LIVED EXPERIENCES OF MEN WHO UNDERWENT SAFE MALE MEDICAL CIRCUMCISION FOR HIV PREVENTION IN RAKAI DISTRICT, UGANDA

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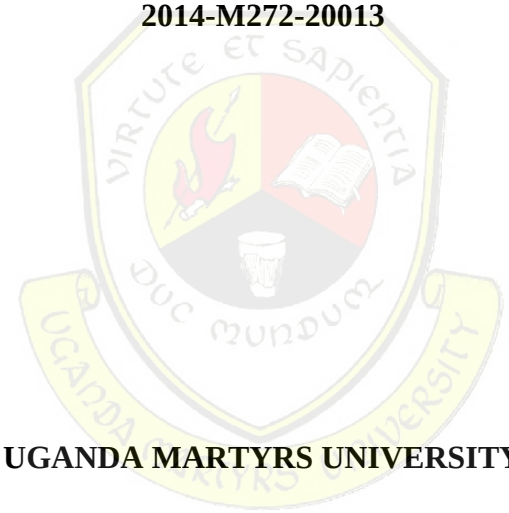

UGANDA MARTYRS UNIVERSITY

AUGUST, 2016

LIVED EXPERIENCES OF MEN WHO UNDERWENT SAFE MALE MEDICAL CIRCUMCISION FOR HIV PREVENTION IN RAKAI DISTRICT, UGANDA

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Dedication

To my wife Cissy Lillian, who has enriched my life in indescribable ways and to my children, Emily Priscilla and Edgar Paul. Your unwavering love, support, and encouragement kept me going on those days when I could not see the light at the end of the tunnel. Thank you for all you have done to help me accomplish my goal!

To the 13 circumcised men who gave freely of their time to help me with this project. Your strength moves me, and I have no doubt that the world will be a better place with your children leading us into the future.

ABBREVIATIONS AND ACCRONYMS

HCT:	HIV counseling and testing
MC	Male Circumcision
RHSP	Rakai Health Sciences Program
M.o.H	Ministry of Health
SMC	Safe Male Circumcision
UNAIDS	Joint United Nations Programme on HIV/ Acquired Immune Deficiency Syndrome
WHO	World Health organization
MMC	Male Medical Circumcision
MOVE	Models for Optimizing Volumes and efficiency of SMC

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ABSTRACT

Introduction: This qualitative study examined the lived experiences of men who underwent male circumcision in Rakai district, traditionally non circumcising region. Male circumcision is scientifically proven bio-medical intervention that reduces the risk of HIV among HIV negative men. Although there is much in the literature written about medical male circumcision, there is very little information about experiences as lived by humans who have been circumcised.

Objectives: The main objective of the study was to explore the lived experiences of men who underwent male circumcision as HIV prevention, in Rakai. Explore how circumcised men deal with societal interpretation of their new status, exploring the facilitators and barriers to positive perceptions of MMC and how lived experienced of circumcised men can modify health education messages and practices.

Methodology: In-depth face to face interviews were held with 13 circumcised men, these men were purposively selected by the researcher to share their lived experiences about male circumcision. Hermeneutic phenomenology was used as the philosophical underpinning to describe, and interpret common elements, themes, or partners of lived experiences of circumcised men. Audio recorded interviews were transcribed verbatim and analyzed thematically; significant statements were gathered and clustered into and analyzed according to the research objectives.

Results: The phenomenon of being circumcised emerged as experiences of: Study indicated that circumcised men, experienced hesitancy to circumcise due to fear of pain, fear of shames ,fear of the procedure and misconceptions, concern for safety, under the hands of an experienced service provider, experienced public image, patience and tough times during the health period.

Recommendations: The implementing partners should make use of the satisfied user to demystify rumors, myths and misconception about male circumcision. They will be able to share their experiences as lived, hence increasing the service uptake. Small group targeted meeting should be held among married uncircumcised men together with their spouses so that they get to know the basics of male circumcision, how the procedure is done and how to care for the wound.

Conclusion: The men were able to share their experiences of circumcising in traditionally non circumcising region such as Rakai district, how they handled the societal interpretation of their new status and the facilitators and barriers to positive perceptions. Hermeneutic phenomenology has enabled the researcher to gather a rich description of the circumcised men in Rakai and also a deep understanding of how people experience male circumcision.

CHAPTER ONE: EVOLUTION OF THE STUDY

1.0 Introduction

Voluntary medical male circumcision (VMMC) is an evidence-based biomedical HIV intervention that was recommended by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for prevention of HIV-1 infections among heterosexual men (WHO/UNAIDS, 2007; Mavhu et al, (2012). Research findings from the three Randomized clinical trials, conducted in sub-Saharan Africa; South Africa (Auvert et al, (2005); Uganda (Gray et al, 2007); and Kenya (Bailey et al,2007), showed that medical male circumcision protects against HIV acquisition among HIV negative men by about 60%, as well as reducing the incidence of various sexually transmitted infections (STIs), such as genital ulcers, human papilloma virus (HPV), and Chlamydia in female partners of infected men.

Male circumcision (from Latin circumcidere, meaning "to cut around", (Lissauer and Clayden, 2011) is the surgical removal of the foreskin (prepuce) from the human penis (Rudolph et al 2011: Sawyer, 2011). Male circumcision is the surgical removal of the intact foreskin of the human penis. Male circumcision (MC) is one of the most common surgical procedures all over the world, it is conducted for various reasons such as religious, cultural, social, and medical (MoH, 2010). Evidence supports that male circumcision reduces the risk of HIV infection among heterosexual men in sub-Saharan Africa (Siegfried et al, 2009: WHO and UNAIDS, 2007).

Based on this evidence, WHO/UNAIDS (2007), recommendation for scale-up of male circumcision in countries with high HIV prevalence and low prevalence of male circumcision, including all of the countries in Southern Africa, set a target of circumcising 80 percent of all

uncircumcised adult men by the year 2015 (de Bruyn et al, 2010). It was projected that achieving this goal would avert one in five new HIV infections by the year 2025 (de Bruyn et al, 2010). Further still, in 2010, WHO released "Considerations for Implementing Models for Optimizing the Volume and Efficiency for Male Circumcision Services" (MOVE) that laid out a framework to standardize a temporary or mobile surgical model that could be applied to male circumcision services (UNAIDS, 2013). Following the implementation of MOVE strategies, the global Male Circumcision prevalence in the year 2011, was estimated to be 37–40 % (Waskett, 2011). According to the World Health Organization (WHO) over the past years an estimated 5.8 million men and boys in the 14 priority African countries chose medical male circumcision for HIV prevention (WHO, 2014).

In 2011, UNAIDS, the World Health Organization, US President's Emergency Plan For AIDs Relief (PEPFAR), World Bank, Bill and Melinda Gates Foundation and other global partners launched an action framework to help scale up voluntary Medical Male Circumcision for HIV prevention in Eastern and Southern Africa. This framework supported national efforts to increase acceptance and availability of the circumcision procedure (WHO et al, 2011).

Currently, the majority of the circumcisions conducted continues to be performed using donor funding, and at donor operated MOVE sites. For example, during October 2009–September 2012, a total of 1,924,792 male circumcisions were performed in fourteen countries using PEPFAR funding provided through U.S. Government agencies. Of this total, 1,020,424 were conducted at approximately 1,600 U.S. government-supported sites (United States Centers for Disease Control, 2012). These temporary tent structures can easily be assembled and disassembled and moved to different locations. The MOVE model typically uses one doctor or

surgical staff along with four supporting staff. It is estimated that eighty male circumcisions can be performed per team per day using the MOVE model (Edgil, 2011).

Despite the significant investment in resources, progress in implementing the scale-up of male circumcision has been slow until very recently. As of December 2013, about 5.82 million African men in the designated priority countries had been circumcised. This figure constitutes around 27 percent of the goal to circumcise 20.3 million African men by 2015 (WHO, 2014). The 14 priority countries, that were found to be having high rates of heterosexual HIV transmission and historically low levels of male circumcision coverage (nationally or sub-nationally) are: Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe (WHO, 2014). These countries are targeted for wider scale up of circumcision services.

In Uganda, the current National HIV prevention strategy (2011-2015) proposed to adopt the term Safe Male Circumcision (SMC) to increase male circumcision rates to 80% by 2016 through conduction of 4.2 million safe male circumcision operations (Uganda AIDS Commission, 2011) . In an attempt to scale up SMC services, various strategies across the country have been put in place by the Ugandan Ministry of Health. Such strategies include; putting more focus on the establishment of high –volume SMC demand sites, integrating Safe Male Circumcision into the existing health services and demand creation through mass media and social mobilization (Ministry of Health of Uganda, 2012). Circumcising 80% men could help Uganda to reduce over one million new HIV infections by 2015 (Hankins et al 2011).

The goal of Uganda's SMC policy is to contribute to the reduction of HIV and other STIs through scaling up cost free and safe male circumcision among males aged 15-49 years (MOH

and ICF, 2010). The target population for this policy is all males including neonates whose parents and guardians consent to the procedure (MOH and ICF, 2010).

The draft policy on male circumcision in Uganda aims at sensitizing young men about the extent to which male circumcision can prevent HIV infection and its association with other health benefits including: reduced risks of acquisition and spread of other sexually transmitted infections (STIs), improved genital hygiene as well as prevention of penile cancer among men and cervical cancer among women (Government of Uganda MOH, 2010).

Safe male circumcision in Luganda is termed as *'okukomola'* and is being rolled out in Rakai district, a non-traditionally circumcising region, as an HIV prevention strategy. Traditionally male circumcision in Rakai was carried out mostly for religious rituals. Gray et al, (2000), observed that the reasons as to why men in Rakai district opted for male circumcision were traditional/religious (87.0%), health (11.0%), or other reasons (2.0%). Therefore, majority of men may think that it is against their religious beliefs to take on the procedure or feel that they are not at any risk of acquiring HIV. Similarly Male circumcision has been referred to as '*okukomola*' (to trim), or '*okutayirira/okusiramula*' (Islamizing people) by majority of the community members, a strongly perceived bias being attached to the procedure. Boyle (2000) as cited by Morris and Krieger (2015) also refers to male circumcision as 'amputation', an emotive term applied to removal of a body limb, digit or the entire penis (Morris and Krieger 2015).

There is a concern , however that for some men, male circumcision might increase the risk of HIV acquisition during the post–operative period if sexual intercourse is resumed before complete wound healing. In all the three clinical trials early sex resumption was reported more

often among men who were married or living as married. Early sex resumption was reported by 3.9% of the participants, 5.4% in Rakai and 22.5% in Orange Farm (South Africa). For the HIV positive circumcised men, 66 (15.7%) reported that they had resumed sex before the wound was certified as healed. Whereas among HIV negative circumcised men 250 (10.7%) reported resumption of sex before certification of complete wound healing. Further still, it was observed that, 45.2% HIV positive reported inconsistent condom use compared with 37.0% of HIV negative men (Supriya et al, 2009). Therefore, this study was designed to find out how, among others, the participants managed the sexual urge, abstained from sex (controlled pressure from sex from their sexual partners) during the healing period, the belief that circumcised men have an insatiable sexual urge and how they coped with all these influences.

This phenomenological study would help the researcher to find out whether these beliefs, practices, biases, perceptions were experienced by men who received circumcision in Rakai District. The researcher also explored how the circumcised men managed the stigma about male circumcision, the public image of being circumcised in non-traditionally circumcising region, and all other forms of biases. It's also not known whether they experienced pain during the procedure? How the circumcised men managed to let their partners/spouses know of their intentions to circumcise? Whether they actually informed spouses about their intention to circumcise? Did the partners approve? Did the partners accompany them to the SMC facility? How they managed to convince their partners to be patient until complete wound healing? How they managed to satisfy the sexual needs of their partners during the healing period? Whether the men felt sexual urge during the healing process/period? If so, how did they manage to control their sexual urge until complete wound healing? Did they feel ashamed or out of place or feel

stigma about not being satisfied sexually? Did they actually experience it? The study also included men who were circumcised starting on day three and above.

The way individuals perceive or attach meaning to medical male circumcision as an HIV prevention strategy is particularly intricate. Male Circumcision in Uganda serves various functions such as cultural, religious and medical significance for male individuals who undergo this procedure as well as their communities at large. It is therefore, conceivable that the meaning-making of male circumcision will be different to its meaning-making in the context of medicalised HIV prevention for adult men in Rakai District, where circumcision is not traditionally carried out.

By understanding the perception attached to individuals' meaning-making of HIV preventive safe male circumcision, we can better understand, predict and guide public health responses to the decisions that individuals will make with regard to the uptake of this HIV prevention intervention in Rakai district.

1.1 Background

Rakai district is located in South Western part of Uganda where SMC rollout started in 2009 immediately after randomized clinical trials (RCTs) showed that MMC is protective against the risk of HIV acquisition among HIV negative men. Rakai district offers SMC services at satellite clinics (district health facilities) and occasionally the SMC services are taken nearer to the community through clinical outreach services that are always held at various communities. Most of the private providers do not provide SMC. There is no charge at the point of MMC service to the clients courtesy of funding from the Presidential Emergency Plan For AIDS Relief (PEPFAR) through Rakai Health Sciences Program (RHSP). Since not every health unit provides

Safe Male Circumcision at no charge at the point of service, this makes it harder for the clients to access the services due to cost implications and long distances to circumcision centers.

Rakai district has a population of approximately 518,008 people **(**253,054 males and 264954 females), the majority, 293710 (56.7%) are below the age of 18 years (UBOS, 2014). Rakai has an HIV prevalence of 12.3% among adults aged 15-49, and an SMC prevalence rate of about 60 % including Muslims (current RHSP unpublished data 2015). All males 10 years and above in Rakai and neighboring districts are encouraged to receive cost free SMC for HIV prevention and for other reasons and, the SMC uptake is seen to be increasing. The Rakai Health sciences Program has been monitoring uptake of SMC through the Rakai Community cohort study (RCCS) surveys, and during the survey interviews, male participants are asked whether they are circumcised or not. Uncircumcised men are given messages about SMC benefits and participants who pick interest in circumcision are given referral chits and referred to the circumcision clinics later on.

Unpublished data from Rakai Health Sciences program, 2015 shows that close to 60% of men within Rakai District are circumcised. Furthermore, Uganda Bureau of Statistics (UBOS) and ICF International Inc., 2012, states that 27 % men aged 15-49 years are circumcised nationally, and men residing in urban areas are more likely to be circumcised than men in rural areas (40% versus 23% respectively). Male circumcision is seen to be most prevalent among men living in the East Central region (42%) and in Kampala (41 %) respectively, and least practiced among men living in the North region (4 %). The proportion of circumcised men is highest among Muslims (94 percent) and men from the Basoga ethnicity (49 percent) compared with men from

other religions and ethnic backgrounds. The youth (aged 15 -24 years) comprised of 28.2% of circumcised men. Although there is sufficient strong epidemiological evidence suggesting that male circumcision has a significant role in reducing HIV transmission from females to males, the prevalence of safe male circumcision in the rural settings of Uganda still remains low yet the biggest target for SMC reside in rural areas (UBOS and ICF, 2012).

According to Uganda AIDS Indicator Survey, (UAIS, 2011), it was observed that about one in four (26%) men aged 15-49 in Uganda is circumcised (MOH and ICF, 2012*)*. The uptake of Circumcision service varies considerably by ethnic background, for example 2% of Langi and Acholi men are circumcised, compared with 81% of Bagisu or Sabiny men. Men living in the wealthiest households are twice as likely as men living in the poorest households to be circumcised (35% and 17%, respectively), (MOH and ICF, 2012).

Given the findings from previous studies, members of immediate families have a significant influence on a young man's decision to be circumcised since young boys are largely still in the care of parents or guardians. Siblings too, especially brothers, share experiences and often views about the importance of VMMC (Gavin et al, 2014). Increased coverage of circumcision is likely to result in increased levels of positive peer pressure and support for uncircumcised men. Considering that it is a safe procedure and the experiences of men before and after the circumcision procedure if well known may help to encourage uncircumcised men to partake the service. Thus, as coverage in communities increase, so are expectations, stigma and uncertainty about SMC likely to change. This can have both positive and negative implications for the effectiveness and success of uptake or scale-up (Gavin et al, 2014).

On the one hand, there is concern about the risk compensation of MC. The protection that MC affords may be partially offset by increased risk of contracting HIV in response to perceived behavioral changes, more especially if there is a reduction in condom use, or an increase in numbers of sexual partners (Pinkerton, 2001). This was observed in the Kenya trial, whereby circumcised men reported more risky behaviors at 24 months, and also in the South African study , whereby circumcised men had more sexual contacts than uncircumcised men starting from month 4 through to month 21 of the follow-up (Auvert et al, 2005: Bailey et al, 2006). Contrary, in the Uganda trial at 24 months no risk behavior differences were observed between study arms (Gray et al, 2007). Behavioral dis-inhibition among circumcised men is presumed to rise if the right information about other HIV prevention interventions is not addressed (Kigozi et al 2008). Similarly, Hellsten as cited by Harrous (2011) observed that men could forfeit additional HIV prevention methods such as condom use or partner reduction on account of false perception held over the protective benefits of Medical Male Circumcision.

Furthermore Herman-Roloff et al, (2011), observed that some men are motivated to seek MC services because they want to have sex without a condom and/ or increase the number of sexual partners. However it is worth noting that SMC offers only partial protection to HIV/AIDS. This therefore necessitates the use of other HIV prevention methods in combination with safe male circumcision (Kigozi et al, 2008). Therefore, it remains useful to continue creating awareness and disseminating SMC message to the potential participants that MC offers partial protection against HIV acquisition, hence a need to use other protective measures.

1.2. Investigating lived experiences of circumcised men

According to van Manen (1990), lived experience can never be grasped in its immediate manifestation, but only studying past experiences in the present. In this study, I invited circumcised men to recall their memories of what it is like to be circumcised for HIV prevention in traditionally non circumcising region like Rakai and to share those memories with me through memory recorded interviews and texts. Any study of lived experience or research motivated by a phenomenological question is, in effect, an exploration of a small part of the shared life-world.

According to Van Manen (1990), the four aspects of 'lived experience' that are of interest to phenomenologist are; lived space (spatiality), lived body (corporeality), lived time (temporality), lived human relations (relationality). Exploring lived experiences of circumcised men requires techniques that combine elements of studying both object and subject at the same time. One of these techniques is to understand life-world experience as being described along four dimensions. All the four life worlds are widely used in the understanding of lived phenomenon as a whole. They are a part of the way a phenomenon is lived by an individual or how it is occupied by an individual. As a result these dimensions are classified as “lived space,” “lived time,” “lived body” and “lived relation.” (Van Manen, 2002).

Lived space, this is the way that an environment is lived in or experienced by an individual: as warm and inviting, as conveniently nearby or unreachably distant (Manen, 2002: Kelly and Krumwiede2012). The space in which we find ourselves affects the way we feel, the way we perceive issues and the way we draw meaning (Manen, 2002).

Lived time; this reflects the past present and how the phenomenon will be lived in the future. But it is the experience as we perceive it to be. It can be so interesting or boring. Lived time

depends on what we what to achieve, and when we want to achieve it" (Manen, 2002: Kelly and Krumwiede, 2012).

Lived body this refers to the experience of our own bodies and those of others. Of course, this experience can be sexual or erotic in character; this reflects the appearances of our bodies in relation to those of other (Manen, 2002).

Lived relation refers to the everyday experience, feelings, behaviors and attitudes of other people, as triggered by a phenomenon under study. (Manen, 2002: Kelly and Krumwiede, 2012).

Magrini (2012) states that phenomenology is a philosophical "method/practice" of observing, Phenomenology seeks to provide a detailed description of what is hidden and find out what is not known.. Phenomenology differs from natural sciences, which avoid including human experiences into their investigations (Alvessen & Skoldberg, 2000: Smith, 2011). Phenomenology opposes the purely scientific approach to research and, views scientific approaches as methods that cannot explore the lived realities of individual maintaining scientific methods, leaving behind mere abstract formal structures, coming up with something impossible (Alvesson & Skoldberg, 2000). In contrast phenomenology seeks to understand how individuals experience a given phenomenon, what it is like to feel a certain experience. This shift away from the natural scientific approach that emphasizes the understanding of phenomena as we encounter them in this world, our lived experiences of a phenomenon as integral , elements of a changing situation (Vandermause, 2005).

Since lived experiences of circumcised men is a new phenomenon and has not been researched much in SMC health circles, it is necessary to begin by using a phenomenology approach. Using this method will allow the researcher to understand the meaning of men's experiences and allow

researchers to suggest service enhancements or developments and inform public health campaigns that are aimed at stemming the spread of HIV/AIDS. This study therefore, is aimed at filling the knowledge gap regarding experiences of circumcised men in a community that, generally, does not circumcise. The analysis is focused on the lived experiences of circumcised men in Rakai district. The study will be carried out in Rakai district because medical male circumcision has been carried out in Rakai since 2004 until now, Rakia has high documented HIV prevalence, anon circumcising community, safe services have been provided by experienced staff large number of men have been circumcised and it is believed they have shared experiences amongst themselves.

1.3 Statement of Problem

HIV/AIDS is still a global, regional and national public health problem, and worse in the developing countries such as Uganda. In Uganda, Rakai district is one of the areas where the first HIV/AIDs case was first reported in the early 1980s. There after various interventions have been proven to curb the devastating epidemic of HIV worldwide. These intervention programs within the region are the oldest and a lot of lessons have been learnt, some have been scaled up regionally, nationally and globally. One of such lessons is the effectiveness of safe male circumcision in the prevention of HIV risk. Rakai district being traditionally non circumcising community due to religion and culture, men receiving safe medical male circumcision as an HIV prevention intervention may experience negative biases, perceptions against male circumcision.

Therefore, males opting for safe male circumcision are at a risk of being subjected to stigma and disrespect based on such biases. Understanding these biases could help in designing suitable

education messages and programs that can be used to mobilize more males for circumcision intervention thus ultimately improving their safety from HIV. The lived experiences help to learn the consumer's perspective under such circumstances, and the data to be gathered in this study may help leaders with information relating how they may mitigate or address factors that influence the negative biases about safe male circumcision. These factors have yet to be systematically identified, and described through answering the following questions

1.4 Research question

What are lived experiences of men receiving male circumcision for HIV prevention in Rakai District traditionally non circumcising region?

How do circumcised men deal with societal interpretations of their new status in Rakai district traditionally non circumcising region?

What are the facilitators and barriers to positive perceptions of MMC among medically circumcised men for HIV prevention in Rakai district?

How do lessons learnt from lived experiences of men who received Male circumcision for HIV prevention modify circumcision health promotion messages and practices in Rakai District?

This study will attempt to understand the lived experiences of men who were exposed to the core phenomenon of receiving safe male circumcision as an HIV prevention method in Rakai district. Specifically, the study will try to find out men's perception about SMC by employing the hermeneutic phenomenological process as explained below.

1.5. Philosophical background : Phenomenology

Phenomenology is concerned with the world as it presents its self to us and always seeks to fully understand the lived experiences of individuals, communities and their intentions within their life world (Smith, 2011; Creswell, 2008). Phenomenological research usually 'borrows" other people's experiences in order to better be able to come to an understanding of deeper meaning or significance of an aspect of human experience, in the context of the whole human experience" (Manen, 1990)

2.5.1. Descriptive phenomenology

Phenomenology is seen as the best method to study how the phenomenon is experienced by human beings (Arfkan, 2006). Husserl, a transcendental phenomenologist sees each individual as existing in a life-world where there are no theoretical perceptions or scientific signs (Arfken, 2006: Vandermause 2005). Husserl puts more focus on the experiences of happenings, events and occurrences through consciousness, where individuals in their life-world are free to engage in activities, enjoy their everyday lives and socialize with other individuals (Reber 1998). According to All Vandermause (2005) it is observed that in order to understand the meaning attached to the lived phenomenon, we need to put aside our presuppositions, opinions and judgment. The researchers should not use their pre-understanding when attaching meaning to a phenomenon that is lived by individuals even if they are scientifically sound.

Husserl's methodology aims at enabling us perceive things as they appear to us ,and to set aside or bracket ,the presuppositions or assumption and biases that we may already have about a given phenomenon (Willy, 2001). Furthermore, Willy (2001) observes that according to Husserl, someone to fully understand the life-world, the researcher must not only let go all the existing

knowledge, but must also reject any assumptions about the life-world. For Husserl, this phenomenological reduction allows the researcher to bring together the organization of what we take for granted in our everyday practical experiences (Arfken, 2006). However, some theorists see Husserl's methodology as a continuation of the already available scientific methods, this lead to the birth of interpretive phenomenology (Hermeneutic phenomenology) (Vandermause, 2005).

1.5.1. Interpretive phenomenology (Hermeneutics)

Hermeneutics aims to discover reality meaning and to achieve understanding of a lived phenomenon; it also aims to make sense of that which is not yet understood, and to provide a rich description of the meaning that individuals attach to their lived world of experience within a given environment. Phenomenology becomes hermeneutic when it is used in an interpretive, to understand what is not understood, rather than a purely descriptive manner (Moules, 2002: Rapport, 2005). Rapport 2005 describes lived experiences as an individual's daily behaviors, meanings, accompanying thoughts and feelings originating from interaction with their environment. Furthermore, Dreyful (as cited by Rapport, 2005), suggests that lived experiences surrounds an environment of life of an individual and forms the deeper story of that life. The meaning a person gives to his life world explains how the life has been lived, is being lived and will be lived in the future.

Burch (2002) feels that lived experiences originate in closeness or nearness to others and that through reflection on these experiences the individual generates or constructs meaning to it. It is not correct to say that lived experience is an individual's direct experience of a given phenomenon; rather, the individual is also his own lived experience. Based on the above

discussion, it's clearly explained that an individual's perspective or perception of lived phenomenon plays a vital role in hermeneutics.

Including an individual's perspective helped help the researcher to interpret the phenomenon under study in comprehensive manner, consequently producing a rich insightful account of the lived experiences of men who were circumcised for HIV prevention in traditionally non circumcising region, rather than just providing a descriptive and accurate analysis (Heni and Austin, 2001)

Within the hermeneutic circles, part of the conversation is understood from the whole, and the whole is understood from the parts (Alvessen and Skoldberg, 2000). Hermeneutic circle also works inside out, and includes the interpretations of other readers as they read the text and make their own contributions based on their belief, assumptions and personal values (Convoy, 2003). Furthermore, during this hermeneutics the researcher put himself in the participants' shoes, so as to understand the meaning attached to circumcision by men who were circumcised and these meanings emerged out clearly (Alvesson and Skoldberg, 2000). The above discussion demonstrates that hermeneutics does not see the truth as an objective reality; rather value and experiences of the researcher play a very important role in interpreting the lived experiences of the research participants under study (Addison, 1992).

1.5.3. Martin Heidegger's Hermeneutics

Heidegger's philosophical hermeneutics was used to form the foundation for data collection and data analysis in this study. Martin Heidegger (1889-1976), a student of Edmund Husserl, argued that all description is ultimately interpretation (Klaich, 1996). Heidegger extended and revised Husserl's ideas. This revision led to a major shift from Husserlian transcendental (descriptive)

phenomenology to philosophical hermeneutics (experiences), commonly known as the 'Heideggerian turn' (Vandermause, 2005). There are several differences between the two approaches. First, Husserl put more focus on description of the phenomenon (questions of knowing) while Heidegger focuses on questions of experiencing the phenomenon, (explaining the how rather than the why)" (Vandermause, 2005,). Second, Heidegger prefers studying the subject and object concurrently and opposes Husserl's transcendental concept of bracketing the researcher putting aside pre-understanding and opinions about a phenomenon) According to Heidegger, subjectivity and objectivity cannot be studied separately as human experience is already in the world and thus inseparable from the world. (Alvesson & Sköldberg, 2000; Rapport, 2005).

Heidegger suggests that the hermeneutic method is the most suitable way to study human beings and human behavior. The individual and his lived experience in his life-world, as well as the relation the individual has to this world and experience, need to be studied because this is a pre-condition for understanding lived phenomenon in detail (Laverty, 2003). He states that our understanding is constantly changing and that it is our pre-understandings that guide our behaviour (Klaich, 1996). Life is forever changing, revealing and concealing – Heidegger did not believe in the putting aside of researcher's pre understanding of a given phenomenon under study (Vandermause, 2005). Instead, individuals are seen as meaning making (interpretive), relational and meaning-seeking beings that are intertwined within the world they live in. Individuals are in constant interaction with each other through language, behavior, practice and culture (Laverty, 2003). Ultimately the focus of hermeneutic inquiry is on what individuals experience rather than on what they consciously know about the phenomenon (Lopez and Willis, 2004).

Laverty (2003), further notes that Heidegger places emphasis on ‘situated freedom’. This means that individuals’ subjectivity is closely linked to their social, political and cultural aspects of life. This situated freedom allows the individual to make choices freely but with the awareness that these choices are limited by the specific conditions he lives in. Laverty (2003) further notes that Heidegger’s concept of situated freedom is in direct opposition to Husserl’s concept of ‘radical autonomy’, which provides descriptive categories of the real world as found in the narratives of the participants. Laverty (2003) further still suggests that a hermeneutic phenomenologist should focus on the meaning individuals attach to their being-in-the-world and how this influences the choices they make.

According to Heidegger, providing a description of what an individual subjectively experiences is not sufficient. It is important to allow the person to tell his/her story as it is experienced in order to interpret what she or/he experiences in everyday life (Klaich, 1996). It is through sharing our stories of our lived experiences that we communicate our pre-understandings to others about a phenomenon (Wray, as cited in Klaich, 1996). Heidegger states that it is not possible for an individual to put his preconception, emotions and ideas aside in order to study a given phenomena. Therefore, Heidegger states that the meanings of the researcher and participants are always necessary to be merged in order to interpret a given phenomenon (Laverty, 2003). Individuals are inseparable from their life-world and therefore all actions in this life-world need to be interpreted.

Use of the hermeneutic methodology therefore enabled the researcher to generate new understandings through rigorous thinking, which in the end allowed data or specifics as well as new possibilities to rise to the surface or to be known about medical male circumcision in traditionally non circumcising region. Within this framework a researcher remained constantly

aware of known and unknown influences on thinking and understanding about male circumcision, as well as remaining aware that the self cannot be separated from these influences (Klaich, 1996).

1.5.4. Conclusion

Distinguishing between Husserl's transcendental phenomenology and Heidegger's philosophical hermeneutics has important implications for methodological application. Husserl's putting aside the pre-understanding (bracketing) and what is known about male circumcision (epistemological approach) to human experience assumes that a researcher must put aside all presuppositions, ideas, attitudes and biases in order to study phenomena (Giorgi, 2007: Vandermause, 2005). Heidegger, on the other hand, sees all these processes as being part of a misunderstood whole. It is thus clear that the way researchers approach, engage in, and interpret the phenomenon depends upon which tradition, Husserl's knowing or the Heideggerian experiencing provides the influence" (Vandermause, 2005). This study was aimed to discover and obtain an in-depth narrative of the lived experience of men who received male medical circumcision as HIV prevention intervention in Rakai District. It also sought to understand what it means for a circumcised man to be in this experience. It sought to understand the how rather than the why of this phenomenon. Thus, working within the Heideggerian hermeneutic framework provided the best approach to addressing the research question of what are lived experiences of men who underwent male circumcision for HIV prevention in Rakai district.

1.6 Conceptual model

A conceptual model for the study is designed from the general thematic assumptions in the literature review and the purpose of the study. A conceptual framework guided the research by providing a visual representation of theoretical constructs (and variables) of interest in the

circumcision phenomenon (Creswell, 1994). The model depicted the patterns and timing from what is known about circumcised men on Safe Male Circumcision as an HIV prevention intervention. During data collection the researcher grouped the research questions according to the circumcision timing so as to prevent the researcher from straying away from the intended purpose of the study (Giorgi, 2007). Since little was known about lived experiences of circumcised men in a non-circumcising region, the model also acted as a deterrent from collecting data that might have been useless in understanding the phenomenon under study. The model was referred to frequently to remind the researcher that the heart/core of the study were men who were circumcised for HIV prevention and living in Kyotera Health Sub district, Rakai district.

The timings related to the phenomenon under study are experiences before, after and during male circumcision. These were influenced by behaviors, feelings, perceptions, barriers and facilitators to positive perceptions of safe male circumcision of circumcised men; these are believed to be factors associated with the men's lived experiences and SMC as an HIV prevention strategy. Identifying the themes would bracket the research to provide a focus for the research questions. Through grouping the focus of the research, the data obtained was related to the research question and topic of the study. The model served as a starting point for studying the phenomenon and there after establish boundaries for the research process.

The conceptual modal that guided the researcher

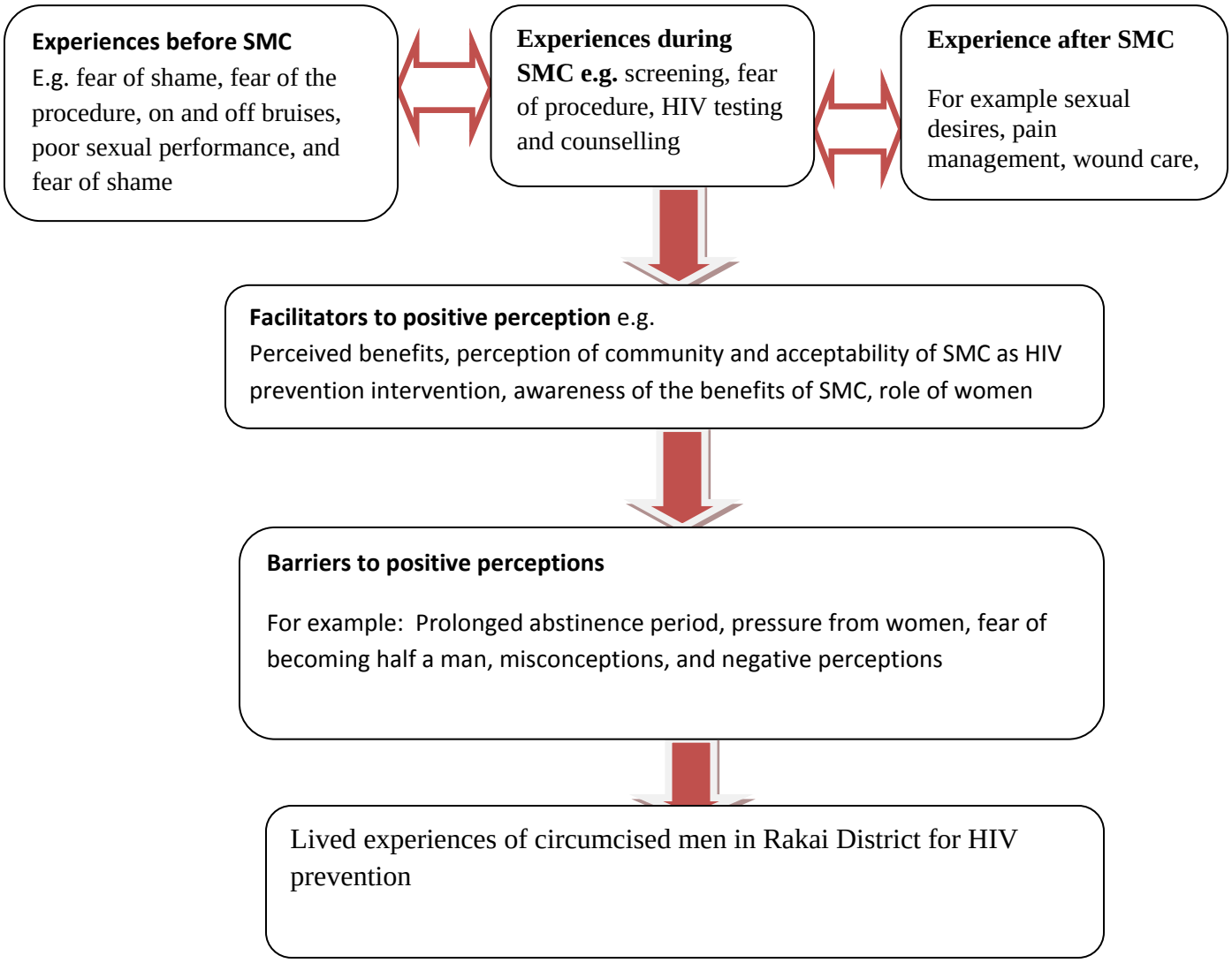

Figure.1. is a graphic representation of the model.

While there have been a number of feasibility studies regarding the roll-out and effectiveness of male circumcision as an intervention of HIV prevention (Auvert et al., 2005; Auvert, et al., 2008), there is limited or scanty information that identifies and understands how individuals make meanings of Safe Male Circumcision. This model helped the researcher to generate detailed understanding of the lived experiences of men who underwent male medical

circumcision in Rakai district for HIV prevention. This current study sought to address this important omission through the following aim, goal and objectives

1.6. Goal

The goal of the study was to provide a qualitative examination of the lived experiences of men who received medical male circumcision for HIV prevention in Rakai district, and to accurately describe and capture the phenomenon in order to develop a deeper understanding and description of what it is like to be circumcised as they naturally presented themselves in the interviewing process.

1.7. Aim

This study was to explore and describe the lived experiences, of medically circumcised men for HIV prevention and, how the lessons learnt from their lived experiences that can modify health promotion messages and practices on HIV in Rakai district

1.8. Specific objectives

To explore the lived experiences of men who received male circumcision as an HIV prevention strategy in Rakai District.

To explore how circumcised men in Rakai deal with the societal interpretation of their new status.

To explore the facilitators and barriers to positive perceptions among men who received male circumcision as an HIV prevention intervention in Rakai district.

Explore how the lessons learnt from lived experiences of medically circumcised men can be used to modify health promotion messages and practices on HIV prevention in Rakai, district Uganda

1.9 Phenomenon of interest

The phenomenon that was explored is the experience of men who received medical male circumcision as HIV prevention in traditionally non-circumcising community. Since the creation of mankind, men have been circumcised for various reasons such as cultural, religious and or, for medical reasons such as HIV/STDs prevention among sexually active men. The sexual behaviors of men however have changed drastically in today's world where by the majority of men have multiple sexual partners, non consistent condom use, and insatiable sexual urge. The scientifically proven evidence that medical male circumcision offers partial (about 60%) protection to acquisition of HIV/AIDs among HIV negative men is being taken upon at a slow rate, not yet valued by society or culture or given meaning as HIV prevention intervention . While as the uptake of Safe Male Circumcision is increasing, many men still decline to undertake the service which may expose them to a risk of contracting infections. In between these two ends of the scale of being circumcised or not is an ever growing group of sexually active men who receive medical male circumcision services from various service outlets.

Public health workers are in the better position to observe, describe, and understand the experience of circumcised men in the natural setting/ environment. These experiences of men who are circumcised medically for HIV prevention are significant human events worthy of description and interpretation. The articulation of these experiences and the concern by public health experts could contribute to public health science and practice.

1.10. Justification / Rationale of the study

There is limited qualitative research data about the experiences of circumcised men in Uganda and globally. The literature search revealed that there were limited studies about the lived experiences of men who received safe male circumcision as an HIV prevention strategy exist. It

may also be argued that health professionals would not be able to support circumcised men properly until they understand the essence of their lived experience, and hence the need to conduct the study. Once we gain understanding, we would be able to better support the health needs of men who seek circumcision as an HIV prevention strategy. In addition, this research helped to explain observed SMC uptake patterns, and to recommend the design of suitable messages and other interventions to address the negative perceptions and experiences. Therefore exploring the issues surrounding experiences, practices and processes before and after men received SMC procedure for HIV prevention created knowledge and insights that would t be useful to public health care implementers in enhancing the HIV/AIDs prevention programs within the country.

The research objectives presented above were purely generated from the arguments presented in the following chapter, and were constructed so as to afford the researcher the opportunity to develop a theory that provided overarching descriptive answers by developing a conceptual theoretical account of the factors involved in individual meaning-making of medical male circumcision in Rakai district as part of a comprehensive HIV prevention strategy.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

Exploring the lived experiences of circumcised men was the major basis for this study. Various data bases such as project muse, lib-hub, pub Med, science direct, Google scholar, Dissertations and Thesis were used. Numerous Peer reviewed journals were consulted in order to source out articles related to SMC behaviors/experiences, attitudes, beliefs, practices and suggestions for improving scale up of safe male circumcision. Selected research studies relevant to people experiencing male circumcision were then reviewed to acknowledge that the gap occurred .There was limited information about the lived experiences of circumcised men and those that exist have different approaches other than phenomenology.

2.2. Experiences and perceptions of circumcised men.

The literature under this sub section that was reviewed according to three different timings: experience before male circumcision, experience during circumcision and experience after the procedure as explained below.

2.2.1. Experiences before and during Male circumcision

Uncircumcised men are more likely to be discriminated against than men who decide to receive male circumcision as an HIV prevention strategy. Uncircumcised men are considered as risky group or assumed as HIV infected and stereotypically labeled as HIV “walking bombs” by other circumcising tribes. Other traditionally circumcising communities might begin to judge non-traditionally circumcising communities as people who are already dead, only awaiting death announcement (Marera et al, 2015). It is not well known whether men are discriminated against

because of the medical male circumcision status in communities that scale up safe male medical circumcision for HIV prevention. This study will therefore, help to explore the biases that men who received male circumcision for HIV prevention in none traditionally circumcising community like Rakai district experience.

Similarly, Tarimo et al (2012) indicate that uncircumcised men are considered to be unclean, having retained powder (old dried seminal fluids) that may be transmitted to the female partner during sexual intercourse. Cleanliness and prevention of diseases are considered to be very important during sexual intercourse. Women tend to disrespect uncircumcised men more than their circumcised peers. During sexual intercourse the foreskin could interfere with penetrative sex, as the penis with a foreskin, feels like a sponge, but when circumcised, it is like the lips 'it's *hard'*, the uncircumcised penis interferes with *sexual* intercourse (Chanda et al, 2012). Comparatively, the circumcised penis does not retain the fluids after sexual intercourse. It looks clean and good in shape. This drove the researcher to explore more deeply men circumcised in Rakai experienced this phenomenon and how they managed such an experience.

However, in other studies, the foreskin is seen as a protection from injuries and insect bite. Being circumcised would make one vulnerable to such injuries as insect bites and numerous injuries (USAID, 2009). What is the perspective of circumcised men? What meaning do they construct out of medical male circumcision? How do they perceive their new status? Although men are interested in receiving male circumcision as an HIV prevention intervention, setbacks such as fear of pain, compulsory HIV testing before carrying out circumcision ,cost and being attended to by females health staff may prevent men from accessing the circumcision service always

prevent them from accessing the service (Skolnik et al, 2014). Similarly both circumcised and uncircumcised men have different experiences about medical male circumcision (Tarimo et al, 2012). According to the above finding, it is observed that the real lived experience of circumcised men before receiving the circumcision procedure was not well captured. Therefore there is a need to explore in depth the lived world of men who were circumcised within Rakai district.

The possibility of death from male circumcision is a very real possibility. This fear would dissuade uncircumcised men from undertaking the circumcision procedure. Draw backs related to fear of pain, death and to the healing process will also be a drawback of medical male circumcision uptake. People are afraid of the pain and the anticipated suffering after the procedure up to complete wound hearing. The way circumcised men walk, cannot allow them to wear underwear, and all this will make them forfeit circumcision (Marera et al, 2015**)**. It would be imperative to explore the lived world of men who experienced the phenomenon to better understand how they managed the process, what they went through and experienced.

However, in a study carried out in India among married women, it was observed that women were not willing to accept the practice of Male circumcision for their children due to the fear that pain was an experience that was not easily forgotten by people who had undergone the circumcision procedure. Due to the perceived pain women could not let children to undergo through the pain due to the fact that safe male circumcision is not yet a vaccine for HIV (Sahay et al, 2014). What is the experience of circumcised men regarding pain during the procedure?

Although men are naturally tolerant to the pain, this could scare the men from undertaking the cultural circumcision **(**Alfredo *et al,* 2009). This was women's experience about the perceived pain during the traditional male circumcision, but the circumcised men are so proud when discussing circumcision with women, that to endure the pain experienced during the procedure is seen as a proof of manhood (Alfredo et al, 2009). Then what is the experience of men in none traditionally circumcising community like Rakai, who received the service? How did they endure the circumcision procedure that was carried out under anesthesia? Fear of pain associated with the operation and local anesthesia, as well as fear of complications post circumcision. The lengthy healing and sexual abstinence period, and perceived costs are some of the biases surrounding circumcised men (Hatzold et al, 2014).

In the study carried out in Kenya to assess the perception of women about traditional male circumcision, women reported that uncircumcised men are suspicious of seeing their penis by women as they try to date them, that if the women identify their circumcision status, they would dislike the uncircumcised penis, disrespect them, and even disclose men's circumcision status to their fellow women within the community (Tarimo et al, 2012). What is it like in traditionally non circumcising community? Is circumcision taken as priority when dating a woman? Did men who received circumcision as a prevention intervention go through the same experience? And if so, how did they manage it?

2.2.2. Experiences after male circumcision.

Research literature by Skolnik et al, (2014), indicated that men experience pain from local anesthesia, having stitches removed, pain throughout the healing process, and fear of erections as a cause of pain in the weeks following circumcision. This experience may drive many more

potential eligible men from accessing the service. However, if strong pain killers are given during the circumcision procedure, the fears of pain would be reduced and more men could uptake the circumcision service as the fears will be dealt with (Alfredo *et al* 2009). Men are always give post-operative instructions and messages concerning wound care, sexual resumption and pain killers always given to relieve the pain, then if all these were done, what happened thereafter? What was the experience men circumcised in Rakai? How did they manage to go through the healing period?

Literature indicates that there is a concern about male circumcision increasing HIV infection risk during the immediate post-operative period if sexual intercourse is resumed before complete wound healing, HIV infection risk may be increased through local inflammations during healing process, compromised dermal integrity, or other mechanisms (Supriya et al, 2009). But is not well known whether men who were circumcised in Rakai tampered with the wound healing process and how their lived experience was.

Research confirms that Women perceive shame to be obvious, more especially among freshly circumcised men who instead of putting on a trouser, wrap a cloth around their waist or put on a skirt, and sometimes the circumcised men walk as if they have abscesses around the genital areas/private parts (Tarimo et al, 2012). How did circumcised men go through such an experience? Did they actually feel ashamed of circumcision? What biases did they experience during the healing process? Did they abide with the health workers' guideline? Research findings by Riess et al (2014) indicate that 77% of the women interviewed preferred having sexual intercourse with circumcised men, 17% had no circumcision preference for their sexual partners

and only 6% reported preference for uncircumcised men. The reasons for their preference ranged from Hygiene, taking long to ejaculate, and partial protection from HIV/STDs.

The Ugandan survey by Kibira et al (2014), found out that men who were circumcised had higher odds of engaging in non-marital sex (AOR =1.26, 95% C: 1.05-1.67) and reporting more multiple lifetime partners (AOR=1.46, 95% CI: 1.27-1.67) compared to uncircumcised men. However, women experience extra sexual pleasure with circumcised men than with uncircumcised ones. Some women reiterated that they always feel very good having sexual intercourse with men who are circumcised than having sexual intercourse with the uncircumcised men (Tarimo et al, 2012). The views given by the study participants were women's belief and ideas about male circumcision no men's views; therefore, there is a need to explore essence attached to male medical circumcision by men who received male circumcision as an HIV prevention intervention in a non traditionally circumcision community.

Research findings from the pooled analysis of the three clinical trials that were conducted in Africa, early sex was reported by 3.9% of all participants in Kisumu, 5.4% in Rakai and 22.5%in Orange Farm, HIV infection risk during the immediate post operative period, if sexual intercourse is resumed before full wound healing (Supriya et al, 2009). Early sex was reported more often among men who were married, and among men with more sex partners in the past 12 months (Supriya et al, 2009). It would be better to hear men's voice and experience about early sexual resumptions despite the fact that right messages on wound care and sexual resumption are always given to men opting for Medical male circumcision for HIV prevention, resumption of intercourse prior to complete healing may increase the risk of HIV transmission to women

making it imperative that circumcised men and their female partners be clearly instructed to abstain from intercourse until wound is healed (Wawer, et al, 2009).

2.2.3 How circumcised men deal with societal interpretation of their new status

While circumcision is offered as an HIV prevention intervention, Men who have been circumcised may wrongly assume that the circumcision procedure offers them complete immunity from HIV. Therefore, they will be more prone to having unprotected sex and thus increase the incidence of HIV (Nicholus et al, 2011). This false sense of security ,about being protected or immune from HIV in turn ,could undermine the current and effective abstinence ,being faithful and condom use, ABC campaign (Kalichman et al, 2007: Myers and Myers 2007). Majority of the participants were arguing that after medical circumcision, people will indulge in unprotected sex or have multiple partners (Mateveke et al, 2012**)**. Hence this calls for a need to explore the experiences of circumcised men and how they managed to overcome such challenges.

In the Kenyan study from Nyanza (Westercamp et al, 2014), researchers followed participants at 6, 12, 18 and 24 months after MMC, and found that risky behaviors were reduced among both circumcised and uncircumcised men. Sexual activity was high among young men (aged 18-24 years). Reporting condom use at the last sexual intercourse increased for men in the intervention and the control group, with more increase among the circumcised. The study showed that there was no suggestion of risk compensation among circumcised men. The above-mentioned studies found no evidence of behavioral risk compensation among medically circumcised men.

Men's circumcision status can influence their sexual behavior for example if circumcised men behave sexually differently from non-circumcised men. Circumcised men tend to engage in risky sexual behaviors, including but not limited to engaging in risky sex, concurrent partners, non

condom use during high-risk sex, transactional sex, age at first sex below age 18 and high number of lifetime partners (Kibira et al, 2013). Additionally, the general belief that circumcision is an HIV vaccine, circumcised men tend to have unprotected sexual intercourse Differding (2007) as cited by Nansubuga et al (2013), Such changes in sexual behavior are postulated in behavioral risk compensation theory, as observed in other studies .

Failure to use other intervention as comprehensive package may offset the partial protection of male medical circumcision against HIV/AIDs/STDs among HIV negative men due to the perceived behavioral changes. More especially a reduction in condom use, or multiple sexual partners (Pinkerton, 2001) as cited by Howard **(**2014). This was shown in the Kenya trial, where circumcised men reported more risky behaviors at 24 months, and also in the south African study, where circumcised men had more sexual contacts than their uncircumcised counterparts from month 4 through to month 21 of the follow-up (Auvert et al, 2005; Bailey et al, 2006). However, in the Ugandan trial at 24 months no risk behavior differences were observed between the two study arms (Gray et al, 2007). Some men are motivated to seek MC services because they want to have sex without a condom and/or increase their number of sexual partners (Herman-Roloff et al, 2011). Current data on risk compensation among medically circumcised men are contradictory and inconclusive. As a result, more research is needed on the sexual behaviors of men following MMC. Therefore, there is a need to further explore the experience of men who received male circumcision as HIV prevention in non circumcising community such as Rakai.

2.2.4. Facilitators and Barriers to positive perception

Studies conducted in Nyanza Province reported that the primary reasons men chose circumcision were enhanced protection from HIV and STIs, improved hygiene, decreased risk of penile cancer, and improved sexual satisfaction for men and their sex partners. While the primary reasons that men chose not to be circumcised were pain during/after the procedure, long healing period, Adverse Events, culture or religion, and time away from work (Bailey et al., 2002; Herman-Roloff et al, 2010; Mattson et al, 2005; Westercamp et al, 2010). Riess et al (2010) reported that recently circumcised men said they were able to perform more rounds of sex, were able to use condoms more easily, and sustained fewer cuts on their penis during sex.

Circumcised men are generally associated with cleanliness and good hygiene when compared with uncircumcised men who are assumed to be having a smell that is attributed to dirtiness beneath the foreskin (USAID, 2009). It's generally acknowledged that a circumcised man could remain clean with less effort. However, it's noted that penile hygiene might be associated with an individual's habits, not the presence or absence of foreskin.

Research findings from a study among university students in Lusaka on the perceptions and beliefs towards circumcision indicates that circumcised men can have sex for 30 minutes or are able to perform 10 sexual rounds and this can help to satisfy the woman sexually (Chanda et al, 2012). However other findings urge that Medical Male Circumcision causes severe sexual dysfunction and interferes with sexual pleasure for the man and his female partner (Nicholus et al, 2011). Then what is the perception of circumcised men? How do they feel about circumcision? Did they experience a change in the sexual practices after being circumcised or not?

Some women also perceived circumcised men as more hygienic, which they described as the penis having no, or less, odor than an uncircumcised penis. For others MC was perceived as allowing men to take longer to ejaculate, which in turn made sex more enjoyable for women (Riess et al, 2013). Contrary to that, the belief among circumcised men that they take long to ejaculate might make men rush to try confirming if the thoughts he had earlier are really true. Respondents assumed that circumcised men experience extra pleasure as compared to their uncircumcised peers, and the more the pleasure, the more the intention to have sex with more women (Tarimo et al, 2012).

2.2.5 Barriers to positive perceptions

However, others observed that the foreskin caused more friction, warmth, and sensation, increased penile size and filled the woman's vagina during sexual intercourse for enhanced pleasure for both women and men (Marera et al, 2015). This contradicts with Morten et al (2011) who observed that sexual function difficulties are not related to someone's circumcision status

Disclosing the circumcision status by older married men who have older children is not as easy as majority see it as a shameful act in the eyes of women. Women think that once men disclose their circumcision status to the surrounding community, this could make uncircumcised men to be neglected, encounter shame when interacting with their peers, and some might be disrespected in the community. However, in the same study, the community would not understand the men's circumcision status if kept a secret unless only when he experiences problems which require circumcision as a treatment (Tarimo et al, 2012). Fear of public image may prevent many from accessing male circumcision from the Health facility. It would be good to explore what circumcised men in Rakai experienced, how they handle such an experience.

Women think that after the circumcision procedure, men might not be able to put on trousers, or start limping or other people may easily tell their circumcision status, for that reason, women think that it is imperative to have circumcised men taken to a place far from their home until complete wound healing is registered. It is assumed that they will be able to put on trousers thereafter (Alfredo *et al,* 2009). This is women's thinking, and perception about circumcised men Therefore there is need to explore how men experience the male medical circumcision, how they feel, what they perceive? How their behaviors are? Research findings from the study on Assessment of Knowledge and Attitude on Male Circumcision towards Reduction of HIV/AIDS among Residents of Ishaka Town Council-Uganda revealed that; Majority of the female respondents 20 (60%) agreed that male circumcision makes males appear better, while the rest 40 %(13) do not see any difference (Marera et al (2015). However; most of the respondents (72%) did not see circumcision as health issue, while the rest (28%) believed that it is a health issue among men. The voices of circumcised men were not captured in this study. Hence a need to explore more the perspective and feeling of circumcised men about male circumcision.

Misinterpretation of medical male circumcision messages or perception among most community members about the scaling up of Male medical circumcision as an HIV prevention intervention may make many men to think that Male medical circumcision is a "magic bullet" against HIV which does not require usage of other preventive measure. Hence, interfering with the program plans and increasing the risk of acquiring HIV/STDs among the HIV negative circumcised men (Tarimo et al, 2012). However, other research findings indicate that male circumcision leads to reduced sexual satisfaction and a greater likelihood of experiencing sexual function problems, including erectile difficulties by men who have been circumcised (Morris and Wiswell 2015). It

was further urged that uncircumcised grown up men tend to feel guilty going to hospital for SMC service on grounds that they will meet female health workers who might laugh at them because of seeking for circumcision service as old men (Tarimo et al ,2012).

Giving up time by men to adhere to the circumcision appointment was found to be impossible for men who were working full-time. To find time in their daily busy schedules to accommodate the circumcision procedure was a challenge and majority declined from taking on the service (Tarimo et al, 2012). In addition, traditional circumcision might temporarily immobilize economically productive males. This was due to the fact that complete wound healing would take a long time off work, approximately 2 to 3 weeks off duty awaiting complete recovery hence leading to loss of household income. This was assumed to deplete the meager resources especially among households where the circumcised men were the bread winners (Tarimo et al, 2012).

2.2.5 How lessons learnt from lived experiences of circumcised men can modify health promotion messages and practices on male circumcision

Public health experts argue that through the promotion of MC women will be made more vulnerable to the risk of acquiring HIV and STIs. As majority of the circumcised men may believe that, due to the HIV and STI protection afforded them by Male Circumcision, they can reduce or eliminate condom use or that they may resume sex before the healing process is complete (Feuer, 2010).

Contrary, data from other studies find no difference between circumcised and uncircumcised men in terms of penile sensitivity, sexual arousal, sexual sensation, erectile function, premature ejaculation, ejaculatory latency, organism difficulties, sexual satisfaction, pleasure or pain during

penetration (Morris and Krieger, 2008). This is in support with the findings that adult male circumcision does not adversely affect sexual satisfaction or clinically significant function in men (Kigozi et al, 2008). Therefore, it would be better to explore further lived experiences of men who were circumcised as an HIV prevention intervention so that we understand to know the essence and meaning attached to circumcision.

Higher HIV risk behaviors such as condoms disuse and increased multiple sexual partners could be the order of the day among the youth, more especially, if they believed that circumcision offers full protection from HIV infection (Alfredo et al , 2009). Additionally, in the same study, when it comes to sexual intercourse, it is argued that many of the circumcised men might feel that the sex speed governor has been removed after the circumcision procedure fueling majority to stop using condoms as an additional HIV/STD protective intervention. Or even inconsistent condom use might increase among the circumcised men. Before the circumcision procedure, messages about strict adherence to sexual abstinence during wound healing, wound care and consistent condom use thereafter must be strongly promoted among circumcised men to ensure that the HIV risk is minimized. There is therefore a need to explore whether circumcised men still perceive the message as relevant or not.

2.2.6. Conclusion

It is evident from the above discussion that participants' experiences, perception, barriers and facilitators to positive perceptions play a significant role in safe male circumcision. It also shows that multiple factors contribute to the uptake of the procedure and that the perception differs. Through a careful analysis of circumcised men's experiences, this study offered additional insight into the circumcision phenomenon and continues to support the development of

informative research about the experiences and lessons learnt from being circumcised in traditionally non circumcising community for HIV prevention.

The next chapter provided a detailed explanation of the methodology that was used to explore the men's experiences of being circumcised in traditionally non circumcising region and the meaning extract out of that experience. It provided the structure for this study and discuss the methods for collecting data

CHAPTER THREE: METTHODOLOGY

3.0. Introduction

In order to answer the research question of this study, a qualitative and exploratory approach was undertaken. Phenomenological method was utilized to learn about the experiences of circumcised men in Rakai District, and to capture and describe these experiences. Since phenomenology is the study of essences, the objective was to capture the essence of the experiences of these men, in order to acquire more in-depth meaning into those experiences.

3.1. Focus of the study

The purpose of this study was to explore the lived experiences of men who received medical male circumcision as HIV prevention in Rakai district, the question for this inquiry was, what is the lived experiences of being circumcised medically in Rakai district, traditionally non circumcising community.

3.2. Study Area

The study was carried out in Rakai District, Uganda. Rakai District is in the South Western part of Uganda. Rakai has a population of about 508,526 persons (UBOS, 2016). Circumcised men were the study population, from which the sample or study participants were selected; the study was conducted in Kyotera Health Sub-District, Rakai District. Safe male circumcision services are provided at community level through mobile surgical camps and at satellite clinics that are located in all the three health sub-districts and are under the close supervision of RHSP. The interviews were conducted in a place that was convenient to the respondent.

3.4. Study Design

This study was an inquiry of broad, open-ended questions in the effort to explore personal perspectives regarding lived experiences of circumcised men. The questions for the study were

best explored through qualitative methods as a phenomenology inquiry. Phenomenological research can be used to understand personal perspectives and specific circumstances (Pelin and Soner 2015).

Phenomenology was used to see and understand the lived worlds of the research participants in a deeper way (Creswell, 2008). New understanding from the research participants may yield important information for HIV/AIDs prevention efforts. In-depth interviews are seen as the primary means of collecting information for a phenomenological study, with a selection of individuals, about ten, and that the important point is to describe the meaning of a phenomenon for a small number of individuals who have experienced the phenomenon (Creswell 2007). Phenomenology emphasizes the search for raw experiences buried in the text and takes the researcher to the heart of people's lived reality of Safe Male Circumcision. Hermeneutic as the study design offers the researcher a way of making out of the subtext concealed within men's stories of circumcision as an HIV prevention intervention.

3.5. Study Population

The study population, from which the sample or study participants were selected, was men in traditionally non-circumcising community and residing within Rakai District

3.6. Study Unit

This study included married men who were circumcised for at least three days and below one year and residing within Kyotera health sub district. All circumcised men have an experience to share despite the period of circumcision.

3.7. Participant selection

A good information source is someone who has undergone or is undergoing the experience and is able to reflect on and provide detailed experiential information about phenomenon. Thus sometimes experiencing the phenomenon is not enough to provide information (Magrini, 2012). Therefore potential participants were selected purposively; those who met the following criteria were contacted to participate in this study

3.9. Number of Participants

The number of participants for qualitative research such as phenomenology is generally small in comparison to quantitative research. The actual number of participants is generally determined by data saturation, the point at which repetition of information occurs with no evidence of new knowledge coming up (Saldana, 2009). The actual number of participants is sought to range from three to ten depending on the type of qualitative study being undertaken, and what point the quality of redundancy is achieved (Magrini, 2012). Redundancy or data saturation occurs when the researcher becomes aware of pattern that is repeated in the description of the participants. The intent is to interview between 3 and 10 participants, (Magrini, 2012). For this study 13 men were interviewed until no new data was realized, the researcher administered 13 interviews until there was no new information registered.

3.10. Accessing Participants

All participants were accessed through Rakai Community Cohort Study and Circumcision data bases, with assistance of the circumcision and survey coordinators.

3.11. The Process of Recruitments

The researcher contacted the safe male medical circumcision data management unit in writing to ask for permission to access potential participants for the study. Written permission to recruit from survey and correct procedures to access potential participant were obtained. Participants were contacted through phone calls in order to schedule a date for the in-depth interview.

3.12 Sample Size

The sample size was determined by saturation of emerging themes and categories from the interviews that were held with the participants. Purposeful homogeneous sampling strategy helped the researcher to achieve the target of 13 research participants for in-depth interview. This best helped the researcher understand the problem and the research question.

3.13. Methods of Data collection

Data was collected using an in-depth interview so that rich description of the phenomenon under investigation was gathered. The central question was what is your experience of being circumcised? Description of lived experience by asking an open question, how has is it been before and after being circumcised. ‘Tell me more’ and ‘anything else’ phrases will be used to encourage participant to describe their experience.

Qualitative methods are based on inductive interpretation of data collected through methods like documentation review and interviews (Creswell, 2008). Interviews were recorded with the permission of each research participant. Notes were also taken during the interviews. The notes highlighted important themes that were later on identified and emerged during the interview process. The tape-recorded data was transcribed into a text format. Each participant was involved/ required to participate in a face to face audio recorded interview, each lasting between

30 – 60 minutes. Keeping Van Manen's (Sloan & Bowe, 2014), the interviews with all participants were in-depth, so that rich descriptions of the phenomenon was gathered.

The central question that informed the interview process was 'what is your experiences being circumcised for HIV prevention? Further questions such as the following were asked;

Tell me more about your thoughts and feelings related to your experiences of being circumcised man.

In addition to the question above the researcher also asked the participants to describe in a word or phrase what they believed to be the essence of intended meaning of their experience? The essence of the meaning is a word or a phrase that synthesizes the essential nature of the experience of the phenomenon- being circumcised. The participants were provided with both time and space to explore their world of experiences within an atmosphere of personal respect and humility.

3.14 Data Collection

Prior to the interview, participants were asked to complete a demographic data sheet (Appendix A). A face to face interview with the semi-structured interview guide (Appendix B) was used for data collection. This method was well suited for the study since it involved obtaining the information from the participants' perspective, participants could provide as much detail as they wished, and offered illustrations and explanations where need be (Polit and Beck, 2008). Participants were encouraged to talk freely and related their story from their own perspective. The use of open ended questions encouraged participants to expand and elaborate their story. Whenever necessary, further probing questions were asked to seek deeper meaning and clarification. All interviews were audio-recorded to capture verbatim the essence of the

participants' story. The interviews varied in duration and lasted between 35 to 60 minutes. In order to create consistency in the data collection method, all interviews were conducted face to face with the researcher using the interview guide.

Each interview was assigned an identifier, for example "Tim ID02". Each interview was recorded on a separate folder and transcriptions of each interview were completed as soon as possible after the interview. The researcher listened and re-listened to the recordings and reviewed the field notes in order to identify key words, phrases and statements. Observation of the participants' behavior during the interviews were documented in the PIs journal and used as necessary in the analysis process.

3.15.1. Demographic Data Sheet

A data sheet developed by the PI was used to obtain demographic data from the participants. Descriptive information such as age, education level, and date of circumcision, marital status, and employment were collected for the purpose of describing sample.

3.15.2. Interview Guide

Derived from the purpose of the study, the interview guide is a list of open-ended questions that was used to guide the researcher.

3.16. Pilot Study

A pilot study was conducted in the 1st week of June 2016 to evaluate the feasibility of conducting the dissertation study. The PI interviewed 04 participants who met the study inclusion criteria. Participants' ages ranged from 22 years to 45 years old. The pilot study evaluated the quality of data collection, methodology including the semi-structured interview guide, interview process, and data analysis. The methodology was demonstrated to be effective

in understanding of the lived experiences of men who were circumcised. From the findings of the study, it was determined that the PI would continue with the research study as proposed with no modification.

3.17. Thematising

Thematic analysis was performed through the process of coding in six phases to create established, meaningful patterns of data. These phases are: familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report (Braun and Clarke, 2006).

3.17.1. Phase 1: Becoming Familiar with the Data

This is the initial phase in thematic analysis where by the researchers becomes familiarized with the data. Prior to reading the interview transcripts, the researcher created a start list of potential codes. Analyzing data in an active way assisted the researcher in searching for meanings and patterns in the data set. This was conducted carefully to ensure that there is no skip of the data. This helped the researcher to come up with possible themes and subthemes. Reading and re-reading of the material was conducted until the researcher was comfortable that the data was crucial to the initial phase of analysis.

3.17.2. Phase 2: Generating initial codes

During this phase, the researcher generated an initial list of items from the data set that had a re-occurring pattern. Coding was conducted to organize and gain meaningful parts of data as it related to the research question of the study.

3.17.3. Phase.3: Searching for themes

During this the researcher searched for themes, considering what works and what does not work within themes so as to begin the analysis of potential codes. In this phase, the researcher had a list of themes and begun to focus on broader patterns in the data, combined coded data with proposed themes. The Researcher also considered how relationships were formed between codes and themes and between different levels of existing themes.

3.17.4. Reviewing themes

During this phase, the refining and reviewing themes were done. And the initial themes were reworked on to ensure that bigger themes were condensed into smaller units.

3.17.5. Phase 5: Defining and naming themes

During this phase the researcher defined and refined existing themes that would be presented in the final analysis to enhance analyzing the data within each theme. This could help the researcher to define what current themes consisted of, and explain each theme in a few sentences.

3.17.6. Phase 6. Producing the report

After final themes had been reviewed, the researcher began the process of writing the final report, deciding on the themes that made meaningful contributions to answering research questions.

3.18. Reliability

To increase the level of reliability in this interview-based phenomenological design the researcher was the only one to design, implement, and analyze the study. Trustworthiness and rapport developed with the research participants increased the reliability of the information research participants provide.

3.19. Credibility

The main issue of credibility in a phenomenological study is the relationship between the data obtained from interviews and the categories for describing the ways in which people experience a certain phenomenon. The researcher described the lived experiences of circumcised men and this was supported by the data from transcriptions made.

3.20. Data Management and analysis

The researcher transcribed the tape recordings as soon as the interviews had been administered and the process continued until all interviews were transcribed and analyzed. The analysis of data started during the interview process and continued during the transcription to establish sufficient data to represent the various dimensions of the phenomenon. After the transcription of the interviews, transcripts were read and compared to the actual voice recording of each participant by the PI. The comparison was necessary to ensure accuracy. Each transcript was read repeatedly to derive understanding of the phenomenon as experienced by the study participants. Significant statements from each interview were extracted and highlighted to form possible themes. Descriptive words, phrases, and statements were coded using color highlights throughout the transcripts. Using Microsoft Word, the words, concepts, and/or statements were cut and pasted into a table to easily identify their significance and create emerging themes, sub-themes, and main themes. The analysis involved a process of constantly moving back and forth between the interviews and between significant statements, subthemes, themes and main themes in search of understanding of the meaning of the experience of men who underwent male circumcision.

This back and forth movement, of questioning and then re-examining the text, resulted in an ever expanding circle of ideas about what it might mean to experience the phenomenon and is called the hermeneutic circle. Manen's (1984) human science method of hermeneutic phenomenology was used for analysis and interpretation of the transcripts (Table below). The specific method of van Manen has four concurrent procedural activities involving eleven steps as presented below.

Table 1. Showing how data was analyzed concurrently with data collection.

Concurrent procedures(activities)	**Steps to be followed(the eleven steps)**
A. Turning to the Nature of the Lived Experience	• Orienting to the phenomenon • Formulating the question • Exploring assumptions and pre-understandings
B. The Existential Investigation	• Exploring the phenomenon: generating data using personal experience, tracing etymological sources and idiomatic phrases, experiential descriptions from participants, literature, arts, etc. • Consulting phenomenological literature
C. Phenomenological Reflection	• Conducting thematic analysis – uncovering themes, isolating statements, composing linguistic transformations, gleaning description from artistic sources • Determining essential themes
D. Phenomenological Writing	• Attending to spoken language • Varying examples • Writing • Rewriting, etc.
Adapted from van Manen, M. (1984). Practicing phenomenological writing. Phenomenology and pedagogy.	

Themes: Themes provide insights into how persons make sense of the events and situations in their lives and, are one way of assigning meaning to an experience. Themes emerge from the

data in the telling and recording of the stories of circumcised men and describe their experiences of being circumcised in anon traditionally circumcising region. The world of lived experiences is both the object and source of phenomenological human science research (van Manen, 1990).

Themes are used as a means to arrive at a "fuller description of the structure of a lived experience" (van Manen, 1990). In this research study, I sought for a deeper understanding of the significance for male circumcision experiences related in the shared stories of circumcised men in Rakai. Van Manen (1990) discussed three approaches in the identification of the thematic of a given phenomenon: a) wholistic approach, b) a selective or high lighting approach, c) a detailed or line by line approach. The wholistic approach looks at the text as a whole and allows the researcher a license for an interpretation. The selective or highlighting approach identifies words, phrases, and sentences that appear to stand out as essential to the experience. The detailed approach looks at every sentence or sentence cluster asking what it reveals about the phenomena of study. Essential themes are those that "make a phenomenon what it is and without which the phenomenon could not be what it is" (van Manen, 1990). They provide guidelines for discovery of the larger dimensions of the lived experience.

The themes that I came up with were explored within four dimensions or perspectives of (Manen 1990): a) lived space; b) lived body; c) lived time and, d) lived human relation. Lived space or spatiality is felt space (Manen, 1990). When one thinks of space it is defined by such concepts as duration, atmosphere, and topology (Mish, 2002). Whatever the space is, however, there is a feeling one has when in that space. The admiration one feels in a beautiful place, the sense of freedom, the feeling of excitement or of strangeness when being alone in the centre of an

unknown city, and the comfort and security we feel being at home are some of the examples of lived space. We always tend to provide space conducive to learning, space for healing, space for playing, and space for living. Lived space is “the world in which human beings move and find themselves at home (Manen, 1990).

Lived body or corporeality relates to existing in a physical material body (Mish, 2002). It is the spirit-self revealing and acting through a material form. Bodily presence reveals one in their lived space. It is the vehicle by which we come to know another human being. Lived time or temporality is subjective (van Manen, 1990). Lived time comprises of our past, present and future, our way of being in the world (circumcised men), our memories and past experiences, our interpretation and re-interpretation of whom we were, who we are and who we wish to be. This is not like clock time that has specific time measurement. Lived relationality is a quality of connectedness that we share with others in our interpersonal lived spaces (Mish, 2002; van Manen, 1990). It is in the physical presence that we have a greater existential sense of another, of community that encompasses life purpose, meaning, and the spiritual experience of an absolute relationship.

3.21. Member checking

In this study the researcher utilized member checking as a way of ensuring that the results of the study are trustworthy. Member checking is the process that can take many forms. It can be either continuous, or occur as a one off event, and can be formal or informal. Member checking is described by Doyle (2007) as a quality control process by which a researcher seeks to improve the accuracy, credibility and validity of what has been recorded during a research interview. Member checking is often a single event that takes place only with the verification of transcripts or early interpretations (Carlson, 2010).

During the interviews, the researcher obtained permission to re-contact participants in the future. The researcher summarized information (themes) and then requested to determine accuracy. The participants reviewed the results and made sure that their perspectives were represented in the study's findings. The research participants either agreed or disagreed that the summaries reflected their views, feelings, and experiences, and if accuracy and completeness are affirmed, then the study is said to have credibility (Creswell 2007). Therefore, member checking was believed to offer the following purposes:

Provided the participants with the opportunity to confirm or challenge interpretations, or correct errors,

Provided an opportunity for participants to re-assess their own comments by revisiting their interviews.

Reduced the risk of participants reporting at a later date that the researcher misunderstood their contributions or claiming investigative error.

Found out whether the data analysis was matching with the participants' experiences" (Curtin & Fossey, 2007

3.22. Ethical consideration: Informed consent

Prior to seeking informed consent , participants were provided with information about the study, the purpose of the study, methods of information gathering ,level of participant involvement, assurance of confidentiality and anonymity ,type of data to be collected, level of risk and their right to withdraw from the study without prejudice. Thereafter, participants were given an written informed consent which was in Luganda.

3.22.2. Anonymity

This is the means by which the identity of participants is protected. Prior to interview, participants agreed to use a pseudo name for confidentiality purposes. The original transcripts are in the hands of the researcher for confidentiality purposes.

3.22.3. Storage of information

All information was pass warded and will be kept under key and lock for the more two years from the end of the study. The researcher is the only person with access to this information together with his supervisors, thesis committee and the participants. Signed consent forms are kept in a lock filing cabinet at the researcher's place at the time of the research, and will be kept to another one year period following completion of the study after which they would be destroyed.

3.23. Ethics, Consent and Confidentiality

Participation in the study was voluntary. Informed consent is an important aspect of ethical principles in research. The Uganda Martyrs University Faculty of Health Sciences reviewed the proposal, the informed consent forms, the letter granting permission to the data collection site, and the interview questions. To ensure participants were comfortable, it was important to inform them that their private information would be protected. Consent forms and audiotapes were protected in a locked cabinet in the researcher's residence. Manual notes were recorded and stored electronically. Transcribed data was kept in a password-protected personal computer. The information that was provided by the participants was kept confidential and would not be shared with a third party.

3.24. Anticipated Limitations

As with any type of research, there are limitations to this study. Phenomenological research, although an excellent approach to gathering rich, substantive and in-depth information, has its weaknesses. In particular, researcher bias and purposeful sampling could affect the reliability and generalizability of this research.

In-depth interviews as a data collection method are most likely to increase the risk of participant bias and prevent participants from disclosing their personal information. During the interview, participants were able to share their experiences with ease

In addition to the limitations of this research, some assumptions were made. It was assumed that circumcised men had different experiences depending on the time they have been circumcised. Therefore, sampled men had different durations of experiencing a phenomenon in order get wide range of experiences.

3.25. Dissemination of results

Results would be disseminated in the form of research report. The report was not intended to expose the secrets of the participants to the readers, but to make recommendations for improvement of the service. The participants were informed that a copy of the findings will be handled to the District Health Officer, Rakai district and Rakai Health Sciences Program management where the study was conducted. The information would also be published in the relevant journals.

3.26. Conclusion

The purpose of this phenomenological study was to gain insight into the meaning and lived experience of men who received male medical circumcision as an HIV prevention intervention in traditionally non circumcising community. The above discussion focuses on the aims of this

study followed by a discussion on the chosen research design and methodology. The methodology adopted for this study will allow the researcher to address the research question in the most suited way. A background to Martin Heidegger's hermeneutic phenomenology provides an overview of the foundation for data collection and data analysis. This chapter highlights the various steps in the data collection and analysis phases and concludes with an overview of ethics and the strengths and limitations of working within the hermeneutic phenomenological framework.

CHAPTER FOUR: RESULTS AND ANALYSIS

4.1. Introduction

This phenomenological study presents the lived experiences of men who were circumcised in Rakai district, traditionally non-circumcising region. Phenomenology provides an opportunity for individuals to share their life experiences in order to illuminate the previously misunderstood, unknown, or discounted (Bogdan & Biklen, 1993). This chapter describes the participants of the study and explores their responses for the following research questions. The major findings are presented and analyzed in this chapter, and then concludes with a summary.

1. How do circumcised men deal with societal interpretations of their new status?
2. What are lived experiences of a circumcised man in Rakai district, traditionally non circumcision region?
3. What are the Facilitators and barriers to positive perception among men who received male circumcision as an HIV prevention intervention in Rakai district?
4. How do lessons learnt from lived experiences of men who received Male medical circumcision as an HIV prevention strategy modify circumcision health promotion messages and practices

A variety of experiences are provided to help the reader understand the research participants' lived world of experiences and perspectives. In this chapter, the findings of the study are presented based on the study objectives. The focus is on views of circumcised men who participated in this study.

4.2. Brief overview of the participants demographic

The Table below; offers basic demographic information for each participant. The categories in the table include: Pseudonyms used to maintain participant anonymity, participants' age,

location, marital status, religion, education level, duration of the interview and participant's occupation.

Table, 1 shows the participants' demographic data

Pseudonyms	**Age**	**Location**	**Marital status**	**Religion**	**Education level**	**Occupation**	**Duration of interview**
Kim	32	Kalisizo	Married	Christian	Secondary	Solder/ Business	41m
Henry	32	Kisunku	Married	Christian	S.4	Mechanic	48m
Ivan	24	Kyotera	Married	Christian	P.7	Builder	52m
Tony	37	Kalisizo	Married	Christian	Primary	Farmer	41m
Petr	35	Kalisizo	Married	Christian	Primary	Driver	40m
Izaac	45	Kalisizo	Married	Christian	None	Farmer	44m
Topher	29	Kalisizo	Married	Christian	Primary	Business	39m
Tom	28	Kalisizo	Married	Christian	Primary	Business	01hr
Paul	36	Kachanga	Married	Christian	Primary	Business	38m
Kim	22	Ninzi	Married	Christian	S.4	Carpenter	42m
Jacob	49	Kirumba	Married	Christian	P.7	Farmer	41m
Kenny	31	Kalisizo	Married	Christian	Primary	Business	41m
Allan	24	Kalisizo	Married	Christian	Senior 2	Bodaboda	

4.2.1. Participants (Pseudo-names)

Kim is a carpenter aged 22 years and the youngest amongst all participants. He had vowed never to circumcise, but was denied sex by the spouse because of his circumcision status. He circumcised in order to protect his relationship.

Allan is 24 years of age, a boda boda rider. Failure of his girl friend to approve his decision to circumcise did not hold him back. He explained that his peers are not ready to surrender their foreskins to service providers whose motives are not known and that foreskin removal could interfere with sex.

Ivan is a builder, reported receiving circumcision after becoming independent. He expressed that he desired male circumcision to get rid of the watts that had stayed since childhood.

Topher a primary dropout the desire of knowing his HIV status and the fear of HIV drove him for circumcision. He expresses that there a physical change compared to the time when he had the foreskin.

Kelly is a thirty two year old business man who regrets missing a change of circumcising during his childhood. He expressed happiness of being circumcised. He reports the spouse opposition his decision to circumcise.

Henry dropped out of senior two and joined a mechanical institution. He reported that it was a long period ot time to take a circumcision decision. Not being the advice of a satisfied user, he would not embrace circumcision. At that time, seeing young boys moving passing through the circumcision process with no problems challenged him and thereafter made a decision to circumcise.

Peter a self reporting diabetic, like any other participant reported that he was able to prevent recurrent penile sores and bruises after circumcising. Peter was able to circumcising without the community knowing.

Tony is thirty seven peasant farmers, and like any other participant had problems with the foreskin before circumcising. He currently fears the long term effects of the anesthesia injection.

Stephen reported that he was against interfering with God's plans since his peers were not circumcised too. He expressed being encouraged the spouse to circumcise.

Isaac is a forty five year old married, peasant farmer. He reported making an individual informed decision to circumcise. When he was circumcised, pants and sodas where given only to children leaving him out yet he was also financially constrained.

Jacob is forty nine years of age; he is the oldest among all the participants. He stated that although the society referred male circumcision to castration, this could not stop him because he wanted to avoid the bruises and sores that always interfered with penetrative sex.

Kenny deals in buying agricultural produce. He expressed that he does not know what pushed him into circumcision because he had never dreamt of doing so. He also reported that peers who knew about his circumcision status kept insulting him.

4.4. Table 2. Below shows the themes and sub themes emerged from the data.

Timing	Sub theme	Sub themes
Experiences before circumcision	Hesitancy to circumcise	Fear of the procedure
		Fear of shame' am old to be circumcised
		Misconception
Experiences during the procedure	Concern for safety	Screening
		Pain management
	Experienced service providers	Health education
Experiences after the circumcision procedure	Tough times	Erections
		Sexual desires
	Patience	Abstaining from sex
	Not so sure of what could happen	Worried of the healing period
How they deal with societal interpretation of their new status	Public image	Appearance, or tight clothing's
	Non disclosure of circumcision intentions	Went it alone
Facilitators and Barriers to positive perception	Support	Received help from friends
	Abandonment	Wife did not escort the men
How lessons leant can modify health promotion messages and practices	Message dissemination	Message dissemination
	Use of satisfied users	Health education by circumcised men

Research questions

This study of lived experiences of men who underwent male circumcision for HIV prevention in Rakai district was guided by four research questions. The data and findings of the study were able to provide a rich narrative and thorough answers to the research questions.

Research objective 1. Lived experiences of men who underwent male circumcision for HIV prevention

The first research question of the study was: what are lived experiences of men who underwent male circumcision for HIV prevention in Rakai, traditionally non circumcising community?

Experiences before circumcision

Many participants viewed safe male circumcision as a social stigma and often were hesitant to make a decision to receive male circumcision as an HIV/AIDs prevention intervention. These people used the phrases ‘fear of the procedure’ fear of shame’ and ‘misconceptions about safe male circumcision’. Participants feared the procedure thinking that they would take long to heal, or loose employment during the healing period. And these were blamed for evoking fear of the circumcision procedure. Several participants viewed that their peers projected a negative image to the public about male circumcision, instilling negative attitudes towards the service more especially among the married uncircumcised men. All these experiences were being imaged by the men before getting circumcised and none of them had an experience to share by then. One circumcised peasant farmer was hesitant to receive male circumcision due to the imaginary fear that he had.

'It is just that the fear of the procedure can prevent you from accessing male circumcision, I thought that the procedure was painful and was almost failing to get to the circumcision centre'.

The people perceived male circumcision service to be for the young boys but not older men. Fear of shame was viewed as a factor pushing men away from being circumcised. Men thought of going through the procedure with their children as being shameful and not befitting. And always many older men tend to delay in making a decision to circumcise, thinking that the intervention I is meant for young boys not older one. One participant experienced fear to go for circumcision because of the shame associated to the procedure more especially among men of advance age.

'I feared to go for circumcision because an old man of 37 years'.

People expressed various physical disturbances which were recurring in their day to day lives before they were circumcised. The responses ranged from penile sores or bruises to dirt under the fore skin. The period for hesitancy was cut short by the continued presence of penile sores and bruises hence driving men to go for the circumcision hoping to get rid of the bruises and sores. This means that old men who really experience sores and bruises could sit back and fear to go to the circumcision centres because they don't have anything that worries them. One participants viewed uncircumcised men as being prone to on and off penile sores.

'*Flipping the fore skin was a problem. I always experienced bruises on the penis more especially after unprotected penetrative sex'. Then I could start blaming myself and feeling guilty of not satisfying my spouse sexually due to fear of getting pain'.*

Some participants talked about the misconceptions or negative perceptions as disruptions of men from undertaking the male circumcision services that actually happened before conduction of the procedure. Some were worried of losing their sexual prowess and not being able to father a child after the circumcision procedure. One man experienced being subjected to misconceptions from his peers who were not even married when he attempted to go for circumcision service. While as others was not willing to go for circumcision after hearing friends saying the circumcising health workers have a hidden motive for men's foreskins, this claim is not true, there no evidence to this. One man prepared himself for the circumcision service, but friend tried to discourage him.

> *One day I told my friends about the intentions to circumcise, and they said that my sexual prowess would be affected thereafter following the injection that was given at the base of the penis during the process of giving anesthesia.*

Experiences during the circumcision procedure

The experience of circumcision procedure began during learning one's diagnosis for HIV, screening for circumcision contraindications and health education. Many people viewed that being tested for HIV and screened for contraindications by surgeons before the procedure was like receiving "a concern for safety". When asked how they felt after being circumcised, the terms "it is the experts providing the service' or 'health workers did it' " were repeatedly expressed. Four participants, who were circumcised after testing for the HIV, screening and receiving anesthesia, attributed the whole experience to concern for safety. Men viewed health education with visual aids as a method that lessened their fears and worried about male circumcision. One man was "concerned for safety" when

They [health educators] requested us to go theatre for circumcision. I climbed the bed and I was anaesthetized and thereafter surgery started immediately. Within no time we we're done. I thought, 'Oh! great, I have not felt pain as I thought! And I went away really happy.

The others, who consented for medical male circumcision, also felt a concern for safety. One man viewed the circumcision team as people who have been conducting the service for a long period of time and having enough experience to be trusted by the men. This could have lessened the fears that men had before accepting the services and measures to reach out to the rest of the men who have such a thinking need to evaluate and interventions designed to in allay fear and worries hence increasing the scale-up plan. He referred to health workers who circumcised him as experts in that field.

I have grown up seeing Rakai Project circumcising people and the good thing the procedure is performed by qualified medical personnel and in case of any problem treatment could be accorded to anybody affected. I cannot get sepsis when a medical person circumcises me'

Experiences after the procedure

This period started a few hours after the circumcision procedure onwards. Participants described their experience after male circumcision in different ways. When a man was circumcised, he experienced 'tough time', patience and other men were not sure of what could happen during the healing process. Once the men were circumcised they were given post operative instructions on wound care and sex resumption by the circumcising team to ensure safety throughout the healing procedure. Sentiments such as tough times, 'patience' and 'not so sure of what would happen relate to the participants feelings about circumcision after the procedure, and often men relied on

their fellow circumcised friends for advice on how to manage the experience, those who chose to consult friends reported being given different views on how to pass through the healing process and some were the opposite of what the health educator had emphasized. Some participants reported powering water on the erected penis in order to make it cool down, while others pulled the skin of the penis forward whenever it erected as a remedy for overcoming the erections. A man experienced a tough period when he felt sexual desires and erections sleeping on the same bed with the wife, prolonged healing period.

> *'Sleeping on the same bed with my wife was a problem; I always felt like having sex but feared because of the wound. I was forced to kiss and caress my wife in order to satisfy her.' And I ended up having sex on the 19th day*

Other men experienced "patience" when the argue to have sex was realized. Men used various methods such as' distracting their minds, keeping themselves busy and or separated beds with the spouses. As a result of the patience, he was able to adhere to the messages given by the health workers.

> *I resumed sex after the recommended period of about 6 weeks. The good thing my wife was away throughout the healing period. I was circumcised when my wife had just delivered;*

One reported that he always used powered soap and salt water to clean the wound. He disregarded the health workers wound care guidelines felt confused when he delayed to heal. The participants reported that he had to do so in order to quicken wound healing and avoid the itchy sutures.

> ***'** I was unsure of what to do, the stitches took two weeks to break and they could disturb me a lot, I have to use powdered soap (omo) and salt water , when they failed to break; I had to cut them using a razor blade'*

The emotional disturbances mostly experienced were fear of having painful sex, and fear of getting HIV/AIDs/STDs before the healing period that was recommended by the health educators for circumcised men who felt sex desires.

Research question 2. The second research question was: How do circumcised men deal with societal interpretation of their new status.

It so happened that circumcised men did not want to be pin pointed at, after the circumcision service by the community. For some people, the decision not to disclose their circumcision intentions to their significant others was made. Not wanting to be known, worry or upset others was a reason given for their concealment. The people felt that disclosure would arouse suspicion among community members or unhelpful insults from those told; especially their peer could blame them as to why they made a decision to circumcise. All men in the study experienced coping mechanisms with the social interpretation by either concealing their circumcision status to others, seeing themselves as different from others, deciding to stay at home during the healing period, or by avoiding walking awkwardly. A man felt that his circumcision status could not be disclosed to the community members as being "circumcised." Therefore, he only informed the spouse and kept it a secret from the peers until complete wound healing.

> *'I did not disclose my circumcision status to the society, Even my wife noticed that I was circumcised several days after, I did not tell her my plans for circumcision. I could put on tight underwear such that the penis was in one position, and I could spend most of the time at home fearing the people to notice that I have a wound'*

Furthermore, some people in this study sensed that they felt a sense of satisfaction after experiencing the phenomenon. Majority of the men had experienced reduction in the episodes of penile sores and ability to have sex with enjoyment without fear of getting sores or bruises were

examples given, and others felt a physical change in their life. Being viewed as "stylish" or "low risk for HIV/STDs", "I'm free from penile sores and bruises.

> *I don't engage in risky sexual relationships because of my circumcision status. It will take me long time to get HIV/STDs because the foreskin infections could easily enter from to get into my body was removed. So I think the removal of the foreskin saves me from quickly getting HIV/STDs. "I can't get sores on the penis because I was circumcised.*

Research question 3; what are the facilitators and barriers to positive perceptions about male circumcision among circumcised men.

Some men expressed feelings of support when they talked about their expectation circumcising to their spouses and friends. A man who was married had to discuss the matter with his wife before making a decision although some women could not embrace the decision. Men who were circumcised in Rakai district traditionally non circumcising region experienced several facilitators and barriers to positive perception about the phenomenon. The people sensed that they would be subjected to facilitators and barriers to Male circumcision. Such response kept resonating " wife was supportive' or abandoned and had to do it myself'.

All people in the study realized that the support of the spouse or peers was paramount more especially during the healing process**.** One of the men perceived that facilitators were "the support or attitude of the peers or spouse". Another man shared his experience of circumcising with the wife and peers who also had positive attitude towards the phenomenon.

> *My wife persuaded me to get circumcised. I first showed to her that I fear to get circumcised but she kept comforting me until I did so. On the day for circumcision I had to go with a friend who works at the garage. I also went a boy who is my neighbor at home; he is about eleven years old.*

However, some men sensed that they were abandoned during the circumcision procedure. One man reported that he was able to discuss the circumcision intentions to the wife but the wife did not consent to the idea, she told him that make sure that you don't cry after being circumcised and majority of the men were not escorted to the circumcision centers by their wives. Women tend to dissuade their spouses from circumcising in fear that they will move out with many women as soon as they heal. Not going with spouses for circumcision to the centre was considered a major factor that increased low uptake of safe male circumcision services among the married men.

> *My wife did not want me circumcised and she did not escort me to the circumcision centre. I did it alone' I went there on my free will, I did not tell anyone about my intentions to circumcise.*

Integration of safe male circumcision with reproductive health services seemed to bather many men and blamed for a reduction in married men accessing circumcision. A man reported that going to an agency that was known to provide safe male circumcision was a challenge to him as the society could think that he had gone for HIV drug refills or that he was already HIV positive. A man used the word "my wife may suspect me" when she sees him going to a clinic for circumcision. He had tried to circumcise from a Model for Optimizing Volumes and Efficiency of SMC site so that he was not suspected to be HIV positive.

> *'I feared telling my wife that I was going to Rakai project for circumcision. This could have shocked her thinking that am HIV positive going for drug refills other than circumcision',*

Research question. 4. How can lessons learnt from the lived experienced of circumcised men could be used to modify health promotion messages and practices on HIV prevention

The men in the study perceived that the phenomenon for HIV prevention had a profound effect on their day to day living. Lessons learnt from the lived experiences of men who were circumcised once know and focused on can help to scale up male circumcision among the married men. People in this study developed multiple strategies to modify health promotion messages and practices on HIV prevention. These included risk counseling, dialogue session with the target audience, women and married uncircumcised men, one man reported that during dialogue sessions he was able to know that HIV still exists , people who have HIV still live, If you have been promiscuous, you change on your behaviors and sexual partners.

> *I realized that it was risky to have sex before complete wound healing as this could increase HIV risk. Risk communication and counseling that was given, changed me'*

Several people were of the view that dissemination of male circumcision messages both to the souses and community members was a morally honorable and responsible thing to do for safety to prevail. They disclosed the message with ease since they had experienced the phenomenon.

> *'You can go on disseminating this information. Some people can listen to this voice before they are circumcised, it can really help them. If someone listens to it, there is a way it comforts him especially when he hears experiences of circumcised man. I have been explaining doing so; therefore, health providers can also create awareness basing on that.*

Summary of the results

The experiences of the men who underwent male circumcision in study were considered in terms of how the phenomenon was lived. The people each experienced hesitancy to make a circumcision decision due to fear of the procedure, fear of shame because of old age and misconceptions that arose from the community. They experienced disturbances which included

overall sexual desires, patience form sex, and fear of what could happen during healing period. The feelings of being supported and or abandoned were included in the experiences of circumcised men. Several ways of concealing their circumcision status from the public were adhered to. These were expressed in terms of physical appearance, such as wearing tight underwear, restriction of movement and off duty during the first days of health. There were perceived and/ or actual modification of health promotion messages and practices over several aspects such as the use of satisfied service users, and targeted dialogue sessions.

CHAPTER FIVE. 5.0. DISCUSSION OF RESULTS, CONCLUSIONS, RECOMMENDATIONS AND SELF EVALUATION AND GENERAL CONCLUSION

5.1. Introduction

This chapter provides an interpretation of the findings of this phenomenological study that was designed to explore the lived experiences of 13 men who underwent male circumcision in Rakai District traditionally non circumcising region.

5.2. Discussion of Results

The phenomenon of interest in this study is the lived experiences of Rakai circumcised men. This chapter presents discussion and the relevance and significance of the study, comparison with recent literature, implications for practice and research and personal reflection. The phenomenon of lived experiences of men underwent male circumcision emerged in various ways, with different meanings. The different experiences of men who were circumcised for HIV prevention in Rakai traditionally non circumcising region are discussed under the four research questions: what are Lived experiences of men who underwent male circumcision, how circumcised men deal with societal interpretation of their new status, what are the facilitator and barriers to positive perception about male circumcision among circumcised men. And how can lessons learnt from he lived experiences of circumcised men help to modify health promotion messages and practices on HIV prevention.

What are Lived experiences of men who underwent male circumcision in Rakai district traditionally non circumcising region?

The findings from this study suggest that men circumcised for HIV prevention experienced an aspect of hesitancy which emerged as the phenomenon being hesitant to make a decision to

circumcise. The hesitancy within these people affected their decision making as far as circumcision is concerned. The sources of hesitancy stemmed from fear of the circumcision procedure in anticipations of pain and prolonged healing time, ashamed of circumcising at an advanced age with your boys, and misconceptions from the society surrounding male circumcision. All these were triggered by men who were not circumcised and had never experienced the phenomenon under investigation and, all these experiences were imaged and could result in low married men circumcising fearing to go through the said ordeal. Marera et al (2015) pointed out that fear procedure pain up to complete wound was an experience men intending to circumcise go through.

In this study, participants also viewed male circumcision service to be for young boys not older men, it was perceived to be a shame circumcising an older man who was aged 37 years of age. This might have occurred because majority of the men who were sharing the information about circumcision were uncircumcised and had never experienced the phenomenon. This is in support with the study by Tarimo et al (2012), who pointed out that uncircumcised grown up men tend to feel guilty going to hospital for male circumcision on grounds that they will meet female health workers who mighty laugh at them because of seeking male circumcision. This allegation might have causes a negative impact on the scale up of safe male circumcision among the married men in Rakai.

Many people experienced hesitancy by being subjected to misconceptions about male circumcision for HIV prevention, especially among those married people who were married being categorized as half men, or unable to father a baby. Misconceptions related to medical male circumcision appeared to have a vital role not only influencing individual attitudes towards

male circumcision as an HIV prevention intervention but also making the achievement of National SMC target unachievable. These findings were similar with Marera et al (2015) pointed out that that male circumcision could lead to loss of penis size and consequently the loss of male's ability to satisfy women during sexual intercourse. However, some differences were found. For the male participants of this study, their experiences of being subjected to misconceptions were baseless, with no proof and never being experienced as lived phenomenon. While as, in the related literature, the experiences were more likely associated with other people, the women who had never experienced the phenomenon under investigation.

The experiences mostly experienced by men during the circumcision procedure were the concern for safety. The meaning of experiencing concern for safety during the procedure was like being health educated on the basic of male circumcision, screening for contraindications and ensuring safety of the men during the procedure. These findings are similar with by Sholnik et al (2014) the authors stated that before the circumcision procedure men are screening for diseases such as HIV/AIDs although many could shun away from taking the service. However the findings revealed circumcised men experienced the circumcision procedure differently than what they had perceived to pass through before circumcising. Health education provided by the health educator about circumcision benefits, wound care and pain management were re-echoed, perhaps this could have help participants maintain confidence in services and allow them to cope up well with the pain until complete wound healing.

The findings reveal that men had experiences to share after the circumcision procedure. The study participants were of the view that men who circumcise for HIV prevention experienced tough times post operatively, were patient from sex and some reported that they were not so sure

of what could happen after being circumcised the tough times expressed by the men were the feelings of having sex, penile erections and pain from the itching stitches. The erections may be explained a normal occurrence which is not different from other men who are not circumcised, but the willingness to abstain from penetrative sex may be called for to avoid worsening the wound. These findings were similar with These findings are consistent with the Skolnik et al (2014) results which revealed that men experience pain as a result of erections following the few week of circumcision.

Surprisingly, two participants reported that they had to try out ways of satisfying their sexual partners. The predominant experience was kissing and caressing the spouse when ever faced with sexual desires. Sex resumption before complete wound healing could have resulted into wound gapping or sepsis if tried by men before the recommended six weeks. Similarly 3-9% of all participants in the Kenyan clinical trial reported early sex intercourse before complete wound healing (Supriya et al, 2009). Findings in this study support this previous research. Not only did the study participants have to struggle with sexual argue but their sexual behaviors and attitudes towards themselves were also altered.

The study participants also expressed that they were confused, not able to tell what could happen next or how they could experience the period after they were circumcised. It was found out the question 'How do I care for the wound' was often asked by men after the circumcision. Some participants in this study report that being un sure of what to appeared to be associated with inability to seek for off from the work, being the providers of their families, and fear of not passing through the procedure without getting infections. Findings suggest that experiences of

how to care for the wound resulted into using powered soap and salt water to quicken wound healing and removal of the stitches.

How circumcised men deal societal interpretation of their new status

At the time of the interview, some participants reported male circumcision concealment, putting on tight underwear and fear of the public to know their circumcision status. These included concealing their circumcision status from the public, putting on tight clothes, walking normally, and or asking for off duty. They did not want the public to know that they were circumcised. This was perceived as stigmatizing men who decide to circumcise in Rakai (Tarimo et al 2012 stated that community would not understand the men's circumcision status if kept a secret unless only when he experiences problems which require circumcision or treatment. Tarimo et al (2012) further revealed that women perceived shame to be obvious during traditional circumcision, more especially among freshly circumcised men who instead of putting on trouser, wrap a cloth around their waist or put on skirts and sometimes walk as if they have absecesses around the genital areas. Therefore men may fear to circumcise thinking that the same applies to medical male circumcision which is done different from the traditional one. This therefore calls for the satisfied users to shall their experiences with uncircumcised men so as to reduce the worries, fears and misconceptions about circumcision.

Facilitators and barriers to positive perceptions toward SMC among circumcised men.

Some participants experienced being positive perception toward safe male circumcision. The support led to the acceptability of safe male circumcision among the married men. In addition the facilitators to positive perception were enhanced by the health education messages given, provision of safe service, the perceived benefits of the procedure and inability to trust the rumors

and myths among the community members that could have deterred men from accessing the service. Adaptive responses promote positive outcomes which contribute to the goal of positive perceptions towards circumcision. The lived experiences of circumcised men were being unclean, guilt of not satisfying my spouse, lack of courage to circumcise when still young and bruise on the penis. It appears that the participants had a positive perception towards safe male circumcision. They were able to enhance their positive thinking, accepting male circumcision, sharing their experiences and seeking our support from others. Some men are motivated to seek MC services because they want to have sex without a condom and/or increase their number of sexual partners (Herman-Roloff et al 2011).

However, effectiveness of SMC in the prevention of HIV need to be discussed, many people in this study responded to fear of circumcision procedure, misconceptions and the individual perception of not being at risk. They seemed to be aware of the benefits of circumcision although some still hesitate to go for circumcision. The barriers to positive perception still prevent the achievement of the target for male circumcision. Participants lived experiences were inability to leave work for circumcision, fears of experiencing the pain, negative comments from the community members about circumcision. Misinterpretation of medical male circumcision messages and the negative perceptions among community members that it is a "magic bullet" against HIV which doesn't require usage of other preventive measure might interfere with the program plans , hence increasing the risk of acquiring HIV/STDs among the HIV negative circumcised men (Tarimo et al 2012).

The findings in the study have reflected the meaning of phenomenology which focuses on the first person's experience (Creswell, 2013). This method enables the researcher to bring out an individual's life of experience about a given phenomenon. The men were able to share their

experiences of circumcising in traditionally non circumcising region such as Rakai district, how they handled the societal interpretation of their new status and the facilitators and barriers to positive perceptions. Hermeneutic phenomenology has enabled the researcher to gather a rich description of the circumcised men in Rakai and also a deep understanding of how people experience male circumcision.

The potential limitation of the study with the hermeneutic phenomenology was the inability to generalize the findings to a larger population. The result can only be used to provide an interpretive description of the lived experiences of circumcised men in Rakai community

5.3. Implications.

The study findings have implications for the service improvement and social change about male circumcision. If the voices of circumcised men in Rakai are heard, it will be important for the service providers and policy makers.

There is a need to do continuous awareness among the community so that they are equipped with updated information about male circumcision. Several participants in this study reported that implementer's uses public address system to inform community members about the provision of free safe male circumcision which do not answer people's concerns about male circumcision. Therefore, participants recommend the implementers to conduct grassroots dialogue sessions in order to demystify rumor and myths about male circumcision.

Service implementers should employ the use of satisfied service users to disseminate information about male circumcision as these men have already experienced the phenomenon and can ably alley fears and worries among the community members.

The Ministry of Health and the implementing partners should sensitize partners of married women about ale circumcision, wound care, sex resumption and the likely benefits of male circumcision. This will make women to advocate for male circumcision from an informed point of view.

5.4. Recommendations

Recommendations were put forward to address the barriers and factors that might hamper the smooth running of the safe male circumcision services within the district. These recommendations were addressed to the implementing partners, Ministry of health and the government.

5.4.1. Recommendations for future studies

The study included a small sample of men who were circumcised within Rakai District, therefore the future studies would also be consider men who were circumcised for more than a year to determine if their experiences are different from the participants in this study, as the majority were those who had not made a year. There is need for further research into perceptions regarding efficacy of MMC for HIV prevention among circumcised men in Uganda

Another area of research I would recommend is in regards to the differences between the lived experiences of married men and those that are not married. These two groups seem to be having a different experience to share.

It would be interesting to study the spouses of circumcised men to learn about their experiences, as it is clear from this research that wives are a strong factor in influencing their husbands.

5.4.2. Support Program Recommendations

This study has been exploratory and phenomenological with a small, purposively selected sample, so it is not appropriate to make generalized recommendations regarding programs and services for circumcised men in Rakai district. However, I can apply the research findings to support the recommendations of others. These recommendations include making the environment more welcoming, developing target focused messages, involving women in the circumcision programs.

5.4.3. Recommendation to implementing partners

The findings of the study have several implications for positive change. I sought to fill the gap in the literature on lived experienced of men who underwent male circumcision for HIV prevention in Rakai, traditionally non circumcising region, how they deal with societal interpretation of their new status, barriers and facilitators to positive perceptions to male circumcision, and explored how lessons learnt from the lived experiences of circumcised men can modify health promotion messages and practices

There is a need to make a publication out of the findings of the study for the benefits of the community; this could be done through public health journals.

The implementing partners could develop effective community-based demand generation strategies that include use of interpersonal communication approaches, social networks, Churches, CBOs, and Neighborhood Health Committees, traditional and opinion leaders.

Attitudes of the community towards male medical circumcision issues still leave a lot to be desired. I suggest that the concept of satisfied users could be utilized to ensure that community fears, worries and beliefs are rectified. These have already experienced the phenomenon and would be able to clarify issues among uncircumcised men.

The study suggests that there is a need to create awareness about safe male circumcision among the community members. Several participants in the study indicated that they only heard about male circumcision over the loud speaker that pass around people to go for circumcision, but announcements were not so strong to disseminate massages and address issues about circumcision

5.4.4. Recommendation to ministry of Health

The Ministry of Health together with implementing partners could be involved in the design and development of audience targeted messages that could address issues and fears about safe male circumcision

Women could act as advocates to increase male medical scaling up within the district and nationally since they play a big role to encourage the men to get circumcised or not.

5.5. Self evaluations

Since 2007, I have been involved in the health education of communities on the benefits of safe male circumcision. Although the circumcision services provided within the district by Rakai health sciences program, I did not participate in the circumcision process. My job description required me only to work as a health educator under the community services department. Analyzing these qualitative data, part of which I collected, has exposed me to a range of advantages and challenges.

One advantage was that, being part of the data collection team put me in a good position to critically analyze emerging issues, as I could relate them to my field experiences.

However one disadvantage could have been that, research participants all had ever interfaced with me during circumcision community sessions and this could cause either over-reporting or under-reporting of different sexual behaviors following MMC.

Through this journey I have learnt much, yet realized how little I know and how much knowledge is further to be grasped and discovered.

Lastly, during analysis of these data, some responses sounded rare to me because I assumed I was familiar with this setting. However, I had to accept the data the way it was presented because this was self-reported information that was recorded and transcribed verbatim.

5.6. General conclusion

Hermeneutic phenomenological provides the philosophical framework to explore the lived experiences of men who were circumcised in Rakai district, traditionally non circumcising region. A purposive sampling technique was used to recruit men in the study. The findings indicated that circumcising men in Rakai experienced hesitancy due to fear of shame, misconceptions and fear of the procedure. A great deal of concern for safety was experienced by the men and its associated outcomes/. They experienced a safe procedure and the hands of skilled health providers with minimal risks for complications. All participants realized that their sexual desires would put them at a risk of sepsis of prolonged healing period. As a consequence of being patient many study participants expressed being able to control the sexual desires that could deal with public image so that their circumcision status was not disclosed.

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APPENDIX A: INTERVIEW GUIDE

Introduction:

I want to thank you again for taking time out of your schedule to interview with me today. I truly appreciate you being a participant in my research study. Please feel free to be open and honest. Also, know that if there is anything which you do not desire to disclose, you are under no obligation to share.

Title of the research study: A phenomenological study of the lived experiences of men who underwent male circumcision for HIV prevention in Rakai district traditionally non circumcising region.

Principal investigator and telephone Number: I will be conducting the study. My name is Emmanuel Kato and my Telephone contact is **0782228632** a student of Uganda Martyrs University and pursuing a Masters degree in Public Health, Population and Reproductive Health

Purpose of this study is to explore the lived experiences of men who underwent male medical circumcision for HIV prevention strategies.

What will be done during the interview? I will audiotape your responses to my questions so that I can record them verbatim during transcription. After I transcribe the interview, I will provide a copy for you to read in order to ensure that I have captured the true essence of your experiences as a circumcised man. I do not want to misinterpret anything that you wish to verbally express during the interview.

As we progress through the interview, I may ask some follow-up questions in order to gather more details with regard to your experiences.

Do you accept to give consent for me to audiotape this interview? Yes/No

Are you ready to begin? Yes/No

Demographics/Background

- Tell me a little about yourself and your family. (Age, marital status, education, occupation, children, living situation, income, How long have you been circumcised?

Experiences of circumcised men

- Please help me better understand what male circumcisions mean to you. (Probes: What are your feelings about male circumcision?
- What do you think of medical male circumcision as a way of preventing HIV infection? Why do you say that (or on what or would you base your decision)?
- Tell me about your experience days before getting circumcised. (biases, myths ,Use of condoms, experience before making a decision, hygiene , sexual partners)
- At home what was your worst experience that made you wish to get circumcised?
- Did you discuss your intentions with your family, partner / friend? Did the spouse approve? Or escort you to the facility? How did you convince her to let you go for circumcision?
- What have you found to be helpful in getting circumcised? What else do you think was frustrating despite the fact that you were given a date for circumcision to take place?"
- What influenced you to get circumcised? (Probes: Did the spouse want you circumcised? Why/why not? Did she approve?
- What was your experience during the procedure? Did you experience pain? How did you manage the pain?

- Have your views around circumcision changed since finding out that circumcision reduces the chance of HIV transmission? How has it changed?
- How did you experience the process of wound healing? (Adverse event ,stitches, erections, wound healing, pressure from partner to have sex, how did you manage the sexual pressure/urge ,How did you satisfied the spouse sexually? what did you feel? sexual resumption?
- How did you care for the wound? (Herbs, drugs etc)
- Tell me what sexual practices have changed between you and your partner after you were circumcised. (Probes: Type of sex, condom use, how long did you wait to have sex after his circumcision?)
- How your life is different now than it was prior to being circumcised?
- What challenges have you faced with your spouse as a result of getting circumcised?
- What are some of the challenges that you have faced physically?
- How do people perceive SMC? What is your perceptions
- Are men concerned that SMC could reduce their level of pleasure experienced during sexual intercourse? What are your views on this matter? What about having to avoid having sex for at least six weeks after having this surgery?
- What lessons have you learnt from your being circumcised? How can they be helpful to study coping mechanisms of circumcised men? How can they help in enhancing behavioral change and eventually HIV prevention and control?
- What else would you like to share with me about getting circumcised in traditionally non circumcising community

APPENDIX. B: ARCHIVAL SHEET FOR QUALITATIVE DATA (IDI PARTICIPANTS)

Study: A phenomenological study of the lived experiences of men who underwent male circumcision for HIV prevention in Rakai district a traditionally non circumcising region.

Guide Name: _____

Archival code: _____

Category of participant/informant_____

Date Collected: _____

Name of Informant/Participant: _____

Location: _____

Age: _____

Gender: _____

Marital Status: _____

Religion: _____

Education Level: _____

Occupation: _____

Any other information: _____

APPENDIX C: PARTICIPANTS INFORMATION SHEET

EKIWANDIIKO EKIRAGA OKUKKIRIZA OKWETABA MU KUNONYEREZA

Omutwe: Ebintu abaami abakomole byebayiisemu mu kwetangira okufuna akawuka ka Silimu mu Rakai district ekitundu ekyaali kitatera kukomola Basajja.

Nkulamusiza sebo, amanya gange nze ----------, ku lw'omuyizi Emmanuel Kato asomma Ddiguli eyo kubiri mu Uganda Martyrs University, nkusaba weetabe mu kunonyerereza okukwaata ku biki abasajja abakomole byebayitamu ne byebaloowoza oluvanyuma lw'okukomolebwa okusobola okukendeeza kukatyabaga k'okufuna akawuka kamukenennya ,mu Rakai District ekitundu ekyaali kitatera kukomola Basajja.

Ebigendererwa by'okunonyereza

Ekigendererwa ky'okunonyereza kuno kwekunoonyereza ku biki abasajja abakomoledwa mu Rakai District okusobola okuziyiza akawuka ka siliimu byebayisemu, byebalowooza, byebayize oluvanyuma lw,okukomolebwa. Tujja era kwekeneenya obubaka bw,obyobulamu bwebuyinza okutumbulwamu okusinziira ku biki abantu byebayisemu. Okunoonyereza kuno mulimu okubuuza yo ebibuuzo ebikwata ku neyisayo oluvanyuma lw,okukomolwa, n'okumanya biki byoyisemu.

Enkola nga bwenaaba

Mu kunoonyereza kuno, tujja kukubuzaayo ebibibuuzo era nga bwetukwata amaloboozi go ku katambi, oluvanyuma kitusobozese okwekenenya byetunaba twogedde nawe mubutufu bwabyo. Oluvanyuma ojja kufuuna kopi y'ebyo byetunabeera tunyumizamu nawe okukakasa nti ebiri ku katambi by'ebyo byenyi byetwanyumizamu naawe. Kino kijja tuyamba okufuba okalaba nti

byetuwandika byebyo byennyi byotugambye. Era tujja kubuuzayo ebibuuzo okwongera okutaanya ensonga.

Okukakasa nti ebikukwatako bijja kukumibwa nga byakyama

By’otubulidde byonna byakukumibwa abanonyereza nga byakyama nga bisibidwa mu zikabadda za banonnonyeza ensibire ddala gulugulu oba mu byuuma bikalimagezi nga amateeka bwegalagira. Abavunanyizibwa kukunonyereza kuno bokka bebanatukirira awaterekedwa ebivudde mukunonyereeza. Abanonyereza tebajja kubulirako bantu balala bonna okugeza nga mikwano gyo, mukyalawo by'otuzeemu oba ebivudde mu kunonyereza okujjako ngatufunye olukusa okuva gyoli mu buwandike.

Okwetaba mukunonyereza kuno oba okukuvamu kwa kyeyagalire

Oli wa ddembe okubivaamu obudde bwonna.

Okusasulwa ebiseera by’onotaataaganyizibwa

Ojja kuwebwa shs 10,000shs olw’ebiseera by’onamala nga obuziibwa ebibuuzo.

Ebibuuzo n’abantu b’oyinza okutuukirira

Bw’oba olina ebibuuzo byonna ebikwata kukunonyeereza kuno oba ku kiwandiiko kino bambi nkusaba obuuze nga tonasaako mukono era nange njakukola kyonna ekisoboka okubyanukula. Ojja kufuna copy yekiwandiko kino

Bwoba olina ebibuuzo ebirala byonna oba nga wetaaga okukubaganyamu ebirowoozo ku bikwata ku kunonyereza kuno, tukirira abantu bano wammanga; Emmanuel Kato akulira okunonyereza kuno, kusiimu, **0701228632/0782228632** oba Dr. Mainiple Everd atunulira okunonyereza kuno ku **0772592506**, email address;**ebmaniple@gmail.com**

APPENDIX D: PARTICIPANTS' CONSENT FORM

Ekiwandiko Ekiraga Okukkirizakwo okwetaba mu kunonyereza kuno

Nze_____,ow'emyaka_____

nsabidwa okwetaba mukunonyereza okukwata ku basajja abakomodwa mu Rakai district , nga kulondoola endowooza , embeera, enneeyisazabwe, nabiki byebayisemu, (livedexperiences) omunoonyeereza_____ annyinyonyodde okunonyereza, okunankolebwako.

Nsomeddwa ebiri mukiwandiko kino era nempeebwa omikisa okubuuza ebibuuzo. Ebibuuzo byonna binziridwamu mungeri gye ntegeera obulungi. Bwemba nnina ebibuuzo ebirala byonna ebikwata ku kunoonyereza kuno, nsobola okubuuza omunoonyereza_____, , akulira okunonyereza kuno, Emmanuel Kato oba Dr. Maniple Everd abogedwako waggulu.

Ntegedde nti okwetaba mukunonyereza kunno kwa kyeyagalire. Bwensalawo obutetaba oba okuva mu kunonyereza kuno sigya kubako kyenfirwa.

Ngenda kussako omukono/ekinkumu okulaga okukiriza kwange okwetaba mu kunonyereza kuno. Ngenda kuwebwa kkopi yekiwandiko kino ekiraga okukkiriza kwange era nga ntaddeko n'omukono/ekinkumu kyange

_____ _____

Omukono/ekinkumu ky'akiliza Ennaku z'omwezi

_____ _____

Erinnya ly'akiriza Endgirizo y'akiriza

_____ _____

Omukono gw,omusawo Ennaku z'omwezi(same as participants)

APPENDIX E: LUGANDA: INTERVIEW GUIDE

Introduction:

Nyongera okwebaza olw'obudde bw'ompadde era nkwebaza olw'okwetaba mu kunonyereza kuno. Nkusa owulire eddembe nga oyogera nange. Bw'oba olina kyotandyagadde ku mbulira, osobola okukireeka.

A. Demographics/Background

- Tell me a little about yourself and your family. (Age, marital status, education, occupation, children, living situation, income, How long have you been circumcised?

  Mbulira akatonotono ebikukwatako

B. Perspective of male circumcision and experiences of circumcised men

1. What do you understand by medical male circumcision? (Probes: What are your feelings about male circumcision? *Kiki ky'omanyi ku kukomolebwa kw'abasajja*? **Probe:** *Biki by'oyagala oba by'otayagala ku kukomolebwa kw'abasajja?*
2. What do you think of medical male circumcision as a way of preventing HIV? Explain. *Olowoozaki ku kukomolebwa kw'asajja okwekisawo nga engeri emu ey'okuziyiza okukwatibwa akawuka ka siliimu? Nyonyola*.
3. What is your experience of circumcising in a traditionally non circumcising region (**Probe:** How did you manage the public image?

   Biki by'omanyi ne by'oyiisemu ku ky'okukomolebwa kwa abaami mu kitundu nga Rakai ekitaali kikomozi okuva edda nedda?
4. Tell me about your experience before getting circumcised. (**Probes**: Biases, myths, Use of condoms, , hygiene, sexual partners),

Nsaba ku mbulirako ku byewayitamu nga tonabakukomolebwa. (**Probes**: Biases, myths, Use of condoms, , hygiene, sexual partners),

5. Who did you discuss with your intentions of circumcising*? Ani gwe wayogerako naye kuntekatekayo ey'okukomolebwa?* Probe: spouse, your family, partner / friend?
6. Did you discuss it with the spouse. *Kino wakyogerako ne mukyalawo? What did you discuss before you went for MMC Biki byemwayogerako* How did your spouse react.*Yakitwala atya*? Did she escort you to the facility?*yakuwerekerako ewakomolebwa?* What was your experience during the procedure? *Biki byewayitamu nga okomolebwa*? (**Probe**: Did you experience pain Wawulira obulumi? How did you manage the pain? Obulumi wabuvunuka otya?
7. How did you experience the process of wound healing? *Biki bye wayitamu mu kiseera nga ekiwundu tekinawona*? **Probe:** Adverse event, stitches, erections, wound healing, pressure from partner to have sex.
8. Did you feel a sexual urge during the healing process? If so, How did you manage the sexual pressure/urge? **Probe**: Did you feel ashamed or out of place or feel stigma about not being satisfied sexually? How long did you wait to have sex after being circumcised? *Wawuliranga oyogala okwetta mu kiseera nga ekiwundu tekinawona? Wasobola otya okuyita mi kiseera nga oyagala okwegata ate nga ekiwundu tekinawona*? **Probe**: ***Did you feel ashamed or out of place or feel stigma about not being satisfied sexually?*** *Wamala bangaki nga tonadamu kwegata?*
9. How did you manage to convince your partners to be patient until complete healing? *Wamatiza otya mukyala/omwagalwawo/bagalwa bo okugumikirizako okutuusa nga ekiwundu kiwonye?* How did you manage to satisfy the sexual needs of your partners

during the healing period? How did you satisfy the spouse sexually? How did you feel? How did you cope with all those influences?

10. How did you care for the wound? *Ekiwundu wakirabirira otya*? **Probes**:(Herbs, drugs, dressing, sepsis , public image etc)
11. Tell me what sexual practices have changed between you and your partner after you were circumcised. *Mbulirako kubikyusekyuse muyisazamwe mu by'okwegata ne mukylawo/omwaglwawo oluvanyuma lw'okukomolebwa* (**Probes**: Type of sex, sexual partners, insatiable sexual urge, condom use,
12. How your life is different now than it was prior to being circumcised? *Embeera yo eyawukana etya kati ng'okomoddwa ne bwewali ngatonakomolwa?*

C. Facilitators and barriers to positive perceptions of MMC

1. How do you perceive SMC mbulira endowoozayo ku kukomola kwabasajja? How is your perception different before (still pondering with a decision to get circumcised) getting circumcised, immediately after SMC after SMC? *Endowoozayo eyawukana etya kati ngokomoddwa nebwewali ngatonakomolwa*. **Probe**: finding out that circumcision reduces the chance of HIV transmission
2. What have you found to be helpful in getting circumcised? *Birungiki by'osanze mu ky'okubeera omukomole?*
3. What do you think was frustrating despite the fact that you were given a date for circumcision to take place? *Kiki kyolowwoza ekyaali kisomooza newankubadde nga wali owereddwa olunaku lwokukomolebwa*

4. What challenges have you faced with your spouse as a result of getting circumcised?

   Kusomozebwa oba buzibu ki bw'osanze ne mukyalawo/omwagalwawo olwokuba nti wakomolebwa?

5. Are men concerned that SMC could reduce their level of pleasure experienced during sexual intercourse? **Probe**: What are your views on this matter? What about having to avoid having sex for at least six weeks after having this surgery?

   Olowooza abasajja balina obwelalikirivu nti eky'okubakola kyakendeza okunyumirwakwabwe mu by'okwegatta? Probe: Kino okilowoozako ki? Olowozaki ku ky'okuva ku byo'kwegata okumala weeks mukaaga(6) nga wakamala okukomolebwa

D. Lessons learnt from lived experiences of men who received Male medical circumcision as an HIV prevention strategy modify circumcision health promotion messages and practices in Rakai District

1. What lessons have you learnt from your being circumcised? How can these lessons help to modify health promotion messages?

   Biki by'oyize mu ky'okubeera omukomole? By'oyize biyinza kutuyamba tutya kulongosa oba okutumbula obubaka obukubiriza abantu okukomolebwa

2. How can circumcised men help in enhancing behavioral change and eventually HIV prevention and control?

   Okukomolebwa kw'abasajja kuyinza kukyusa kutya eneeyisa z'abantu obulungi wamu n'okuziyiza okukwatibwa akawuka kasirimu?

3. As we come to the end of our discussion, do you have anything you would like to share with me about MMC in a traditionally non circumcising community?

Nga tumaliriza okukubaganya ebirowoozo byaffe, olinayo wkintu kyonna kyewandyagadde okwogera ku kukomolebwa kw'abasajja mu kitundu nga Rakai ewatabeeranga kukomola kwa basajja?

Thank you. We have come to the end of our discussion

Webale nyo. Tumaliriza okukubaganya ebirowoozo.

APPENDIX F: PROPOSED BUDGET AND WORK PLAN

Activity	Unit	Quantity	Rate	Amount (shs)
Proposal and report writing	Reams	2	20.000	40.000
	Printing		400 per page	20,000
	Note book	2	5.000	10.000
	Pens	5	1.000	5.000
	Audio recorder	01	300,000	300,000
Binding research books	Spiral bided copies	3	12.000	36.000
	Hard bounded copies	4	50.000	200.000
	Researcher	1	150.000	150.000
Pretest in-depth interviews	Transport	1	5000	50.000
	Allowance	2	50.000	100.000
	Researcher	1	150.000	150.000
	Pens	3	1.000	3.000
	Lunch	3	20,000	60.000
Data collection(in-depth interviews	Time composition	40	7000	280.000
	Allowances	2	100.000	300.000
	Researcher	1	400.000	400.000
	Pens	3	1.000	3.000
	Airtime	3	50,000	150.000
	Transport and lunch	3	100.000	300.000
Transcriptions and summarizing notes	Researcher +data manager	1	250.000	250.000
Data analysis	Data analyst	1	300.000	300.000
Grand total	3.669.000			

Appendix G: work plan

Activity	2016											Person Responsible
	Jan	Ap	MAY			June/July		July/August		S	S	
Research topic approval												Researcher
Start proposal writing												Researcher
Seek guidance from the supervisor												Researcher
Correct mistakes as advised												Researcher
Approval of proposal												Supervisor
Conduct In-depth interviews and transcription												Research assistants
Start dissertation writing												Researcher
Seek guidance from the supervisor												Researcher
Correct mistakes as advised												Supervisor
Defense of dissertation												Researcher
Approval of dissertation												Panel of Lecturers
Submission												Researcher

Appendix H; Sample Transcript

A PHENOMENOLOGICAL STUDY OF THE LIVED EXPERIENCES OF MEN WHO UNDERWENT MALE CIRCUMCISION FOR HIV PREVENTION IN RAKAI DISTRICT A TRADITIONALLY NON CIRCUMCISING REGION.

ARCHIVAL CODE: ID13-27-07-2016-Emma

PLACE: KALISIZO

CATEGORY:

GENDER: MALE

AGE: 29 YEARS

DATE: 27-07-2016

TIME: START: 04:51pm END: 05:29pm

INT: INTERVIEWER

INT: Thank you so much for the time you have given me so that we can have a discussion. I really appreciate. As I told you, we are going to be talking about male circumcision in Rakai district which was a traditionally non circumcising region. I ask you to be open with whatever you are going to tell me and if possible try to be detailed and elaborative so that I can understand you clearly. Please tell me a little about yourself.

MM: I am so and so. I reside in Kyotera but come from Kabale district. We came to settle in Rakai in 1992. My parents settled at a village called Rwakalolo. So when I grew up, I came to stay in Kyotera. I then developed a desire of wanting to learn construction. So I came to KVI institute to learn construction work. After school, I stayed in Kyotera and begun working in Kyotera. I then married and started having children. I have three children. I do construction work and sometimes buy and sell clothes.

INT: How long have you been circumcised?

MM: I think I have made five months now when I am circumcised. I got circumcised this year.

INT: What do you understand with the term male circumcision?

MM: Generally, circumcision is good. I will take circumcision as one thing that makes a man respectable. A circumcised man is a stylish man. If you are circumcised, you do not worry about being dirty. Even if I take three days without bathing, I know that I am clean. From the way I see things, circumcision save a man from getting HIV by 85%. This is because the skin of the penis is not soft like it was before removing the foreskin. A virus quickly penetrates a soft skin[penis]. That is how I understand circumcision.

INT: What do you like about male circumcision?

MM: Okay I like being clean and also being free from getting sexual infections. I don't worry so much that I have been with someone and I have acquired infections, no. A circumcised man is proud of that.

INT: What do you dislike about male circumcision?

MM: There is nothing I dislike about male circumcision. I like most of the things.

INT: What to do you think about medical male circumcision as one way of preventing HIV?

MM: We were first told that circumcision reduces a man's sexual strength. This made us fear circumcision but later as we followed our colleagues who got circumcised, we realized that circumcision was something good and that the health workers were caring for our health.

INT: So how do you think circumcision prevent one from getting HIV?

MM: As I explained to you, after the surgery, the skin of the penis becomes hard in that getting a wound on the penis is hard. But if one is not circumcised, the skin of the penis is so soft that if there is any coercion supposing the woman's private part is narrow, it is easy for the penis to get a hurt or injured. So since HIV is transmitted through blood, the penis cannot be hurt or bruised and one escape getting HIV.

INT: What is your experience of circumcising in a traditionally non circumcising region?

MM: In the past, the HIV disease was high unlike now. Rakai was the most leading district with people with HIV infection. In the past, we feared mentioning the word Rakai. When you could tell the girl that you are going to Rakai, she could refuse saying you are taking me to get HIV. Rakai was associated to HIV. But today, this is no more. People agreed that we are now at the same level. When information about circumcision came, I was one of the obstinate people. When one could tell us that he is going to be circumcised, we could laugh at him and tell him that by getting circumcised, his reproductive eggs were going to be bunt. But after a long period of time, I accepted circumcision and I believe by the time I accepted circumcision, most people had already gotten circumcised. Overall, many men are now circumcised.

INT: What reasons could stop you from getting circumcised during that time?

MM: It is like telling someone that you are going to Rakai project without telling that person the details that you are going for ART, that person will refuse thinking he is going to get ART. Even with my wife, when I tell her that I am going to Rakai project, she will get a little shocked thinking I am HIV positive and going for treatment. We used to think that whoever goes to Rakai project is HIV positive. We also thought that Rakai project realized that women react badly to family planning and therefore they want to now go through the men by using circumcision to prevent them from having children. By the time we realized it was not true, we had seen that the men who were circumcised a long

time ago were having children. So we decided to get circumcised. Another thing that made us decide to get circumcised are the girls we have sex with. They always ask us, "are you circumcised?" This make you feel belittled. They feel disgusted with us. So those are some of the things that forced us to get circumcised.

INT: Please tell me about your experience before you got circumcised.

MM: It made me ensure that I clean my penis most of the time. Secondly, I could feel itchy most of the time. If I could not use a condom, I could get pimples on the penis and I could easily get syphilis.

INT: Who did you discuss with about your plans or intention to get circumcised?

MM: I first discussed it with my wife. She was the one who mostly influenced me to get circumcised. She could tell me that whenever my fellow women tell me that their husband are circumcised, it makes me feel bad that it sometimes makes me feel like getting a man who is circumcised so that I can feel a difference between a circumcised man and the uncircumcised man. So I realized that my being uncircumcised bothered me and my wife as well. That made me know that when we are having sex, my wife is not happy with me.

INT: Apart from your wife, who else did you discuss with your intentions of getting circumcised?

MM: Okay there is my friend I told about my intention of getting circumcised but he was a Muslim and already circumcised.

INT: What did you discuss with your wife about your intentions of getting circumcised?

MM: We did not talk much, but I just told her that if there is any circumcision camp arranged in Kyotera, I will get circumcised or if you get to hear about it let me know. I will leave my work and come for circumcision. So when there was a camp in Kyotera, I went and got circumcised. I got to know about the camp with the help of my friends who I saw going to the camp.

INT: Did your wife accompany you?

MM: She did not accompany me. She was at work.

INT: Please tell me about your experience during the circumcision process.

MM: Okay when I reached the camp, I first feared the blade when I am an adult. We were first health educated about the benefits of male circumcision and the reason why we are being circumcised. Then I started feeling strong because my wife wanted me to be get circumcised and I also want my marriage to be happy. So I got determined to get circumcised.

INT: So what happened after you were given health education?

MM: Then my penis were examined. I did not have any sickness with my penis. I was then injected with tetanus and then I was given a gown to put on and then the surgery started. When I entered the room, I feared but then after seeing my friends who had just finished the surgery, I became strong. So I lied on the bed and then I was injected with anesthesia on the penis. I was given four injections so that I don't feel pain during the surgery. Then the surgery begun. After the surgery, I was given medicine in form of tablets that will help me with pain.

INT: Did you feel pain during the surgery?

MM: At that time, I did not feel pain but I started feeling the pain in the evening. I am so stubborn, on the day I was circumcised, I rode a motorcycle and I did not hurt myself. So I started feeling the pain in the evening and the next morning.

INT: How did you manage the pain?

MM: I did not do any heavy work again. I remained at home and wife took care of me. I prepared myself for this. There was money to use during that time until I resumed working in two weeks time.

INT: Please tell me what you went through during wound healing?

MM: Generally, I faced some problems probably because I was circumcised when I am an adult. That is why I request that we should consider circumcising young boys and children from 2-5years. You should not refuse to circumcise them when we bring them to you. I really felt a lot of pain unlike the boys they circumcised on that day who were about 8-10years. As an adult, the body desires for sex and the penis erect and I could feel pain and sometimes the stitches could break. The wound that hard started healing could fresh again. So if I was circumcised when I am still young, I would not have felt pain because a young boy cannot think of sex because it is not yet in his brain. So I reached an extent of telling my wife to first go back to her parent's home. I reached an extent where I could not talk about any conversation that could bring about happiness which could make me erect.

INT: What would you do during such a time?

MM: I could bath cold water or take very cold water to see that the veins are less tense. So this could work for me.

INT: Did you receive pressure from your wife to have sex before wound healing?

MM: As partners, we may be watching some video songs and she dedicates a song to me and that song has many love messages so the message in the song can change the mood. So I tried so much to change the topic and then my mood would change.

INT: Did you feel like wanting to have sex before the wound healed?

MM: Yes I could feel like having sex before the wound healed.

INT: How did you manage such feelings?

MM: I used to sleep alone and she was also alone. The good thing is that I rent two rooms, so she could sleep in the bedroom and I could sleep in the sitting room. Okay I don't take alcohol but I tried taking alcohol so that I could have a deep sleep.

INT: How long did you take to resume sex?

MM: In general, it was about four weeks.

INT: How did you convince your wife or your partners to be patient with you until the wound healed?

MM: My wife really wanted sex but because of the condition I was in, she accepted to be patient. She accepted to wait for the four weeks as the health workers had instructed me. She could sometimes avoid me.

INT: How did you care for the wound?

MM: I care for the wound. I made sure that I use the medicine I was given. I could bath while putting on a polythene sheath around the wound until the time when the bandage was removed. The stitches started disappearing and that is when I started bathing without wrapping myself with a polythene sheath.

INT: How did you manage to ensure that the community doesn't get to know that you have been circumcised?

MM: I bought tight under pants that I wore. Another thing, I would move a lot on a motorcycle. It was not that I was on foot. So it was so hard for one to notice that I was circumcised.

INT: Did you use any herbs for the wound?

MM: No.

INT: What sexual practices have changed between you and your wife after you got circumcised?

MM: I think my wife can tell that there is a change. The way I used to enter her may be different from how I do it now.

INT: I am referring to some of the sexual practices you used to have before and how you behave now that you are circumcised?

MM: Okay my behaviors did not change a lot. I was not using condoms before and I still don't use them. Now that I am circumcised, I am confident that I cannot get STDs even when I don't use condoms.

INT: How about your sexual pleasure now and before?

MM: My sexual pleasure remained the same. However if one is circumcised and does not control his sexual desires, one can become a promiscuous person. When the foreskin is removed, the skin becomes so sensitive with everything that touches it even if it is a piece of cloth. Anything that touches the skin of the penis makes it erect. So if one does not avoid having sex each time the penis erects, it can become a habit of having sex every time.

INT: How about the number of sexual partners?

MM: I have two sexual partners. I had them before I got circumcised.

INT: How is your life different now and before you got circumcised?

MM: I am satisfied that I am clean unlike before I got circumcised.

INT: Tell me about your perception about SMC?

MM: My perception is now positive unlike before when I used to think that the intention of circumcision was to burn our reproductive eggs. A circumcised man is ever confident. There are sometimes when men go for seminars and have to use one bathroom. If you are not circumcised and you are the only one not circumcised with about three men in one room, You feel ashamed because you see that the circumcised men are moving with the stylish generation.

INT: How is your perception different now than before you were circumcised?

MM: Before I was circumcised, I was ignorant about circumcision and I was scared about the negative things talked about circumcision like burning of our reproductive eggs but since I got to know about circumcision and got circumcised, I really see that as an individual, I changed. My wife does not feel disgusted with me when we are in bed.

INT: What have you found to be helpful in being circumcised?

MM: One of the benefits I have enjoyed is being clean. Secondly, I am living a stylish life in a stylish generation. Before I got circumcised, I could do many things to gain an erection but now I quickly erect because the skin of the penis is exposed. Anything that touches the skin makes it sensitive and I erect or mere thinking about having sex makes it erect immediately.

INT: What do you think was frustrating much as you were given a date to go for circumcision?

MM: I was circumcised on the day I went for circumcision.

INT: What problems did you face on the day you went for circumcision?

MM: Okay I had no major problem apart from fearing.

INT: Do you think men have a concern that SMC could reduce their levels of sexual pleasure?

MM: The one who is not yet circumcised is the one who can say that SMC reduces one's sexual pleasure but the one who is circumcised enjoys sex. Before I got circumcised, there is a girl I had sexual relationship with. But when I went back to her after I got circumcised, she told me that "I felt that you were circumcised." That means a girl can feel a difference with a circumcised man. That means circumcision is good.

INT: Did you also think about this before you got circumcised?

MM: Everyone knows that a circumcised man enjoys sex. That is why in the past women could say that Muslim men are pleasurable. So women whose husband were not circumcised at least wanted to have a sexual relationship with a Muslim man. So I discovered that a circumcised man enjoys sex compared to the uncircumcised man.

INT: Do you think abstaining from sex for six weeks as recommended sometimes makes some men remain uncircumcised?

MM: Those who have not yet been health educated about circumcision or those who are ignorant about circumcision or don't have a circumcised friend who can share experience with him, this can stop him from getting circumcised. You see this thing requires one to be patient. If you are not patient you cannot get circumcised. One has to be patient and believe in what is being taught about circumcision.

INT: What lessons have you learned in being circumcised?

MM: I have learned if I am circumcised, my life/health is safe when having sex. Even if I don't have a condom, at least I have a small kind of protection since I am circumcised. I also learned that circumcision reduces one's chances of getting HIV and STDs.

INT: How can these messages learned help to modify health promotion messages about circumcision.

MM: As health workers, You should use us the people who have been circumcised to pass on the information to others who are not circumcised. We can tell them the benefits we have enjoyed and this may prompt them to get circumcised.

INT: How can circumcision help to enhance behavior change and eventually HIV prevention and control?

MM: You know before one gets circumcised, they first health educate you about circumcision. You also get to know that HIV is there and there are also people who have HIV. If you have been promiscuous, you can reduce on the number of sexual partners. You also get to know that taking ART is not a crime. One should be confident and go for the HIV test.

INT: Is there anything we have not talked about male circumcision as we finish?

MM: I don't see any. But I request that you begin circumcising children from five years. They will be protected right from childhood. Another thing, when circumcised as an adult, you

face a lot of problems. Your work come to a standstill and you may also be chased from work for having missed work for days.

INT: Okay, thank you so much for the time you have given me and for the information you have given me.

END.

A PHENOMENOLOGICAL STUDY OF THE LIVED EXPERIENCES OF MEN WHO UNDERWENT MALE CIRCUMCISION FOR HIV PREVENTION IN RAKAI DISTRICT A TRADITIONALLY NON CIRCUMCISING REGION.

ARCHIVAL CODE: ID13-27-07-2016-Emma

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INT: Please tell me about your experience before you got circumcised.

MM: It made me ensure that I clean my penis most of the time. Secondly, I could feel itchy most of the time. If I could not use a condom, I could get pimples on the penis and I could easily get syphilis.

INT: Who did you discuss with about your plans or intention to get circumcised?

MM: I first discussed it with my wife. She was the one who mostly influenced me to get circumcised. She could tell me that whenever my fellow women tell me that their husband are circumcised, it makes me feel bad that it sometimes makes me feel like getting a man who is circumcised so that I can feel a difference between a circumcised man and the uncircumcised man. So I realized that my being uncircumcised bothered me and my wife as well. That made me know that when we are having sex, my wife is not happy with me.

INT: Apart from your wife, who else did you discuss with your intentions of getting circumcised?

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INT: What did you discuss with your wife about your intentions of getting circumcised?

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INT: Did your wife accompany you?

MM: She did not accompany me. She was at work.

INT: Please tell me about your experience during the circumcision process.

MM: Okay when I reached the camp, I first feared the blade when I am an adult. We were first health educated about the benefits of male circumcision and the reason why we are being circumcised. Then I started feeling strong because my wife wanted me to be get circumcised and I also want my marriage to be happy. So I got determined to get circumcised.

INT: So what happened after you were given health education?

MM: Then my penis was examined. I did not have any sickness with my penis. I was then injected with tetanus and then I was given a gown to put on and then the surgery started. When I entered the room, I feared but then after seeing my friends who had just finished the surgery, I became strong. So I lied on the bed and then I was injected with anesthesia on the penis. I was given four injections so that I don't feel pain during the surgery. Then the surgery begun. After the surgery, I was given medicine in form of tablets that will help me with pain.

INT: Did you feel pain during the surgery?

MM: At that time, I did not feel pain but I started feeling the pain in the evening. I am so stubborn, on the day I was circumcised, I rode a motorcycle and I did not hurt myself. So I started feeling the pain in the evening and the next morning.

INT: How did you manage the pain?

MM: I did not do any heavy work again. I remained at home and wife took care of me. I prepared myself for this. There was money to use during that time until I resumed working in two weeks time.

INT: Please tell me what you went through during wound healing?

MM: Generally, I faced some problems probably because I was circumcised when I am an adult. That is why I request that we should consider circumcising young boys and children from 2-5years. You should not refuse to circumcise them when we bring them to you. I really felt a lot of pain unlike the boys they circumcised on that day who were about 8-10years. As an adult, the body desires for sex and the penis erect and I could feel pain and sometimes the stitches could break. The wound that hard started healing could fresh again. So if I was circumcised when I am still young, I would not have felt pain because a young boy cannot think of sex because it is not yet in his brain. So I reached an extent of telling my wife to first go back to her parent's home. I reached an extent where I could not talk about any conversation that could bring about happiness which could make me erect.

INT: What would you do during such a time?

MM: I could bath cold water or take very cold water to see that the veins are less tense. So this could work for me.

INT: Did you receive pressure from your wife to have sex before wound healing?

MM: As partners, we may be watching some video songs and she dedicates a song to me and that song has many love messages so the message in the song can change the mood. So I tried so much to change the topic and then my mood would change.

INT: Did you feel like wanting to have sex before the wound healed?

MM: Yes I could feel like having sex before the wound healed.

INT: How did you manage such feelings?

MM: I used to sleep alone and she was also alone. The good thing is that I rent two rooms, so she could sleep in the bedroom and I could sleep in the sitting room. Okay I don't take alcohol but I tried taking alcohol so that I could have a deep sleep.

INT: How long did you take to resume sex?

MM: In general, it was about four weeks.

INT: How did you convince your wife or your partners to be patient with you until the wound healed?

MM: My wife really wanted sex but because of the condition I was in, she accepted to be patient. She accepted to wait for the four weeks as the health workers had instructed me. She could sometimes avoid me.

INT: How did you care for the wound?

MM: I care for the wound. I made sure that I use the medicine I was given. I could bath while putting on a polythene sheath around the wound until the time when the bandage was removed. The stitches started disappearing and that is when I started bathing without wrapping myself with a polythene sheath.

INT: How did you manage to ensure that the community doesn't get to know that you have been circumcised?

MM: I bought tight under pants that I wore. Another thing, I would move a lot on a motorcycle. It was not that I was on foot. So it was so hard for one to notice that I was circumcised.

INT: Did you use any herbs for the wound?

MM: No.

INT: What sexual practices have changed between you and your wife after you got circumcised?

MM: I think my wife can tell that there is a change. The way I used to enter her may be different from how I do it now.

INT: I am referring to some of the sexual practices you used to have before and how you behave now that you are circumcised?

MM: Okay my behaviors did not change a lot. I was not using condoms before and I still don't use them. Now that I am circumcised, I am confident that I cannot get STDs even when I don't use condoms.

INT: How about your sexual pleasure now and before?

MM: My sexual pleasure remained the same. However if one is circumcised and does not control his sexual desires, one can become a promiscuous person. When the foreskin is removed, the skin becomes so sensitive with everything that touches it even if it is a piece of cloth. Anything that touches the skin of the penis makes it erect. So if one does not avoid having sex each time the penis erects, it can become a habit of having sex every time.

INT: How about the number of sexual partners?

MM: I have two sexual partners. I had them before I got circumcised.

INT: How is your life different now and before you got circumcised?

MM: I am satisfied that I am clean unlike before I got circumcised.

INT: Tell me about your perception about SMC?

MM: My perception is now positive unlike before when I used to think that the intention of circumcision was to burn our reproductive eggs. A circumcised man is ever confident. There are sometimes when men go for seminars and have to use one bathroom. If you are not circumcised and you are the only one not circumcised with about three men in one room, You feel ashamed because you see that the circumcised men are moving with the stylish generation.

INT: How is your perception different now than before you were circumcised?

MM: Before I was circumcised, I was ignorant about circumcision and I was scared about the negative things talked about circumcision like burning of our reproductive eggs but since I got to know about circumcision and got circumcised, I really see that as an individual, I changed. My wife does not feel disgusted with me when we are in bed.

INT: What have you found to be helpful in being circumcised?

MM: One of the benefits I have enjoyed is being clean. Secondly, I am living a stylish life in a stylish generation. Before I got circumcised, I could do many things to gain an erection but now I quickly erect because the skin of the penis is exposed. Anything that touches the skin makes it sensitive and I erect or mere thinking about having sex makes it erect immediately.

INT: What do you think was frustrating much as you were given a date to go for circumcision?

MM: I was circumcised on the day I went for circumcision.

INT: What problems did you face on the day you went for circumcision?

MM: Okay I had no major problem apart from fearing.

INT: Do you think men have a concern that SMC could reduce their levels of sexual pleasure?

MM: The one who is not yet circumcised is the one who can say that SMC reduces one's sexual pleasure but the one who is circumcised enjoys sex. Before I got circumcised, there is a girl I had sexual relationship with. But when I went back to her after I got circumcised, she told me that "I felt that you were circumcised." That means a girl can feel a difference with a circumcised man. That means circumcision is good.

INT: Did you also think about this before you got circumcised?

MM: Everyone knows that a circumcised man enjoys sex. That is why in the past women could say that Muslim men are pleasurable. So women whose husband were not circumcised at least wanted to have a sexual relationship with a Muslim man. So I discovered that a circumcised man enjoys sex compared to the uncircumcised man.

INT: Do you think abstaining from sex for six weeks as recommended sometimes makes some men remain uncircumcised?

MM: Those who have not yet been health educated about circumcision or those who are ignorant about circumcision or don't have a circumcised friend who can share experience with him, this can stop him from getting circumcised. You see this thing requires one to be patient. If you are not patient you cannot get circumcised. One has to be patient and believe in what is being taught about circumcision.

INT: What lessons have you learned in being circumcised?

MM: I have learned if I am circumcised, my life/health is safe when having sex. Even if I don't have a condom, at least I have a small kind of protection since I am circumcised. I also learned that circumcision reduces one's chances of getting HIV and STDs.

INT: How can these messages learned help to modify health promotion messages about circumcision.

MM: As health workers, you should use us the people who have been circumcised to pass on the information to others who are not circumcised. We can tell them the benefits we have enjoyed and this may prompt them to get circumcised.

INT: How can circumcision help to enhance behavior change and eventually HIV prevention and control?

MM: You know before one gets circumcised, they first health educate you about circumcision. You also get to know that HIV is there and there are also people who have HIV. If you have been promiscuous, you can reduce on the number of sexual partners. You also get to know that taking ART is not a crime. One should be confident and go for the HIV test.

INT: Is there anything we have not talked about male circumcision as we finish?

MM: I don't see any. But I request that you begin circumcising children from five years. They will be protected right from childhood. Another thing, when circumcised as an adult, you

face a lot of problems. Your work come to a standstill and you may also be chased from work for having missed work for days.

INT: Okay, thank you so much for the time you have given me and for the information you have given me.

END.