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Exploring Flaws Embedded in the Contemporary Traditional Circumcision Practice in South Africa: A Literature Review

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ABSTRACT Incontrovertibly, various voices of different personalities and stakeholders whether nationally, regionally and internationally continue to wonder why South Africa is experiencing circumcision accidents year-in-year-out. However, other sources seem to indicate that the traditional male circumcision house is in disarray. This calls for critical analysis, debates and discourses with the aim of carrying a serious autopsy of the phenomenon with the hope of taking stock of its operations. This paper, through a desk top review of literature methodology aims to discuss the flaws embedded in the contemporary traditional circumcision practice in South Africa. Findings of the paper highlights the following flaws: death of the initiates, pecuniary dimension, changing goal posts of the culture, violation of human rights, as well as posing possible threats to culture itself. The article recommends: the collaboration of government, traditional custodians and civil society in augmenting the flaws, launching and strengthening circumcision awareness campaigns, reformation, restructuring and enhancement of the circumcision practice in general.

INTRODUCTION

Traditional circumcision in South Africa especially in the Eastern Cape Province has been one of the cornerstones of the culture and tradition for decades, and in these researchers contention, no amount of criticism by either the media houses or researchers can make it succumb to the recent advocacy for people to turn to medical male circumcision (Kheswa et al. 2014; Nomngcoyiya 2015). Unlike other circumcision practices, traditional male circumcision practice in African culture is more than just a mere campaign to reduce the chances of being infected by HIV/AIDS pandemic. It is a sacred and a highly treasured cultural practice with immense social capital embedded in it (Kang'ethe 2013; Kang'ethe and Gutsa 2015; Nomngcoyiya 2015). These researchers think that despite the adoption of medical male circumcision as a strategy to fight HIV/AIDS in South Africa, perhaps traditional male circumcision practice will continue to be an integral part of culture for a vast number of males in Eastern and Southern Africa countries. These researchers do not see the practice succumbing to modernization and have it replaced by medical male circumcision for the dual purpose of scoring two goals, one to achieve cultural social capital that it has always aimed to achieve, and the second goal to achieve the clinical goal of mitigating the effects of HIV/AIDS (Peltzer et al. 2008).

Incontrovertibly, the practice of male circumcision is associated with achieving the rites of passage that serve the needs of a society and individuals (Ngcukana 2014). Although the circumcision rite has had complex dynamics and flaws in these recent years, to an extent of some stakeholders even labelling it as 'secrets that kill' (Kepe 2010), these researchers consider that it still remains a panacea and that its intended objectives should not be equated with medical male circumcision which is intended to fulfil a healthy or medical role in society. These researchers think that in the eventuality that HIV/AIDS will be exterminated just like other diseases that have been annihilated altogether like polio, then the goal of having circumcision achieve the clinical goal will be irrelevant and probably governments will not invest much in the campaign advocating for male circumcision.

These researchers, one of them being a product of this practice and from amaXhosa ethic group consider and agree with some scholars that traditional circumcision has invaluable roles (Nomngcoyiya 2015). It has historically been a torch to the society, a beacon of hope, an identity marker and the Xhosa people have been see-

ing much of cultural reality through the lenses of traditional circumcision (Nomngcoyiya 2015). The training that the boys got was also invaluable and concentrated on how to enrich the cultural society capital (Kang'ethe 2014; Nomngcoyiya 2015). For example, they learn that beating female partners and using violence against other men was unacceptable. In other words, this traditional circumcision culture promotes the value of assertiveness and effective negotiations at all level of the society. They further argue that circumcised men are expected to take on greater social responsibility in their communities, acting as negotiators in family disputes, weighing decision more carefully and cooperating with the elders. This points to the fact that the lessons from the circumcision schools are meant to strengthen people's citizenship and their value in the society (Nomngcoyiya 2015).

However, these researchers are more interested in exploring possible flaws embedded within the traditional circumcision practice in contemporary South Africa focusing on mayhem and atrocities that appear to be associated with the rite today. These include deaths of the initiates, human rights' violation, pecuniary dimension, and threats as well as providing possible solutions thereof.

Problem Statement

Irrefutably, the whole world, the region and in South African, different personalities and stakeholders appear to be immensely perturbed by the year- in- year- out reports of deaths and excruciating hazards associated with the rite of male circumcision. This means that there are serious flaws embedded in the practice. However, it's poignantly clear that South Africans generally and other custodians of culture still hold the practice as a panacea. This is because of its cultural significance and its robust strategy to mitigate the effects of HIV/AIDS. It is therefore critical to make an autopsy that will help unearth all the possible underpinnings contributing to the quagmire. These researchers, therefore, feel justified to carry out such an investigation.

METHODOLOGY

This paper has benefitted immensely from the literature from a horde of South African newspapers especially reporting on the deaths and other health mishaps surrounding circumcision of initiates. The paper has also benefitted from journal articles and government publications that have shed light especially on the policy environment surrounding the traditional male circumcision practice.

Aim of the Study

The paper aims to generate debates and discourses pertaining to the flaws that are embedded in the contemporary male circumcision rite in South Africa. This is with the hope of recommending plausible and strategic recommendations to address the mayhem.

OBSERVATIONS AND DISCUSSION

Flaws Embedded in the Contemporary Traditional Circumcision Practice in South Africa

Deaths of the Initiates

It is does not take a genius to realise that in these recent years, something must have gone amiss in the execution of traditional circumcision practice in South Africa especially in the Eastern Cape Province, where most deaths of the initiates have been reported and covered by most media houses (Nomngcoyiya 2015). Vincent (2008) posited that within the circumcising amaXhosa ethnic group in the Eastern Cape traditional and community leaders are in wide agreement that historical mechanisms for the sexual socialisation of youths have largely dwindled significantly. He also indicated that the vital role circumcision schools once played in this regard has increasingly eroded, with the phenomenon being replaced by the emergence of a norm in which circumcision is regarded as a gateway to sexual overtures. In these researchers' contention, while circumcision has been associated with immense social capital gained through learning, mentorship, tutorship, apprenticeship, whose values are meant to strengthen people's citizenship, this issues appear to be changing cultural goal posts gradually (Kheswa et al. 2014). The social capital that facilitated people to associate with the rite, to face the naked truth, has dwindled significantly (Kang'ethe 2014). Perhaps this is why some people upon being persuaded to replace the traditional circumcision with the medical one, are easily getting convinced (Nomngcoyiya 2015). It is a pity that the myriad activities, lessons, values, norms, ideologies that have

historically and culturally been embedded in the circumcision rite are no longer adequately influencing people, their value of citizenship, and therefore contribute to making the societies free from the ever burgeoning cases of vices such as gender based violence, crime etc.

To say the least, traditional male circumcision house is either in disarray or is under siege (Nomngcoyiya 2015). Perhaps people have allowed westernization, modernization, eurocentrism, civilization and globalization to take a huge toll and destroy the huge social capital that has from time immemorial been associated with the practice. To this end, Feni (2014) is of the view that major problems have emerged as far as traditional male circumcision in South Africa is concerned. The author further postulates that an example of these problems include: incorrectly performed circumcisions, incompetent attendants, unhealthy surroundings, infection of circumcision wounds, gangrene of the penis, severe hemorrhage, respiratory infections, dehydration leading to penile amputation, torture and assault resulting in serious injuries, disabilities, or even death. It is due to this sad state of affairs that Kang'ethe (2013) in his paper on circumcision challenged the government of South Africa to advocate and ensure zero tolerance for deaths and clinical hazards during initiation practice.

According to Fuzile and Feni (2013), the circumcision initiation- related death figures grows year- in- year- out and the recent statistics received from the Department of Health indicates that 462 initiates died in the past seven years. These authors also stated that during this period of year 2013, approximately 5000 were admitted to different hospitals in the Eastern Cape Province and thereby causing a financial burden to the department as each admitted initiate cost the department around R1000 a day. Although the South African government through the Eastern Cape Department of Health and the Department of Traditional Affairs has put interventional measures in place in order to curb the escalating deaths toll as a result of botched traditional circumcision practice, the problems associated with this practice in the Eastern Cape are still proving to be a challenge for both the government and the communities. For example, during the traditional circumcision practice winter season, June/July 2013 the death toll claimed approximately 39 lives which are termed "The 39 faces of botched circumcisions" (Fuzile and Feni 2013).

It's so unfortunate that in the contemporary times, the traditional circumcision practice with all its uniqueness and sacred nature has to make media headlines and public discourse for all the wrong reasons due to certain individuals that seek to fulfil their own devious agendas in the name of culture and tradition (Nomngcoyiya 2015). However, the custodians of the traditional male circumcision practice tend to distance themselves from the botched circumcision practices as they believe that the perpetrators of such practices seek to undermine the value, worth and dignity of their culture (Ntombana 2011). But these researchers think that the Department of Traditional Affairs needs to ensure that they hand over the botched circumcisors to the law enforcement authorities. More so, these fraudulent circumcisers are making a mockery of the treasured social capital associated with the traditional circumcision (Nomngcoyiya 2015; Kang'ethe 2013). As stated in many different studies that have been conducted on traditional male circumcision, there are quite a number of issues and procedures that have to be followed before the prospective initiate can be allowed to undergo a rite of passage. Such issues include "the average age" which at least has to be 18 years, but sometimes ranges from 16 to 26 years (Peltzer et al. 2008); and appropriate season for circumcision which is winter in June (DOH 2006). According to Vincent (2008), in Xhosa culture, the traditional circumcision practice is a complex one involving a number of different processes, each with its own closely monitored regulations and requirements (Nomngcoyiya 2015). The author further asserted that the surgical process alone needs to be understood as one small element of a much larger process, which begins years before the actual process takes place. Hence, it is quite disturbing and disappointing to learn that in certain areas of the Eastern Cape there are initiation circumcision adherents, the well culturally known goal posts are increasingly being tilted at the expense of the quality of the culture, and hence the concomitant ramifications such as the innumerable clinical hazards and mishaps. Coincidentally, these are areas where the huge death toll has being reported every year during circumcision seasons. For example, Fuzile and Feni (2013) believe that 2013 winter season claimed 39 initiates lives. Gravely,

approximately 24 initiates were below the allowed official age. Most initiates' age, however, ranged from 14-17 years.

Pecuniary Dimension

Pecuniary dimension means circumcision is driven by the desire and greed to make money from the parents and boys who undergo a rite of passage. This is indeed a manifestation that the cultural goal posts are significantly being tilted at the expense of cultural dignity and integrity (Nomngcoyiya 2015). Kepe (2010) cited studies that were conducted by Mentjies (1998) and van Vuuren and de Jongh (1999) posited that as early as 1988-1989, approximately 34 initiates were admitted to Cecilia Makhiwane Hospital in Mdantsane near East London, and in the early 1995, the number had risen to 743 hospital admissions, 34 deaths and 36 mutilations of the penis. These were the periods which suggested the turning point in traditional circumcision practice in the Eastern Cape and this situation even worsened in early 2000 umpteenth. On or around year 2000 up until year 2013, the death toll and other initiation related flaws have not relented. Peltzer et al. (2008) also indicated that the Eastern Cape Provincial Department of Health recorded 2262 hospital admissions, 115 deaths and 208 genital amputations for circumcisions between 2001 and 2006. What also made things worse in these recent days is the pecuniary dimension that is involved in the traditional circumcision practice. This is a situation in which many circumcisors have been motivated and driven by the greed for money instead of being interested to advance the cultural values that the practice stand for (Nomngcoyiya 2015). This, according to these researchers presents a very sad state of affairs. This is because of the reflection that about a decade ago, traditional circumcision was a sacred cultural or ritual practice that had no monetary value except the two bottles of brandy which used to be given to the traditional surgeon (*ingcibi*) and traditional nurse (*ikhankatha*) as a token of appreciation after the initiation was successfully performed. According to DOH (2006), some of the issues believed to contribute to high death toll amongst the initiates includes underage of the initiates, traditional surgeon's and the nurse's lack of experience, use of traditional weapons, and lack of families to co-operate with traditional nurses. The money factor was also a cause in that the circumcisers were in hurry to make as much money as possible. Although the charges ranged between R180 and R200, the amount was reported to differ from one area to the other in the Eastern Cape Province. The subjective information on the ground suggests that in these recent days, traditional surgeons *(iingcibi*) are charging a minimum of R400 and the maximum of R800 and a bottle of brandy. At the same time, the traditional nurses (*amakhankatha*) are charging a minimum of R400 and a maximum of R600 as well as a bottle of brandy. These payments might explain why in the recent epoch, the rite has attracted bogus traditional surgeons and traditional nurses who are amenable to make clinical hazards (Nomngcoyiya 2015).

There are possibilities that the initiates are also not treated with humanity and dignity befitting them. To this end, Skiti (2013) from Sunday Times Newspaper of 14th July 2013 quoted the Eastern Cape Department of Health spokesperson Sizwe Kupelo mentioning the fact that most injuries and death were the result of bad treatment, inhuman treatment, including torture and mushrooming of illegal schools manned by people seeking to make profit. He further argued that they had heard reports that some traditional surgeon's (*ingcibi*) profit margins soared up to approximately R500 000 per season in the areas that experience most deaths of the initiates. Another comment on the same article by Skiti (2013) coming from the former traditional nurse (*ikhankatha*) who wanted to remain anonymous stated that the blame for death and botched circumcisions should be placed in the hands of greedy individuals running initiation schools. According to this former traditional nurse (*ikhankatha*), most illegal initiation schools were motivated by pecuniary gains and had no regard for the lives of the initiates. Sadly, the initiates would go through the process of circumcision without any evidence of documentation.

Changing Goal Posts of the Culture

Gravely, South Africa has become synonymous with these new unfamiliar cultures that heralds that the conventional cultural goal posts that used to drive cultural norms are no longer tenable. For example the communal system which used to be one of the cornerstones of African culture appears to have dwindled significantly,

and the process appears to gather a momentum. This has had grave ramifications. For example the culture of death of the young men undergoing the rite of circumcision is becoming a recurrent phenomenon in all the circumcision seasons. This is crystal clear that the values, norms, processes and attitudes that used to accompany and handle the culture have hugely changed. This is the change of the goal posts that these researchers are worried about (Nomngcoyiya 2015). This is a new culture that different stakeholders in the societies are yet to come into grips with. Apparently, the manifestations of this culture includes the phenomenon of greed among the cultural custodians such as the traditional surgeons and the nurses, lack of stringent selection criteria of the surgeons and the nurses, lack of parental interest in the affairs of culture, and the apparent lack of discipline of the initiates upon their graduation (Nomngcoyiya 2015). Perhaps what every custodian of African culture must be asking is whether these indications are suggesting South Africans are drifting away from their African culture. This question is relevant bearing in mind that many countries in the Sub Saharan Africa still treasures their cultures. To this end, Vincent (2008) in an interview with Thembu Chief, Mandla Mandela stated that some years ago, the traditional surgeon *(ingcibi*) would be assessed by elders of the community but unfortunately today, the situation is grave as the stringent process of screening who can be a traditional surgeon or a traditional nurse appears to have slackened or absent altogether. This has given way to a laissez-faire approach whereby almost anyone can claim to be a qualified traditional surgeon or a traditional nurse (Nomngcoyiya 2015). Another question that these researchers ponder, is "Where are the custodians of culture who used to monitor the professional surgeons? Why have they taken leave? Are the cultural goal posts changing for the worse or for the good?" Apparently, the issue of the traditional surgeon (*ingcibi*) and traditional nurse (*ikhankatha*) used to be on top of the agenda of the traditional circumcision practice and these were very credible individuals who were well known by the entire community due to their success rate in producing men of great calibre and citizenship (Nomngcoyiya 2015). As these researchers alluded to earlier on, there was no amount of money that could have been paid to honour them as the task they had to perform required a great responsibility. The responsibility carried immense social capital and honour (Kang'ethe 2014; Nomngcoyiya 2015).

To say the least, acquisition of skills and therefore displayal of competence in executing circumcision is one of the demands of a successful circumcision process. To this end, Savides (2013) in the Sunday Times of 14th July 2013 was of the view that the major challenge is current circumcisors' lack of expertise and skills to perform the ritual. The author further contended that some traditional nurses *(amakhankatha)* are very young and have no idea of how to handle the responsibility bestowed upon them and key demands of circumcision school. To this end, the Department of Traditional Affairs needs to dig deeper and monitor all the aspects that are involved in the ritual process, from conception to the completion. Pivotally, stringent inspection of the professionals to handle the initiates should be adequately monitored.

Human Rights Violation

Indubitably, the gross violation of human rights that is associated with traditional male circumcision practice has been widely reported in different initiation schools in the Eastern Cape Province (Nomngcoyiya 2015). One of the most fundamental human rights enshrined in the South African Constitution and the Bill of Rights is the right to life which seems to be constantly undermined by these botched circumcision (Nomngcoyiya 2015). This is despite the fact that traditional circumcision practice has been one of the most beautiful and unique rituals in the history of amaXhosa culture which was designed to shape and mould the behaviour of the boy children to manhood (Nomngcoyiya 2015). In these recent years, however, it has been tainted by a barrage of heinous acts such as carelessness in handling the initiates. This has largely undermined the rights, value, worth, and dignity of the young men that are supposed to carry the legacy of this traditional practice to the future generations. To this end, the Department of Traditional Affairs needs to put its house in order so that the glory that was associated with the rite of circumcision can reap back to the stage (Nomngcoyiya 2015).

According to Fuzile and Feni (2013) a 16 year old teenager from Tsolo Village near Mthatha in the Eastern Cape was rescued by his family from the circumcision fraudulent team as he was re-

peatedly assaulted and forced to remain in a hut (*ibhoma*) with his dead friend. This teenager described to the reporters how he was compelled to watch his friend (other initiate) taking his last painful breath and his dead body remained with them in the small hut for four days without being removed or reported to the elders. Furthermore, Fuzile and Feni (2013) stated that another 16 years old grade 4 dropout was allegedly starved and tortured to death while at initiation school in Mkhanzini village near Port St Johns. Their report quoted the victim's mother saying "Every parent looks forward to their children graduating and returning home" (Fuzile and Feni 2013). These kinds of scandals are done in the name of preserving the people's culture and tradition. Refutably, no culture in this new dispensation has the right to violate human rights, value, worth, and dignity. The South African Constitution and the Bill of Rights have clearly stipulated the importance of human rights. Also the Children's Act and Regulations No. 38 of 2005 clearly indicates that circumcision of a male child older than 16 years for social or cultural purposes may only be performed – after the child has given consent through his guardian or parent through filling some government consent documents. Consent has also to be given through a person with knowledge of the social or cultural practices of the child concerned and who has been properly trained to perform circumcisions (Republic of South Africa 2006).

Undeniably in South African circumcision terrain, it appears that issues pertaining to human rights violations are immense. To this end, Savides (2013) revealed that among the approximately 20,000 boys that went through the circumcision ritual in 2013 June/July season in Eastern Cape, many faced clinical hazards. For example one of the initiates from the circumcision school in Bizana district (one of Pondoland areas) was burnt with a panga held in a fire and pressed on his back, on his right arm and his right knee which left sour marks in his body. These are some of the terrifying and horrible practices that are done to young boys in the pretence of culture. It therefore needs be borne that the constitution is the supreme law that governs the country, and that it is above all cultural practices or rituals that seek to violate and undermine the same human rights that are enshrined in the South African Constitution and the Bill of Rights (Republic of South Africa 1996). This traditional circumcision practice has not only violated the human rights of the many young boys who aspire to achieve manhood, but have undermined the development and contribution such young men could have made in the event they were alive. To echo the words of Kang'ethe (2013), the deaths of the initiates during circumcision practice in South Africa should no longer be accepted.

CONCLUSION

To say the least, the contemporary traditional circumcision practice in South Africa needs serious cross examination, and a paradigm shift, whether in ideologies, practices, policywise, or otherwise. The South African cultural custodians through the Department of Traditional Affairs need to put their house in order. Global, regional and national media houses are crying and demanding that South Africans look into their circumcision procedures of carrying out the rite. The initiates have the rights to be protected from death and ill-treatment. These are stipulated in the country's constitution in *black* and *white*. The government should help the traditional custodians in making reforms that will ensure that all those who run the traditional schools of initiation are qualified and are men and women of dignity. Perhaps the suggested centralization of initiation schools could be a panacea considering the stalemate that the country has sunk into. However, the increased ongoing consultations between all the stakeholders involved in the initiation process are welcome. Otherwise, it is time for all in the spirit of national unity and noble citizenship to stamp their feet and say enough is enough and that no further deaths of initiates should be accepted.

RECOMMENDATIONS

Collaboration of Government, Traditional Custodians and Civil Society

The phenomenon besieging the culture of traditional male circumcision is a challenge to all the stakeholders in South Africa. These researchers believe that engaging as many stakeholders as possible in consultative process could possibly help come out with ways and means of running the culture as it used to be in

the yester years. It would then be important for all the recommendations given by different stakeholders to be operationalized and implemented.

Launch and Strengthen Awareness Circumcision Campaigns

Awareness programmes based on traditional circumcision practice at schools and in the community targeting those that are most vulnerable to the traditional circumcision practise may be of help. These awareness programmes should conscientize the target population and the whole community at large about the stipulations of Circumcision Act especially with regard to age limit of the initiates, the duties and responsibilities of the traditional surgeons *(ingcibi)*, traditional nurses as well as procedures to be followed before commencement of the rite of passage. The communities also need to be constantly reminded about their human rights and the significance of the communal system in addressing issues that affects the entire society and the community's role in the success of traditional circumcision practice.

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