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The Nature and Causes of Male Circumcision in Clermont-KwaDabeka in KwaZulu-Natal, South Africa

Makho Nkosi

School of Education, University of KwaZulu Natal, South Africa

KEYWORDS *Ukweluka.* Male Circumcision. HIV and AIDS. Condoms. Masculinities. Manhood. Gender

ABSTRACT This paper reports on an investigation carried out to ascertain the nature and causes of male circumcision cases in KwaZulu – Natal in South Africa as they take place nowadays. The study utilized a qualitative survey design. In- depth and semi- structured interview method was used to collect the data on a purposefully selected sample of ten (10) women and (10) men. The sample comprised of circumcised men and uncircumcised males, women who had sexual experiences of circumcised and uncircumcised men, *iingcibi* (traditional surgeons), *amakhankatha* (guardians), *ixhwele* (traditional healer), as well as *ikrwala* (newly initiated men). The sample consisted of ten (10) women and (10) men comprising of circumcised men and uncircumcised males, and women who had sexual experiences of both circumcised and uncircumcised men. The study collected data from the *iingcibi*(traditional surgeons), and *amakhankatha* (guardians), *ixhwele* (traditional healer),*ikrwala* (newly initiated men), as well as uncircumcised men and women, as defined above. Content analysis, through emerging themes, was used in analysing the data. The study revealed that ritual male circumcision takes place in the bush and initiates have to undergo pain endurance as a rite of passage to manhood. Furthermore, the study revealed that although medical circumcision is vigorously practiced in Clermont – KwaDabeka but Xhosa men still opt for ritual circumcision done in the bush. Male circumcision is a tradition and a cultural practice among Xhosa men. Research participants stated that it was not easy to contract Sexually Transmitted Infections when circumcised hence a perception that a circumcised man was not at risk of contracting HIV because of *ukubhungqa* (lack of foreskin). The study concludes that the nature and causes of male circumcision cases in Clermont KwaDabeka varied depending on the context where it was taking place. Recommendations were made that the customary cut be made safer. Given the fact that culture is not static, but fluid, this paper suggests that male circumcision rituals could be perhaps 'modernised' to reflect the changing socio-political, cultural, public health and legal ethos of the democratic landscape in South Africa.

INTRODUCTION

Male circumcision is practised among different ethnic groups in South Africa. Xhosa society, among others, practises male circumcision as a rite of passage to manhood (Nkosi 2008). Male circumcision is a contested terrain where others are in favour of the practice whilst others are against it. South African boys as young as twelve undergo the process of traditional circumcision taking place in circumcision lodges. The custom of male circumcision traditionally allowed boys to go to circumcision lodges for a certain period of time, usually not less than two weeks, to perform surgery under the guardianship of *amakhankatha* (guardians). This practice is usually referred to as *ukweluka*/*ulwelu-ko/ ukusoka.* Ngaloshe (2000) refers to this practice as male initiation rite to manhood. The practice of *ukweluka* (traditional male circumcision / male initiation rite) is a Xhosa word that refers to the customary practice of male circumcision that implies the 'cutting' of flesh. The practice takes place in circumcision lodges. The practice entails the ritualised process of cutting a specific section of a gendered and sexual body part of a male but was never intended to violate the rights of children. *Ukweluka* is interchangeably used as *ukusoka* (gifts given to the newly initiated men). In this sense, this article focuses on a gendered practice, if at this preliminary level we are dealing with the cutting of male flesh, namely the penis. Male circumcision has come under public scrutiny due to the deaths and injuries of initiates as a result of unhygienic or negligent practices, or hypothermia due to exposure and strict practices of not drinking for a particular period (Denniston et al. 1999). Despite social transformation that took place in South Africa due to colonialism, Christianity and Islamic religion, anthropological and epidemiological studies have indicated fairly enough that the custom

Address for correspondence:
Makho Nkosi
University of KwaZulu-Natal
School of Education
Ashwood, 3605
South Africa
E-mail: nkosipm@ukzn.ac.za
Cell: +27 (0)823823639, +27 (0) 761337936

of male circumcision is still vigorously practiced among some deep rural Xhosa communities in the Eastern Cape, South Africa and possibly in other areas. The Xhosa people living in Clermont – KwaDabeka, Durban, in KwaZulu – Natal, South Africa are no exception. It is where I carried the investigation about this project study.

Statistics show that there is a rapid growth in the cases of boys' morbidity, mortality, genital mutilations, and septic wounds, as a result of circumcisions in circumcision lodges (See for example, the table (as appended) from the Department of Health, Eastern Cape 2012). Furthermore, death by circumcision, in South Africa is a regular event (WHO 2012). According to the Department of Health in Eastern Cape (2012) the number of deaths has risen.

People are dying as a result of traditional male circumcision which triggered the cause for this project.This really indicates that male circumcision is a cause for concern. It is difficult to report with accuracy the numbers of male circumcision as there are several factors that make this impossible. For example, with traditional circumcision, there is no statistics, it is done in the bush / lodges. Other initiates just join circumcision lodges at any time. There are so many circumcision lodges. No data is kept in this regard. Each *iingcibi* (surgeon) only knows the boys in his lodge. Some parents do not know that their boys have joined initiates in the lodges and will only know when he comes back where they are forced by societal norms to slaughter a cow for the coming out of age ceremony.

Studies on different aspects of male circumcision have been carried out in different parts of the world. Examples for the above can be seen in research outputs on male circumcision, for example, in Europe and Africa, Thailand, Kenya, and Nigeria (Bonner 2001), in America (Dennis-ton et al. 1999; Fink 1989; Gollaher 2000), in West Africa (Contch 1986), in Ciskei (Crowley and Kesner 1990), in Botswana (Kebaabetswe et al. 2003), in Eastern Cape, uMtata, (Ngxamngxa 1971), in South Africa (Funani 1990; Hatile 2000), (Herdt 1994), in Eastern Cape (Ngaloshe 2000), in Ciskei (Oppelt 2001), in Western Cape (Meintjes 1998), in Sub – Saharan Africa (Warren – Brown 1998; Ngudle 2004;Gupta and Mahy 2003; Halperin and Bailey 1999), in South East Asia and Solomon Islands and African countries (Hull and Budiharsana 2001), in Africa (Halperin and Bailey 1999) and in Southern Africa (Ndletyana 2000; Noganta 1999). This shows that issues of male circumcision are a global concern**.** What appeared as common in all the studies is that circumcision is the surgical removal of a prepuce (foreskin) in the male genitalia. Furthermore, findings in all of the studies indicated that male circumcision is performed for cultural, ritual, religious, and medical reasons. In high-risk populations in Sub- Saharan Africa, male circumcision is associated with a reduced risk of HIV infection (Bonner 2001 cited in Nkosi 2008: 146). Furthermore, male circumcision was taken as health intervention strategy that protects circumcised men against contracting STI's in heterosexual normativity. In gendered terms this suggests that women are vectors of diseases. The danger with male circumcision is that it might promote unwanted pregnancies if circumcised men engage in sexual intercourse without using a condom based on an understanding that it is not easy to contract STI's once they have been circumcised. As a rite of passage to manhood, circumcision in other cultures as in xhosa culture promotes masculinity over femininity. Therefore, circumcision is a mechanism to secure male hegemony and it promotes gender inequality in patriarchal societies. Women may fail to negotiate safer sex which may lead to gender violence. Male circumcision further suggests that heterosexuality is the norm. This poses challenges as gender is social construction (Butler 1999). Circumcision, as explained earlier, is the surgical removal of a prepuce (foreskin) in the male genitalia. Circumcision is also referred to as the "symbolic wounds" (Bettelheim 1962) or "virtuous cuts" (Crowley and Kesner 1990). "Infibulation" (fastening with clasp of genitals to prevent sexual intercourse), and "cliterodectomy" (cutting of the clitoris) both refers to female circumcision (see for example, Abusharaf 2001, for a focus on female circumcision). The differences in meanings of circumcision show that there are differences even in the surgical processes. It seems, therefore that there is no standard procedure to be followed in circumcision. Hence, my attention focuses on the processes followed by the amaXhosa in respect of the group residing in Clermont – KwaDabeka, Durban of KwaZulu – Natal in South Africa.

Funani (1990) maintain that despite several attempts by missionaries to stop initiation rites, the practice, however, continues, though with some modifications. These ideas are confirmed

by Ngaloshe (2000). These scholars argue that missionaries claim such practices are barbaric and violate human rights. It is interesting to note that after 1994 in the context of democracy in South Africa, cultural traditions were revived. Respect and tolerance for people's cultural traditions were emphasized throughout South Africa. This, the researcher believes, contributes to the reinvention of cultural traditions (with some modifications), and especially in respect of how cultural rituals are conducted (male circumcision is one example).

Nature of Male Circumcision

Male circumcision as a cultural process is explored to allow for reflection about development within the practice. Male circumcision as a process also helps to highlight male mystique and male power, and shows that there is more behind the practise. Male circumcision is a global practice and has no single homogenous meaning of what the practice signifies because it differs within and across cultures and religions, and is performed at different stages in a person's life (Bonner 2001 cited in Nkosi 2008). Every society has its culture, and all cultures celebrate the coming - of - age as one of the anthropological 'milestones' of life, and are usually marked by some form of initiation. Circumcision is one of these examples. Kebaabetswe et al. (2003) claim that in developed countries male circumcision is generally taken to refer to the complete surgical removal of the prepuce. Among Bantu – speaking tribes in sub – Saharan Africa, Bonner (2001: 144) states that it was found that 'some groups do not remove as much skin as others or leave a small distinctive flap of the foreskin hanging from below the glans penis'. Disparities in circumcision 'style' are alleged to have implications for the protective effect of circumcision (Bonner 2001 cited in Nkosi 2008: 144). Funani (1990) claims that *abakhwetha* (the initiates) have to undergo pain endurance in the bush as a rite of passage to manhood. Van Gennep (1960) distinguishes three stages in male circumcision procedure and these are "seclusion", "incorporation", "reaffirmation" and pain endurance is part of *"de rite de passage"* (the rite of passage) to manhood. In almost all the studies, the researchers agree on the most common nature of male circumcision and this include the removal of the foreskin from male genitalia.

Causes of Male Circumcision

There are varieties of reasons for circumcising. Bonner (2001) states that in Thailand male circumcision is said to enhance female sexual pleasure. Bonner further states that male sexual pleasure is given as a reason for circumcision in Kenya and Nigeria. Funani (1990) in turn found that sexual pleasure is given as a reason for circumcision amongst Xhosa in South Africa. In the Solomon Islands and in African countries, circumcision is a rite of passage leading to socially recognised manhood (Hull and Budiharsana 2001).Kebaabetswe et al. (2003) maintain that in Botswana male circumcision is taken as a HIV and AIDS control strategy, a point disputed by some scholars such as Bonner (2001), as well as by some interviewees in my study. Among some Muslims, Jews, and Christians the operation is regarded as having a profound religious significance (Funani 1990: 21). Ngaloshe (2000) states that the main goal of initiation in New Guinea is to make boys big and strong and to make them aggressive warriors. This is the very important point for this study as it demonstrates commonality with Xhosa initiation rites, which also aims to turn boys into socially responsible men, to make them 'big and strong'. Chieka (1995) also maintains that the initiate has to be able to spear an animal to death that marks his readiness for initiation. This means that strength, skill to kill an animal, and accuracy mark a readiness for the initiation process. Xhosa initiation, it seems, is the formal incorporation of males into Xhosa religious and tribal life (Funani 1990: x). Gollaher (2001: 1) cites an important verse from the Bible (from Genesis 17: 10 – 11):

Every male among you shall be circumcised. You shall be circumcised in the flesh of your foreskins, and it shall be a sign of the covenant between me and you

We are told, for example, that in Christian theology circumcision is for the Jews a covenant with Jehovah, handed down to Abraham. However, critiques of circumcision claim that this statement belongs to the Old Testament. Because Jesus Christ died for all, then there is no need for circumcision as a purification rite because through His blood, the circumcised and the non-circumcised are all viewed in the same vein: "You are circumcised with circumcision, not made by hand in despoiling the body of the flesh, but in the circumcision of Christ, buried with Him in baptism" (Gollaher 2000: 31; verse cited, Colossians, 2: 11 – 12).

The South African Context

Hatile (2000) reports an increase in male circumcision cases in South Africa, particularly among teenage boys. South Africa got political independence in 1994 with the new Constitution (Act 108 of 1996) in place which allowed cultural rights as well as human rights for all living in the democratic South Africa. This means all people have a right to practice their customs and traditions. Some adherents of custom and tradition called traditionalists saw this as the revival of their customs and traditions under African Renaissance. What this means is that as people grappled with the call for African Renaissance (see for example, the then President of South Africa, Mr Thabo Mbeki's speech on African Renaissance, Agenda 2000), and economic challenges and a myriad of challenges were encountered such as the spread of HIV and AIDS, leading to rise in male circumcision through ritual initiation rites. Medical circumcision was not seen as the solution but rather a worse circumstance than not being circumcised at all. Rural areas in South Africa are under the leadership of traditional leaders, mostly Chiefs and Headmen. Political leaders such as councillors and ward coordinators as well as church leaders also play a role on community leadership but are subjected to the leadership of the local Chief. All chiefs are in favour of traditional practices in their communities and traditional male circumcision is one of them. Whenever there are problems these community leaders are found to be offering assistance in solving the problems. Family elders, in line with the extended family concept, also provide leadership, guidance and support to family members. This puts much pressure on the young ones to obey the elders and have to follow the suit of which traditional male circumcision is one example. In Clermont – KwaDabeka, Durban of kwaZulu – Natal in South Africa, there is, however a gap of literature on the nature and causes of male circumcision cases as it takes place nowadays, hence the purpose of this current study to address this gap.

Goal of the Study

The study aimed at establishing the nature and causes of male circumcision cases among the Xhosa speaking people living in Clermont – KwaDabeka, Durban of KwaZulu – Natal in South Africa by answering the question: What is the nature and causes of male circumcision cases among the Xhosa speaking people living in Clermont – KwaDabeka, Durban of KwaZulu – Natal in South Africa?

RESEARCH METHODOLOGY

Research Design

This study adopted a qualitative case study design and sought an understanding of the views of twenty (20) selected Xhosa speaking research participants from purposefully selected semi – urban area of Clermont – KwaDabeka, Durban of KwaZulu – Natal in South Africa. This approach used written, spoken and observed data or behaviour. The qualitative approach tells a story from the participants' point of view (Weinreich 2006), thus providing the rich descriptive information necessary to demystify taboos and to break silences about issues pertaining to sex and sexuality that are under discussion in relation to male circumcision. Qualitative research methods are generally used for identification, description and explanation (Munikwa et al. 2012), an approach relevant for this research.This study draws on the characteristics of this design as well as from researchers' background knowledge and experience (as a guest in Eastern Cape observing male circumcision ceremony, when initiates were coming from the mountain from the circumcision lodge). According to Patton (1990), the best tool for studying 'alien' culture and coming to understand it, is the intellect, sensitivity, and emotion of another human being and the fact that culture must be seen through the eyes of those who live in it.

Data Collection Tools

This article is based on a qualitative study of attitudes to circumcision through in - depth and semi - structured individual interviews. The interviewees were all first – language Xhosa speaking people but interviews were conducted in isiZulu and respondents participated in isiZulu and Xhosa. The researcher took into consideration issues of assimilation and acculturation and the fact that different ethnic groups live side by side with Xhosa people in Clermont – KwaDabeka in Durban. IsiZulu is the domi-

nant language in the area and the mother tongue of the researcher. Therefore, the interviewees were all first – language Xhosa speaking people and speak isiZulu as well but interviews were conducted in isiZulu. Terms that were not understood by the researcher were clarified by the interviewees. This did not affect the findings as collected data was cross – checked and validated before the writing up of the final report. The importance and richness of this methodology is summed up by Denzin (1997: xii):

At the root of in-depth interviewing is an interest in understanding the experience of other people and the meaning they make of that experience.

The study utilized in – depth interviews as the researcher attempted to seek understanding from the participants' point of view, on the nature and causes of male circumcision as evidenced by the incidents they had witnessed and by media report (Ndletyana 2000*;* Ngudle 2000) on male circumcision cases in South Africa. Such type of interviews allowed participants to tell stories of their experiences on issues of male circumcision.

Research Participants

The researcher targeted ten men and ten women of all ages and of different social and economic backgrounds. Unlike in other parts of the world, in Clermont – KwaDabeka of KwaZulu – Natal, South Africa there are no reported cases of female circumcision. According to Koso - Thomas (1987), the term female circumcision is often used to describe the procedure of either scraping or nicking of the clitoris and is a form of "female genital mutilation" (Richards 1996 : 2). Therefore, the researcher included women in this study to elucidate their views regarding male circumcision not ignoring the fact that surgical cutting and disfiguring of a healthy genital organ is consistent with both male and female circumcision. The sample thus included circumcised and uncircumcised males, and women who had sexual experiences of both circumcised and uncircumcised men. The study collected data from the traditional surgeons and guardians, traditional healer, newly initiated man, as well as uncircumcised men and women, as defined above. Participants represented different academic levels ranging from Grade 2 (lower primary school level), South African Junior Certificate and Ordinary Level qualification and the old Standard two qualifications, as well as matric and others went as far as University. Some participants indicated that they had never been to formal school but were able to read and write after attending adult literacy classes in the early years of the country's independence. Some participants had diplomas or degree qualifications. Content analysis, through emerging themes, was used in analysing the data.

Pilot Focus Group Discussion

An initial focus group discussion was conducted with educators at X Secondary School before the main study was conducted. The aim of conducting the pilot focus group discussion was to explore, and identify possible research site, and gain more insight into the practice of traditional male circumcision. This also helped in conceptualisation of the questions to be used in the in - depth interviews and it emerged that there was no need for subsequent Focus Group Discussions.

Ethical Issues

Written consent and a verbal consent were sought from the participants after the purpose of the study was explained to them. Participants were also advised they were allowed not to answer questions they felt uncomfortable in answering and that they could withdraw their participation from the study at any time. Participants were assured of confidentiality and anonymity hence the use of pseudonyms in this study. Some men refused to be interviewed unless The researcher was accompanied by a circumcised man (Nkosi 2008: 143).

Data Analysis

Data collection and first stages of analysis occurred simultaneously in line with views by Bryman (2001) that it is the nature of qualitative studies that the two processes normally occur simultaneously. Audio-taped interviews were transcribed after the interview process and appropriate coding was done (Willig 2001). Coding entailed grouping common issues on the nature and causes of male circumcision from the different interviews. Data analysis was mainly based on content analysis as emerging themes from interviews guided the analysis.

Researcher Neutrality

Researcher bias is one common criticism levelled against qualitative studies (Patton 1990). As the researcher is fully involved in the data collection process there is bound to be researcher bias in the interpretation of results if mechanisms are not put in place to control this. In ensuring researcher neutrality, the researchers' interpretations were wholly drawn from the accounts provided by participants. This was further assisted by the use of verbatim quotations from the participants. Debriefing also ensured that researcher cross checked interview transcriptions with participants. This was done to ensure that the transcriptions represented participants' views.

Trustworthiness

Mishler (1991: 122) describes validity in qualitative research as "Trustworthiness: grounds for belief and action". This is affirmed by Frankfort – Nachmias (1992) who argues that validation is the process through which researchers make claims for and evaluate the trustworthiness of reported observations, interpretations and generalisations. According to Denzin (1970), triangulation is a method of cross-checking and confirming the information elicited from qualitative data sources. Transcribed and analysed data were also shared with participants in the various communities, before the final compilation to enhance authenticity and quality.

Why Clermont – KwaDabeka?

As indicated earlier, the study was conducted with Xhosa men and women who resided in a semi – urban area, Clermont – KwaDabeka and Sub 5 areas, located in the South of Durban of KwaZulu – Natal in South Africa. Based on my observation and interactions, the population of Clermont –KwaDabeka and Sub 5 community consists largely of amaXhosa and amaMpondo. Traditional circumcision does not take place in these areas. 'Men to be' (as some of my subjects described the process), travel to their places of origin, undergo the process of traditional circumcision, and come return as circumcised men. Most circumcised men, and some women are migrant labourers in Clermont – KwaDabeka. The researcher was an acquaintance of the research site. She taught in two different schools in Clermont – KwaDabeka and served as the Life Orientation Cluster coordinator for the local schools. She was also a community worker, involved in HIV and Aids programmes in the area and also served as a gender convenor and activist for the South African Democratic Teachers' Union. After disclosing my background as a researcher in relation to the community investigated that reinforced trust with the local community, it then became much easier for me to develop contacts with my subjects. The researcher's Xhosa colleagues also became the interviewees. They were also of great help in identifying sources. The researcher's husband had a lot of Xhosa contacts and also helped a lot in identifying and arranging interviews with the subjects. Interviews were conducted face to face in privacy and in confidence. There were no problems of trust.

RESULTS

The Nature of Male Circumcision Cases

The following are the participant's views on the nature of male circumcision cases. In finding out the nature of male circumcision cases in Clermont – KwaDabeka, Durban of KwaZulu – Natal in South Africa, there were two main themes that the researcher could ascertain from the data collected were traditional male circumcision and medical circumcision (circumcision done in hospitals).

Traditional Male Circumcision

Xhosa traditional male circumcision is normally conducted in winter (Gitywa 1976). However, on several occasions Xhosa men and women who reside in Clermont – KwaDabeka indicated that circumcision is conducted at any time during the year. In most cases it is conducted during winter and summer holidays to accommodate students. Respondents also stated that circumcision was traditionally strictly conducted in winter to avoid septic wounds. During fieldwork the researcher was informed by most interviewees that usually several young men participate in the ritual together. In other words, there is a communal and communitarian ethos to being socialised into men. The process normally entails the following aspects, gleaned from interviews with the research participants.

Participant A

"Firstly, a seclusion lodge is built for initiates, and a principal host is appointed who will arrange the various prescribed feasts at his home. A guardian who will have physical charge of the initiates and act as their instructor is appointed. A song called 'Somagwaza' is sung by the men who accompany an initiate to the seclusion lodge. The song is sung repeatedly, even during the celebration party after the circumcision process" .

Participant B

"Secondly, early the next morning the boys proceed to the vicinity of their seclusion lodge. Each wears a cow's tail brush charm around their necks and is dressed in a cotton or sheepskin robe with a narrow band around the waist and plain sheath. Here the circumciser, a man skilled in the use of a short – handled and very sharp knife, deftly removes their foreskins. An initiate has to show his manhood by not crying during the surgical process. Rather, initiate has to shout loudly and say ("I am a man!"). Other initiates are expected to respond by confirming ("You are a man!")".

It seems therefore, that circumcision is a performative act, one that requires both the actual performance of the physical cutting of flesh, and the simultaneous linguistic (verbal) confirmation of achieving manhood and having a psychological impact (an act intended to boost a man's ego) .

Participant C

"Thirdly, the initiates bury their foreskins in ant heaps, where they will be eaten up before any 'wizards' may use them for evil purposes. They later enter the seclusion lodge where they bind special healing herbs around the wound, and the organ is then strapped to the waistband in an upright position. Until the wounds have healed the initiates have their entire bodies smeared with river mud, which must not wear off, or, if it does, it must immediately be replaced. Fresh food such as curry and rice (regarded as savouries) and liquids are forbidden from being consumed. Seclusion usually lasts about three months although this varies in current times. During seclusion, initiates must avoid contact with old women for they are believed to be dirty".

Participant D

"Seclusion is characterised by traditional dance by the initiates, visitors are allowed but not women. As the end of the seclusion ritual approaches, the principal host will organise a ceremony for which he brews a special beer. The initiates' heads are shaved clean, and there is a further period when the hair is allowed to grow. Thereafter, they are driven into a river where they wash themselves until all trace of the white clay has been removed. The cleansing in water is equally symbolic because water is associated with ideas of cleanliness, spiritual rejuvenation, and the renewal of life. After circumcision has been performed, and if cleansing is not done, the opportunity of enjoying a healthy life is seriously hampered. This is because cleansing symbolises the washing away of the past (boyhood) and the beginning of a new life with the hope of a better and brighter future that manhood supposedly brings. This symbolic transition is a key component of the meaning of traditional circumcision. After cleansing in the river, initiates return to the seclusion lodge where their bodies are anointed with butter and later, red ochre. They are given blankets and new clothing. As they leave the host's homestead to take part in the final feast, the lodge and all that was involved in their initiation are set on fire, and the newly initiated men are forbidden to look back as their past is burnt behind them".

Returning to the community / 'incorporation'/ 'aggregation' (Van Gennep 1960) to the community is the last and the most crucial stage, as the 'survivors' that is, newly initiated men who managed to come back as 'men', are received with feasting, celebration and exhortations, delivered by the older men, women, and children. Feasting is the most crucial aspect of circumcision process that Xhosa traditional circumcision is mandatory. A man circumcised in hospital cannot have this type of feast. It is at this stage where women come to a realisation whether their sons have 'survived' or not as compared to men who have access to such information right from the day of the occurrence. If the initiate dies, women are not informed, but the message is symbolised in the following way, as explained by one research participant:

Participant E

"They see a blanket carried by a stick. This message signifies initiates have died. Women will not know the identity of the dead initiate until the newly initiated men uncover themselves. At this time the father of the deceased already knows."

Participant F

At the end of the final feast, tribal elders address the newly initiated men on how they must behave as circumcised men, now that they have made the transition into men. They are encouraged to use wisdom and restraint, and to do all they can to provide cattle for their parent's old age and for their own future. They are given 'new names' which replace their birth names. Unless he undergoes these rites, a male remains a child irrespective of his age .

Medical Circumcision (Circumcision Done in Hospital)

It seems that to be circumcised in the clinical sterility of a hospital or clinic carries a negative stigma in the Xhosa tradition. Xhosa men claim that the hospital procedure goes against all cultural norms because the use of anaesthetics is not allowed, as a man has to show his manhood by not crying.One research participant explained the prejudice he experienced within his community as he was circumcised in hospital. This is what he said:

Participant G

"Circumcision is the surgical removal of a prepuce (foreskin) in the male genitalia. I went through the process in hospital under the influence of anaesthetics. They say I'm a boy, there's no difference, I can't slaughter a cow with the circumcised men if there are occasions you cannot eat with them from the meat board, do you see something like that? Men are given alone and boys are given alone. They should not mix with those circumcised in hospital."

The above views emphasize that circumcision is a sacred act, viewed as a purification rite in the transition from boyhood to manhood. It was also clear from the narratives that circumcision is the surgical removal of the foreskin from the tip of the male genital organ.

Causes of Male circumcision

In an attempt to establish the causes of male circumcision from the participants' point of view, it emerged that various reasons are also motivated to justify the practice of circumcision, despite the negative effects the ritual has on young men who undergo the process. One of the men the researcher interviewed, Bonga (aged 35), told that, *"a man is a man through circumcision"*. Highlighting the significance of circumcision, Themba says:

"For the Xhosa it is 'the formal incorporation' of males into Xhosa religious and tribal life. In Xhosa tradition an uncircumcised male cannot inherit his father's possessions, nor can he establish a family He cannot officiate in ritual ceremonies."

So uncompromising are Xhosa people in this belief that "No Xhosa woman would knowingly and willingly marry an uncircumcised Xhosa male" (Hammond – Tooke 1993).These 'sanctions' imposed on an uncircumcised Xhosa male are best represented by Vuyisile Kati , aged 27 from Transkei. Vuyisile is a male and was circumcised in hospital. He said in his community he was not regarded as a man because he was taken as a person who had not undergone circumcision process, despite the fact that he was circumcised in hospital. Vuyisile also explains the prejudice he experiences within his community.

"They say I'm a boy, there is no difference between me and an uncircumcised man, and I can't slaughter a cow with them if there are occasions. I cannot feast with them as well during cultural occasions".

The above views emphasize the social significance of traditional male circumcision in Xhosa culture. In an urban area like Clermont – KwaDabeka, it is clear that the reinvention of male circumcision is largely brought about by the youth as a form of cultural 'affirmation' of a group identity. If a boy is not circumcised, then he does not belong to a recognised group that has a form of power and control in society. If the latter is the case, the boys are liable to be marginalised and excluded from society. One of the most prevalent cultural justifications for circumcision amongst Xhosa men was the belief that circumcision ensured greater male sexual pleasure because of the lack of the foreskin. I was told by most of the interviewees that women

experience the uncircumcised foreskin as "cold" during sexual intercourse. During sexual intercourse men said that women feel pain when men are uncircumcised. In the following illustration, one of my interviewees indicated his experience during sex as a circumcised man:

Themba

"There's difference during sexual intercourse. Initially the woman gets shocked. If she feels, mind you this place is cold (and I mean the foreskin). A woman gets excited during sexual intercourse only if a man is not circumcised. But when the man is circumcised, oh! A woman feels it's very hot here, and feels this is another type, immediately intercourse is started. Besides, it is not easy for a circumcised man to contract STI's"

From the above it was clear that circumcision was intended to increase sexual pleasure for men, and it seemed, based on the view by Themba, that women noted the difference.

Another reason advanced in favour of circumcision is that it protects against sexually transmitted infections. Based on the perspective of the Xhosa men interviewed, the virtue of cleanliness is also best achieved through circumcision, which was seen as closely related to cleanliness and purification. Lungani for example said:

"It is not easy for a circumcised man to contract STI's and HIV and AIDS… but this does not mean a circumcised man is exempted from wearing a condom during sexual intercourse."

The researcher also came across conflicting ideas related to the significance of circumcision emerging during fieldwork. She found that older people still base the significance of circumcision on socialisation and belief that circumcision produces socially responsible men, whilst the youth have their own motives for the practice of ritual circumcision. Abusharaf (2001) for her part states that the reinvention of ritual circumcision is as a result of Africanisation. The researcher's respondents also confirm her views. They argue that traditional ritual male initiation rites (which entails going to the farm amongst other tasks) have no significance to them, especially since they live in urban areas of Clermont – KwaDabeka, in Durban of KwaZulu – Natal, South Africa. Rather it is in the rural area where the problems arise as they face marginalisation and exclusion from their age group. During fieldwork the researcher was informed by most interviewees that usually young men participate in the ritual together. In other words, there is a communal and communitarian ethos to being socialised into men.

DISCUSSION

The differences in meanings of circumcision show that there are differences even in the surgical processes. It seems that there is no standard procedure to be followed in circumcision. Furthermore, broadly speaking male initiation schools follow a similar pattern in all groups. Van Gennep (1960) distinguishes three major phases: separation, transition and incorporation. Considered as a whole these phases constitute the transition from boyhood to manhood in relation to the circumcision process. Based on the above, a key feature of the initiation school is the subjection of the initiates to various hardships meant to socialise boys to endure pain in their transition to manhood. Initiates receive punishment such as being beaten up for contravention of the laws of the lodge such as failing to sing the songs sung in the lodge (Sulman aged 35 from Mount Fletcher, Eastern Cape who is the circumciser and and a circumcised man) (Interviewees 2003). Death, genital mutilation, dehydration, negligence by the principal hosts (surgeons and guardians), incompliance of the initiates with the rules in seclusion lodges are among some of the reasons put forward by the interviewees for the negative impact of traditional Xhosa male circumcision. This study found that principal host is no more meticulous and responsible in managing the circumcision process. It also emerged from the study that the practice of circumcision took a number of forms with traditional circumcision and medical circumcision (circumcision done in hospitals and clinics) being most prevalent forms. Research findings indicate that circumcision is the surgical removal of the foreskin, be it done in the bush or in the hospital or in the clinic. Medical circumcision differs with traditional circumcision because of the use of anaesthetics by the patient, whereas with traditional circumcision there is pain endurance by initiates as rite of passage to manhood. Such findings concur with findings of Funani (1990) who argues that circumcising in hospital is equals to not circumcising at all.

The nature of circumcision found in the study however differs with some found in other studies (see for example, Ngaloshe 2000).Ngaloshe (2000) found that circumcision among the Bhaca is successful as compared to Xhosa circumcision which is characterised with death of the initiates, genital mutilations, septic wounds, and maiming. The differences could also be attributed to the geographical locations of places where male circumcision is performed and variations in terms of the processes. As compared to the Bhaca where water in – take is not strictly adhered to, the Xhosa initiates are strictly under supervision and water in – take is not allowed for at least a week. This results to dehydration which leads to death of the initiates. On the causes of male circumcision, the study revealed that the rationale behind the practice of male circumcision is that it is a rite of passage to manhood and accords social status of the circumcised man in the rural setting. However, there is no social status accorded to a circumcised man in Clermont – KwaDabeka, Durban in KwaZulu – Natal in South Africa. Whilst it was not the intention of this paper to draw on similarities and differences between male circumcision and female circumcision, however, it is worth mentioning that evidence suggests that both male and female ritual circumcision are based not on medical grounds but purely on historical societal values. Therefore, the differences appear to be based largely on socially constructed ideals.

CONCLUSION

The experiences of Xhosa men from Clermont – KwaDabeka, who undergo circumcision, indicated that the practice holds deeply rooted cultural meanings for them. However, those from the rural areas mainly endorse this 'cultural symbolism'. Despite this difference, the urbanised men from Clermont –KwaDabeka actively choose to be circumcised. The study uncovered that there were various causes of male circumcision cases in Clermont – KwaDabeka. With the custom of male circumcision, this is done to solve a problem for the young man who wants to leave boyhood and enter into the stage of manhood.

Medical circumcision serves as a health intervention strategy. It is done for purification reasons as it is believed that a circumcised man is protected from contracting STI's and thus reduces chances to contract HIV and Aids. This is because of a thick protective layer developing at the glans of the penis due to the lack of the foreskin. The study concludes that the nature and causes of male circumcision cases in Clermont KwaDabeka varied depending on the context where it was taking place.

RECOMMENDATIONS

In view of the findings of the study, the following recommendations are made: that the Government should carry out more awareness campaigns on possible causes of morbidity and mortality, genital mutilations, septic wounds as a result of traditional male circumcisions in order to make the customary practice of male circumcision safer. Furthermore, traditional leaders such as headmen and chiefs *amaKhosi* should identify competent surgeons in their communities. One knife for each initiate must be used to cut the foreskin. Given the fact that culture is not static, but fluid, this paper suggests that male circumcision rituals could be perhaps 'modernised' to reflect the changing socio-political, cultural, public health and legal ethos of the democratic landscape in South Africa.

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APPENDIX

Table 1: Male circumcision morbidity and mortality statisticsEastern Cape, South Africa, 2001-5

		Admissions	*Mutilations*	*Deaths*
2001	June	124	20	24
2001	December	200	11	12
2002	June	291	14	33
2002	December	156	19	17
2003	June	227	22	21
2003	December	84	7	20
2004	June	118	3	14
2004	December	260	2	13
2005	June	288	9	23
Total	**1748**	**107**	**177**	
Average per annum		**388**	**24**	**39**

Table 1 indicates male circumcision morbidity and mortality statistics in Eastern Cape, in South Africa from the year 2001 to 2005. In June 2001, there were 124 initiates admitted in hospitals, 20 mutilations and 24 deaths as a result of traditional male circumcision. In December 2001 there were 200 initiates admitted in hospitals, 11 mutilations and 12 deaths as a result of traditional male circumcision. In June 2002 there were 291 initiates admitted in hospitals, 14 mutilations and 33 deaths as a result of traditional male circumcision. In December 2002 there were156 initiates admitted in hospitals, 19 mutilations and 17 deaths as a result of traditional male circumcision. In June 2003 there were 227 initiates admitted in hospitals, 22 mutilations and 21 deaths as a result of traditional male circumcision. In December 2003 there were 84 initiates admitted in hospitals, 7 mutilations and 20 deaths as a result of traditional male circumcision. In June 2004 there were 118 initiates admitted in hospitals, 3 mutilations and 14 deaths as a result of traditional male circumcision. In December 2004 there were 260 initiates admitted in hospitals, 2 mutilations and 13 deaths as a result of traditional male circumcision. In June 2005 there were 288 initiates admitted in hospitals, 9 mutilations and 23 deaths as a result of traditional male circumcision. In total there were 1748 hospital admissions of the initiates, 107 genital mutilations, and 177 deaths as a result of traditional male circumcisions in the Eastern Cape of South Africa from the year 2001 to 2005. The average per annum was 388 for admissions, 24 for mutilations, and 39 for deaths. The above statistics is indicative of the fact that indeed male circumcision is a matter of concern.