Peri-rite psychological issues faced by newly initiated traditionally circumcised South African Xhosa men

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Abstract

Background: The aim of this paper was to explore the peri-rite psychological issues of traditional circumcision as experienced by newly initiated Xhosa men in East London, South Africa. The practise of male traditional circumcision is challenged with problems ranging from hospitalisation to deaths of initiates in traditional circumcision ‘schools’.

Methods: A qualitative study that is explorative and interpretive was followed. A purposive sampling technique was used to select 14 participants who volunteered for the study. Focus group discussions (FGD) were used as a method for data collection. Only one question was asked in all the groups: What is your experience of undergoing indigenous circumcision? Facilitative communication techniques were used to encourage participants to talk during the interview sessions. Data was collected using a voice recorder until saturation occurred. Recordings were transcribed verbatim and analysed according to Tesch’s eight-step descriptive method.

Results: The study revealed three themes associated with the participation of Xhosa men in the circumcision ritual in South Africa, which include: (1) issues associated with proper involvement of families during the ritual; (2) issues associated with being in the circumcision school; (3) issues associated with failing the manhood test.

Conclusions: The research findings indicate that psychological issues associated with indigenous circumcision revolve around the proper execution of the ritual according to tradition.

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Introduction

In South Africa, cultural male circumcision is performed by various tribes on young adults as a rite of passage from childhood to manhood [1]. This ancient initiation ritual has been plagued with many problems nationally. In the past few years this tradition has been questioned and criticised by concerned individuals and publicised by the media [2], because numerous initiations have resulted in complications that required hospitalisation, and even the subsequent death of initiates [3]. Complications occur for several reasons, most of them related to the traditional manner in which the ritual must be performed to be considered a success. Although the medical complications of traditional circumcision have been well explored in the literature [3], its psychological effects are not well understood. This paper seeks to address this gap in the literature and initiate a discussion on the subject by examining the psychological issues resulting from the procedure as reported by newly initiated African men.
The ritual

The authors studied the cultural circumcision ritual of the Xhosa tribe in South Africa. According to the Xhosa tradition the ritual serves to transform an adolescent (boy) into an adult (man) through the removal of his foreskin. For Xhosa males it is important to undergo this transformation, because one must complete the ritual according to tradition to be considered a man.

The Xhosa traditional circumcision ritual commences with the translocation of the initiate to a grass hut built by the family in the ‘bush’ (countryside). These are said to be circumcision ‘schools’, where the initiates are circumcised by traditional surgeons and spend up to 4 weeks (or until properly healed) learning about manhood from elders and traditional nurses who care for the wound by wrapping it in traditional herbs.

For the circumcision ritual to be considered a success, and the initiate to be declared a man, the endeavour must be completed according to tradition. This means that the initiate must heal properly without taboo violations that include coming into contact with women or the intervention of westernised medicine (i.e. hospitalisation). If the initiate fails the ritual, he will not be considered a man according to tradition and will be treated with contempt and disrespect by fellow tribesmen and women. He will also not be able to marry, start a family, partake in traditional activities such as sacrifice, or even become an ancestor upon death.

Psychological effects of circumcision

Current literature on the psychological effects of circumcision is mainly confined to studies of individuals circumcised in infancy and childhood in Western societies. Psychological effects associated with circumcision result in short-term behavioural changes in infants and long-term unrecognised psychological effects on men [4,5].

Neonatal circumcision without the use of anaesthesia has been reported to result in post-traumatic stress in the individual’s later life. Since trauma in infancy is unconscious, its effects are expressed non-verbally through behaviour [6]. Some children who experienced circumcision around the ages of 4–5 years perceived it as an aggressive attack on the body, which often resulted in feelings of inadequacy and humiliation. These children also showed an increased tendency for aggressive behaviour, introvertedness and even suicidal impulses [7–9]. According to Freudian theory, circumcision of a child at this so called ‘phallic stage’ may also arouse ‘castration anxiety’ [10].

Circumcision in infancy or childhood may have lasting effects into adulthood, and even affect adults closely related to the child. One study indicated that men circumcised in infancy or childhood suffered emotional distress following the realisation that they were missing a functioning part of the penis, with the consequence of low self-esteem, resentment, avoidance of intimacy and depression [11]. Other psychological consequences in adults include symptoms such as relationship difficulties, sexual shame, shyness, anger, fear, powerlessness and distrust [11]. Furthermore, psychological effects of circumcision may not only be apparent in the individual who underwent the procedure but also the mother. Some mothers have reported that the violent nature of the act resulted in a negative impact on the mother–child relationship, by disrupting the mother–infant bond [4]. Other than the violence involved in the circumcision act itself, psychological effects may also be caused by morbidity due to complications and affected sexual functions.

Other effects of circumcision

Research shows that infant and adult male circumcision often leads to morbidity including physical trauma and deformity of the penis, as well as affecting sexual function in both males and females. Physical effects include complications and intrinsic effects. Reported complication rates in Western societies range from 0.06% [12] to 55% [13], depending on the diagnostic criteria used; however, a range of 2–10% is argued to be more realistic by other authors [10]. The most common complications of circumcision are haemorrhage and sepsis [10].

Apart from the physical effects associated with circumcision, reports indicate that some men experience sexual problems and poor sexual satisfaction in later life. Circumcision causes the loss of highly erogenous sexual tissue that is required for optimal sexual pleasure [14,15]. Male circumcision has also been
argued to affect female sexual enjoyment. In one study, women reported that intercourse with a circumcised penis caused discomfort from increased friction, abrasion and loss of natural secretions, and stated that uncircumcised men felt gentler [16]. Other effects that are reported to follow circumcision are enuresis, habitual spasms, night terrors, convulsions and death [17].

Complications of traditional circumcision

The health hazards associated with circumcision has led various countries to develop strict guidelines, policies, or laws to control the circumcision of male infants and men. The United States proposed standards of care for infants undergoing circumcision [18], while in South Africa ‘The Application of Health Standards in Traditional Circumcision Act’ was enacted in 2001 to protect adolescents undergoing traditional circumcision [19]. Nevertheless, traditional circumcision in South Africa is still executed without regard for the law, because its requirements do not meet traditional values and violate a number of taboos which prevent boys from becoming men in the traditional sense.

Concerns from community leaders and chiefs voiced through the media motivated our research to investigate how newly initiated African men experienced the circumcision ritual. It has been observed that several newly initiated men ended up receiving treatment in hospital for complications from poorly performed circumcisions. It has also been noted that there is a distinct paucity of studies on the psychological effects of cultural male circumcision, as all available literature on the psychological effects of circumcision pertained to Western societies.

Problem statement

Xhosa circumcision rites continue to maim and claim the lives of young males. Serious medical complications resulting from male initiation rites include ischaemia, dehydration (caused by the restriction of oral fluids during the initial period [20]), sepsis and even death. Complications arise because the traditional cutting instruments used to cut the prepuce are not cleaned properly, and the operation occurs in a non-sterilised environment. Improper care by traditional nurses can also result in complications, which can lead to hospitalisation.

Additionally, in some instances, adolescents disappear from home with the intention of circumcising themselves without their family’s consent and despite their concern. This has led to many poorly performed circumcision procedures partly because the parents were unable to choose a knowledgeable and respected traditional surgeon for their son, and were not present upon the occurrence of minor complications.

A literature review indicated the paucity of research on the psychological effects of traditional circumcision. Publications on psychological issues following circumcision are mainly confined to Western societies. This study was designed to address this gap in the literature. Accordingly, the following research question was formulated: What psychological issues are associated with traditional circumcision in South Africa?

Research design and methods

An interpretive phenomenological qualitative study was conducted to gain insight into the experience of newly initiated African men of the Xhosa-speaking tribe in South Africa. Qualitative research is described as ‘a systematic, interactive subjective approach used to describe life experiences and give them meaning’ [21]. An exploratory questioning style was used ‘to explore the dimensions of the phenomenon, the manner in which it is manifested and the other factors with which it is related’ [22].

Ethical considerations

Ethical considerations mean that the researcher must carry out the research competently, manage resources honestly, acknowledge fairly those who contributed guidance or assistance, communicate results accurately, and consider the consequences of the research for society [22]. Permission to conduct this study was obtained from the Provincial Health Department, selected high schools and a nursing college, and from the participants. Informed consent was obtained from each
subject, who agreed to voluntarily participate in the study and gave permission for the interview to be captured using an audio recording device. The participants were assured of their right to (1) fair treatment, (2) anonymity and confidentiality, (3) protection from discomfort and harm and (4) privacy.

Population and sampling

Purposive sampling was used to select the participants. This was done to obtain the most relevant information and to allow informational adequacy. The sample consisted of 14 newly initiated Xhosa men who had undergone the traditional circumcision ritual within the last 2 years and who resided in East London in the Eastern Cape Province of South Africa. Their age ranged between 15 and 20 years.

Data collection

Data was collected through three focus group interviews. Two groups were drawn from a public high school and the third group consisted of young males who were undergoing training as student nurses in a public general hospital. The first two groups consisted of four participants each and the third group had six participants. The researcher’s function was to encourage the participants to talk freely about the topic and to record the responses on an audio recorder [23]. Only one question was asked during interviews: What is your experience of undergoing indigenous circumcision?

In order to obtain the maximum information from the participants, the researchers employed facilitative communication skills to encourage the discussion during the interviews. These skills included: probing, reflecting, clarifying, paraphrasing and summarising [24,25]. The researchers also made observational, theoretical and personal field notes as validation of recorded interview sessions. The interviews were conducted until data saturation was reached [26,27], i.e. when the participants repeatedly gave the same information and no new information emerged during the interviews.

Data analysis

In qualitative research, data analysis means describing the data in meaningful terms [22]. Data analysis requires researchers to be comfortable with developing categories and making comparisons. Researchers must be open to the possibility of seeing contradictory or alternative explanations. The recorded interviews were transcribed verbatim and analysed according to Tesch’s eight-step descriptive method [28] as follows: (1) get a sense of the whole; (2) pick an interview; (3) make a list of topics; (4) code; (5) categorise; (6) arrange abbreviations alphabetically; (7) analyse; (8) recode.

Trustworthiness of findings

For results to be authentic, they must be trustworthy or valid. To ensure the validity and reliability of the study, the researchers used Guba’s model for trustworthiness [29]. This model for trustworthiness consists of credibility, triangulation, researcher credibility, dependability, confirmability and transferability.

Research findings

Three themes emerged during the data analysis. The themes dealt with the participants' experience of peri-rite (around the time of the ritual) psychological issues associated with circumcision. The themes identified during data analysis are outlined below.

Theme 1: Issues associated with proper family involvement during the ritual

Most of the participants identified proper involvement of their families as critical in the preparation for the ritual. In the Xhosa tradition, parents are expected to choose a respected traditional surgeon to perform the circumcision and a traditional nurse to monitor the initiates throughout the duration of the rite. Therefore, the parents customarily play a meaningful role in the process, including the pre-circumcision preparations, such as the performance of sacrifices, the rite itself, and the subsequent celebrations that follow the ritual.

Experience of guilt feelings

Informants whose families were not involved (5 of 14) in the ritual, perceived the family’s non-involvement as a factor that leads to the development of psychological problems for
the initiate. These participants commonly cited feelings such as sadness, guilt, over-thinking, pains in the heart, as well as withdrawal and fear. With regard to non-involvement of their families during the ritual, the respondents stated:

“My heart was very painful, I regretted for not undergoing a proper circumcision. I was thinking of the loss that I caused to my mom…”

“… I feared that the circumcision might botch or I might even go mad”

“I wished I could go back again to undergo all the steps I missed, but I could not. I was afraid that I might not get well since I missed other steps because I went to initiation without my family’s consent.”

Fear of misfortune related to lack of family involvement in the ritual
The participants indicated that non-involvement of their families during the performance of the ritual led to complications associated with circumcision. Other researchers have observed that some parents do not take full responsibility for their children’s needs, consequently complications of circumcision occur easily [30]. The participants of this study understood failure to involve their family as improper performance of the ritual. In fact, they perceived it as a factor that could cause health and psychological problems while undergoing circumcision:

“I was afraid that my circumcision would complicate since I did not follow the proper procedure, like receiving initiation rites according to custom.”

“I felt bad that I skipped those important processes. I knew that it could not be reversed again.”

“I felt sad; I also feared for my mother’s health.”

Theme 2: Issues associated with being in the circumcision school
Apart from proper involvement of families during the performance of the circumcision ritual, initiates perceived themselves to be lonely, unfamiliar with their surroundings and traditional care taker, and felt constricted by having no say in the process of becoming a man. At the circumcision schools, following the cutting of the prepuce by a traditional surgeon, a traditional nurse cares for the wound for the remainder of the rite (up to 4 weeks), and teaches the initiate about manhood. In this theme, three categories emerged in the following manner:

Loneliness associated with strangers and being away from family
Some of the participants were concerned about their traditional nurses who were strangers to them. They felt very lonely during the first days in the initiation school, during which no visitors are allowed to their hut. This is what participants had to say about this category:

“In the first few hours of the experience of circumcision it was too quiet; I was only left with this strange person.”

“I did not know whether I was going to survive circumcision.”

“I missed my family; I felt pains in my heart and was forced to stay with a person whom I did not even know.”

Uncertainty associated with unilateral decisions taken against one’s will
The researchers discovered that some participants did not understand the importance of the traditional nurses’ instructions, especially in the first few days after they had undergone circumcision. Some initiates refused to follow the advice of the attendants and were subsequently left on their own, which then led to complications and unnecessary admission to hospital. The participants indicated a lack of understanding instructions from the traditional nurses:

“It is difficult for the initiate to survive in the first few days of circumcision. At times you are reminded that you are not a man yet and you do not have that knowledge and you are expected to do as you are told even if you disagree.”

“You do anything that you are asked because you don’t know whether it is right or wrong.”

“Sometimes you are expected to obey certain instruction although you feel you are being abused and you have no choice but to comply.”
Fear of being contaminated with impurity or violating a taboo
During the initial period in the circumcision school, initiates feared being contaminated with ritual impurity, which is associated with the violation of taboo. Violation of taboo by ritual impurity includes visitations from recently circumcised men, and men who engage in sexual activity during the rite. Elder women and young girls are also regarded as impure. As these individuals are thought to carry ritual impurity, contact with them is believed to delay the healing of the wound. Some studies have found an empirical connection between taboo violation and the occurrence of a misfortune or sickness [31]. Tjale & De Villiers relate psychological disorders to somatisation of the guilt feelings about violating taboo.

Theme 3: Issues associated with failing the manhood test

The participants regarded being exposed to different forms of socialisation during and finishing the circumcision period as the most vital aspect of proper circumcision. The fear of being ostracised for failing the manhood test is often regarded as too great for the boy or even his family to contemplate [1]. If an initiate fails the test of manhood he will not be regarded as a man according to tradition and will not be allowed to marry within the community, will be excluded from inheritances, and will be harassed and ostracised by his peers. This theme deals with the period after circumcision, when the initiate is back in the community. This theme dealt with two categories, namely:

Bravery and the determination to pass versus rejection and failure of manhood test
In this category two subcategories emerged, which are associated with determination to pass the manhood test or rejection and negative labelling that is associated with failing the manhood test.

(1) Bravery and the determination to pass the manhood test
All the participants entered the manhood test with a positive attitude to pass it. They were brave and would not allow any circumstances to interfere with their participation in the circumcision ritual. According to one participant:

“I told myself that I would endure all the hardships that confronted me even if it meant dying while I was in the circumcision school.”

(2) Fear of rejection and negative labelling
Some of the participants indicated that if one failed to finish the stipulated period and opted for medical/hospital treatment, he would never be regarded as a man by his peers or his community. They feared rejection and negative labelling for the rest of their lives because they had not achieved manhood:

“I was afraid of what would happen to me if I became dehydrated by not drinking water. I did not sleep, fearing what would happen if I did not recover and needed hospitalisation.”

The performance of “circumcision using modern medicine is likened to forgery” [32].

Harassment by peers and disrespect in the community
The participants feared the negative consequences of not following a pure traditional circumcision, particularly harassment by peers and rejection by the community.

“I told myself I would rather die here than go to the hospital.”

“Why should I become the first person in my family to do that?”

“I have seen how the other young men are treated in the community and by their peers. I could not let myself to be subjected to the same negative treatment.”

Boys who opted for hospital treatment were not accorded the same respect and status as other men. Moreover, hard-core traditionalists frown upon the use of Western medicine. In their view, it is a dilution of culture that produces half-baked men unprepared for the world.

Limitations
In South Africa traditional circumcision is practiced by numerous tribes. This study, however, focused on only one tribe, the Xhosa, who
predominantly reside in the Eastern Cape Province, and only men in East London. It does not give the reader a complete perspective of circumcision throughout the province or South Africa, but it gives the reader a picture of psychological issues that may arise due to poor performance of this ritual. Accordingly, these findings should not be generalised to the rest of the tribes that practise this ritual in the country.

Furthermore, data for this study were gathered through group interviews. Consequently, this may have inhibited some of the informants from expressing personal opinions or feelings that may be intimidating to articulate in a group setting.

Conclusions

The literature review in the introduction to this paper serves to indicate the lack of research on the psychological effects of traditional circumcision. Much of the research has focused on the psychological issues resulting from circumcision in Western societies and excludes indigenous rites. This pilot study seeks to initiate discussion on the subject to mend this gap in the literature by addressing peri-rite psychological issues as perceived by participants.

From the results of this research it can be gathered that the short-term psychological effects of traditional circumcision, as reported by recently circumcised men from the Xhosa tribe in South Africa, revolve around the proper performance of the ritual and less around the physical trauma, which seems to be the focus of reports on Western circumcisions. The peri-rite psychological issues identified in this study were: fear of misfortune, fear of contamination by impurity, fear of failing the test of manhood (and facing harassment and ostracism), loneliness from being away from family and being around strangers, feelings of guilt from family non-involvement, and uncertainty associated with decisions against one’s will.

Since the psychological issues identified in this study revolve around the proper traditional execution of the circumcision ritual, in areas where indigenous male circumcision is practiced, it is important to allow and encourage the proper performance of the ritual. While it is well known that traditional execution may lead to health complications, the authors feel that all steps according to culture should be followed in order to avoid psychological issues. The authors feel that this does not encourage unsafe practices; it only calls for the education of indigenous performers about safe procedures while respecting their cultural values.

The psychological issues discussed in the paper pertain to the peri-rite period, and more research is needed on the post-rite long term psychological effects of the ritual to understand its full impact. The conclusions in this study are tentative until further research on the long-term psychological effects corroborate or disprove our conclusions. If future research indicates that health concerns outweigh long-term psychological effects, then these conclusions will need to be reevaluated.

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