes of conduct. *Ngwiko* was for example, collectively organized. Groups of youth involved in *ngwiko* slept together in one room. This discouraged those who may have been tempted to have full sexual intercourse. This is one practice the Christian missionaries forbade as they could not visualize young people sleeping together without sexual intercourse (Ahlberg 1991 and 1994).

Circumcision in the contemporary society

All boys undergo circumcision with the operation still marking entry into adulthood (*kugimara*). However, its form and organization has changed.

The operation is mostly performed during school holidays. December is more popular because, being a longer school holiday, boys have sufficient time to heal. Furthermore, it is a period when boys after graduating from primary school are awaiting to join secondary schools. It is important that they are circumcised because uncircumcised boys are punished and bullied by the older boys in the new schools. Boys from areas where male circumcision is not practiced are similarly bullied and forced to circumcise if they join secondary schools in this area. Thus, apart from the academic qualification for entering secondary schools, there is a demand for social adulthood defined through circumcision.

Unlike in the past, involvement of adults and the community in general and the related sexual education of the initiates has diminished. As the school data indicates, the most frequent question is why the operation is done.

Furthermore, the role of the *mutiri* has changed. Parents no longer identify the *mutiri*. This means that the criteria where parents in the past chose a person who commanded respect and was knowledgeable on codes of conduct has been abandoned. The link between the youth and the adults during this important period is therefore weak.

The boys choose their *mutiri* usually from those who went through initiation the preceding season. Families may identify an elder to whom the young boy may be sent for advice. This is however a one time interaction. The rest is left to an agemate.

The operation is now commonly done in the private clinics. Of the 35 private clinicians surveyed, 17 (49 percent) circumcise. The operation is largely done by male clinicians, although female clinicians can employ males to operate in their clinics. One female clinician who had established respect and trust with the community could however operate the boys herself. The role of the traditional circumciser (*muruithia*) and perhaps also the rituals he performed has equally diminished.

The initiate is escorted to the clinic by his agemate *mutiri* for circumcision on the material day. After the operation, the clinician dresses the wound and instructs that the dressing should not be removed before the seventh day. The initiate is then escorted back home. According to the private clinicians, the instruments used for circumcision are sterilized first in a detergent and thereafter boiled. This procedure is done after every operation. The chance for transmitting HIV through the instruments is according to the clinicians very remote.

The convalescence period

As in the past, the initiate is given a room or house (*thingira* or *kiumbu*) detached from the parents. One parent discussed how she had to move her son's bed into the granary adjacent to her house as it would have been difficult for him to be inside the main house. Food is taken to the initiate in most cases by the mother or a sister. According to parents, the mother only hands over the food and is actually even by tradition not expected to enter the room. Initiates whose parents do this, risk punishment. Parents have therefore little knowledge of what takes place in the small rooms.

Usually the boy is visited by relatives and friends who may bring him some gifts, but they too are only visitors to the parents. Although we have not done systematic research, there is indication that some dancing and singing is being revived especially in the urban areas. This does not however carry the same meaning in terms of educating or instilling sexual discipline to the initiates. Rather, it is more for the identity of the adults in a fast changing environment.

During the convalescence period, the *mutiri* is around to take care of the initiate. In addition, circumcised agemates of the initiate and at times those of the *mutiri* visit regularly. The convalescence room or house is thus more or less occupied by the young people who offer advice on what the initiate should do to fully become a man.

The care of the wound

The wound according to clinicians should not be interfered with before seven days, by which time it should be healed. However, it is a normal practice for the *mutiri* to remove the dressing sometimes only on the second day and sprinkle powder from antibiotic capsule or a crushed tablet of cotrimazole (*suta*) on the wound.

It seems the *mutiri* is still performing the duties he was supposed to do when the wound was required to be cared for and dressed at home. The

difference now is that to maintain their role, they have to undo what the health professional has done.

The pain inducing rituals

Other practices include sexual arousal until the initiate achieves an erection. In addition, initiates are forced to drink lots of water and tea in order to urinate many times. These practices result in the swelling, pain, bleeding, and delayed healing of the penis. The clinicians implied that infection of the wound and bleeding are not uncommon.

There was teasing in the past, and certainly, boys who had been naughty were usually teased into erection and pain. But this did not apply to everybody as seems to be the case today. Bearing pain was part of becoming a man in the past. Compared to the traditional operation popularly known as 'going to the river' where cold water was the only anaesthesia, hospital circumcision is less painful because the initiates are fully anaesthetized. The operation is thus considered to be less painful and is similarly accorded lower status. Given this, the new rituals of instilling pain on the initiate are understandable.

Most parents told of their experience with these new pain inducing rituals. It is one of the few times some parents have attempted to intervene. However, such intervention may result in more bullying of their son and many parents expressed the dilemma of intervening. One mother reported how she heard her son groan in pain only to find out that his penis was swollen from unnecessary erection. She became furious and ordered the young men out and never to return.

Buying a road licence

A ritual that seem to have developed is one where the initiate is expected to buy 'a road licence', through offering a chicken, cigarettes and beer¹ The initiates are popularly referred to as '*thigara*' cigarette. The road licence allows the newly initiated man to socially interact with other circumcised men and talk to girls without risking punishment or bullying.

The ritual of kuhurwo mbiro

Perhaps most important as far as transmission of STD/HIV is concerned is the ritual of *kuhurwo mbiro*. As pointed out above, this is a metaphor symbolizing the cleaning of soot which gathers around a cooking pot. The metaphor was however used by men to woo women into sexual intercourse. It was thus women not men who had to have soot cleaned.² Although men used the tactic to woo women, full sexual intercourse rarely took place, because of the strict rules and mechanisms for maintaining the proscribed sexual discipline as discussed above. The

¹ Hard drugs — *ciakurebia* are also known to be used for buying the road licence.

² One can understand such a metaphor when applied to girls because it is them who use the cooking pot after marriage.

metaphor has now been appropriated by men and with the breakdown of social controls, soot is cleaned through full sexual intercourse.

Although we have not carried out systematic research, there are indications that because of the peer pressure to have sex as part of becoming a man, combined with the difficulties of negotiating for sex with girls in their age-group, newly circumcised boys increasingly turn to older women, including, those with wider sexual networks. The risk of exposure to STD and the AIDS virus is thus great.

During the convalescence period, the initiate is trained by the *mutiri* how to negotiate for sex. This is normally dramatized, the initiate being asked to pretend that the *mutiri* is a girl and should negotiate (*kuha*) with her for sex. If he makes a mistake, he is corrected until he gets it right.

Discussion and conclusions

Male circumcision is still universal among the Kikuyu people. The ceremonies that marked the occasion and imparted knowledge and discipline however no longer exist. The open discourse, combined with strict social controls have been replaced with a silence that still prohibits premarital sexual activity.

With no mechanisms to maintain the codes of conduct and the expected sexual discipline, the prohibition by adults exist in a vacuum. Moreover, some rituals have been transformed to suit the contemporary period and new ones have emerged. *Kugimara* through circumcision currently implies assuming the status of an adult who is actually expected at least by the peers to engage in sexual activity soon after the operation. The initiates are thus instructed on the art of negotiating for sex. The boy is instructed or socialized on how to express love to a girl in his negotiation with her for sex. There thus exist two types of conflicting moral regimes. Parents and adults in general cherish the value of no premarital sexual intercourse while the young people live within a moral regime which says yes to sexual intercourse if people are in love or as part of becoming a man.

While the *kugimara* process in the past, largely involved integrating the emerging adult men (*ciumiri*) into the society, through the elaborate system of imparting and maintaining the accepted values, codes of conduct and discipline, the contemporary form seems to separate young people from the rest of the society. This has created dilemmas at home and in school. Many parents expressed the paradoxical situation they find themselves in for being expected to discipline their circumcised sons. However, according to the rules of circumcision, the initiates are adult men, although agewise they are still minors who require parental care and disciplining. The parents in fact expressed fear of either being beaten by their sons or forcing them to run away from home if disciplining is attempted.

The challenges of disciplining newly initiated men is experienced at school as well. Most primary schools discourage circumcision, the main reason being that boys become uncontrollable. Women teachers especially expressed the difficulties they face in disciplining circumcised

boys. Circumcised boys feel that female teachers are just like any other women with whom they can have sex. Our attempt to separate boys into circumcised and uncircumcised in order to create groups with similar characteristics for focus group discussion in primary schools was turned down. The headmasters argued that schools were working hard to discourage such divisions.

The impact of the silence on sexual matters is indicated in the school data. The adolescents for example, link secondary sexual characteristics to circumcision. This is perhaps not surprising because, the operation is performed at the age of spermatheca, when there is a physiological increase in the production of male sexual hormones resulting in increased sexual desire. The society in the past had identified this as the right age to impart knowledge on sexual morality to control sexual desire. *Ngwiko* was introduced and practised during this time, to satisfy the sexual needs of young people, but also confront them with real life situations which they had to learn to manage. Today, the adolescents are left thinking that it is circumcision which causes their physiological development, hence the belief that uncircumcised boys cannot impregnate.

In the contemporary period, circumcision takes place in clinics where sterilization of instruments is possible. Transmission of HIV through shared instruments is reduced. The danger lies more in the emerging youth sub-culture, particularly the belief that to fully be a man, sexual intercourse must follow soon after circumcision. One young man who is popular as a *mutiri* claimed that he always advised the initiates to have sexual intercourse only after three months. Asked why three months, he simply said this was a long time.

In this context, the idea that circumcision should be promoted as a preventive measure may be extremely counter productive. Thus, before cutting foreskins as advocated, the meaning of circumcision, its organization and associated practices and dynamics should be understood.

In the course of the research process, we realized that male circumcision is also an ice-breaker for discussing taboo subjects such as sexual pleasure in men and women. Circumcision thus became an appropriate tool for discussing matters of sexuality largely because, as a universally accepted practice, circumcision is relevant to both women and men of all generations. Elderly people in the groups enthusiastically discussed and contrasted the ritual of circumcision in the past with the contemporary practice. The discussions became a confrontation between the past and the present where younger generations were blamed for misbehavior and elderly people for relinquishing their responsibilities. In the process, the entire group critically reflected on the changes taking place and their impact on sexual behavior among the young people. Parents started to comprehend the complex social context within which the adolescents were living and its contribution to some of the problems they are going through.

It was fascinating for parents to discover or recognize that what they regarded as intact consisted, in reality, of only skeletons of the traditional customs. The initiates were for example, still offered by parents, a separate room or house. To the surprise of the parents, it was in these rooms and not the discos in the market centres where their children learn

and actually were introduced to smoking, drinking and premarital sexual activity.

While there are obvious indications that circumcision is associated with practices and new rituals which have implications for the transmission of STD/HIV, a number of possibilities for prevention were also identified. As a universally accepted practice in this part of Kenya, different forums — schools, chiefs public rallies, church services etc., could be used to inform about the dangers of the new rituals associated with circumcision. Private clinicians who perform a great deal of the operation and are also located in the villages constitute a resource through which sex education messages could be organized and disseminated to the initiates and their *atiri*. The *atiri* can also be trained and used as peer educators in youth outreach programmes.

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*Male circumcision: practice and implication for transmission and prevention
of STD/HIV in Central Kenya*

Summary — With no vaccines or effective cures, effecting sexual practices that reduce the risk of being infected with HIV/AIDS is the only meaningful option. Yet, any attempt to effect sexual behavior change requires a rather deep understanding of the relevant factors and their link to the transmission of the virus, the social and cultural factors that shape sexual practices and the contexts within which they are placed. This paper focuses on male circumcision ritual as practiced in Central Kenya. Using empirical data gathered during 1992-96, we discuss the meaning of male circumcision, its organization, recent changes and implication to transmission as well as prevention of HIV/AIDS. We have observed that the societal changes taking place have reduced the involvement of the adults in the ritual in ways which have implication to the transmission of STD/HIV. With the decreased involvement of the adults, and the increasing silence, adolescents have assumed a great deal of the responsibility. Peer pressure to engage in sexual intercourse soon after circumcision is enormous.

Keywords: male circumcision • sexual behaviour • HIV/AIDS transmission
• prevention.

Beth M. AHLBERG, V.N. KIMANI, L.W. KIRUMBI, M.W. KAARA, I. KRANTZ,
*Circoncision masculine : pratique et impact sur la transmission et la
prévention du sida dans la région centrale du Kenya*

Résumé — En l'absence de vaccins et de soins efficaces, la seule option sensée est de promouvoir des pratiques sexuelles susceptibles de réduire le risque d'infection par le VIH/sida. De plus, toute tentative en vue de réaliser un changement de comportement exige une compréhension bien plus profonde des facteurs pertinents et de leur lien avec la transmission du virus, en particulier des facteurs sociaux et culturels qui façonnent les pratiques sexuelles et les contextes dans lesquels elles se situent. Cette étude traite des rituels de circoncision masculine pratiqués dans le Kenya central. A partir de données empiriques collectées entre 1992 et 1996, elle traite de la signification de la circoncision masculine, de son organisation, des mutations récentes et de son rôle aussi bien dans la transmission que dans la prévention du VIH/sida. On a observé que les changements sociaux en cours ont diminué l'implication des adultes dans ces rituels ce qui a pu avoir un impact dans la transmission des MST et du VIH. Suite à cette diminution de l'implication des adultes, et à leur silence croissant, les adolescents ont assumé une grande part des responsabilités. Cependant la pression des pairs à engager une vie sexuelle active tôt après la circoncision est énorme.

Mots-clés : circoncision masculine • comportement sexuel • transmission du VIH/sida • prévention.