



MALE  
CIRCUMCISION  
RITES  
*VERSUS*  
ZULUCULTURE

**NTOKOZO CHRISTOPHER MTHEMBU**





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## LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AIKS	African Indigenous Knowledge Systems
IKS	Indigenous Knowledge Systems
AU	African Union
BCE	Before Common Era
COR	Conservation of Resources
CIRP	Drawings Courtesy of Circumcision Information and Resource Page
CRL	Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities -
HIV	Human Immunodeficiency Virus
IFP	Inkatha Freedom Party
INTACT	International Organisation Against Circumcision Trauma
IP	Intellectual Property
MC	Male Circumcision
MMC	Medical Male Circumcision
NFP	National Freedom Party





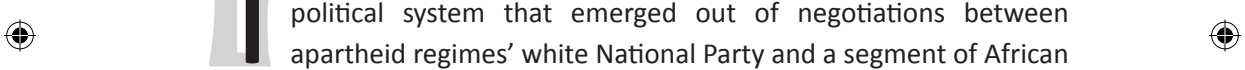
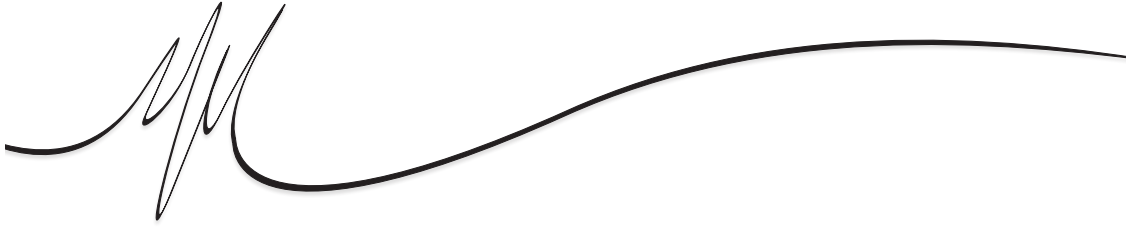
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NO HARMM	National Organisation to Halt the Abuse and Routine Mutilation of Males
NOCIRC	National Organisation of Circumcision Information Resource Centres
NSP	National Strategic Plan
OAU	Organisation of African Unity
PPP	Partnership – Private-Public Partnership
SPSS	Statistical Package for the Social Sciences
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TB	Tuberculosis
TMPs	Traditional/Indigenous medical practitioners
UDF	United Democratic Front
UNAIDS`	Joint United Nations Programme on HIV/AIDS
US	United States
USA	United States of America
WHIPT	Women's HIV Prevention Tracking Project
WHO	World Health Organization





# PREFACE



**T**he formal launch of Mandelism in 1994 - a liberal democratic political system that emerged out of negotiations between apartheid regimes' white National Party and a segment of African elite led by the Charterist's African National Congress (ANC). The era that is best known for civil rights and consolidation of the spoils of primitive accumulation, i.e. land that was viciously taken from Indigenous Africans. This era brought about high hopes to the previously colonised black African majority, especially concerning the redressing of and recognition of indigenous African cultural value systems as they were negatively affected by colonialism , in particular socio-political issues (that ranged from indigenous knowledge creation systems, youth socialisation processes and inculcation of expected community values and related institutions such as family and community structures, i.e. school) which are paramount in the realisation of the advantages of a liberated state.

The post- apartheid South African state regime under the tutelage of the ANC promulgated various social policies in fulfilling what the author of this publication opts to call a conventional paradigm after liberation





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– an expectation of things being better in terms of life improvement on issues that include land deficiency and related community cultural structures, and related value systems since they are some of the issues that caused the need to embark on what is known as the struggle for liberation. This book coincides with the twenty year anniversary of the launch of the political settlement that is highly celebrated globally by its darlings and acts as a form of evaluation as to whether the aspired hope of the previously disadvantaged has been realised especially on issues that relate to the recognition of indigenous youth socialisation processes such as the circumcision rite and related values and institutions i.e. traditional schools and academic and community structures. Thus, it becomes significant to recall the ancient African academic institutions such as Sankore University at Timbuktu in Mali that remains as a living testimony of unsurpassed academic experience that is the proof of the provision of the living indigenous African knowledge systems that has stood the test of time through the ages with unwavering commitment to spiritual academic guidance and related architectural science, i.e. mud burnt bricks, rocks, grass and timber for roofing purposes (Hrbek, 1992: 276). However, this ancient academic institution remains marginalised by the western-oriented academic institutions.

There is a need to tap into the previously unrecognised indigenous African knowledge systems and related sciences especially when it comes to invoking the Priestly-oriented ancient Khemetic science (that preceded Egypt) that is associated with ancient scholars such as Imhotep<sup>1</sup> (Bangura, 2012:114).

Although the South African post apartheid era was expected to be the

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<sup>1</sup> The father of medicine universally because when Greece developed to a state of producing a scholar such as Socrates, the ancient Kemet was already far advanced on issues such as academia and the related faculty of medicine.







time of focussing specifically on redressing the impact of the colonialist apartheid policy, it has had to focus on unexpected life threatening situation(s) not only to the individual but also to the survival of the nation in general, i.e. HIV/AIDS. In order for the present regime, in conjunction with community structures, to combat this dreadful disease, it passed various policies including utilising the circumcision rite. The South African government strategy of utilising the revival of circumcision practices to curb the HIV/AIDS epidemic and related sexual transmitted diseases that enabled the Zulu monarch to proclaim the revival of the circumcision rite on the 5th of December 2009, during *Umkhosi Woselwa* (the First Fruits Ceremony) at Nyokeni Royal Palace (KwaZulu-Natal Legislature Speeches, 2011).

So, these interventions tend to enable policy makers, government related structures, researchers, scholars and, community members included in this study, to assess the viability or the extent to which what was expected to be achieved – redressing the impact of colonialism injustices especially the inferiorisation of the indigenous African knowledge systems and sciences – has actually been achieved. Since the future is associated with the young people, their views become particularly relevant when attempting to assess and dissect social change in a diverse society with many different cultural backgrounds like South Africa. This book reveals an outcome of a scrutiny of the revival of circumcision practices in post-apartheid South Africa: a case study of perceptions of young men based in the Durban, Jozini and Hluhluwe communities as part of a research project that took place from 2012 to 2013. Indeed, it was an honour for me to participate in this research project and in team efforts to gain a better understanding of the perception of young people regarding the viability of circumcision in curbing the impact of the HIV/AIDS endemic in South Africa, in particular in KwaZulu-Natal.

In view of the observable developments especially when it comes





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to a better understanding of indigenous African people and their environments, the present academic front still does not recognise the indigenous knowledge and related analytical framework. These shortcomings tend to be more visible especially when dissecting socio-cultural issues that affect indigenes of the land such as Afrophobia that is normally dubbed as xenophobia. For instance, during the height of Afrophobia in South Africa in the past years, most analysis tended to be contributing to what other scholars refer to as pseudo-scientific analysis because the analysis tended to ignore the fact that all African people were affected by this violent action irrespective of the individual origins of their locality. Again, this tendency tended to raise its un-scholastic spirit, which can be witnessed in the present analysis on circumcision rites. This is more visible especially when identifying the relevant affected locale that tends to experience the challenges on conducting the rite of passage to adulthood, as related analysis suggests that it is “all” indigenous traditional schools, which is not true. These analyses also suggest that *Izinyanga* and their *muthi* are unscientific and are not trained to handle the contemporal ailments such as HIV/AIDS. So, this tendency tends to justify the marginalisation of *Izinyanga* in their own game, meeting the required statistics of the donors and legitimisation of the western based medical male circumcision practice that compromise the true essence of the Afrocentric definition of the rite of passage to adulthood. Besides that, it also fails to reveal the true African historical background on rite of passage to adulthood and related chemistry of Khemet in relation to formulation of relevant *muthi* to treat a relevant ailment. It is worth bringing to light the fact that ancient Khemet remains a shining example to the present faculty of medicine, as the word – *chemist* was derived from the word Khemet and acknowledge the unsurpassed perfection of chemistry – that simply means black science (Bangura, 2012:114). This was emphasised by Bangura (2012:116) when he highlighted that:





“The starting point of the human family has now to be sought for in Africa, the birthplace of the black race, the land of the oldest known human types, and of those that preceded and most nearly approached the human... Aethiopia and Egypt produced the earliest civilization in the world and it was indigenous. So far as the records of language and mythology can offer us guidance, there is nothing beyond Egypt and Aethiopia but Africa...”

Therefore, in order to avoid these analytical shortcomings a true understanding and relevant analytical framework needs to be developed in order to contribute positively to the theoretical analytical framework of the ‘liberated’ state. This enables the consideration of human relations, humans’ relationship to their mystics, to nature and relationships to themselves (Bangura, 2012:118). Thus, the utilising of the previously abandoned African scientific perspective such as the transcended Afrocentric Homology of African indigenous knowledge Systems – (Homology –AIKS) becomes relevant (Bangura, 2012:109; Mthembu, 2013). Homology (AIKS) emphasises some of the following fundamental *ubuntu* principles: the adoration of *uNkulunkulu* – the Most High Creator/ Jehovah), acknowledgement of the common origin of *homo sapiens* and related socio-cultural experiences and the compulsion to transcend the contemporaneous Enlightenment rationale (ibid.). Some of the socio-cultural practices are commonly experienced silently by the general population - irrespective of the pigmentation of the skin, i.e. practice of the circumcision rite.

Another universal and commonly ‘enjoyed’ source of knowledge is the Bible – the Bible referrals and their relevance is vital especially when it comes to gaining a better understanding of and positively contributing to the circumcision discourse in general. Although the Bible is relevant in this instance, it is worthy to highlight the significance of the interpretation paradigm in which that particular scholar utilised it. It is worthy to





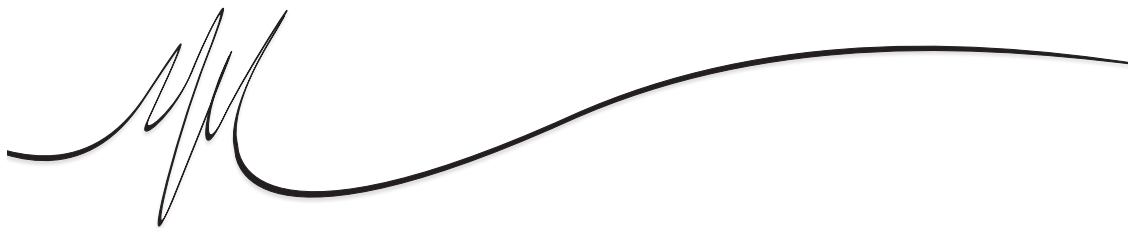
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highlight that the present Bible based on the interpretation of early Christian scholar Sixtus Julius Afrim, was based on the directives of the notorious Roman ancient Nicean religious club and related policies, i.e. Milan decree that encouraged the alteration of certain practices of the ancient faith systems to man-made faith – religion founded on the rebuttal and subsequent attempt to halt the natural prophetic tempo of the Saint Yehoshua [Jesus Christ] ancient doctrine and change of Saturday as the day of worship to Sunday as part of worshipping white people’s sun god - helios and promotion of Protestant ethics. So, in utilising the advantages provided by the Homology (AIKS) analytical perspective and fulfilment of the relevant Bible interpretation in this instance, the advancement of the original (pre- Afrim Bible version) ancient African Royal theocratic Order that emphasises the life of everliving – immortality especially when it comes to understanding the mythology of *uNkulunkulu* – Creator of the Universe and including all living creatures – the visible, i.e. humans and invisible such as the air – and related rituals. Furthermore, it enables its scholars to explore: socio-economic, political and faith-related issues concurrently. The understanding of this historical background is significant when attempting to ‘uncode’ the same ancient faith parables in particular regarding the invasion of dreaded diseases such as HIV/AIDS, sexually transmitted diseases – STDs and the circumcision rite.





# ACKNOWLEDGEMENTS



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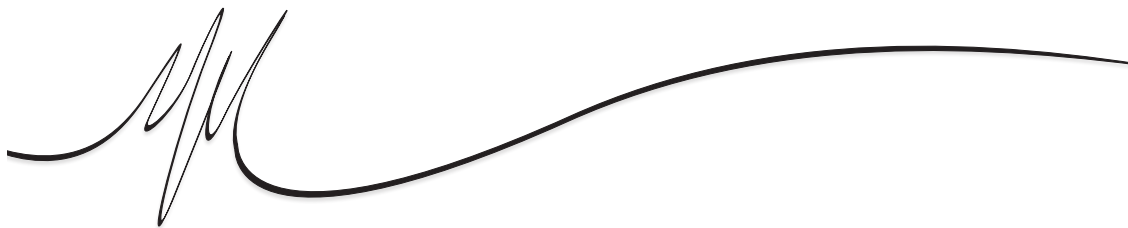
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# 1. INTRODUCTION



**T**he advent of democracy in South Africa in 1994 brought with it high hopes for redressing the past injustices regarding various social issues that had altered the normal development of indigenous knowledge systems (IKS). For instance, socialisation institutions such as the family and their related educational institutions; i.e. initiation schools, which were responsible for inculcating expected behaviour or skills in the youth, were severely affected by colonialism (Callinicos, 1990:2; Magema, 1998:10). This led to a change of behaviour and manner of interaction between the elders and the youth and among the youth themselves, as the relationship between the elders and the youth tended to be characterised by a lack of respect and related issues.

The political transition in the country has been viewed by some, as a significant opportunity to reinvent and develop IKS in an attempt to redress the youth delinquency phenomenon that faces our generation as a nation and in particular as indigenous Africans. The scourge of HIV/AIDS and related diseases has highlighted the urgency of implementing a realistic strategy that will bring about relief from





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these dreadful diseases that continue to ravage our society (Abejuela III, 2007:210; Muthwa, 1996:136 & 184; Francis, 2013; Zulu, 2006:36; KwaZulu-Natal Legislature Speeches, 2011). In responding to the HIV/AIDS pandemic, the South African government promulgated various policies that relate to IKS. For instance, Section 185 of the South African Constitution requires the establishment of a Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities (CRL). In addition, in July 2009, the male circumcision policy in South Africa was endorsed by the National Strategic Plan (NSP) for HIV and AIDS, which proclaimed medical male circumcision (MMC) as a preventative mechanism towards the reduction of sexually transmitted diseases (STDs) (Koehler, 2010:27; KwaZulu-Natal Legislature Speeches, 2011).

The impact of change in the socio-political sphere as a result of the political transition of South Africa also facilitated the revisiting of the functioning of other indigenous cultural practices in a country known for its various cultures. For instance, more than 10 indigenous cultural groups exist, such as the abaPedi, amaNdebele, amaXhosa, abeSuthu, amaZulu and many more that share a common ancestry; the Nguni people and other non-African indigenous people; i.e. the original western and eastern people. Although the circumcision rite has been practised across the globe; e.g. by western Jews and abeSuthu- and isiXhosa-speaking people from time immemorial, other social groupings such as the Zulu-speaking people in Africa have tended to abandon this socialisation practice over time (Mafeje, 1991:40; Sundler, 2004:163; World Health Organization & Joint United Nations Programme, 2007:4; KwaZulu-Natal Legislature Speeches, 2011).

The development in the South African social policy that promotes indigenous cultural practices and the government's adoption of circumcision as a strategy for curbing the HIV/AIDS pandemic provided







the Zulu *clan*<sup>2</sup> with the opportunity to revive some of its long-abandoned cultural practices such as *ukusoka* – the circumcision rite, first celebration and *umkhosi womhlanga* – reed festival, which had previously ceased to be practised for various reasons (Magema, 1998; Department of Health – KwaZulu-Natal Provincial Government, 2010a; Department of Health – KwaZulu-Natal Provincial Government, 2010b).

According to the 2006 government findings on the trials of the viability of male circumcision towards the reduction of HIV transmission, the trials were halted because of unexpected interim results that the circumcision rite has protective elements. These findings endorse the results from a study conducted earlier in Orange Farm in Gauteng Province (Department of Health – KwaZulu-Natal Provincial Government, 2010a). Consequently, various social institutions saw the circumcision rite as a practical source of stability and social change in modern urbanised communities and as being central to our understanding of current problems such as HIV/AIDS and our ability to resolve this disease (Women's HIV Prevention Tracking Project (WHIPT), 2010:28).

Although the first circumcision trials in Orange Farm in late 2006 and subsequent practices in this regard, including the KwaZulu-Natal circumcision practices, were endorsed as progressive steps in eradicating the threats of HIV/AIDS and in cultural preservation, the trials tended to be characterised by the limited participation of *Izinyanga* – indigenous doctors, the use of their *muthi* or medicine and the involvement of the elders (KwaZulu-Natal Legislature Speeches, 2011). This limited participation has created a negative interpretation in some quarters, as it is seen as the continuation of the same old

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<sup>2</sup> The term “tribe” refers to a purely cultural logic, the delimitation of which is a common language (Mafeje, 1991:38).





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agenda of inferiorisation of IKS, as related structures are viewed as ineffective by virtue of the tendency to promote of western MMC practices in conducting this rite (Department of Health – KwaZulu-Natal Provincial Government, 2010; Hammersmith, 2007:3). Apart from indirectly giving the wrong impression that African traditional medical practitioners (TMPs) such as *Izinyanga* and *izangoma* and their *umuthi* are not relevant or effective in curbing the scourge of HIV/AIDS and related diseases, they are viewed as ‘informal’ and part of the ‘hidden economy’ and have become spectators on their own turf of conducting the indigenous circumcision rite of passage to adulthood (Nesvag, 1999:9). This has also led to a further marginalisation and denial of the further development of the traditional medical practitioners to meet challenges experienced in the present global competition (Sibisi, 1989:106; Hammersmith, 2007:5 & 7). This problem led to the need to conduct a study to gain a better understanding of the rationale behind and challenges related to the revival of circumcision rite practices as they are viewed as an antidote in dealing with the HIV/AIDS pandemic in the post-apartheid era, in particular the KwaZulu-Natal Province circumcision approach.

The relevance and continuation of the circumcision rite remain central to the related discourse, as there are divergent views in this regard. One view suggests that the continuation of this rite is tantamount to genital mutilation while another view suggests that it is a form of cultural preservation. In attempts to gain more understanding of the impact of the current practices in relation to the sustenance of the cultural practice, the present dominant social settings of *consumerism*<sup>3</sup> become crucial (Daneel, 1998:242). It is necessary to scrutinise the role played by related stakeholders; i.e. state departments such as

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<sup>3</sup> It emphasises the material progress and upward mobility as morally justifiable trends, irrespective of its alienating consequences, especially when it comes to self and place.





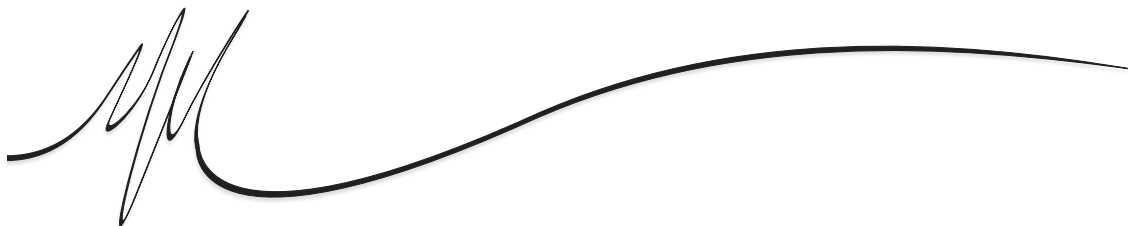
## Introduction

the Department of Health, and relevant communities and structures such as local leaders, the Chief or *Induna*, and indigenous leaders' organisations in shaping the current practices of circumcision in the post-apartheid era (Department of Health – KwaZulu-Natal Provincial Government, 2010a).





## 2. BACKGROUND



**T**he current socio-cultural, behavioural and developmental challenges facing the revival of some of the old religio-cultural practices such as circumcision suggest that despite the highly celebrated political transition from a minority regime to majority rule, the rationale behind the adoption of circumcision as a strategy and its role in redressing the past injustices among black African youth in general remains viewed differently (Mthembu, 2011; Daneel, 1998:237). Du Toit (2003), James (2005) and Hrbek (1992: 85) argue that it is imperative to understand issues such as traditional career development perspectives of cultural restoration that are seen to be the means by which an individual sustains life. Furthermore, the understanding of young black African people's conception of their transition to adulthood, what they conceive adulthood to mean, and how their development is facilitated or hindered by socio-political structural conditions is important (Richter & Panday, 2006:3).

The Department of Trade and Industry's special policy and framework suggests a means of protecting IKS through strategies such as the intellectual property (IP) system, using a variety of tools in the form





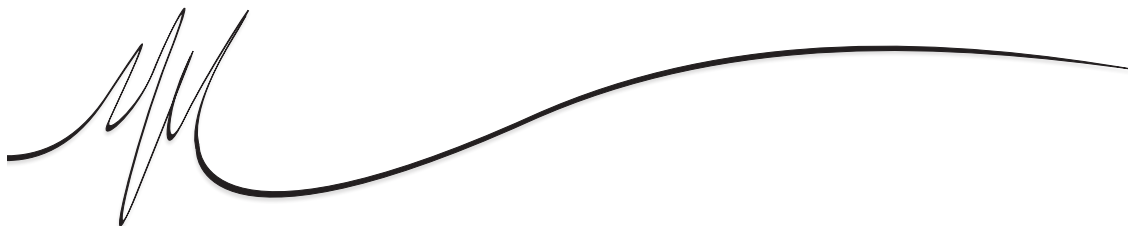
## Background

of patents, trademarks, copyright, trade secret and contractual arrangements (Department of Trade and Industry, 2004:10). Additionally, it also facilitates the convergence of IKS practices and learning conventions of other communities of practice. Learning conventions of the academy are also brought into dialogue with specialised conventions of the other communities of practice (Mthembu, 2011:50). So, the impact of revival and continuance of circumcision as a strategy of and practice by some black communities and its influence in social change in the post-apartheid era are observable (Snyman, 1997; Flick, 1998:29; Kincheloe & McLaren, 1994:139).





### 3. THE CONCEPT OF QUALITY OF LIFE



**W**hen attempting to gain a better understanding of the rationale that facilitates an individual's change regarding their status in their respective environment, it is imperative to consider what people or individuals view as meaningful in their lives and the type of living that is considered as advantageous or not advantageous. Individual choices are normally influenced by the cultural environment in which each person has been raised. This is also confirmed by Hofstede (1984) and Giddens (1971:120) who stated that it is significant to note that the definition of the notion of quality of life depended on the culture of that particular group of people or nation, for instance, other social groups' definition of quality of life is highly influenced or determined by the fulfilment of certain material desires. Whilst in other social groups, quality of life relates to the level that people decrease and limit their material desires.

However, irrespective of the social group that an individual belongs to, the common aspect of an individual's quality of life has been determined by the quality of their work life. In relation to the improvement of quality of life and the quality of work, both are dependent on individual options



and cultural constrains (Hofstede, 1984:389). In addition, these social artefacts are determined by a particular community/society, as the measurement of employment patterns, achievement and attainment of essential desires. For instance, in some communities the fundamental allegiance of an individual lies within the family circles, i.e. parents, relatives and clan, which is regarded as the fulfilment of a quality life. Furthermore, in such a community, the high quality of employment determines the meeting of the desires of the family (ibid.). It's significant to note that work must be regarded in the broad context of encompassing life trends, for example, at the cultural level, work and life cannot be divorced. This suggests that the definition of 'quality' is dictated by particular values that are associated with 'good' and 'bad'. Therefore, this means that values are to a certain degree determined by individual choice and to a larger degree, what is viewed as good and bad is determined by the individual's cultural environment (Hofstede, 1984:389).

### 3.1 Value pattern

In order to understand how an individual's cultural value systems function towards influencing the individual's options in determining what is good and bad, it will be significant to note the definition of value that is widely favoured regarding one situation of relationships over others. So, it is worth highlighting that culture can be viewed as encompassing the course of the mind that differentiates the members of one category of individuals from another (Hofstede, 1984:389).

So, when attempting to understand the definition of cultural value systems, it is imperative to consider four elements that Hofstede (1984:390; Giddens, 1971:122) highlighted in this regard:



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- *Power relations*: the type of culture and related social stratum and authority assigned to each irrespective of whether such status entrenches inequality within the society but are viewed as legitimate and normal. This suggests that inequality can be welcomed to a certain extent and this differs from one culture to another.
- *Individualism*: though it forms part of culture, it tends to contradict the collectivism individualistic culture that puts emphasis on the individual's primary focus on their interests and the immediate interests of their close relatives, i.e. husband, wife and children. It is significant to note that collective culture argues that individuals via birth and later related occurrences determine their affiliation to singular or multi 'in-groups' which cannot be disconnected from that individual. Normally, the in-group irrespective of whether it relates to extended family or clan or organisation, safeguards the interests of its affiliates as the means to entrench their permanent loyalty. Thus, the collective community is characterised by close-up relations in comparison with individualistic society that is characterised by an unsecured merger.
- *Masculinity*: it forms part of the identity of culture and contradicts feminism, as it normally uses the biological justification of two genders that determine almost all functions for men and women. It also encourages assertiveness, ambition and competitiveness as the means to achieve material aspirations as well as respecting what is viewed as gigantic, tough and swift. In return, it encourages the women to act and protect the 'non-material' quality of life such as children and the frail. Meanwhile the feminist culture's view sees the overlapping of social responsibilities for both genders, where men or women aspire to be ambitious and competitive. Both genders vary when it comes to determining what is viewed





as quality of life versus material success regardless of size, strength and speed. Thus, in the masculine and feminine cultures the determining value systems within political and work structures tend to be dictated by men's values that promote material success and assertiveness.

- *Uncertainty avoidance*: this also forms part of culture identity – the extent to which people in a certain culture are made to be frightened by a particular phenomenon that is viewed as not clearly understood through the adoption of a series of strategies and codes (i.e. policy and systems) and behaviours and belief in absolute truths that are meant to avoid such an incident. It is significant to note that cultures that have a strong uncertainty tend to be meditative, less aggressive, detached, more tolerant and accepting of individual peril.

Though we acknowledge the quality of life and its significance to all cultures, it is worth highlighting that scholars in the 'former' Western colonised countries tended to depend on definitions of "quality" that reinforces the North American value systems (Hofstede, 1984:397). This tendency tends to follow the normal entrenchment of the Western or European values because most of the social scientists and community leaders in general in the former western colonies have been educated in the Western-oriented education system. Hofstede (1984) argues that this is one of the greatest challenges that normally face the post-colonial state around the world, as the related leadership and social scientists are caught up with intellectual imperialism as they are seen championing foreign ideals. For example, this hidden ethnocentricity is normally used as a rationale for "scientific verbiage" that justifies the U.S. social scientific models and instruments that are attributed with high status value. This is why it is recommended that there is a need for extensive individual courage and independence of thought of researchers in the



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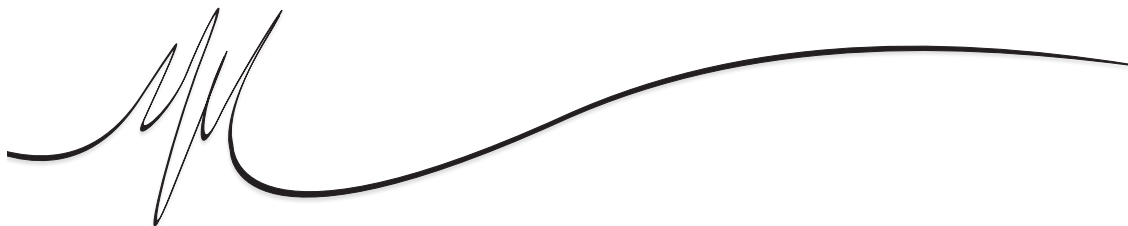
former Western or Eastern colonies to highlight that these models and instruments are completely or partially irrelevant to another social environment.

Therefore, it is worth highlighting that scientific models are not literally meant for what is openly declared as the intention, as they are normally related to a quasi-religious, symbolic meaning that needs to be effected. In other words, social scientists are the outcome - children of their culture. So, trends of collectivism such as loyalty to the scientific reference group –U.S. or European university and huge power distance (i.e. intellectual dependency) tends to prevail in the ‘former’ colonised countries. Despite counter forces, data on western ethnocentrism suggests that it cannot be achieved, as countries that attempted to adopt or transfer Western ideals have experienced a chaotic response. However, countries that translated these theories in line with their on cultural traditions, such as Japan and Singapore, have outshone the West. Thus, in other quarters they declare *bon voyage* to ethnocentrism in social science theories and specifically to the definitions of the quality of life (Hofstede, 1984:397).





## 4. THE CONCEPT OF “RITE OF PASSAGE”



**I**t is vital to understand what is meant by the term “rite of passage” and in attempting to unravel this concept, it is also important to note what has been the core of the rites of passage in the pre-industrial societies – the manner in which its members progress through transitional life stages by way of using rites and ceremonies. However, it’s worth highlighting that the concept of rite for passage was first proclaimed by Van Gennep in the nineteenth century when he attempted to clarify the ritualised practices and related ceremonies that various cultures develop as part of formalisation of the movement from one life stage and entering of another stage (Van Gennep, 1960:2; Giddens, 1971:121). He suggested that there are three types of characteristics of rite of passage:

- The *spiritual/ symbolic* needs of the participants are met through engagement in the rite or ceremony that enables for a construction of a ‘new’ self-identity;
- “*Communitas*” of which is formed through observed events that are viewed and acknowledged as significant by other community members and





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- The *ritual embedded conditions* that can be viewed as challenging to the participants' physically, in particular on issues that pertain to moral or intellectual cultural teachings, as they inculcate a particular behaviour which signals the passing on to the next life stage (Van Gennep, 1960:3; Giddens, 1971:123).

Although this has been confined to the study of anthropology, other related studies such as Sociology, also identifies similar criterion, and acknowledges it as a mechanism that alleviates the tension that is associated with transitional stages and related changes in the industrialised societies (Giddens, 1971:123). There is a wide range of spectrums of life phases that can be viewed as categories that constitute the initiation ceremony or a rite of passage. In the European cultures there are few ceremonial rites of passage, however in the Nguni people in the south of Africa, there are various related rites from as early as childhood to adulthood (Van Gennep, 1960:3; Mthembu, 2006 & 2009; Nkosi, 2005). So, this event tends to be viewed as the repository individuals that are related to each other and defines the changing nature of their status and 'related responsibilities'.

It is significant to note that not all these signposts are in line with community norms and governmental legislations, such as certain adolescent deviant activities, i.e., drug usage and gang affiliation. These can also be viewed as effective rites of passage to some children especially the disadvantaged or marginalised stratum though they may not be consistent with the prevailing norms of the society. Therefore, both activities of criminality and becoming "adult" can be viewed as a "tool" for the development and maintenance of a particular appearance of masculinity. For example, when a man commits an armed robbery, can it be said that he is performing like a male – performing masculinity. Ogilvie and Van Zyl, (2001:3) suggests that deviant activities are a form of:





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“...a way of elaborating, perhaps celebrating, distinctively male forms of action and ways of being, such as collective drinking and gambling on street corners, interpersonal physical challenges and moral tests, cocky posturing and arrogant claims to back up ‘tough fronts’”.

So, the engagement in criminal behaviours with peers sharing the same idea, can be viewed as the collectivisation method that is similar to the criteria that was initially identified by Van Gennep. It’s worth highlighting that some criminal activities can teach and lead to construction of a new set of self identity that is acknowledged, accepted and respected by others. This view shows that others are willing to tolerate the notion that suggests incarceration also serves as a replacement for traditional rites of passage. In addition, this is also emphasised by the fact that the age and type of crime and the offending behaviours typically involve peers especially in criminality that was engaged upon for “fun” and “adventure” (Ogilvie & Van Zyl, 2001:3). Furthermore, incarceration practice tends to serve as the “replacement” rite of passage though it only focusses on one aspect of criminal activities that also serves as the “learning experiences”. Again this suggests that incarceration is not a replacement rite of passage but is another avenue for construction of identity, as schools, leisure groups and “loose” peer interactions (Ogilvie & Van Zyl, 2001:3).

### 4.1 Alternative socialisation process

As we attempt to understand better the impact of Western colonialism in South Africa, Africa and the world in general, it is worth taking note that it has resulted in the development of alternative rites of passage in other communities. It is significant to note that the forceful removal





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and alienation of the indigenous people in accessing land and related resources led to the abandonment and subsequent adoption of alternative socialisation processes. For example, the pact of proletarianisation processes forced the migration of individuals from rural households to urban centres with the hope of attaining a better quality of life. Since urban communities are no longer enjoying their defined youth rites of passage to adulthood, this has led to the development of alternative socialisation processes. For instance, the role of imprisonment tended to act as the alternative initiation process of the indigenous youth, in particular males (Ogilvie & Van Zyl, 2001). Ogilvie & Van Zyl (2001) argues that this is illustrated by the large number of inmates held captive, in particular indigenous youth in comparison with non-indigenous youth.

Perhaps, it is vital to revisit the idea of incarceration as a rite of passage that is voluntary or not, as other critical views suggest that the idea that custody has substituted initiation is not true. However, it is a fact that there is a form of hero worship of ex-prisoners by other youth, in particular boys, but this does not justify that imprisonment has substituted the tribal initiation, as it still prevails in other communities. In addition, it rejects the prison-as-a-rite-of-passage theory, as the incarceration can involve a “positive” element of choice that runs concurrently with opposing substantial literature based on indigenous incarceration. The argument that is raised in this literature suggests that incarceration in particular, damages the incarcerated indigenous youth (Ogilvie & Van Zyl, 2001:2).

However, it is argued that the concept of incarceration tends to suggest that the initiation process for young males presumes something that is viewed as the status of acquired wisdom although there is no empirical evidence that supports imprisonment as a substitute to a manhood rite (Ogilvie & Van Zyl, 2001:2). Although contemporary in other communities such as the Zulu nation, in particular in the urban areas,





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there are no well defined initiation ceremonies that proclaim manhood. Thus, it is suggested that it “appears that young people tend to choose alternative initiation rites of passage that reinforce the basis of pride and achievement” (ibid.).

### 4.2 Concept of crossing borders

For us to have a clear understanding of the processes of youth transition that include circumcision, leads to the next phase or position in social structures. Then the location in which it takes place and related essential resources when performing this rite are significant in terms of topographic space, whether in a human created space or natural. For instance, in the bush or mountains, by a river or building, or in the metaphysical sphere, such as beyond the material world (Mendel, 2007:32). In addition, it is also significant to be cautious of what accompanies the topographic aspect so that there is a clear understanding of the end result of partaking in such a rite, i.e. the level that it leads to, whether it is a low or high status. Mendel (2007) argues that this new status is normally presented in the dual opposition manner, for instance, child versus student, parent versus parent of a student.

The ritual transition theory framework is more relevant in the twenty first century despite its inception in the twentieth century, as it explores a life course transition that is highly influenced by Western society and related institutions that govern them, including the transition to fatherhood (Draper, 2003:11). In attempting to a gain a better understanding of young men transitioning to adulthood, a ritual transition theory is recommended as it reflects contemporary transitions in the broad spectrum of a life course (Draper, 2003:5). It functions within the law of regeneration that emphasises that life is a continuous course between death and





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rebirth and also highlights how everyday behaviour contributed to the establishment of social change, competition and social coherence (Van Gennep, 1960:9). In addition, Van Gennep (1960:3, Mthembu, 2006 & 2009) argue that in traditional societies individuals move between rigid positions or events that include birth, childhood, marriage and death.

The fundamental emphasis of this theory is the manner of attaining a new status that can be regarded as the passage or movement between positions that have a distinct common guide that get reproduced regardless of the event. He defined this common guide in three stages: separation, transition or limen and incorporation. He called this arrangement the '*rites de passage*' (Van Gennep, 1960:11). When literally translating passage, it refers to a transition and arrangement patterns that constitute the rites of transition (Draper, 2003:6). The rejection of a large quantity of ritual practices in various traditional communities, in particular in Western secular societies, has led to ritual impoverishment (Draper, 2003:10).

The post-modern Western culture emphasis on individualism that ignores the significance of the collective contribution of rituals (Van Gennep, 1960). The contemporary arrangements deny that rituals are a public expression but have rather judged them as being too individualistic, as the emphasis is on the individual achieving transition alone with related private symbols, resulting in it becoming a private matter within the psychoanalysis limitations (Draper, 2003:10). This has had a negative impact as it has led to the replacement of a well defined set of rituals for another. Despite the impact of Western ritual impoverishment, the nature of rituals is flexible and vacillating (ibid.). Draper argues that the simple definition of ritual transition theory shows the dynamics and change of cultural practices as the difference between ritual and non-ritual transitions are less distinctive (2003:10). This allows the usage of the notion of ritual transition to understand how individuals make their







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living and promotes the rediscovery and cultivation of ritual meaning in daily life in the process of development and implementation of the ritual (ibid.).

The observable practical development of the processes of rites is that power dynamics cannot be underestimated between its practitioners such as the parent and the child relationship. Since such a relationship is highly dictated by schools, then, it's worth dissecting the current concept of the schooling system with an understanding that it is grounded on the Enlightenment doctrine. This schooling system operates on the pass and fail principle that emphasises that enlightened schooling that is viewed as the legitimate terrain of acquiring knowledge versus the home that is viewed as unqualified to offer a sound tutorial programme. So, it is significant to note that despite various attempts to curb a trend of viewing home-school relations as opposing fronts and not intended for child welfare, this opposition trend tends to be indirectly promoted by various means; for instance, in South Africa, it has become a norm and statutory for the parents to send their children to school (Mendel, 2007:32).

Consequently, related contractual obligations form the basis of the rite of passage that emphasise the clear patterns of division levels such as the separation, periphery and aggregation. In addition, this is also illustrated by the parental contractual obligations that indirectly empower the rule of the school. It's worth noting that when a child experiences transition from home-private space to school-public space, this transition is not easily grasped by either child or family and also acts as the alienating factor of symbols of home life (Mendel, 2007:32). This tends to be demonstrated when a child reaches the school crossing phase where they tend to experience physical and emotional separation from their related life and culture. This is why it is suggested that when transforming their reality, it is recommended to distance ourselves from crossing its





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entrance, as it is entrenched in the sphere of language that defines clearly a ritualised character of human activity (Mendel, 2007:30). Though such presentation can be in metaphors, it can also be in symbolic behaviours, ritual identity with words, gestures and the manner of utilising entry to school to form material that has a clear component of the school space. However, it's worth highlighting that in the school crossing phase, parents – mother or father – also assume a new identity/status of parent that is normally 'not' taught by their new status (Mendel, 2007:31). This is significant as it constitutes the component of the communicable approach towards culture that is relevant in this study as the researchers in this study endeavour to analyse the reality and decode the meanings through semiotics (Mendel, 2007). Mendel (2007:33) attempted to illustrate two scenarios of school crossing phases- *rite the merge* and *rite of aggregation*:

### 4.2.1 Rite the merge

It's worth highlighting that this phase indirectly serves as the first juncture of alienation or marginalisation of the child from his/her social environment such as family or community that he comes from. This situation tends to subject the child to a chaotic environment, that is described as *the rite the merge - the liminal sphere in crossing home-school border, the rite the passage*, as it consists of an introduction to a new social reality, which is also accompanied by fear and lack of trust. In other words, this phase captures the child in a 'no-man's-land' in terms of space and time which would normally be dictated by culture that he aspire to achieve something before moving on (Mendel, 2007:33). In other instances, this scenario resembles two inseparable spheres of the material and metaphysical worlds that are bound by a mystifying transitional sphere that presents a holistic nature and is also viewed as a





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sacred sphere and a taboo subject (Van Gennep, 1960:9).

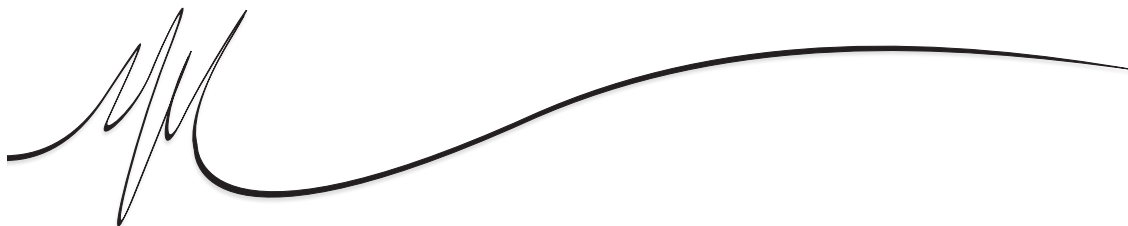
### 4.2.2 Rite of aggregation

The transition from one sphere or position to another sphere or position can be simply defined as the rite of passage from home. For instance, at home a particular status is bestowed, i.e. a child and in the school sphere a pupil/student status is awarded (Giddens, 1971:130). This suggests that rite of passage from home to school involves definition of spatiality, as the school space is considered to be *proximally* as it has a defined set of rules (Mendel, 2007:33). In addition, this sphere is also characterised by binary coding behaviour such as the usage of opposition, i.e. informal – versus formal dress codes that can be summarised as signs of subordination and power relations that dictates the rite of aggregation.





## 5. CONSTRUCTION OF “NATURAL SPACE”



**T**o gain a better understanding of present youth perceptions of the cultural revival of the circumcision rite in KwaZulu-Natal, it is necessary to adopt a constructive critical perspective. This is especially true when attempting to dissect the South African landscape, which is normally regarded as uncomplicated “natural space”; i.e. the space of the “postcolonial” era. This becomes particularly important when exploring some of the ways in which these spaces are viewed in the dominant culture. This creates an impression that natural spaces exist outside of history or as transmitters of idealised history, which is critical to a country in a post-colonial context such as South Africa. In such a context, the revival of cultural practices such as the circumcision rite becomes significant in understanding the perceptions of the indigenous population, which was subjugated and excluded during the colonial era (Brooks, 2000:64). Thus, the “natural” spaces of the country need to be brought back to history and placed in their political and historical context, especially when dissecting cultural issues that relate to indigenous people in a particular locale.



## 5.1 Nature and temporality

When attempting to gain an understanding of nature, it is important to consider what Brooks (2000) highlights: that the present construction of nature involves spatial aspects although it is viewed as a temporal arrangement. When we look at the South African context it is unjust to overlook the true historical development, as the country’s developmental framework has been defined within the western experience of nature, which cannot be ignored for its sad recreations of the past (Giddens, 1971:129). Thus, in the “natural” spaces, time is constructed in a certain format, as it is used as a spatial and a temporal indicator for the identification of the positive and negative and the manner of thinking about the relations of the ancient and the modern cultural settings (Brooks, 2000).

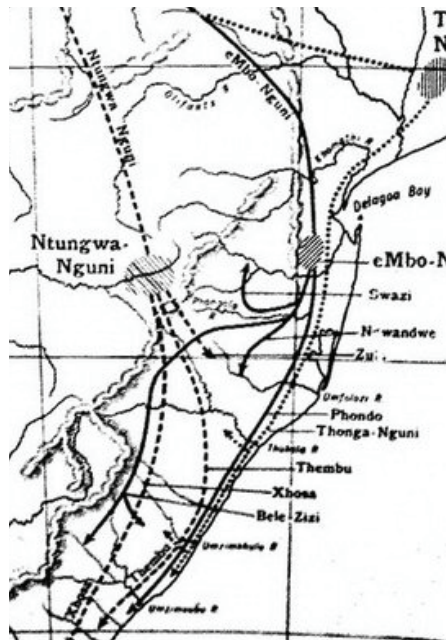


Figure 1: Map of early Nguni people movement routes (Source: Conner (1990))



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When we look at the cultural category of “nature”, Brooks (2000) suggests that there are two views that should be considered with their related concealed time element: first, natural spaces are viewed as timeless, beyond time limits or linked to an ancient era prior to the documenting of historical social developments. So, to define such a landscape as “natural” tends to ignore the historical milieu, which results in its separation from society. For example, in its present usage and construction, the word “wilderness” is viewed as the antithesis of “culture”, which makes it difficult to link the word with a related human historical context. Second, the ancient epoch is viewed as more “natural” and better, which suggests that nature also acted as a significant feature in defining a heavenly version of the past, as natural space is viewed as pure and untouched by present settings and as the expansion of an imagined past that can be characterised as pure, or wiser, or true natural settings. Thus, nature becomes a romanticised past; i.e., it becomes a lost time space that offers us possibilities of escape from the present.

The designation of a landscape as natural tends to conceal the negative features of the land’s history; for instance, the negative social relations and their impact on the livelihoods of the populace in general, such as the impact of *Imfecane Wars*, which were led by King Shaka and brought about the destruction of the ancient African dynasty in the region (Brooks, 2000:71; Magma, 1998:57; Giddens, 1971:129). Subsequently, this led to misunderstanding, dismemberment and rebuttal of individual and nations’ fundamental survival guidelines and their leadership format based on the royal theocratic framework (by virtue of their espousal of the notion of *uNkulunkulu*, which relates to creator worship), alteration of local societal patterns to suit the colonialist programme, change to a cultural values system and a threatening of the continuation of strategies for survival of the indigenous population in general. So, in both instances, wild nature is presented as space outside time and projected as a remnant from a lost world. This tends to rebuff reality or promote





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unclear realities of history and of the present. In addition, nature presents both space and an absence, as it has already lost time and space (Brooks, 2000:65). Such perceptions become particularly relevant in this regard, especially when attempting to gain a better understanding of the Zulu nation’s cultural traits and how they are represented in KwaZulu-Natal. In attempting to understand the composition of the Zulu Kingdom, it is vital to consider that there was a demand for the recognition of the 11 provincial *Amakhosi (chiefs)*<sup>4</sup> of KwaZulu-Natal to be granted the same status as that given to the recognised King Zulu Goodwill Zwelithini in the new political dispensation<sup>5</sup> (Khumalo, 2007).

The images of the culture(s) of the indigenous populace in South Africa tend to be created and presented to meet the expectations of tourists and ecotourism marketing strategies. In addition, although tourism is seen as a business, in reality it is about “construction, packaging, transmission and consumption of images and representations of society and its past” (Brooks, 2000). Furthermore, this construction is aimed at tourists (who are often people of European origin) and interlinked to gain their power from related stories from various constituencies, in this instance, government agencies and Zulu men.

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<sup>4</sup> The list of those claiming the kingship presented at the Ulundi meeting include M J Radebe of AmaHlubi tribe, M A Hlongwane of the AmaNgwane tribe, S D Mngomezulu of the Mngomezulu tribe, M Mngomezulu also of the Mngomezulu tribe, M J Tembe of the AmaThonga tribe, M Z Dlamini of the Nhlangwini clan, M S Ndwandwe of the AbaNguni tribe, M Miya of AmaZizi tribe, V A Madlala of the Madlala tribe, D E Msomi of the Msomi tribe and M A Mavuso of the AmaNgwane Tribe.

<sup>5</sup> The principle underlying the Houses of Chiefs is simple: all western democracies have at least one House of Parliament, which represents all citizens on questions of national relevance. Some countries, such as Canada, the UK and the US, also have a second House of Parliament — a Senate or House of Lords — that deals with situations or interests related to geography, regional equality, or history (Ray, 2001).





## 5.2 A space in the distance of time and timeless Africa<sup>6</sup>

The traditional circumcision rite that forms part of the current cultural revival in KwaZulu-Natal can be linked to natural spaces and is often presented as being distant, of a time that is caught up in the spheres of timelessness. It is significant that normally Africa is presented in response to colonial schema, as a place without a history apart from what has been experienced through colonial invasion (Brooks, 2000:66; Giddens, 1971:127). Thus, terms such as “primeval” or “primordial”, which persist because of colonial obligation, are experienced in the ecotourism and safari marketing narrative on East Africa and other parts of the African continent, including South Africa.

The strength of this type of primeval timelessness in the marketing of the African and its “nature” is highly consolidated, as “safari” tourism discourse suggests that there is no history of this particular space. Instead Africa is regarded as “a land of spectacular natural beauty occupied only by wild animals and savages” (Brooks, 2000). This type of development can be witnessed in the overall marketing strategy of the KwaZulu-Natal province through its initiative of “Timeless Afrika”. It is claimed that the letter “k” is used instead of a “c” in the word “Africa” with a view to advancing the enchantment of the destination. In addition, the timelessness argument tends to reinforce the assertion of the “outside of time ecstasy” that forms part of the KwaZulu-Natal Province.

Another element in the creation of a space outside of time that tends to complement a timeless Africa is a “timeless Zululand”. Hence, in addition to wild animals, timeless Zululand reinforces the determination of the notion of “unchanging Zulu culture”. For instance, tourists are referred to

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<sup>6</sup> A version of the original name of the continent: *Akebulan*, which means the cradle of humankind.







## Construction of “natural space”

Shakaland, where they can expect to “experience the essence of Africa, pulsating tribal rhythms, assegai wielding warriors and the mysterious rituals of the Sangoma interpreting messages from the Spirits”. In addition, in some instances, this is presented in the romanticised colonial history as a static and somehow magical Zulu culture, together with the spaces of conservation and nature:

This land has witnessed one of the greatest challenges to the supremacy of the once mighty British Empire during the tragic... of the Anglo-Zulu War. It is also steeped in the fascinating culture of the people who call it home. Rich in symbolism and tradition, here the heartbeat of Africa throbs with an almost mystic vitality...

Perhaps, in attempting to understand the dynamic of culture and its preservation in this region, it is important to consider challenges posed by western colonisation processes in relation to the land distribution policies, which tend to confuse and demean the IKS (Brooks, 2000:67; Bangura, 2012). Brooks emphasises this tendency, which is reflected by some western scholars when referring to Africa, its people and the environment. This is despite their understanding of the sacredness of space that is currently quarantined outside the normal rules of time and social history, which need to be transmitted to non-indigenous people by the people they define as “natives” because of their link to nature. For example, these scholars express the following type of view:

Well, I think it...an archetypal home for mankind. I mean, early man had been there, and the bushmen had been there. There are still remnants of bushman paintings. But you need midwives – you need midwives to enable you to understand it... (Brooks, 2000:67)

This view tends to reflect the aspiration to be linked to nature through the exploitation of indigenous cultures, which these scholars initially





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label as barbaric and pagan (Brooks, 2000:68). In addition, assigned the task of the agency, the 'natives' in this regard become the interpreters of what they call the "timeless wilderness of Africa" to the "spiritually impoverished westerners".

### 5.3 Presentation of the "glorious past"

In attempting to understand the manner in which the past is presented in the present, it is important that the present practice attempts to recreate the African past by utilising rites such as the revival of circumcision. In justifying the revival of such a cultural practice, King Shaka becomes central, in this instance, as the rationale for the abandonment of this circumcision practice is ascribed to him without considering other related factors. In addition, this tendency to blame King Shaka also indirectly contributes to the emphasis of the nineteenth century notion of the glorious history instead of the primeval or timeless nature of the ritual. This is also confirmed by Brooks (2000), who argues that this type of attitude contributes to the consolidation of the "white myth" of King Shaka by certain white academics. These academics argue that:

...in post-apartheid South Africa we cannot escape the shadow cast by Shaka kaSenzangakhona: It still stalks the hills of Zululand, darkens the classrooms with its narrative of violence, and disturbs the politicians' proclamations of national unity, even as they attempt to claim Shaka as their own.

The revival of circumcision tends to contribute to the mythical role of King Shaka, which is also linked to the consolidation of Zulu masculinity as part of the forging of the idealised history of the Zulu nation. This type of developmental approach tends to entrench the stereotypes of masculine





identities, which are associated with fighting and hunting (Brooks, 2000). These social constructions are marketed, justified and promoted through the co-option of individual(s) in the echelons of various social agencies such as the monarchy of that particular community (Brooks, 2000:69). Such a practice tends to ignore the historical account of ancient African monarchy, which has been put aside by various violent colonial strategies, and the establishment of the capitalist monetary system that was consolidated through proletarianisation<sup>7</sup> programmes via idealistic appeal (Giddens, 1971). Cultural artefacts such as the circumcision rite become more relevant when the colonisers present the romantic past. This is because the glories of the Zulu historical narratives become more feasible when they are imagined and assimilated by tourists and performed by the indigenous people, who remain alienated from the spatiality where their social processes were learned and practised under the tutelage of the elders who remain marginalised, not partaking meaningfully in the present circumcision practice (Ntsebeza, 2002; Pewa, 1997). Thus, the practice of circumcision has been revived under the tutelage of a cultural revival, which has been endorsed by certain traditional leaders in keeping with the colonialist past, as normally occurs in such western-oriented projects that are linked to African indigenous values.

However, this phony experience of Zulu men tends to be based on the narratives of oral history that ignore and work against the glorious history of the past and add to the “invented tradition” for the benefit of western globalisation, which demands euphoria (Finnegan, 2012: xxvii). This also contributes to the celebration of the manufactured narratives and lost independence of the pre-colonial state, which have been

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<sup>7</sup> It is a strategic process whereby indigenous African people were violently removed from their land by the east and western settler colonialist fronts in order they can act as the source of cheap labour, inculcating the worker mentality – selling of labour power as a source of meeting livelihoods and creating dependency tendencies to the colonised.





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granted the status of the legends of the region (Brooks, 2000:69). Then, the construction of black African monophysite patriarchate masculinity becomes more relevant, especially when attempting to dissect the circumcision rite practices in the twenty-first century (Ntsebeza, 2002; Pewa, 1997). This dissection tends to illustrate the “superior” status that is given to the white men’s medicine in resolving problems that are encountered in the “inferiority” of indigenous cultural practices such as the circumcision rite and related medicine that “fail” to solve medical challenges.

So, it is worth highlighting that the preservationist discourse is currently characterised by the interference of foreign agencies that tend to have a different mandate to the indigenous people regarding the understanding of cultural preservation. Thus, the post-apartheid era is characterised by cultural revival without the transference of the land to its rightful owners due to constraints set up on the settler colonialist front. In other words, the special issues such as land handover remain presented in the melancholy that continues to be treated in a commoditised manner through the Wakefield approach<sup>8</sup> - a willing seller; willing buyer arrangement (Cousins, n.d.). This suggests that the cultural revival, especially of the circumcision rite of the Zulu nation, is marketed and promoted under the auspices of “Timeless Afrika”.

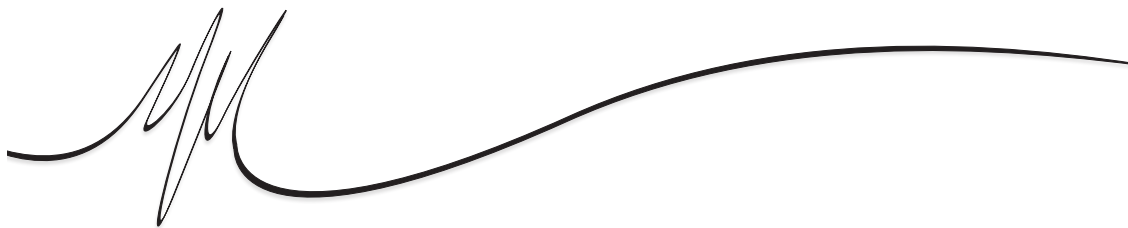
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<sup>8</sup> The South African government instituted a land redistribution strategy of selling back the land that was violently taken from the original rightful owners – indigenous Africans at exorbitant prices. However, this strategy was abandoned in 2013 by the government, as it failed dismally (as it delivered about 5.8 million hectares estimated around 5% of commercial farmland that is accompanied by the majority of large claims that remain unresolved) to meet the liberation mandate of reinstating the land back to the owners (Cousins, n.d.).





## 6. HISTORICAL NARRATIVES OF CIRCUMCISION



**T**o gain a clear understanding of the discourse of circumcision in the globalised era, it is vital to revisit its cultural epistemology. An important start is to revisit the definition of culture, especially as this monograph attempts to scrutinise the circumcision ritual in this era, where discussion of the revival and sustenance of the ritual abounds. Thus, it is vital to understand what the term “culture” entails, especially when trying to gain a clearer understanding of the basis on which the South African government’s social development policies and some of its interventions, especially those that relate to service delivery in the pre- and post-1994 eras, are developed. A term such as “culture” tends to provide the subjugated populace referred to in association with the term with some form of advantage, such as the means of survival in the organisation of its daily livelihood (ibid.). For example, La Hausse (1984) cites that the manner in which people cook their food and the kinds of food they cook reveal a good deal about their spirit.

Cultural studies the relationships between elements in a whole way of life. La Hausse (1984) highlights that the extent of the definition of culture tends to provide a significant response to those who use the term in





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particular to refer to issues that are viewed as fictitious, artistic products and too broad for analytical purposes. So, this term “culture” is more useful when understood as the means by which social groups deal with their lived experience of the surrounding social conditions of existence to produce an expression and representation of these conditions in a variety of attitudes, values, symbols and practices (La Hausse, 1984:36).

The historic background of the ritual of circumcision, especially male circumcision, shows that this ritual has been practised in various parts of the ancient world by peoples such as: South Sea Islanders, Australian Aborigines, Sumatrans, Incas, Aztecs, Mayans and ancient Egyptians/Kemet. Currently, communities such as Jews, Muslims and many communities in East and Southern Africa also keep the practice alive (Doyle, 2005).

Different views exist about the rationale for the practice of male circumcision. One view suggests that this ritual came about in response to the demands of surgical procedure. A view commonly held at the beginning of the twentieth century suggested that circumcision emerged as the means to cure or prevent life threatening circumstances or conditions. One hundred conditions were cited, which included alcoholism, asthma, epilepsy, enuresis, hernia, gout, rectal failure, rheumatism and kidney disease (Doyle, 2005). In 169 before common era (BCE), the rite was temporarily banned when Antiochus occupied the temple in Jerusalem with his armed forces. European clans such as the Greeks, Romans, Gauls and Celts abandoned the practice as from that time. Additionally, this ritual was associated with Jewish tradition, as any person who committed a crime against the Jewish law, such as being naked in public, was regarded as the “uncircumcised” (Doyle, 2005). For example, in the first century BCE a number of Jewish athletes were regarded as “uncircumcised” when they participated in a Jerusalem athletic competition with their visiting counterparts the





Greeks and avoided being laughed at by running naked like the visiting Greeks.

Doyle (2005) writes that, although circumcision is likely to have been practised before recorded history, evidence for this is largely dependent on texts whose accuracy remains debatable; for instance, certain Biblical references that cannot be taken literally. Doyle (2005) explains that the Bible was also used to determine whether circumcision would be adopted as part of the Christian faith. A number of references to the Bible were used at a gathering that came to be known as the “Jerusalem Conference” , which was convened to settle a dispute regarding circumcision among the early Christians (Acts 15: 1-21; Kiyohiro, n.d.). The significance of this ritual to the Jews of that era cannot be overstated, as it symbolised their commitment to their faith, culture and nationhood (Doyle, 2005). The Jerusalem Conference decided that as the Gospel was for everyone circumcision would not be a prerequisite for affiliating to the faith. This had an impact on the present practice of this faith (Doyle, 2005:281).

The indigenous populace of Africa is composed of many communities, each of which practises ritual circumcision in its own way in well-defined territories (Doyle, 2005:281). Historically, for example, in KwaZulu-Natal the Zulu community in the early nineteenth century came to be the dominant group under the charismatic leadership of its warrior King Shaka Zulu and in the south in the Eastern Cape the amaXhosa practised the ritual.

Circumcision ceremonies and their duration vary from region to region (Wagner, 1949:337). For example, in Southern Africa, Sotho and Xhosa ceremonies normally take about a month in each year while in West and Central Africa such ceremonies are held every three or four years and candidates are aged from as young as 12 to as old as 22 or even older. Again, the age depends on local group preferences, pressure to initiate





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more warriors<sup>9</sup> and the freedom allowed potential candidates to decide whether to participate or to wait for a school at a later date (Wagner, 1949). Although the right to decide when to partake in the ritual is given to the boy himself, in the case where a boy persistently refuses to partake in the ritual his father or his circumcised brothers eventually catch him to be circumcised by force, especially if he is the eldest son. Junod (1962:94) concludes that the purpose of the school is to “introduce the little boy *into manhood*, to cleanse him from the *inkwenkwe* to make him a thoughtful member of the community” (Marck, 1997:354).

The elders decide the calling of the next school session in any given year and considerable time and resources then become involved. Although there are different phases before the actual ceremony takes place that depend solely on the particular community, three observable phases can be described. The first phase consists of preparatory observances by the candidates and leads up to the actual ritual. The second phase comprises the life of the *abakhwetha*<sup>10</sup> at the *ekhankasini/iphempe*<sup>11</sup> they stay at while they are instructed in both practical and theoretical knowledge of adult life. During this period they live under the care and guidance of a number of *ikhankatha*<sup>12</sup>, who are assisted by various tutors who instruct them both in general knowledge and in the particular ritual observances that are demanded from the initiates (Wagner, 1949).

It is worthy to highlight that there are clearly marked social divisions that remain visible in the modern societies that tends to distinguish

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<sup>9</sup> Most Bantu groups that held initiation schools required that men wishing to participate in warfare be already initiated (warrior status was normally defined in terms of having been initiated).

<sup>10</sup> Boys going through a ritual.

<sup>11</sup> The hut of isolation and where circumcision takes place.

<sup>12</sup> The principal of the circumcision school.





between religious and secular monophysite spheres that can be defined as profane/ sacred (Hrbek, 1992: 274). These differences are determined by power dynamics (Gennep, 1960:1; Giddens, 1971: 130). It is vital to note that the life of an individual in any society is subjected to a series of passages that indicates a progression from one level to another, i.e. age or traditional social group. However, transition from one social group to another group or social situation to the next is highly respected. Thus an individual's life is made up of a succession of stages with similar beginnings and endings: birth, social puberty, marriage, fatherhood/ motherhood, moving to the next level in community structure or occupation specialisation, and finally death. This also has an influence to some extent on related ceremonies of birth, childhood, social puberty, betrothal, marriage, pregnancy, fatherhood, initiation into related society and funerals (Van Gennep, 1960:3).



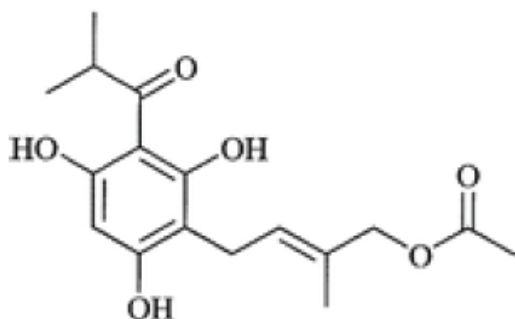
Figure 2: Painting depicting ancient African circumcision rite (Source: Davis (2011))



## Male Circumcision Rites Versus Zulu Culture

There are different forms of circumcision that are practised in various regions of Africa and the following four types of circumcision are commonly practised (Doyle, 2005).

The foreskin (prepuce) is removed, exposing the whole glans of a flaccid penis; the frenum is snipped, which leaves the foreskin intact; the foreskin is cut where some of it is removed and a remnant left as one or two lateral flaps of loose skin; and the foreskin is removed through “subincision” and a thin stick inserted into the urethra to maintain its patency (Doyle, 2005:279). Furthermore, prior to the reign of King Shaka the Zulu nation separated from the broader community and youngsters were also taught not only adult responsibilities but also *ukuhlobonga*<sup>13</sup> to satisfy sexual desires without the outcome of pregnancy (Doyle, 2005). Wagner (1949) argues that medicines made of plants are used in the days after the circumcisions, as part of the promotion of healing and prevention of infectious disease. Infections are rare as witnessed after the circumcision of several hundred boys without a single case of death or serious illness (Wagner, 1949:356). Nevertheless, life at the initiation school ends with “a series of elaborate ceremonies and a period of feasting” and finally, a feast of coming out (Wagner, 1949:363).



**Figure 3: Helichrysum caespititium plant formula (Source: Gibbons (2004))**

<sup>13</sup> Sexual intercourse practices such as the non-penetrative sex long practised by the clan.



Although *Izinyanga* contribute above R25 million annually but remain considered as the “unscientific and hidden economy (Ndinda, Uzodike, Chimbwete, & Mgeyane, 2011). Gibbons (2004) highlighted some of the indigenous plants, i.e. *Helichrysum caespititium* in the circumcision wound treatment that are used by *Izinyanga* in South Africa. For example, Gibbons (2004) highlights that a bioassay-guided study of this species led to the isolation of *Helichrysum caespititium* plant formula (MIC, 5  $\mu\text{g ml}^{-1}$ ).

Furthermore, *abafana*<sup>14</sup> who went through circumcision school supervise the candidates and teach traditional songs that will be performed when they re-enter the community (Marck, 1997:354). The third phase, finally, begins with the feast of coming out of the hut of isolation and becoming *amakrwala*. This is followed by a series of further rites and festive occasions. During this period, the candidates continue to use the special huts at home (Marck, 1997:353).

Figure 4 depicts some of the tools that were and still are used by some indigenes of Africa: 1. The soldier ant, 2. Flywhisk, 3.a and b. The piercing method, using a thorn, 4. Sugar cane ring, 5. Peeling method. For instance, young men use flywhisk string and a thorn to perform the *ukuqhatha* rite whilst herding cattle under the watchful eye of *ingqwele* - the elderly boys. Certain indigenous communities have continued with the practice of circumcision; they did not subsequently adopt it but have continued with their own initiation ceremonies to the present. For instance, for both Sotho and Xhosa boys, circumcision is still considered to be a rite of passage into manhood as well as a trial of bravery and a blood sacrifice (Doyle, 2005:282). However, around Southern Africa there seem to be more instances where initiation schools (and circumcision) were abandoned, especially during the times of civil war or warfare in

<sup>14</sup> This term is used normally by Xhosa people to refer to males who have undergone the same ritual processes.



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general. The reinstatement of the schools tended to vary from region to region within the African continent. For instance, the Zulu Kingdom in the Southern African region suspended the ritual due to the civil war normally dubbed *Imfecane* and the revival of this practice tended to be through “borrowing” the practices of neighbouring or foreign people rather than reviving their own previous practices (Marck, 1997:350).



**Figure 4: Some of the Indigenous African circumcision methods (Source: Male circumcision, violence, and sexual health (2011))**

Perhaps, before we can explore the contemporary state of this ritual, it is necessary to understand the notion of consumerism. The consumerism doctrine puts emphasis on the ever-increasing consumption of goods and services as the basis of a sound economy/continual expansion of wants of and needs for goods and services (Business dictionary). Since





the present practice of performing circumcisions in government clinics and mission hospitals does not have related education sessions such as the “introduction to adult responsibility” course, this results in the loss of an opportunity to inculcate responsible citizenship in young people. Despite other mission hospitals’ attempts to compensate for this loss by offering circumcisions by male doctors under sterile conditions and secluding young male patients from all females while teaching them about STDs and HIV/AIDS, this still falls short of a broader “adult responsibilities” curriculum based on social material conditions (Doyle, 2005). Additionally, the treatment of any infection that occurs following the circumcision tends to use medication that looks like a thick paste of sugar (or honey) and wood ash, which are applied and then covered with an occlusive cloth or rag, which is totally different from the ancient ways of practice (Doyle, 2005:283).

It has generally been accepted that the practice of circumcision developed independently across nations for different reasons. The ancient Egyptians were known to have defiled captured slaves with various forms of mutilation, such as castration or the amputation of other appendages (Doyle, 2005). Circumcision, however, might have been a more cost-effective way of permanently marking human property without the morbidity (and, therefore, loss of productivity) of a slave marked through some other mutilation. During the Seleucid period, it became a mark of the recently disenfranchised. For those Jews who were sympathetic to the Hellenic project, circumcision was viewed as an embarrassment and a mark of shame (1 Maccabees 1:14-16). Given the stigma that circumcision had begun to carry, it is not surprising that some would wish to hide it (Kaicher & Swan, 2010:18).

Under Roman law, it was illegal for any citizen of the empire to be circumcised unless he was Jewish and the penalty for breaking this law was usually death. The mark, therefore, would have had two very





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different meanings at the same time for two different classes of people (Pirie, 1927; Lannon et al., 1999). For the slave, it would have been an obvious symbol of shame and degradation and, for the master, it would have been a sacred religious symbol. Then, in eighteenth-century England, a unique combination of events occurred that led to the revival of circumcision, first as a public health measure and then as a symbol of wealth and status (Kaicher & Swan, 2010). This was more prevalent in the United States (US) than anywhere else in the world, far more than in England, where it was reserved for the upper class (Kaicher & Swan, 2010).

At the turn of the nineteenth century, infant circumcision enjoyed a vogue acceptance in the West although it became a ritual in America that was brought into practice for health reasons, as it was claimed to be useful for preventing penile and cervical carcinoma infections (Kaicher & Swan, 2010). Regions in the US and Korea experienced an increase in the numbers of circumcised, as about 1,000,000 circumcised were produced annually in the US and 90% of high school boys in Korea became circumcised. Both countries attributed the rise in the numbers of circumcised to the link between being uncircumcised and the fungal and bacterial infections noticed in the Vietnam and the Korean wars. This notion was further advocated by various agencies in the US and numerous organisations that are dedicated either to making it even more popular or to discouraging and condemning it. These organisations include the National Organisation to Halt the Abuse and Routine Mutilation of Males (NO HARM), the National Organisation of Circumcision Information Resource Centres (NOCIRC) and the International Organisation Against Circumcision Trauma (INTACT) (Kaicher & Swan, 2010:283).

What was once viewed as a public health measure became a symbol of American citizenship. It became a mark of distinction, separating those who were born in the US from those who were not, those who were



clean and well bred from those who were poor, foreign and unhygienic (Lannon et al., 1999). Circumcision in the US is interesting because it has continued to be practised with great frequency, even though the original justifications for the procedure have been forgotten (Lannon et al., 1999). Although by the early twentieth century most American doctors understood the germ theory of disease and infection and had accepted it, by the 1930s they also understood that masturbation does not cause blindness, psychiatric disorders or any of the other diseases that the Victorians had imputed to it (Kaicher & Swan, 2010:19).

### 6.1 Concept of conservation of resources (COR)

In order to have a clear understanding of the present circumcision practice in particular the recently launched KwaZulu-Natal circumcision approach, it will be vital to revisit the concept of conservation of resources, as this circumcision approach was revived on the basis of cultural preservation and protection of human resources (KwaZulu-Natal Legislature Speeches, 2011:15). The concept of conservation of resources puts emphasis on the sustenance, encouragement and protection of resources, which is fundamental when dissecting the impact of severely stressful and traumatic situations (Hobfall, 2001: 337).

When attempting to dissect a stressful situation, it is recommended to consider that individuals, families and tribes forge the reconstruction and allocation of resources for the advancement of the resource protection agenda. Hobfall (2001: 354) argues that they also respond reactively to phenomenon and swiftly move to the position of being proactive to what has happened recently. In addition, social agents tend to depend on their ability as individuals and others to some extent, which can clearly be witnessed in the KwaZulu-Natal scenario, where the monarchy



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in conjunction with other social agents saw fit to implement the revival of the circumcision rite (KwaZulu-Natal Legislature Speeches, 2011:15; Hobfall, 2001: 354). Thus, in some instances, this tendency tends to involve risk taking, as it view old patterns as unsuitable and not meeting the present demand. This is also emphasised by the perceived positive changes that are involved in such severe stress which includes the sphere of self-perceptions and relations to others. This is clearly illustrated by the strategy and manner in which the revival of circumcision campaign in KwaZulu-Natal is promoted under the tutelage of high hopes of creating conditions whereby circumcision reduces chances of contracting sexually transmitted diseases – although this idea remains debateable at present (KwaZulu-Natal Legislature Speeches, 2011). Although self-directed behaviour is essential in this instance, social and cultural influences normally limit or stop attempts according to defined structures of action. Thus, it is recommended that there be a balancing of theories of cognitive evaluation that are outlined by normal social construction of the acceptable definition of self (Hobfall, 2001: 355).

In order to understand relevant community views that pertain to the present socio-political state in a country like South Africa, will require some understanding of various concepts. The notion of a national identity versus a personal identity becomes more relevant especially when attempting to understand what things people do. In addition, Barry (2001) argues that the notion of national identity is relevant when considering the problem of ethnic divisions, discrimination and the notion of a rainbow nation. Furthermore, a recognised concept of nationality is insufficient to generate the level of “equal concern and respect” for other citizens with whom one does not identify in any other way (Barry, 2001).

Thus, national identity attempts to establish homogeneity, or a homogeneous national identity, which may not be the solution.





Nonetheless, what is required is an inclusive notion of national identity that entails an understanding of the destiny of others and an ability to identify with them, through, a sense of solidarity that can be realised by sharing of institutions and a gap closure in material inequalities. So at present, one may argue on what is more visible, which is the cultural difference of material circumstances that are perpetuated by a liberal democracy (Barry, 2001).

Although currently, liberal democracy is the order of the day, which depends on citizens having certain attitudes towards one another, most important is that they must regard everyone's interests as counting equally, so that they are able to identify a common good and are prepared to make certain sacrifices for that common good (Barry, 2001). Barry labels this exercise as civic nationality, which is different to formal nationality (i.e. as personified in a passport) and ethnic nationality proves to be divisive, as it demonises "the other." Nevertheless, the identity is not a "constant sum game" that entails one identity to be replaced by another, but identity has an "additive" quality to it, the parallel of which is the ability to learn to speak more than one language (Barry, 2001: 81). So, there must be a certain degree of overlap in people's identities in order for them to be on a required level that is "mutually recognised" and understood by others in relation to existence, exclusion and obliteration of differences (Samara, 2004).

Besides the present observable contradictions that relates to consumer oriented socio-political settings that advocates human rights on one hand while on the other hand wooing youth including minor people for mutilation rite in what they define as the cultural revival exercise (Daneel, 1998:242). Additionally, despite the various views regarding the origins of this ritual, there is also a need to really consider its relevance during that period. In doing so, it will be vital to highlight that origin of this ritual tends to highlight that its origins are somehow linked to



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some faith-oriented covenant that requires that its adherents have to physically be circumcised as a symbol of their commitment.

So, in scrutinising the relevance of this ritual at this juncture, it tends to be something that does not hold water, as different tribal groupings in various parts of the world have tended to withdraw and come back to this ritual at whatever time and whenever they felt the impulse to do so. Then its significance becomes something that is really fuzzy which then raises the debatable issue of exactly what culture the Zulu tribe and other related tribes or races for that matter claim to be reviving / preserving. Thus such debate becomes more relevant especially when considering what the adherents of the Bible<sup>15</sup> say, which cannot be taken lightly, especially when we speak of Africa and faith, which cannot be separated.

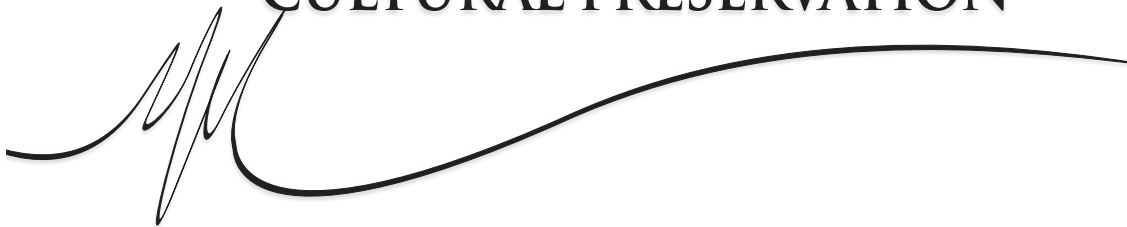
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<sup>15</sup> Refer to some of the Bible chapters - Leviticus 26:40-42; Deuteronomy 10:12-16





# 7. CONTEMPORARY CIRCUMCISION PRACTICES VERSUS CULTURAL PRESERVATION



## 7.1. Fundamentals of the medical male circumcision approach

When attempting to understand the rationale behind the adoption of the present MMC approach, which forms part of the cultural revival in the KwaZulu-Natal province and in particular by the Zulu nation, one needs to review related previous medical interventions. In order to avoid a “psychoanalysis” of medical knowledge as the means to prevent the development of a fantasy that is concerned with “objected” values instead of advocating a positive medicine that puts emphasis on objectivity as its main focus point (Focault, 1976:x). An approach is needed that enables an exploration of qualitative accuracy as the means to ensure a clear understanding of what has been studied in the past by dissecting the perceptions of related participants to cast out the spell of fantasy. It is also important to note that not all powers of a visionary space that is utilised by medical practitioners and patients and related agencies have vanished or transferred or are included in the singularity of patients in the sphere of “subjective symptoms”. Thus, medical practitioners tend to espouse the world of objects to be known instead of the nature of knowledge, which suggests that the linkages of knowledge





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and pain are consolidated through various mechanisms that pervade the mind concerning the diseases in the body. So, this reductive discourse of doctors tends to suggest that figures of pain are not conjured away by means of a body of neutralised knowledge that has been advocated in the space that encourages a visualised manner (Focault, 1976:xi). This also adds to the silent configuration where language is supported in tempo with the relations of situation and attitude regarding what is being discussed and what is discussed in a particular time.

Since the contemporary syntactical change has turned language into rational discourse, the curbing of the spread of HIV/AIDS can be achieved through the utilisation of the MMC method, irrespective of the fact that a thin line divides a description of the MMC that is promoted as best practice from the modern male circumcision method (Focault, 1976:xi). The metaphorical description of these methods is inculcated “over the tunic” of the mind, which necessitates the scrutiny of the basis of the visible and invisible, as it is linked with the division between what is stated and what should be said. This assists in avoiding the advocacy of medical language that seems to be in harmony with, thus ensuring higher standards on the basis of the specialisation and verbalisation of the pathological sphere, where conversational observations of medical practitioners in relation to circumcision revival as the antidote of HIV/AIDS emerge and converse with it (Focault, 1976:xii).





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Figure 5: The illustration of Tara Klampa<sup>16</sup>

Source: Drawings Courtesy of Circumcision Information and Resource Page (CIRP) (n.d.)

The medicine approach that emerged in the eighteenth century tended to be preferred in constructing the origins of indigenous homologies at the expense of all other theories. This influenced the level of individual perceptions as they became deceived as they had a hope that is “not based on the rediscovery of the absolute values of the visible but on reorganisation of that reality and secret space that opened up when a millennium observation that has been experienced through men’s suffering. The contemporary clinical approach is based on rational discourse that is characterised by the formal and in-depth reorganisation of ancient theories that developed it, that promoted the Aristotelian approach. In addition, the liberal medicine approach has inherited the operational rights of clinic that operates on the basis of a special contract that is implied as reached between two individuals” (Focault, 1976:xv). Focault (1976:xvii) argues that the present medicine operates on the basis of narratives that have some limitations of selected images that are not able to reveal the possibility of its replacement, as it is shy

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<sup>16</sup> The Tara Klamp works in a similar fashion to the Plastibell Device (Drawings Courtesy of Circumcision Information and Resource Page (CIRP)) (n.d.).





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of the disgrace of its historical origins. This exegesis tends to deny the symbols, the actual images or any linkages with the holistic revelation to the teachings of the objectives of the Creator concerning humans' responsibilities in the Universe (Focault, 1976:xvii).

### 7.2. INDIGENOUS AFRICAN VALUE SYSTEMS

The present circumcision discourse in relations to preservation of indigenous African culture especially for the Zulu nation require some form of knowledge of related cultural value systems. Although various people universally utilises this rite for different reasons, i.e. literature reveals that there is no consensus on the rationale for their inceptions. Since African belief system recognises the existence of a Creator God and related basic religious observances are facilitated towards the ancestors (Hrbek, 1992:305).

Maybe, the relevance of 'semiology' in particular when striving to learn the manner in which objects and events acquire their meaning such as the world-view on understanding circumcision rite in relations to analysis of the material culture. The indigenous culture is a philosophy that is experienced and celebrated in a particular society, for instance, the essential meanings that pertain to the occurrence of the "circle' and the 'curve' in the African material culture (Seda, 2000)<sup>17</sup>. Material culture emerges from people's struggle against or with nature for their survival. So, the visual understanding of the indigenous African

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<sup>17</sup> Seda, Owen S. 2000. Some reflections of the essence of the curvilinear form in Shona material culture in Chiwome, EM, Mnguni, Z and Furusa, M (eds). *Indigenous knowledge and technology in African and diasporan communities*. Harare: University of Zimbabwe. Pp 161 – 175.





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people's natural and man-made environment, their epistemology and worldview perspectives are linked to their critical interrogation of related instruments and ornaments in such instance (Seda, 2000:162).

The cultural values determine the individuals' perceptions in a particular society especially on issues such as technology and alterations to their respective way of life (Little, 2000: 16). The first category of material culture consists of all objects, tools and instructions that are utilised in everyday life recreations (Seda, 2000:161). Secondly, the non material culture that is also subdivided into two categories: cognitive culture such as ideas, thought processes and knowledge and normative culture such as rules, regulations and customs. For instance, the indigenous African people's material culture manifests in the 'circle' and the 'curve' and western 'square' and 'rectangle' above all other forms of shapes.

These forms are significant in the two relevant cultures that are observable in the creation of the curve in the rural area and the proliferation of the square and rectangle in the urban areas. In summary the two forms in the two cultures can be viewed as the totem of the western material culture is the rectangle or square in contrast to African experience is the curve and the circle that means the egalitarian societal settings (Hrbek, 1992:107). For instance, the curvilinear perspective do not reflect individual status in the African community and to unravel underlying indigenous knowledge systems especially on issues that pertains to the architecture, sculpture, food security and eating habits, leisure activities and the performing arts (Seda, 2000:162; Hrbek, 1992: 276).

The curvilinear perspective emphasis the figurative material qualities through usage of phrases such as 'Mother Africa' as the means to reveal the cradle of mankind, for instance, the hut is identified with the prime symbol of human habitat with its architectural design that has endured the essence of its curvilinear shape over years. It reflects the notion of logic





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of communalism through its round fire place, a *umuzi* - homestead made up of a cluster of several round huts and village consisted of extended family: descendants of common ancestor with bound kinship to the land that keep them in solidarity through a barter economic system (Hrbek, 1992: 110 & 276). The village architecture utilises natural resources that ranged from: soil, rocks, grass and wood in keeping harmony with the surroundings. It also used when securing labour power through means of shared responsibility at work to secure livelihoods such as food and water especially during harvest season (Seda, 2000:164). Thus, it is also linked to egalitarian social settings especially in the culinary habits that are central in food preparation using pottery that symbolises the domestication of nature, e.g. storage of grain, fruit ripening, water and beer (Seda 2000:165; Hrbek, 1992: 55).

For its usefulness in the recreational social formations such as music instruments and in the socialisation process such as storytelling. The home education that also include the mountain and rivers that prepares young people through oral traditions on learning the use of language creatively and effectively and encompassed spirituality, commerce, agriculture, weather and medicine (Goduka, 2000:134<sup>18</sup>; Hrbek, 1992:55; Van Gennepe, 1960:11).

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<sup>18</sup> Goduka, Ivy. 2000. Indigenous ways of knowing in Chiwome, EM, Mnguni, Z and Furusa, M (eds). Indigenous knowledge and technology in African and diasporan communities. Harare: University of Zimbabwe. Pp 134 -145.







### 7.3 Human body: the space of contest – *origin and distribution of disease*

The human body is described in accordance with natural rights as a space that is identified with its inception and terrain, where diseases manifest in line with established geometry and anatomical diagram (Focault, 1976:3). Every idea in the sphere of pathology defines a configuration for the diseases that do not belong to the spatial arrangement and that do not tally with classical geometry. The superposition of the annals of disease and the sick individual is a historical and present archive that enables us to gain a better understanding space of the configuration of the disease and the space of location of the sickness in the human body, which have been covered up in the medical experience (Focault, 1976:3). This organisation entails a particular response to localisation in the organism as a secondary problem, which defines the basis or relations that include environment, subordination, division and similitude (Focault, 1976:5).

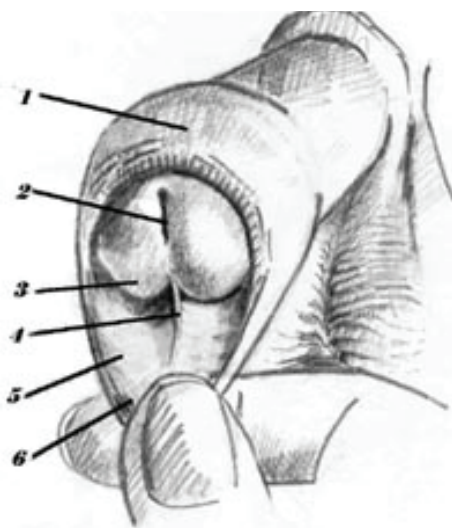


Figure 6: Male sexual organ diagram  
Source: Illustrated Penile Anatomy (2014)





## Male Circumcision Rites Versus Zulu Culture

1. Figure 6 reveals a natural man's sexual organ and related parts in its natural state without being 'raped' – as some scholars opt to call circumcision 'the rape of the phallus': Outer surface of the Outer Foreskin
2. Meatus
3. Glans
4. Frenulum
5. Outer surface of the Inner Foreskin
6. Ridged Frenar Band and Muccocutaneous Junction, Illustrated Penile Anatomy (2014; Gollaher, 1994).

This space is characterised by four tendencies: a vertical tendency, a horizontal tendency, the focus point of intervention, and a deep space tendency. These can be described as follows: a) a vertical tendency is characterised by the insinuation that defines a particular disease and various related analytical steps; b) a horizontal tendency is characterised by origins of the phenomenon that are transferred and the record of various phases that were explored; c) focus point of intervention and related accounts; and d) a deep space tendency is a deep space where intentions of related views and their perpetuation in accordance with the aspiration of the ruling cluster become encapsulated in societal structures (Focault, 1976:5). Therefore, the present approach to dissecting disease is perceived as basically a space of presentation without a thorough deeper understanding of its peculiarity and the issues that surround its development. Thus, it is recommended that:

He who writes the history of diseases must...observe attentively





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the clear and natural phenomena of diseases, however uninteresting they may seem. In this he must imitate the painters who when they paint a portrait are careful to mark the smallest signs and natural things that are to be found on the face of the person they are painting. It is a space where analogy determines the real meaning; from the similarity of diseases the rational order of the diseases is exposed to enable a better understanding of the natural order of their creation as in the case of plants and animals. Foucault (1976:7; Giddens, 1971:127) emphasised that:

in case of plants and animals, the action of disease is basically precise: The Supreme Being is not subjected to less certain laws in producing diseases or in nurturing horrific humours, than in growing plants and animals...He who observes attentively the order, the time, the hour at which the attack of...fever begins, the phenomena..., in a word all the symptoms proper to it, will have as many reasons to believe that plant constitutes a species because it grows, flowers, and dies always in the same way.

The relevance of the botanical model becomes significant for its emphasis on two medical thoughts: a) it encourages the revisiting of the principle of the analogy of forms into the law of the production of real meanings; and b) it permits the perceptual attention of medical practitioners, to discover and relate it to the sphere of diseases. The order of diseases is no more than a “carbon copy” of the sphere of life as diseases share the same types of division and ordering. In addition, the rationality of life is identical to the rationality that threatens it. In other words, their relationship is based on their natural order that prevails in both as one cannot superimpose one on the other (Foucault, 1976:7). The disease is characterised (*recognition*) by life due to the law of life (*knowledge*), where disease also shares its foundations.





#### 7.4 Clinic and hospital intervention

In attempting to understand the current rationale behind the utilisation of particular spatiality; i.e. the clinic and hospital as sites where medical interventions can be tested as a strategy to fight against the HIV/AIDS epidemic, it's worth highlighting that the present sphere of medicine operates within the parameters that were set up by Hippocrates, who concentrated on observation and refuted all other approaches (Focault, 1976:107). Clinical observations are able to exercise contradictory activities; i.e. to transmit a language while observing a landscape. Observation is the analytical framework that serves as a guide to the formulation of insights into an issue that is being scrutinised and characterised by:

...A logic for those meanings which, more particularly, teach their operations and usages. In a word, it is the art of being in relation with relevant circumstances, of receiving impressions from objects as they are offered to us, and of deriving inductions from them that are their correct consequences. Logic is...the basis of the art of observing, but this art might be regarded as one of the parts of Logic whose objects are more dependent on meanings. (Focault, 1976:109)

The contestation between clinic and experiment is the variation between the language transmitted and, subsequently, the acceptance or challenging or enforcing of such an equation (Focault, 1976:109; Giddens, 1971:151). Although the observation approach is recommended for its enabling environment, which encourages developmental interventions, it can also be open to manipulation, as it can be measured only in terms of the replication of the ideals of its theorists (Focault, 1976:109). Its analytical credibility depends on its ability to refurbish its initial objective in its constitution, based on established structures of the





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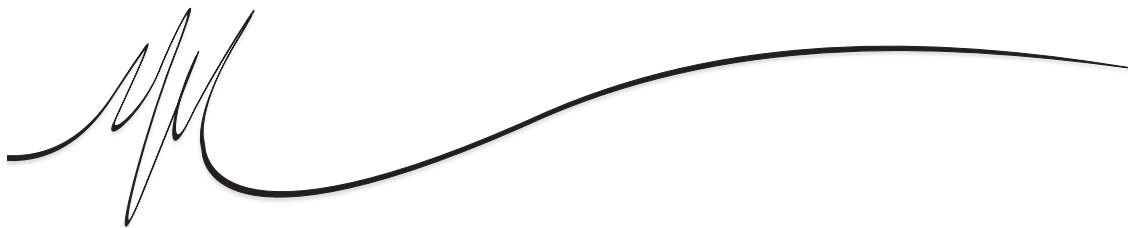
language utilised by the social settings in a covert manner.

Clinical observation includes two major spheres, the hospital and teaching spheres, and this is illustrated by the fact that the hospital sphere is dictated by the rationale of the pathological reality of each case and related social settings. The duality of illusionary strength that has been revealed suggests that a disease can be masqueraded by the ruling structure to achieve its desired objectives. In addition, this approach tends to function within the limits of medical knowledge that is determined by the frequency with which it is viewed as neutral and prevalent in all spheres of the phenomenon. It also tends to refute the limits set by the natural environment (Focault, 1976:109). Thus, the clinic-hospital approach promotes the western ideals and alteration of various landscapes, i.e. natural, demeaning and discontinuity of other peoples' cultural value systems (Focault, 1976:110).





## 8. RAMIFICATION OF IDEOLOGIES OF SUBJECTION



**T**he success of the colonialist programme towards instilling the values of subjugation over the indigenous population of Africa<sup>19</sup> and other parts of the world was guaranteed by the adoption of various strategies that included the military, economic and intellectual class. This inhuman development was characterised by the introduction of the divide and rule principle, which manifested itself in the debates between the conservative and progressive perspectives among the family circles of the indigenous people (Mayer, 1980:1; Giddens, 1971:152).

This type of contest exists between the conservative school, which is identified by its members who are not exposed and/or opposed to the western education system, and the progressive school, which is identified by members who have been subjected to a western education system that advocates the acceptance of foreign value systems, such as the abandonment or demeaning of the established ancient indigenous value systems such as spaces of youth socialisation; i.e. initiation school

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<sup>19</sup> The corrupted version of the Alkebulan from the original name version of the continent that means the mother of the Homo sapiens.



(Mayer, 1980:1; Giddens, 1971:152).

It is important to consider these contending schools of thought, especially when attempting to gain a better understanding of the present interventions in dealing with treatment of HIV/AIDS by using the circumcision rite. This intervention approach tends to be characterised by two scenarios: first, it divides the affected communities and, second, it encourages a change of attitude on the part of the previously opposed social groupings in a particular community; for instance, in a situation where two communities are known for their disagreement over a particular issue, but in both communities certain individuals support the issue in agreement with the other social group, irrespective of previous disagreements over the newly introduced education system (Mayer, 1980:1). This became particularly visible in the manner in which the indigenous population responded to western political and economic domination, which can be summarised as: equal co-operation versus exclusiveness and assimilation versus a transcended-Black/Afrocentric/Khushite approach sometimes dubbed the Ethiopianism<sup>1</sup> consciousness alternative. The consideration of the transcended Khushite approach, sometimes dubbed the Ethiopianism consciousness approach, becomes critical for its emphasis on dissecting the African indigenous knowledge systems (AIKS) and the related institutions with and also moves away from negative past experiences that relate to intellectual imperialism (Doniger, 1999; Asante, 1991; Camic & Gross, 1998: 463; Davies, 2009:624; Nabudere, 2011:51).

These cleavages are nurtured into resistance perspectives: the first perspective suggests that individuals resisted their integration into the western colonisation programme dubbed *civilisation* and opted to cling to their Akebulan (African) identity; the second perspective suggests that individuals aspired to be integrated into the western value systems. Subsequently, the alteration of indigenous cultural value systems was



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inculcated through the advocacy of Catholic and Protestant ethics, which were transmitted via missionary schooling and later through vocational educational systems (Mayer, 1980:2). It is also significant that these education systems operated on the basis of a pass and failure principle that played a negative role in dividing the population into categories or classes; i.e. the working class (*amabhinca/iziqhaza* – uneducated/acquired low level of western education) and elite (*izifundiswa/izitatanyiswa* – individuals who acquired higher levels or some level of western education) (Hexham, 1979; Mayer, 1980:2).

These cleavages tended to be exploited further by the colonialist front as it entrenched the notorious divide and rule mandate, as both fronts competed for their recognition by colonialist structures; i.e. chieftaincy, *izinduna* and councillor positions, and any resistance to acquire the foreign value systems, which included the killing, co-optation or imprisonment (on the notorious Robben Island) of traditional leadership to extend their role and to legitimise the colonialist agenda. However, some of the monarchies and nobles from among the indigenous African populace that refused the forced integration to the settler colonialist arrangements, for instance, African indigenous /traditional leader, the mighty King Ngqika, who fearlessly and gallantly resisted western domination, stated that:

I have given over for a little to listen to your words but now I have done...for if I adopt your law I must surely overturn all my own and that I shall not do (Mayer, 1980:7).

Subsequently, this colonisation resulted in the development of different classes: the majority of poor and landless people; the elite, which consisted of politicians, teachers, lawyers, ministers and others; and the petty bourgeoisie, which consisted of entrepreneurs. This class system was further entrenched by the development of different interests







between the elite and the poor, as the elite tended to have their own selfish interests that differed from the broader community aspirations and the poor tended to be more interested in their social progression in areas such as education, occupation and income (Mayer, 1980:3).

Furthermore, the once culturally homogeneous community, which had varied on minor issues such as language and customs, started to experience division on the basis of religion and education and later employment status became the norm of the day. This division was entrenched through the development of the new secular and foreign culture, which was entrenched by rural and urban labour migratory interrelationships (Mayer, 1980:3). The dependency tendencies were violently inculcated to the extent that the nullification of the once-shared understanding of guidelines on spiritual development of the ancient Nubian faith rites. These were the formation of various religious structures (which were much more focused on a political agenda than on individual spiritual nourishment) and differing denominations of various ideological strategies, i.e. Catholicism, Protestantism and Calvinism ethics (Giddens, 1971:125). This lack of understanding of the effects of western domination was reflected in the manner in which the educated – the *izifundiswa* – ‘schooled people’ viewed and responded to economic and political dependency on western colonialist structures (Ntsebeza, 2002: 232; Pewa, 1997:5). They became passive and legitimised the *status quo* of “Zuid Afrika”. In contrast the *iziqhaza* opposed the economic and political colonisation structures, which they viewed as a source of conflict. They aspired to liberate themselves from these barriers of economic domination that quarantined them in the labour reserves of the bantustans and the slave camps dubbed “townships”. In summary, this new epoch heralded a new response to the western domination by members of the indigenous population in their various locales in Africa. For instance, the Nguni people in the south of the African continent; i.e. the traditional leadership of the Mfengu people, did not consider





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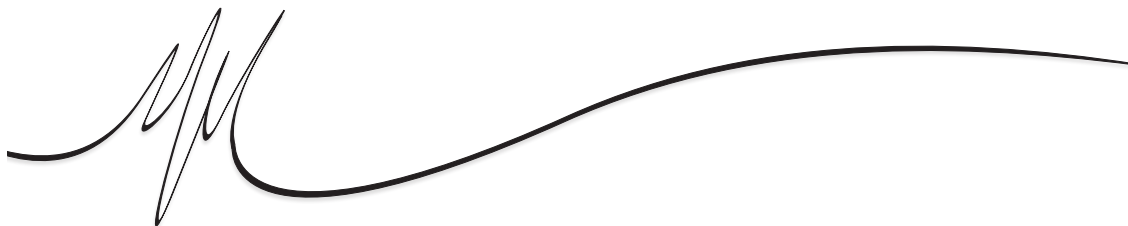
colonial domination as liberation or freedom. For that matter, unlike the other Nguni monarchies, which responded differently, like the isiXhosa-speaking Nguni people, who were guided by a royal theocratic order, vowed to continue the resistance as long as the sun endures (Mayer, 1980:4). So, the populist struggle became the norm of the day and continues to play out its dynamics of divide and rule principles, as people differ when it comes to the present 1994-negotiated political settlement in South Africa (Mayer, 1980:6). Although the majority of the indigenous population “endorses” the “newly” found freedom through its exercise of the highly celebrated voting franchise, but still experiences the same old squalid social conditions that keep them close to communicable diseases such as TB and HIV/AIDS.

The critical geography of youth perspective becomes relevant in this instance especially since the study focussed on gaining a better understanding of young people’s perceptions in relations to their role in particular of taking decision(s) on issues that affect them such as the rite of passage to adulthood (James, 1990; Kraft, Horton & Tucker, 2012:12; Ansell, Hajdu, Robson, van Blerk & Marandet, 2012: 44; Winton, 2005). Despite of its contribution on curbing of the HIV/AIDS and revival of indigenous African cultural value but remain highly contested.





## 9. METHODOLOGY



**A** qualitative descriptive study was conducted in Durban's Gugu Dlamini Park and KwaMashu Station – *urban* – and Mkhumbane/Cato Manor – *informal* settlement – situated within the eThekweni Municipality, estimated to be 41.5%, and Jozini and Hluhluwe, both in the UMkhanyakude Municipality and estimated to be 39.7% – *rural*. These areas were decided on because they were within areas identified as strongly affected by HIV/AIDS and areas that have established circumcision camps (Department of Health, KwaZulu-Natal Provincial Government, 2010b). Theoretical and purposeful sampling was used to select participants. The participants were selected through a non-probability sampling approach to ensure theoretical relevance of the study and equal chances of selection of participants from among the circumcised and uncircumcised individuals based on practical considerations such as time and space (Eisenhardt, 2002:433). A stratified random sampling was also utilised as the selection criteria allowed the researchers to identify roles and relationships among participants who were informed and critical incidents that were relevant to the topic under study (Morse, 1994a:228; Goddard & Melville, 2005:37).





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Participants were drawn from the black African people from designated areas regarded as having a high HIV prevalence (Department of Health – KwaZulu-Natal Provincial Government, 2010b; Department of Health, South Africa, 2010). The study sample was made up of male and female participants willing to participate after they were identified by the researcher once the gate keeping demands of the relevant communities had been met. A non-probability sampling method was also used in the selection of the sample, which was randomly identified in the five areas under study. One hundred questionnaires were administered by experienced research assistants in their mid-20s to participants who were also fluent in the *isiZulu* lingua franca, aged 18 to above 40 (Department of Health, KwaZulu-Natal Provincial Government, 2010a). Participants had to be over the age of 18 as this was established as the legitimate age to take decisions on the issue(s) under study. In addition, participants were unemployed and employed members of the community prior to the commencement of the interview.

One focus group interview was conducted by an experienced *isiZulu* researcher in each area under study. Random sample selection enabled the easy selection of the available participants at the time of the research. Interviews were audiotaped and transcribed. In-depth interviews were conducted until it was determined that no new themes were emerging from the analyses of these interviews. Categories were developed in terms of properties and dimensions. Relationships among categories were clearly defined and validated, until a relevant theme emerged (Straus & Corbin, 1998). All interviews were conducted in *isiZulu* so that the participants would be comfortable with expressing themselves in their vernacular language. These interviews were later translated into English to meet the educational requirements. The questionnaires was analysed with SPSS software using a thematic analysis approach known as a template analysis (Ward & Bakhuis, 2010:53).





## 9.1 Data analysis

Qualitative researchers are mostly concerned with revealing knowledge about the manner in which people understand themselves and view the social spheres in which they find themselves rather than making judgements concerning the validity of people's thoughts and feelings (Thorne, 2000). It enables the researcher to generate findings from the raw data into new knowledge and also facilitates active and analytical processes throughout all phases of the study (Thorne, 2000). To gain a deeper understanding of these processes it was important also to read, understand a variety of information that required its interpretation.

The analytical approach was utilised to formulate patterns and relationships in the data (Morse, 1994a:225). This method was helpful in data collection; for instance, for determining the impact of various social survival strategies on individuals in terms of meeting their daily needs (Andrews, Nonnecke & Preece, 2003:196).

Schwandt (1997) highlights that in actual practice a good qualitative analysis often requires access to a full range of strategies that interpret and understand the manner of uncovering or deconstructing the meanings of a phenomenon. It also enhances the theoretical approaches from which the researcher projects the phenomenon, the strategies that are used to collect or construct data, and the understandings that relevant or significant data in answering the research question are all analytic processes that influence data (Thorne, 2000:68). Analysis occurs in defined steps in conceptually interpreting the data set as a whole, using specific analytic strategies to convert raw data into a new and logical portrayal of the issue under study (Schwandt, 1997:68).





## 9.2 Content analysis

It is vital that content analysis is carried out in line with the qualitative analysis method, especially when attempting to be systematic in describing behaviour and posing questions such as who, what, when, where and how within explicitly formulated systematic rules with a view to limiting the impact of the analyst's inclination (Thorne, 2000:70). A literature review was conducted and respondents' views examined to identify emerging themes. A social construction viewpoint became relevant in the attempts to discover the youths' perceptions, explanations, beliefs and the effects of their behaviours in their surroundings. The extracts of focus group interactions were identified with letters of the alphabet and respondents were referred to by pseudonyms.

## 9.3 Constant comparative analysis

In order to explore various views from the respondents, a constant comparative analysis, which involves taking one piece of data (i.e. one interview, one statement, one theme) and comparing it with all others that may be similar or different to determine possible relations between various pieces of data, was undertaken (Glaser & Strauss, 1967). It was also vital that the qualitative research was intended to generate knowledge about common patterns and themes within human experience. Each new interview or account was compared until all had been compared with each other.

Glaser and Strauss (1967) recommend that constant comparison analysis is used in studies that explore human phenomena for which the researcher assumes that fundamental social processes explain something of human behaviour and experience, such as stages of grieving or processes





of recovery. Additionally, this analytical strategy helps in creating knowledge that is more normally descriptive or interpretive, such the impact of circumcision, as a mechanism for coping with challenges faced by the Zulu and Sotho people in the post-apartheid era.

#### **9.4 Quality measures in qualitative analysis**

In order to ensure reliability, validity and relevance of the study, systematic, rigorous and auditable analytical processes are applied to distinguish a well-done study from poor quality research (Thorne, 2000).

Researchers articulate findings in such a manner that the logical processes by which they are developed are accessible to a critical reader, the relation between the actual data and the conclusions about data is clearly elaborated, and the claims made in relation to the data set are rendered credible and believable. Through this short description of analytical approaches, readers are in a better position to evaluate individual qualitative studies critically and decide whether and when to apply the findings of such studies to their respective daily practices (Thorne, 2000).

#### **9.5 Ethical considerations**

In order secure the success of this project, it was required to give sufficient respect to the relevant social structures such as traditional leadership (i.e. elders and chiefs) since traditional leaders are known to be the bearers of the IKS, especially when it comes to issues such as circumcision, perceptions of which were studied in the research project





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(Mthembu, 2008).

Respondents and organisations that participated in the study were familiarised with the purpose of the study and given the option to participate or not, prior to the commencement of the research. Standard ethical codes (options to answer or refuse to answer any question that they did not feel comfortable with) were highlighted and observed during the interviews. Participants were asked to fill out a section on the questionnaires their willingness to participate voluntarily and to remain anonymous if they so chose.

### 9.6 Envisaged limitations

It was expected that some of the participants – female and male – were going to be shy or unwilling to take part in the study, as issues pertaining to circumcision are personal issues that are not normally shared with anyone except in cases where all participants have gone through the same ritual. Additionally, it was envisaged that those participants who followed traditional ways would participate with caution by offering limited information. Participants were informed prior to the interview that the study did not intend to divulge any inside information but aimed to get a general view on circumcision since being linked to HIV/AIDS made it a public issue.

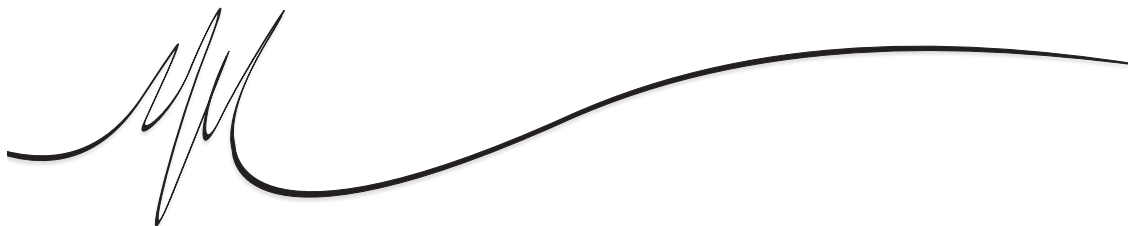
The study was approved for the protection of human subjects by the research ethics committee at the University of KwaZulu-Natal. Informed and written consent was obtained from the participants prior commencement of interviews.”







# 10. RESEARCH FINDINGS



## 10.1 Profiles of area(s) under study

The areas that this study focused on were within eThekweni – Durban, Mkhumbane – Cato Manor and KwaMashu townships, which are occupied by the same indigenous populace that had been forcefully shifted and moved around by the colonialist fronts in pursuit of capitalist-oriented agenda. The Gugu Dlamini Park became a relevant site for conducting a study of youth perceptions in relation to the revival of circumcision as a strategy for combating the HIV/AIDS pandemic and as part of cultural preservation, especially for the Zulu nation. Although statistics based on a male study conducted in Durban in 2007 revealed that HIV was prevalent among men with penile challenges 14 days after they underwent treatment for a sexually transmitted infection (STI), irrespective of their circumcision status (World Health Organization & Joint United Nations Programme, 2007:14), debates today still focus on finding a solution to the pandemic.

Although the eThekweni Municipality has other townships, the KwaMashu Township was identified for its historical significance, as one





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of the townships that have strong ties with the Zulu culture as most of its residents share the same Zulu language (Mafeje, 1991:17). Additionally, KwaMashu Township, which can be considered as an emerging town and is also known for being among the first and oldest black African townships in the province, and UMkhanyakude District also share their historical background and form part of the same socio-cultural entity of the Nguni people (Mafeje, 2005:40) Additionally, this site was selected for its relevance to this study as KwaMashu Station also accommodates the majority of individuals who still have good links between the rural-urban experiences that were expected to enrich this study, especially regarding the practice of the circumcision rite.

One of the negative effects of the stigma associated with HIV/AIDS was the violent event in which Ms Gugu Dlamini lost her life for revealing her status to the media. As one of the “earlier” advocates to divulge their individual status on HIV she was later stoned to death for such act. So, on the World AIDS Day of 1 December 2000, Durban Municipality honoured Ms Dlamini by renaming Central Park, situated on the roof garden of the workshop shopping complex car park, as Gugu Dlamini Park (Coombes, 2003:112; Mthethwa, 2009). This site is relevant and continues to play a role in social structures as it acts as the rendezvous for most urban youth in the surroundings of Durban and the Municipality still pays much attention to it as the area is highly infested with criminal activities such as mugging and rape (Mthethwa, 2009). With this in mind the research project used the above sites as places to interview young people to establish their perceptions of the current revival of circumcision in relation to cultural preservation and treatment for STIs in KwaZulu-Natal. The results of the study were intended to assist social developers, health practitioners and researchers with information that would help to formulate a relevant strategy in dealing with the HIV pandemic in building a safer and healthier society in the country and the world in general.



## 10.2 Theories of circumcision

The findings revealed that although there is a general acceptance and use of MMC, there is a general view that it does not form part of the traditional practice based on its application, as it is carried out in clinics and hospitals. Some of the participants felt that irrespective of their status of circumcision they were still vulnerable to the HIV/AIDS pandemic. A variety of theories that emerged from participants interviews that pertain to the rationale for inceptions of the circumcision rite of which were explored are presented in Table 1 in a thematic format: on the knowledge about circumcision practice, its revival within the Zulu culture, eradication of sexually transmitted diseases, state of acceptance of the present MMC practice, knowledge about ancient circumcision practices, preferred circumcision practice between the present and the past, its role in eradicating diseases and post-circumcision experience.

Table 1: Theories of the revival of circumcision practice

Reviewed Issue[s]	Gugu Dlamini Park	Mkhumbane Township	KwaMashu Station	Hluhluwe	Jozini
<p><b>Knowledge about Circumcision Practice</b></p>	<ul style="list-style-type: none"> <li>-It reduces the chances of spreading sexual infectious diseases against HIV bacteria.</li> <li>-It's about the cutting of the foreskin.</li> <li>-I know that when you are circumcised you don't get infected easily.</li> <li>-Hospitals and clinics offer free circumcision service.</li> <li>-You don't get easily infected by the bacteria and other diseases.</li> <li>I know nothing.</li> </ul>	<ul style="list-style-type: none"> <li>-Protection against diseases and it relates to black people's culture.</li> <li>-I don't know much but I just hear about it from other people.</li> <li>-Nothing, I can explain.</li> <li>-I have minimal knowledge in this regard because the community I come from is not familiar with this ritual.</li> <li>-It helps to eradicate and minimise the risk of sexually transmitted diseases and infections.</li> <li>-Nothing much because I'm not circumcised.</li> <li>I know nothing about circumcision.</li> </ul>	<ul style="list-style-type: none"> <li>-I just know that circumcision prevents sexual transmitted infections or STIs.</li> <li>-I always hear people talking about it but I do not know much about it.</li> <li>-You don't get infected easily and it is sometimes risky.</li> <li>-It was done before and Shaka stopped it because it was affecting his army, although other clans' cultures continued with it.</li> <li>-I know nothing about it that is why I can't really say much about it because I'm a Zulu, so I know that circumcision is Xhosa culture.</li> <li>-Females are interested in men who are circumcised and you don't get sexually transmitted infections easily.</li> <li>-I have only heard from the radio that when it's done one cannot easily be infected with sexual diseases.</li> </ul>	<ul style="list-style-type: none"> <li>-A young man must go to the mountain to become a man.</li> <li>-It protects against sexual diseases and it also enhances men's sexual desire.</li> <li>-I know that when you are circumcised there are fewer chances of getting infected with sex-related diseases and you are protected from them.</li> <li>-It is the removal of the foreskin whereby you are not sure whether after you get circumcised you will heal or bleed continually.</li> <li>-It's the removal of the foreskin in the male organ.</li> <li>-You do not partake in sexual activities after you have been circumcised.</li> <li>-Before you get circumcised you need to do a blood test and circumcision reduces the chances of getting infected.</li> </ul>	<ul style="list-style-type: none"> <li>-Circumcision is not recommended in summer because it takes time to heal.</li> <li>-Circumcision helps in reducing the spreading of infectious diseases.</li> <li>-Circumcision is good for the young people as they start sex while they are young.</li> <li>-Circumcision means that you are a grown up person and you are no longer a child.</li> <li>-When you get circumcised you are protecting yourself from sexual diseases such as drops.</li> <li>-Since I was young I heard that circumcision provides help that relates to the protection against infectious diseases.</li> <li>-I hear that circumcision</li> </ul>



	<p>-They say it reduces the risk of STIs.</p> <p>-They say circumcision is the cutting of the penis foreskin; particularly it is also a national culture at "home", which is done to boys.</p> <p>-I grew up knowing about strings from the bull whisk/tail and sparring; i.e. stick fighting by boys when they are herding cattle.</p> <p>-It reduces STIs and makes sex better.</p> <p>No response.</p> <p>-Circumcision is important – it protects against diseases and dirt in your private part, because they can cause STIs and it protects against drop.</p>	<p>-Cutting off the foreskin.</p> <p>-To use a bull's tail whisk to tie it with and it will be done in the next few days or the next day.</p> <p>-It concerns the removal of foreskin since it is the one that keeps dirt.</p> <p>-It's not nice because girls flutter around it.</p>	<p>circumcised to avoid infectious diseases.</p> <p>-What I know is that you get tested before you get circumcised.</p> <p>I don't know much but it is done to protect against sexually infectious diseases. It is to protect him.</p>	<p>is the tradition of the Jews and known for protection against sexual diseases that is why it is recommended.</p> <p>-I know that when you are circumcised you avoid the infection of diseases easily.</p> <p>-There are two types of circumcision: the <i>traditional mountain</i> and the present <i>hospital</i> methods.</p> <p>-I know nothing about circumcision except to say I hear about it that it is significant in the reduction of HIV/AIDS, which does not mean that you cannot get infected by the HIV/AIDS virus.</p> <p>-Yes, because it helps in reducing the chances of getting infected by diseases.</p>	<p>-Yes, it helps because that means to us as Zulu</p>
<p><b>Circumcision in relation to Reviving the Zulu Culture</b></p>	<p>-I don't know.</p> <p>-I don't support its revival but it will help the public.</p> <p>-In this time they help greatly by fighting infectious diseases.</p> <p>-Yes, removing the foreskin will lead to better sexual intercourse.</p> <p>-Yes, there are many more</p>	<p>-Yes, it's helpful as it protects against diseases</p> <p>-Yes, it helps as we live in the world with various diseases.</p> <p>-I don't know much about it.</p> <p>-Yes it will assist us in fighting against sexually transmitted diseases.</p> <p>-Yes, it does help from what I know based on the Eastern Cape</p>	<p>-Yes, there are so many diseases now and this helps in slowing them down.</p> <p>-Yes, because people are dying because of HIV/AIDS and it is better if they get circumcised.</p> <p>-It will help if this is done for good purposes such as prevention from getting sexual diseases and if it is done safely.</p> <p>-Yes because we live in a</p>	<p>-Yes, it helps in the reduction of the death rate that is presently experienced in the mountain schools.</p> <p>-Yes, it helps because it reduces the chances of getting infected and related diseases.</p> <p>-Yes, because young people are too involved in sexual activities.</p> <p>-Yes, it helps especially in the rural areas.</p>	<p>-No, because irrespective of being circumcised or not when you have sex without protection, there are high chances of your getting infected.</p> <p>-Yes, it helps because that</p>





<p>people who are not circumcised than those who are circumcised.</p> <p>-Yes, if we still maintain our old traditional norms and values.</p> <p>-Yes, it will help especially the youth and the reduction of sexual disease.</p>	<p>experience in helping to eradicate sexual diseases but I don't believe we should rely heavily on it.</p> <p>-Yes, according to what they say and I would even allow my children to do it.</p> <p>-I don't know because I only...what I know only it as it is practised by Xhosa people and only as a way of moving into manhood.</p> <p>-I don't believe in circumcision because there are people who are not doing it and because it's not part of our culture.</p> <p>-I can say it is good for those who are not circumcised.</p> <p>-Yes, Zulus don't know much about circumcision.</p> <p>-Yes, circumcision is important because it protects the whole nation against diseases and we can take it as a culture.</p>	<p>different time in comparison to the old time; times have changed.</p> <p>-Yes, because it is still the same thing even though it's for a different reason now.</p> <p>-Yes, since they say it helps them and I think it will help.</p> <p>-I don't really think so for me in this newly revived circumcision practice but I got circumcised as a family custom.</p> <p>-Yes, I may say it helps because I have heard that it helps and changes the spread of diseases.</p> <p>-Yes, because more communities were informed through the organisations that came with this revival approach.</p> <p>-Yes, because it is something that was done before, so its revival is important.</p> <p>-Yes, for cultural reasons and prevention of STIs</p>	<p>-Yes, because we live in times where sexual diseases are rife.</p> <p>-Yes, it helps to avoid the death of people.</p> <p>-Yes, it helps because when you are not circumcised there are high chances of your getting infected with HIV.</p> <p>-Yes, because today there are diseases that were not there then.</p>	<p>people we are reviving our culture.</p> <p>-It helps in assisting the individual to know what he wants in life.</p> <p>-Yes, it helps in protection against infectious sexual diseases.</p> <p>-Yes, because sexual practice today is much safer than previous practice.</p> <p>-It's helpful and people need to be informed about circumcision.</p> <p>-Yes, it's helpful to advocate it because we know we get protected against certain sexual diseases.</p> <p>-Yes, it's helpful because circumcision protects us from getting infected easily.</p> <p>-I see it as helpful and it should be continued because in those countries that perform it from an early age there are not many diseases as there are here in the south.</p>
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					<p>-it's helpful because the individual who is not circumcised needs to do so before they feel sorry.</p> <p>-it's helpful and is another way of guarding against infectious sexual diseases.</p> <p>-I don't see any help because people still get infectious diseases and in cases where they get circumcised some of them die in the process or their penis becomes impotent.</p> <p>-For us Africans it is our culture to be circumcised.</p> <p>-No, irrespective of your circumcision status if you have sex without condom you can get infected.</p> <p>-Yes, because when you get circumcised by removing the foreskin you avoid the keeping of dirt and diseases.</p> <p>-It guards against infectious sexual diseases.</p> <p>-Yes, and you don't get infected with sexual diseases.</p>
<p><b>Circumcision and Eradication of Sexually Transmitted Diseases</b></p>	<p>-No, but I believe that it reduces the possibility of infections.</p> <p>-It does not eradicate sexually transmitted diseases but it reduces the chances of getting infected.</p> <p>-Yes, because you don't quickly get infected by diseases.</p> <p>-Yes, because when you are circumcised you are protected.</p> <p>-No, I don't believe that because even if you are</p>	<p>-No, I don't believe in that but it protects against diseases.</p> <p>-No, it does not eradicate diseases but it reduces chances of getting infection.</p> <p>-Although I was raised in the family that does not practise this rite but due to hearsay from other people talking I tended to believe in it.</p> <p>-Yes, it's helpful in fighting against HIV/AIDS since there is no cure so far.</p> <p>-Yes, I do believe its ability to eradicate diseases but in as much</p>	<p>-Yes, I don't get diseases like I used to before I was circumcised.</p> <p>-Yes, I believe it helps. I'm talking from my experience; I have seen how it works.</p> <p>-Yes, people always tell us what to do so that we can be protected from diseases.</p> <p>-I doubt it; if it is made for you to get it you will get it regardless of being circumcised or not.</p> <p>-Yes, because I have heard from the radio I really don't know</p>	<p>-Yes, it helps in maintaining cleanliness of a man's private parts.</p> <p>-No, it does not help in reduction of sexual diseases.</p> <p>-No, because I don't have proof that by getting circumcised I will be protected from getting infected.</p> <p>-Yes, because since I removed foreskin dirt does no longer get collected.</p> <p>-That is what they say and I don't know anything.</p>	





<p>circumcised you can still get it.</p> <p>-I don't have a guarantee of its effectiveness in eradicating sexually transmitted diseases.</p> <p>-it does not eradicate infections but it protects you from getting infected.</p> <p>-if you have a disease it does not heal it but if you don't have a disease, it protects you from being infected.</p> <p>-No, it does not heal but it reduces the chances of getting infected with diseases.</p> <p>-Yes, if you maintain the ancient ways of engaging in sexual practice, especially when it comes to "ukusom/ukuhlobongr" to ensure safety.</p> <p>-No, it does not heal but it reduces chances of infection spreading the level of sexual disease.</p>	<p>as it helps we should not rely on it; we should assist it with using protection measures such as condoms.</p> <p>-Yes, because from what I know, the Departments of Health and Education will not promote this if it's not helpful.</p> <p>-Yes, it does because many educational projects emphasise the importance of circumcision and they also included the eradication of the pandemic.</p> <p>-Yes, because doctors are trained to do it.</p> <p>-Yes, I can't say I have experienced it but it's something I heard about.</p> <p>-Yes, because you can have sexual intercourse and not get infected easily while you have not inserted a condom.</p> <p>-Yes, because the cutting off of the foreskin prevents the infection of diseases.</p>	<p>how.</p> <p>-Yes, once the foreskin has been removed, it is not easy for diseases and dirt to stay on the penis.</p> <p>Yes, it prevents in a way that you can wash away immediately after sexual intercourse.</p> <p>-Yes from what people have been saying.</p> <p>-Yes, because before I was circumcised I got infection of sores but after being circumcised I never got any infections since then.</p> <p>-Yes, because before I was circumcised I was told that once you are circumcised you have fewer chances of getting infected with STDs.</p> <p>-No, it does not protect against HIV as you get infected.</p>	<p>-Yes, because I have seen some of the people who went through circumcision safely.</p> <p>-Yes, because after the removal of the foreskin, there is less chance of getting infectious diseases.</p> <p>-No, because you can be circumcised but you can still get infected by HIV if you don't have a protective device.</p> <p>-No, it does not stop it but it reduces chances of transmission of sex-related diseases.</p> <p>-We believe that but we do not have assurance that it's safe.</p> <p>-No, there is no such thing as HIV eradication.</p> <p>-Yes, because when you are circumcised it's not easy to be infected with diseases.</p>	<p>-I don't believe because I'm not circumcised yet.</p> <p>-Yes, I never heard that there is death that resulted from the present circumcision practice.</p> <p>-Yes, because our children have sex while they are a tender age.</p> <p>-I don't know maybe the circumcision can answer for itself.</p> <p>-it's helpful but there are other diseases that are made deliberate and are guarded by circumcision.</p> <p>-I don't believe that because people still get infected and I never heard a circumcised person saying he does not get diseases.</p>
<p>-I support it because it is safe.</p>	<p>-Yes, I like the present method</p>	<p>-Yes, the old practice –</p>	<p>-Yes, it helps because it is</p>	<p>-Yes, it happens in</p> <p>-No, because it does not get rid of it but it reduces it and this does not mean when you are circumcised you don't get infected.</p> <p>-Yes, it happens in</p> <p>-Circumcision reduces infectious sexual diseases such as drop and other related diseases but not HIV/AIDS.</p> <p>-No, because it does not get rid of it but it reduces it and this does not mean when you are circumcised you don't get infected.</p>







Acceptance of the MMIC Practice					
-No, because doctors are not the same in the hospital.	-Yes, because it's safe and reduces the chances of getting infected.	because it is better and people are not dying. Yes, I do support the present method because it's safe and not painful.	mountain – is painful and people were dying but with the present practice it's much better.	quicker.	hospital under the watchful eyes of the professional doctors.
-I support it because it helps the whole nation.	Yes, because there are fewer deaths in this practice.	-Yes, I support the present method more than before because it's not painful like the ancient method.	-Yes, I accept it because it is done by professionals, which is good because anything professional is safe.	-Yes, because those who get circumcised in the hospital don't easily die.	-Yes, because the young men who got circumcised in hospital are alive and I never heard of reported deaths in surrounding areas.
-Because when you have pains you can go and get help in the clinic.	-It's fine because those who have been circumcised say there is no problem.	-No, I prefer the traditional approach, which is better because you go there with your mates and that allows you to develop to better manhood characteristics.	-To me it does not make much difference because it is also risky since I know someone also circumcised and started experiencing lack of feelings and erection problems.	-Yes, because it is safer than the old times' method.	-Yes, because it helps in protecting those who participate in sexual activities.
-Yes, it reduces the spread of diseases.	-Yes, because it is legal.	-Yes, because its safe and it's done by professional people who are trained to do it.	-Yes, because one can always go back for medication in case something happens.	-Yes, I know and support it because it's safe and they also give healing medication.	-I support it because it's faster and easier to do in hospital.
Yes, I do support it because it is safe and it is done in hospital.	-Yes, because a person can do it in the hospital where you can get more assistance than in the mountain.	-Yes, because if there is any problem arising, there can be immediate help that can be provided.	-Yes, it is not dangerous and it is faster.	-Yes, because it's safe, though healing takes longer than the expected time.	-Yes, because when you get circumcised today you don't feel pain.
-The ancient method is better because it also teaches about how to take care of yourself.		-Yes, there is less pain in hospitals as compared to the mountain method.	Yes, because the traditional way comes with a lot of fatalities	-Yes, because it's safe as doctors are knowledgeable and you get an injection of a pain killer.	-I heard about it and they say you get tested first prior to getting circumcised.
		-No, but there is only one thing I knew that it was a culture that was only performed by the Xhosa people.	-I do not know because I got announced that people should get circumcised.	-No, I don't know about it but I hear doctors citing that it's safer.	-Yes, because it was hard to be circumcised in the past and there was no medication.
		-Yes, because the old way of	-Yes, because I think the		-, because the mountain method initiates are not





	<p>Yes, because it is safe.</p>	<p>circumcision does not guarantee you if you survive the pain.</p> <p>-Yes, because this cutting thing for other males is not good.</p> <p>-I choose the ancient practice.</p> <p>-Yes, I believe in the present practice because even children as young as five get circumcised.</p> <p>-I prefer the current method as it is explained because doctors help with tablets/pills.</p> <p>-Yes, I know it helps with medicine only.</p> <p>-Yes, because it's a freedom of choice and medication is provided for pain.</p> <p>No, I prefer the ancient method so that I can know that I'm the real man.</p>	<p>current circumcision format is much safer than the mountain method.</p> <p>-Yes, I know and accept it because I used it.</p> <p>-Yes, it is good because it is done by professional people.</p> <p>-Culturally no but for the sake of diseases I accept it.</p> <p>-Yes, it is good because it is simple and heals quickly as you don't even finish the medication.</p>	<p>-Yes, I don't like it because people die there.</p> <p>-No, I don't know it but I support it and there is some medication that is offered.</p> <p>-Yes, I support it because when you get circumcised there is nowhere that you get ill-treated.</p>	<p>given anything to curb pain but with the clinic method they get an injection.</p> <p>-Yes, because the present method because the old practice had too many deaths.</p> <p>-I accept the hospital approach and it is easier.</p> <p>-No, I don't know it and don't support it except to say that I heard that the machine that is used has been changed. The manner in which circumcision is being carried out today is not clear because the circumcised and uncircumcised are all the same, which means that they don't know exactly what is to be done in this African custom.</p> <p>-I don't support it because it is done in hospital.</p> <p>-Yes, it took place in the mountain.</p> <p>-No, I don't know it.</p> <p>-Yes, in the ancient time it was done unsafely in the mountain.</p>
<p><b>Knowledge about Ancient Circumcision Practice</b></p>	<p>-I don't know. I hear that people are dying.</p> <p>-In this time it is not safe but in old times it was not dangerous.</p> <p>-Yes, in ancient times it was</p>	<p>-Yes, through the information that elders gave me.</p> <p>-Yes, although I don't know much but based on hearsay.</p> <p>-Yes, just like we were told and how it was practised in the</p>	<p>-Yes, I used to hear from afar people talking about it.</p> <p>-Yes, I know it; it was done unprofessionally in that no medication was given.</p> <p>-Yes, but I thought it was for</p>	<p>-Yes although I cannot reveal it for traditional reasons.</p> <p>-Yes, today's method is safer.</p> <p>-Yes, young men spent about a month in the mountain.</p>	<p>-Yes, in the ancient time it was done unsafely in the mountain.</p>





<p>done with a sharp blade and now there is a safe method that doctors use.</p> <p>-Yes, the mountain way, but the mountain way you spend some time while the modern way you go and come back the same day.</p> <p>-Yes, it was circumcised with unsafe tools and today it uses safe tools and you get circumcised in hospital.</p> <p>- Yes, the ancient way was done in the mountain and today's practice is done in the clinic.</p>	<p>Eastern Cape.</p> <p>-Yes, though I don't know much because it was practised in the Eastern Cape and now we practise it in hospital.</p> <p>-Yes, though it was stopped by King Shaka because it took down your manhood.</p> <p>-Hospital way because it is safer and professionally done.</p> <p>-No, I only know it as it was practised by Xhosa people.</p> <p>-I don't know the ancient method.</p>	<p>Xhosa-speaking people only.</p> <p>-No, it was the Xhosa culture.</p> <p>-It is not safe right now because people practised it because it is now about monetary gain. For example, the virginity tests because it is all about gaining rather than cultural practice.</p> <p>-Not exactly but I have only been told about it.</p> <p>-Yes, but I do not know much.</p> <p>-No, but I know that it is a process of cutting the foreskin of the male sexual organ.</p> <p>-Yes, it is now done for the purposes of fighting diseases and not for culture.</p> <p>-No, it was brought in about HIV/AIDS.</p> <p>-Yes, people went to the mountains and now they go to hospitals and clinics.</p> <p>-I have only heard about it from my older brothers.</p> <p>-I only know that boys were taken to mountain and then cut off their foreskin.</p> <p>-Yes, in the past it was done by hand.</p>	<p>-Yes, in the old method you got circumcised in the mountain and they did not get any medication to curb pain.</p> <p>-Yes, because in the olden days there was no injection to reduce pain as happens today, where you get an injection first before anything happens.</p> <p>-Yes, I know that the circumcised covered themselves and there was no medication or tablets in those days.</p> <p>-Yes, I know it as dangerous to such an extent that people die.</p> <p>-I don't know much because it used to be done by Xhosa people.</p> <p>-Yes, because in ancient times the mountain was used and was not safe.</p> <p>-Yes, in ancient times there was no medication and you were not taken care of.</p> <p>-No, I don't know it.</p> <p>-Not really but what I know is that people die there.</p> <p>-Yes, the current method offers medication while the ancient one doesn't.</p>	<p>-Yes, because it was not done in clinic and hospital.</p> <p>-There is much difference from the past circumcision practice because the initiates were not tested before they got circumcised; they were just circumcised.</p> <p>-Yes, it is too different from the past method.</p> <p>-Yes, because the mountain method initiates are not given anything to curb pain but with the clinic method they get an injection.</p> <p>-Yes, in ancient times circumcision was done in the mountain and initiates got injured or died and today it's done in the clinic.</p> <p>-Yes it was done in line within customs.</p>
<p>-Yes, there were elders who were there in the mountain and the current practice is done in hospital and that is not there.</p> <p>-Yes, I know it because I did it myself.</p>				





	<p>-Yes, there was no medication that was taken for the pains. Yes, it is better done than today.</p>	<p>-Yes, it was practised by Xhosa people. I don't know much. -Yes, I learned about it from school while I was visiting in Cape Town. -Yes, although it is something that is what Mpondo people are experienced in, as they go to the mountain.</p>	<p>-Yes it was a way of avoiding getting infected with sexual diseases. -Yes, I know that the ox tail/whisk – string – was used.</p>	<p>-Today's method because it's safe and done by trained personnel. -Present method because it is safe and done by trained doctors. -I prefer the current method because you are taken care of and you eat what you want. -Today's method because it is safe. -Today's method because there are many things that a person gets tested for before getting circumcised. -Today's method because it's easier to do. -Today's method because initiates are given some medication and I never</p>
<p><b>Preferred Circumcision Practice: the present versus the past methods</b></p>	<p>-I prefer today's way because it's safe. -Today's way that is done in hospital is safe and it does not pose any health hazards. -Today's approach because it is scientifically checked. -Today's approach because we get care in the hospitals. -It is better in the hospital because there is somebody who is trained.</p>	<p>-I prefer today's method because it's safer than the ancient method. -I prefer the old one because sometimes it's not easy to go to the clinic; it's scary and I'm shy. -I prefer today's method because it is painless. -I prefer the clinic method because there are trained doctors because this ritual is in the sensitive spot. -The traditional approach because it is the main reason why there is the clinic/hospital. -The one that is done in hospital because it is safe. -The hospital one because there are professionals helping with the process. -The hospital gives you an</p>	<p>-The present practice because it's safe and painless. -I prefer the present method. -I prefer the present way because there is less chance of people dying. -Present way because people do not die as they used to in the mountain. -The hospital one is better but good and risky. -The present type because one can go back to a doctor and there is medication I think that is provided within the circumcision process. -The present because it is quicker and safe. -The current method because it is safer.</p>	<p>-Today's method because of the death rate in the mountain. -Today's method because it is much safer. -Today's method because you get help such as pain tablets. -Today's method because you are given medication such as tablets to reduce pain. -Today's method because it is safe and doctors don't force participants to get circumcised. -Today's method because it's safe and painless. -Today's method is better and is said to be safer. -Today's method because the old method I never heard of; it's better the present because I see people who used it.</p>





<p>-Because there are trained doctors for what they are doing.</p> <p>-Today's method because doctors know about the dangers of cutting a person.</p> <p>-Any of the two, its fine with me.</p> <p>-Ancient method.</p> <p>-Today's method because it is safe and is done in the hospital by trained doctors.</p>	<p>Injection, which reduces the pain, and looks after you after you have gone through the programme.</p> <p>-The hospital way is much safer and professionally done.</p> <p>-The current way because it's safer than the old way.</p> <p>-I choose today's method.</p> <p>-If we can I choose the ancient method because doctors sometimes are careless and don't take precautions but in the mountain the young men come back already healed.</p> <p>-Ancient method because it takes seven days to heal.</p> <p>-The present method because it can be hard to gather in the mountain.</p> <p>-I choose the ancient method if pain medicine will be available.</p> <p>-The present option because it's free will.</p> <p>-I prefer the old method so that I see that I'm a real man.</p> <p>-I prefer the ancient method.</p>	<p>The present has made it easier by technology.</p> <p>-The hospital method; it is safer when compared to the traditional one.</p> <p>-I do not know the mountain method and hospital. The one I know is the one I did by the doctor.</p> <p>-I do not know much about the old way, so I think the present way is better.</p> <p>-I prefer the present method because I have seen on television how boys die when they are in the mountain.</p> <p>-Present way because I think it is much safer.</p> <p>-I'm neutral because I don't have enough information.</p> <p>-The old way; it's a culture and there is a stronger confidentiality than in the hospitals.</p> <p>-I prefer today's method because you don't feel pain during circumcision.</p>	<p>-Today's method because I just go to the clinic.</p> <p>-I prefer the ancient method.</p> <p>-The whisk/oxtail-string approach/ ancient method.</p>	<p>heard of death reports because of the present method.</p> <p>-Today's method because it is painless.</p> <p>-I will say the ancient method since I know it better and it is painless.</p> <p>-I prefer none of the two approaches.</p> <p>-I prefer the ancient method because in today's method initiates die while in the ancient method no one died.</p> <p>-I prefer the present method because there are doctors who are taught in this circumcision practice and they are professional.</p> <p>-I prefer the ancient method because the present method is following the customs of other people.</p> <p>-I prefer today's method because it is safe and done by a well-trained doctor.</p>
<p>-Yes, because it reduces the chances of transmission of diseases.</p>	<p>-Yes, the foreskin causes diseases and when it is removed there is nothing that keeps the diseases.</p>	<p>-Yes, according to my personal experience.</p>	<p>-No, there is no role as I see people grow even today.</p>	<p>-Circumcision does not play a part in eradicating diseases but the manner</p>





Role of Circumcision in Eradicating Diseases					
-Yes, there are minimal chances of getting the bacteria.	-No, it's still the same because people are still dying.	-I think yes because one cannot easily get infected when circumcised.	-Yes, especially when it comes to fighting diseases that are devastating our community.	of individual's behaviour because if it played a positive role, people would not be dying.	
-Yes, because it reduces the chances of getting infected with HIV/AIDS.	-I don't know anything.	-Yes, it fights against it.	-No, because there is no proof that by getting circumcised you won't be infected.	-Yes, because HIV/AIDS is another disease but the circumcised people are not easily infected.	
-Yes, because it helps many people to not get infected with diseases.	-Yes, because it helps as we were told in the community meetings.	-It does because a lot of people are HIV positive.	-Yes, because HIV/AIDS is one of the sexually transmitted diseases and when you are circumcised your chances of getting infected are low.	-Yes, there is a bigger role that is played by circumcision in reducing infections of sexual diseases.	
-Yes, because it protects you from getting diseases.	-Yes, but it also requires assistance, we should not rely on HIV/AIDS.	-Yes, because one cannot easily get infected with HIV/AIDS because if one is not circumcised one easily comes in contact with HIV/AIDS.	-I'm not sure whether it helps in fighting HIV/AIDS.	-Yes, the role of circumcision is the removal of the foreskin, which keeps away sexual infectious diseases that lead to HIV/AIDS.	
-It does not protect against HIV but it protects against old diseases such as drop and gonorrhoea.	-I'm not sure because from my own understanding the condom is the only protection.	-I really don't know.	-Yes, because the removal of the foreskin reduces the chances of infection.	-Yes, because it may happen that you don't get infected.	
-I don't know.	-Yes, from what I've heard from people from my area.	-Yes, especially these minor diseases such as drop.	-Yes, because there are fewer chances of contracting HIV/AIDS.	-Yes, there is a role played by circumcision because you do not easily get infected by diseases.	
-Yes, because circumcision alone makes you know about safety and HIV-related things and you are always safe.	-No, I don't see any role because I know that you must have a condom when you have sexual intercourse since circumcision does not mean you don't get infected by HIV/AIDS and other related diseases.	-Yes, because when you are circumcised it is not easy to transmit sexual diseases.	-Yes, though it does not eradicate HIV but it reduces the chances of getting infection.	-Yes, although I don't know much since I'm not circumcised but the circumcised say so.	
-Yes, if we maintain God's rules that are contained in the Bible and take care of ourselves to safeguard against diseases.	-Yes, there is a significant role that it plays.	-Yes, because there are few chances of becoming infected with sexual disease once you are circumcised.	-A circumcised person has fewer chances of getting sexual	-Yes, in reducing chances of infectious diseases as the place that kept dirt	
-Yes, diseases are increasing and infecting people.	-Yes, because the flesh that keeps dirt once you are circumcised you don't easily collect dirt.	-Yes, that's what they say.			
-Yes, because of the reduction in the level of sexual diseases.	-Yes, because it reduces the				





	<p>chances of diseases.</p> <p>-Yes, there is a difference because you don't get easily infected.</p> <p>-I'm not sure about that.</p> <p>-Yes, it helps against infectious diseases when you do not have another disease such as drop.</p>	<p>-Because it's enjoyable only when I'm having sexual intercourse.</p> <p>-I won't be able to explain. Now I'm relieved on the sexual intercourse.</p> <p>-There is no foreskin, it's different.</p>	<p>-It is confidential but there has been some difference but I would say there is an improvement sexually.</p> <p>-I was circumcised by the doctor.</p> <p>-After it was performed on me I never got diseases such as bilharzia.</p> <p>-It's hard to explain it.</p>	<p>infection.</p> <p>-Yes, although I do not know how to explain it.</p> <p>-It protects me against diseases so that my children cannot lose me as their parent.</p> <p>-Yes, because they tell you the manner in which you take care of yourself.</p> <p>-The knowledge provided in hospitals is helpful.</p>	<p>was removed.</p> <p>-Circumcision won't be able to curb HIV/AIDS because it gets in through the blood system and ends up in the person.</p> <p>-Yes, because when you are circumcised there are minimal chances of getting infectious diseases.</p>
<p><b>Experiences of the Circumcised</b></p>	<p>-It was quick as it was the same day.</p> <p>-Your sexual organ remains clean.</p> <p>-I have not seen the difference.</p> <p>-It brought great help.</p> <p>-Since I got circumcised I have never been infected by sexual disease.</p> <p>-Yes, because it helped him.</p> <p>-Yes, it helps. I can tell other people because circumcision is helpful.</p>	<p>-Because it's enjoyable only when I'm having sexual intercourse.</p> <p>-I won't be able to explain. Now I'm relieved on the sexual intercourse.</p> <p>-There is no foreskin, it's different.</p>	<p>-It is confidential but there has been some difference but I would say there is an improvement sexually.</p> <p>-I was circumcised by the doctor.</p> <p>-After it was performed on me I never got diseases such as bilharzia.</p> <p>-It's hard to explain it.</p>	<p>-I have never had sexual disease in my private organs.</p> <p>-There is a difference especially when it comes to love making.</p> <p>-Not seen yet since I have not had sexual intercourse since I got circumcised.</p> <p>-Not easily get infected by sexual diseases.</p> <p>-I'm clean, there is dirt that is kept and I enjoy sex.</p> <p>-It's easy to wash my private part.</p> <p>-My private organ looks much better and it is much easier to clean it and dirt doesn't get collected.</p> <p>-I cannot explain.</p>	<p>-I cannot be infected by sexual disease in my life.</p> <p>-Because since I got circumcised I don't get injured when I'm with my companion.</p> <p>-I never encountered sex-related problems.</p> <p>-Diseases got reduced and I never had a problem pertaining to sexual disease.</p> <p>-I don't get dirty in my private part and I have never got sex-related disease.</p>





				<p>-Although I do not see any difference but since I'm not a womanising person, diseases do not easily infect me.</p> <p>-My concern, which I've had since I got circumcised, is that it's scary to see a circumcised penis.</p> <p>-There is a lot of difference and I'm currently using condom.</p>	
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Although this study was not intended to look into the indigenous African socialisation processes the findings of the study compelled the researcher to consider commenting on these processes, particularly when dissecting the revival of the indigenous cultural practices. These practices cannot be clearly understood without linking them with ancient Africa in general, especially the male circumcision rite that formed the backbone of the indigenous schooling system. It also facilitated the scope of understanding the circumcision rite beyond the limits of inculcating identified societal values, as it revealed that it can be linked to emancipation or to a better state of the individual or a group of people from a low societal position to a higher position/category. For instance, in ancient Africa, some members of the Nguni people; i.e. IsiXhosa and Sotho-speaking people, used the circumcision rite as a sign that is used to indicate that a lad or young maiden had been promoted to a position of responsibility and was no longer regarded as a child that solely depended on their parents for their survival.

### 10.3 Emergent themes

This survey, conducted in five different locations, helped to reveal the level and what they thought of the revival of the circumcision rite known to be among the artefacts utilised in the socialisation of African youth as a passage to adulthood (Mthembu, 2011:57). It also helped to ascertain the participants' variation or commonalties in particular in their understanding of the in relation to what was under study. Findings confirmed what is normally cited in sociology literature as they revealed that the majority of participants tended to appeal to consumerism and confirmed the impression that "things do not seem to be the way they are presented" (Macionis & Plummer, 2005:12). This became evident during various sessions of the investigation, as the themes outlined



## Male Circumcision Rites Versus Zulu Culture

below emerged.

Interviews conducted at Gugu Dlamini Park tended to develop to a common theme of *gender relations* in relation to the contemporary contradictory social sphere, as participants, who consisted of males and females, revealed their different gender-related status. This became evident in the manner in which the participants responded to various questions. For instance, although the participants knew each other (by virtue of their resting/sitting together when they were approached by the researcher to participate in the study), it was observable during the interview that female participants tended to be shy and males showed confidence in expressing their views, especially when it came to the reality of the argument that advocates this scenario. Again the findings revealed the respect of participants for community customs regarding the enforcement of circumcision. The attempt to verify such claims from male participants revealed that they differed in this regard; however, female participants tended to behave in the respectful manner normally shown by married women towards men. The participants emphasised that:

“...the culture emphasises that the circumcised male is not to share a table or meat in the kraal<sup>20</sup> with the uncircumcised male using the same utensil, as the uncircumcised is regarded as unclean and a boy,...circumcised males perform better during the sexual intercourse...even women cannot marry uncircumcised men for fear of being ridiculed by other community members.”<sup>21</sup>

This suggested that the individual determined when and where they

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<sup>20</sup> The space that is culturally considered as sacred.

<sup>21</sup> Gugu Dlamini Park focus group interview – 28 June 2012.



abandoned and/or used their different positions when they were in African or western cultural social settings.

In the focus interview conducted in the second location, a *labour migratory pattern* was clearly visible. While the study was not particularly concerned with the participants' background, the interview process led the participants to reveal their background as they were attempting to illustrate their various experiences of the circumcision rite. This was illustrated by participants who highlighted their different origins, as they noted that: *"...The newly adopted circumcision approach in KwaZulu-Natal Province tended to be foreign but our village in former Transkei experience, an 'inkwenkwe' – young man – when he reaches a certain stage in life, he is sent into the bush to be circumcised to become a respected man in the village..."*<sup>22</sup>

In the third phase, the findings revealed *cultural alteration*; i.e. the abandonment of the once-cherished notion of *mfowethu and anti-violence*. For example a competition between United Democratic Movement (UDM) and Inkatha Freedom Party (IFP) tended to resemble the pre 1994 Third force - apartheid regime's total political onslaught that advocated divide and rule strategy via tribalism. This type of attitude emerged during the initial steps taken in preparation for the interview appointment with the relevant participants. The process was left half completed as the relevant participant suffered a fatal shooting. In response the researcher immediately changed the location from the KwaMashu hostel to the KwaMashu commuters' hub to complete the study in the area. This type of development in this location tended to confirm what has been highlighted in the literature, as it revealed that the people who once honoured their collectivism as members of the same family had become enemies through new political structures that

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<sup>22</sup> Mkhumbane focus group interview – 23 July 2012.



## Male Circumcision Rites Versus Zulu Culture

emphasised the “*spirit of comradeship*”, which depended on the power of the gun. The political philosophy was based on the shifting sand principle, as its advocates can be regarded as believing that: “today’s friends are tomorrow’s enemies”.

In the fourth phase a theme of *religion* emerged, as the participants in the focus group and in-depth interviews tended to link circumcision with the indigenous faith oriented institutions such as the ‘Shembe’ Church. For instance, one participant highlighted that:

“When one speaks of circumcision practice in KwaZulu, one should be aware of the fact that such practice was abandoned long time ago by King Shaka. So, the ... church revived it...”<sup>23</sup>

In addition, although the participants concurred with the focus group assertion that the ancient practice of circumcision in KwaZulu-Natal had been abandoned, they tended to emphasise the limitations of the church-oriented practices. For instance, the participants highlighted the fact that:

“...The church members in particular those who are circumcised in the church defined the manner but what is the disturbing about their practice is that they tend to undermine those who are not circumcised; that is why in some instances, in the case where an uncircumcised offers food to the circumcised he will normally refuse to share his ration and will opt to starve instead of eating together with the uncircumcised. Normally, they refer to those who are circumcised as the ‘*inhlalisuthi*’– the ever full that does not need food.”<sup>24</sup>

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<sup>23</sup> Hluhluwe focus group interview – 13 April 2013.

<sup>24</sup> Hluhluwe in-depth interview – 18 May 2013.



Finally, in the fifth location the undeclared underlying *historical developments and regional leadership roles* emerged as a theme during the focus group and in-depth interviews. Findings revealed that although participants accepted the continuance of the present MMC practice, they also highlighted its social limitation and in some cases did not agree with the procedure per se. They acknowledged that although this present procedure is highly publicised, certain issues were associated with it such as death or deformation of the patient's private parts due to mis-happenings in the procedure. They also confirmed some of the issues highlighted in the literature such as the usage of bull whisk as part of circumcision practice in other localities. This became clear when some of the participants in the focus group interview tended to reflect their village or location experiences; for instance:

“...In our village, boys when they herd cattle use a string from the bull whisk to circumcise – ukuqhatha...”<sup>25</sup>

In relation to their participation in the decision to continue the present circumcision rite, participants highlighted that:

“Though we see that the present circumcision practice is not contributing to the revival of the Zulu culture but there is nothing we can do, as it is taking place; it will continue...”<sup>26</sup>

In summary, the findings revealed the difference between the currently used MMC in KwaZulu-Natal and the indigenous circumcision practice, as the present approach tends to operate within the clinic and hospital environment and is overseen by western trained medical doctors who

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<sup>25</sup> Jozini focus group interview – 13 September 2013.

<sup>26</sup> Jozini informal discussion – 13 September 2013.



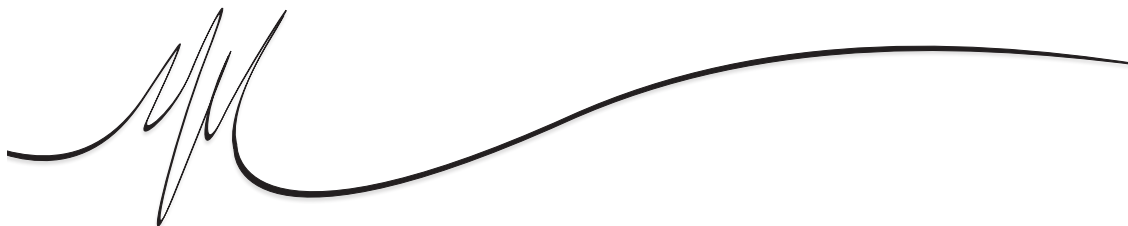
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operate in terms of medical values that espouse rationality over the reality of nature and societal values that are transmitted through social structures such as the media. In contrast the indigenous circumcision approach tends to operate by emphasising the importance of natural settings such as the mountain or bush where temporary shelters are erected as the space for conducting the ritual and where societal values are transmitted under the watchful eye of the Elders and traditional healers. In addition, observable differences between the two approaches are the manner in which the ritual is conducted and the values associated with it. For instance, the indigenous approach is performed in the absence of females and has designated sacred spaces while the western-based approach tends to be performed in the open and in the presence of females and as can be witnessed in the publication of individual parts to justify its performances.





# 11. DISCUSSIONS AND RECOMMENDATIONS



**T**he pervasive threat of communicable diseases to the maintaining of a healthy life has led to the adoption of various defensive and offensive strategic interventions by different stakeholders for generations. Each generational intervention is informed by the prevailing social value systems; for instance, prior to the emergence of Protestant ideals in ancient Monomotapa Empire, royal theocratic high moral virtues ruled the social landscape (Hrbek, 1992:281 & 303). For example, the circumcision rite was performed and also used as a seal of the covenant between the individual and the nation with their Creator/ *Nkulunkulu*. So, likewise, our generation is also caught up in the same experience of a threat posed by an outbreak of infectious disease (i.e. HIV/AIDS) and the accompanying need to formulate a relevant and effective response to this threat.

Since the South African contemporary social landscape remains caught up in the cycle of dissecting strategies that may be relevant in curbing or eradicating HIV/AIDS and related diseases, the circumcision rite has become one of the strategies that has been taught as viable. It is important to highlight that this exercise of formulating a relevant





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intervention coincided with the continuous social changes in the country as South Africa abandoned the apartheid social policy. The apartheid policy was characterised by the entrenchment of racial segregation and the supremacy of white minority ideals over the indigenous value systems of the black African majority, which were regarded as inferior. The apartheid system operated under the tutelage of western democratic value systems that were characterised by the sustenance of the pillars of colonialism, as the indigenous people were and still are trapped in the euphoria of an employment mentality that keeps them as a cheap commodity available for exploitation anytime and anywhere and remain landless in their own country. The Mandelism age offered various social agencies opportunities to realise their aspirations through interventions such as the revival of indigenous cultural practices previously deliberately undermined or forced to be abandoned at the hands of the previous minority regime (Magama, 1998:57; KwaZulu-Natal Legislature Speeches, 2011).

Various strategies for the revival of IKS were proclaimed, such as private-public partnerships (PPPs) and IKS policies; e.g. Section 185 of the South African Constitution, which emphasises the promotion and protection of the rights of cultural, religious and linguistic communities. These strategies enabled various stakeholders – government, traditional leadership and donor agencies – to formulate related programmes. Thus, the government authorities of the KwaZulu-Natal Province in conjunction with the monarchy of the Zulu nation and US government agencies adopted a cultural revival route while curbing threats of HIV/AIDS pandemic through the use of the previously abandoned circumcision rite. The tripartite intervention approach contains two vital aspects in its ‘promise’: the revival of the Zulu nation’s cultural values (the circumcision rite) and the fighting of a communicable disease (HIV/AIDS). This study attempted to gain individual and group perceptions and understandings of the feasibility of such objectives.







## Discussion and recommendations

In attempting to ascertain the practicability of the use of the male circumcision rite as a means of curbing the spread of HIV/AIDS, it is vital to consider findings from related studies relevant to policy formulation. Lagarde et al (2003:94) emphasised that:

Our results suggest that the perception of safety is the principal issue in implementing a prevention method based on MC [male circumcision]. A false sense of security accompanies circumcision; in view of the findings that a significant proportion of men and an even higher proportion of circumcised men said that circumcised men can safely have sex with many women. Even more worrisome, circumcised men were more likely to report a high number of lifetime partners. This indicates that this feeling of security is transformed into dangerous practices.

Although male circumcision rite is among the options that have been considered to be on the rise throughout the world, in North America and Africa especially, a number of studies have revealed that this revival is undertaken through foreign ideals and without consultation with relevant populace in this regard (Richter & Panday, 2006). For example, in South Africa various clinics in this regard have been opened and are said to be doing 'tremendous' work, despite the 'deliberate' non inclusion of the bearers of the indigenous African values, i.e. Elders, *ikhankatha* and *Izinyanga* in the present revived ritual. Again, according to the findings of this study in KwaZulu-Natal and related literature revealed that the reality shows that the highly publicised 'revived ritual' suggest a continuation of North American and Eurocentric practices, as there are no accompanying ceremonies during pre and post school and no sacred space(s), i.e. kraal and *iphempe*. These limitations suggest that what is really happening at present is nothing more than the continuation of the consolidation of the same colonialist liberalist agenda of inferiorisation and mocking of Cushite value systems (Barry, 2001).





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Despite the unsurpassed historical scientific evidence on effectiveness of indigenous African chemistry - the *muthi* formulas and surgical professionalism that have been used over years and still practiced today in conducting such as Initiation Schools in the pre and post industrial era in the region. A comparison between circumcised and non- circumcise men argue that there are low chances of possible HIV/AIDS infections among circumcised. But such debates remain lack supporting proof as it also suggests that the TMC is not relevant case in this instance (cf. Nkosi, 2005; cf. Naidoo, Dawood, Driver, Narainsamy, Ndlovu & Ndlovu, 2012). The TMC practices in various regions in the continent of Africa are linked to the continuation of ancient cultural values system of their community. The MMC approach is based on the idea of using the circumcision rite as the remedy against HIV/AIDS experience. Data shows that there are equal chances of getting infection without necessary precaution.

Differing views on the usage of circumcision rite as the antidote to curb the scourge of communicable diseases in this country (Barry, 2001). MMC and TMC approaches should be understood for their purposes, i.e. hegemony and legacy of indigenous African cultural values system respectively. Both forms of culture should be reviewed to ascertain their relevance at this time, by always ensuring practices that are certain to save lives as opposed to endangering lives. Such practices must also be sensitive to the poor economic conditions of an already vulnerable people and not view circumcision and its related aspects as a money-making industry as is indicated in the following thoughts (Daneel, 1998):

The primary concerns of those who are hesitant to implement MC as an HIV prevention strategy in sub-Saharan Africa are likely to be, first, the possibility that MC will detract from other proven HIV prevention interventions and will lead to circumcised men increasing their HIV risk behaviours (i.e., behavioural disinhibition) and, second, feasibility of providing safe, affordable MC services in





resource-poor settings (Bailey & Egesah, 2006:1).

Consequently, such negative development were experienced during the fieldwork of this investigation in Kwa Mashu hostel, as the experiences relate to limitation(s) brought by the MMC when it comes to inculcating the highly celebrated western oriented comradeship spirit that is notorious for its destruction of the indigenous African cultural value systems and lack of respect of the preservation of the once cherished respect of human life and the guidance from the Elderly people of which were and still part and parcel of communal way of life even today (Focault, 1976:5). This confirms the fact that the newly constructed spaces tend to undermine the well-established indigenous African value systems such as ‘no killing of your fellow brother because tomorrow you will need him to help you’ or ‘there is no place to dump the naughty individual’, which were illustrated in stick fighting activity. In stick fighting, a man was allowed to beat his opponent but not to kill him. When blood was visible one was expected to wipe it off his opponent as a sign of peace and brotherhood trustworthiness.

The findings of this study suggest that religious structures such as the church tend to be caught up with village attitudes, particularly when it comes to the enforcement of community customs. Perhaps one can argue that the present church institutions seem to be limited when it comes to the interpretation of the parables in the Bible, which they use as their guide in this instance. For example, the Bible states that “the Most High God – Jehovah will punish both the circumcised and the uncircumcised...” (Jeremiah 9:25-26). This is illustrated by the contradiction in the manner in which they relate to individual treatment and the relevance of circumcision in this era.

Perhaps, social agencies should consider using strategies that avoid interference with healthy human organ as such act contradicts the



ethical code of *no harm to participant* and also bias against males. Males are made to be solely responsible for spreading infectious diseases in that only they are subjected to circumcision while female circumcision is not even spoken about in this context. The government and related stakeholders need to be realistic when it comes to the human rights abuse by the authorities, as they tend to ignore other related facts such as the access to basic services can lead to spread of sexual infectious diseases (KwaZulu-Natal Legislature Speeches, 2011). It was established that the majority of the participants do not have means of securing their daily livelihoods, as they highlighted that they do not have access to land usage, water and shelter to sustain their healthy living that is free from threats of deadly diseases (Richter & Panday, 2006; Hrbek, 1992:55). Perhaps, the consideration of a linear development approaches especially when formulating strategies that are intended for guaranteeing a secured healthy life against dreadful diseases such as HIV/AIDS and should avoid usage of the present life threatening MMC ritual (Welsing, 1991; Manzo, 1991). Despite TMC and MMC approaches varying mandates but they have common traits such, i.e. the interference with male organ, inculcating society values and a limited scrutiny by its advocates and practitioners. Despite the 'high' standard of the Initiation School in performance of the TMC but its traditional medical practitioners (TMPs) tend to be limited in consideration of its relevance in this age. For instance, the present MMC culture revival oriented approach tends to ignore the ancient Zulu custom of respect the directive of the Elders, i.e. the following proverb emphasises: *Indlela ibuzwa kwabaphambili*. Likewise the preceding Zulu monarch ordered its abandonment of which King Shaka complied (Magema, 1998; KwaZulu-Natal Legislature Speeches, 2011; Mthembu, 2006 & 2009).

This tends to suggest that traditional leaders are alienated from their historical development and the related policies of their predecessors. In addition, this suggests that the Zulu nation's revival of circumcision



tends to be the antithesis of King Ngqika's proclamation against western domination and stated that:

I have given over for a little to listen to your words but now I have done...for if I adopt your law I must surely overturn all my own and that I shall not do (Mayer, 1980:7).

In addition, the focus group tended to confirm the submissions from some of the literature reviewed about the ancient African forms of circumcision and the formation of the Zulu nation in the region (Magama, 1998; Nkosi, 2005:32; Abdi, 1999:150; Soudien, 2012:98), as the focus group members highlighted some of their reservations about defining the present circumcision practice and also cited the usually acclaimed "King Shaka's abandonment of the circumcision practice". They also emphasised that:

"...What is practised today is no longer what used to be defined as culture because of the food that we eat, the lack of organic food and the youth behavioural patterns have changed, which has been fundamental in spreading of diseases. For instance, young people were taught to perform 'ukuhlobonga', which played a major role in the avoidance of unnecessary pregnancy amongst the youth..."<sup>27</sup>

Mthembu (2006:11) emphasises the significance of being a herd boy, as he highlights that:

Ukwelusa is more than just herding the cattle. There are so many things that you learn out there. It is a form of education and the hardship that you come across while you are out there in the veld

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<sup>27</sup> Jozini Focus group interview: 13 September 2013.





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prepares you and makes you strong, prepares you for manhood.

However, without stressing much that the present 'Zulu circumcision rite' that is linked to MMC approach, it was established that though it managed to raise some debates surrounding this ritual that has been seen as something for the few insiders but it does not meet indigenous African value standards that qualifies it to be regarded as the Zulu nation ritual. Beside that it is also viewed in some social spheres as nothing different than the implementation of the ancient oppressive ritual strategies such as blood sacrifice of the phallus and slave mark (Mayer, 1980:1; Pewa, 1997). Although there are other Nguni monarchies but the present government structures ignore them and deal with the Zulu monarchy that is clearly illustrated in the partial regional name, i.e. 'KwaZulu-Natal'. This suggests the romanticising of the western colonialism consolidation and repackaging of divide and rule ethos, as the study revealed that:

"It worth noting the manner in which the prevailing government recognises the monarchy of the Zulu clan over other monarchies of other clans that have their own ways of circumcision; what is publicised by government structures is the manner of the Zulu monarchy, which remains challenged to some extent by various monarchies but not to the extent it deserves...(Magama, 1982; Motshekga, 2007)."<sup>28</sup>

There is a need for awareness when dealing with indigenous African value systems in the region, as there are other monarchies that continued the circumcision rite until today when the Zulu 'clan' abandoned it (KwaZulu-Natal Legislature Speeches, 2011).The significance of consideration that goes beyond the romanticised historical European invasion that

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<sup>28</sup> In-depth interview – 27 September 2013



relates to the establishment of the Zululand and subsequent renaming of Mbiremusha port of eThekweni to Natal and the surrounding areas. Although this study was not intended to scrutinise the TMC practices in the region/ country but due to widely publicised disturbing news that contribute towards false presentation of indigenous African cultural values in the electronic media that could not be ignored especially when attempting to gain a better understanding of related youth perceptions. Media form part of the programmes that advocates the idea to the youth that the present TMC practices are not 'scientifically' capable of curbing health hazard diseases, i.e. HIV/AIDS as the means to justify the introduction of MMC in other places such as Gauteng Province (KwaZulu-Natal Legislature Speeches, 2011; Mthembu, 2006 & 2009).

Again the lack of clear academic syllabus in both methods and observable features suggests that they are limited on inculcating African values systems tutorials, i.e. *umuzi* and subsistence farming related responsibilities. They are also performed within capitalist defined time, e.g. any day and during public holidays to ensure the availability of the proletarianised individuals to sell their labour power. It was established also that the TMC form part of the syllabus that is rendered in the Initiation School, as the initiates are tutored in various skills that included *ukuzithopha* – declaration that are presented on the re-entering the community and general indigenous African value systems. But the 'silence' of the TMC graduates and their continuous selling of their labour power to the present deadly and vicious capitalists economic system seems to suggest that the present Initiation schooling system need some form of review especially its syllabus in particular in the present era of repackaged racist values and promotion of neo-colonialism programme. Whilst the 'insiders' feelings were part of the discipline of knowledge concealment that was confirmed during the investigation, especially when they refused to answer certain questions or participation in related questions but it tended to create a 'special club', that seems to



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have a 'limited' circular mandate that keeps status quo alive with no critical concerned with the true essence of transition from childhood to responsible adult status for young people, e.g. from colonialism to self determination. It was established that despite various curriculums in the present circumcision practices, Nguni people such as the amaXhosa and abeSuthu circumcision practice have a common historical background of inception; clinic approach is agency driven (Nkosi, 2005:32). According to the initiation school view suggests that circumcision marks the transitions of young people/ rite of passage to adulthood accompanied by related ceremonies and inheritance of certain rights or privileges such as the land (Shipman, 1975:37; Magera, 1982:28). The clinic linked consumerism culture tended to be more focussed on the increase of participating initiates in quantity. The Initiation School remain under the Elders Council and the clinic approach remains dictated by the foreign donor ambitions. Despite the Elders' and indigenous leadership institution a privilege of calling the Initiation School session and general safeguarding the future survival of the community but they seems to be clandestinely enjoying the 'mediator' status, as are part of the payroll of the foreign imposed liberal democratic state and promotes its values such as English language instead of using their *lingua franca*." The world indigenous leadership institutions in particular Nubians/Africans need to transcend their present celebrated 'mediator status' between the profit driven and greedy barons and landless black African people because such stance undermines the revival of indigenous African value systems.

The study highlighted that the envisaged decolonisation of Africa in the present liberal democratic era remain contested, as some quarters suggests that the present social policies in the country are limited on the teachings when it comes to the ancient African *monophyte guidelines*, a *ubuntu* principles that advocate the superiority of truth and right over lies and deceit and humanly manifestation of *uNkulunkulu- uJahovah* in particular when dealing with socialisation of young people in general.





Other section advance the consumer oriented leanings that encourage use of condom and abandonment of indigenous African values systems, i.e. *ukusoma* method and *ukuqhatha* rite. The present development tends to confirm that:

Social lives through social levels and social dimensions sociologically cultures and theories display new meanings for social uses..., some of which are “natural” and others “social” ...western civilization has split apart spiritual institutions from political and state institutions – the secularization process. Thus, suggests that people both the marginalised and the elite, have learned to think of the material world and the spiritual world as two separate worlds (Mthembu, 2011:57).

This consumer oriented socialisation process alienates young people from the realities of basic tempo of life including knowledge of themselves in relations to land, meeting daily livelihoods and the encompassing natural environment. Various sessions revealed that most of participants asserted their ignorance of the idea of initiation school in favour of the ‘easy and quick’ MMC. They lack knowledge on indigenous African Initiation school based rite and *ubuntu* ideal, a citadel of truth and right in return emphasise: *it takes a village to grow a child, a respect of Elders* to guarantee long life and that *two wrongs cannot make one right*, one cannot use condoms and circumcision at the same time and expect good individual manners.

The hegemony of liberal democracy disparity promotes western based secular values that are characterised by undermining of indigenous African value systems. The majority of participants and related stakeholders were limited in linking TMC with indigenous African leadership novelty in particular when it comes to understanding related mystic and dynamics. Although they recognised the Bible but their views suggested some



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limitations when it comes to understanding and decoding of AIKS values, such as parable(s) that encourages an individual high moral order such as the *circumcision of the heart* in curbing health threatening diseases such HIV/AIDS and TB (Galatians 5:6; Colossians 2:11; WHO & UNAIDS, 2007:3). Their various experiences lacked knowledge of the origins of such rite, for instance, the related binding significance - *praxis* and *nexus* such as the 'King of Kings principle', in the embodiment of His Imperial Majesty Emperor Haile Selassie I<sup>29</sup>, the Conquering Lion of the tribe of Judah, the Lord of Lords and the King of the Universe..., as per celestial prophetic revelation (see Revelation 5; Motshekga, 2007). The leadership heights that emphasise the guidance from the Most High - *uNkulunkulu*, the fulfilment of relevant prophecies in particular time and equality of all mankind irrespective of belief and without regard of colour of human eyes or skin in the Universe.

The findings revealed that the present MMC practice further undermines the indigenous value systems that regard sexual intercourse as a sacred exercise only permitted to individuals who have reached a certain stage in life identified by ceremonies associated with the rite of passage to adulthood. According to indigenous values, young people who have not exhausted these social levels are expected to abstain from participating in sexual intercourse that leads to pregnancy and instead practise what is known as *ukusoma*. This approach prevented young people from being exposed to communicable diseases such as gonorrhoea and assisted in avoiding early parenting and the bearing of children by young individuals who were not yet ready for related procreation and family responsibilities. The findings tend to confirm what Tyrell (1983) has highlighted, that:

In western society the young person faces an uncomfortable

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<sup>29</sup> The father of the 'former' Organisation for African Unity (OAU), the predecessor of the present African Union (AU).



growing-up time. The passage from childhood to maturity often entails a protracted series of encounters between older and younger generations, with the younger fighting for a recognition not easily accorded them by the older. By contrast, initiations in African society are easier on the different age groups, providing a clear set of rules dictating behaviour towards one another. The prospective initiate is removed from society to undergo experiences which separate him or her from society at large, as previously perceived. However, this procedure effectively binds the initiate into a specific social group and it is as a member of this group that he or she is not only welcomed back into society, but given an acceptable mode of self-expression and anticipation.

The twofold preventative approach encourages the application of MMC and condom simultaneously has been viewed differently by young people: the additional socialisation strategy that operates within the consumerism sphere and acts as the additive to pleasure attainment. It simply meant another 'progressive' development against communicable diseases. The continuous usage of condom despite performance of such rite as an extra protective against possible infection of communicable disease(s), challenge the well publicised media claim that suggest that it reduces any future possible infection(s). Although some young people participate in this rite but its operations suggest that it functions outside the scope of bona fide medicine that respects the *no harm to participant* ethos (Momoti, 2002:17; Hexham, 1979). Such disrespect confirms the idea that it contributes to *mutilations* of the individual's private parts that is defined in other communities as *the rape* of the phallus. It was also revealed that participants were less critical of media advertisement argument, i.e. it helps initiates toward satisfaction of their partners and cultural revival. Nevertheless, it will be significant to further investigate such media assertion to avoid the spreading of ambiguous ideas that tantamount to what can be summarised as the revival of ancient



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pagan oriented blood offering rite (Doyle, 2005). Perhaps, suspensions of all forms circumcision rituals in general can positively contribute in advancing the war against all forms of rape, that United Nation defined it as the violence against humanity. The observation of media promotion the popular cultural values such as the revival of the indigenous African culture during the study, as some of the participants' views on the rationale for their participating in the MMC, echoed same publicised media reports. La Hausse (1984:36) stresses that: *Working class culture is the form in which labour reproduced...reproduction...is always a contested transformation, working class culture is formed in the struggle between capital's demand for particular forms of labour power and the search for secure location within this relation of dependency.*

Observable views and images undermine the relevance of indigenous African values, i.e. the respect of the essence of Initiation School rites and related ceremonies in the socialisation of young people according to their related steps towards exposure to various levels of programmes that equip them with liberating practical life skills.

A homological critical review suggests the present revival of circumcision rite have limited benefits as it undermines the indigenous medical practitioners and their *muthi*-herbal systems that need to be continually defended and advanced (La Hausse, 1984; Manzo, 1991; Derrida, 1978; Edmons, 2003). The present baron driven development agencies attempt to ensure the sustenance of racist western cultural values, such as MMC and preference of English language over Nguni language. Mayekiso (1996:24) confirms that they are:

...Willing to do anything in their power, even floating reactionary and untenable ideas to the civic movement, to maintain their wealth, assure the continuation of an extremely exploitative form of capitalism in South Africa, and lower the political will power of



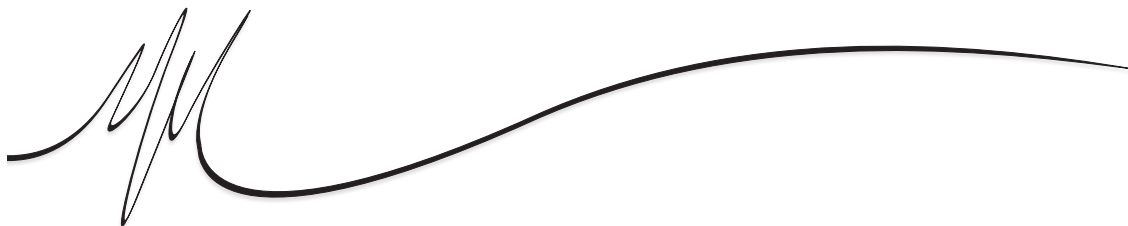
the...movement to gain socio-economic objectives.

In summary, although this study was not intended to review the effects of social changes that are sweeping in the liberal democratic South Africa that came with a promise of redressing the European colonial injustices on racial inequality. The proclamation of Section 185 of the South African Constitution that guaranteeing the establishment of a Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities but such initiatives were underscored due to its exclusion of the bearers of the indigenous African cultural values, i.e. *Izinyanga* the relevant authority to manage the circumcision rite that was initiated by the Government and other related agencies. It offered the opportunity to re-evaluate the Mandelism era, as one view suggest that it helped to gain a better understanding of the 'freedom' that was envisaged to offer the previously disadvantaged black Africans the opportunity for their self determination on issues such as the cultural values such as land and socialisation processes, i.e. Circumcision rite and the suggestion of clinic approach illustrate the realities of the 'integration' of different racial cultural system into western value systems.

The Charterist's regime should consider promulgating policies on land in respect for revival of subsistence farming and barter economic systems and the black Africans cultural values systems including socialisation processes. This will assist the black African people the opportunity to compete fairly as they remain considered informal traders operating in a 'hidden' economy in this era. This might contribute towards reduction of 15 % 'illegal' protests for demands of land redistribution and basic social services and a move towards a realisation of the liberated *Azania*.



## 12. CONCLUSION



**T**his publication briefly captures the rationale for the perceptions of black African youth based in the urban and rural areas on the present revival of the circumcision rite in KwaZulu-Natal. Indeed, their cooperation and willingness to share their understanding on the historical development of circumcision ritual and rationale behind its inception.

Literature was explored and compared with experiences youth that were investigated. The present circumcision processes do not operate within the parameters of Initiation School and ignores the natural spatiality, i.e. river, mountain and forest. The concept of homology of indigenous of knowledge systems was explored for its emphasis on single background of indigenous Africans irrespective of the present location around the universe including other members of the human race. Participants came from different localities and discussions highlighted identified challenges e.g. the impact of dreadful European colonialism. as they remain alienated from their land m as they are still quarantined in the labour reserves and forced to sell their labour power.





## Conclusion

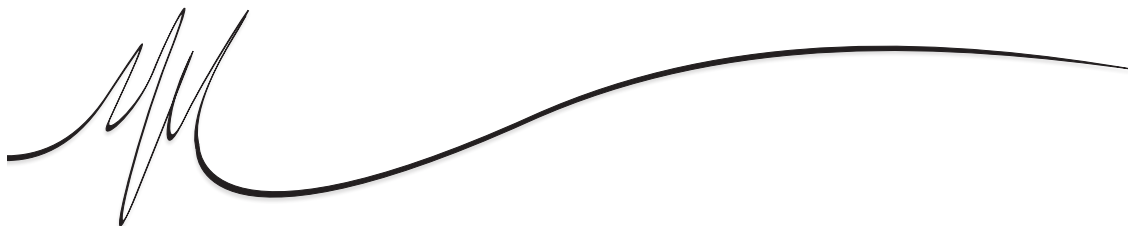
The qualitative approach was utilised in collecting data in this study for its relevance and enabling collection and usage of various sources and self reflection of the researcher. The degree of alienation of the black African, and their dependency on the media reports and absence parental guidance. The consumer oriented clinical approach was favourable for its reasons such as the duration. The relevance of curbing the communicable diseases and revival of indigenous African culture remain unrealistic, besides revival of the ancient European linked barbarian slaves marking , as the only down pressed people that are subjected in this mutilation that tantamount to a rape of the phallus and blood offering to their gods.

Lastly, it is recommended that the African National Congress Charterist's regime should facilitate the land to black Africans for subsistence farming and barter economic. Indeed the present cultural revival resembles the 'CODES A circus' that paraded opportunist leadership. The *isala kutshelwa ...*, Africa and her children awaits "its own creators" and drums heart beat of freedom are ceaselessly echoing the unstoppable forth coming royal theocratic order of the liberated *Azania* in due season.





# GLOSSARY AND TERMS



Abafana	This term is used normally by Xhosa people to refer to males who have undergone the same ritual processes.
Abakhwetha	Young men going through a ritual.
Amabhinca/iziqhaza	Uneducated/acquired low level of western education
Amadlozi	Spirits that relate to ancestor worship
Amakrwala	Newly initiated/circumcised young men
Ekhankasini/iphempe	The hut of isolation where circumcision takes place
Ikhankatha	The principal of the circumcision school
Imfecane Wars	Civil war amongst the Nguni people that is associated with King Shaka of the Zulu clan
Induna	Community leaders who represent the king in a particular village

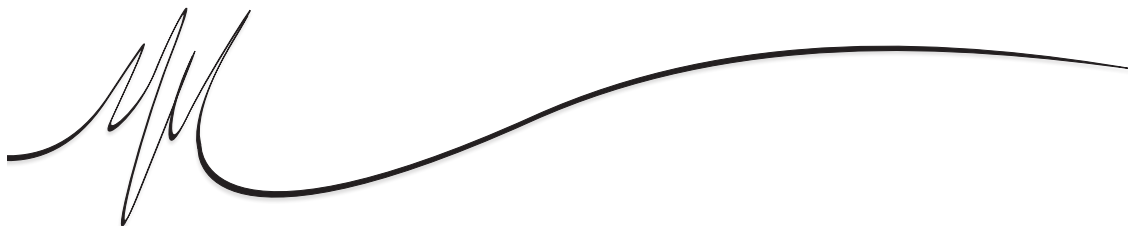




Inhlalisuthi	Normally it refers to the individuals who always give excuses when it comes to sharing a dinner with another person especially in cases between the circumcised and uncircumcised
Ingqwele	An elderly boy who younger boys respect and fear due to his bullying
Inkwenkwe	Uncircumcised young men
Inyanga- ( <i>singular</i> ) Izinyanga -( <i>plural</i> )	Indigenous/traditional doctors
Izifundiswa/izitatanyiswa	The elite who are normally known for their ego flattering tendencies towards the non educated/ or someone who has attained a low level in the western education system
Muthi	Medicine that is made up of a mixture of leaves/traditional medicine
Ubuntu	African principle, which is known to be the citadel of truth and right, as it emphasises that two wrongs cannot make one right
Ukuhlobonga	Sexual intercourse practices such as non-penetrative sex long practised by the clan
Ukuqhatha	A circumcision rite that is normally practiced by young men during their herding session in the veld
Ukusoka	The circumcision rite, first celebration
Ukwelusa	Herding of live stock, i.e. goat, sheep and cattle
Umkhosi womhlanga	Reed festival that is normally attended by the young maidens
Umuntu ungumuntu ngabantu	Do right to others so that they can do that to you, abstain from self-destructive acts and practise the...
UNKulunkulu	Most High Creator/God



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## Male Circumcision Rites Versus Zulu Culture

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### **Tables**

Table 1: Perceptions of the revival of circumcision practice

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### (Endnotes)

<sup>1</sup> Ethiopianism emanates from the term “Ethiopia”, which refers to “Kush” or “Cush”, the ancient name of the African continent. The word “Ethiopian” therefore represents Africa’s dignity and place in the divine dispensation and provided a platform for free African faith and nations of the future.



