



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

**Understanding the Sexual Pleasure Perceptions and Preferences
of Black African University going Women in the Context of
Male Circumcision**

THANDEKA YASMEEN NDABA

214533558

School of Social Sciences

Supervisor

Prof. Maheshvari Naidu

Submitted in fulfilment of the requirements for the Degree of Master of
Social Sciences in Gender Studies.

JULY

2020

DECLARATION

I, Thandeka Yasmeen Ndaba, declare that all the work submitted represents my original effort and has not been submitted for any degree in any other tertiary institution. Where use has been made of the works of others, it is duly acknowledged in the text and reference list.

As the candidate's supervisor, I agree with the submission of this dissertation.

Supervisor: Prof. M Naidu



Signed: ...

.....

Date: 25/09/2020.....

DEDICATION

I dedicate this dissertation to my parents Thobile Rose Ntombela and Nhlanhla Johannes Ndaba, who have been my greatest pillar of strength throughout this journey. Thank you for loving me even on days I struggled to love myself. This has been by far the most testing part of my life, but despite it all, you stood by me, prayed with and for me. Your constant encouragement and unwavering support has seen me through the worst of days. Praise be to God.

And

To everyone in despair, may you find peace. Truly.

ACKNOWLEDGEMENTS

I can, with great certainty, say that the completion of this dissertation has been the hardest thing I have ever had to do in my entire life thus far. There were times I was ready to give up, times I struggled to find myself worthy and times I was sure I wouldn't make it. Therefore I would like to acknowledge all those who contributed significantly to the completion of this dissertation.

First of all, I would like to give praise to Al-Fattah (The Opener), for opening the doors of knowledge and understanding to me, and keeping them open until I found the courage to walk through them. It is only through the Almighty's Grace and Favours upon me that I was able to summon the strength to complete this dissertation. Praise be to the Most High for Opening doors that always lead back to Him. God is perfect.

I would also like to express my heartfelt gratitude to my supervisor Professor Maheshvari Naidu. Words could never express my gratitude to you. You have gone above and beyond for me, your patience, compassion and guidance is the reason I was able to eventually complete this dissertation. Thank you for believing in me and constantly reassuring me that I was worthy and capable. Thank you for constantly handing me a lifeline when I would lose all hope and despair. I don't know what I admire more between your stellar work ethic and your willingness to always help.

I would also like to thank my mother for all the financial and emotional support. Thank you for being a shoulder to cry on, and always being willing to listen to me and comfort all my worries and fears without any judgement. This journey has brought us closer together.

To my father, Thank you for encouraging me to always dream big, push myself and strive for excellence. You are a great father.

My younger siblings: Aatikah; Ihsaan; Nomathemba; Zaahidah; Naseera; Mohammed; Ahmed and Bandile, thank you for being my biggest fans, thank you for making life worthwhile. You are indeed, my happy place.

My research participants, thank you for taking the time to share your stories with me. You are truly appreciated.

Lastly, I would like to thank Dr Shumba for taking the time to edit my work for grammatical and spelling errors.

ABSTRACT

There is limited knowledge reinforcing notions of a positive and pleasurable Black African female sexuality. This emanates from the fact that studies in the African context have been predominantly preoccupied with the understanding and reinforcement of a Black African female sexuality that is characterised by pain, unequal relations, violence, and power disparities. Furthermore, women are more often than not, portrayed as powerless and submissive, and therefore, with little to no sexual agency in relationships. Even though the latter is to some extent true, it is not representative of the larger narrative of Black African female sexuality, as it often presents instances of sexual empowerment, liberation and pleasure. This qualitative study aimed at providing an in-depth exploration of the perceptions of sexual pleasure and preferences of Black African women at the University of KwaZulu-Natal's Howard College Campus in the context of male circumcision and female pleasure. The study critically explored their experiences in terms of sexual pleasure, which, in this regard, facilitated a better understanding of Black African women as sexual beings. Social Constructionism and African Feminism were used as lenses in conducting the study. A purposive sampling technique was used, and comprised a small and intimate sample community of 8 Black African university-going women aged between 18 and 25 and who had sexual experiences with both circumcised and uncircumcised men. Semi-structured interviews were undertaken to garner rich and detailed narratives from the participants. Findings revealed that circumcised men were revered (sic) for their ability to offer women sexual pleasure.

KEYWORDS: Male Circumcision (MC); foreskin; sexual pleasure; sexual health; sexual scripts; sexuality

TABLE OF CONTENTS

Chapter 1: Introduction and Literature Review

1.1 Introduction.....	1
1.2. Background and Motivation.....	3
1.3. Research Problem and Key Questions.....	8
1.4 Objectives.....	10
1.5 Literature Review.....	10
1.6 Conclusion	28

Chapter 2: Methodology and Theoretical Framework

2.1 1 Introduction.....	30
2.1.2 Research Approach.....	30
2.1.3 Research Design.....	31
2.1.4Sampling.....	32
2.1.5 Research Site.....	35
2.1.6 Data Collection.....	35
2.1.7 Data Analysis.....	37
2.1.8 Trustworthiness.....	38
2.1.9 Limitations of Study.....	39
2.1.10 Ethical Considerations.....	40
2.2 Theoretical Framework.....	42
2.2.1 Social Constructionism.....	42
2.2.2 African Feminism.....	44
2.3. Structure of Dissertation.....	46
2.4. Conclusion.....	47

Chapter 3: Knowledge and Perceptions on Male Circumcision

3.1 Introduction.....	48
-----------------------	----

3.2 Participants demographic.....	49
3.3 Perceptions of Improved Sexual Health.....	51
3.4 Influence of Perceptions on Sexual Decision-making.....	53
3.5 Perceptions of Appeals and Attractions.....	58
3.6 Willingness to Compromise.....	62
3.7 Conclusion.....	66

Chapter 4: Experiences and Preferences of amaZulu Women

4.1 Introduction.....	68
4.2. Sexual Pleasure and Enjoyment Preferences.....	69
4.3 Oral Sex Preferences: “Addicted to doing the blow job”	72
4.4 Orgasmic Preferences.....	76
4.5 Condom-use Preferences.....	79
4.6. The Socially Constructed Preference.....	84
4.7. Conclusion.....	87

Chapter 5: Sexual Agency, Romance and Intimacy by Black African Women

5.1 Introduction.....	88
5.2 Intimacy as Encouraging.....	89
5.3 Reconstructing Romance and Intimacy.....	96
5.4. Mutual Sexual Satisfaction	100
5.5 Mutual Consent in Intimacy.....	104
5.6 Conclusion.....	110

Chapter 6: Conclusion

6.1 Summary of Findings.....	112
6.1.1 Knowledge and Perceptions of Male Circumcision.....	112

6.1.2 Experiences and Perceptions of Male Circumcision.....	113
6.1.3 Sexual agency, Romance and Intimacy of Black African Women.....	115
6.2 Theoretical Integration.....	116
6.2.1 Social Constructionism.....	116
6.2.2 African Feminism.....	117
6.3 Limitations.....	117
6.3.1 Methodological Limitations.....	117
6.3.2 Limitations in Literature.....	128
Further Research.....	119
Conclusion.....	119
References.....	121

APPENDICES

Appendix 1: Ethical Clearance.....	141
Appendix 2: Gatekeepers Consent.....	142
Appendix 3: Information Sheet (English).....	143
Appendix 4: Information Sheet (IsiZulu).....	144
Appendix 5: Informed Consent (English).....	146
Appendix 6: Informed Consent (IsiZulu).....	147
Appendix 7: Interview Schedule (English).....	148
Appendix 8: Interview Schedule (IsiZulu).....	150

CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW

1.1 Introduction

Voluntary medical male circumcision was introduced into the Southern African region to combat the rapid spread of HIV/AIDS (Sofika & van der Riet, 2017; Hallet et al., 2008; and Riess, 2014). The practice assumed great importance in South Africa because the country boasted the highest HIV-prevalence rates in the world (Khumalo-Sakutukwa et al., 2013; Williams et al., 2006 and Hallet et al., 2008). In spite of this reality, male circumcision is far from being a new phenomenon as it is regarded as one of the oldest surgical procedures in the world (Aggelton, 2007; Auvert et al., 2009 and WHO/UNAIDS, 2007) and “has been practised in communities in different parts of the world for reasons such as cultural and religious identity” (WHO/UNAIDS, 2007, p. 1).

Nevertheless, the implementation of male circumcision in countries with high HIV/AIDS prevalence rates has seen a noticeable decline from 1.26% to 0.85% especially among the youths who constitute the majority of the population infected with the HIV/AIDS epidemic (Sofika & van der Riet, 2017). Furthermore, the fall in the HIV/AIDS incidence was neither remarkable nor significant; therefore, the prevalent rates remained relatively high. It is this realisation which subsequently necessitated the need to shift the focus of HIV/AIDS-based research and policy formulation towards an enquiry into the potential underlying causes of high HIV/AIDS prevalence within the Sub-Saharan region (WHO/UNAIDS, 2007).

An examination of the sexual norms and practices has revealed that the South African society is characterised by inconsistent use of condoms; infidelity and multiple sexual partners; and violent and unequal sexual power relations (Kanda & Mash, 2018; Ortblad et al., 2018; Layer et al., 2013). It is against this background that many attempts have been made to change these destructive constructions and unhealthy sexual practices through the implementation of empowerment programmes for women, such as *Zazi 'Know your strength'* and educational programmes for men, such as *Brothers for Life* and *Yenza Kahle 'Do the Right Thing'*. Moreover, there is overwhelming evidence depicting Black African women as disproportionately affected by HIV/AIDS compared to men and this has led to the “recognition that gender is related and built into patterns of social practices” (Sofika & van der Riet, 2017, p. 309).

Although male circumcision was being practised in South Africa before the implementation of voluntary male circumcision for health purposes, it was mainly practised among the amaXhosa and the Basotho ethnic groups in the country (Khumalo- Sakutukwa et al., 2013; Thobejane & Mdhuli, 2008 and Peltzer et al., 2008) while among the amaZulu, the largest ethnic group in the country, it was abolished in the 19th Century by the late King Shaka as it was perceived as a hindrance to the performance of soldiers in times of war (Peltzer et al., 2008; Scott, Weiss & Viljoen, 2005).

Nevertheless, prior to the establishment of medical male circumcision among the non-circumcising societies with high HIV/AIDS prevalence rates and the subsequent influx of studies in this regard, research-based on male circumcision significantly sidelined women. Even though women were occasionally mentioned in relation to traditional male circumcision in contemporary literature, this often highlighted how the traditionally circumcising communities regarded these women as unworthy of knowledge and teachings imparted during the traditional initiation ceremonies (Niang & Boiro, 2007; Mshana et al., 2011; Kaufman et al., 2018). However, the current literature on male circumcision has been steadily rising, with women also being mentioned, to some extent, but they remain fairly secondary as the primary focus continues to be on what roles they should play or could play in facilitating the acceleration of male circumcision (Kaufman, 2018; Kigozi, 2009; Maraoux et al., 2017; Wirth et al., 2016) and in ascertaining whether or not male circumcision results in a decrease in the prevalence of HIV/AIDS among them.

Women can play a significant role in inciting their male sexual partners to embrace male circumcision. This is a predominant perception among both circumcised and uncircumcised men, as the literature demonstrates that “women preferred a circumcised partner” (Wirth et al., 2016, p. 1008). Furthermore, Yang et al. (2014) opine that, women would often employ passive-aggressive measures such as refusing to engage in sexual intercourse until the man ‘got’ circumcised. Moreover, in this regard, the extent to which health promotion programmes propagated the narrative of male circumcision as the equivalent to being a ‘real man’ was of particular concern (Osaki et al., 2015; Magodyo et al., 2017) as they strategically appealed to the masculinity of individuals. Though these suggestions were ‘subliminal’, they may have had the profound ability to alter discourse and behaviour due to the fact that for many men, the concept of masculinity is closely related to sexuality and sexual performance (Adam & Moyer, 2015).

Fleming et al. (2017) further note the establishment of a link between circumcision, male sexual identity and feelings of masculinity, stating that: “the strongest predictor of men’s willingness to circumcise were positive opinions about future sexual performance post circumcision in that it increases sexual pleasure for women” (Fleming et al., 2017, p. 48). Women’s assumption that sex was better with a circumcised man was enough motivation for a man to get circumcised, support Adam and Moyer (2015, p. 734), further suggesting that “the penis is not only a source of pride, pleasure and procreating but it is also a symbol of identity, most specifically manhood.” However, the promotion of male circumcision as a sexual enhancer has also been cited by Osaki et al. (2015) as having the potential to cause detrimental consequences. Taljaard et al. (2005) posit that male circumcision oftentimes inculcates a false sense of security among circumcised men, who misinterpret the benefits of the practice to inaccurately believe that it provides complete immunity from HIV, which could be counter-productive to the HIV reduction initiatives and programmes.

The inclusion of women in male circumcision related conversations is often premised on the fact that as sexual partners, women can encourage men to get circumcised due to the fact that they are more knowledgeable about the benefits of male circumcision and are implicated significantly as sexual partners of circumcised men since the circumcision of their partners raises their status and could potentially confer on them health-related benefits and sexual enjoyment. However, what the latter fails to consider is that women have had little choice other than assuming the leadership role in encouraging their sexual partners to get circumcised as healthcare officials and providers predominantly inform female sexual partners of the negative health implications particularly the potential dangers they are likely to encounter if their male sexual partners are not circumcised (Wirth et al., 2016).

Women are further enticed by the mentioning of the potential of male circumcision to improve sexual pleasure, and this perception is used to garner their support and advocacy for the initiative as well as their unofficial recruitment of candidates for male circumcision. Further, the relativity of female sexual enjoyment and male circumcision has been highlighted in previous research; however, this mentioning of sexual gratification has been inadequately explored, signifying little or no actual interest among researchers to explore and therefore understand the sexualities of Black African women (Morris & Hankins, 2007; Hargreave, 2010).

1.2 Background and motivation

“South Africa has one of the highest rates of reported rape in the world” (Vincent, 2006, p. 437), where relatives, acquaintances and men in positions of power rather than strangers, are by far the most common perpetrators of sexual assault. Vincent (2006, p. 437) further postulates that: “physical assault, rape and coercive sex have become the norm in male-female relationships in South Africa and that it is challenging for young women to protect themselves against unwanted sex.” The latter argument is supported by Hunter (2010) in his study titled: *Love in the Times of Aids* wherein he reports on the infamous ‘Zuma rape trial’, where the then Deputy President of South Africa, Mr Jacob Zuma, who grew up in rural KwaZulu-Natal was accused of rape by a woman significantly younger than himself.

During Zuma’s trial, his supporters in attendance at the trial chanted the slogan ‘*burn the bitch*’ (referring to the supposed victim of rape). Hunter (2010) further quotes Zuma as drawing from traditional Zulu customs claiming, thus: “*angisona isishimane mina*” (Hunter, 2010, p. 1), expressing the ease with which he could access women, arguing that: “*in Zulu culture, a man who left a woman sexually aroused could himself be charged with rape*”. Hunter (2010, p. 1) further postulates that: “In his defence, Zuma was not a rapist just a traditional patriarch”. Zuma, in this case, represents the ‘men in positions of power’ mentioned by Vincent (2008). In this regard, the study by Hunter (2010) exemplifies some of the challenge’s women encounter in suppressive and unapologetically male-biased societies, where they are significantly failed even by the supposed “liberal legal institutions and society at large” (Hunter, 2010, p. 2).

Furthermore, Wood and Jewkes (1997) conducted a study in the Eastern Cape Province of South Africa with the aim of attempting to understand the contexts and circumstances which facilitated violence in sexual relationships. The findings revealed that men perceived sex as their conjugal right and regarded sexual coercion as normal to the extent that even male teachers preyed on female students seeing them as ‘fair game’ (Wood & Jewkes, 1997). In this context, “masculinity was largely defined by the number of sexual partners and the ability to control sexual partners” (Wood & Jewkes, 1997, p. 437).

This further substantiates the argument that the presentation of sexuality in Africa is frequently characterised by considerable ambiguity. In this regard, Amadiume (2006, p. 1) advocates the adoption of “a perspective that encourages discourse on responsible sexuality without guilt, fear or ill-health.” Shefer and Foster (2001) acknowledge the centrality of gender issues in the HIV/AIDS epidemic in the African context. Furthermore, studies highlight the repressive

systems that undermine the Black African women's sexuality and some of the difficulties surrounding their expression of their sexuality (Shefer & Foster, 2001; O'Sullivan et al., 2006). This acknowledgement is corroborated by Amadiume (2006, p. 1) who mentions that "at all times and in all matters in all cultures there has been a lot meddling with and fight over women's bodies".

Practices such as Female Genital Mutilation, which is defined by (WHO/UNAIDS) as a procedure involving the partial or total removal of female genital organs for cultural reasons, often results in sexual dysfunction among women as it interferes with their sexual desire and causes pain during sexual intercourse. Even though the practice of Female Genital Mutilation is not existent within South African cultures and traditions as compared with the generality of African cultures, the country "seems to have traditional ways of talking about and teaching sexual pleasure, while at the same time practising customs that regulate women's sexuality" (Amadiume, 2006, p. 6).

Virginity testing is the predominant system of female sexual repression in South Africa. Further, virginity testing has been practised from the early Twentieth Century in KwaZulu-Natal (le Roux, 2006) and has gained popularity among the amaZulu due to the belief that it provides a panacea to the HIV/AIDS epidemic; thus, various stakeholders and political figures endorsed the practice (Thobejane & Mdhuli, 2008; Scorgie, 2002; Leclerc-Madlala, 2002). However, critics of virginity testing suggest that the practise amounts to the invasion of privacy and fosters control over a woman's body. The practice has, nevertheless, been able to withstand opposition as it "parades itself as a local solution to the AIDS crisis" (Scorgie, 2002, p. 55). Such behaviours provide further evidence attesting to the fact that amaZulu women are constantly faced with the challenge of having to manage conflicting societal expectations and constantly negotiate their sexualities in conditions plagued by patriarchal inequality (Jewkes & Morrell, 2012).

It is within the context of HIV/AIDS and related intervention efforts that advocates of virginity testing and related movements present a great paradox as on the one hand, they assert the practice as a means of self-affirmation and dignity for young women, where "girls actively choose to protect themselves from infection" (Scorgie, 2002, p. 68). On the other, there are limitations imposed on those means that should enhance the supposed 'self-affirmation' as the active expression of female sexuality is narrowed considerably. Moreover, the control of the female sexuality through strict policing and the enforcement of stringent sexual legislation on

young women often bred an environment conducive to violence and oppression in heterosexual relationships, as mentioned earlier. Essentially researchers contend that “socio-cultural norms and religious beliefs (such as virginity testing, female genital mutilation, female chastity, occult sexuality, taboos around polyandry, and so on) constitute the screws that keep the clamp of sexual repression firmly in place” (Chukwuma, 2006, p. 1).

This, however, has not always been representative of the amaZulu culture. Buthelezi (2006) argues that traditional Zulu culture had not always been opposed to sexuality and sexual gratification, even though explicit and penetrative sex had no place among young people who were alternatively provided with ‘thigh-sex’ for sexual exploration and experimentation. Even though studies do not necessarily encourage the revival of thigh-sex, they argue that the practice presented valuable lessons which could be incorporated within cultural practices today. It is argued that absolute sexual abstinence prior to marriage creates certain constructions surrounding sex, with Scorgie (2002) regarding sexual abstinence as a construct in itself. Current sexual constructions within the amaZulu culture limit sex exclusively to the marriage institution, and for purposes of procreation, it is strictly penetrative (Buthelezi, 2006). Initially, the amaZulu culture appreciated and recognised the realities around the physical needs of the growing body; further accommodating hormonal changes occurring in young people all within clearly defined and socially controlled constructions and mechanisms

The current social construction, where sexual expression is vilified and surrounded by silence, with no sexual discussions and debates, presents a conundrum as youths are left with no guidance on how to deal with sexual urges. As such, “one could even interpret this viewpoint as a desire to prolong childhood where sex is the one activity that is unambiguously linked to the status of being an adult” (Buthelezi, 2006, p. 85). In the South African context, Shefer & Foster (2001, p.386) assert that “gains are to be made through negotiating alliances within the country and globally, in the struggle against sexual inequalities.” They further postulate that these alliances “need to always recognise and confront the diversity of subjectivity across race, culture, language and other lines of social identity” (Shefer & Foster, 2001, p. 386). This is an affirmation of the general repression of the sexualities of Black African women.

In this instance, female sexual desires highlight the urgent need for the holding of discussions which not only challenge the dismissive construction of young Black African women’s sexual desires and sexuality but also place ahead “a positive acknowledgement of women as sexual agents” (Shefer & Foster, 2001, p. 386). Although this study finds itself enmeshed in the

discourse of male circumcision, it consciously attempts to meet the urgent need to build discussions on alternative discourses bordering on African female sexuality. Studies in South Africa have clearly given prominence to topics on the “coercive and violent nature of sexuality and women’s powerlessness and lack of sexual agency” (Shefer & Foster, 2001, p. 386). Thus, there is need to maintain the establishments that seek to control and limit female sexuality, particularly Female Genital Mutilation and virginity testing, where it is asserted that the women must not ‘know what they are missing’ or should otherwise lack the relevant information that might alter their assessment (Earp, 2015).

This study, however, mainly focuses on the exploration of the experiences of young Black African university-going women recruited from the amaZulu ethnic group, particularly zeroing in on their understanding of, perceptions on and preferences of sexual pleasure in the context of male circumcision.

In a report, WHO/UNAIDS (2007) made reference to women as secondary audiences in male circumcision and related debates, which may be the justification for the systematic sidelining of Black African women’s narratives on sexual pleasure in male circumcision studies because, as it stands, the dominant literature is male-orientated and Eurocentric (Frisch et al., 2011; O’Hara & O’Hara, 1999; Bronselar et al., 2013), focusing on the implications of male circumcision on the sexual pleasure and satisfaction for both men and non-African women.

The motivation to undertake this study was particularly triggered by a sexually heated discussion among a group of amaZulu female students the researcher is acquainted with, where the mentioning of ‘*indoda esokile imnandi*’ (a circumcised man is more enjoyable) was unanimously agreed with. The researcher’s inability to contribute meaningfully to this discussion owing to religious and cultural constructions¹ sparked a curiosity within her. Regardless of this fact, the women’s ability to express sexual sentiments freely and openly too was intriguing to the researcher. This prompted the researcher in focusing on the perceptions of Black women on sexual pleasure and preferences regarding male circumcision as she sought to uncover and understand some of the embedded constructions and factors influencing how Black African women interpreted their sexualities. However, further investigation revealed societal double standards that characterise the sexualities of Black African men and women where the latter has been systematically repressed while the former enjoyed abundant

¹ The researcher is a Muslim and of AmaZulu ethnic origin, both of which restrict young women’s access to sex related knowledge and understandings.

provisions for expression; and subsequently, there is need to challenge oppressive societal and cultural norms that limit Black females from asserting their sexual expression.

Furthermore, the study attempts to bridge the gap in studies exploring the Black amaZulu women's perceptions of sexual pleasure and sexual preferences, as the majority of the previous studies have focused on the sexual pleasures of men and non-African women with regards to male circumcision. The study focused on young heterosexual Black African university-going women of amaZulu ethnic origin, who have had multiple sexual experiences with both circumcised and uncircumcised men. The study refrained from limiting itself to long-term or committed relationships, and as such, it accommodated casual sexual encounters and one-night stands. The study assumed that Black African women of the amaZulu ethnic background are sexual beings in the same way their male counterparts are, and as a result, they are sexually affected by male circumcision and have perceptions and preferences on sexual pleasure just as men do. It contended that it would be fallacious to assume that Black African women are reluctant or find it difficult to express their perceptions regarding sexual pleasure and preferences.

The study challenged limitations to the sexuality of amaZulu women and contributed immensely to the expanding and evolving research on male circumcision and African Feminism and Gender Studies, through facilitating and enhancing an improved understanding of amaZulu women's sexuality. It is imperative to note that the ethnicity, race and cultural background of the men (sexual partners in the study) were not significant to the study. Whether circumcised sexual partners had undergone medical male circumcision or the traditional male circumcision, too was not significant to the study. Furthermore, when the study sought to investigate the women's perception of the differences in terms of sexual performance between circumcised and uncircumcised men, it was simply referring to perceived differences and not the actual or quantifiable sexual performance. In the study, personal experiences were synonymous with individual perceptions, and the resulting preferences acknowledged the heterogeneity of experiences without identifying them with facts. As Darby and Svoboda (2007, p. 310) put it; "sexual pleasure is a highly subjective response, and it is difficult to arrive at quantitative data on this issue".

1.3 Research problem and key questions

South African studies highlight the normativity of sexual acts which amount to sexual violence and socio-cultural dominance of women without any concern for a socially constructed analysis of these gender constructions. The failure to perceive sexuality beyond the mere confinements of the sexual act could be contributory to the significant lack of a thorough exploration and understanding of the young Black women's experiences of sexual pleasure in South Africa. Furthermore, the cultural limitations inherent within the amaZulu culture could have hindered prior attempts to facilitate the expression of female sexuality and sexual agency in the available literature.

These limitations, however, extend into contexts they are directly impacting on, particularly male circumcision. Therefore, this study contends that the investigation into the perceptions of sexual pleasure and preferences among the amaZulu women in the context of male circumcision is severely restricted; thus, amaZulu women as sexual beings, remain little understood. The study seeks to address this limitation and therefore foster and further contribute to an understanding of Black African women as 'sexual beings'. It further examines how the Black African women were a contributory factor to the destabilisation of the stringent sexual forces established by their socially and culturally constructed realities.

The following are the key questions designed to understand the perceptions of young Black African university-going women on sexual pleasure and preferences regarding male circumcision.

1. What are the perceptions of young Black university-going women of amaZulu ethnic background regarding male circumcision?
2. Do young Black amaZulu women prefer to have sex with circumcised or uncircumcised men? And why?
 - a) How do the women experience sexual pleasure with circumcised men?
 - b) How do the women experience sexual pleasure with uncircumcised men?
3. Do the women prefer circumcised males because of their enhanced sexual pleasure or because of perceptions of reduced risk of contracting sexually transmitted infections and HIV?
4. Do the women perceive any links between male circumcision, male romance and sexual intimacy towards women?

1.4 Objectives

The main objectives are:

The overall objective of this qualitative study was to explore in-depth the sexual pleasure perceptions and preferences in the context of male circumcision of black African women at the University of Kwa Zulu-Natal's Howard College campus. This main objective expanded to include endeavours to:

1. To gain a greater insight into their knowledge and understanding of male circumcision and the factors influencing their perceptions of and preferences for either circumcised or uncircumcised men;
2. To critically explore and understand the experiences of sexual pleasure among young Black African university-going women of amaZulu ethnicity when it comes to circumcised men;
3. To better understand Black African women of amaZulu ethnic origin as sexual beings (their sexual experiences and expectations).

1.5 Literature Review

In Southern Africa, the upsurge in HIV/AIDS prevalence and the subsequent need for the development of measures to roll back the rapid spread of the epidemic has led to the adoption of the infamous Randomized Controlled Trials conducted in three countries; in South Africa, Kenya and Uganda. These Randomized Controlled Trials provided compelling evidence attesting to the fact that male circumcision had the capacity to reduce the risk of heterosexually acquired HIV/AIDS and other sexually transmitted diseases in men by 60% (Auvert et al., 2005; Bailey et al., 2007; Gray et al., 2007). The results obtained from these studies convinced the Center for Disease Control and Prevention (CDC) in 2007, which then declared that there was '*sufficient evidence*' to substantiate the claim that medical male circumcision had the ability to reduce the risk of HIV/AIDS, with WHO/UNAIDS (2007) further recommending male circumcision as an effective intervention for HIV/AIDS prevention in countries with high HIV/AIDS prevalence rates (WHO/UNAIDS, 2007). However, there are still conflicting conclusions and debates around the effects of male circumcision, and these have arisen on the

basis that the Randomized Controlled Trials assessed the effects of the intervention on individuals instead of whole populations (Friedman et al., 2016).

Nevertheless, male circumcision has been described as an ancient practise involving the removal of the foreskin of the penis for religious, cultural and more recently, health reasons (WHO/UNAIDS, 2007; Lawal & Olapade-Olaopa, 2017; Mwashambwa et al., 2013). It has subsequently been labelled as a highly controversial practice and a subject of much debate (Friedmman et al., 2016; WHO/UNAIDS, 2007) due to its association with religious, emotional, sensual and now therapeutic values (Aggelton et al., 2007; Auvert et al., 2005; Lawal & Olapade-Olaopa, 2017). Even though it has recently been recognised as an effective barrier to HIV infection in men and as an effective HIV prevention technique, especially in geographical areas with a high incidence of HIV and low rates of male circumcision, the procedure has been practised for nearly 4,500 years (Zulu et al., 2015) and it is, therefore, not a new phenomenon.

However, Aggelton (2007) attempts to resolve the controversy in a paper titled: *'Just A Snip?'*; and makes an effort to strike an equilibrium against the backdrop of the continued debate surrounding male circumcision, delineating the significance of male circumcision and challenging notions of it merely being a means to an end in the war against HIV/AIDS. He aptly describes it as “far from being a simple technical act, even when performed in medical settings” (Aggelton, 2007, p. 15).

It is further acknowledged that male circumcision “has always been contested terrain, with opinions differing sharply as to its aesthetic, social and other benefits” (Aggelton, 2007, p. 16). Thus, it contends that male circumcision has “its roots deep in the structure of society” (Aggelton, 2007, p. 15). The author further reiterates the significance of male circumcision in cultural and religious settings as a “potent indicator of hierarchy and social difference” (Aggelton, 2007, p. 15). Apparently, a further investigation of the literature indicates that the majority of the respondents perceived male circumcision not only as a submission to culture and tradition but also as a symbol of communion and growth (Niang & Boiro, 2007; Froneman & Kapp, 2017; & Vincent, 2006).

However, this study observed that the evidence reflecting the influence of male circumcision on the sexuality of Black African females is relatively scant and undermined by questionable or inappropriately biased conduct and thus, this study attempts to bridge this gap, as it recognises the reality that the status of male circumcision is a significant factor in women’s

sexual decision-making, partner selection, and condom use. The study notes the imperativeness of understanding how women's sexual behaviours may be affected by Male Circumcision (MC) not only as an initiative aimed at preventing HIV and Sexually Transmitted Infections (STIs) but also as an act that stimulates female sexual pleasure and satisfaction. The contentions raised in the study are partly substantiated by Riess, Achieng and Bailey (2014) who highlight that women constitute 50% of the population living with HIV/AIDS worldwide, and the prevalence and transmission of the disease are escalating making it essential to acknowledge how the reduction of HIV and other sexually transmitted infections (STIs) could significantly impact on women and their sexual practices.

HIV/AIDS

In Sub-Saharan Africa, HIV/AIDS disproportionately impacts on young Black women, and as a result, there remains the need for improvements in understanding some of the factors that contribute towards the high HIV/AIDS prevalence among this population group (Jewkes & Morrel, 2012). A handful of studies, however, have drawn connections between the risk of HIV/AIDS among Black African women and silence, shame and stigma, particularly among victims of sexual abuse. To this end, Maposa et al. (2016, p. 287) reveal that "the co-occurrence of sexual abuse and HIV risk in African women has been attributed to relationship power disparity, as well as cultural norms about the discussion of sexual issues."

Furthermore, the available literature has sustained discussions around the problem of sexual coercion and non-consensual first sex leaving young women at the receiving end without being able to negotiate safer sexual relations owing to the existing gender inequalities (Jewkes & Morrel, 2012). Maposa et al. (2016) further correlate power imbalances within sexual relationships with increases in the contraction of HIV as "limited sexual agency has the potential of negatively impacting women's or girl's sexual health needs and rights" (Maposa et al., 2016, p. 289). Though the arguments and justifications presented by these authors hold sway, it is, however, important to note that a significant proportion of the literature on HIV/AIDS in the African context tends to depict sex, sexuality and sexual relationships in a negative perspective and considers it as the primary cause of and stimulant to the epidemic. This study consciously differs as it underscores the prominence of female sexuality and pleasure among Black African women in accordance with the calls by African feminist thinkers who question the whereabouts of the literature that acknowledges and recognises female sexuality in a positive and empowering way through its focus on matters relating to sexual

pleasure and desire. The latter perspective is not a denial of the reality of a Black African sexuality that is presented with great pain and struggle for the woman, but it is merely an argument that, although such a reality exists, it is by no means the entire narrative of African sexuality; and therefore, a paradigm shift in literature should commit itself to the understanding of a sexuality that is pleasurable and grounded in the philosophy of positivity and female empowerment.

Sexualities of Black African Women: Constrained and Liberated

The study acknowledges the importance of demonstrating a nuanced understanding of the sexualities of Black African women before the official commencement of an investigation into the perceptions of sexual pleasure and preferences in any particular setting, particularly the social, economic and cultural contexts which take into account Black African women. To enhance the fulfilment of this primary objective, Skafté & Silberchmidt (2014) report on the findings among Rwandan women who practised labia elongation which is perceived to enhance pleasure during sexual intercourse, where “sexual pleasure and gratification of both women and men are central to both sexes” (Skafté & Silberchmidt, 2014, p. 2), and sex was not primarily meant for reproduction and male sexual gratification (contrary to most African customs) but for female pleasure as well.

In this study, sex was perceived as essential to the fulfilment of bodily needs, and physical yearnings were considered a natural occurrence among both men and women and; if the woman is not satisfied, then neither was the male. Where ultimate male satisfaction was dependent on the sexual satisfaction of the woman, the expectation for men to deliver tended to place women in a position of significant sexual power. As noted in Larsen (2010), as cited in Skafté & Silberchmidt (2014, p. 2), “the labia elongation process positions female sexuality in a sphere of pleasure rather than in a reproductive realm.”

Skafté and Silberschmidt (2014), in their study of the sexualities of Rwandese women who practise labia elongation for the purposes of enhanced sexual pleasure, reject the characterisation of the Black African women as “subordinated, passive and powerless victims, in particular, sexual relations.” The researchers not only negate but further challenge, the normative research discourses on the sexualities of Black African woman which only describe the phenomenon as restrained and heavily policed, further asserting that sexual gratification is

crucial in sexual encounters where sex is not merely for procreation but also for “leisure and pleasure” (Skafter & Silberchmidt, 2014, p. 2)

Skafter and Silberchmidt (2014) further reinforce the focus of this specific study placing emphasis on Black African sexuality which is assertive, empowered and, to a large extent, one which expresses a positive sexual sensibility. This study is similar to that undertaken by Skafter and Silberchmidt (2014) in that it seeks to challenge the dominant ideology of the Black African female sexuality which is repressed, passive and significantly devoid of expression. Skafter and Silberchmidt (2014) eloquently demonstrate that within the African context, sexuality is multi-variate and presenting many different dynamics, such as those of the Rwandan women whose sexuality is valued and held at great esteem and regard. However, it is also important to not completely ignore and reject the predominant preoccupation with Black African women’s sexuality as limited, controlled and, to a large extent, negatively perceived.

Even though this may not be a complete portrayal of sexuality in the African context, it is, to a large extent, the reality for many Black African women. The latter observation is further substantiated by Wight et al. (2006, p. 987) who postulate that: “sexual activity is constrained by clear norms of school pupil abstinence, female sexual respectability and taboos.” These standards contradict the norm where sex is typically seen as an exclusive asset for the male-driven sexual exploitation and servitude. The HIV/AIDS epidemic ravaging Sub-Saharan Africa has been, from time immemorial, ascribed to poverty and the lack of basic health services. Wight et al. (2006) refute these claims and instead, attribute the severity of the epidemic to social constructions where women and their sexual behaviour occupy a lower social stratum in society.

Nevertheless, the raging debates on HIV/AIDS in Sub-Saharan Africa have brought to the fore questions on whether “sexuality in sub-Saharan Africa is essentially similar to sexuality in the West or fundamentally different” (Wight et al., 2006, p. 988). The validity of these debates was watered down by the shortage of data on sexual cultures in Africa and the significant “lack of acknowledgement of the fact that sexual acts and meanings are largely socially constructed.” (Wight et al., 2006, p. 988). Sexual activity is significantly restricted by external forces where young people have little choice but to “manage the contradictory norms and expectations primarily by concealing their sexual relationships, in particular from their parents but also from peers” (Wight et al., 2006, p. 995).

Moreover, female sexuality, especially that of young Black women in the African context, is controlled and regulated by stringent cultural mores particularly enforced through virginity testing, a customary practice subscribed to by several Sub-Saharan African countries including South Africa. The ritualistic nature of virginity testing is largely prevalent among the amaZulu who predominantly constitute the population of South Africa's KwaZulu-Natal Province. This practice has often been described by researchers as a means of controlling the sexuality of girls and young women. Furthermore, it is perceived as a means of 'commodifying' Black African women and their sexualities.

Moreover, those found to be at default and falling short of the fulfilment of these expectations are oftentimes condemned for bringing shame and disgrace to their family. Even though virginity testing is community-based and revered especially by female elders in the community, Thobejane and Mdhuli (2008, p. 11) note that the amaZulu cultural context is characterised by parents' reluctance to converse with young girls and women on issues of sexuality as they regard such conversations as "encouraging them to have sex". The latter view is an undeniable testimony that indeed "families and communities try and keep young women and girls ignorant about sexual matters" (Thobejane & Mdhuli, 2008, p. 12). Resultantly, young Black African women ought to constantly negotiate and renegotiate their sexualities within structures committed to the impairment of such sexualities as "decision-making authority is vested in men and society has control over women's sexuality" (Thobejane & Mdhuli, 2008, p. 11)

However, it is important to acknowledge the fact that even though the practice is viewed from a different perspective, virginity testing garners significant support and remains relevant as current popular beliefs are that the practice is a means of alleviating the devastating impact of the HIV/AIDS epidemic in KwaZulu-Natal Province. To this end, however, many researchers argue that the practice remains grossly invasive and a violation of young women's rights to privacy and authority over their bodies. Understandably, this customary practice is a subject of much debate often perceived as ambiguous and paradoxical (this emanates from controversies around testing methods and the kinds of narratives instilled in young women during the virginity testing ritual ceremonies). Furthermore, there are questions of whether it really curbs the spread of HIV/AIDS. Scorgie (2002, p. 12) argue that virginity testing is essentially invasive as "in practice, it requires the physical examination of a girl in order to determine if her hymen is intact." Thobejane and Mdhuli (2008, p. 15) further suggest that in fact "it is a form of social control to instil the value of premarital chastity and its emphasis is on total abstinence from sexual intercourse by girls.

Even though the reviewed literature basically focuses on the African context and particularly Black African women, this study is limited to the quest for an understanding of the sexualities of Black African women attending university. The rationale for this is that women in a university setup form a unique group of Black African women who present an unusual complexity in that, quite often, their socially constructed reality ‘back home’ and within institutions of higher learning and education depict significantly paradoxical sexualities with one being typically stringent and the other more permissive and lenient.

Ajidahun (2017) recognises the role played by the university setting in creating disparities in the sexualities of Black African women, and she further embarked on an inquiry into the relationship between university lifestyle and what she supposes as promiscuous behaviour exhibited by female undergraduate students in her paper titled: “*Sexual Promiscuity and Health issues Among Female Undergraduate Students in Adekunle Ajasin University: Counselling Implications.*” This study was conducted in Nigeria, and it attributes the promiscuity of female students to the university environment, which is characterised by profound freedom from parental supervision and guidance. She further describes the university setting as significantly devoid of policies restricting factors such as cohabitation among female students and the so-called ‘free sex’ where she posits that “the university environment encourages undergraduate female’s desire for sex.”(Adijahun, 2017, p.118) This is so because “it gives them the opportunity to be free from parental monitoring” (Ajidahun, 2017, p. 118). The researcher further advocates for improved communication between the university and the parents of the female undergraduate students by “providing adequate information to parents about the whereabouts of their wards especially female undergraduate students” (Ajidahun, 2017, p. 121). Such an initiative will “curb the activities of girls who abscond from school to meet men in far places for reward money” (Ajidahun, 2017, p. 117).

Ajidahun’s (2017) argument further demonstrates that the available literature is preoccupied with the control, supervision and guarding of Black African women’s sexuality. Interestingly, however, she also delves into the nature of sexuality in the university context, motivating the study to specifically focus on Black African female university students. The university presents a great research setting for sexuality issues; it is typically characterised by young women who are at the exploratory stages of their sexuality often exhibiting a fluid understanding of their sexualities. The latter assertion is demonstrated in a South African study by Mulwo and Tomaselli (200) who conducted a study on how university students conceptualised sex and the ways in which it was negotiated, and they further explored some of the social constructs

surrounding sex in a study titled: *“HIV/AIDS Campaigns as Signifying Processes Group Dynamics, Meaning-Formation and Sexual Pleasure”*. In this study, in-depth interviews were conducted among university-going students in the Durban area of KwaZulu-Natal. The findings revealed that the majority of the students were introduced to sex in the university setting and “had their sexual debut during their first year of study at the university” (Mulwo & Tomaselli, 2008, p. 6). Furthermore, factors such as peer pressure played a huge role and thus, “sex was often socially constructed” (Mulwo & Tomaselli, 2009, p. 6) and further characterised by the marginalisation and social exclusion of those abstaining as well as the peer pressure to engage in sexual activities. Some of the female participants in the study indicated that sex was used for validating one’s attractiveness. Interestingly, students in the study referred to themselves collectively as ‘we/ students’, which was noted to be indicative of a unanimous way of conceptualising phenomena.

In the study, the authors concluded by noting the presence of a clearly defined community and structures among university students, within which sexual practices are negotiated and re-negotiated and those presenting opposition dealt with decisively through social hierarchies and systems of control characterised by exclusion, ostracism and marginalisation. This was especially true for respondents who practised sexual abstinence due to religious and traditional obligations, and those who regarded sexual enjoyment as exclusively limited to marital settings including those who participated in regular virginity testing and also perceiving sex as an exclusive means of procreation.

The study by Mulwo and Tomaselli (2009) makes it easier to understand the frustrations of the ‘promiscuous’ Black African women in universities as presented by Adijahun (2017). The university environment is characterised by liberal sexual practices which contrast sharply with those obtaining in the traditional African context. Sex and sexual behaviours are socially constructed, resulting in them defying the conventional social constructs that influence youth sexuality. The study, therefore, seeks to delve deeper into these liberal and emancipated forms of sexuality in order to understand some of the sexual preferences and perceptions of Black African university-going women in relation to circumcised and uncircumcised men. The study primarily sought to capitalise on the unbound and unrestrained nature of sexual expression at university in its bid to fulfil its objectives.

A study by Niang and Boiro (2007) titled *‘You Can Also Cut My Finger!’ Social Construction of Male Circumcision in West Africa, a Case Study of Senegal and Guinea Bissau* illustrates

the centrality of women in traditional practices such as male circumcision among the ethnic groups being studied. The researchers state that: “For the Wolof, Serer and Manding one of the main reasons why a woman might feel sexual repulsion towards a man is the absence of circumcision” (Niang & Boiro, 2007, p. 24). Among the Wolof ethnic group, male circumcision is referred to as *‘jonga’l* bearing semblances of the word for beauty, *‘jongama’*, which is the symbolic interpretation of a beautiful woman (Niang & Boiro, 2007). In this regard, women are expected to have their first sex with a circumcised man (Niang & Boiro, 2007). Evidently, in the studied contexts, women are placed in positions of responsibility ensuring that uncircumcised men are barred from entering into sexual relations, denying them access to young virgin women and instead, the uncircumcised men are permitted to have “sexual relations only with a woman who has already had sexual relations with a circumcised man” (Niang & Boiro, 2007, p. 25).

The study by Niang & Boiro (2007) reveals the significance and importance of women in male circumcision as it is evidently stated that they “not only play a part in the construction of a union between the male and female principles, they are also at the centre of the ontological meaning of male circumcision” (Niang & Boiro, 2007, p. 25). Furthermore, mothers among the Balante ethnic group were seen as key figures in their newly circumcised young son’s initiation into adulthood, and they reportedly play a significant role in their children’s future sexuality (Niang & Boiro, 2007). This study by Niang & Boiro (2007) presents clear evidence indicating that women are not always ‘secondary audiences’ to practices inherent in male circumcision, as they are at the forefront of ensuring that the tradition is kept in motion and that communal ideals for male circumcision are enforced. The current study is in sync with the findings by Niang & Boiro (2007) as it argues that women significantly contribute to the continuous and widespread up-scaling of initiatives such as male circumcision and therefore, it would be imperative to understand their perceptions regarding male circumcision.

Condom Use and Behaviour Disinhibition Following Male Circumcision Among Women

Studies exploring the perceptions of women regarding male circumcision unravelled the existence of misconceptions surrounding the potential benefits of male circumcision, highlighting the fact that women too would be complacent resulting in decreased use of condoms following male circumcision (Ganczak, Korzen and Olszewski, 2017). Mukama et al. (2015, p. 3) argue that “females believed they would be less likely to demand the use of

condoms with a circumcised man compared to when he was circumcised.” Mukama et al. (2015) found that women who were not in favour of male circumcision expressed the fear that their partners would become polygamous because of the assumption that the procedure increased sexual drive and the participants reflected profound ignorance and misconceptions.

Furthermore, Moumouni and Jinson (2014) conducted a study to determine the attitudes and extent of knowledge in relation to HIV/AIDS among students in a higher education setting in a study titled: ‘*Condom Use among Resident Students at the University of Abdou Moumouni Campus in Niamey, Niger.*’ The study was located in a university in Niger, and it reveals a sound comprehension of HIV/AIDS by university resident students. However, the study found that students still infrequently used condoms regardless of whether or not they were thoroughly informed and had an improved understanding of the benefits and importance of male circumcision. The study attributes this contradiction to the HIV/AIDS interventions which systematically exclude students on the assumption that they possess the relevant knowledge on the impact of male circumcision on sexuality and HIV/AIDS.

However, many factors contribute to the abandonment of the condom during sex. One of the most important factors is that it is perceived to be an impediment to ultimate sexual satisfaction between the partners. The same sentiments are echoed by Skafte and Silberchmidt (2014, p. 8) who found that in Rwanda, among the women who were practising labia elongation during sexual intercourse, the “reciprocal flow of secretions between partners” significantly contributed to the overall sexual experience, and this process was considerably hindered by condom use; the women in the study revealed their reluctance to insist on condom use, as it would consequently impede their sexual satisfaction. However, the women were not unanimous on the prioritisation of sexual pleasure over health as some indeed successfully negotiated the use of the condom in their sexual endeavours. Through the use of persuasive skills, Rwandan women present a unique cohort in that within their traditional culture, their “central role in sexual matters is recognised” (Skafte & Silberchmidt, 2014, p. 8).

Furthermore, Daluxolongidi et al. (2016) investigated the perspectives of African university students on factors influencing their sexual practices which resulted in their increased vulnerability to HIV in a study titled: ‘*Qualitative Evaluation of Selected Social Factors that impact sexual risk-taking behaviour among African students in KwaZulu-Natal South Africa.*’ This study concurred with a multiphase research project which aimed at providing an analysis of student and youth risk-taking behaviours in the eThekweni area of KwaZulu-Natal, South

Africa. Data collection involved an exploration of the sexual risk-taking culture prevalent among university students, particularly female students. Peer pressure and the inability by the students to negotiate safer sexual terms in sexual relationships were thus highlighted as contributory to the high-risk sexual behaviours. The other factors were related to the sexual culture prevalent in university settings which were characterised by sexual experimentation, inconsistent condom use, alcohol and drug abuse, and having sex with multiple partners.

The respondents in the study conducted by Daluxolongidi et al. (2016) acknowledged the presence of social groups within these settings and expressed their desire to be affiliated to a '*social group*' within which sexual activity was regarded as a point of entry. This study echoes sentiments highlighted in Ajidahun (2017) as it attributes the lack of parental supervision and the newly found freedom as factors that contribute to increases in risky sexual behaviour. The study concluded by imploring universities to increase awareness programmes and support structures targeting students who may be at risk.

The literature under review evidently refutes the notion that the abandonment of the condom during sexual intercourse always results from sexual coercion or inability by women to negotiate the use of the female condom. These women are portrayed as showing complicity in neglecting condom use, suggesting that they too perceived this method of securing sexual health as interfering with their sexual pleasure.

Furthermore, the aspect of female risk compensation or behaviour disinhibition following male circumcision is either overlooked or neglected as attention predominantly focuses on behaviour disinhibition of men following their circumcision, and this is often described as a contributory factor towards risky behaviours among male sexual partners. Women in Mukama et al. (2015) reject this biased stance as they demonstrate their ability to contribute to their own 'risk factors', as they mentioned their unwillingness to insist on condom use with circumcised men. The current study too embarked on an enquiry into an understanding of condom related issues and knowledge among Black African women and subsequently sought to understand the extent to which such an understanding was implemented in sexual encounters and the factors contributing to the otherwise lack of commitment among women to secure optimal sexual health during sexual intercourse.

Female Preference and the Acceptance of Male Circumcision

In their study of Traditional Male Circumcision (TMC) practices among the Kurya of North-Eastern Tanzania, Mshana et al. (2014) extensively used Focus Group Discussions involving both male and female participants wherein female participants explicitly expressed a strong dislike for uncircumcised men. In some instances, the female participants “associated uncircumcised men with having STI’s and causing discomfort during sex” (Mshana et al., 2011, p.1114). Contrary, the same female participants reportedly experienced sexual enjoyment with circumcised males, disregarding uncircumcised men for having a foreskin perceived to be dirty and trapping semen (Mshana et al., 2011). The women cited in Mshana et al. (2011) depict women as contributing significantly in influencing men to get circumcised by rejecting and ostracising uncircumcised men, as they sometimes turned down relationship proposals from uncircumcised men (Kaufman et al., 2018).

During discussions with Mavundla et al. (2010, p. 167), men who had been circumcised in the traditional way articulated that, “No girl will want to form a relationship with the object of mockery.” This remark derides uncircumcised men, and this stigma presumably stemmed from the perception that if a man had not been traditionally circumcised, they were unprepared for mature relationships (Mavundla et al., 2010).

Similarly, in Riess, Achieng and Bailey (2014), twenty-three (77%) females stated that they favoured circumcised males, two (6%) females preferred uncircumcised males, and five (17%) women preferred neither circumcised nor uncircumcised sexual partners. The interviewees’ reasons for choosing circumcised males ranged from these circumcised males being more hygienic, taking longer to ejaculate to having some degree of safety from HIV or STIs. Furthermore, in Riess, Achieng and Bailey (2014), a participant who happened to be a sex worker favoured circumcised men in her romantic and intimate relationships, but when it came to commercial sex, she preferred uncircumcised men who reportedly ejaculated faster than their circumcised counterparts, further substantiating the notion that the former take longer to ejaculate. Moreover, some women in this study expressed that their desire to choose circumcised men was influenced by fear of cervical cancer.

Scott, Weiss and Viljoen (2005) conducted a study titled: “*The acceptability of male circumcision as an HIV intervention among rural Zulu populations, Kwa Zulu-Natal, South Africa*” in which a significantly higher percentage of women were in favour of male

circumcision in comparison to men and the women's main reasons for the increased preference were perceptions related to pleasure and the reported positive impact that male circumcision has on the decrease in acquisition of HIV and Sexually Transmitted Infections. This is also alluded to in the study by Peltzer (2014) titled: *"Prevalence and Acceptability of Male Circumcision in South Africa"*, which also investigated the acceptability of male circumcision among adult females in South Africa. Similarly, Bailey et al. (2002) undertook a study titled: *"The acceptability of male circumcision to reduce HIV infection in Nyanza Province, Kenya"* in which the Luo women of Kenya revealed barriers to the facilitation of the procedure to be fears of the "loss of penile sensitivity and sexual desire, some loss of penile size and loss of ability to satisfy the woman" (Bailey et al., 2002, p. 31). Furthermore, the women in the study described uncircumcised men as having difficulty putting on the condom during sex, while circumcised men were seen as being able to apply the condom with ease. Moreover, they associated the circumcised penis with hygiene, considering it relatively easy to wash and clean "whereas the uncircumcised penis requires retraction of the foreskin" (Bailey et al., 2002, p. 34).

Uncircumcised men were perceived as being prone to unhygienic conditions, disease and infection, as they contended that the "the uncircumcised get more infections because the foreskin can keep secretions and germs which later develop into infections" (Bailey et al., 2002, p. 34). They were, therefore, in favour of male circumcision because of beliefs and perceptions that it made it easier for their partners to maintain adequate hygiene and thus reduce the risk of infections. The women maintained that the lack of proper hygiene led to uncircumcised men harbouring "smegma and germ, and they 'stink'" (Bailey et al., 2002, p. 34).

Similarly, when it came to the issue of sexual pleasure, the Luo women expressed an array of opinions ranging from the fact that the uncircumcised and intact penis derived better sexual sensation because it "had more nerve endings" (Bailey et al., 2002, p. 35). The circumcised penis, on the other hand, was perceived as being able to penetrate smoothly without any deterrents and friction. It was further suggested that the foreskin tears tissues during sexual intercourse, which therefore decreases sexual pleasure. Furthermore, Bailey et al. (2002, p. 35) mention that women stated that: "the intact foreskin caused the man to have trouble entering the vagina, often necessitating help from the women and sometimes causing trauma to her labia and outer vagina." The uncircumcised men were further seen as unable to sustain sexual durability due to the foreskin tearing during sexual intercourse and thus, they are "unable to go many rounds or enjoy sex just as much as circumcised men." Overall, the study concludes that

nearly all the interviewed women preferred having sex with circumcised men whom they viewed as being able to penetrate more easily in addition to being more hygienic than uncircumcised men. The women metaphorically referred to a circumcised man as a 'sweet.'

In a study by Tarimo et al. (2012, p. 5) women expressed sound understanding of what circumcision was and more importantly how it impacted on them as sexual partners of circumcised men, stating that: "They believed that uncircumcised men could easily get HIV from the infected women because of friction between the penis and vagina." Furthermore, they emphasised that the cleanliness enhanced by circumcision prevented diseases. They generally disregarded uncircumcised men with some even reporting significant decreases in sexual pleasure. In essence, circumcised men were viewed as more confident and better able to initiate and sustain sexual relations with women whom they loved. There were also instances where women reportedly enquired into a man's male circumcision status prior to the initiation of sexual relations – explicitly expressing a preference for circumcised men. The literature unequivocally demonstrates the relationship between women's support for male circumcision and their sexual bargaining power as they played a primary motivational role by providing primary support prior to and after the circumcision procedure.

Moreover, extensive research has also been conducted in institutions of higher learning and education, investigating women's understanding, perceptions and preferences regarding male circumcision. Peltzer et al. (2014) and Scott, Weiss & Viljoen (2005) concur that higher educational levels significantly impacted on the acceptability of and preference for male circumcision among Black African populations owing to increased awareness of the benefits of male circumcision. Furthermore, Peltzer (2014) notes that higher education had a direct correlation with increased medical male circumcision. Similarly, Mattson et al. (2005, p. 182) noted that "women with nine or years of school were more likely to prefer circumcised partners." These assertions are further corroborated by another study by Jeofrey, Zivanai and Gwendeline (2013) and Chanda et al. (2012) on male circumcision within universities among university students.

A study by Jeofrey, Zivanai and Gwendeline (2013) titled: '*Attitudes of Midlands State University students towards Male Circumcision as a Way of Reducing HIV Transmission*' was conducted at a university in Zimbabwe targeting both male and female students within the institution. The study was premised on investigating the attitudes of students towards male circumcision. The study established a general positivity towards male circumcision and cited

fear of pain as a probable hindrance to the execution of the procedure. Jeofrey, Zivanai and Gwendeline (2013, p. 45) mentions that: “female participants in the study were in favour of their partners being circumcised.” Overall, the study recognised the potential by male circumcision to curb the spread of HIV. However, the study also notes that its relativity to the reduction of HIV has fostered continued stigma and suggests that male circumcision be “tackled as an independent entity.”

Furthermore, Chanda et al. (2012) conducted research titled: *‘Perceptions and Beliefs of University and College Students towards Male Circumcision in Lusaka’* delving into the perceptions and beliefs of university and college students and the findings evidently showed that knowledge of circumcision procedure was universal. The participants were aware of where the practice was available and “prevailing untruths about the procedure.” (Chanda et al., 2012, p. 27) Of particular interest was the female respondents’ approval of male circumcision. The authors noted that although “quite conservative in their speech” (Chanda et al., 2017, p. 27), they were aware of the resultant benefits when male sexual partners are circumcised, further encouraging their male partners to be circumcised. Male respondents reaffirmed this fact noting the presence of a “female influence” (Chanda et al., 2012, p. 29), citing the need for mutual sexual enjoyment and satisfaction brought about by male circumcision. What the study found particularly interesting was women’s participation in fostering men’s health for personal well-being. Fundamentally, “most of them, both male and female respondents believed that sex was a construct of the mind and that it was up to two individuals to achieve sexual satisfaction” (Chanda et al., 2012, p. 30).

The above-reviewed literature clearly indicates that women have a great contribution to make towards the male circumcision narrative. They are established contributors to the up-scaling of circumcision initiatives as they have assumed the responsibility of sensitising their sexual partners on the benefits of circumcision and they further encourage their male partners to get circumcised through a number of strategies such as verbal encouragement and persuasion as well as explicitly confronting them including threatening to quit the relationship. They demonstrate a profound understanding and knowledge of the pros and cons of male circumcision relative to themselves as sexual partners. The study in question also explores the Black African women’s understanding and extent of knowledge pertaining to male circumcision as it sought to determine how the Black African women positioned themselves and asserted their sexualities amidst the debates surrounding male circumcision. Even though the available literature is inclusive of the views of women regarding male circumcision, it is

often muddled with male-centred narratives and oftentimes too concerned with the fulfilment of some health-related objectives ignoring the centrality and significance that circumcision has assumed in the sexual lives of Black African women. Therefore, this study has taken up this responsibility of addressing, without any ulterior motive, the perceptions of sexual pleasure and the preferences of black African women with reference to male circumcision.

Maraux et al. (2017) conducted an enquiry into the knowledge and perceptions of women regarding male circumcision before and after the implementation of male circumcision in the Orange Farm Township in South Africa. This study was conducted against the backdrop of a significant increase in the prevalence of male circumcision in the region. The study depicts women as having increased knowledge and refined perception of male circumcision. The study mentions that women, for the most part, responded positively to male circumcision, and overall, they often reported readiness to accept and support the procedure. Furthermore, they were adequately knowledgeable about the fact that circumcised men are to some extent, protected from HIV/AIDS and other sexually transmitted infections. The study concludes by advocating the involvement of women in recruiting men to voluntary circumcision.

Male Circumcision and Female Sexual Pleasure

Khumalo (2015), in her Master's dissertation titled: *'Shortening the Foreskin: Probing Perceptions towards Medical Male Circumcision and Traditional Male Circumcision among the University of KwaZulu Natal African Male Students'*, enquired into the ways in which African male students constructed their individual masculinities in the context of male circumcision. She essentially interrogated African male student's perceptions both on Medical Male Circumcision (MMC) and Traditional Male Circumcision (TMC). In the study, the African male students perceived male circumcision as enhancing sexual enjoyment; the subjects described male circumcision as a symbol of "sexual enhancement" (Khumalo, 2015, p. 38). She further declares that these young men believed that circumcision made them more desirable to women, adding that it enhanced sexual enjoyment. The study, nevertheless, verified the popularity of these perceptions and established that assumptions held by participants regarding the sexual pleasure derived from male circumcision were unanimous between men and women encouraged their male partners to get circumcised for this reason. Khumalo (2015, p. 42) notes that although this finding constitutes an "interesting tangential point" to her study, she indicated that further investigation and probing was beyond the scope of the study which was limited to understanding how the men who had undergone 'Medical

Male Circumcision’ and ‘Traditional Male Circumcision’ respectively, constructed their masculinities.

The current study notes some of the shortcomings of the study by Khumalo (2015) owing to the limited scope of the research. Therefore, this study attempts to understand the perceptions of sexual pleasure and the sexual preferences of young Black African women attending the same university. Khumalo (2015) was able to capture the male narrative, whereas this study captured the female narrative.

Furthermore, the question of whether or not male circumcision impacts on sensitivity and sexual pleasure is highly controversial as “research in this area is very difficult to conduct and interpret” (WHO/UNAIDS, 2009, p. 1). Nevertheless, Westercamp (2012) presented findings that were limited to women and uncircumcised men in relation to circumcision related preferences in Kisumu, Kenya and the study reveals that there was a general consensus among the participants that circumcision does not negatively affect sexual pleasure, but in actual reality, it increases it, or at least the pleasure remains the same. Sexual pleasure among women was also perceived as enhanced by male circumcision.

Similarly, a study by Kigozi et al. (2009) reported improvements in women's sexual pleasure in African communities before and after their spouses had undergone circumcision as adults. Statistically, after the circumcision of their spouse, 2.9% of the population sample examined indicated that their sexual performance became much worse, 57.3% reported no adjustment, and 39.8% reported improvements. Several women claimed that circumcised men were protected from HIV and other STIs, associating circumcision status with negative HIV or STI status. In certain situations, women's understanding of male circumcision reportedly provided partial immunity against HIV and STIs guided their selection of sexual partners basing the selection on circumcision status, believing that it would decrease their risk of contracting diseases. Moreover, Williamson and Williamson's (1988), in a United States-based research study among a small sample, concluded that women favoured sexual activity with circumcised men.

Furthermore, in a study, Nkosi (2008) interviewed South African male participants and found that the absence of the foreskin reportedly resulted in enhanced sexual pleasure, with respondents reporting significant differences in sexual experiences before and after undergoing the procedure. They claimed that sex was now more enjoyable than before. Moreover, the men who participated in Nkosi's (2008) study gave accounts of women making ‘loud noises’ during

sex as an affirmation of the delight that characterised their sexual experience. The men stated that: “women who had sexual experiences with a circumcised man would never leave that man; even if they parted, a woman would always come back, begging for reconciliation” (Nkosi, 2008, p.3). Even though an account of the male narrative is not within the scope of this study which is limited to the narrative and accounts of amaZulu women, reference is made to the men, firstly because the literature on women’s sexual pleasure as an outcome of male circumcision is limited, making literature to corroborate and confirm the findings a scarcity. Therefore, the study uses the reported accounts of male participants to compare similarities in findings to understand the extent to which certain accounts are unanimous among men and women.

These contentions, which seem to be mostly supportive of the circumcised man, sharply contrast with a number of studies. For instance, Frisch et al. (2011) investigated the relationship between male circumcision and sexual pleasure and satisfaction between partners using a variety of sexual controls on both men and women. The respondents in the study detailed the circumcision status of their partners (women) together with details of their sexual habits. Females with circumcised partners frequently reported having unfulfilled sexual desires and regular difficulties in terms of sexual performance, in particular, specifically experiencing difficulty attaining orgasm.

Similarly, O’Hara and O’Hara (1999) reveal that women who reported having experienced sexual intercourse with both uncircumcised and circumcised men preferred the former partners, as most of the women indicated that they were more likely to experience sexual pleasure and orgasm with them and they further claimed that they frequently experienced diminished vaginal secretions owing to prolonged intercourse sustained by circumcised partners. O’Hara and O’Hara (1999) further hypothesize that the foreskin decreases discomfort during penetration resulting in lesser vaginal abrasions for the female sexual partner.

Furthermore, in Bensley and Boyle (2003), who surveyed 35 female sexual partners who had experienced sexual intercourse with both circumcised and uncircumcised men, reported that they were considerably more likely to experience vaginal dryness throughout sexual encounters with circumcised males than with uncircumcised males and therefore, they clearly preferred uncircumcised male sexual partners.

These studies are suggestive of the fact that male circumcision negatively impacts on the female sexual partner as it significantly diminishes her overall sexual enjoyment. O'Hara and O'Hara (1999) bares semblances to the current study as their study also surveyed women with sexual experiences with both circumcised and uncircumcised partners with the intention to explore their perceptions regarding sexual pleasure and preferences. The study by O'Hara and O'Hara (1999) also typifies the aim of this study as its findings demonstrated the kind of sexual agency for the Black female participants this study hoped to establish. Even though the current study could relate significantly to the factors investigated in the study by O'Hara and O'Hara (1999), it regards their findings and recruiting methodology with great scepticism, as the researchers recruited survey participants through an anti-circumcision newsletter, which may have had an influence on the direction of the responses expressed. Furthermore, this study sought to build on the short-comings of O'Hara and O'Hara (1999), who polled participants, whereas, in this study, participants were engaged in in-depth one-on-one conversation-style interviews.

Regardless of the variations in the style of selecting participants, the literature survey process made it abundantly evident that the literature that investigates the sexual pleasure perceptions and preferences of Black African women with regards to male circumcision was significantly limited. This is so because the bulk of literature was interested in understanding the health implications of male circumcision to women, and it was also concerned with an understanding which had the fulfilment of health-related objectives at its core. For that matter, the literature, especially in the African context, was inclusive of male sexual partners. As a result, the exclusive focus on how male circumcision affects sexual pleasure as experienced by Black African woman is absent. However, this study seeks to expand knowledge on the sexualities of Black African women and to improve the understanding of the Black African woman as a sexual being.

1.6 Conclusion

This chapter presented an introduction to male circumcision and how it impacts on the sexualities of Black African women. It presented the context of and background to the study as well delineating the motivating factors which ignited the researcher's need to conduct this study. Furthermore, the research problems and key questions guiding the study have also been presented. Thereafter, the chapter outlined the objectives of the study. Finally, this chapter has presented a survey of the literature that is relevant to the topic, thus facilitating the study's

grounding and positioning in wider research. The following chapter presents the research methodology, the theoretical frameworks and the systematic lenses and guides used in the analysis and interpretation of the study's findings. Subsequently, the chapter briefly outlines the contents of this dissertation as per chapter.

CHAPTER 2: METHODOLOGY AND THEORETICAL FRAMEWORK

2.1.1 Introduction

This chapter describes the research process, methods and techniques used in the study, including how the research progressed from its conceptualisation to the findings and their analysis. It provides information on the methods used in undertaking this research study, as well as the rationale for the use of these methods. The chapter also presents the different aspects of research, including the selection of participants, data collection and the data analysis process. It also provides a discussion on the ethical considerations and limitations of the research study.

2.1.2 Research approach

The study utilised the qualitative research approach. Qualitative research can be defined as research that uses open-ended questions, semi-structured, and in-depth individual interviews as a primary means of data collection. Simply put, qualitative research is “a form of systematic empirical enquiry into meaning” (Shank, 2002, p.5). The advantages of using qualitative research methodologies include the flexibility to pursue unexpected ideas that emerge during research and explore processes effectively as well as the leeway to study symbolic dimensions and social meanings (Bryman et al., 1988).

The qualitative research approach enabled the researcher to explore young black women’s perceptions and sexual pleasure preferences in the context of male circumcision. The participants were able to express themselves freely. To great lengths, they carried and sustained the conversations. Through the qualitative approach, the researcher was able to understand the young black women’s scope of knowledge and understanding of male circumcision.

Researchers use qualitative methods as a means of investigating and distinguishing the presence and absence of phenomenon and to subsequently give it pronounce expression (Babbie and Mouton, 2001). This approach allowed individuals in the study to express their sentiments freely and unreservedly because of its flexibility. Hancock, Ockleford and Windridge (2009) position this paradigm as centred on verbalised narratives and experiences that cannot be able to be numerically quantified. The paradigm is characterised by small samples sizes which create intimate settings with the data, facilitating improved familiarity with produced data and the contextual frameworks of the study participants (Rubin and Babbie, 2013). Further, Rubin and Babbie (2013, p.56) contend that “interpretive researchers believe

that the best way to learn about people is to be flexible and subjective in one's approach so that the subject's world can be seen through the subject's own eyes.”

Terre-Blanche, Durrheim and Painter (2006) position the specific nature of reality, investigated in research as the individual's own internal reality, and that the researcher should, therefore, assume the position of an observant empath while interacting and interpreting data subjectively. Therefore, the study was focused on the subjective realities of black African women. According to Anderson (2006, p.3), by its nature, qualitative research comprises of “collecting, analysing and interpreting data by observing what people do and say, qualitative research is much more subjective than quantitative research and uses very different methods of collecting information, mainly individual in-depth interviews and focus groups”. Its main concern is to understand the various perspectives presented by study participants.

The study explored the perceptions and sexual pleasure preferences of young black African women of amaZulu ethnicity regarding male circumcision. The young women were sampled from the University of KwaZulu-Natal. The data collection method facilitated the gathering of information which furnished the study with the intention of listening to the participants. Cohen et al. (2011) suggest qualitative research in studies of this nature for its ability to facilitate in-depth, intricate and detailed understanding of meaning, actions, non-observable as well as observable phenomena, attitudes, mentions and behaviours.

2.1.3 Research design

The research adopted an exploratory research design. The purpose of a research design as mentioned by Terre Blanche et al. (2006) is that it provides the plan specifying the precise manner that is appropriate to answering the specific research question and thus meets the study's aims and objectives. The exploratory design was particularly appealing due to its fluidity and changeable nature, which employs a non-sequential approach. Terre Blanche et al. (2006, p.586) state that “qualitative research is more commonly used to inductively explore phenomena and provide thick, descriptions of phenomena”. The study intern ensured the collection of detailed and contextualised descriptions. For Babbie and Mouton (2001), a great deal of social research is conducted in order to explore and provide a basic understanding of the topic in question. Mouton and Marias (1990, p.4) further position deciding on the most acceptable solution to problems as the motive for the research paradigm, further stating that “the researcher's task is to determine the ways of solving identified problems as far as

possible.” Thus for this study, different methods were used alongside relevant theories to conduct, analyse and to ascertain the outcome of the study. The study used qualitative methods of research, which included carrying out of interviews and the use of open-ended questions. When a researcher has a limited amount of experience with or knowledge about a research issue, exploratory research is thus useful (Manerikar & Manerikar, 2014, p.1). In some cases; exploratory research provides some form of orientation for the researcher by gathering information on a lesser-known topic (Manerikar & Manerikar, 2014). Open-ended questions where the participants were encouraged to express themselves freely as this method of data collection does not contain any fixed response categories, nor does it impose any restrictions on participant’s responses were used. These were appropriate because the researcher’s knowledge base in this context was limited.

Terre Blanche et al. (2006, p.278) “The qualitative researcher’s emphasis is on studying human action in its natural setting and through the eyes of the actors themselves together with an emphasis on detailed descriptions and understanding of phenomena.” Qualitative research is commonly used to explore phenomena inductively and to provide thick and detailed descriptions of phenomena. This study aimed amongst other things, to: provide a basic familiarity with the topic and develop new insights into a previously, but differently explored phenomenon.

2.1.4 Sampling

Purposive sampling was used to select participants. Terre Blanche et al. (2006) assert that sampling is the systematic and intentional selection of research participants. They describe it as a detailed arrangement of the selection of study participants. Purposive sampling was selected as it enabled the study to be decisive and intentional with participant selection, ensuring that all the participants met all particular requirements for the study. Furthermore, the sampling strategy was influenced by factors such as the research questions, the research design and the research methodology for the study.

The criteria for the selection of participants were:

- Black African women (amaZulu ethnicity)
- Fluent in either English or isiZulu
- Between the ages of 18-25 years
- Student at the University of KwaZulu-Natal (Howard College Campus)

The above selection criteria, unlike that of random sampling, is intentional and uses small samples to draw detailed and thick descriptions (Terre Blanche et al., 2006). Therefore, even though the selected sample did not represent all black African women in the university, the research findings can explain the phenomenon or problem to the extent to which it impacts this specific cohort in more detail.

Participants were sampled from the University of KwaZulu-Natal's Howard College campus. Women were the majority of students at this institution. Located in both Durban and Pietermaritzburg of the KwaZulu-Natal Province, the University of KwaZulu-Natal is dominated by amaZulu. Participants speaking isiZulu, and obviously, English were recruited for the study. This sample was selected because a survey of literature reflected that there were structural forces which limited the expression of amaZulu women's sexuality, and as a result, they were unrepresented as sexual individuals. Thus, the study sought to fill this gap and made its focus on black African women of amaZulu ethnicity.

The participants were selected for their availability, willingness to participate and suitability to the study. They were recruited by means of an invitation poster at the campus clinic and liaisons with campus nurses who identified and informed potential participants of the study and took down the contact details of those who expressed interest in participating. The researcher thereafter collected contact details of those who expressed interest in participating in the study and made a follow-up to establish whether their willingness to participate in the study. Thereafter, the researcher arranged for a meeting to briefly discuss the nature of the research study and to establish if indeed an individual met the selection criteria.

Participants communicating in either isiZulu or English were recruited for the study, the reason for this selection was because the researcher is fluent in both isiZulu and English and the majority of students within the institution were fluent in both English and isiZulu. The interviews were conducted individually as the subject matter was sensitive and intimate to the participants. The researcher probed into the sexual pleasure perceptions and preferences of the amaZulu participants. Participants who were between 18 and 25 years were selected for the study as persons younger than 18 were considered minors and would have needed parental consent to participate in the study. And the study considered persons above 25 as too mature as it sought to investigate the perceptions and preferences of young women.

The non-probability sampling method was utilised in the form of convenience sampling. By its nature, "Convenience sampling is descriptive of a sample population easily accessible" (Singh

&, 1996, p.7). In this research context, time constraints and study setting (UKZN) constituted the convenience. The researcher did not have the means and time to travel between the different university campuses since they are far from each other, and she was in close proximity to the Howard College campus. During the recruiting stage, the researcher had to regularly travel to the selected campus to orient participants and investigate their suitability to the study and most importantly, secure their willingness to participate in the study.

The researcher's close proximity to the campus was convenient. Thus, the researcher was able to schedule the interviews according to the participant's preferences. For example, some of the participants were located within the same residence as the researcher. Therefore, she was able to easily access the participants and interview them in the comfort of their rooms.

The study comprised eight (n=8) purposively sampled participants, all-black African and of amaZulu ethnicity. This is what Crouch and McKenzie (2006) would regard as a 'small sample size'. Crouch and McKenzie (2006, p.492) suggest that in research consisting of 'small sample sizes', participants should not be referred to as 'sample' because they are not drawn from a "target population" as the only thing sampled in this regard are "variants of a particular social setting" (Crouch and McKenzie, 2006: 493). Sample sizes for qualitative studies are confirmed to be, for the most part, small in comparison to those in quantitative studies.

Ritchie, Lewis and Elam (2003) contend that the presence of additional data as the study progresses does not necessarily translate into more information, this is true relative to the study as all the participants expressed the same or similar sentiments to the questions asked, and so much of the data were merely repeated from one participant to the other. The reason for this is rooted in the unique dynamic presented by qualitative research that the occurrence of relevant data once will result in it being subject to data analysis. The small sample in the study was a huge convenience to the study as the researcher was able to dedicate her complete attention and focus to the study participants prior to commencing data collection with them and build close and trusting bonds.

As many of the prospective participants had chosen to abstain from the study due to the sexually explicit nature of the questions in the study, the researcher thought that it would be best to build and establish rapport with those who were still willing to participate. Doing so would enhance their ability to open-up during the interviews, given the sensitive and intimate nature of the study which investigated (sex, sexual pleasure and male circumcision). In this regard, the sample size enhanced the understanding of the study's undertakings with, Crouch

and Mckenzie (2006, p.484) asserting that “a small number of cases (e.g. less than 20) will facilitate the researchers close association with the respondents, and enhance the validity of fine-grained, in-depth inquiry in naturalistic settings.” This is important because Crouch and Mckenzie (2006) state that the primary concern of qualitative research is the establishment of meanings. The researcher was of the view that too large a sample would result in unnecessary and time-consuming repetition of narratives.

2.1.5 Research site

The study took place at the University of KwaZulu-Natal’s Howard College campus, which is one of the university’s five campuses. This location was chosen as it was the most convenient for the researcher who lives in close proximity to the campus and could easily navigate to and fro the campus to conduct interviews. The other advantage derived from this study site was that a prerequisite of the recruitment process was to build rapport and a trusting relationship with participants in order identify participants with in-depth orientations of the study and ensure their willingness and enthusiasm to participate in the study was sustained. The University of KwaZulu-Natal’s demographics reflected that over 57% of the students were women and the province and city which the study is located is dominated by black Africans, and most were of amaZulu ethnicity (Statistics SA, 2018). Therefore, the University of KwaZulu- Natal’s Howard College campus, located within the city of Durban was the most convenient place to find young black African university going women of amaZulu ethnicity. These constituted the study’s target population.

2.1.6 Data collection

This qualitative study relied on open-ended, semi-structured interviews. The use of semi-structured interviews is endorsed by several scholars because it facilitates the conditions necessary for the collection of unrestricted, rich and thick data (Terre Blanche et al., 2006; Babbie and Mouton, 2001). The study was conducted within the Howard College campus of the University of KwaZulu-Natal, including participant’s residences. The data collection process was always convenient to the participants, and the researcher made an attempt to increase their autonomy. The researcher lived in close proximity to the university and would often travel to campus to conduct interviews according to participants’ preferred times and venues. A recording device was used with the participant’s permission. Babbie and Mouton (2001) say that using a recording device as a means of data collection allows for the elimination

of distractions and encourages focus on the part of the researcher. The researcher can attest to the accuracy of this statement as she could listen to the participants, respond and formulate leading questions whilst noting their facial and bodily expressions.

Prior to the commencement of the data collection, the researcher took some time and effort to acquaint herself with the study participants to try and gain their confidence and establish rapport to allow the participants, to open-up during data collection. It is important that researchers should establish rapport and build trusting relationships with study participants in order to access privileged, exclusive and informative responses to questions (Babbie and Mouton, 2001; Terre Blanche et al., 2006). During the interviews, participants were permitted to communicate in either isiZulu or English. They could also communicate through code-switching. The researcher also asked questions in English and further clarified the questions in isiZulu to enhance their understanding. During data collection, the researcher observed participants' reactions and non-verbal cues and noted these to supplement the recordings, contextualise spoken words, and enhancing their meanings. The interview sessions were fairly informal and conversational in nature, encouraging participants to be comfortable and enthusiastic, thus heartening them to engage in discussions with much honesty and truth.

The researcher used an interview schedule as the data collection instrument. This interview schedule was coherent and well-structured, enabling the conversations to be free-flowing. Greeff (2002) argues that even though flexibility is preferred over rigidity in the use of semi-structured interviews, the need for the establishment and implementation of a logical sequence in questions remains mandatory. However, the researcher ensured that discussions were kept as interesting as possible, without diverting too much from the topic, thus collecting rich and thick data, which was very useful to the study. Data were collected using semi-structured interviews; this assisted the study in keeping discussions focused and directed without compromising the flow of conversations.

The interviews conducted in this study were mostly conducted in English, with the occasional use of isiZulu by both participants and the researcher. They were in the form of in-depth one-on-one (individual) interviews, 30 to 40 minutes in length. The interview schedule consisted of 20 carefully constructed progressive questions, which guided the interview process. The semi-structured questions encouraged participants to discuss topics of interest to the study. Overall, it guided and shaped the data, limiting the researcher's influence. The use of open-ended questions during in-depth interviews helped to steer open and honest discussions filled

with meaning, and this was also facilitated through the use of probing and exploratory mechanisms encouraged in the qualitative research methodology.

2.1.7 Data analysis

Terre Blanche et al. (2006) proposed that there should be five steps to be followed during the analysis of qualitative data, and they further ascertain that this process should by no means be delayed.

2.1.7.1 Familiarisation: During the data collection interviews were recorded using a digital audio recorder. The researcher sought permission from the participants prior to each interview session. The researcher would, immediately after conducting each interview, take the time to listen to each recording, repeatedly. The interview recordings were later transcribed, and this task was executed immediately after the interview sessions to enhance the validity and accuracy of findings and enable the coherent integration of non-verbal cues and other important observations whilst the researcher could recall them with clarity. This was a time-consuming task for the researcher as it was necessary to translate with as much precision as possible the exact responses in their prevailing contexts. As some of these interviews were in isiZulu special assistance from an excellent isiZulu speaker was sought, this was to ensure that the researcher had not distorted the meanings and narratives of the participants in her translation. The interview notes and recordings were read several times to ensure familiarity with data and to obtain a nuanced understanding of the data.

2.1.7.2 Inducing themes: The responses gathered during the data collection process and data transcribing were categorised into themes. These themes were used in the formulation of not only the main themes identified but also the formulation of corroborating sub-themes to enable a better understanding of the findings. They were derived inductively and were grouped accordingly by the researcher. The literature survey in the study assisted the process in establishing and identifying findings which were either corroborating or contradicting with the study findings and/or the relevant literature. The social constructionism theory and African Feminism theory were utilised in the categorisation of themes, ensuring correlation between the study findings and objectives.

2.1.7.3 Elaboration: This was accomplished by revisiting the transcripts to identify missing data or data that had been overlooked during the data interpretation process and thereafter attempting to formulate connections among the responses of black African women.

2.1.7.4 Interpretation and Checking: This was done by identifying the shortcomings and contradictions possibly encountered in the way data was interpreted and the subsequent internal reflections of the researcher to establish ways in which she might have influenced the analysis of data and thereafter devising alternative means of data analysis, for example, the literature review, study objectives, theoretical frameworks and the study's underlying assumptions.

2.1.8 Trustworthiness

Patton (2001) encourages the researcher to subject to interrogation the means used to ensure trustworthiness, accuracy and validity in the research. This in qualitative research is assessed and conceptualised by an assessment of the following: credibility, transferability, dependability and confirmability (Shenton, 2004). The researcher also reflects on reflexivity as another strategy to enhance the trustworthiness of findings.

Credibility: For Terre Blanche et al. (2006), convincing and believable findings are the achievement of credibility. According to Bryman (2012, p. 49), credibility is dependent on "how believable are the findings". To ensure this, the researcher used qualitative tools of paraphrasing to ensure that she understood correctly what was said by the participants and probing them to understand in more detail, those concepts which were either unclear or little understood and finally transcribing to ensure documentation of accounts or paraphrasing for future reference.

Transferability: This refers to the extent to which findings in the study can yield similar results when applied to another context with another set of participants (Babbie and Mouton, 2001; Bryman, 2012). In this study, detailed and extensive descriptions of methods devised and implemented, including the recruitment procedure and conditions enhanced transferability. The researcher made sure to include a description of the participant's biographies to enable others to assess the application of the findings to different context and studies.

Confirmability: This criterion assesses the extent to which the research findings are a true reflection of the participant's responses and accounts and relative conditions of inquiry and not a reflection of the researcher's biases and personal interests in the study (Babbie and Mouton, 2001). As recommended by Babbie and Mouton (2001), the researcher remained impartial and neutral during data collection whilst constantly reflecting and checking her conduct during the interviews.

Dependability: This aspect of the study was accomplished by keeping detailed and clear descriptions of methods of data collection and data analysis used as prescribed by Shenton (2004). The research methodologies of choice used in the study were all well-established, and a guiding interview schedule was designed carefully. Transcriptions were transcribed soon after the completion of interview sessions to enhance the dependability of findings.

Reflexivity was crucial to minimise researcher bias. The researcher identified with the demographics of the participants in more ways than one (she too is a black African woman and of the amaZulu ethnicity), thus she was bound to interfere with findings in some way. She then reflected on her relationship with the research study, thereafter maintaining a distinction between her own personal values and those sustained by the study participants

2.1.9 Limitations of the study

During the course of the study, the researcher encountered many limitations which may have impacted on the research outcomes. The topic chosen by the researcher was of a sensitive and delicate nature as sex and sexuality are not matters often discussed openly.

In the search for study participants who fulfilled the study criteria, it was difficult to meet a potential participant who fulfilled all the requirements precisely because the majority of the prospective participants had only ever had sex with one person in their lives. Other participants who were willing to participate in the study but because did not know how to differentiate between a circumcised and an uncircumcised penis, asking: ‘how do you know if a guy is circumcised or not’, were immediately disregarded as potential participants.

Prior to the actual interview, the researcher made it a point to meet with the participants at least two times before the actual interview. The initial contact was to introduce each other and ask basic questions and assess participants’ eligibility to be in the study and basically a further inquiry into their background (what they are studying, where do they live and where are they from). This was not easy as on the first contact, and the researcher had to know whether the individual knew about male circumcision and could differentiate between a circumcised and uncircumcised penis if they had sex with both of these categories of men. The second encounter was a further but more in-depth inquiry into their views on sexuality and basically to verify time and place for the interview session, which was a little less intense than the first encounter.

The researcher notes that even though participants to some extent were willing to engage in the study when the actual questions were asked some were hesitant to answer some, giving yes or no answers and needing much probing and engagement to give more explicate details. The researcher had already critically reflected and concluded that her religious values which encourage modesty and thus her conservative dress code in hijab might have presented a conundrum in relation to questions asked on sex, sexual pleasure and enjoyment and male circumcision and as a result, participants were not completely open to the process, in fear of perhaps judgment or they were of the assumption that the researcher would not relate and understand their experiences.

During data collection often times the researcher would call days in advance to verify and confirm time and place for the interview and thereafter call the day before to remind the participant, and they would agree but not show up for the interview and in many instances prospective participants who had met the requirement and agreed to participate in the study suddenly got too busy, were ignoring calls and other employed several delay tactics. The unpredictability and unreliability some participants presented was an issue for the researcher as it impacted the number of participants the study was able to interview; however, provisions were made in the event that saturation was not met. It was proposed that if saturation has not been met, study participants would be adjusted accordingly.

The fact that the researcher too fulfilled aspects of the research criteria (in terms of being an isiZulu speaking, black-African woman and registered with the University of Kwa Zulu-Natal Howard College) had to employ skills of reflexivity and objectivity through self-awareness and genuineness in order to avoid assuming a biased stance in her role as a researcher.

2.1.10 Ethical considerations

Ethical clearance was granted by the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee. The same university's registrar had initially issued the gatekeeper's approval to conduct research at the institution.

Participants were furnished with consent forms which were written in both isiZulu and English for their convenience before the beginning of the data collection process of interviewing. Furthermore, they were orientated and given sufficient information on the study, its intentions, their role in the study as participants and what to expect from their participation in the study with an emphasis that the study was solely for research purposes and there were no financial

incentives nor compensation for their time and participation in the study as it was purely voluntary. They were also given relevant information regarding the duration of the average interview session, which was approximately 30-40 minutes and the data storage processes.

Participants were informed of their autonomy to choose to withdraw from the study at any point, including abstinence from selected questions they might have deemed inappropriate or too sensitive without any fear of negative consequences. Lastly, they were informed that the study intended no harm and the researcher would protect their privacy through the use of pseudonyms to protect their identity. The study ensured that the participant's responses were treated in a confidential manner. The permission of participants was also requested to record interviews electronically. The participants were informed that these recordings would be used solely for purposes of research and would not be publicised.

Furthermore, even though the study had not anticipated any casualties and emotional trauma as a result of interview questions to participants, the researcher had devised means to ensure that in the event that one of these participants required the services of a campus student counsellor and psychologist, they would be assisted. However, their services were not utilised as none of the participants reported or displayed signs of emotional or psychological disturbance post data collection.

2.2 THEORETICAL FRAMEWORK

The current study uses theory triangulation. As such, two theories are used as the lenses through which the findings are interpreted. These are Social Constructionism and African Feminism. Theory triangulation helps to ensure that the weaknesses in one theory are supplemented by the strength in the other theory.

2.2.1 Social Constructionism

Social Constructionism examines the ways in which groups and individuals in society work together to contribute to the social production of knowledge, perceptions and reality (Berger & Luckmann, 1966). Andrew (2012, p.39) asserts that “social constructionist view knowledge as constructed as opposed to created.” This can be understood as being done by amaZulu women in universities through everyday interactions with one another. It further positions knowledge as being culturally and historically appropriate and sees it as a consequence of both culture and history (McIlveen & Schultheiss, 2012; Burr, 1995). In essence, people construct knowledge between themselves through everyday practices (Burr, 1995). Moreover, that the specific constructs of knowledge which are representative of a particular culture are mere ‘artefacts’ and the assumption of these as most accurate; an absolute truth and constituting a better understanding of actual reality is incorrect and condemned (Burr, 1995). Furthermore, “it refuses claims of one’s knowledge as a direct interpretation of reality and the existence of an objective fact” (Burr, 1995, p.4).

Social Constructionism encourages the social and historical contextualisation of ‘taken for granted assumptions’ and the subsequent social and political structures which keep them in motion even though meanings may be shared (McIlveen & Schultheiss, 2012). Thus, challenging our assumption of knowledge as we know it (that is) as being grounded in objectivity and lacking bias in interpretations of the world (Burr, 2012). In the current study, black African women of amaZulu ethnicity who were in university were seen as products of their culture and history. Hence, it was understood that these would influence their sexual pleasure perceptions and preferences in the context of male circumcision. This theory provided a nuanced understanding of the ways amaZulu women interpreted their social realities and encouraged the understanding of these relative to their social and cultural contexts.

Moreover, Social Constructionism gives precedence to interpretations of reality, which are constructed in everyday interactions (McIlveen & Schultheiss, 2012). Berger and Luckmann

(1991) note that it is significant others who mediate objective reality and interpret it as meaningful, which results in its internalisation by individuals (Berger & Luckmann, 1991). In addition to that, Social Constructionism proposes the generation of alternative interpretations of the world wherein one critically engages established understandings while presenting new possibilities (McIlveen & Scheltheiss, 2012). The study understood that it is often authority figures such as mothers and older women in their local communities who may impart restrictive and limiting socio-cultural patterns of women as reproductive beings with no sexual inclinations and desires (Urdang, 2006).

According to Social Constructivism, subjective reality and everyday experiences are understood and defined in social terms (Andrew, 2012). Moreover, society is seen as existing both as a subjective and objective reality (Berger & Luckmann, 1991). Therefore, “identity exists and originates not from inside the person but from the social realm” (Andrews, 2012, p.41). Through on-going social interactions, individuals contribute to the construction of their realities, including the construction of the self, all of which are developed through sustained interaction with others (Conrad & Barker, 2010). Consequently, amaZulu women’s perceptions and preferences were determined by their historical and cultural positioning and their observation and interpretation of the world surrounding them. From this, we understand that both history and culture have contributed significantly to the construction of amaZulu women’s sexual pleasure perceptions and preferences. Similarly, Gergen (1999) proposes the development of an innovative means of understanding reality while critically engaging traditional discourse, hence to great lengths, and without projecting researcher personal biases, the study examined structures in their social contexts maintaining objectivity.

Burr (2015, p.5) contends that “language is of great interest to social constructionists” because it is perceived as being more than just a medium of expression and communication because every time we talk, we construct the world. Burr (1995, p.5) further suggests that “language as the passive vehicle for our thoughts and emotions” McIlveen and Schultheiss (2012) suggests it to be the means by which traditions are either sustained or refined as people in their everyday lives, through language construct ways of understanding and perceiving the world. In essence, Andrew (2012, p.41) contends that “language predates concepts and provides a means of structuring the ways the world is experienced.”

In the current study, the language was used not just as a means of communication and expression of participant’s narratives, but the participants were given the option to assert

themselves in either isiZulu or English, dependent on which language would allow for the clear articulation of perceptions and preferences. Through dialogue with the participants using the language of their choice, the researcher and participants were able to unpack the various constructions of sexual pleasure and male circumcision and further understand how participants navigate issues of sexual pleasure, romance, intimacy and sexual satisfaction against their specific political, social and cultural realms.

2.2.2. African Feminism

African Feminism is a situated theoretical orientation, which facilitates arguments validating the experiences of African women (Goredema, 2010). However, in the current study, African Feminism is operationalised as a theory, rather than mere orientation. Patricia McFadden and Gwendolyn Mikell are mentioned as the two primary thinkers to have addressed African Feminism. African Feminism is characterised by Ahikire (2006) as a social movement aiming to raise global awareness, ‘sympathising with the histories, expectations and realities of African women’. It was located on the basis that African women’s experiences differ significantly from the experiences of women in the ‘West’, and the problems of black African women can only be correctly conceptualised, understood and addressed by people who understand them (Imam, 1997).

African Feminism facilitated the study’s attempt at challenging the legitimacy of the socio-cultural structures keeping amaZulu women sexually subjugated, in that it interrogates African histories and values, which marginalise the narratives of women’s experiences in their totality (Gbowee, 2011). Essentially Salo in conversation with Mama (2001) position it as, signalling a negation of oppression and an undertaking to struggling for the emancipation of African women. Furthermore, it also recognises the heterogeneity of African women as having compound and plural identities. Thus, African Feminism serves to justify the study’s specific focus on amaZulu African women. The discourse places race and ethnicity in Africa at its centre and acknowledges the ambiguous and unequal nature of African society and the implications these have to African women (Gbowee, 2011). Simply put, it “recognises the deeply political act of advocating for women’s rights” (Ahikire, 2006, p.7). Despite the challenges presented, Lweis asserts that African feminists have a collaborative allegiance to the critical analysis of gender discourses in the African continent (Lewis, 2001).

This theory was used in collaboration with Social Constructionism mentioned above, as it not only served to supplement and support conceptualisations specific to African women, but it enabled the study to contextualise the analysis of findings. This theory helped the reader to understand the extent to which the lack of black African amaZulu women's sexual narratives can be characterised as a sympathetic history. To establish the extent to which dominance of men and non-African women in the sexual narratives and dominant literature is as a result of differences of experiences owing to differences in the realities and expectations of women in the 'West' and women in Africa. It clarified if the study's attempt to bridge the knowledge gap and understanding of black African amaZulu women's sexual pleasure narrative was symbolic of a refusal of oppression.

Therefore, African Feminism helped the researcher to unpack and better understand the inequalities contributing to the lack of amaZulu women's expression of their sexuality. Lastly, it enabled to position the study in such a way that it challenges dominant societal and gender norms and expectations, which are sexually oppressive to amaZulu women.

In conclusion, both Social Constructionism and African Feminism helped the researcher to understand that the scope of sexuality in the African context is socio-culturally constructed. That sexual feelings and behaviours are influenced and constructed by Zulu cultural definitions and prohibitions (Machera, 2000). Together, the two theories served in establishing and understanding the barriers inherent within African sub-culture contributing to the absence of amaZulu women's sexual accounts. This theory triangulation provided a basis for understanding that sex can mean different things for women in the 'West' and women in the African context and that even among the conservative amaZulu community, there are women who not only desire but find sex pleasurable — thus establishing the inequalities contributing to the lack of amaZulu women's expression of sexuality. It also allowed for the study to disentangle dominant socio-cultural constructs and gender norms and expectations in the Zulu culture, which are sexually oppressive to amaZulu women. The theories also facilitated a more objective understanding of the dynamics and laminations prevalent among the amaZulu. They further assisted the researcher and the reading public to appreciate the ways in which amaZulu African women construct the relationship between male circumcision and their sexual pleasure.

2.3. STRUCTURE OF THE DISSERTATION

Chapter 1: Introduction and Literature review:

This chapter provided a detailed introduction to the study, the background and motivation of the study. It included the research problem and objectives. Furthermore, it reflected on the underlying assumptions of the study. This was followed by a broad overview of the relevant literature on male circumcision and the sexual pleasure perceptions and preference of black African university going women.

Chapter 2: Research methodology and theoretical framework:

This chapter presented the research methodologies which are inclusive of the practices of data collection, research setting, sampling methods, means of data collection and analysis, validity, reliability, ethical consideration and limitations of the study. This was then followed by the theoretical constituents underpinning the research, which are Social Constructionism and African feminism theory.

Chapter 3: Knowledge and Perceptions of amaZulu Women on Male Circumcision:

This chapter will encompass the participant's views, attitudes and opinions on male circumcision and an investigation into the perceptions of black African women in the context of male circumcision. It seeks to understand how their perceptions of male circumcision influence their sexual decision-making abilities. Essentially, it is an inquiry into the specific reasons women prefer either circumcised or uncircumcised men. Furthermore, it observes the ways black African women assert their sexualities in sexual health matters.

Chapter 4: Experiences and Preferences of amaZulu Women:

This chapter is an inquiry into the factors influencing consent to sex and an investigation into some of the reasons young black university going women would prefer circumcised males. It sought to understand the nature of their priorities and establish whether they were wise in their sexual exploration or simply seeking instant gratification (living in the moment). The participant's knowledge and understanding in this regard too were probed into and most importantly, the extent to which that knowledge was put into practice in their sex lives.

Chapter 5: Sexual Agency, Romance and Intimacy of Young Black amaZulu women:

This chapter is an exploration into the perceived effects of male circumcision on romance, sexual agency and sexual intimacy to the women. It is also focused on the examination of black African female students' views on intimacy, romance and sexual consent in their relationships with either circumcised or uncircumcised men. It seeks to understand the ways in which young black African women conceptualise the constructions of masculinity and to establish which according to them, between circumcised and uncircumcised men values their sexuality, is romantic and facilitates the best intimacy.

Chapter 6: Summary and conclusions:

This chapter is a summary of the entire dissertation it highlights the findings drawn from data analysis and identified themes, as well as study limitations and relevant recommendations.

2.4 Conclusion

This chapter has described the nature of the study, it has outlined the various strategies used such as the data collection procedures and the sampling methods utilized to solicit study participants. Furthermore, the chapter has described how the data collected was analysed and thereafter presented. Moreover the ethical standards which governed the study and which had to be adhered to were highlighted. The various limitations encountered are also enclosed and the various mechanisms the researcher had to employ in order to overcome each challenge and enable the eventual realisation of the objective to collect rich and thick narratives from the participants. The chapter lastly looked at the theoretical constituents which informed the study, namely Social Constructionism and African Feminism. These theories helped the study to understand how black African women's sexualities were constructed and the scope of sexuality in the African context.

CHAPTER 3: KNOWLEDGE AND PERCEPTIONS OF MALE CIRCUMCISION

3.1 Introduction

Circumcision involves the elimination of part or all of the foreskin or genital foreskin. It is one of the most frequently practised surgical procedures worldwide. Much research has been conducted on circumcision-related health outcomes that have been crucial to recent transformation in social and public policy. It is also noted that the participation of women in sexual conversations may not necessarily always be feasible in the Sub-Saharan African context owing to cultural resistance and limitations to the sexual expression of women. Nevertheless, the engagement of the female factor and its subsequent positive impact on the prevalence of male circumcision are poised for further enhancement by facilitating conversations of male circumcision among families and communities.

Notwithstanding the body of extant literature detailing the health-related effects of circumcision, the effect of circumcision on sexual intercourse between men and women is apparently minimal. This, however, does not suggest that it is entirely non-existent. Evidently, intellectuals have been pre-occupied with studies that focus on male circumcision which directly addresses men, a discourse that commonly but incorrectly considered women as ‘secondary’ and relegated to the role of the observer in discussions that pertain to male circumcision. Furthermore, studies on male circumcision have focused on men as primary respondents, and they resultantly met with much less resistance compared to those which include Black African women.

It is against this background that this study aimed at investigating some of the perceptions of Black African women attending university in the context of male circumcision. The study further attempts to understand how those perceptions may or may not influence women’s sexual decision-making. Furthermore, it investigates the perceived sexual health benefits as well as the overall well-being. The study took particular interest in monitoring how the individuals asserted their sexuality against the backdrop of suppressive and oppressive discourses. This appears to hold sway as studies have primarily reported on men citing improvements in sexual pleasure and enjoyment, cleanliness of the penis and the elimination of potential threat of disease as key factors, resulting in the increased attractiveness to women

(Wirth et al., 2016). However, there exists very scant subsequent literature on women verifying or validating these perceptions.

The supposed ‘attractiveness to women’, however, has not contributed significantly to the willingness and acceptability of male circumcision. It remains provisional among men as the selected few fear the circumcision procedure and they need assurance that it will be carried out by a trained healthcare professional (Khumalo-Sakutukwa et al., 2013). According to Adams and Moyer (2015), the most salient of the barriers to male circumcision among men is the perceived potential loss of sexual pleasure. The latter confirms that the perceptions of men on male circumcision are multi-dimensional, with some perceiving it as a threat to their sexual functioning and performance as they see it as detrimental to their socially constructed manhood (Adams & Moyer, 2015).

Even though there is insufficient information to substantiate perceptions on sexual satisfaction among African females in sexual relationships with circumcised males, it is believed that the removal of the foreskin may decrease sexual satisfaction among females since it is precisely the presence of the foreskin that is assumed to encourage vaginal penetration (Kigozi et al., 2009). This study sought to investigate the authenticity of such claims through an enquiry into the perceptions of Black African university-going women regarding sexual pleasure and preferences in the context of male circumcision.

However, the study notes that the ‘bridging’ of these gaps in knowledge is no easy feat as the sexualities of young Black women are rarely celebrated or encouraged due to their socially and culturally constructed nature which, no matter what cannot be denied and which are characterised by settings in which men are accorded “considerable relational power over young women” (Jewkes & Morrell, 2012, p. 1729). However, the study scrutinised the arguments that circumcision improves the anatomical framework of the penis (that is, elimination of the mobile foreskin sheath). It further postulates that it would also be necessary to determine whether or not these modifications in the penis occur beyond the individual.

3.2. Participant details/demographics

The study recruited a total of 8 participants, all of which were Black African women who spoke isiZulu. Furthermore, the participants were of the amaZulu ethnic origin. They were all students at the University of KwaZulu-Natal’s Howard College Campus at the time the interviews were conducted. They were all aged between 18 and 25 years and had sexual experiences with both

circumcised and uncircumcised men. Below is a brief profile of each participant. It is important to note that pseudonyms were adopted to protect the identities of the participants in adherence to the ethical recommendations and guidelines.

Naledi was 23 years old at the time of the interview, and she was pursuing an Honours Degree in Community Development. She had had a total of four (4) sexual partners, three (3) of which were circumcised and one (1) was not. The uncircumcised sexual partner had been her first sexual encounter. All her previous relationships had been long-term and committed ones, and currently, she is in a committed relationship with a circumcised man.

Thobile was 21 years old at the time of the interview and was a 4th Year Bachelor of Social Work student. She reported having had sex with a total of five (5) men, four (4) of which were circumcised. She mentioned that having sex with the uncircumcised partner was a casual sexual encounter or one-night-stand. The rest were long-term partners, and she reported being currently in a committed relationship with a circumcised sexual partner.

Phindile was 22 years old at the time of the interview and was undertaking her Honours Degree in Anthropology. She confirmed having had sex with a total of 6 sexual partners in her lifetime. Four (4) of the men were circumcised, and two (2) of them were uncircumcised. The two (2) uncircumcised men were among her first two (2) sexual partners and the only uncircumcised sexual partners for that matter. She was currently in a committed relationship with a circumcised man.

Fikile was 20 years old at the time of the interview. She was doing her 4th Year in Psychology. She had a total of four (4) sexual partners in her lifetime, two (2) of which were circumcised and the remaining two (2) were uncircumcised. She is currently in a relationship with a circumcised man. She did not necessarily classify the relationship as committed or uncommitted.

Nomasonto was 21 years old at the time of the interview and was in her 3rd Year doing a degree in Criminology and Forensics. She had sexual experiences with approximately seven (7) partners by the time of the interview (she was not certain). Five (5) of her sexual partners were circumcised men and three (3) sexual encounters were what she considered non-committal and casual sexual encounters lasting for anything less than three months. The remaining two (2) were long-term though not necessarily committed relationships (lasting over six months). She had sex with only two (2) uncircumcised men because she only dated the third one and refused

to engage in sexual intercourse with him. She was currently in a number of relationships with circumcised men only.

Nonhlanhla was 19 years old at the time of the interview and was in her Second Year, pursuing a degree in Housing and Development. She had a total of three (3) sexual partners two (2) of which were circumcised and one (1) uncircumcised. All of her relationships had been long-term and committed. She was in a committed relationship with a circumcised man by the time of the interview.

Nomvula was 25 years old at the time of the interview and in her 3rd Year doing a degree in Electronic Engineering. She had a total of four (4) sexual partners; three (3) of which were circumcised and one (1) was uncircumcised (her first sexual partner). At the time of the interview, she was in an exclusive and committed relationship with a circumcised man.

Nomathemba was 24 years old at the time of the interview, she had just made her final submission for her masters in Social Work. She informed me that she had a total of three (3) sexual partners, one (1) who was uncircumcised and two (2) who was circumcised (which was her current sexual partner). She categorized her current relationship as ‘a serious relationship’. Even though her previous relationships were short-term she stated that they too were indeed committed or ‘serious relationships’.

3.3. Perceptions of improved sexual health

“I think that male circumcision is very good, people should do it because it does many things in terms of being it hygienic” **Nomvula**

“I feel like it’s right than being uncircumcised because of its ability to reduce sickness” **Nomasonto**

“It is mandatory for people to get circumcised beside the apparent health reasons” **Phindile**

“Well, from a medical perspective I think, it is a good idea, because it serves males as well as females from a whole lot of illnesses.” **Thobile**

“I think that male circumcision is good and men should do it because it decreases their chances of contracting diseases like HIV and STI’s” **Naledi**

“I understand that a person needs to circumcise to avoid diseases like HIV/AIDS, and it also protects women... It should be a choice, you know, but women should also be protected.” **Nomathemba**

“I think that men should do it for their safety, not just pleasure their health comes first. Pleasure comes last, and their health first” **Naledi.**

Grund et al. (2017) perceives male circumcision not only as being relevant to HIV prevention but also as being essential “to the context of the broader health needs of women” (Grund et al., 2017, p. 9). These contentions reaffirm the notion by Maraux et al. (2017), who mention that women’s opinions regarding male circumcision were, for the most part, positive. Furthermore, the above-cited sentiments, as expressed by the respondents, reflect a nuanced understanding not only of the health implications of male circumcision but also the manner in which the practice impacts on them as sexual partners of circumcised men. The results cited above are consensual on the notion that male circumcision enhances health and protects sexual partners from HIV and other Sexually Transmitted Infections, reflecting the respondents' knowledge and understanding of their vulnerability to HIV and sexually transmitted diseases (STIs).

Williams et al. (2006, p. 1038) partially agree with the respondents, asserting that “while MC confers greater direct benefits on men than on women, women benefit indirectly through the reduction in the prevalence of HIV among their male sexual partners.” Furthermore, the perceptions and sentiments expressed by the participants in the study are informed, supplemented and corroborated by Morris et al. (2019) and Zulu et al. (2015), who report on women’s interpretations of male circumcision as contradicting health-related benefits particularly improved personal health and hygiene.

Similarly, women in a study by Riess, Achieng and Bailey (2014) perceived male circumcision from a medical standpoint, asserting that overall, the practice promotes good health and well-being, which further contributes to a reduction in the preponderance of sexually transmitted illnesses. Similar findings were evident in this study as the majority of the female participants in the study by Riess, Achieng and Bailey (2014), overwhelmingly perceived uncircumcised men from a disparaging standpoint, as they view them as embodiments of infections and illnesses capable of being transmitted during sex.

Nevertheless, similar to most concepts, male circumcision is not always perceived positively or negatively for that matter; with some women, for various reasons, hold adverse opinions and hence, are indifferent to the concept. Fikile, who felt she could not contribute meaningfully to conversations surrounding male circumcision, professed lack of knowledge; she relates:

“It does not mean anything to me, whether a guy is circumcised or not”

Fikile

Studies often associate women’s lack of a stance on male circumcision with lack of understanding of the concept; or they perceive male circumcision as strictly impacting exclusively on men and hence, it does not concern them. It was, therefore, crucial for the researcher to determine as to which of the two perceptions informed women’s indifference as expressed by Fikile. This curiosity was stimulated by the understanding demonstrated by Peltzer et al. (2014) and Scott, Weiss and Viljoen (2005) who arrived at some consensus in their argument that higher educational levels significantly impacted on the acceptability of and preference for male circumcision among Black African populations owing to increased awareness of the benefits of male circumcision.

Moreover, Mattson et al. (2005, p. 182) note that “women with nine or more years of school were more likely to prefer circumcised partners.” Therefore, the researcher surmised that the apparent indifference hardly resulted from ‘diminished understanding’ especially since she, at the time of the interview, had interacted with four (4) sexual partners, implying that she had sufficient grounds to formulate some hypothetical opinion. For reasons already mentioned, the researcher was initially disinterested in the study, and therefore, she had to enquire as to how comfortable she would be in participating or if need be, she would have to reschedule.

For Nonhlanhla, on the other hand, the profound benefits deriving from male circumcision make the idea of an uncircumcised man somewhat puzzling and unjustifiable; she relates:

“I think that it is a very good thing and do not see why there are guys who are still not circumcised” **Nonhlanhla.**

3.4. The influence perceptions have on sexual decision-making

“My perception on male circumcision doesn’t really influence my decision to either have or not have sex, because he could tell me that he is circumcised and then when I get there he is not circumcised (laughs). And then when I do

see it, and it is not circumcised, and I am already in the mood then 'haaw wow!' He isn't circumcised. This could be because he is ashamed that he isn't circumcised and he thought I would run away if I knew that he isn't circumcised, and wants me to be attached to him first so honestly if I love a person it doesn't really matter if he is circumcised or not" Naledi

These are the words of Naledi, one of the participants. She narrates one of her sexual encounters with an uncircumcised person. She mentions that she and the 'guy' had met on campus, and their relationship had started off as 'just friends', but then, as time progressed, they got sexually attracted to each other. The relationship, as she says, had started off gradually, and therefore it had not been necessary for her to query if he was circumcised or not. However, her response carried undertones of dissatisfaction owing to the fact that the man was not circumcised and that she was manipulated by the uncircumcised 'guy' who seemingly capitalised on her 'love' for him and his initial desire to get her 'attached'. She reports being surprised and startled at the realisation that he was uncircumcised. Understandably, even though women may have expressed affirmative perceptions regarding male circumcision, love appears to override such perceptions. However, she relates that:

"It's very stressful with those who are not circumcised. Like if the condom bursts there are too many diseases sitting in 'that thing'" Naledi

The 'that thing' she mentions is the foreskin of the uncircumcised penis.

Nonhlanhla narrates her sexual encounter with an uncircumcised man which tended to inform and influence her current sexual decision-making regarding having sex with either circumcised or uncircumcised men. Her experiences were characterised by profound discomfort (both emotional and physical) and unpleasantness. She had this to say.

"It does matter that a guy is circumcised or not, and there is a difference between sex with a circumcised and uncircumcised person. And based on what I experienced with an uncircumcised partner I won't do that again, I didn't like it. Immediately after sex, I didn't feel good, and it wasn't a good experience overall." Nonhlanhla

The researcher asked Nonhlanhla to expand what exactly made her choose to reject uncircumcised men completely. She sat back and smiled at the researcher and confided in the researcher that the sexual encounter between herself and the guy had been 'unplanned' as they

had just started dating and she intimated that usually, she waited at least three months (this is commonly known as the 90-day rule) before having sex with anyone. However, she reported that that evening, after a party sponsored by the UKZN Student Representative Council (SRC), they went back to his residence and one thing led to another. She reports that she regretted it immediately after realising that he was uncircumcised on putting on the condom. She further mentions that at that time, she was really ‘in the mood’, which then pacified her anxiety and reluctance to sleep with someone who, firstly was uncircumcised and secondly, someone who had not surpassed the 90-day rule. She had this to say:

“It went against all my values and everything I stand *for*” **Nonhlanhla.**

She said that she immediately regretted once the sexual tensions had subsided.

Phindile too, relates how she had chosen to shun uncircumcised men completely as they seldom fulfilled her sexual expectations, positing that she does not regret this decision because her sexual needs are now being fulfilled.

“It is a factor because there were two (2) who were uncircumcised and they were my first two sexual partners, and once I saw that they are not doing it right I let them go and once I got a circumcised man I never looked back.”

Phindile

According to Riess, Achieng and Bailey (2014), male circumcision status is a significant factor influencing women's sexual decision-making, particularly in partner selection and condom use. Therefore, it is important to note that the contentions presented by Naledi, Nonhlanhla and Phindile are their health-related perceptions regarding male circumcision, and this subsequently followed from the perception of improved sexual enjoyment and pleasure. Precisely, having sex with uncircumcised men makes them feel guilty and regretful as they view themselves as dishonouring and shaming themselves by having sex with someone who is socially ridiculed as being riddled with and prone to disease and incapable of sexually satisfying a woman.

Moreover, it goes without saying that the impact that perceptions of male circumcision have on sexual decision-making are socially constructed. In the introduction to the study, the researcher mentioned that the study had been motivated by the curiosity sparked by a heated conversation on sexual issues among a group of women attending university to whom the researcher is closely affiliated. It is within this context that the topical issues on male

circumcision came up as someone had mentioned that “*indoda esokile innandi*,” which basically means that a circumcised man confers greater sexual pleasure on the woman and all the women had unanimously subscribed to this contention.

Similarly, during the course of the study, the researcher got the opportunity to participate in an awareness programme jointly funded by the Department of Social Development (for which the researcher had been working at the time) in the Amajuba District in Osizweni and the Department of Health (Madadeni Hospital). During the awareness programme, the youths of the area were invited, and various stakeholders made presentations on HIV/AIDS, condom use, rape, teenage pregnancy and male circumcision. The topic on male circumcision was presented by both the Departments of Health and a Community Development practitioner from the Amajuba District.

The Community Development practitioner focused specifically on the females or young women present. She asked: “*uzizwa kanjani wena njengentombazane ezithandayo esulala nomuntu ongasokile?*” (How do you feel about yourself as a self-loving woman having sex with someone who is not circumcised?). She further said: “*intobazane ezithandayo ayilali nje nomuntu ongasokile, uyamutshela nje umfana ukuthi mina ngiyazithanda, ngakhoke uma nawe ungithanda hamba uyosoka*” (a self-loving woman does not, under any circumstances, have sex with someone who is uncircumcised, because you just tell the man that I love myself and if you love me, go and get circumcised.” These two instances represent powerful social constructionism which illustrates how subjective perspectives, knowledge and understandings on male circumcision among women in the study are socially constructed. These are cases in point reflecting how the meanings participants often attribute to male circumcision and men, whether circumcised or otherwise, are formed in conjunction with other sources of influence (in awareness programmes and among groups of affiliates where male circumcision-related issues are discussed).

The Social Constructionism Theory helps to place into perspective, sexual decision-making made by women in relation to male circumcision. Paradoxically, Naledi’s initial statements suggest that male circumcision does not impact on her sexual decision-making but then, she later on categorically states that it is ‘stressful’ for her to have sex with an uncircumcised man. Furthermore, one is able to appreciate, through the theory of Social Constructionism, the roots of the regret Nonhlanhla immediately experiences after having sex with an uncircumcised man and this is compounded by her violation of the 90-day rule, and all these instances contradict

her supposed values. Against this background, one is made to appreciate how meanings are formed through association with other social beings in addition to their own independent perceptions. Similarly, MacPhail and Campbell (2001) argue that the vast majority of earlier researches, specifically among developing countries have focused on the concept of sexuality at individual levels, side-lining significant benchmarks such as normative, societal and cultural settings. They suggest that an individualistic conceptualisation of phenomenon oftentimes assumes that “sexual behaviour is the result of rational decision-making based on knowledge.” MacPhail and Campbell (2001, p. 1614). They further, contend that sexuality by its very nature is complex and individuals would have to “conduct their sexual lives through experiences and beliefs that have been generated through their membership of particular societies and communities” (MacPhail and Campbell, 2001, p. 1614).

For these reasons, a quantitative analysis of phenomena falls far short for its concentration on an individualistic measurement of sexuality. Differences in the cultural and social environments of the youths give prominence to diversity in beliefs and practices, necessitating the need to probe into some of the “counter-stereotypical” ways young people adopt in challenging conventional gender norms in order to reform their sexualities in much healthier ways (MacPhail & Campbell, 2001).

Nomasonto and Nomvula reiterated the same perception that male circumcision contributes significantly to sexual pleasure and improved health. They did not express favourable statements in appreciation of uncircumcised men. This substantiates the view that they strongly prefer circumcised men to uncircumcised ones. They said the following:

“It basically makes me choose to prefer those that are circumcised due to the fact that I won’t enjoy sex with an uncircumcised man.” **Nomasonto**

“You know that if I see that you are not circumcised, oh my God! All the sweets just go down” **Nomvula**

Nomasonto asserts her view as a fact, and to a certain extent, it is her individual truth, but what informs this ‘truth’ is particularly interesting as it has been established beyond these sentiments and views which have been shared within the university community and the wider community. These views underpin her perception, which she asserts as an absolute fact. However, the assertions made by Nomvula can be understood through the study of adolescent sexualities

conducted by MacPhail and Campbell (2001) in which the researchers note the influence of peer norms. It is argued that discussions among peers are likely to contribute to the adoption of shared perceptions. Nomvula, on the other hand, was a dramatic participant, always so enthusiastic and eager to answer questions, and this topic was particularly interesting to her. When we met for the first time to brief her on the study and to establish her suitability for participation in the study, she loudly confirmed her love for sex and indicated that she would not mind at all to participate in the study. She (Nomvula) displayed a deeply-seated repulsive attitude towards uncircumcised men. She mentioned that ‘all the sweets just go down’, which demonstrates the extent to which she is ‘turned-off’ by the lack of circumcision, a reality which would ultimately sway her decision towards choosing circumcised men.

3.5. Perceptions of appeals and attractions

“First of all, it looks nice nhe! A circumcised penis is more visually appealing than you know (Makes hand gesture, in reference to the uncircumcised penis)” **Nomathemba**

“The circumcised one is really impressive just by looking at it and even when he starts and goes in” **Nonhlanhla**

Nomathemba and Nonhlanhla note that the visual appearance of the circumcised penis stimulates their sexual drive. They maintain that the mere sight of a circumcised penis is impressive as this increases the anticipation for subsequent penetration. This is echoed by Vance (2018, p. 5) who states, thus: “There is also the issue of females generally preferring the aesthetic appearance of the circumcised penis over the uncircumcised penis,” adding that: “Females generally prefer the aesthetic (visual, olfactory and gustatory) and hygienic aspects of the circumcised penis, over the uncircumcised penis” (Vance, 2018, p. 7).

Many studies report on findings from women who express the sentiment that a circumcised penis is visually stimulating and appealing to them, which therefore elevates their sexual enjoyment. This is confirmed by women in Hankins (2007) and Morris and Hankins (2017) who reportedly experienced sexual intercourse with both circumcised and uncircumcised men as they also stated their preference for circumcised men over uncircumcised ones because they perceive circumcised men as aesthetically pleasing. In focus group discussions with members of a community, Fleming et al. (2017, p.44) established that: “the majority of women thought

that circumcised men experienced more pleasure during sex and thought that a circumcised penis was cleaner and more appealing.”

What was appealing to Phindile regarding male circumcision was the supposed ability by the penis to withstand disease and infection, and this is particularly attractive to her as she values her health; therefore, engaging in sexual intercourse with a circumcised man would afford her a sense of security. However, a closer scrutiny of her response exudes the fact that she does not completely and absolutely attribute protection from illness and disease to the circumcised penis as she notes that “he isn’t too susceptible” and she leaves room for disappointment by stating the following:

“The circumcised one is more sexually appealing because he isn’t too susceptible to sicknesses which could lead me to also getting diseases”

Phindile

The above sentiment, as expressed by Phindile, has been confirmed by numerous studies concurring that women perceive the circumcised penis as attractive and appealing as it was reportedly less prone to infection. Bailey et al. (2002) found that female participant’s perceived uncircumcised men as unhygienic as they are susceptible to disease and infection and the rationale expressed herein being that “the uncircumcised penis gets more infections because the foreskin can keep secretions and germs which later develop into infections.” Therefore, the women in that study were inclined towards male circumcision owing to the beliefs and perceptions that it enables their partners to adequately maintain hygiene, thus reducing the risk of infections. Similarly, women in Riess, Achieng and Bailey (2014) considered circumcised males as sexually healthier, embodying fewer infections, and taking longer time to ejaculate. The majority of the female respondents in a study by Kaufman et al. (2008) mentioned that circumcised partners not only stimulate feelings of security and protection from sexually transmitted infections in them but they also appear more hygienic and sexually appealing.

Thobile and Nonhlanhla mention that the circumcised penis has the ability to completely change their state of mind into ‘the mood’. As such, the circumcised penis essentially evokes intense sexual desire within women quite instantly. They attribute this to the durability and strength of the erection sustained by the circumcised penis. Nonhlanhla adds that the circumcised penis significantly stimulates her mental preparedness for sexual intercourse.

For her, merely knowing that a guy is circumcised sets her off on an enjoyable mental rollercoaster. The respondents said the following:

“...you know that when it is circumcised, it’s harder, (laughs)...There is more sensation, and they can go for longer...it just gets you in the mood, it turns you on unlike an uncircumcised one” **Thobile**

“The fact that I already know in my mind that he is circumcised, so it’s just a turn on and gets you in the mood.” **Nonhlanhla**

She further states:

“From my experience, the way circumcised men perform is the best”
Nonhlanhla.

The participants in the focus group discussion conducted by Bailey et al. (2002) argued that sexual pleasure is a mental construct which is dependent ‘*on the frame of mind*’ and they saw it as achieved through the efforts each partner contributed to the sexual endeavour as well as the love they had for each other. Moreover, most of the female respondents in Kaufman et al. (2008) mentioned the extended degree of sexual pleasure they experienced with circumcised men because of the perceptions they have regarding the men’s ability to prolong sexual intercourse which ultimately increases satisfaction. They state: *“He will not come too early [when circumcised]; he will do so after some time has elapsed. It helps you to also enjoy [sex] as a woman, because it is not nice when you agree to have sex, and the man comes just as he is getting in.”*

The sentiments shared expressed by Nomvula on what is appealing and attractive to her border on the perception that the circumcised penis enhanced pleasure and better sexual enjoyment. Putting into perspective the sentiments expressed by my peers on the view: *“indoda esokile imunandi”* (a circumcised man confers enhanced sexual pleasure on a woman), she reports, thus:

“Another thing about circumcised men is that the sex lasts longer and it fulfils the purpose if I can say like that...its more pleasurable, it lasts longer and its more enjoyable” **Nomvula**

The sentiments expressed by Nomvula are echoed by Thobile and Nonhlanhla; however, of particular interest was the story behind the above assertion. During the interview, Nomvula mentioned that she had not been in a happy and fulfilling sexual relationship for a long time since the father of her child, who had been her first sexual partner and the one who broke her virginity, was uncircumcised and turned down the initiative to get circumcised out of fear. Even though she had not been content with his decision, Nomvula felt she could hardly leave him for the sake of her child. She also mentioned that the perceptions she now had regarding circumcised men were informed largely by her current relationship with a circumcised man whom she refers to as ‘the love of her life’ who she so much desires most of the time. She even jokingly stated that this interview was making her ‘miss her man’, whom she vowed to see prior to the end of the week. She further states that:

“The attractive thing is that you can see that this person is responsible, he took the courage to go and circumcise which other men don’t, and that is to me attractive.” **Nomvula**

Therefore, for Nomvula, male circumcision was an act of courage which lured her to a circumcised man. Clearly, Nomvula’s response projects the disappointment she endured with her first love as evidenced by her sexual experience with only one uncircumcised person who had been the father of her child. In this and many other studies, circumcised men are hailed for their confidence which uncircumcised men lack.

In many other studies, Nomvula’s perceptions are evident in which circumcised men are hailed for their bravery, courage and confidence. For instance, Maraux et al. (2017) portray women as praising men for summoning the guts to go through male circumcision, seeing them as protecting their health, being responsible and becoming a man. The encouraging sentiments shared by women in the study by Bailey et al. (2002) also echo Nomvula’s sentiments as the researchers state that the uncircumcised men in their study were perceived as incapable of sustaining sexual durability due to foreskin tearing occurring during sexual intercourse and thus, they are “unable to go many rounds or enjoy sex just as much as circumcised men.” This finding is further corroborated by Riess, Achieng and Bailey (2014) who mention that a participant, who was also a commercial sex worker, favoured circumcised men in her romantic relationships, but when it came to commercial sex, she preferred uncircumcised men for they reportedly ejaculated faster than their circumcised counterparts. Arguably, the perspective expressed by the sex worker is somewhat an informed perception as she has an extensive sexual

experience emanating from a variety of circumcised and uncircumcised men.

Overall, the participants were attracted to circumcised men because they perceived them as exhibiting sound intellectual and rational capacity, often displaying maturity in their decision to undergo circumcision. The decision to become circumcised was viewed as an unequalled feat of courage and an embodiment of real masculinity. For others, the idea of engaging in worry-free sex was a particular perk as circumcised men were perceived to have better sexual health and as such, the risk of contracting infections was significantly reduced when having sex with them.

3.6. Willingness to compromise

As clearly established before, all the participants in the study (Nonhlanhla, Nomvula, Nomasonto, Nomathemba and Naledi) had experienced sexual intercourse with at least one uncircumcised man. Most of them stated that their first few sexual partners were uncircumcised, but after experiencing the difference in terms of the sexual enjoyment brought by a circumcised man, they never reverted to the former. This is true for Nomvula who mentions that in the first sexual experience with her first-ever boyfriend, she did not see anything wrong regarding whether a guy was circumcised or not, but the moment she experienced sex with a circumcised man, she then had to weigh the differences in order to establish the choice which resonated more with her taste. She relates:

“It was my first love, so I didn’t see anything wrong with it until I had someone who was circumcised then I had to compare and contrast”

Nomvula

In the above statement, Nomvula mentions that her positive attitude towards male circumcision had not been the case until she met a circumcised man. There was a point when she had been almost ignorant about the existence of male circumcision. Basically, she had no opinion or understanding of it. This justifies her willingness to compromise and have sex with an uncircumcised man, as this was her first sexual partner and at the time, her knowledge about male circumcision and its related benefits was somewhat scant. This demonstrates that Nomvula’s perception at the time had not been tainted or subjected to external influences because she clearly did not envisage any deficiencies with reference to the father of her child being uncircumcised. Nonetheless, she now definitely fails to come to terms with indulging in sexual intercourse with an uncircumcised man. Apparently, perceptions change as time

progresses and as such, new perceptions on male circumcision are acquired, with women becoming more knowledgeable about the phenomenon and hence, they become swayed in the direction of the majority regarding the issue. The contention of this study is that it is not coincidental that all the women in the study report on circumcised men as depicting the best sexual exploits especially their perceived ability to make women attain intense sexual satisfaction. It is the aggregate of societal narratives created and shared among individuals who in turn internalise them into their own perceptions and understanding. Therefore, it is imperative to interrogate the roots of these individual perceptions.

Naledi admits that her first sexual engagements were not as pleasant as the later ones though she refrains from attributing this state of affairs particularly to lack of circumcision in sexual partners. She says:

“I wouldn’t say that it was because he wasn’t circumcised, that is why he was performing the way he was. I cannot be absolutely certain that lack of circumcision is the reason he was performing the way he was performing”.

Naledi

When asked why she said that she could not attribute a bad sexual experience she had with an uncircumcised man to his lack of circumcision, Naledi, in a very gently way, intimated that even the guy she currently goes out with does not always guarantee her sexual satisfaction. However, she says that her previous circumcised boyfriend satisfied her sexual desires the most compared with all her later boyfriends. So, when she had broken up with him, she was happy to be dating another circumcised man. However, she reported that the sexual experience was ‘average’. These experiences tended to create internal conflict within Naledi’s psyche. As she responded to the questions the researcher posed, she portrayed a veiled desire to vouch and show her inclination towards male circumcision, perhaps fearing to contradict the researcher’s judgement of it. This conflict could have been created by hearing one thing from her peers and educational awareness campaigns about male circumcision on the one hand and her own experiences on the other. It occurred to the researcher that the issue should be queried with her, but apparently, she too had not been aware of the fact that she had those ambivalent feelings.

Nevertheless, the participants, for the most part, seemed to be content with circumcised men and willingness to compromise this position was a non-factor for Nomvula and Nomasonto who kept their responses to this question brief and assumed a hard-line stance regarding the idea by stating that: *“No! Totally no, no I can’t”* (Nomvula). Another said: *“No. It would*

never” (Nomasonto). Intolerance for uncircumcised men is also evident among women who were investigated by Osaki et al. (2015) who, on leveraging sexual issues, found out that if a man refused to get circumcised, these women reportedly developed the best method of communicating their dissatisfaction with and intolerance towards uncircumcised men was to withhold their conjugal rights making circumcision a condition for entering into sexual relations. There were instances where women even threatened to quit the relationships completely if the men would not be circumcised. However, this notably was privy to and effective among women in casual relationships and not those who were married as in the latter, sex was a marital obligation. Many others like them were adamant, not even willing to compromise a bit of the sexual enjoyment enhanced by male circumcision. All the perceptions on male circumcision as expressed by men and women in the study suggested: “that the denial of sex by women acted as a form of social pressure to men to go for circumcision” (Osaki et al., 2015, p. 6).

Fikile and Phindile expressed their intolerance and lack of compassion for uncircumcised men owing to unsatisfactory sexual experiences. They emphasised the need to put their sexuality first before their boyfriends or sexual partners. To that end, they stated the following sentiments regarding the matter:

“No, I would not compromise if I had a bad experience because if it is not good, you suppose to leave. I did have a bad sexual experience, but I don’t think that circumcision had anything to do with it” **Fikile.**

“No, I had a bad experience with the first two people who were not circumcised and decided then and there that I was no longer entertaining guys who are uncircumcised.” **Phindile.**

Fikile and Phindile bring to the fore the decisiveness with which these women assert their sexualities. This demonstrates the existence of an informed and empowered sexuality. The women in the study show the manner in which social progress and developments transform the conservative and traditional society making it more accommodative and tolerant towards the sexualities of young women. The above-cited sentiments show the other side of Black women’s sexuality where rape, sexual coercion, and compromising one’s sexual stance are almost non-existent and where women are not sexually objectified, but rather engage in mutually satisfying and consensual sex.

However, the literature has reported on instances where women's sexual agency is actively exercised. Layer et al. (2013) found that many unmarried respondents reportedly refused to

have sexual intercourse with uncircumcised men whom they interpreted as being unhygienic and susceptible to sexually transmitted infections. On the other hand, the participants in Layer et al. (2013) openly pointed out that women were keenly interested in having sex with circumcised men owing to their heightened social standing. Several women further hinted that uncircumcised males may run the risk of failing to find sexual partners due to the sheer lack of circumcision. It has been suggested in several studies that uncircumcised males often resort to having sex with female prostitutes or, in severe cases, they resort to rape because some females reject sex with them. Furthermore, some married women in Layer et al. (2013) indicated their preparedness to leave their spouses if they had not been circumcised, while others shared stories about their female friends entering into sexual relationships with circumcised men because their uncircumcised husbands consistently refused to be circumcised. Moreover, Layer et al. (2013) reported women as predominantly experiencing increased sexual satisfaction with circumcised men in comparison with uncircumcised men. Women expressed the view that they did not really enjoy sex with uncircumcised men because they often experienced discomfort, and the men reportedly drew the foreskin back throughout sexual intercourse. One woman narrated her encounter, indicating that her husband eventually became circumcised (Layer et al., 2013).

However, the seemingly ruthless and decisive stance that Fikile and Naledi adopt in safeguarding their standards regarding sexual pleasure is not unanimously shared by all the participants as Thobile and Nomathemba stated their willingness to accommodate uncircumcised men at the beginning of the relationship especially if love was involved, provided discussions bordering on male circumcision would assume centrality during the course of the relationship. They related the following:

“Maybe, for the first few times we are together, but as it goes on, I would advise him to circumcise, not just for my own personal benefit but for himself as well.” **Thobile**

“(sigh)...if I love the guy? (Sigh) (hesitantly) yeah I would compromise (laughing sarcastically) I’m not sure, I would compromise, but we’ll have to discuss this thing ukuthy (that) in the future you know YOU NEED to do this, you need to circumcise. So in that way, I would encourage him to circumcise because we won’t be able to explore.” **Nomathemba.**

Although the above contentions and assertions express willingness by the participants to compromise their sexual pleasure, these compromises are strictly conditional and dependent on informed decisions made by the women and therefore, they come from an empowered standpoint. Thobile and Nomathemba epitomise the nature of women's relationships currently obtaining in South Africa. They position women as assertive and active in sexual decision-making, depicting them as having complete and sole authority over their sexualities and bodies. They stand ready to persecute anyone who imposes themselves on them without their prior consent.

3.7. Conclusion

Tamale (2011) argues that any sexuality-related study should seek to expand our awareness of issues such as the manner in which people interact with each other sexually; factors affecting their decision-making regarding whom they should have sex with; when and how sexuality affects social interactions and legislation; the manner in which sexualities are expressed against societal norms and lastly, how perceptions and behaviours in intimate relationships are governed and monitored. For the aforementioned reason, this chapter sought to gain an insight into, not only the perceptions of Black African women attending university regarding male circumcision but also to determine their knowledge and understanding of the concept especially the factors influencing their perceptions of and preference for either circumcised or uncircumcised men.

Male circumcision was increasingly perceived not only as safe but also as a protective shield against Sexually Transmitted Infections (STIs) and HIV and as bringing numerous health-related benefits. Be that as it may, many studies often fall far short when it comes to investigations that tend to establish the relationship between male circumcision and sexual pleasure as much of the research is founded on conjecture and "hearsay". This still holds sway even for this study as all accounts and findings were the respondents' personal or perceived accounts which were relative to individuals and which varied from individual to individual. Therefore, these findings may not represent hard facts on the phenomenon under investigation. For instance, in the majority of the studies, the dominant perception that circumcised men do not only increase sexual enjoyment but also experience it were all perceptions which cannot be measured by any fixed scientific instrument.

What this chapter was initially able to uncover, was a complete contradiction in the body of literature highlighting the sexualities of Black African women which are depicted as repressed

and painful or virtually non-existent. The women in the study articulated and expressed their perceptions regarding male circumcision in an assertive way. It is also significant to note that the university going women in the study openly expressed their sexual activity and had very distinct perceptions of sexual pleasure which, despite culturally accepted norms and values, demonstrated a nuanced understanding of male circumcision owing to their extensive sexual experiences. This runs contrary to studies indicating that the amaZulu traditions strongly encourage young women to maintain strict sexual abstinence and that sexualities within traditional African settings are further shrouded in secrecy and thus, engaging in conversations of a sexually-explicit nature is seen as tantamount to the promotion of promiscuity among the youth (Buthelezi, 2006).

The chapter also unveiled the socially constructed perceptions and understanding of male circumcision among the study participants where the university setting and the wider community appeared to be contributing to the respondents' positive perceptions of male circumcision. Lastly, this chapter attempted to explore and understand the limits to the participants' convictions and commitment to exclusively having sexual relations with the circumcised men and to establish where flexibility was present their sexual negotiation practices. The following chapter presents the preferences of Black African women attending university in the context of male circumcision.

CHAPTER 4: EXPERIENCES AND PREFERENCES OF AMAZULU WOMEN ON MALE CIRCUMCISION

4.1. Introduction

Women's preferences for sexual partners are influenced by socio-economic, cultural and religious factors. Similarly, the factors that influence the choice of male circumcision are multi-dimensional. In many instances and for many various reasons, male circumcision was favoured because it was believed to be effective in preventing Sexually Transmitted Infections including HIV in addition to enhancing sexual pleasure during intercourse (Bailey et al., 2002; Kebaabetswe et al., 2003; Scott et al., 2005). For the reasons mentioned above, many perspectives have attempted to answer the question: why would you choose to be circumcised? The responses mainly highlighted the need for protection from HIV and related Sexually Transmitted Infections and the quest for increased sexual pleasure and enjoyment. Bailey et al. (2002, p. 35), who showed much interest in exploring male circumcision and how it is linked with sexual pleasure, fell short in their attempt to arrive at solid conclusions as they stated that "from the women's perspective, again there was no consensus as to whether the circumcised or uncircumcised penis was preferred in terms of conferring sexual pleasure." The latter does not criticise the research as this study maintains that research in these areas is highly subjective and relative by its very nature and often-times it is challenging to interpret it and to arrive at sound judgements and conclusions thereof.

Nevertheless, extensive reports draw links between male circumcision and sexual pleasure. However, as with many concepts, sceptics argue that sexual desire in the context of male circumcision is dependent on personal mindsets, the unique contributions of each individual and the love between individuals which make them view male circumcision as "irrelevant to sexual pleasure, what matters is the longing the two have for each other and the art of doing it" (Bailey et al., 2002, p. 35). Other researchers highlight the fluidity of sexual pleasure for women in particular as varying and depending on "whether the women are menstruating, menopausal, exhausted, and has had foreplay" (Peltzer et al., 2014, p. 6). Moreover, Brovard is cited in Peltzer et al. (2014) as arguing that sexual pleasure is variable, contextual and unpredictable and therefore encouraged researchers to conduct more in-depth analyses which generate more fixed and absolute results.

This chapter sets out to investigate some of the underlying reasons young Black African university female students appeared to prefer circumcised males to uncircumcised.

Furthermore, in traditional communities where male circumcision is not enforced, the main factors contributing to the popularity of the practice encompass its significance as a sanctified and invaluable cultural ritual designed precisely to initiate young men into adulthood and its obligations and responsibilities. Although traditional male circumcision is beyond the scope of this study, attempting to understand the underpinnings of male circumcision is important.

4.2 Sexual pleasure and enjoyment preferences: “sexual pleasure is what holds and binds a relationship.”

Regarding the issue, participants had this to say:

“He is circumcised, and the sex is good very good” **Thobile**

“He is circumcised, and he does a great job. Weeeh!” (exclamating)

Phindile

“He is circumcised, and another thing about circumcised men is that the sex lasts longer and it fulfils the purpose if I can say like that” **Nomvula**

These sentiments were expressed by the study participants regarding the circumcision status of their current sexual partners. Their words are not only reflective of the prevalence of male circumcision which is reportedly being instigated by the consensus among men that women prefer circumcised men to uncircumcised ones, but they also portray the manner in which women are instinctively drawn towards circumcised men who are capable of bringing them overall contentment. Notwithstanding the fact that all the participants in the study had experienced sex with at least one uncircumcised man, all of them were currently engaged in sexual relationships with circumcised men. They eulogised the sexual exploits of the circumcised men for their ability to guarantee sexual pleasure and enjoyment. They even mentioned that their preferences were influenced by their experience of longer periods of sexual intercourse and the fact that circumcised men knew exactly what they were doing. They praised them for possessing great sexual virility and for ‘pressing all the right buttons’. They not only preferred circumcised men in abstract terms but implemented it practically by entering into relationships with circumcised men. They said:

“He is circumcised, and I’m getting the things since he is circumcised moss and he knows how to do the things (sic). He has good sexual pleasure skills, and he is pressing all the right buttons at the right time” Nomasonto

Nomasonto brags that her ‘main man’ is circumcised. She makes this distinction as she talked about the few relationships she is currently in, but remarks that these were ‘nothing serious’ as she was just ‘having fun’, and some of the men were just ‘friends with benefits.’ Because she had not had sex with all of them yet, she could not ascertain their circumcision status, with the exception of the ‘Xhosa one’ whose circumcision status she knew as he was culturally obligated to get circumcised. She nevertheless feels that her ‘main man’ presses all the right buttons. As Nomasonto was talking, the researcher could hardly suppress smiles because when she spoke, the enthusiasm with which she articulated herself and more importantly, the boldness and confidence she exhibited were unequivocally admirable. As the researcher, I was relieved on seeing that she had not let my hijab and conservative dress code intimidate or cow her into being too reluctant to speak her mindfully. She went on to say:

“For me Yasmeen, the first thing that is important is the pleasure so as soon as that aspect goes down, I am gone, and I really do leave relationships which are not sexually fulfilling to me. I can’t tolerate bad sex, what if you catch feelings and you want to marry me, and the sex is not great. We can talk all we want, but sexual pleasure is what holds and binds relationships together. People who stay in bad sexual relationships are stupid, or they don’t want to accept reality” Nomasonto

A sexually permissive culture is cited by Akintola, Ngubane and Makhaba (2012) as typifying university life as characterised by sexual freedom from any punitive and restrictive measures. The manner in which Nomasonto asserts her sexuality demonstrates the unrestrictive and liberal nature of sexuality within universities. It brings to the fore the extent to which sex and sexual pleasure have been elevated in these settings with those falling short of the set sexual standards and expectations are immediately disregarded before one even ‘catches feelings’. In the previous chapter, Naledi had been caught up in the predicament Nomasonto actively sought to avoid. The former ‘caught feelings’ and found herself having sex with an uncircumcised guy merely because she loved him, which made her compromise her principles by engaging in unfulfilling sexual intercourse. However, the above experiences decipher that university culture is largely characterised by promiscuity which the study neither seeks to criticise nor

suggest as wrong. Moreover, these settings afford individuals a space free from societal judgement and parental supervision. This allows them not only to express themselves but to discover and develop their sexualities.

The above statement is, to some extent, corroborated by Ajidahun (2017) who inquired into the relationship between university lifestyle and the supposed promiscuous behaviour exhibited by female undergraduate students. In her study, she attributes female students' promiscuity to the university environment which is characterised by profound freedom, lack of parental supervision and lack of institutional policies restricting cohabitation among male and female students and 'free sex'. She further posits that the university environment stimulates undergraduate female students' sexual desires. "This is because it gives them the opportunity to be free from parental monitoring" (Ajidahun, 2017, p. 118). Specifically focusing on female students' promiscuity is somewhat biased and seemingly exonerating male students from indulging in similar behaviours. Perhaps Ajidahun (2017) perceives male students as permitted to engage in 'free sex'.

However, a closer scrutiny of the arguments presented by Adijahun (2017) suggest that female sexuality is socially constructed within the African society and that it needs constant surveillance and policing; it is limited to causes related to procreation and the fulfilment of men's sexual desires. She further suggests the need for improved communication between the university and the parents of female undergraduate students by "providing adequate information to parents about the whereabouts of their wards especially female undergraduate students" (Ajidahun, 2017, p. 121). According to her, this strategy will "curb the activities of girls who abscond from school to meet men in far places for reward money" (Ajidahun, 2017, p. 117).

McFadden (2003), one of the leading African feminist theorists specifically focused on the sexualities of African women and challenges the assertions by Adijahun (2017). Even though their assertions are almost two decades apart, the assertions by McFadden demonstrate that she was ahead of her time and those by Adijahun (2017) in terms of understanding the nature of changes and recent developments to the Black African woman's sexuality. Notably, McFadden (2003, p. 1) argues that the pervasive repression of the erotic and sexual propensities of women has contributed to the fusion of women's sexuality and procreation in a hetero-normative social and cultural environment and that this degradation is sustained by constant cultural monitoring, which has contributed to the silencing of what she terms "our feminist sexual memory and

instinct” (McFadden, 2003, p. 1). Consequent to this is a “sexual and political cul-de-sac of violence and repression” (McFadden, 2003, p. 1). She further states that all too often, females discover themselves in a remote and terrible place, deprived of any space to just breathe, with virtually little way out.

amaZulu women attending universities often come from rural homelands and urban townships within KwaZulu-Natal Province. All of them are subjected to some sort of system designed to monitor and restrict their sexual expression. So, upon coming into the university environment, these women seize the opportunity to once and for all escape the remote, terrible and sexually suffocating spaces created by their home environments. The university ultimately functions as ‘the way out’. To that end, the suggestion by Ajidahun (2017) that universities should carry-over the responsibility of guarding the women’s sexuality by “providing adequate information to parents” (Ajidahun, 2017, p. 121) regarding their newly acquired sexual independence is unsympathetic, to say the least as this would re-assert sexual fears within the young women. This is however described more accurately by Hollibaugh (1996), as cited in McFadden (2003, p. 2), who states that “Women in this culture live with sexual fear like an extra skin. Each of us wears it differently depending on our race, class, sexual preference and community, but from birth, we have all been taught our lessons well. Sexuality is dangerous. It is frightening, unexplored, and threatening.”

4.3. Oral sex preferences: “...doing the blow job.”

On this particular aspect, the participants had this say:

“When having oral sex, you cannot give me your uncircumcised thing (laughing) to put in my mouth. The uncircumcised one limits you, for me, you can’t give me your thing and think I’m going to put it in my mouth. NO, HELL NO” **Nomathemba**

The irritability inherent in Nomathemba’s voice was evident as she talked about how sexual pleasure was limited by the uncircumcised penis. She adamantly rejected the possibility of performing oral sex with an uncircumcised man as she raised her voice considerably towards the end of her statement as she shouted: “NO, HELL NO!” After venting her pant up fury, we both laughed hysterically. I then asked her if it was really that bad. She answered, “Girl, don’t

even get me started again; it is non-negotiable, FULL STOP!” Other participants, Naledi and Nomasonto, expressed a degree of resentment similar to that of Nomathemba. They expressed their impatience as follows:

“oh no no no, we don’t if get to the blow job if you are not circumcised”

Naledi

“Oral sex with an uncircumcised man is something I would never do, even on my death bed” **Nomasonto**

Naledi shook her head slowly, and her face was stern as she said the above words. Her face was reminiscent of a bad sexual encounter she had with an uncircumcised man, and that apparently left a bad taste in her mouth (no pun intended). There was a similar change of mood as Nomasonto expressed her resentment towards an uncircumcised penis, which denied her the pleasure of oral sex. This realisation necessitated an inquiry meant to further probe into Nomasonto’s sentiments as one could hardly pinpoint what exactly it was that made an uncircumcised man and having oral sex with him repulsive prompting the study participants to be at a loss of words as they expressed their frustrations and sheer annoyance at the mere reminiscence of the experience. Asked to shed more light on this, Nomasonto just shook her head and said:

“You won’t understand Thandeka; I can’t even begin to describe it” **Nomasonto.**

Out of curiosity, the researcher probed further, saying: *“I want to understand, help me understand that is why I am doing this research I want to know.”* However, the request fell on deaf ears as she hopelessly just said: *“You will know one day when you find for yourself having to suck an uncircumcised penis.”* The participant’s displeasure with uncircumcised men when it came to oral sex was surprising and the least anticipated. The researcher never envisaged that any mentioning of oral sex would be met with such exasperation. However, the attitude expanded the researcher’s scope of knowledge and understanding, particularly on the multivariate ways male circumcision or lack of it thereof impacts on the sexualities of women.

Oral sex involves an individual’s use of their mouth, lips and tongue to stimulate the sexual organs of their sexual partner. When this sexual act is performed on a man's genitals, it is called *“blow job, going down, giving/offering head, fellatio and sucking”*. Pitts and Smith (2008,

p.315) postulate, thus: “Oral sex occurs before vaginal intercourse”, and the most common reasons for engaging in oral sex among their respondents included pleasure, the need to improve one’s relationship with the partner and lastly, because of its popularity. The popularity of oral sex has been established in this study as the respondents mentioned it without being prompted to do so, and it evoked considerable emotions among the participants from both spectrums, that is, those who were discontented showed an amplified version of its distastefulness with those positive towards it showing considerable excitement. This is true for Nomvula whose face lit up with exhilaration as she stated the following:

*“For a person who is circumcised, you even get addicted to doing the blow job. * laughs* so it’s much nicer and the man who is not circumcised you just get irritated and pissed to see that the penis has this skin and you just see that I cannot do a blow job, I cannot suck this man” Nomvula.*

She clicked her tongue to show her aggravated distaste for having to ‘suck’ the penis of an uncircumcised man. Furthermore, Nomvula’s mentioning of getting “addicted” to practising oral sex suggests that even though she may be ‘sucking’ the man and conferring sexual pleasure on him, it is undoubtedly a mutually gratifying experience as she did not express any hesitance or reluctance to do it. Moreover, the participants did not even consider it laborious to be doing this on their partners. Smith and Pitts (2008) noted that oral sex was meant to improve one’s relationship and enhance pleasure and lastly that it has become popular among the youth. Most of the female respondents in their study reported engaging in oral sex, prior to having sexual intercourse and others further reported engaging in oral sex in their most recent sexual encounters and thus regarded the practice as “normative to sexual pleasure” (Pitts & Smith, 2008, p. 315). Bossio, Pukall and Bartley (2015) reported on women, suggesting a clear preference for circumcised penises for not only penetrative sex but for oral sex as well.

Nomathemba, Naledi, Nomasonto and Nomvula overtly describe how an uncircumcised penis hugely impeded the fulfilment of all their sexual pleasures and desires; thus, vindicating their preference for the circumcised penis. They preferred the circumcised penis as it enabled them to enjoy oral sex. However, these participants fell short of explicating what exactly it was that made the uncircumcised penis an object of so much rage and ridicule. However, Thobile and Phindile filled this yawning gap as they openly confided in the researcher what exactly it was that made the uncircumcised penis sexually repulsive and limiting to oral sex. They said:

“In terms of giving head or a blow job you know like the foreskin is disturbing with an uncircumcised man because of its hanging and it’s like loose and stuff. Unlike a circumcised man where there is no foreskin to like...you know” **Thobile**

“it’s just that with oral it’s a bit stinky when you are not circumcised, you know... so no oral’ with the circumcised one you can explore with oral sex” **Phindile**

Thobile detests the presence of the foreskin, arguing that it is a hindrance that hangs so loosely that it disturbs the whole sexual act. Phindile, however, dismisses the whole uncircumcised penis as the culprit that smells particularly unpleasantly and repulsively. It can be assumed that either of these factors contributes to the sudden changes in the moods of Nomathemba, Naledi, Nomasonto and Nomvula. These participants failed to articulate what exactly it was that bothered them with regards to uncircumcised men during oral sex.

Dotson-Blake, Knox and Zusman (2012, p.2) state that: “For college students, peer group perceptions powerfully impact individual perceptions and behaviours,” further contending that peers significantly influence sexual practices especially amongst young people when it comes to romance and sexual intercourse, changes in the opinions, attitudes and beliefs. As such, one’s social circle and social group would, in fact, affect their individual sexual patterns, tastes and trends. This resonates with the views of social constructionists who claim that one’s understanding of the reality around them derives from interpersonal relationships and interactions. This supposedly positions the opinions and understandings of the participants with regards to oral sex into the wider university context where sharing and interactions may have contributed to the popularity and acceptability of male circumcision in university sexual scripts and sexual culture. This institution, with its environment, specifically creates its own social constructs. The Social Constructionism Theory suggests that meanings and understandings are developed socially and that knowledge is produced and shared within a particular society, and this knowledge also has its political and cultural implications.

Similarly, the views of an individual’s peers are established within the context of a wider society in which the media, the Internet and the immediate community play a crucial role. A positive connection between the existence of oral sex and young people and their peers in

universities has been established by the available literature, and oral sex is held in high esteem as one of the most prominent sexual practices in this environment (Prinstein, Meade, & Cohen, 2003). Oral sex is popular in the university setting as it is regarded as less risky as there is no risk of getting pregnant and chances of contracting HIV and Sexually Transmitted Infections is reportedly minimal. Furthermore, university students seldom regard oral sex as the actual sex, and conversely, they mostly regard penetrative sexual intercourse as the real sex, and therefore, it is seen as an act that needs very little commitment, and the commonest forms are one- night stands and casual sexual encounters (Chamber, 2007).

4.4. Orgasmic preferences

“Yes, girl, an hour straight, turn you back and forth, back and forth I’m telling you (laughing), and it is possible mama I’m telling you. But not like an hour straight like he will reach orgasm wait 5 minutes then turn you over and then again wait 5 minutes and turn you back (laughing) and they have tricks, they have tricks to not reach orgasm faster also, like some of them they will smell a socks... smelly socks you know, I don’t know what it does to their mind, but it just takes them away from the situation, and then they go longer” **Nomathemba**

These words are reflective of Nomathemba’s sexual experiences with her uncircumcised ex-boyfriend. She portrays him as having had a variety of strategies that effectively averted premature ejaculation, which would frustrate her. She mentions that he would sniff a ‘smelly sock’ to distract himself just as he was about to ejaculate to trick his mind into thinking about something not related to sex. This method was reportedly popular among uncircumcised men who are known for ejaculating prematurely. Therefore, to prevent this mishap, they employ this method to allow their female partners to also experience an orgasm. Nomathemba refrained from stating with absolute certainty which one between a circumcised and uncircumcised men enabled her to reach an orgasm as she maintains that this ‘depends on the drive, the personal drive’ and the male individuals themselves. She says that because ‘the uncircumcised one can go for an hour girl.’ In disbelief and confusion, the researcher asked whether an hour was really normal. She answered keenly that the uncircumcised boys would surprise their female partners. She added that she had never envisaged the possibility of this reality until she experienced it for herself. She reported to have had more than three orgasms that evening and remembers it as night she would never forget. However, Nomathemba’s experience with the uncircumcised

guy appears unique to her as the other participants hardly expressed any sort of positivity regarding the potential of uncircumcised men to make them experience an orgasm. Nomasonto and Nomvula explicitly expressed a clear preference for circumcised men. In this regard, they reported experiencing pain during sex with uncircumcised men, adding that it was a struggle for them to maintain an erection necessary for vaginal penetration. They stated the following:

“Sex with a person who is circumcised is much better...pleasure wise and from my experience, I don’t reach orgasm, and with the uncircumcised, there is pain and all these other deterrents” **Nomasonto**

“Circumcised man enables me to reach orgasm more quickly and frequently, and I think it’s because it’s easy for it to turn on and then you are most likely to enjoy whatever he is doing.” **Nomvula**

The uncircumcised one had less stamina and didn’t last very long during sex, and it was always one round per night and then the next one the next morning. However, the circumcised partner has stronger strokes and last until you reach orgasm as can go up to five rounds a time. **Naledi.**

Naledi asserts that what prevented her from experiencing an orgasm with an uncircumcised man was his lack of stamina and a lasting erection during sex and how he could always afford just ‘one-round’ in the evening and another the next morning when the uncircumcised man would have recovered from exhaustion from the previous night’s ‘one-round’. With circumcised men, however, there were stronger strokes, which lasted long enough for her to experience an orgasm as well. Overall, the ability to reach an orgasm was central in enhancing happiness and relational satisfaction in sexual life. Masters and Johnson (1966), cited in Ander and Crynowski (1995) suggested that an orgasm is a reflex-like reaction that happens at the peak of sexual arousal or when it has been surpassed; while precise neurophysiological processes are not established, the physiological and behavioural indicators of orgasm include the whole-body movement and excitement. Furthermore, in women, an orgasm is often distinguished by rhythmic contractions in the uterus, the vaginal barrel increases at regular intervals and then steadily decreasing in strength, length and frequency.

The individual's experience of orgasm involves intense feeling accompanied by peaking and sudden, exhilarating release, and such sensations are said to be unique and independent of how orgasm is reached. It then became necessary to establish a clear definition of what exactly an orgasm is to understand the contentions and the roots of participants' preferences for circumcised men. Nevertheless, in a study conducted by Frisch et al. (2011), females in sexual relationships with circumcised partners frequently reported experiencing insufficient fulfilment of sexual desires and regular difficulties in sexual performance, in particular, specifically difficulty attaining orgasm.

Similarly, O'Hara and O'Hara (1999) claimed that women who had experienced sexual intercourse with both circumcised and uncircumcised men preferred the latter partners. Most of the women indicated that they were more likely to experience sexual pleasure and orgasm with uncircumcised partners. The presence of movable foreskin on a penis reportedly made a difference in foreplay; it was said to be more stimulating to the woman. The respondents reported being almost twice more likely to achieve orgasm if the sexual partner had a foreskin. These studies clearly contradict the findings presented in this study as the respondents herein apparently preferred circumcised men, accusing uncircumcised men of ejaculating prematurely, causing pain and inability to maintain a strong erection which acted as major impediments to the attainment of an orgasm. However, the findings presented by O'Hara and O'Hara (1999) ought to be interpreted with suspicion as the researchers polled people who admitted having had sexual encounters with both circumcised and uncircumcised men who were recruited from magazines and anti-circumcision newsletters by asking them to complete a mail-in survey involving more than 40 topics associated with sexual past, sexual development and private perspectives on circumcision. The recruitment method was a little suspicious as well because it opened the study to ambivalence, thereby diminishing the reliability of the findings.

Another factor attributable to the differences in perceptions is the Social Constructionism Theory which maintains that knowledge and understanding are socially constructed and therefore, influence the perceptions and preferences of the community members who, thereafter, assume these socially constructed interpretations as having developed within their minds. In addition, the studies by Frisch et al. (2011) and O'Hara O'Hara (1999) were conducted in a Western context where, even if it is practised, male circumcision has very little significance. In that context, it is really a matter of personal choice as individuals or parents practise it for whatever perceptions of benefits they may have. Contrary, in the South African

context, the procedure has become prevalent and has acquired a multiplicity of meanings and can best be understood in the traditional setting, and of late, the health setting. Mass media and sponsored awareness programmes are all goal and agenda-driven.

Apparently, male circumcision initiatives in South Africa mostly target youths and the need to devise creative ways of enticing and attracting them into undertaking the procedure has bred narratives that proclaim male circumcision as a sexually enhancing mechanism which is cognisant of young people's sexual hyperactivity and sexual exploration. As such, the procedure sparks interest in them and hence the generation of an expression perceiving male circumcision as bringing about sexual pleasure. Arguably, the women in the West have not been subjected to these manipulations; hence, their arguments are unbiased and untainted. Be that as it may, O' Hara and O'Hara (1999) use mass media to recruit their study participants and therefore, it could be argued that these 'anti-circumcision newsletters' contribute to their participants' strong preference for circumcised males, thus socially conditioning their opinion and stance towards male circumcision.

4.5 Condom-use preference

Regarding the women's preferences in terms of condom use, the participants had this to say:

“Eish, you see now with protected sex that's a very important one girl. You know for me to have unprotected sex we have to reach that stage first, and secondly, we have to go check HIV, we didn't check STI's, but we did check HIV in ROSEMARY Clinic in town when we started doing unprotected sex you know yah. For me, you have to reach that stage. Basically, I protect myself often but once it gets to a certain level and we are cool with each other to even me talking about the topic of now let's go check for HIV (whispering dramatically) because you know SOME GUYS ARE OFFENDED (gradually raising voice). They say: 'WHY? WHY? DO YOU THINK IM SICK?' (Imitating an aggressive male voice) They are so sensitive these guys, the black ones yey, the Zulu guy's hhe! 'DO YOU THINK IM SICK, HUH? WHEN YOU LOOK AT ME, DO YOU THINK I'M SICK? HUH?' then they say 'ANGIGULI MINA, ANGIGULI MINA' you see, so you have to reach a certain stage even to involve those topics you know but before then protection mamma.” **Nomathemba**

Nomathemba's account implies that even though she uses the condom quite 'often', non-use of it with a man during sexual intercourse is subject to certain conditions. She reiterates that there is a certain stage or level the relationship should reach before discussions on the abandonment of the condom can be tabled regardless of whether the man is circumcised or not. Even though she struggles to articulate herself properly in this regard, often saying one thing and then adding another, it is apparent that at times the uncircumcised men whom she refers to as 'Zulu men' are often unwilling to cooperate with the conditions necessary for the abandonment of condoms in a sexual relationship in which she is involved. She conjures them up as reacting aggressively towards the idea of undertaking HIV tests; thus, making it necessary to attain a certain level of trustworthiness, where both partners can share sentiments without the other taking them personally and reacting negatively.

However, this brings to the fore an argument presented by Closson et al. (2018, p. 676) who suggest that the reduction in condom use occurs "due to an increase in intimacy and trust sexual relationships develop and the perceived need for HIV prevention practices declines." Furthermore, young female informants in MacPhail and Campbell (2001) contended that trust was what instigated non-use of condoms in 'steady' relationships, further arguing that: "for a steady partner to insist on condom use is seen as indicating a lack of respect and trust" (MacPhail & Campbell, 2001, p. 1620). Nevertheless, Nomathemba is not the only one who uses condoms 'often', Thobile too shares a similar narrative; however, her justification differs slightly as she does not attribute this 'often' use of condoms to either a development in trust or having 'reached a certain level.' Rather, she relates the following:

"I use protection often, and there is no difference between a circumcised and uncircumcised man because they are wearing protection, and it is covering the same thing" **Thobile.**

Thobile notes that having sex with a circumcised or an uncircumcised man when a condom is used is the same as 'it is covering the same thing'. Thobile expresses indifference towards use of condoms which is indicative of the general insignificance of condoms among students at tertiary institutions in particular and among the youth in general, where in-fact they would rather not use it as they perceive no difference between circumcised and uncircumcised men when it is used. They perceive it as a barrier to achieving optimal sexual pleasure and satisfaction. Nomvula, Nomasonto and Fikile all report using the condom 'sometimes,' regarding it as a huge inconvenience, especially when having sex with a circumcised man as

his 'sexual potency' is diminished. They insinuate that the condom makes him 'get heated easily,' resulting in early ejaculation; whereas the uncircumcised man can sustain a pro-longed ejaculatory latency time with the use of a condom. However, since the women report not really 'feeling anything' when the man is using a condom, circumcision status, therefore, becomes a non-factor. This explains why condoms are not embraced with great optimism and positivity as the women reported an intolerance for 'bad sex' owing to their stringent standards in terms of sexual pleasure which they tend to enforce with great vigilance. In this regard, the participants shared the following sentiments:

"I have protected sex sometimes not often, but honestly, since I only had sex with one uncircumcised guy, I would have to say yes, there is a difference. I say this because the guy who is circumcised has a more sensitive penis and the condom makes his penis hot faster, and thus he ejaculates faster when using a condom and the uncircumcised men last longer when using a condom...this is from my experience." **Nomasonto**

"I have protected sex sometimes. You know why? Okay for the person that was not circumcised it was regularly, then for this guy who is circumcised every time he uses protection we just get turned off because we know that there is pleasure beyond that...(laughs) condom. Yes, there is difference trust me, because you can feel all those ins and outs. For the circumcised one, it's very nice even if you put condom or not I don't want to lie. When this one who is uncircumcised, when he puts a condom, the sex lasts longer. But this one who is circumcised when he puts a condom the sex lasts two, three minutes. Ahh no!" **Nomvula**

"I use it sometimes, there is no difference between a circumcised and uncircumcised during condom use." **Fikile.**

Statistically, heterosexually transmitted HIV and contamination among the university population in South Africa is significantly high, despite the fact that students in these settings are knowledgeable about HIV. Erratic condom-use reflects the participants' general sense of invulnerability to the disease as the reported rate of condom use is low. The results presented in the study demonstrate that despite the women's knowledge and understanding of condom use, this knowledge does not necessarily translate into consistency in terms of condom use. However, Shair, Jewkes and Dunkle (2012) attribute the failure by the initiatives to promote

condom use among women to the dominance and control men exercise over the conditions surrounding condom use. They further mention that the prevalence of relationships characterised by gender inequities significantly reduces women's ability to adopt safer sexual habits.

The current study contradicts the assertions by Shair, Jewkes and Dunkle (2012) as it portrays women as passive victims of male dominance struggling to negotiate safer sexual practices. Conversely, the women in this study were active and willing to participate in decisions that relate to non-use of condoms. Quite often, studies highlight the behaviour disinhibition exhibited by men following male circumcision as the practice fails to recognise the ways women contribute to their own health-related risks. In the citation below, Phindile casually expresses her distaste for condoms, indicating that she uses them in the first round and abandons them subsequently. She says:

"I use protection in the first round and then the other rounds we leave it. There is a difference if you are not circumcised and using protection because having the foreskin here and at the same time, it's the condom I then can't feel anything for real now. I don't like using a condom" **Phindile**

Phindile's statements are worrisome as they show that even though she may start off with good intentions, she falls short of fulfilling this commitment, bringing to the fore the need to protect oneself from potential health-related risks. She is often overpowered by the need to gratify her sexual urges at that moment. Since the condom somewhat hinders this quest for gratification, she just chooses to 'leave it'. The participants in the study display clear signs of risk compensation with circumcised men as in the previous chapter, they mentioned that uncircumcised men are not only unhygienic but also disease-ridden insinuating that they are possibly HIV positive. On the other hand, the circumcised men were perceived as without the disease, and they expressed being able to relax and just enjoyed themselves as their risks of contracting HIV were reduced. They even incorrectly assumed that the infections are completely eliminated. In Humphries et al. (2015) identified the causes of potential risk compensation among youths as arising from an overestimation of preventative health measures conferred on them by male circumcision, giving rising to the perception that circumcision was a license to indulge in promiscuity and multiple concurrent sexual relationships; the notion that circumcision offered a reduction in susceptibility to HIV, therefore, warranted the abandonment of condoms.

Similarly, Nkosi (2008) asserts that if male circumcision continues to be viewed as a ‘natural condom’ (Nkosi, 2008, p.141) and therefore guaranteeing protection from HIV and infection, this could be detrimental especially for women in these contexts as this belief could lead to increased resistance to condom use, leading to even higher rates of HIV infection and unplanned pregnancy. He concludes by postulating that even though “circumcision may have a role in HIV prevention, it is not a natural condom” (Nkosi, 2008, p. 141). Nonhlanhla and Naledi expressed ambivalent and negative feelings towards the use of condoms, just like the participants alluded to above. Nonhlanhla reports that with her current partner who is circumcised, it is ‘normally’ the case. The same is true for her uncircumcised partner, which contradicts the negative perceptions she expressed towards uncircumcised men, citing reduced health. Naledi refrains from using condoms with her circumcised partner because his erection ‘doesn’t last long’ during sex. Their contentions are as follows:

“I normally use protection, but it is not always even with the uncircumcised ones; it was not all the time. There is however a difference if the guy is circumcised and if he uses protection because his penis gets heated easily and he doesn’t last very long, and with the uncircumcised, he can really last long when using condoms compared with the circumcised ones” **Nonhanhla**

“The circumcised guy doesn’t last long during when using a condom however the uncircumcised guy can go on for a while the former may even sometimes struggle to maintain an erection with a condom” **Naledi**

The responses cited above demonstrate that Nonhlanhla and Naledi are epitomes of women who have externalised the threat of HIV infection. Instead, they have adopted the stance of invulnerability towards the disease, assuming that it is unlikely to occur to them. They may feel this way, perhaps because they are young and tend to characterise the disease as common among older people. This is the reality despite the fact that the HIV pandemic in South Africa continues to excessively overwhelm young women. This is the reason women have been made the focal point of the majority of HIV programmes, which routinely comprise investigations into their sexual and condom use negotiation abilities and skills.

Furthermore, Closson et al. (2018, p. 676) argue that within the South African context, the reduction in condom use which has become prevalent among particular ages maybe because “sexual scripts of condom negotiation may be more influenced by collective gender roles and

social norms than individual's perceived agency in decision-making" (Closson et al., 2018, p. 676). The statement by Closson et al. (2018) highlights the socially constructed reality around the opinions of the women, thus subjecting to critical examination the structures contributing to this detrimental decision-making. To this end, MacPhail and Campbell (2001) suggest that knowledge on HIV and condom use is acquired either from school, peers, parents or the media (television; radio; magazines and newspapers). This brings to light the urgent need to investigate and identify the 'sexual scripts' among university peers and the mass media, which contribute to a reduction in preference for condoms among the participants. These factors and the information they supply are often accepted as the objective truth without them being critically interrogated by members of the university community.

4.6 The socially constructed preference

With regards to this sub-topic, the participants had this to say:

"With a circumcised guy, you initially think that his penis is big because of the foreskin and it hangs. On the other hand, when it comes to the circumcised one you can just see his thing, and there are no deceptions, and you have an accurate preconceived notion of how much you are going to enjoy sex with him." **Phindile.**

In the citation cited above, Phindile constructs the foreskin as deceptive and creating the illusion that the penis is big. She mentions that it is only upon closer inspection that one realises that this, in fact, is not the case. Whereas if the foreskin had not been present, she would be able to get 'an accurate preconceived notion' of what she should expect. Asked whether the big penis meant that she would be going to enjoy herself more, Phindile sits silently for a while, pondering, then after some time, she says: 'No, not necessarily so. It just depends on how the guy does his thing'. Tempted to ask, what she meant by the 'thing', the researcher said, 'okay' after realising that this was rather confusing to her; however, the researcher made a note to revisit the issue later to avoid frustrating her any further at that exact moment, and to allow her the space to think about it. After some time, she said:

"No man, you know Thandeka, the foreskin it's like extra skin you see so that skin it makes it look bigger, but if you look closer, you see that no, there's nothing here this man's thing is not that big. Another thing is I don't like to

say that if a person has a small penis, I won't enjoy myself more because you know they say that 'size doesn't matter', but the big one is nice, it's just my opinion" Phindile.

It became clear as she explained that her initial reluctance to comment on the question of the penis being big meant that she would enjoy herself more. She simply found herself contradicting her personal preference as she went against the socially constructed notion of the 'size doesn't matter', even though to her, it really does matter. Nomathemba, on the other hand, constructed the foreskin as a 'turn-off' the sight of which is aesthetically unpleasant. She remarked:

"but nje (just) with the uncircumcised guy I think the foreskin is just a turnoff, no-no-no. (Laughing) it's just a turnoff shame" Nomathemba.

Her dismissive attitude is evident in her tone as she repeatedly says, 'no, no, no'. Nomathemba and Phindile understood the foreskin as deceptive and aesthetically unpleasant bringing to the fore the notion that the preferences of the women are heavily informed. In this vein, Allan (2018) maintains that the North American media frequently construct the foreskin as 'bad' and 'ugly' which essentially depicts an aesthetic view of what is pleasing and not pleasing to the eye regarding the presence or absence of the foreskin. Furthermore, an aesthetically pleasing penis (one without the foreskin) is often presented in pornography magazines, videos and films as well as sex manuals and guides. All these contribute to the social construction around the foreskin, which is understood to be an unpleasant sight. Subjection to these media outlets, which predominantly capture images of circumcised men, plays a significant role in swaying the opinions of individuals who indulge in sexual entertainment. Nevertheless, Nomvula, Thobile and Nomasonto construct the uncircumcised penis as a symbol of impurity and a source of discomfort as it collects and traps dirt inside its foreskin and furthermore, upon penetration, it rubs violently against the virginal walls. They contend that:

"If you are uncircumcised the foreskin it collects dirt, it is unhygienic...the foreskin it rubs of roughly if you are uncircumcised, there is more friction"

Nomvula

"Uncircumcised one, because you know the rubbing of the foreskin it's very unpleasant and uncomfortable, especially when you have to think about the dirt trapped in-between, yeah it's very disturbing." Thobile

Corroborating the assertions by the participants are Bailey et al. (2002) who contend that the circumcised penis was perceived to be able to penetrate smoothly without any hindrances and friction, whereas the foreskin was further perceived as tearing during sexual intercourse, which therefore curtails sexual pleasure. Furthermore, Bailey et al. (2002, p. 35) mention that the female respondents in their study stated that: “the intact foreskin caused the man to have trouble entering the vagina, often necessitating help from the women and sometimes causing trauma to her labia and outer vagina.” Moreover, their respondents perceived uncircumcised men as unhygienic and susceptible to disease and infection, stating that “the uncircumcised get more infections because the foreskin can keep secretions and germs which later develop into infections” (Bailey et al., 2002, p. 34). Nomasonto echoes the sentiments of both Nomvula and Thobile as well as the respondents in Bailey et al. (2002) as she mentions the foreskin as ‘rubbing of roughly’ to explain that in-fact it scrapes the walls of the vagina as it is not smooth and causes much friction especially if the woman is not well lubricated. She had this to say:

“the foreskin keeps moving and scraping the vaginal wall and causing pain and sometimes bleeding if you are not really lubricated.” **Nomasonto.**

The sexual preferences of the participants bring to the fore the fact that the absence of the foreskin is seen as resulting in enhanced sexual pleasure. They report on the significant differences between sexual experiences with someone who has a foreskin and someone who does not. Similarly, women in Layer et al. (2013) predominantly reported experiencing increased sexual satisfaction with circumcised men as opposed to uncircumcised ones. The women pointed out how they hardly enjoyed sex with uncircumcised men since they often report experiencing discomfort and that the man had to continually draw back the foreskin of his penis throughout sexual intercourse. On the contrary, many women reported neither experiencing any pain nor discomfort with circumcised men and often, they mentioned the ease with which men could have sexual relations with women after the removal of the foreskins of their penises.

However, the findings from this study and those of Bailey et al. (2002) and Layer et al. (2013) contrast sharply with those of O'Hara and O'Hara (1999) who hypothesised that the foreskin decreased discomfort throughout sexual penetration; thus, resulting in women experiencing fewer vaginal abrasions. The foreskin is seen as contributory to foreplay; thus, significantly enhancing foreplay and therefore, far more stimulating to the women. The respondents from the study by O'Hara and O'Hara (1999) reported being almost twice as likely to achieve orgasm if the penis of their sexual partner would have a foreskin. However, as mentioned before, the

results and conclusion presented in O'Hara and O'Hara need to be closely scrutinised as the recruitment of the participants was questionable. An anti-circumcision news-letter where the participants were recruited could have influenced a biased perception on the part of the participants.

4.7 Conclusion

This chapter has unearthed the existence of extensive sexual knowledge and experiences among Black African women attending university. It delved into their priorities in terms of sexual health and sexual pleasure which often overlapped to a level where they created conundrums and their subsequent choices in this regard. It further unravelled the sexually permissive nature of the university environment and the ways this setting informed their preferences in terms of sexual pleasure. Furthermore, some of the dominant sexual scripts are prevalent within universities and most importantly, the mass media plays a significant role in influencing the sexual pleasure preference among the participants through its ability to solicit for the internalisation of the suggestions it presents. The chapter also showed the assertiveness with which the women expressed their sexualities, the seriousness with which sexuality was communicated, with sexual experiences often evoking a wide range of emotions and memories.

Most importantly, the chapter identified and interrogated the structures and forces committed to the suppression of Black African women's sexualities by categorising them as 'promiscuous' and the ways the women were, in turn, able to defy and challenge these structures through constant negotiation and renegotiation with these forces. Lastly, it has highlighted the similarities in the contentions of the participants in the wider research and literature. The subsequent chapter seeks to establish the manner in which Black African women assert themselves as 'sexual beings.' It will further attempt to understand the nature and dynamics of their intimate and romantic relationships with both circumcised and uncircumcised men in order to establish their sexual pleasure experiences thereof.

CHAPTER 5: SEXUAL AGENCY, ROMANCE AND INTIMACY BY BLACK AFRICAN WOMEN

5.1 Introduction

According to WHO/UNAIDS (2011), sexuality is a fundamental aspect of human life that encompasses sex, gender identities, sexual orientation and above all, it is a means of sexual self-expression. One of the most important issues observed in this study is that Black African women are often ‘conjured’ as seeking to express their sexualities in environments with little interest in understanding how these manifest. Furthermore, the conservative African culture, with its traditional ways of communicating and inculcating values related to sexual enjoyment and pleasure, simultaneously exercise legislative norms which control the sexual identities of women. In this regard, Amaduime (2006) argues that the African culture has, for the longest time, immoderately been concerned and fascinated with women, particularly their bodies and sexualities. Virginity testing, as practised among the amaZulu, convincingly illustrates the spaces where the sexualities of young girls and young women are heavily scrutinised, with those deviating from set expectations being chastised. This demonstrates the persistence of suppressive, culturally constructed systems and ways of life.

Harrison (2008, p. 175) contends that such “dominant sexual ideologies center on good behaviour and the idea that sex is wrong, and abstinence as a preferred prevention strategy”. Consequently, young women are left without recourse other than to constantly conceal their sexual relationships and sensibilities. Therefore, when young amaZulu women leave home in pursuit of various academic endeavours in university, they then seize the opportunity to finally unmask their sexual relationships and thus engage in what Adijahun (2017, p. 1) coins ‘free sex’. However, undeniably, these “dichotomies,” as described by Harrison (2008, p. 175), have contributed to the current laxity characteristic of the examination into the sexualities and sexual practices of Black African women. Harrison (2008, p. 175) further argues that: “these dichotomies of love and romance versus stigma and secrecy frame young people’s discourse about sexuality.”

Moreover, ambiguities manifest themselves in most discussions surrounding female sexual pleasure and intimacy, with young women in these studies frequently reverting to their silence, hesitance and nervousness when it comes to discussions on sexuality. Resultantly, young women have often demonstrated an apparent inability to negotiate safer sexual practices in the realm of intimate relationships, owing to gender disparities. This explains why the current research, conducted in South Africa, mostly focuses on settings reflective of social dilemmas; for instance, HIV/AIDS, sexual cohesion, rape and gender-based violence. These studies are invaluable in so far as they are reflective of our societal realities, to a certain extent.

However, studies “tend to problematize intimate heterosexual relationships and portray men as violent predators and women as victims and lacking sexual agency” (Lecsh & Adam, 2016, p. 1092). That indicates the need for contesting literature that counters the overload of negative perceptions of sex and sexuality through advancing narratives of sexual relationships characterised by female sexual assertiveness and the quest for consensual and mutually satisfying sexual pleasure. Unfortunately, the exclusion of Black women’s positive sexual experiences in major debates and discussions on sexuality has given rise to this study, and as such, this chapter specifically investigates the intimate and romantic relationships in which Black African women are involved. Furthermore, it seeks to engage with and analyse the ways in which Black African women conceptualise and negotiate their sexualities in intimate and sexual domains. In essence, it is interested in understanding Black African women as sexual beings and the ways they interpret and assert their sexualities in relation to male circumcision.

5.2 Intimacy as encouraging

The researcher positioned women in a hypothetical dilemma and asked them if they would encourage their sexual partners to get circumcised if they were not and to share the various persuasion mechanisms they would implement to convince them. In this regard, Nomathemba is quoted as saying:

“You know what for me to be able to encourage a guy to do this first you will be quiet about it and you will use condoms as protection for yourself, but when the relationship reaches to a certain stage or another level you start you know, to talk about these things you know, that may be to live a healthier life and enjoy sex more, you know maybe you should consider this you know

as an option you know for your own you know...enjoyment also”

Nomathemba.

Nomathemba constantly uses the words ‘you know’ to demonstrate the difficulty she would encounter in her attempt to convince the uncircumcised partner to get circumcised. She illustrates the constant back and forth that would ensue and the various reasons that would be forwarded in negotiating circumcision. She first mentions that she would keep her sentiments to herself, quietly observing condom use as she waits for the relationship to reach a certain peak. This ‘certain stage’ or ‘another level’ is the point where maximum communication and comfortability occur between the two partners. She essentially states that she would have to trust him, studying him in order to be familiar with his temperament and his reaction to her suggestions relating to sexual issues. The rationale for engaging in this discussion is the need to enhance health; for him to live ‘healthier life’. She follows this up with the need to enhance enjoyment during sex but riddles it with another dose of ‘you know,’ which suggests that this part specifically would be met with much resistance. She further emphasises how the issue of enjoyment could potentially offend the uncircumcised man’s sense of masculinity; she makes reference to ‘Zulu guys’ as she highlights a potential reaction. The specific focus on the ethnicity, race or the cultural background of the male partners referred to by the participants is beyond the scope of this study. Perhaps future research could zero in on the matter raised by Nomathemba who perceives uncircumcised men as prideful and arrogant. With a quick temper, she says the following statement:

“Yes, that is why I’m saying we have to reach that stage in the relationship where we trust each other you know, where we are open to each other you know, yes for me to tell him this, because WOOOH Zulu guys TRY AND TELL HIM!...he will dump you next day, and they are the most uncircumcised because it’s not under their culture for them, unlike the Xhosas you know.” **Nomathemba.**

Perhaps Nomathemba refers to ‘Zulu guys’ because the province of KwaZulu-Natal is predominantly amaZulu and therefore, the men she would have been in a relationship with were primarily ‘Zulu guys’ as they constitute the majority of the residents in the province. Naledi echoes sentiments similar to those expressed by Nomasono as she specifically mentions using the ‘health’ card to try and convince the uncircumcised partner to get circumcised. She,

however, would not mention male circumcision in line with the enhancement of sexual enjoyment as this could possibly end chaotically. She is quoted as saying:

“I would tell him about his health and how it could benefit his health if he is circumcised. Both our health actually because I could infect you with the disease if you are uncircumcised, it’s not just about him. I wouldn’t mention the possibility of increased pleasure because he would get offended and think that I think there is something wrong with how he is performing sexually or that I am not satisfied sexually. Men are sensitive about sex and have big egos.” Naledi

Naledi mentions the fact that she would use male circumcision to advance the issue of her partner’s health to motivate and encourage him to get circumcised. She further intimates that this would swiftly be accompanied by the mentioning of how she could possibly infect him with diseases if he was uncircumcised. She intelligently ensures that she externalises the health factor and makes it appear as if he could be the victim if he is uncircumcised as she states: *“I could infect you with disease if you are uncircumcised”*.

This, notwithstanding Naledi’s intention, is true as research has established that men’s likelihood of getting protection from HIV infection stands at 60%, with women merely benefiting through men’s decreased chances of contracting HIV/AIDS. She too, like Nomathemba, approached the mentioning of increased sexual enjoyment reluctantly; but unlike Nomathemba, she does not foresee herself being able to summon enough courage to tell him the possibility of ‘increased pleasure’ as she fears that he would be deeply offended and his ego bruised as he would interpret the suggestion to mean deprivation of sexual fulfilment on her part. She brings to light a factor similar to that mentioned by Nomathemba as she reiterates that men are sensitive and have big egos. Even though she does not mention any specific race or ethnicity, like Nomasonto, she makes a veiled reference to her being in partnership with ‘Zulu guys’ mostly. Thobile and Phindile contend:

“I would encourage him, and I wouldn’t just base it on my personal benefits, but also for his. I would tell him all the benefits and inform him of the disadvantages of having a foreskin” Thobile

“I would encourage him, and I would mention the health benefits and pleasure, but I think the response would have to be dependent on the

individual because different people respond differently to criticism.”

Phindile.

However, Phindile is wary of the unpredictability of men’s reaction to the suggestion that they should be circumcised. The reactions could vary depending on the man’s personal response to ‘criticism’. Phindile sheds light on the reason Nomathemba would rather wait for the relationship to reach a ‘certain stage’ as this would afford her adequate time to predict his exact or possible response to the supposed ‘criticism’. Nomasonto, just like Naledi, chose to mention the ‘health reasons’, adding that these ‘health reasons’ are mutually beneficial as he would obtain partial protection from HIV while she evades cervical cancer. She distinctly points out that any mentioning of improved sexual pleasure would ‘definitely’ be out of question as this could be offensive to the uncircumcised man.

“I would encourage him to get male circumcision for health reasons and because it also protects me from cancer and reduces my risks of contracting HIV. I definitely would not mention the possibility of improved sexual pleasure, because he would be so offended and I had this one partner who wasn't circumcised, and we were talking about circumcision, and this person changed the topic, and I could see that he wasn't happy” **Nomasonto.**

Nomasonto narrates her involvement in this ‘hypothetical’ situation. She reports that she had tried to encourage the uncircumcised man to get circumcised, but amidst the discussion, he reportedly ‘changed the topic’ showing that he was evidently a little troubled. The adverse reaction exhibited by Nomasonto’s uncircumcised man is what Nomathemba and Phindile consciously sought to avoid. However, the responses from the participants are rather interesting to note. In the previous chapters, they projected as decisive and assertive Black African women, who place themselves at the forefront, making little provision for sexual compromises; further positioning their sexual pleasure above all else, even above pleasing their male sexual partners. They rejected being sexually oppressed and objectified. However, in this chapter, their contentions are a little ambiguous in that they cautiously avoid hurting the uncircumcised man’s feelings and ego. It is the same uncircumcised man whom they described with ambivalence and contempt that is suddenly regarded with patience and patiently waited upon before being encouraged to get circumcised. Even though the question posed to the participants had been ‘hypothetical’, their responses truly projected the cautious strategies they employed

in dealing with the matter and therefore, are a contradiction to earlier reports depicting a strong dislike for and rejection of the uncircumcised man.

Nevertheless, in Wirth et al. (2016), the participants' suggestions are similar to those highlighted in this study in that when encouraging a man to be circumcised, a passive approach is applied. This is also corroborated by Chetty-Makkan et al. (2019) who encourage women to make sure the environment and the approach are both conducive for the discussion. Chetty-Makkan et al. (2019, p. 8) further suggest that the best way of educating women on this approach is "for female social network forums to educate women on conversation techniques, skills to use when talking to their partners and how to address communication challenges about circumcision," adding that the "Involvement of women in VMMC awareness campaigns could encourage circumcision uptake among men". The mentioning of 'viable options' which include assuming a respectful and gentle stance as well as using media adverts promote male circumcision. Women in the study by Chetty-Makkan (2019) believed they possessed the power to influence men's decision to undergo circumcision if they approached them correctly, arguing that they could convince them. The study also places importance on ensuring that the environment, before discussing the suggestion for men to embrace male circumcision, is well-prepped and conducive.

Moreover, Nomvula further demonstrates some of the likely responses and reactions from the uncircumcised man. When she encouraged her partner at the time to get circumcised, he did not heed her suggestions even though she mentioned that getting circumcised decreased the chances of contracting the 'bacteria's in his body'. He adamantly refused and would not budge. She had this to say:

"I have been in a relationship with someone who was not circumcised and then it wasn't good, but then now I'm in a relationship with someone who is circumcised, and then I can say I'm advocating for people who are circumcised. Obviously, and I had done that before and encouraged him to get circumcised because it decreased bacteria's in his body and his body can be healthy. But then he refused" **Nomvula.**

Nomvula was a curvaceous and beautiful woman who displayed great maturity in the manner she articulated herself. She took the interview experience very seriously, ensuring that she contributed as much detail as possible; this put her responses into the appropriate context as, by the end of the session, the researcher had gained intimate knowledge about her and her life

story. She was very open with the researcher, which was greatly appreciated as we had not been acquainted prior to this discussion. As she expressed the above statement, it was evident that the experience rekindled her great pain, as earlier on, she had mentioned that the uncircumcised man had been her first love and the father of her child. She confided in the researcher that she had fought so hard to keep this relationship afloat because she was the father to their son, but in the end, things had not worked out as he kept on acting unfaithfully and breaking her heart. It was when she decided to cheat on him for the first time with a circumcised man that she ‘realised what she had been missing’, and from that sexual encounter, her affection towards him slowly diminished as she was now in a happy relationship with a circumcised man. On gently asking if she had thought of leaving him when he refused to be circumcised, she stated that the idea of leaving him had not occurred to her when he refused to get circumcised but, as she notes; *‘things were not nicer, because I didn’t understand why he didn’t want to.’* Then I asked if he had not given her any justification for his refusal to get circumcised and she reported that he cited being scared. Even though Nomvula lacked the strength and courage to call it quits with her uncircumcised man out of fear of becoming a single parent, Nonhlanhla absolutely was not having any of it, as she redeems the assertions of the women cited above, repositioning them as decisive and intolerant to the defiance of sexual expectations and standard of being circumcised. She strongly states:

“I would simply say if you love me go and get circumcised or I’m leaving you, if he refused I am leaving him!” **Nonhlanhla.**

Nonhlanhla kept the response to the hypothetical positioning, precise and absolute making her stance simply non-negotiable as the man had to be circumcised, failure of which he would run the risk of losing her and the relationship at the same time. Nonhlanhla, unlike the other participants, had remained steadfast to her values categorically stating her preference for circumcised men both for sexual pleasure and sexual health. Apparently, her very ambitious standards were enforced quite forcefully. Fikile, on the other hand, maintains her subtle forms of suggesting to a man that he should be circumcised. Unlike Nonhlanhla who just left, she, however, was a little creative in the manner she would encourage her partner to be circumcised. She is quoted below as saying:

“If I see that we are serious and there is foreplay and stuff and if he isn’t circumcised it would be boring, so I would just ask him why are you not

circumcised? Or show him that circumcision upgrade advert on TV and subtly suggest he do the same” Fikile.

The ‘circumcision upgrade advert on TV’ Fikile mentioned is the *‘Brother for Life- “Zing” Male Circumcision Campaign’* which is a television commercial advertisement first aired in February of 2014. The commercial programme takes place in salons or beauty parlours where the beauticians notice the client smiling uncontrollably, and when they ask her what the cause of her sudden happiness is, she mentions that her partner got an ‘upgrade down there’, and this is the source of her joy as she is protected from ‘cervical cancer and sexually transmitted diseases and her overall sex life is ‘amaZing’. The other women in the salon rejoice with her regarding the circumcision as an ‘upgrade’. The commercial advert essentially insinuates that men should get circumcised, and women are at the forefront in conveying the message, which portrays the idea that being circumcised makes women happy.

The advert can be interpreted in a number of ways; firstly, just like the study participants, it makes gentle and subtle suggestions to uncircumcised men to get circumcised instead of being upfront and direct. Secondly, it situates the reasons for circumcision outside the man’s imagination as the smiling woman mentions the benefits male circumcision affords to herself; further mentioning how the benefits conferred on the man ultimately go back to her. This can be understood through analysis of the words of the respondents who try not to ‘bruise the man’s ego’ and his sense of masculinity by suggesting something wrong with him being uncircumcised.

The television commercial advert and what it represents are also better understood through the lenses of the Social Constructionism Theory, as it constructs the understandings of women regarding male circumcision and how it influences their reasons for and those of the wider society in preferring circumcised man. After watching this commercial advert, women immediately imbibe what is portrayed as an undisputed fact without critically engaging with it. The women’s perceptions and preferences regarding male circumcision are not merely their personal and well thought out accounts as they are married with those observed and internalised through social media and television. The above-mentioned analysis is corroborated by Layers et al. (2013) who note that male circumcision campaigns in Iringa ride on a variety of media channels in advancing awareness for male circumcision through emphasising the advantages of male circumcision. In their research, the participants were conscious of these advertisements

and admitted that they learnt about the benefits of male circumcision through television, advertisement, car speakers and posters in health centres. Furthermore, the mannerism with which the participants in Layers et al. (2013) spoke about circumcision often demonstrated their extensive experience with these promotional announcements.

5.3 Reconstructing romance and intimacy

Foreplay can be understood to mean a series of physically and emotionally romantic acts resulting from the intimacy between two people. It primarily serves the purpose of sexual excitement or arousal as it creates a strong desire and anticipation for sex. Even though foreplay falls under the physical domain of romance and intimacy, it also encompasses mental and verbal stimulation; therefore, these constitute foreplay, too. Furthermore, it is typically constructed as the ‘warm-up’ prior to the actual sexual intercourse, as partners normally perform it before engaging in sex. Foreplay and romantic acts of intimacy are conventional displays of love and affection. In this regard, Karandashev (2015) maintains that even though ‘love emotions’ are common experiences and have been prevalent throughout history and culture, they still present diversity in their expression as culture significantly influences what people believe and how they perceive and carry oneself within ‘romantic love’, making love both universal and culturally specific. Simply put, “The experience of being in love is coloured by one’s cultural values and the society to which one belongs” (Karandashev, 2015, p. 10).

The above-mentioned understanding of foreplay and romance is reflective of how Black African women within universities are understood as ‘sexual beings’ as it focuses on the sexual pleasure and the sexual experiences of Black African women. This sub-theme is meant to unpack and understand further how the foreskin and the circumcision status of the man affect their female sexual partners. It seeks to establish whether, in reality, the man’s circumcision status impacts on romance.

Phindile reported, thus:

“No, it is the same both circumcised, and uncircumcised guys are romantic in the own way, and I really don’t think that it has anything to do with whether the guy is circumcised or not” Phindile.

Phindile immediately dismisses the perception that the man's circumcision status affected the romantic aspects of sexual relations and regarded the two as unrelated. The manner in which she responds ridicules the whole question. She, however, is among the participants who interpreted the question as rather senseless perhaps because foreplay and romance were preliminary activities done prior to the actual sexual intercourse and therefore did not involve the penis, making circumcision status a non-factor in this regard. The attitudes displayed by the participants in the above citations can be regarded with a sense of reservation as they prompt a deeper enquiry into whether in fact, this question was baseless. However, as the interview proceeded, it became clear that romance and intimacy are highly relative. The manner in which an individual interprets it may not necessarily be the case with another. Their relatedness is apparent in Nomvula's response as she mentions the use of the penis in foreplay and romance. She had to say:

*"You know when he is rubbing his penis onto your vagina, oh my God!
Circumcised * laughing* is not the same as uncircumcised"* **Nomvula.**

Nomvula's excitement during romance and foreplay prior to the actual sexual penetration was evident, and she attributes this to circumcised men. Nomvula dispels the notion of circumcision being a non-factor in romance. For her, even the penis stimulates and arouses sexual excitement. It is the 'rubbing' of the circumcised penis 'onto your vagina' that makes the difference. This suggests that being circumcised may have much to do with romance after all. Furthermore, it was not only Nomvula who seemingly perceived male circumcision as influencing preliminary romantic acts before the commencement of the actual sexual intercourse. For instance, Naledi's response merges the contention of the above-mentioned participants. Firstly, she describes how the penis may not necessarily be of much use during foreplay, but in her opinion, there was a marked difference in the attitudes and personalities of men who were circumcised and those who were not, and for this reason, romance was affected, to a certain extent, by the circumcision status of the male partner. She contends that:

"Yes, those who are circumcised are more romantic (laughing). Those who were circumcised were romantic in that they did not just kiss you two times and thereafter want sex. Where you are not ready for sex yet, and he is. Those who are circumcised take their time and ensure that you get in the same mood he is in" **Naledi.**

In her response, Naledi narrates that circumcised men were more patient with the woman as they were able to take their time in foreplay and romance until the woman is 'ready for sex.' Presumably, this may not be true with uncircumcised men who reportedly 'kiss you two times and thereafter sex'. Naledi portrays uncircumcised men as not only impatient but also selfish in that once they get ready and sufficiently aroused, they merely proceed to sexual penetration. The latter is in stark contrast with the circumcised men who, for the most part, ensure that foreplay is prolonged to arouse the other partner into the 'same mood' as them, which would make the sexual experience pleasurable for both the man and woman. Nomathemba, on the other hand, attempts to take a neutral stance but falls short as her response illustrates that even though the circumcision status of the man may not necessarily be a factor during romance and foreplay, she revisits the previously discussed issue of the foreskin as an obstacle and impediment to the overall sexual experience. She narrates the following:

"I wouldn't say the circumcised one is more romantic nhe, but with foreplay, because we need to get down now, to kiss, to touch touch, now that's when it doesn't fit with the uncircumcised one because he got some problems down there (raising voice dramatically)" **Nomathemba.**

Nomathemba mentions the words 'down there' to refer to the sexual organs. These words are the ones used in the male circumcision television commercial advert mentioned in the previous sub-theme where the female client at the salon mentioned that her 'man got an upgrade down there'. Evidently, the sexual scripts and language observed by individuals in television and mass media are influential to the extent of being internalised and incorporated into individual vocabulary which conveys an individual's understanding of their world, and it becomes the means by which they express themselves. This explanation is augmented by the Social Constructionism Theory. As Burr (2015, p. 5) contends, "Language is of great interest to social constructionists" as it is perceived as more than just a medium of expression and communication because when people converse, they construct the world. Burr (1995, p. 5) further perceives "language as the passive vehicle for our thoughts and emotions" and McIlveen and Schultheiss (2012) suggest that it is the means by which traditions are either sustained or refined as people in their everyday lives, through language, construct ways of understanding and perceiving the world. Therefore, the phrase 'down there', which refers to male sexual organs as used in the male circumcision advert and Nomathemba's response, is evidence of the power of language in constructing the various ways of perceiving and understanding the world.

Nomathemba goes on to state that ‘sucking him,’ which is a huge part of foreplay, is out of the question, and this is what presents the ‘same problem down there’. The latter is an interesting observation by Nomathemba, that ‘oral sex’ is a huge part of foreplay and romance before the commencement of the actual sexual intercourse. This, however, raises the question why Phindile had such a dismissive attitude towards the question when it was posed to her.

Nomasonto’s sentiments were similar to those expressed by Nomathemba in that she too mentions oral sex in her discussion of foreplay and romance. This signifies the fact that oral sex or ‘sucking’ is a huge part of the erotic and sensual practices done before the commencement of the actual sexual act. The contentions advanced by the participants regarding oral sex seem to suggest that the women do not regard oral sex as actual sex and is of lesser value than penetrative sex even though it is highly esteemed in foreplay and sexual practices. In this regard, Nomasonto says:

*“With a circumcised man, circumcised men are more romantic because of the uncircumcised man...the smell *laughs* is a bit disturbing, and you can’t even do some of the things you supposed to be doing like going down on him because of that smell. Oral sex is a no for an uncircumcised man”*

Nomasonto.

For Nomasonto, a rather quiet, slim and tall young lady, circumcised men were more romantic than their uncircumcised counterparts because they did not have the ‘disturbing smell’ the foreskin of the uncircumcised man gives off. This unpleasant smell prevented much of what had to be done during the romantic episodes. The above-mentioned women were able to share some of the romantic and intimate sexual experiences with their respective sexual partners. The assertions of the Black African women can be better understood through the lens of the African Feminism Theory as, through their descriptions of the role romance and intimacy play in their sexual relationships, they tend to negate the notion of sexually oppressive structures which position sexual intimacy as possessing no other grounds apart from those of reproduction and male sexual fulfilment. Amadiume (2006:27) further posits that sex is meant to “simply restate and reinforce the perspective and practice of male power over female sexuality, and this is not the whole story of sexuality in Africa”. The participants in the study could easily be identified with the African Feminist ideology as it was their concern to redefine and re-imagine sexuality for the Black African woman.

5.4 Mutual sexual satisfaction in intimacy: “What did I get myself into?”

Regarding this perspective, Nomathemba narrates the following:

“You know that with Zulu men they don’t care about the women, they are selfish they don’t care about the woman’s pleasure they only care about their satisfaction, they just want to come (sic) and just leave you like that stranded in bed thinking, ‘WHAT DID I GET MYSELF INTO?’ They are selfish, and they don’t care” **Nomathemba.**

She further says:

“But then you get guys who have good personalities who you know ask: ‘ahh, are you okay? Did you reach orgasm? You know, are you okay should we do a second round? You still good there?’ you know. I think it depends on the personality of the guy, and it doesn’t matter if he is circumcised or not, it depends on the individual.” **Nomathemba.**

Again, Nomasonto singles out ‘Zulu men’, describing them as showing very little interest in sexually satisfying their sexual partners and as mostly concerned with the fulfilment of their own sexual desires. She describes them as ‘selfish’ and goes on to delineate the exact ‘selfish’ traits they display during sex, the first being that ‘they just want to come’ and secondly they leave the female partner ‘stranded’ and grappling with feelings of regret and discontentment resulting from the overall sexual experience. Nomathemba describes this as responsible for creating a degree of mental anguish as she mentions the whirlwind of emotions the woman experiences as she grievously thinks: ‘WHAT DID I GET MYSELF INTO?’ Nomathemba distinctly focuses on ‘Zulu men’ which was beyond the express scope of this study. However, future studies can conduct an investigation into the factors contributing to this toxic form of masculinity displayed by amaZulu men, who see sexual satisfaction as their sole prerogative, of which women’s sexuality is unworthy. Sexual satisfaction is described by Abdol and Pourmousavi (2013) as an almost pleasurable experience during sexual activity, adding that it is a favourable approach to sexual behaviour.

Nomathemba further mentions that the previous assertion is not always reflective of the truth about all men and that some men ‘have good personalities’ whether circumcised or otherwise. These ‘good personalities’ seem to compensate for the shortcomings of the ‘Zulu men’ as they

show persistent concern for the sexual satisfaction of their sexual partners. Nomathemba paints these ‘good personalities’ firstly as most thoughtful and sexually accommodating, even showing readiness to offer ‘a second round’ if the woman has reported being sexually unsatisfied. However, Nomathemba’s statements present a contradiction and raise the question: if circumcision status is irrelevant, why then does she feel the need to single out ‘Zulu guys’? These are the same ‘Zulu guys’ whom she had previously regarded as ‘the most uncircumcised, unlike the Xhosa’. She demonstrates conflicting perceptions. Even though she tries to redeem herself in the second part of the narrative, it is still absolutely unclear whether circumcised or uncircumcised guys are the ones who are concerned with mutual satisfaction during sexual intercourse. Her contention, however, could perhaps be interpreted to mean that even though the circumcision status of the man is irrelevant to mutual satisfaction, this cannot be said for ‘Zulu men’. Therefore, the second part of the statement applies to all, but the ‘Zulu men’.

In the abovementioned statements, Nomathemba brings to the fore the contention by Skafte and Silberschmidt (2014, p. 1) that the sexualities of African women, and more specifically their sexual agency, are often the least understood owing to a lag in investigative efforts meant to unpack this aspect. However, the authors note that reality with surprise as African women are the worst affected by HIV, a pandemic that has become a major public health concern in Sub-Saharan Africa as it primarily spreads through sexual activity (Skafte & Silberschmidt, 2014, p. 1). “In fact, female sexuality, sexual desire and gratification have been noticeably absent within African women’s and gender studies and, therefore, rarely the object of analysis” (Skafte & Silberschmidt, 2014, p. 1).

Thobile expressed a sentiment similar to the latter part of Nomathemba’s as her assertion was clear and free from ambiguity. Precisely, she narrates the following:

“I don’t think that has anything to do with whether he is circumcised or uncircumcised, because it’s personal. You would get some guys who respect you, and you still get those circumcised who wouldn’t. Circumcision status doesn’t really impact affection and respect during and before sex.” **Thobile.**

This too is true for Phindile, who says:

“I could say it is both; this just depends on the person’s personality because it doesn’t matter if the person is circumcised or not” **Phindile.**

Nomvula also maintained that both categories of men were concerned with mutual sexual satisfaction, with uncircumcised men showing that they *'still want to please as well'*. Nomvula mentions that even the uncircumcised men too had the best of intentions as they also longed to please, but they significantly fell short due to their uncircumcised status, and for this reason, it was simply 'nicer' with the circumcised man, whom Nomvula regards as being able to meet their intended objective of attaining sexual pleasure.

"I think both, because even those guys who are not circumcised they, still want to please as well, it's just that they are not circumcised. But with one that's circumcised, it much more nicer because both of you guys enjoy"

Nomvula.

Harrison (2008, p. 108) postulates that sexuality within the African region is a highly contested terrain between the younger generation who often "see open sexual expression as modern" and their older generation who steadfastly hold on to their customary marriage beliefs and its primary objective of procreation. Furthermore, Harrison (2008) mentions that young people often depend on their peers for sex education and not on formal means of sexuality education partly because of the stigma often associated with sex in cultural settings. The woman, in the above response, brings to the fore the notion that men, in general, are interested in sexually satisfying the woman, and this was not necessarily influenced by whether he was circumcised or uncircumcised.

In the above response, the women's perceptions are generally consensual regarding relationships which are, for the most part, two-sided and where the woman is not reduced to a mere sexual object meant to fulfil the sexual expectations of the man. Furthermore, they reject all notions of the sexualities of Black African women being reduced to simply serve purposes of procreation, and this demonstrates the highly complex nature of Black African women's sexualities. They acknowledge the need to be sexually fulfilled and further advance this need as an expectation during sexual encounters.

However, reports cited above depict women as bringing to light an issue of great interest to the researcher, as their initial rejection and chastisement of the 'uncircumcised man' was suddenly treated in a rather strangely understanding way. Perhaps it is the assumption that the Black African women in the study were emotional beings, who to some extent, can be led by their emotions into a sudden change of attitude. They are able, however, to reason and critically reflect on their own biases and contradictions and therefore adopt contentions which are

relatively objective. However, the women who participated in the study were of the opinion that oftentimes, their male sexual partners, would make it a priority to sexually gratify women.

Similarly, Skafta and Silberschmidt (2014) conducted a qualitative inquiry into the practices that enhanced sexual pleasure among selected Rwandese women who practised labia elongation as a means of enhancing sexual pleasure during sexual intercourse. In this setting, the authors note that: “female sexuality and sexual gratification are acknowledged and valued by women as well as men” (Skafta & Silberschmidt, 2014, p. 1). The findings of this study reveal that inherent in intimate relationships lies the capacity “for the empowerment of women and transformation of gender-relations” (Skafta & Silberschmidt, 2014, p. 1). It is argued, however, that such conceptualisations of women as subordinated and powerless ignore the fact that even though women, to some extent, do display obedience to conventional social norms, they also do defy these constructs and sex becomes a realm in which they can wield sexual power.

However, regarding the latter argument, two distinct groups of women were noted. Some of them had a subjective opinion and were committed to their stance; thus, they maintained that it was absolutely the circumcised men who bothered themselves with securing mutual sexual satisfaction during sex. On the other hand, they viewed the uncircumcised man as self-assured; self-serving and arrogant. In this regard, the uncircumcised man is accused of possessing unfounded confidence in his sexual pleasure capabilities, and his supposed ridiculous sexual expectations are attributed to his being uncircumcised. They reported the following:

“It is the circumcised one who checks on you time and time again and tries their best to ensure that you have just as much a good experience” **Fikile**.

“I think it’s a circumcised guy because, with an uncircumcised guy, it’s all about them you just want to please them quickly so they can get out of your way and stuff...they have bigger egos because they are not concerned about the other’s personal health and they expect you to have oral sex with them without thinking about their hygiene. They have a bit of selfishness” **Thobile**

“Circumcised, this is from my experience, they make sure that you are happy during sex, they make sure that you are happy with their performance. From my experience uncircumcised guys never ask for your opinion after sex they

think that they are doing such a good job that they don't need to ask you about your experience” Nomasonto.

Fikile, Thobile and Nomasonto steadfastly maintained their condemnation of the uncircumcised man. They unwaveringly rejected him and his foreskin. They expressed their sentiments with exactly the same dismissive attitude, and it was almost as if they had discussed the topic prior to the interviews. Their unwillingness to even entertain arguments presented by the latter group is a further demonstration of the complexity characteristic of Black African women's sexualities. Nevertheless, all the above-mentioned sentiments are understood as the participants' 'absolute truths' and their 'objective realities'.

Moreover, it is phenomenal to get a better and improved understanding of Black African women as sexual beings with self-realised and self-actualised sexual expectations and practices. Fikile, Thobile and Nomasonto are admittedly assertive in their support of the argument by Skafte and Silberschmidt (2014, p. 1) who postulate that historically, the South African context has demonstrated that responses to gender-related issues have “tended to reinforce normative stereotypes of women as powerless and subordinated by men.” However, these researchers have noted that this fails to take into account and recognise the multitude of ways in which women are conducting themselves as “active social agents and decision-makers and inadequately explain women's observed sexual agency” (Skafte & Silberschmidt, 2014, p. 1).

The rejection of a stereotypical understanding of the sexualities of Black African women is in direct response to the values and beliefs advocated by the Theory of African Feminism which encourages the self-actualisation, self-realisation and self-exploration of the sexualities of Black African women, encouraging them to openly discover their sexual beings, and shun the definitions which have been conditioned into their psyche. The theory upholds a consciousness which discourages all narratives and understandings which refuse to morph and evolve with the sexualities of the women. This is because “While sexual pleasure is presented as a gender-neutral right in sexual rights literature, the application of feminist research and theory to it reveals it as a deeply political right that opposes a range of women's human rights” (Oriel, 2005, p. 402).

5.5 Mutual consent in intimacy: “No means no”

The issue of consent in sexual matters is shrouded in much ambiguity. The exact question of what consent is in sexual relationships is often a greatly misinterpreted conundrum. In its abstract form, consent is fairly simple, affording both partners the chance to arrive at a mutual agreement and understanding of what is about to be done and most importantly, to be mutually active in the decision-making. However, the implementation and interpretation of what consent is becomes a rather complicated issue. This arises partly because even though society does not boldly accept violence against women, “the construction of male and female sexualities in Western culture frequently blurs the distinction between male violence, coercion or rape and ‘normal’ heterosexual sex” MacPhail and Campbell (2001, p. 1615). Essentially, social norms shape individuals’ perception of coercive sexuality. Such standards often affect individuals who feel entitled to pleasant and fulfilling encounters and those who do not, those whose needs are sexually satisfied and those whose do not, and whose desires are even believed to occur (De Bruyn, 2006).

South Africa, which is the rape capital, has the most reported cases of rape in the world and illustrates the exact reality of these issues. It is possible that in relationships in this setting, consent is not necessarily valued, or it is simply misunderstood. In the study, women perceive the issue of consent in sex as relative to individual situations and subject to individual interpretation. As such, if communication between sexual partners regarding the definition of consent is not properly spelt out, it may easily be understood and interpreted as rape.

Nomathemba demonstrates this clearly in her reports:

“you know when you have been in a relationship for like, umm for long I feel like they gain like power or something where they like touch buttons they don’t even ask anymore. Sometimes you say no, and they still carry on because they think because she is my woman, no means yes. And there was a point in my relationship no meant yes. (Laughing)” **Nomathemba.**

Nomathemba highlights with elegance the exact complexity that characterises sexual consent. She narrates how, in her previous relationship with a circumcised man, consent in sex had been flouted significantly as it was taken for granted with the man believing thus; ‘*she is my woman, no means yes*’. She reported that this had been one of her long-term relationships as she was ‘too sensitive for one night stands’, further

stating that she 'catches feeling too easily', which simply means that she gets easily attached to a person and thus, casual sexual encounters were out of the question for her.

Nevertheless, her contention brings to light the fact that it is often in committed relationships where partners gain and surpass basic familiarity with each other and where they are reasonably comfortable and where sex has become so established a norm that sexual consent is often misconstrued. The researcher asked; what should happen when one says no verbally but is not resisting physically? Would that be considered consensual? She remained silent for a moment and placed her left hand under her chin pondering. The researcher too was silent, waiting eagerly for her response. She suddenly responded; *'yes it was because we liked rough sex.'* Confused, the researcher asked for further clarification. She then confided in the researcher that in this particular relationship, 'rough sex' was not limited to the physical aspects of rough sexual intercourse, but encompassed verbal, emotional and mental forms of sexual dominance all of which she was completely in agreement with. Where, for instance, if she said 'no,' it would be still interpreted as 'yes' and this all contributed to the overall 'rough sex' experience.

In disbelief, the researcher asked if she was being completely honest. She said that this behaviour had been influenced by a movie '50 Shades of Gray' she and her boyfriend had watched. The researcher had heard of the movie and a similar book but had not taken much interest in watching it, but she promised Nomathemba that she would watch it to see what exactly this 'rough sex' was and where 'yes' meant 'no'. Apparently, however, it is clear from this experience that the sexual practices of young Black women are influenced by outside forces and the kinds of visual material they are exposed to; for example, the movie alluded to by Nomathemba contributed to the transcendence of her sexual limitations and facilitated the inclusion of sexual practices often described as 'foreign to African culture' and 'deep injustice.' When asked what if she was really not in the mood and she really meant 'no' and what would happen thereafter, she reported that such an incident had occurred in her relationship and she had found herself in a predicament when in actual fact she meant 'no', but because of the nature of their sexual relationship, 'no' meant 'yes' and she ended up engaging in nonconsensual 'rough sex'. She goes on to state the following:

“And then, we then had to develop codes... we then developed codes, we talked about it, and I was like ‘yesterday wasn’t good’, and he was like okay baby, we should develop codes and or safe words like maybe, purple!’”

The logical question that could subsequently be asked was if she had not considered what had happened to be rape. Since the basic definition of rape involves persistently engaging in sexual intercourse with someone without consent, this meant that Nomathemba too would be at a loss of words, and the question had to be shelved. To say that the narrative shared by Nomathemba was perplexing would be a great injustice, but rather the experience gave the researcher an opportunity to get more insights into the sexual practices which included ‘rough sex’, which were consensual and mutually satisfying. Nomathemba’s contention demonstrates the willingness, Black African women, in universities showed in sexual exploration, as they went beyond any pre-determined sexual practices and what would normally be considered as normative.

However, it also highlights the dangers inherent in these kinds of sexual practice as sexual consent is often seen as irrelevant in this case and highly relative to situations and individuals, posing potential danger. Even though a further exploration of these kinds of sexual practices among South African youths is beyond the scope of this study, further research could possibly inquire into the prevalence and normativity of these kinds of sexual practices among South African youths in order to understand more profoundly, the exact nature of these sexual practices and therefore, the role assumed by sexual consent if ‘yes’ means ‘no’. Furthermore, an understanding of what exactly is sexually gratifying in ‘rough sex’ among South African university youth is also paramount.

According to O’Sullivan et al. (2006, p. 110), “sexual negotiation and activity are often idealized, positioning that both partners desire sexual communion strongly and simultaneously, express their desires equally clearly, and experience similar levels of sexual satisfaction.” Even though the researchers note that these are the ideal conditions for sexual consent, the possibility for attaining actualisation for both men and women seems unlikely. Nonetheless, some benefits are discernible as: “the model of mutual gratification and consent suggest an important deviation from the expectation of “traditional script theory” (O’Sullivan et al., 2006, p. 110).

The majority of the women in the study reported cases of unhealthy or unconventional sexual consent. Even though Nomathemba had attempted to redeem the ‘rough sex’ phenomenon, it

was emotionally unsettling, and this could have resulted from the researcher's misinformation and lack of knowledge about the sexual engagements like the one she describes above. However, even Fikile presents an instance whereby the circumcised man could also 'beg until you consent' while the uncircumcised ones 'just understand that no means no'. Fikile's own statement could be interpreted to mean that circumcised men, by dint of the fact that they deem themselves as worthy of a yes, therefore 'beg' until such an answer is obtained and those who are uncircumcised simply acknowledge their inferiority and therefore ask once and then move on. She had this to say:

“Circumcised guys ask and beg you until you consent and those who are uncircumcised it's like they just understand that no means no because you just need to say it once and they stop begging” Fikile.

The pride with which Fikile, a dark and soft-spoken beauty says, 'circumcised guys ask and beg you until you consent' is worrisome, mainly because consent by its nature is meant to be expressed once and therefore, constantly begging until someone gives in is synonymous with sexual coercion. The latter analysis holds sway because honestly, someone would not express a 'no' if they really meant a 'yes' (unless those were the pre-determined sexual codes as coined by Nomathemba). She smilingly asserts her contention by mentioning that uncircumcised guys 'just understand that no means no'. In this regard, it would appear that the uncircumcised guy, who for the most part have been vilified, is respectful and obedient to Nomathemba's declinations. The contradictory aspect in this dichotomy is that the circumcised man is seemingly admired for his ability to 'beg', raising the question of whether women really needed to be begged and entreated before they ultimately consented to sex. The situation of the uncircumcised man can be understood in the urban phrase of 'playing hard to get', a form of reverse psychology whereby someone would present a series of obstacles that another would need to overcome to attain the consent flag. Nonhlanhla, on the other hand, had a view completely opposed to Fikile's. She frankly admits that this 'pressure' to give in to sex, was uncomfortable and unwelcome. She states that:

“circumcised ones are the ones who make sure you consent, but I don’t want someone to put pressure on me as I’m not one who likes to be told how to do it and what to do, if I don’t want to do it I just don’t, circumcised or not”

Nonhlanhla.

Nonhlanhla mentions that even though circumcised guys insisted on asking for her consent, she detested being ‘pressured’, meaning that the statement, ‘they beg until you consent’, expressed by Fikile is most unwelcome for Nonhlanhla as this would be tantamount to putting pressure on her which can also be interpreted as sexual coercion. Nonhlanhla consciously asserts her ability to express her free will as she notes, ‘if I don’t want to do it, I just don’t’. This free will is expressed through her ability to grant consent or to deny it in sexual relations, and this liberty is greatly compromised by someone who consistently begs, putting undue ‘pressure’ on her.

The women highlight the dynamism of sexual consent, portraying it as forever on the move; hence, this constantly changes their contributions to their evolutionary understanding and interpretation of this sexual phenomenon. They highlight how their sexual practices too are constantly evolving and changing a scenario which therefore begs for literature and studies that keep abreast with these changes to sexual practices among Black African women at universities or institutions of higher learning and education. Most importantly, the respondents brought to the fore the evolution of the Black African woman as a sexual being.

Similarly, Skafté and Silberschmidt (2014, p. 2) demonstrate fluidity to sexual agency and consent. In their study on practices that enhance sexual pleasure among Rwandan women (labia elongation), the findings show that the women “embarked on a deliberate strategy to participate in decision-making in terms of safer sexual practices and access to material resources.” Furthermore, the findings highlight the interplay of “female sexual pleasure, gendered power and safer sexual practices” (Skafté & Silberschmidt, 2014, p. 2). They embarked on an exploration of some of the ways through which Black African women exercised their agency simultaneously constructing their feminine identities. However, due to the social construction that influences their realities, women often find themselves having to comply with existing gender notions even though they may be repressive. Admittedly, though, women do display sexual agency by taking charge of their sexual desires (Shefer & Foster, 2001) and heeding to suggestions of “sexual agency being multi-dimensional and women being more sexually

agentic” (Lesch & Adams, 2016, p.1092). It suffices to mention the discomfort exhibited by women when articulating sexual experiences, as highlighted in many studies on youth sexuality.

This study was no exception, as participants often needed much probing and encouragement to engage them continuously. This could be due to conversations and sexual activities being shrouded in secrecy and the ways in which sex has been socially constructed. In a study by Lesch and Adams (2016), the male participants contended that in sexual encounters, “women’s preferences of desires regarding the frequency of sex were accepted and respected by their male partners.” This could have been a combination of the facilitation of female sexual expression and agency as the women were further noted to have occasionally suggested sexual activities.

5.6. Conclusion

This chapter highlighted the creativity demonstrated by Black African women in the negotiation of male circumcision among uncircumcised men. It highlighted some of the provisions women were willing to make in order to be more accommodative of uncircumcised sexual partners, and simultaneously the limits to these provisions were also discussed. Moreover, the study unraveled the Black African women’s rejection of notions suggesting that their intimate relationships are predominantly characterised by pain, suffering and objectification. In reality, they presented instances where love and romance were characteristic of intimate sexual encounters. The women further demonstrated their expanded understanding of male circumcision and the sexualities and masculinities of circumcised and uncircumcised men as they delineated the difference between the inherent attitudes and characteristics of these two groups of men.

Moreover, this chapter fore-grounded the continued struggle Black African university women still have to put up as they assert their sexualities. This is evidenced by some of the contradictions presented in their narratives. The nature of mutual sexual satisfaction was also unearthed as the participants expressed their preferences between circumcised and uncircumcised sexual partners. The study showed which one between the two was not only interested in the achievement of mutual sexual gratification and most importantly, the extent to which each of these two groups was able to realise their intended goal in their fulfilment of sexual expectations. It finally revealed that the sexual behaviours and practices of Black African women in relation to sexual consent necessitate a deeper inquiry into, for example,

how consent is constructed among Black African university women. The study was then able to establish that not all young amaZulu women conform to sexual norms and traditions prescribed culturally and socially. They conceptualise their sexualities which transcend the socially constructed norms; thus, defying traditional and normative social constructions of relations and sexual scripts.

Much of the literature that investigates the sexualities of Black African women in the African context characterises this brand of sexuality as serving purposes of male gratification and the fulfilment of masculine ideals. Therefore, a woman is culturally subject to sexual exploitation and objectification. Furthermore, African women are presented as being complacent in this regard, often basing their sexual pleasure on their ability to sexually gratify the men. However, the Black African women in this study, specifically in this chapter, narrate sexual episodes portraying women as asserting that the sexual experience between a man and a woman should be mutually satisfying. Even though the women cite instances of a certain type of man indeed concerned with his own personal fulfilment, they in no way, regard this as unacceptable as they describe these men with much negativity and criticism. According to Amadiume (2006), 'this is not the whole story' detailing the nature of Black sexuality that is characterised by pain and indignity. There are stories capturing women who have a great appreciation for sexually gratifying experiences and encounters with men. The experiences of these women were presented in this chapter.

The chapter also brought to light how sexual consent is subject to individual interpretation as the bundling of selected factors as exclusively constituting consent is often accompanied by negative consequences. This is particularly true about South Africa, which is the rape capital and which has the most reported cases of rape in the world, and this illustrates how exactly this could be the case. It is possible that in relationships in this setting, sexual consent is not necessarily valued, or it is simply misunderstood. In the study, women demonstrated that sexual consent is relative and subject to individual interpretation and consequently, if communication between two partners relating to consent is not properly conducted, it can easily be understood and interpreted as rape.

CHAPTER 6: CONCLUSION

6.1 Summary

6.1.1 Knowledge and perceptions of male circumcision

Bearing in mind the fact that male circumcision was merely the context in which the study found itself, it, therefore, became imperative to acquire an in-depth understanding of the sexualities of young Black African women. Nevertheless, the research found that the participants had a fair degree of sexual experience and therefore, the relevant knowledge. What enabled them to participate and engage in the study was the assumption that they could potentially proffer valuable contributions to the study. When asked what her perceptions on male circumcision were, Phindile expressed the sentiment that: *“a lot of women get pleasure from a penis that is circumcised compared to the one that isn’t circumcised”*. Thus, she expresses not just her perception of male circumcision, but its sexual relevance applies to her and a lot of other Black women.

The study also unveiled that the perceptions that Black African women held relative to male circumcision were a major influence when it came to their sexual decision-making. For instance, Nomasonto stated that her preference for male circumcision was influenced particularly by the fact that she enjoys sex with a circumcised man as she says: *“It basically makes me choose to prefer those that are circumcised due to the fact that I will enjoy sex.”* The majority of the participants perceived circumcised men as mature and as having an attractive muscular appeal. This is precisely the case for Thobile who stated that: *“Circumcised men represent masculinity as a whole and circumcision gives them the image of being more of a real man, manly man.”*

All the participants had experienced sexual intercourse with at least one uncircumcised man and for various reasons, never tried to have sex with another uncircumcised man. One of those preventative reasons is the resultant sexual dissatisfaction the women experienced with uncircumcised men on the one hand and the gratifying sexual encounter they experienced with circumcised men on the other. The participants were all currently in sexual relationships with circumcised men and were very much content and equally unwilling to compromise their hard-line positions regarding their preference for circumcised sexual partners. Phindile confirms this, thus: *“No, I had a bad experience with the first two people who were not circumcised and*

decided then and there that I was no longer entertaining guys who are uncircumcised,” However, those who stated their willingness to make provisional compromises indicated that they were motivated by love, but they compromised on condition that circumcision would at least be negotiated between them and their male sexual partners.

The study was presented within the context of a discourse of sexually opinionated and sexually active participants who were able to demonstrate their sexual knowledge and experiences as well as sexual expertise despite constructions within amaZulu traditions which view sex as exclusively confined to marriage whose sole purpose is procreation. Moreover, when it comes to women preferring a circumcised man within the context of health, the participants were well educated. First and foremost, they understood that mere circumcision does not mean that a man will not contract HIV if he is exposed to the virus. They, however, knew that it was easier to wash and clean a circumcised penis, thereby lessening bacteria and reducing the chances of contracting infections. Nomvula asserted that: *“if they are uncircumcised, it’s easy for their penis to contain bacteria and so forth. So, I think it’s healthier for us as women as well.”*

Furthermore, the participants were able to link male circumcision and its relativity to their personal health. Nomasonto, Fikile, Thobile and Nomathemba all noted their protection from cervical cancer when they have sex with circumcised men. Male circumcision is being advanced primarily for its ability to reduce HIV, and the women in the study had an extensive understanding of the relationship between male circumcision and the HIV epidemic, with Phindile and Naledi stating the precise percentages. Naledi specifically noted that there is still a 40% chance of circumcised men contracting HIV; Phindile reported that circumcised men have 60% protection from HIV.

6.1.2 Experiences and perceptions of male circumcision

The majority of the women in the study correlated the lack of circumcision with a reduction in their sexual enjoyment, citing the foreskin as a massive hindrance and that the dirt trapped inside it tended to have a repulsive smell. Therefore, they were unable to engage in mutually satisfying oral sex. As a result, sexual exploration and experimentation were limited, with Nomathemba contending that: *“with the circumcised one you can explore with oral sex”*. The study participants were very decisive when it came to what they would and would not do sexually, and they remained adamant in safeguarding their positions. This was demonstrated

by Nomathemba, who states that: *“oral sex with an uncircumcised man is something I would never do, even on my death bed, I would never.”*

For the most part, the participants were not in the least coy in the expression of their sexualities and the practices that promoted sexual pleasure which can in no way be considered conservative or repressed. Nomvula says that: *“for a person who’s is circumcised you can even get addicted to doing the blow job.”* apparently expressing much sexual freedom and liberalism. Furthermore, the women in the study exhibited distinct sexual appeals and attractions when it came to men who were either circumcised or uncircumcised. These could have been a result of having defied cultural and traditional discourses on sexual abstinence before marriage or more directly, the adoption and integration of the aspects of sexual culture existing within institutions of higher learning and education, a culture which is essentially exploratory and adventurous by nature.

Nomvula attests to the durability of the circumcised men’s erection, stating, thus: *“he is circumcised, and another thing about circumcised men is that the sex lasts longer and, it fulfils the purpose if I can say like that.”* Nomasonto, on the other hand, expresses sentiments that are similar to what all the other participants had said. She asserts that: *“he is circumcised and I’m getting the things. Since he is circumcised, he knows how to do the thing (sic). He has good sexual pleasure skills, and he is pressing all the rights buttons at the right time.”*

In the context of sexual pleasure, some participants preferred a circumcised penis because *“it arouses faster”* and that the foreskin on the uncircumcised penis makes it look bigger than it actually is, thus presenting an element of deception. Furthermore, circumcised men were perceived as providing mental stimulation as Nonhlanhla says: *“the fact that I already know that he is circumcised, so it’s just a turn-on and gets you in the mood.”* The participants in the study had a rather negative perception of uncircumcised men whom they see as riddled with disease and dirt and the women expressed great discomfort at the thought of having to engage in sexual intercourse with them. Even though frequent and quick orgasms were specifically attributed to circumcised men, the truth of the matter is that perceptions are not always representative of reality. The assumption that an uncircumcised man is potentially HIV positive does not mean that he really is, and conversely, the mere fact that a man is circumcised does not mean he is not HIV positive or immune to the virus just by virtue of having undergone the circumcision procedure.

Furthermore, even though health and sexual pleasure were competing discourses when it came to reasons why women preferred circumcised men, the women chose their health. To this end, Nomathemba boldly stated that: *“let me tell you, that what comes first it is protecting myself and then the pleasure, sisi (sister) I have to live long to get more if I compromise my health, then I’m done, you see. So, yeah health first then we talk about pleasure.”* Even though the participants claimed to prioritise their health over sexual enjoyment, when an enquiry was made into their condom use habits, they presented glaring contradictions as their sex lives were characterised by inconsistent condom use and complete non-condom use. This seemed somewhat risky, particularly when they claimed that circumcised men did not really fare well with condoms as they experienced premature ejaculation, making sexual intercourse shorter. This was an unbearable sacrifice for these women even though they had said that their health came first. Condoms were being used ‘often’; ‘normally’; ‘in the first round’; in the ‘majority of the times’; ‘occasionally’, but without a single ‘*always*’ raises questions about demonstrating their commitment to good health.

6.1.3 Sexual agency, romance and intimacy of Black African women

The study demonstrated women’s willingness to assume the leadership role in encouraging uncircumcised sexual partners to get circumcised. However, all the participants were currently in committed relationships with circumcised men and had casual sex and non-committal relations. Given this hypothetical dilemma, the participants stated that, undoubtedly, they would encourage their partners to get circumcised. However, they noted that this would have to be approached with much caution so as to avoid bruising the man’s ego as well as challenging his masculinity as this could end quite tragically for the woman also. The strategies of encouragement varied in creativity, and the likelihood for their success also varied. Fikile mentioned that she would: *“show him that circumcision upgrade advert on TV and subtly suggest he do the same.”* The overall motivating reason that the participants cited was that male circumcision improved sexual health for both partners.

Nomvula reported experiencing uncontained excitement during foreplay with the circumcised partner. She claimed that: *“You know when he is rubbing his penis in your vagina, oh my God!”* For Nomathemba, foreplay involved sensual and romantic music; dimmed lights; touching and kissing each other. Regarding uncircumcised men, she mentions that: *“now that’s when it doesn’t fit with the uncircumcised one because he has got some problems down there.”* For Naledi, circumcised guys were romantic, patient and foreplay with them was lengthy (just as

she would like). The participants did, however, note that there was little or no correlation between male circumcision and a man's ability to seek consent prior to sexual intercourse and that the uncircumcised men were credited for the effort they made in trying to please their partners, sexually. However, their shortfalls were equally noted, as Nomvula mentions that: *“even those who are circumcised they still want to please as well, it's just that they are not circumcised.”*

For Nomasonto, uncircumcised men supposedly acknowledge their inferiority to circumcised men as they tend to accept whatever sexual favours are offered to them without negotiating for more. However, Thobile viewed them as egotistic and conceited. She is quoted as saying: *“it's all about them you just want to please them quickly so they can get out of your way and stuff.”* For the most part, the majority of the respondents agreed that whether a guy was circumcised or did not really affect his ability to express affection, intimacy, love and romance and most importantly, respect through seeking permission and consent prior to engaging in sexual intercourse with a woman. The issue of sexual consent, however, was relative to the individual nature of the person. This was mentioned by four participants: Naledi, Nomathemba, Phindile and Naledi.

6.2 Theoretical Approach

6.2.1 Social Constructionism

Burr (1995, p.63) postulates that: “Constructions arise not from people attempting to communicate supposed internal states (such as feelings, desires, attitudes, beliefs and so on which emanate from their personality) but from their attempts to bring off a representation of themselves or the world that has liberating, legitimating or otherwise positive effects for them.” From this postulation, the study gathers that even though female sexuality is socially constructed, women naturally had the innate desire to sexually express themselves in a manner which made sense to them and not in a form of expression riddled with conflicting discourses. The university environment presented ideal conditions for them to realise the possibility of change, thus their efforts to critically engage with the rhetorics constructing their realities. Subsequently, they consciously chose not only to defy but also to alter these to best suit their needs. To this end, Burr (1995, p. 65) further contends that: “change is possible through “opening up; marginalised and repressed discourse,” which essentially, is what the female participants in the study did.

6.2.2 African Feminism

According to Chukwuma (2006, p.1), an African feminism thinker, “Socio-cultural norms and religious beliefs (such as virginity testing, female chastity, occult sexuality, taboos around polyandry and so on) constitute the screws that keep the clamps of sexual repression firmly in place.” The renowned feminist further contends that: “one of the most efficient ways that patriarchy uses sexuality as a tool to create and sustain gender hierarchy in African societies is by enshrouding it in secrecy and taboos” (Chukwama, 2006, p. 1). From this perspective, the study revealed that sexualities of African women have been subjected to much debate and scrutiny through being heavily policed (even by women) to serve patriarchal scripts and to ensure that African women ‘understand’ their sexual struggles through comparison with none other than their own. Lewis (2001, p. 6) postulates that: “African women’s official identities frequently challenge the myths and stereotypes linked to western notions of femininity.”

6.3. Limitations of the Study

6.3.1 Methodological limitations

Tamale (2011, p. 45) contends that African feminist-based and Black African sexuality - focused research “is likely to engage you in difficult and unpredictable ways.” This is absolutely true in the context of this study as the researcher had encountered many challenges during the research. The first challenge presented by the methodology utilised in this study was its use of a small group of participants, and therefore the findings cannot be generalised to the wider public. The sample cannot and of course does not claim to be inclusive or representative of all Black African women of amaZulu ethnic origin in the university. The second methodological short-coming limiting this study was its lack of foresight as it failed to foresee the need to expand the data collection methodology to include focus group discussions among the interviewed participants. This is particularly true as participants’ views and narratives, for the most part, appeared to be externally sourced and influenced by peers and mass media. Therefore, the use of focus group discussions would have facilitated the ability for the study to establish the extent to which contentions were a result of peer and media influence and the observation of how Black African women communicated and expressed sexual sentiments as a collective entity. However, in defence of the study’s inability to make prior provisions for

focused group discussions, it was the researcher's initial assumption that the respondents would be uncomfortable discussing such intimate matters in a group that includes strangers, as suggested by Tamale (2011, p. 45) that: "sex is a taboo subject. Therefore, it is difficult to get people to talk and engage due to coyness, discomfort, stigma, etc."

The study also notes that even though it had not been its intention to incorporate a very large number of participants, the overall turnout could have been improved had the snowball method been used more successfully in recruiting participants. In defence of the recruitment method used, the researcher had initially considered this recruiting method, but then almost immediately dismissed it as it had become necessary to engage with the participants one-on-one for an extended period before the commencement of the interview in order to secure their trust and confidence so that they could open up easily and give rich and detailed narratives. This dovetails with Tamale's (2011, p. 45) observation, that: "Developing rapport with research participants: participants may feel threatened to relate or put down something so private/personal. What if they are exposed, and it hurts them?"

In hindsight-the overall research experience was a huge learning curve and the mistakes and challenges encountered along the way are a stepping stone which not only presents learning experiences for the researcher, but future research could draw lessons from these experiences and therefore evade the same mistakes in conducting similar or related studies. Nonetheless, the qualitative nature and the quality of the data obtained from the small sample community made up for the limitations on the number of respondents recruited.

6.3.2 Limitations in literature

When it comes to the literature that reinforces a positive notion of Black African sexuality, the researcher encountered numerous obstacles in locating these pieces of literature. Even though there were a few 'here and there', few focused specifically on the sexualities of Black African women (eg. Skafte and Silberschmidt 2018). A number of studies investigating the perceptions of women on sexual pleasure and preferences in relation to male circumcision are Eurocentric, American and Canadian-based (O'Hara & O'Hara, 1999; Frisch et al., 2011; William & Williamson, 1988). The studies which were located within the African context were limited in that the interpretation of findings obtained from Black African women were merged with those of their sexual partners and the interviews were inclusive of female and male partners, which raised the question of whether women had been able to offer full insights given the fact that

the presence of their partners could have influenced these perceptions in order to conform to a particular male-dominated discourse. Further, African-based studies on this topic were often rooted in the need to fulfil funded or sponsored health objectives; thus, the specific focus was not the need to understand the sexualities of Black African women in the context of male circumcision.

Further research

New literature ought to focus more on healthy and highly functional relationships in which women are respected and where they are able to experience sexual fulfilment, intimacy and love. This paradigm shift should seek to challenge traditional discourses which often paint heterosexual relationships as bringing great pain to women. Bhana & Pattman (2011, p. 963) contend that: “Sexualities are not just about domination, danger and disease... but also about the effect and ideals of love.”

In the study, the female participants expressed their preference for unprotected sex, particularly with circumcised men because they regarded it as more potent and enjoyable. However, current studies mostly focus on behaviour- disinhibition among men, but significantly sidelining the same tendencies among women. This will instigate the reinvestigation of narratives of women as mere victims of toxic constructions that are centred on masculinity and male dominance which tend to stifle women’s sexual agency.

Conclusion

The study revealed that amaZulu women, as sexual beings, remained little understood, owing to structural constructs which are bent on suppressing their sexualities. However, it also divulged that these structures were challengeable in the university setting as women were highly opinionated, knowledgeable and experienced when it came to sexual matters. The study also unveiled the ways in which these women asserted their sexualities through exercising sexual agency in their sexual choices and decision-making (choosing circumcised men over uncircumcised ones). Surprisingly, women had a nuanced conceptualisation and understanding of male circumcision, its general benefits and its health-related benefits which were specific to them.

The research study was underpinned by a qualitative approach, and the research design was exploratory in nature. The theoretical frameworks that guided the study were the Social Constructionism Theory and the Theory of African Feminism. A qualitative data collection method was adopted, comprising the semi-structured, in-depth individual interviews. These assisted the study in exploring and understanding the perceptions of sexual pleasure as elicited from the narratives of young Black African women in university within the context of male circumcision. The interviews were conducted in a place (university campus residence) which was most convenient and easily accessible to the research participants. A total of eight (n=8) participants were purposively sampled for the study (as highlighted in methodology). The study participants were between the ages of 18-25 and had had sexual encounters with both circumcised and uncircumcised men.

The study argues that it is a fallacy to assume that amaZulu women are sexually reserved and lack knowledge on and understanding of male circumcision which were prerequisites for participating in the study. Furthermore, the study challenged the notion that young amaZulu women within institutions of higher learning and education struggled to establish stable sexual identities owing to the differences in terms of cultural contexts between home and the university. The perception that amaZulu women do not know how to assert their sexualities because their communities and families restrict conversations about sex (as sex is forbidden prior to marriage) too was negated. Lastly, the study dismissed as false any mentioning of amaZulu women as being limited in their ability to delineate connections between their sexualities and male circumcision as their extensive and comprehensive understanding was evident in their narrations. Overall, the participants can be seen as challenging the narratives, which perceived their sexualities as being non-existent, conflicted and characterised by painful experiences. They demonstrated the various ways in which social barriers which threatened to compromise their sexuality could be disregarded.

REFERENCES

- Adams, A., & Moyer, E. (2015). Sex is never the same: Men's perspectives on refusing circumcision from an in-depth qualitative study in Kwaluseni, Swaziland. *Global Public Health, 10*(5–6), 721–738. <https://doi.org/10.1080/17441692.2015.1004356>
- Aggleton, P. (2007). Roundtable: “Just a Snip”? A Social History of Male Circumcision. *Reproductive Health Matters, 15*(29), 15–21. [https://doi.org/10.1016/S0968-8080\(07\)29303-6](https://doi.org/10.1016/S0968-8080(07)29303-6)
- Ahikire, J. (2006). African Feminism in Context: Reflections on the Legitimation Battles, Victories and Reversals. *Feminist Africa, 2014* (19): 7-23.
- Ajidahun, B. O. (2017). Sexual Promiscuity and Health Issues among Female Undergraduate Students in Adekunle Ajasin University: Counselling Implications. *Mediterranean Journal of Social Sciences, 8*(6), 117–122. <https://doi.org/10.1515/mjss-2017-0048>
- Akintola, O., Ngubane, L., & Makhaba, L. (2012, January). “I did it for him, not for me”: An exploratory study of factors influencing sexual debut among female university students in Durban, South Africa. *Journal of Health Psychology, Vol. 17*, pp. 143–153. <https://doi.org/10.1177/1359105311410512>
- Allan, J. A. (2018). The Foreskin Aesthetic or Ugliness Reconsidered. Men and Masculinities. <https://doi.org/10.1177/1097184X17753038>
- Amadiume, I. (2006). Sexuality, African Religio-Cultural Traditions and Modernity: Expanding the Lens. *CODESRIA Bulletin 1*, 26–28.
- Anderson, L. (2006). Analytic Auto ethnography. *Journal of Contemporary Ethnography, 35*(4), 373–395. <https://doi.org/10.1177/0891241605280449>

Andrews, T. (2012). What is social constructionism: *Grounded theory review*, 11 (1), 39-46.

Auvert, B., Sobngwi-Tambekou, J., Cutler, E., Nieuwoudt, M., Lissouba, P., Puren, A., & Taljaard, D. (2009). Effect of Male Circumcision on the Prevalence of High-Risk Human Papillomavirus in Young Men: Results of a Randomized Controlled Trial Conducted in Orange Farm, South Africa. *Journal of Infectious Diseases*, 199(1), 14–19.
<https://doi.org/10.1086/595566>

Auvert, B., Taljaard, D., Lagarde, E., Sobngwi-Tambekou, J., Sitta, R., & Puren, A. (2005). Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial. *PLoS Medicine*, 2(11), 1112–1122.
<https://doi.org/10.1371/journal.pmed.0020298>

Babbie, E. and Mouton, J. (2001). *The Practice of Social Research*, 6th (ed), Cape Town: Oxford University Press.

Bailey, R. C., Muga, R., Poulussen, R., & Abicht, H. (2002). The acceptability of male circumcision to reduce HIV infections in Nyanza Province, Kenya. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 14(1), 27–40.
<https://doi.org/10.1080/09540120220097919>

Bailey, Robert C., Moses, S., Parker, C. B., Agot, K., Maclean, I., Krieger, J. N., ... Ndinya-Achola, J. O. (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *Lancet*, 369(9562), 643–656.
[https://doi.org/10.1016/S0140-6736\(07\)60312-2](https://doi.org/10.1016/S0140-6736(07)60312-2)

Bensley, G. A., & Boyle, G. J. (2003). Effects of male circumcision on female arousal and orgasm [5]. *New Zealand Medical Journal*, 116(1181).

Berger, P. and Luckmann, T. (1966) *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Doubleday & Company, New York.

Berger, P. & Luckmann, T. (1991). *The social construction of reality*. London: Penguin Books.

Bhana, D., & Pattman, R. (2011). Girls want money, boys want virgins: The materiality of love amongst South African township youth in the context of HIV and AIDS. *Culture, Health and Sexuality*, 13(8), 961–972. <https://doi.org/10.1080/13691058.2011.576770>

Bossio, J. A., Pukall, C. F., & Bartley, K. (2015). You either have it or you don't: The impact of male circumcision status on sexual partners. *Canadian Journal of Human Sexuality*, 24(2), 104–119. <https://doi.org/10.3138/cjhs.242-A2>

Bronselaer, G. A, J. M. Schober, H. F. L. Meyer-Bahlburg, G. T'sjoen, R. Vlietinck, and P. B. Hoebeke. 2013. "Male Circumcision Decreases Penile Sensitivity as Measured in a Large Cohort." *BJU International* 111 (5): 820–827.

Bryman, A., Bresnen, M., Beardsworth, & Keil, T. (1988). Qualitative Research and the Study of Leadership. *Human Relations*, 41(1), 13–29. <https://doi.org/10.1177/001872678804100102>

Bryman, A. (2012). *Social Research Method*, 4th ed. United States: Oxford University Press Inc.

Burr, V. (1995). *An Introduction to Social Constructionism*. London and New York: Taylor and Francis e-Library

Burr, V. (2015) *Social Constructionism*. Third edition. London: Routledge.

Buthelezi, T. (2006). 'The One Who Has Eaten It, Has Only Eaten a Part': Exploring Traditional Zulu Premarital Sexual Practices. *Sexuality in Africa Magazine*. 3(2), 3-5

Centers for Disease Control and Prevention. (2012). *Male Circumcision Fact Sheet*. (Mmc). Retrieved from <http://www.cdc.gov/hiv/malecircumcision/pdf/malecircumcision.pdf>

Chanda, C., Likwa-ndonyo, R., Nzala, S., & Mweemba, O. (2012). Perceptions and Beliefs of University and College Students Towards Male Circumcision in Lusaka. *Perceptions and Beliefs of University and College Students Towards Male Circumcision in Lusaka*, 39(1), 27–32.

Chetty-Makkan, C. M., Grund, J. M., Munyai, R., Gadla, V., Chihota, V., Maraisane, M., & Charalambous, S. (2019). “To speak or not to speak”: A qualitative analysis on the attitude and willingness of women to start conversations about voluntary medical male circumcision with their partners in a peri-urban area, South Africa. *PLoS ONE*, 14(1), 1–11. <https://doi.org/10.1371/journal.pone.0210480>

Closson, K., Dietrich, J. J., Lachowsky, N. J., Nkala, B., Palmer, A., Cui, Z., Kaida, A. (2018). Sexual Self-Efficacy and Gender: A Review of Condom Use and Sexual Negotiation Among Young Men and Women in Sub-Saharan Africa. *Journal of Sex Research*, 55(4–5), 522–539. <https://doi.org/10.1080/00224499.2017.1421607>

Chambers, W. C. (2007). Oral sex: Varied behaviors and perceptions in a college population. *Journal of Sex Research*, 44, 28–42. doi:10.1207/s15598519jsr4401_4

Cohen, L., Manion, L., & Morrison, K. (2011). *Research Methods in Education* (7th ed.). London: Routledge.

Crouch, M & McKenzie, H. (2006). The logic of small samples in interview-based. *Social Science Information Sur Les Sciences Sociales - SOC SCI INFORM.* 45. 483-499. 10.1177/0539018406069584.

Conrad, P. & Barker, K. (2010). The Social Construction of Illness: Key Insights and Policy Implications. *Journal of Health and Social Behavior*, 51(S):67-79.

Daluxolongidi, N., Moyo, S., Zulu, T., Khatoonadam, J., & Naidu Krishna, S. B. (2016). Qualitative evaluation of selected social factors that impact sexual risk-taking behaviour among african students in Kwazulu-Natal, South Africa. *Sahara J*, 13(1), 96–105. <https://doi.org/10.1080/17290376.2016.1218792>

Darby, R., & Svoboda, J. S. (2007). A Rose by Any Other Name? Rethinking the Similarities and Differences between Male and Female Genital Cutting. *Medical Anthropology Quarterly*, 21(3), 301–323. <https://doi.org/10.1525/maq.2007.21.3.301>

De Bruyn, M. (2006). *Women, Reproductive Rights, and HIV/AIDS: Issues on Which Research and Interventions are Still Needed.*

DJ, V. (2018). Male circumcision and HIV: Non-blindedness and biases in RCTs; female preferences; penile sensitivity, satisfaction and ambient stimulation; risk compensation;

acceptance of insufficient condom use and personal hygiene and related externalities. TT -. *Global Journal of Medicine and Public Health*, 7(1), 29 p. Retrieved from <http://www.gjmedph.com/uploads/R2-Vo7No1.pdf>

Earp, B. D. (2015). Sex and Circumcision. *American Journal of Bioethics*, Vol. 15, pp. 43–45. <https://doi.org/10.1080/15265161.2014.991000>

Fleming, P. J., Barrington, C., Pearce, L. D., Lerebours, L., Donastorg, Y., & Brito, M. O. (2017). “I Feel Like More of a Man”: A Mixed Methods Study of Masculinity, Sexual Performance, and Circumcision for HIV Prevention. *Journal of Sex Research*, 54(1), 42–54. <https://doi.org/10.1080/00224499.2015.1137539>

Friedman, B., Khoury, J., Petersiel, N., Yahalomi, T., Paul, M., & Neuberger, A. (2016). Pros and cons of circumcision: an evidence-based overview. *Clinical Microbiology and Infection*, Vol. 22, pp. 768–774. <https://doi.org/10.1016/j.cmi.2016.07.030>

Frisch, M., Lindholm, M., & Grønbaek, M. (2011). Male circumcision and sexual function in men and women: A survey-based, cross-sectional study in Denmark. *International Journal of Epidemiology*, 40(5), 1367–1381. <https://doi.org/10.1093/ije/dyr104>

Froneman, S., & Kapp, P. A. (2017). An exploration of the knowledge, attitudes and beliefs of Xhosa men concerning traditional circumcision. *African Journal of Primary Health Care and Family Medicine*, 9(1), 1–8. <https://doi.org/10.4102/phcfm.v9i1.1454>

Ganczak, M., Korzeń, M., & Olszewski, M. (2017). Attitudes, beliefs and predictors of male circumcision promotion among medical university students in a traditionally non-circumcising region. *International Journal of Environmental Research and Public Health*, 14(10). <https://doi.org/10.3390/ijerph14101097>

Gbowee, L. (2011). *Mighty Be Our Powers: How Sisterhood, Prayer and Sex Changed a Nation at War*. New York: Beast Books

Gergen, K. J. (1999). Agency: Social Construction and Relational Action. *Theory & Psychology*, 9(1), 113–115. <https://doi.org/10.1177/0959354399091007>

Goredema, R. (2010). African Feminism: *The African Woman's Struggle for Identity*. *African Yearbook of Rhetoric*, 1: 33-41.

Gray, R. H., Kigozi, G., Serwadda, D., Makumbi, F., Watya, S., Nalugoda, F., Wawer, M. J. (2007). Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *Lancet*, 369(9562), 657–666. [https://doi.org/10.1016/S0140-6736\(07\)60313-4](https://doi.org/10.1016/S0140-6736(07)60313-4)

Greeff, M. (2002). Information collection: interviewing In: De Vos (ed.) *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik.

Grund, J. M., Bryant, T. S., Jackson, I., Curran, K., Bock, N., Toledo, C., ... Davis, S. M. (2017). Association between male circumcision and women's biomedical health outcomes: a systematic review. *The Lancet Global Health*, 5(11), e1113–e1122. [https://doi.org/10.1016/S2214-109X\(17\)30369-8](https://doi.org/10.1016/S2214-109X(17)30369-8)

Hallett, T. B., Singh, K., Smith, J. A., White, R. G., Abu-Raddad, L. J., & Garnett, G. P. (2008). Understanding the impact of male circumcision interventions on the spread of HIV in southern Africa. *PLoS ONE*, 3(5). <https://doi.org/10.1371/journal.pone.0002212>

Hankins, C. (2007). Roundtable: Male Circumcision: Implications for Women as Sexual Partners and Parents. *Reproductive Health Matters*, Vol. 15, pp. 62–67.
[https://doi.org/10.1016/S0968-8080\(07\)29311-5](https://doi.org/10.1016/S0968-8080(07)29311-5)

Hancock, B., Ockleford, E. and Windridge, K. (2009). An Introduction to Qualitative Research. (online), accessed 20 July 2018.https://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/5_Introduction-to-qualitative-research-2009.pdf.

Hargreave, T. (2010). Male circumcision: Towards a World Health Organisation normative practice in resource limited settings. *Asian Journal of Andrology*, 12(5), 628–638.
<https://doi.org/10.1038/aja.2010.59>

Harrison, A. (2008). Hidden Love: Sexual ideologies and relationship ideals among rural South African adolescents in the context of HIV/AIDS. *Culture, Health and Sexuality*, 10(2), 175–189. <https://doi.org/10.1080/13691050701775068>

Humphries, H., van Rooyen, H., Knight, L., Barnabas, R., & Celum, C. (2015). ‘If you are circumcised, you are the best’: understandings and perceptions of voluntary medical male circumcision among men from KwaZulu-Natal, South Africa. *Culture, Health and Sexuality*, 17(7), 920–931. <https://doi.org/10.1080/13691058.2014.992045>

Hunter, M. (2010). Love in the time of AIDS: Inequality gender, and rights in South Africa. In *Love in the Time of AIDS: Inequality Gender, and Rights in South Africa*.
<https://doi.org/10.1136/sextrans-2011-050169>

Imam, A. (1997). Engendering African Social Sciences: An Introductory Essay Engendering African Social Sciences. Dakar: CODESRIA.

Jeofrey, M., Zivanai, S., & Gwendoline, S. (2013). Attitude of Midlands State University Students towards Male Circumcision as A Way of Reducing Hiv Transmission. In *IOSR Journal Of Humanities And Social Science (IOSR-JHSS)* (Vol. 16). Retrieved from www.Iosrjournals.Org

Jewkes, R., & Morrell, R. (2012). Sexuality and the limits of agency among South African teenage women: Theorising femininities and their connections to HIV risk practises. *Social Science and Medicine*, 74(11), 1729–1737. <https://doi.org/10.1016/j.socscimed.2011.05.020>

Kanda, L., & Mash, R. (2018). Reasons for inconsistent condom use by young adults in Mahalapye, Botswana. *African Journal of Primary Health Care and Family Medicine*, 10(1), 1–7. <https://doi.org/10.4102/phcfm.v10i1.1492>

Karandashev, V. (2015). Karandashev 2015 Cultural Perspective on Love. *Online Readings in Psychology and Culture*, 5(4), 1–21. <https://doi.org/10.9707/2307-0919.1135>

Kaufman, M. R., Dam, K. H., Sharma, K., Van Lith, L. M., Hatzold, K., Marcell, A. V., ... Tobian, A. A. R. (2018). Females' Peer Influence and Support for Adolescent Males Receiving Voluntary Medical Male Circumcision Services. *Clinical Infectious Diseases*, 66(Suppl 3), S183–S188. <https://doi.org/10.1093/cid/cix1057>

Kaufman, M. R., Shefer, T., Crawford, M., Simbayi, L. C., & Kalichman, S. C. (2008). Gender attitudes, sexual power, HIV risk: A model for understanding HIV risk behavior of South African men. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 20(4), 434–441. <https://doi.org/10.1080/09540120701867057>

Kebaabetswe, P., Lockman, S., Mogwe, S., Mandevu, R., Thior, I., Essex, M., & Shapiro, R. L. (2003). Male circumcision: an acceptable strategy for HIV prevention in Botswana. *Sexually transmitted infections*, 79(3), 214–219.

<https://doi.org/10.1136/sti.79.3.214>

Khumalo, S. K. (2015) *Shortening the Foreskin: Probing Perceptions towards Medical Male Circumcision (MMC) and Traditional Male Circumcision among University of KwaZulu-Natal African Male Students* (Masters Dissertation) <https://doi.org/10.1111/an.1984.25.7.8.1>

Khumalo-Sakutukwa, G., Lane, T., van-Rooyen, H., Chingono, A., Humphries, H., Timbe, A., Morin, S. F. (2013). Understanding and addressing socio-cultural barriers to medical male circumcision in traditionally non-circumcising rural communities in sub-Saharan Africa. *Culture, Health and Sexuality*, Vol. 15, pp. 1085–1100.

<https://doi.org/10.1080/13691058.2013.807519>

Kigozi, G., Lukabwe, I., Kagaayi, J., Wawer, M. J., Nantume, B., Kigozi, G., ... Gray, R. H. (2009). Sexual satisfaction of women partners of circumcised men in a randomized trial of male circumcision in Rakai, Uganda. *BJU International*, 104(11), 1698–1701.

<https://doi.org/10.1111/j.1464-410X.2009.08683.x>

Larsen, J. (2010). “The Social Vagina: Labia Elongation and Social Capital among Women in Rwanda.” *Culture, Health & Sexuality* 12 (7): 813–826.

Lawal, T. A., & Olapade-Olaopa, E. O. (2017). Circumcision and its effects in Africa. *Translational Andrology and Urology*, 6(2), 149–157.

<https://doi.org/10.21037/tau.2016.12.02>

Layer, E. H., Beckham, S. W., Mgeni, L., Shembilu, C., Momburi, R. B., & Kennedy, C. E. (2013). “After my husband’s circumcision, I know that I am safe from diseases”: Women’s Attitudes and Risk Perceptions Towards Male Circumcision in Iringa, Tanzania. *PLoS ONE*, 8(8), 1–8. <https://doi.org/10.1371/journal.pone.0074391>

Leclerc-Madlala, S. (2002). On the virgin cleansing myth: gendered bodies, AIDS and ethnomedicine. *African Journal of AIDS Research*, 1(2), 87–95. <https://doi.org/10.2989/16085906.2002.9626548>

Lesch, E., & Adams, A. R. (2016). Sexual Intimacy Constructions of Heterosexual Couples Living in a Low-Income, “Colored,” Farmworker Community in South Africa. *Journal of Sex Research*, 53(9), 1082–1095. <https://doi.org/10.1080/00224499.2016.1144170>

Lewis, D. (2001). African feminisms, *Agenda*, 16:50, 410, DOI: [10.1080/10130950.2001.9675989](https://doi.org/10.1080/10130950.2001.9675989)

Machera, M. (2000). Domestic violence in Kenya: A survey of newspaper reports. In *Men, women and violence*, edited by Felicia Oyekanmi. Dakar, Senegal: CODESRIA.

MacPhail, C., & Campbell, C. (2001). “I think condoms are good but, aai, I hate those things”: Condom use among adolescents and young people in a Southern African township. *Social Science and Medicine*, 52(11), 1613–1627. [https://doi.org/10.1016/S0277-9536\(00\)00272-0](https://doi.org/10.1016/S0277-9536(00)00272-0)

Magodyo, T., Andipatin, M., & Jackson, K. (2017). The role of Xhosa traditional circumcision in constructing masculinity. *South African Journal of Psychology*, 47(3), 344–355. <https://doi.org/10.1177/0081246316678176>

Manerikar, V., & Manerikar, S. (2014). RESEARCH COMMUNICATION: A Note on Exploratory Research. *A Peer Reviewed Research Journal*, 17 (1), 95-96. Retrieved from http://www.welingkar.org/Corporates/pdfs/aWEshkar/march2014/aWEshkar_11_ResearchCommunication_VijayaManerikarNSumeetManerikar.pdf

Maposa, S., Muriuki, A. M., Moss, T., & Kpebo, D. (2016). Confronting Cultural Silencing of Women: Untold Stories of Abuse and HIV Risk in Young Women in Africa and the United States. *World Medical and Health Policy*, 8(3), 287–304.
<https://doi.org/10.1002/wmh3.196>

Maraux, B., Lissouba, P., Rain-Taljaard, R., Taljaard, D., Bouscaillou, J., Lewis, D., ... Auvert, B. (2017). Women's knowledge and perception of male circumcision before and after its roll-out in the South African township of Orange Farm from community-based cross-sectional surveys. *PLoS ONE*, 12(3). <https://doi.org/10.1371/journal.pone.0173595>

Masters W, Johnson V. Human Sexual Response. Boston, MA: Little Brown & Co 1966

Mavundla, T. R., Netswera, F. G., Toth, F., Bottoman, B., & Tenge, S. (2010). Mavundla. *Qualitative Health Research*, 20(7), 931–940.

Mcfadden, P. (2003). *Standpoint Sexual Pleasure as Feminist Choice*.

McIlveen, Peter & Schultheiss, Donna. (2012). Social constructionism in vocational psychology and career development.

Morris, B. J., & Hankins, C. A. (2017). Effect of male circumcision on risk of sexually transmitted infections and cervical cancer in women. *The Lancet Global Health*, 5(11), e1054–e1055. [https://doi.org/10.1016/S2214-109X\(17\)30386-8](https://doi.org/10.1016/S2214-109X(17)30386-8)

Morris, B. J., Hankins, C. A., Lumbers, E. R., Mindel, A., Klausner, J. D., Krieger, J. N., & Cox, G. (2019, June 1). Sex and Male Circumcision: Women's Preferences Across Different Cultures and Countries: A Systematic Review. *Sexual Medicine*, Vol. 7, pp. 145–161. <https://doi.org/10.1016/j.esxm.2019.03.003>

Moumouni, A., La, M. S., & Jinson, L. (2014). *Condoms Use Among Resident Students at the University*. 1(1), 1–6.

Mouton, J. & Marais, H.C. (1990). *Basic concepts in Methodology of Social Science*. H.S.R.C., Series in Methodology- H.S.R.C.

Mshana, G., Wambura, M., Mwanga, J., Mosha, J., Mosha, F., & Changalucha, J. (2011). Traditional male circumcision practices among the Kurya of North-eastern Tanzania and implications for national programmes. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 23(9), 1111–1116. <https://doi.org/10.1080/09540121.2011.554518>

Mukama, T., Ndejjo, R., Musinguzi, G., & Musoke, D. (2015). Perceptions about medical male circumcision and sexual behaviours of adults in rural Uganda: A cross sectional study. *Pan African Medical Journal*, 22. <https://doi.org/10.11604/pamj.2015.22.354.7125>

Mulwo, A. K., Tomaselli, K. G., & Dalrymple, L. (2009). Condom brands, perceptions of condom efficacy and HIV prevention among university students in KwaZulu-Natal, South Africa. In *African Journal of AIDS Research* (Vol. 8).

Mwashambwa, M. Y., Mwampagatwa, I. H., Rastegaev, A., & Gesase, A. P. (2013). The male circumcision: The oldest ancient procedure, its past, present and future roles. *Tanzania Journal of Health Research*, 15(3), 1–8. <https://doi.org/10.4314/thrb.v15i3.8>

Niang, C. I., & Boiro, H. (2007). Roundtable: “You Can Also Cut My Finger!”: Social Construction of Male Circumcision in West Africa, A Case Study of Senegal and Guinea-Bissau. *Reproductive Health Matters*, Vol. 15, pp. 22–32. [https://doi.org/10.1016/S0968-8080\(07\)29312-7](https://doi.org/10.1016/S0968-8080(07)29312-7)

Nkosi, M. (2008). Male circumcision as an HIV prevention strategy and implications for women’s sexual and reproductive health rights. *Agenda*, 14(75), 141–154. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,shib&db=awn&AN=612058&site=ehost-live%5Cnhttp://www.saafofost.org.za>

O’Hara, K., & O’Hara, J. (1999). The effect of male circumcision on the sexual enjoyment of the female partner. *BJU International, Supplement*, 83(1), 79–84. <https://doi.org/10.1046/j.1464-410x.1999.0830s1079.x>

O’Sullivan, L. F., Harrison, A., Morrell, R., Monroe-Wise, A., & Kubeka, M. (2006). Gender dynamics in the primary sexual relationships of young rural South African women and men. *Culture, Health and Sexuality*, 8(2), 99–113. <https://doi.org/10.1080/13691050600665048>

Oriel, J. (2005). Sexual pleasure as a human right: Harmful or helpful to women in the context of HIV/AIDS? *Women’s Studies International Forum*, 28(5), 392–404. <https://doi.org/10.1016/j.wsif.2005.05.002>

Ortblad, K. F., Bärnighausen, T., Chimbindi, N., Masters, S. H., Salomon, J. A., & Harling, G. (2018). Predictors of male circumcision incidence in a traditionally non-circumcising

South African population-based cohort. *PLoS ONE*, 13(12).

<https://doi.org/10.1371/journal.pone.0209172>

Osaki, H., Mshana, G., Wambura, M., Grund, J., Neke, N., Kuringe, E., ... Changalucha, J. (2015). "If You Are Not Circumcised, i Cannot Say Yes": The role of women in promoting the uptake of voluntary medical male circumcision in Tanzania. *PLoS ONE*, 10(9).

<https://doi.org/10.1371/journal.pone.0139009>

Patton, M. Q. (2001). *Qualitative evaluation and research methods*

(3rd ed). Thousand Oaks, CA: Sage Publications, Inc.

Peltzer, K., Nqeketo, A., Petros, G., & Kanta, X. (2008). Traditional circumcision during manhood initiation rituals in the Eastern Cape, South Africa: A pre-post intervention evaluation. *BMC Public Health*, 8. <https://doi.org/10.1186/1471-2458-8-64>

Peltzer, K., Onoya, D., Makonko, E., & Simbayi, L. (2014). Prevalence and acceptability of male circumcision in South Africa. *African Journal of Traditional, Complementary and Alternative Medicines*, 11(4), 126–130. <https://doi.org/10.4314/ajtcam.v11i4.19>

Prinstein, M. J., Meade, C. S., & Cohen, G. L. (2003). Adolescent oral sex, peer popularity, and perceptions of best friends' sexual behavior. *Journal of Pediatric Psychology*, 28, 243–249. doi:10.1093/jpepsy/jsg012

Pitts, M., & Smith, A. (2008). Understanding oral sex. *Sexual Health*, Vol. 5, pp. 315–316. <https://doi.org/10.1071/SH08031>

Riess, T. H., Achieng, M. M., & Bailey, R. C. (2014). Women's beliefs about male circumcision, HIV Prevention, and sexual behaviors in Kisumu, Kenya. *PLoS ONE*, 9(5). <https://doi.org/10.1371/journal.pone.0097748>

Ritchie, J & Jane Lewis (Hrsg.) (2003). *Qualitative Research Practice. A Guide for Social Science Students and Researchers*. London, Thousand Oaks and New Delhi: Sage

Rubin, A. and Babbie, E. (2013). *Essential research methods for social work*, (3rd edition). United State of America: Jon David Hague.

Salo, E. (2001). Talking about feminism in Africa. 10.1080/10130950.2001.9675993.

Scorgie, F. (2002). Virginty testing and the politics of sexual responsibility: Implications for AIDS intervention. *African Studies*, 61(1), 55–75. <https://doi.org/10.1080/00020180220140073>

Scott, B. E., Weiss, H. A., & Viljoen, J. I. (2005). The acceptability of male circumcision as an HIV intervention among a rural Zulu population, KwaZulu-Natal, South Africa. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 17(3), 304–313. <https://doi.org/10.1080/09540120412331299744>

Shai, N. J., Jewkes, R., Nduna, M., & Dunkle, K. (2012). Masculinities and condom use patterns among young rural South Africa men: A cross-sectional baseline survey. *BMC Public Health*, Vol. 12. <https://doi.org/10.1186/1471-2458-12-462>

Shank, G. (2002). *Qualitative Research: A Personal Skills Approach*. Merrill Prentice Hall, Upper Saddle River.

Shefer, T., & Foster, D. (2001). Discourses on women's (hetero)sexuality and desire in a South African local context. *Culture, Health and Sexuality*, 3(4), 375–390.

<https://doi.org/10.1080/136910501753184123>

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* 22 (2) 63-75.

Singh, R., & Mangat, N.S. (1996) *Elements of Survey Sampling*. Netherlands: Kluwer Publishers.

Skafté, I., & Silberschmidt, M. (2014). Female gratification, sexual power and safer sex: female sexuality as an empowering resource among women in Rwanda. *Culture, Health and Sexuality*, Vol. 16, pp. 1–13. <https://doi.org/10.1080/13691058.2013.815368>

Sofika, D., & van der Riet, M. (2017). 'I can tell that he's serious because uyandichekha': the reproduction of sexual vulnerability through scripted sexual practices. *Culture, Health and Sexuality*, 19(3), 308–322. <https://doi.org/10.1080/13691058.2016.1216168>

Statistics SA. (2018). *Census 2018: Primary Tables KwaZulu-Natal*. [Internet] Available at: <http://www.statssa.gov.za/census18/html/KZNPrimary.pdf>

Tamale, S. (2011). Researching and Theorizing Sexualities in Africa. *African Sexualities: A Reader*, 11–36.

Tarimo, E. A. M., Francis, J. M., Kakoko, D., Munseri, P., Bakari, M., & Sandstrom, E. (2012). The perceptions on male circumcision as a preventive measure against HIV infection and considerations in scaling up of the services: A qualitative study among police officers in Dar es Salaam, Tanzania. *BMC Public Health*, *12*(1). <https://doi.org/10.1186/1471-2458-12-529>

Terre Blanche, M., Durrheim, K. & Painter, D., (2006). *Research in Practice*. Cape Town: University of Cape Town Press.

Thobejane, T. D., & Mdhluli, T. D. (2008). *Probing the efficacy of virginity testing on the fight against HIV/AIDS: The case of the Kwa-Zulu Natal, South Africa*.

Urdang, S. (2006) The Care Economy: Gender and the Silent AIDS crisis in Southern Africa. *Journal of Southern African Studies*, *13*(1): 165-177.

Vincent, L. (2006). Virginity testing in South Africa: Re-traditioning the postcolony. *Culture, Health and Sexuality*, *8*(1), 17–30. <https://doi.org/10.1080/13691050500404225>

Westercamp, M., Agot, K. E., Ndinya-Achola, J., & Bailey, R. C. (2012). Circumcision preference among women and uncircumcised men prior to scale-up of male circumcision for HIV prevention in Kisumu, Kenya. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, *24*(2), 157–166. <https://doi.org/10.1080/09540121.2011.597944>

WHO; UNAIDS. (2011). *WHO Library Cataloguing-in-Publication Data Progress in scale-up of male circumcision for HIV prevention in Eastern and Southern Africa : focus on service delivery-2011*. Retrieved from http://www.who.int/about/licensing/copy-right_form/en/index.html

WHO, & UNAIDS. (2007). New Data on Male Circumcision and HIV Prevention : Policy and Programme Implications. *WHO Press*, (March), 1–10.

WHO, & UNAIDS. (2009). Country experiences in the scale-up of male circumcision in the Eastern and Southern Africa Region : Two years and counting A sub-regional consultation Windhoek , Namibia. *Agenda*, 1–24.

Wight, D., Plummer, M. L., Mshana, G., Wamoyi, J., Shigongo, Z. S., & Ross, D. A. (2006). Contradictory sexual norms and expectations for young people in rural Northern Tanzania. *Social Science and Medicine*, 62(4), 987–997.
<https://doi.org/10.1016/j.socscimed.2005.06.052>

Williams, B. G., Lloyd-Smith, J. O., Gouws, E., Hankins, C., Getz, W. M., Hargrove, J., ... Auvert, B. (2006). The potential impact of male circumcision on HIV in sub-Saharan Africa. *PLoS Medicine*, 3(7), 1032–1040. <https://doi.org/10.1371/journal.pmed.0030262>

Williamson, M.L., & Williamson, P.S. (1988). Women’s preferences for penile circumcision in sexual partners. *Journal of Sex Education and Therapy*, 14, 8–12.

Wirth, K. E., Semo, B. W., Ntsuape, C., Ramabu, N. M., Otlhomile, B., Plank, R. M., ... Ledikwe, J. H. (2016). Triggering the decision to undergo medical male circumcision: A qualitative study of adult men in Botswana. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 28(8), 1007–1012. <https://doi.org/10.1080/09540121.2015.1133797>

Wood, K., & Jewkes, R. (1997). Violence, rape, and sexual coercion: Everyday love in a South African township. *Gender and Development*, 5(2), 41–46.
<https://doi.org/10.1080/741922353>

Zulu, R., Jones, D., Chitalu, N., Cook, R., & Weiss, S. (2015). Sexual Satisfaction, Performance, and Partner Response Following Voluntary Medical Male Circumcision in Zambia: The Spear and Shield Project. In *Global Health: Science and Practice* (Vol. 3). Retrieved from www.ghspjournal.org

APPENDIX 1: UKZN Ethical Clearance Letter



08 November 2018

Ms Thandeka Y Ndaba 214533558
School of Social Sciences
Howard College Campus

Dear Ms Ndaba

Reference number: HSS/1717/018M

Project title: Understanding the Perceptions and Sexual Pleasure preferences of Young Black African University going Women in the context of Male Circumcision.

Full Approval - Full Committee Reviewed Application

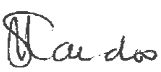
With regards to your response received 06 November 2018 to our letter of 04 September 2018, the Humanities and Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr S Naidoo

11 July 2018

Miss Thandeka Yasmeeen Ndaba (SN 214533558)

School of Social Sciences

College of Humanities

Howard College Campus

UKZN

Email: misspruu001@gmail.com

Dear Miss Ndaba

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Understanding the Perceptions and Sexual Pleasure Preferences of Young Black African University Going Women in the Context of Male Circumcision."

It is noted that you will be constituting your sample by conducting interviews with black female students on the Howard College Campus.

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using 'Microsoft Outlook' address book. Identity numbers and email addresses of individuals are not a matter of public record and are protected according to Section 14 of the South African Constitution, as well as the Protection of Public Information Act. For the release of such information over to yourself for research purposes, the University of KwaZulu-Natal will need express consent from the relevant data subjects. Data collected must be treated with due confidentiality and anonymity.

Yours sincerely



MR S. MOKOENA
REGISTRAR

Appendix 3:



Participants' information sheet (English)

Dear participant

Study title: Understanding the Perspectives and Sexual Pleasure Preference of Young Black African University Going Women in the Context of Male Circumcision.

Introduction: My name is Thandeka Yasmeen Ndaba, a Masters Research student at the School of Social Sciences in the University of KwaZulu-Natal. I am conducting interviews as part of my research project. My study is aimed at exploring the narratives of young black women who are within the University of Kwa Zulu-Natal, on their perceptions and sexual pleasure preference in the context of male circumcision.

Invitation: You are being invited to take part in this research project. Before you decide, it is important for you to understand the purpose of the study and what the study hopes to achieve.

Project purpose: The study's purpose is to understand the perspectives and sexual pleasure preferences of young black African women within the UKZN community on male circumcision.

Nature of participation: You will be required to participate in an individual interview of about 30 to 40 minutes. The transcript of the interview will be stored on my personal computer, and it will be destroyed within five years upon completion of my study. Your participation in this study would be strictly confidential. Your name will not be mentioned; rather, it will be replaced with the use of a pseudonym. If you are willing to be interviewed, you will indicate whether or not you allow the interview to be recorded by the voice recorder. Please note that you may choose not to participate in this research study and should you wish to withdraw at any point from the study you have the right to do so, and you may choose to not answer any questions. The interviews will be at a time and place most convenient and conducive to you. There are no material or financial benefits attached to participating in this research study, and the information that you provide will be used for scholarly research only.

Should you need further clarity on the matter explained above, or at any other matter that is directly or indirectly associated with this research study, please contact me or my supervisor:

Contact for further information

For any queries before, during and after the interview, you could contact;

Miss. Thandeka Yasmeen Ndaba

Email: misspruu001@gmail.com

Cellphone: 065 810 9038

Supervisor: Professor Naidu

Telephone number: 031 260 7657

Email: naiduu@ukzn.ac.za

Appendix 4:



Participant's information sheet (isiZulu)

Uyabingelelwa Lunga:

Isihloko sokutadisha: Understanding the Perspectives and Sexual Pleasure Preference of Young Black African University Going Women in the Context of Male Circumcision.

Isingeniso: Igama lami nguThandeka Yasmeeen Ndaba, umfundi weMasters Research eSikoleni Senhlalakahle eNyuvesi yaKwaZulu-Natali. Ngiqhuba izingxoxo njengengxenywe yocwaningo lwami. Ukutadisha kwami kuhlose ukuhlolisisa indaba yabesifazane abamnyama abaseNyuvesi yaKwaZulu-Natali, ngemibono yabo kanye nokuzijabulisa ngokocansi ngokuqondene nokusoka kwabesilisa.

Isimemo: Umenywa ukuba uhlanganyele kule phrojekthi yophando. Ngaphambi kokuba uthathe isinqumo, kubalulekile ukuthi uqonde injongo yocwaningo nokuthi yini isifundo esifisa ukukufeza.

Inhloso yeprojekthi: Inhloso yokutadisha ukuqonda imibono nokuthandwa kobulili abasha abamnyama nomphakathi wase-UKZN ngokusoka kwabesilisa.

Uhlobo lokubamba iqhaza: Kuzodingeka ukuthi uhlanganyele enkulumweni yomuntu ngamunye imizuzu engaba ngu-30 kuya ku-40. Umbhalo we-interview uzogcinwa ekhompuyutheni yami siqu futhi uzobhujiswa kungakapheli iminyaka emihlanu lapho sengiqedile ukutadisha kwami. Ukubamba iqhaza kwakho kulolu cwaningo kuzoba yimfihlo kakhulu. Igama lakho ngeke likhulunywe esikhundleni kodwa lizoshintshwa nokusetshenziswa kwegama elibizayo. Uma uzimisele ukuxoxa, uzobonisa ukuthi ngabe uvumelekile yini ukuthi lolu daba lubhalwe phansi ngomsindo wezwi. Sicela uqaphele ukuthi ungakhetha ukungabambi iqhaza kulolu cwaningo lokucwaninga futhi uma ufisa ukuhoxisa nganoma yiliphi iphuzu kulolu cwaningo onelungelo lokwenza kanjalo futhi ungakhetha ukungaphendula noma yimiphi imibuzo. Izingxoxo zizoba ngesikhathi nendawo elula kakhulu futhi ehamba phambili kuwe. Azikho izinzuzo ezibonakalayo

noma zezezimali ezithintekayo ekubambeni kulolu cwaningo futhi ulwazi olunikezayo luzosetshenziselwa ucwaningo lwabafundi kuphela.

Xhumana ngolwazi olwengeziweKunoma yimiphi imibuzo ngaphambi, ngesikhathi nangemva kwengxoxo, ungaxhumana nami noma umphathi wami:

Miss Thandeka Yasmeen Ndaba

Imeyili: misspruu001@gmail.com

Umakhalekhukhwini: 065 810 9038

Umphathi: Professor Naidu

Ucingo: 031 260 7657

Imeyili: naiduu@ukzn.ac.za

Appendix 5:



Informed consent

Dear Participant

I..... (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I have also been well informed about the role that I stand to play if I am to participate in this research study, which is participating in an unstructured interview session for about 30-40 minutes. I am also aware that my participation is voluntary, and I can choose to withdraw from the process at any stage without any consequences to my withdrawal. I am aware that all information obtained from me in the course of this research study will remain confidential and that my identity will be protected with the use of pseudonyms. I agree for the interview process to be electronically recorded and acknowledge that all collected information will be kept confidential. Therefore, I consent to having this interview conducted and recorded.

If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded by the following equipment:

	willing	Not willing
Audio equipment		

Yours sincerely

Thandeka Yasmeen Ndaba

Researcher's Signature _____ Date _____

Participant's signature: _____ Date: _____

Appendix 6:



Informed Consent (IsiZulu)

Uyabingelelwa Lunga

Mina..... (Amagama aphelele womhlanganyeli) ngalokhu ngiyaqinisekisa ukuthi ngiyaqonda okuqukethwe kule dokhumenti kanye nemvelo iphrojekthi yokucwaninga, futhi ngiyavuma ukuthi ngihlanganyele kuphrojekthi yocwaningo. Ngiphinde ngazi kahle ngendima engiyibambe iqhaza uma ngizohlanganyela kulolu cwaningo lokucwaninga, okubandakanyeka kwiseshini yokuxoxisana engakhiwe cishe imizuzu engu 30-40. Ngियाqaphela nokuthi ukubamba iqhaza kwami kungukuzithandela futhi ngingakhetha ukuhoxisa inqubo nganoma isiphi isigaba ngaphandle kwemiphumela ekuhoxisweni kwami. Ngियाqaphela ukuthi lonke ulwazi olutholakale kimi kulolu cwaningo lokucwaninga luzohlala luyimfihlo nokuthi ubunikazi bami buzovikelwa ngokusetshenziswa kwamanye amagama. Ngiyavuma ukuthi inqubo yokuxoxisana iqoshwe ngekhompyutha futhi ivume ukuthi yonke imininingwane eqoqwe izogcinwa eyimfihlo. Ngakho-ke, ngiyavuma ukuba nale ngxoxo iqhutshwe futhi ibhalwe phansi.

Uma uzimisele ukuxoxa, sicela ubonise (ngokufaka uphawu ngokubheka njengokusebenzayo) ukuthi ngabe uzimisele yini noma cha ukuvumela ukuthi lolu daba lulotshwe yile mishini elandelayo:

	Ngiyavuma	Angivumi
Imishini yomsindo		

Ozithobayo

Thandeka Yasmeeen Ndaba

Isignesha yomcwaningi: _____ Usuku: _____ Isignesha
yomhlanganyeli: _____ Usuku: _____

Appendix 7:

Interview Schedule – English

Questions: Male Circumcision

1. What are your perceptions on male circumcision?
2. Would you call yourself an advocate for male circumcision?
3. How many circumcised sexual partners have you had?
4. How many uncircumcised sexual partners have you had?
5. What are some of the benefits of male circumcision to women that you are aware of?
6. Would you encourage your partner to get circumcised if he were not? And what reasons would you give as justification?
7. How does your perception of male circumcision influence your decision to either have or not have sex with a man?
8. In your opinion, is a circumcised or uncircumcised male more sexually appealing? And how so?
9. What are some of the most attractive things about a circumcised man?
10. How does the presence or absence of the foreskin enhance or diminish the sexual pleasure experience and foreplay?
11. What is the status of your current partner, and how is your sexual pleasure experience currently?
12. Which do you prefer to have sex with a circumcised or uncircumcised man, and why?
13. Would you prefer a circumcised male for perceived sexual pleasure or for perceived reduced risk of contracting STIs or HIV?
14. Would you compromise your sexual satisfaction by sleeping with an uncircumcised man if you had a bad experience?
15. When do you experience an increased sense of intimacy during sex, is it with a circumcised or uncircumcised man?
16. How do you experience sexual pleasure with circumcised men?
17. How do you experience sexual pleasure with uncircumcised men?

18. Emotionally after sex, what are some of the feelings you experience with a circumcised man?
19. Emotionally after sex, what are some of the feelings you experience with an uncircumcised man?
20. During sex with a circumcised man, what are the various thoughts that roam your mind?
21. During sex with an uncircumcised man, what are the various thoughts that roam your mind?
22. How is sex either more pleasurable or less pleasurable with a circumcised man?
23. When having sex, when are you most likely to experience vaginal discomfort? With a circumcised or uncircumcised man?
24. Which between circumcised or uncircumcised enables you to reach orgasm quickly and more frequently?
25. What are some of your preferred sex positions with an uncircumcised man to enhance and heighten sexual experience?
26. What are some of your preferred sex positions with a circumcised man to enhance and heighten sexual experience?
27. How does the sexual performance and sexual functioning of a circumcised man differ from that of an uncircumcised man?

Appendix 8:

Interview Schedule - NgesiZulu

Imibuzo: Ukusoka Kwabesilisa

1. Ungabe uthini umbono wakho ngokusoka kwabesilisa?
2. Ungabe uzibiza ngokuthi ummeli wokusoka kwabesilisa?
3. Bangaki abalingani bakho bobulili abasokile ababenakho?
4. Bangaki abalingani bakho bobulili abangasokile?
5. Yiziphi ezinye zezinzuzo zokusoka kwabesifazane ozaziyo?
6. Ungamkhuthaza yini umlingani wakho ukuba asokwe uma engasokile? Futhi yiziphi izizathu ongayinikeza njengobu lungiswa?
7. Ukubona kwakho ukusoka kwabesilisa kuthinta kanjani isinqumo sakho sokuthi ungabi nobulili nendoda?
8. Ngokombono wakho owesilisa osokile noma ongasokile okhangayo ngokocansi? Futhi kanjani?
9. Yiziphi ezinye zezinto ezikhangayo kakhulu ngomuntu osokile?
10. Ukuba khona noma ukungabikho kwejwabu kuthuthukisa noma kunciphisa kanjani ukuzwa okujabulisayo ngokocansi nokuqala?
11. Isiphi isimo somlingani wakho wamanje nokuthi isiphi isipiliyoni sakho socansi okwamanje?
12. Ingabe ukhetha ukuya ocansini nendoda esokile noma engasokile futhi ngani?
13. Ungathanda yini owesilisa osokile ngenxa yenjabulo yokuzicabangela ngokobulili noma ngenxa yokuthi ubhekene nengozi encane yokuthola izifo ze-STIs noma i-HIV?
14. Ungakwazi yini ukwehlisa ukwaneliseka kwakho ngokocansi ngokulala nendoda engasokile uma unesipiliyoni esibi?

15. Uzwa umqondo okhudlwana wobudlelwano phakathi kocansi, nendoda eyasokile noma engasokile?
16. Ngabe ubuzwa kunjani ubumnandi bocansi nomuntu osokile?
17. Ngabe ubuzwa kunjani ubumnandi bocansi nomuntu ongasokile?
18. Ngokomoya emva kokuya ocansini yiziphi ezinye zemizwa ozizwa nendoda esokile?
19. Ngokomoya emva kokuya ocansini yiziphi ezinye imizwa ozwayo nendoda engasokile?
20. Ngesikhathi socansi nendoda esokile, yiziphi izingqondo ezihlukahlukene ezithinta ingqondo yakho?
21. Ngesikhathi sokulala nomuntu ongasokile iyiphi imicabango ehlukahlukene ethinta ingqondo yakho?
22. Ngabe ubulili bujabulisa kunjani noma buncane kakhulu kumuntu osokile?
23. Uma uya ocansini, ikuphi lapho ungazizwa kahle khona? Nomuntu osokile noma ongasokile?
24. Yimuphi phakathi kosokile noma ongasokile okwenza ukwazi ukufinyelela kwi-orgasm ngokushesha futhi kaningi?
25. Ungakwazi yini ukukhuluma ngezinye zezikhundla zakho zobulili ozikhethe nendoda engasokile ukuze uthuthukise futhi ukhulise isipiliyoni socansi?
26. Ungakwazi yini ukukhuluma ngezinye zezikhundla zakho zobulili ozikhetha nomuntu osokile ukuze uthuthukise futhi ukhulise isipiliyoni socansi?
27. Ukusebenza ngoko bulili komuntu osokile kuhluke kunjani nokwendoda engasokile?