‘Secrets’ that kill: Crisis, custodianship and responsibility in ritual male circumcision in the Eastern Cape Province, South Africa

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A B S T R A C T

This paper analyses a tension between traditional leaders and the post apartheid government in South Africa, concerning the crisis in ritual male circumcision. Over the last two decades, following ritual male circumcision, thousands of youth have been admitted to hospitals, hundreds have undergone penile amputations and hundreds have died. Following the government’s intervention through legislation and other health measures, traditional leaders allege that this is a violation of cultural rights enshrined in the Constitution. Drawing on newspaper and journal articles, books, policy documents, and legislation, as well as informal interviews with initiates and their parents and field observations in the Eastern Cape Province (2002–2009), this paper explores the validity of the traditional leaders’ challenge, arguing that the crisis in the ritual should be seen in a broader context than the tension between traditional leaders and the state. Finally, the paper argues the tension between traditional leaders and government, and the sensational reporting of this by the media, unfortunately takes away focus from the health crisis in the ritual.

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Introduction

‘Our clan ritual must not be known by any Tom, Dick and Harry’ (Chief Mwelo Nonkonyana, cited in Pretoria News, 02 November 2001).

‘What kind of ritual is this that it now is killing our children? (mother of a male Xhosa initiate, cited in Nqeketo 2006).

Male circumcision, involving the removal of the foreskin, is practised in many cultures around the world, for ritual, religious, medical and other purposes (e.g. beliefs that it hardens boys for warfare or enhances masculine virility) (Silverman, 2004; Bottomman, Mavundla & Toth, 2009; Mavundla, Netswera, Bottoman & Toth, 2009; Peltzer & Kanta, 2009). Even though some analysts put it in the same category as female genital mutilation, thus condemning the practice (Hellsten, 2004), ritual male circumcision in South Africa generated little or no significant debate among the public, politicians, health sector or the media until about two decades ago. About 20 years ago and earlier, most of the writing about amaXhosa ritual male circumcision in the Eastern Cape Province focused on simple description of the ritual and its related cultural significance (Cook, 1931; Gitywa, 1976; Mayer, 1971a; Ngxamnxwa, 1971; Soga, 1931). From the late 1980s, however, it became clear from media coverage — newspapers in particular — academic writing, government policy and legislation, and political debates, that ritual amaXhosa male circumcision was facing a mounting crisis and was a source of tension between various stakeholders.

At the time of writing, there appears to be at least three inter twined issues at the core of this tension. The first issue is the crisis of disease, injuries and death suffered by some initiates who participate in the ritual. This has caused a massive surge in coverage of ritual male circumcision in the media and in academic and political debates over the last two decades. It has created a public health nightmare for government, and has shaken the foundation of the ritual among the amaXhosa people. The second issue is the tension between the government and traditional leaders in the Eastern Cape Province. With the increasing injuries and deaths of initiates and the public health issue that this has created, the government has tried to avert the crisis through legislation and various other programmes. Traditional leaders tend to reject government interference, insisting that since they are the custodians of the tradition, they should decide what needs to be done to deal with problems in the ritual. Furthermore, traditional leaders argue that government’s involvement violates their traditional and constitutional rights (Holomisa, 2004). The third issue relates to the
broader context within which this health crisis and the tension between government and traditional leaders arises, namely societal changes that have, in a fairly uncontrolled way, transformed the ways in which the ritual is performed and the cultural issues that have traditionally been attached to it. Urban influence, education and economic factors seem to be the key factors in this issue.

The discussion presented in this paper is based on two key sources of information. First, secondary material such as newspaper and journal articles, books, policy documents, and legislation were analyzed in order to understand the background and historical debate to the crisis facing ritual male circumcision, including injuries and deaths and legislative intervention by the government, as well as responses by traditional leaders. Second, informal interviews and field observations were conducted in Lusikisiki, and Grahamstown in the Eastern Cape Province. Given that this paper is mainly about the public debate between the government and traditional leaders, about ritual male circumcision, the interviews and observations remained informal and only focused on opportunistic gathering of opinions from initiates and their parents. These conversations with the participants were over a number of years (2002-2009) and complemented what the author knew and experienced himself as part of the ritual he was exploring. Ethics approval for this research was granted by the University of the Western Cape.

A conference on ritual male circumcision that was held in East London (South Africa) in September 2004, and the published proceedings thereof, helped to get a better understanding of the positions of the provincial government and the traditional leaders, who both made several presentations. Despite the growing number of writings on ritual male circumcision among the amaXhosa people, it is extremely difficult to conduct primary research on the issue, because, as Vincent (2008a) and Mavundla et al. (2009) concur, the ritual is shrouded in secrecy, and it is considered a taboo to discuss it with outsiders. Secondary resources, including hospital records, media reports, among others, tend to form the core source of data for many of the writings on the subject.

This paper seeks to complement several other recent writings on the subject of the crisis in ritual male circumcision in the Eastern province of South Africa, including cultural rationale and shifts in meaning (Mavundla et al., 2009; Vincent, 2008a); health crisis (Meintjes, 1998; Peltzer & Kanta, 2009) and the role of government and traditional leaders in the ritual (Bottoman et al., 2009; Vincent, 2008b). In particular, Vincent (2008b) has discussed the implications of the state’s intervention to avert the health crisis through legislating the ritual of male circumcision, and how in the process this action has raised questions about traditional rights versus the state’s responsibility within a liberal democratic order. However, whereas Vincent (2008b) analyzes the implications of the state’s regulation of this ritual, including legal consequences for violations of the law, the present article complements this work by focusing on the detailed history and focus of the legislation, including what prompted it; the early consultations from the 1980s onwards and reactions to its promulgation and implementation since 2001. Given that so much has been written about the ritual among the amaXhosa over the last 10 years, as stated above, this paper only presents a cursory narrative of the ritual itself its justification by those who practice it; how it is conducted and some of the socio-cultural challenges.

Therefore, this paper aims to do three things. Firstly, it explores whether the tension between the government and traditional leaders over the ritual has diverted public attention from the real crisis—the injuries and deaths that occur during ritual circumcision. Secondly, it explores the possibility that the tensions between government and traditional leaders, and the focus on this tension by the media that gives it undue weight and legitimacy, could effectively be marginalizing other crucial segments of society, such as initiates’ parents, from the debate on ritual circumcision. Thirdly, the paper explores the possibility that, given the unresolved issue of the role and powers of the traditional leaders in the post apartheid dispensation, the public tension between traditional leaders and the state on this issue could possibly be a manifestation of these unresolved tensions. Given the deep entrenchment of ritual circumcision in the amaXhosa culture, as a passage of males into manhood or adulthood (Bottoman et al., 2009; Gitywa, 1976; Kretzmann, 2001), the paper explores whether, as in the case of land in the former bantustans, traditional leaders are using public concern on an issue that is deeply associated with nationhood among some cultures as platform to revive the privileges they previously enjoyed (Ntsebeza, 2003). A general tension between the state and traditional leaders is triggered by a number of laws that seek to transform traditional rule under chiefs so that it is consistent with post apartheid democratic rule (Ntsebeza, 2005; Williams, 2009).

The paper is divided into four main sections. The first section presents some background to the health crisis in ritual male circumcision in the Eastern Cape Province. The second section explores the tension between the government and traditional leaders, focusing on how the government has responded to the health crisis, and how traditional leaders have reacted to government’s intervention. Key issues here are the government’s public health responsibility and the contested custodianship of the ritual. The third section discusses how societal and cultural change presents challenges for ritual circumcision, and provides a context for understanding both the health crisis and the tension between government and traditional leaders. The fourth section explores broader issues between the state and traditional leaders, and examines how amaXhosa society features, or should feature, in the debates about the ritual.

The health crisis

Over the last two decades, the Eastern Cape Province has had the highest numbers of hospital admissions and deaths of initiates. Even though researchers such as Malherbe (1975) wrote about the medical complications of circumcision long before this became a public concern, it was only during the late 1980s that the reported numbers increased to a level that caused public concern. Very useful studies by Meintjes (1998) and van Vuuren and de Jongh (1999) give us a glimpse of the early days of the ritual’s health crisis. Meintjes (1998) reports that as early as 1988 1989, as many as 34 initiates were admitted to Cecilia Makiwane Hospital in Mdantsane, near East London, and that by early 1995 this had risen to 743 hospital admissions, 34 deaths and 36 mutilations of the penis. van Vuuren and de Jongh (1999) report that during the early 1990s, local newspapers intensified their reporting on this issue. Table 1 shows how the trend of hospital admissions, penile amputations and death of initiates has continued to the present time.

Much has been written about the nature of these medical complications, so only a brief explanation is given here, drawing from a number of researchers (Funani, 1990; Kanta, 2004; Meintjes, 1998; Peltzer & Kanta, 2009; Stinson, 2006) who point to different factors contributing to the health crisis. First, the surgical instrument used to circumcise the initiates (umdlanga) is often implicated in the spread of blood borne infections such as HIV/AIDS, tetanus, hepatitis B and many other sexually transmitted diseases. This happens in cases where the instrument is not sterilised between circumcisions. Second, medical complications occur from botched circumcision, where the surgical instrument is blunt, for example, or when the traditional surgeon does not cut neatly. This can result in severe mutilation of either the skin or glans of the penis. Amputation of significant parts or the whole of the penis, and even death, are common as a result of these botched circumcisions. Third, regardless of the success of the circumcision, ischaemia
Table 1

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital admissions</th>
<th>Penile amputations</th>
<th>Deaths</th>
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<tbody>
<tr>
<td>1995</td>
<td>1042</td>
<td>42</td>
<td>55</td>
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<td>16</td>
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<td>555</td>
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<td>2003</td>
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<td>6</td>
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<tr>
<td>2007</td>
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<td>12</td>
</tr>
</tbody>
</table>

Sources: adapted from Dispatch (2005, 2006a), ECDOH (2007), and Goywana (2004a). No figures were available for hospital admissions and penile amputations for 2006. The 2007 figures only cover the period to the end of June. Please note that the authenticity of all these figures is not guaranteed, as there are possibilities of under-reporting due to the sensitivity of the matter; but they are used to illustrate the presence of a crisis.

(starvation of blood supply) and/or infection can result from bandaging the wound too tightly. This can lead to penile sepsis, gangrene or loss of penile tissue. Amputation of the penis is often necessary or death can occur. Fourth, initiates who undergo ritual circumcision and are already suffering from a serious disease such as HIV/AIDS or tuberculosis, often become worse, and some even die. There are many reported cases of initiates being ostracized by their peers for taking their medication during the initiation period. This is because their peers suspect that they are taking medication to ease the pain of the circumcision something that would be culturally seen as a sign of weakness and thus inconsistent with proving one’s readiness for manhood. This has encouraged some family members of initiates to make sure that their son’s peers understand the situation around the use of certain medicines. Fifth, the denial of water and food to initiates is reported as having caused medical complications. The denial of water is justified within the tradition as a way of preventing the initiate from urinating, which is seen as delaying the healing of the wound (Meintjes, 1998). Dehydration and related complications often result. Lastly, initiates have suffered serious bodily injuries or death from beatings that can take place at the initiation schools, mostly from males who have gone through the ritual themselves. These beatings, although not as prevalent in urban areas, are traditionally justified as a form of punishment for misbehaviour by the initiate.

Against this background, the alarming number of deaths of initiates and amputations of penises has led to the tension between the government and traditional leaders over ritual male circumcision. The next section discusses the evolution of this tension, as well as the different positions taken by the two sides. It also asks broader questions about the involvement of other concerned parties in the circumcision issue.

Responsibility for and custodianship of the ritual

Government reaction to injuries and deaths

Conflict arose between traditional leaders and the South African government immediately after the government intervened to try and deal with the health crisis described above. This section begins by outlining the government’s early non legislative, and more recent legislative, actions in dealing with the crisis.

Since the 1990s, the government of the Eastern Cape has attempted to involve non-governmental organisations (NGOs), civic organisations, traditional leaders, and traditional circumcision surgeons and nurses in making the ritual safer. Instead of using a clearly defined strategy, however, government started its interventions by merely supporting ad hoc initiatives by individuals or units within its ranks. Medical doctors and other government officials, for example, were instrumental in setting up a Circumcision Task Team to fulfill government’s goals on this issue. The task team developed a discussion document in 1996, whose proposals formed the basis of a Green Paper that was circulated for a province wide debate (Meintjes, 1998). Some of the key suggestions from the public included the establishment of measures and guidelines to ensure an end to the deaths of and injuries to initiates; the establishment of channels through which the provincial health officials (medical doctors, health officials and administrators) could co operate with traditional surgeons and attendants, and legal means for dealing with those who violated the law by exposing initiates to health risks. In 1999, following increasing numbers of initiate deaths, another task team was set up at a meeting attended by traditional leaders, including the Xhosa king, Maxhoba Yakhe, traditional surgeons and nurses and members of the public from villages and cities.

Also in 1999, the provincial government, through the Department of Health, made proposals for possible use of Tara Klamp, a disposable plastic, bloodless, circumcision instrument developed in Malaysia(Daily Dispatch, 2006b). The Tara Klamp received mixed reviews from traditional leaders, with some dismissing the device as ‘nonsense’ and that it would ‘colonise and commercialise the custom’ (Daily Dispatch, 2006a), while others supported its introduction. However, given the mixed support from traditional leaders for the use of this device, the provincial government thought it was controversial and never carried the proposal through.

The initiatives mentioned above paved way for a more formal legislative framework by the provincial government. On November 3, 2000, the Department of Health made a call to all stakeholders to come together and get involved in an effort to curb the mortality rate and the number of botched circumcisions (Goywana, 2004a). This was the beginning of a consultation process that led to the Circumcision Act, which is discussed next.

Legislating ritual male circumcision

A framework that was drafted by the Department of Health, based on earlier feedback from different constituencies, was circulated for discussion, comments, and amendments, to all interested parties, including community-based organisations, health-related NGOs, youth organisations, political organisations, health professional bodies, religious formations and the public in general. Traditional leaders were also fully involved in these early stages.

Following numerous debates between the provincial government, traditional leaders and selected community representatives, the Circumcision Bill was passed into law by the provincial parliament on 15 November 2001. The Application of Health Standards in Traditional Circumcision Act (No 5 of 2001), commonly known as the Circumcision Act, contained several key sections about the age of initiates, parents/guardians, people who perform the surgery, and basic hygienic conditions. Section 4 (1) of the Act, for example, requires that a person who performs circumcision must obtain written permission from a medical officer designated for the area. Section 4 (2) of the Act requires that an applicant not be allowed to circumcise unless he meets the requirements set out in Annexure A of the Act. As stated in Section 7, there must be a proof of the age of the initiate, who must be 18 years old. If the initiate is between 16 and 17 years, a special parental request must be made as set out in Annexure C. Other key elements of this legislation are that prospective initiates must be examined by a medical doctor to ensure that they are “fit and healthy” enough to
undergo ritual male circumcision. Additionally, traditional surgeons and nurses must get permission from a designated health officer for each initiate, and the instruments and procedures used to perform the circumcision must be approved. Violations of any of these stipulations carried penalties, including jail term.

Response of traditional leaders to government intervention

This Act has attracted different official responses from various stakeholders. Within government circles and, to an extent, from the general amaXhosa public, especially those who live in urban areas, the Act, and the measures it contains, has been hailed as necessary and a success (Daily Dispatch, 2002a, 2004, 2006a). The United States Agency for International Development (USAID), for example, has funded initiatives to train surgeons and attendees in proper implementation of aspects of the Act (Peltzer & Kanta, 2009; USAID, 2005), and arrests of circumcision surgeons who violate the Act and the closing down of illegal initiation schools seem to have attracted much praise (Daily Dispatch, 2002a, 2004). However, prominent traditional leaders in the province have not supported the legislation, claiming that they were not consulted when the Act was created; that they are the real and sole custodians of the ritual, and complaining about the involvement of females and uncircumcised male health officials in monitoring initiation practices.

Despite the early mixed reaction from traditional leaders to the government’s involvement in the ritual and use of safer surgical instruments, there has since been an outburst of words between the two institutions. Even before the implementation of the Act, traditional leaders claimed that as custodians of African culture they should be given the resources and authority to oversee the regulation of practices such as male circumcision (Indabazethu, 2004; Meintjes, 1998). Chief Mwelo Nonkonyana, the former provincial chairman of the Congress of Traditional Leaders of South Africa (Contralesa), has argued that the provincial government needs to strengthen traditional structures and support them as the real custodians of the ritual (Cape Times, 2003). However, as discussed later, there are conflicting views on custodianship of the ritual. Traditional leaders often make reference to how ‘in the past’ all initiates merely accompanied the sons of chiefs to initiation schools (Holomisa, 2004). This shows, they argue, that the ritual revolves around traditional leaders, and furthermore that the Act violates their constitutional right to preserve over traditional matters (Citizen, 2003).

On the other hand, the provincial government has emphasized on a number of occasions that the Department of Health does not view themselves as the custodian of the custom and have no ambitions to do so in the future (Goqwana, 2004b). Government has continually stated that their role is to prevent an escalation of the public health crisis, but not to act as custodians of the ritual.

Consultation process

Related to the claim that they are the custodians of the ritual male circumcision, traditional leaders in the Eastern Cape complain that they were never consulted when the legislation was drafted (Holomisa, 2004; Kretzmann, 2001). However, as the earlier discussion in this paper has shown, traditional leaders were part of several workshops and task teams that were a prelude to the Circumcision Act. According to an article in Daily Dispatch (2003), in 1997 Contralesa submitted a report in which it made recommendations to the provincial government, and voiced certain objections to the proposed interventions by the government. However, some traditional leaders do not consider public hearings that are held in urban areas, rather than in Great Places (homes of traditional leaders), as true consultation about an issue as important as ritual circumcision (Daily Dispatch, 2002b). In this sense, there is no doubt that government may have erred in not reaching all bases of relevant stakeholders in their consultation. In other words, if government saw traditional leaders as important stakeholders, as they have repeatedly said so (Goqwana, 2004b), then they should have made strong attempts to take the consultation to the Great Places. The bottom line, however, is that there is documented evidence that traditional leaders were aware of, and participated in, discussions that led to the Circumcision Act (ECDOH, 2000). In fact, in an apparent contradiction to his own earlier and later statements, as well as those of his peers, Chief Mwelo Nonkonyana admitted that they ‘had agreed with govern- ment to help draw up the Bill and had submitted proposals, but these were ignored’ (Pretoria News, 2001, p. 8).

The involvement of women and uncircumcised medical personnel

Another key issue that traditional leaders are contesting is the requirement that, in terms of Section 4(3) of the Circumcision Act, initiates should undergo a medical examination before circumcision and a medical practitioner should be present at the initiation ceremony. Traditional leaders are unhappy with the fact that these medical officers might be women or uncircumcised males (Holomisa, 2004). Chief Nonkonyana has argued that the passing of the Circumcision Act is in fact a ‘slap in the face’ for amaXhosa males, as this will effectively reveal the cultural secrets of ritual male circumcision (Pretoria News, 2001). Similarly, Chief Patekile Holomisa, expressing himself in isiXhosa, told people who were attending a conference on ritual circumcision in East London, that “Mabangabuhcabhubuca ngoomama nanini na abantu abangena ebudoden” (Women should not be fiddling with penises of males who are entering manhood, at any time) (Holomisa, 2004).

In this sense, women are associated with uncleanness or impurity (umlaza), a condition which, according to the norms of the ritual as observed in the ‘past’, disqualifies a person from handling anything that will come into contact with initiates (Gitywa, 1976).

These complaints need to be seen in the wider context of a changing society. The very concepts of tradition and ritual imply that there is a history to the practice, yet it would be foolish to assume that traditions and rituals do not change as societies change. The next section, therefore, discusses changes in society and how these affect the ritual of male circumcision. This helps to contextualise the mounting health crisis within the ritual, as well as the debate this has directly and indirectly generated.

Ritual male circumcision in a changing society

A simple understanding of the ritual male circumcision among the amaXhosa people, as expressed in old and more recent writings, and through public utterances of politicians and other commentators, is that the ritual involves a symbolic transformation of males from boyhood to manhood. The ritual is associated with certain privileges and social power (Gitywa, 1976; Mavundla et al., 2009; Rankhotha, 2004; van Vuuren & de Jongh, 1999). For example, a male who has not undergone this ritual is not, according to the culture, supposed to get married or eat with circumcised males during traditional feasts. Being circumcised is also intended to afford one automatic respect from those who share the same culture but have not yet undergone the ritual (Gitywa, 1976). Unmarried women are also expected to show this respect to circumcised males, unless they are substantially older than the circumcised male in question.

One important aspect of the texts and debates about the ritual is the tendency to depict it as something in which there is consensus; as something that is well understood and does not, or should not,
change over time. A recent manual for training traditional surgeons and attendants about safe circumcision, produced by USAID (2005), for example, contains at least five pages describing the ritual, covering the significance and the details of the process that initiates and other members of society engage in. This account shows no appreciation of the differences between families, clans, rural and urban or changes over time. Similarly, Gitywa (1976), in his detailed account of ritual male circumcision among amaXhosa, presents minute details of what happens or should happen during the process, with very little or no attention to the dynamics of the region or the time in which he was writing. In Gitywa’s defense, however, it needs to be pointed out that his description focused on amaXhosa of the Ciskei area, even though he did not really indicate that other amaXhosa could do things differently. Recent addresses by certain traditional leaders have followed a similar trend. For example, Chief Patekile Holomisa (Holomisa, 2004, p. 10), in explaining the importance of traditional leaders in the ritual, stated that:

Traditional leaders or their representatives play such an active role in the matter that they spend days in the initiation sites to ensure that the requisite procedures are followed. Importantly, boys wait for a son of a Traditional leader to be of age. They then form the core of the regiment which safe guards the future growth of the Prince.

Without spending time analysing Holomisa’s understanding of the ritual, it must be pointed out that while this might have been the case sometime in the past, the author has not come across any writings, or observed or been told, of cases where prospective initiates wait for sons of traditional leaders to go through ritual circumcision. If this is not clearly evident in rural villages, where traditional leaders are still present, it is still more difficult to fathom for youth in urban areas, where people are free from traditional leader’s rule.

Yet Holomisa’s argument about the importance of traditional leaders in the ritual of male circumcision forms the core of his argument that the government has erred in intervening to deal with the health crisis, instead of letting traditional leaders take responsibility. However, contrary to the rhetoric used by traditional leaders and others, the ritual of male circumcision among amaXhosa and many other groups in South Africa has been influenced by contact with colonial settlers, and all that has happened in South Africa since then, as have all other areas of life in the country. Moreover, like the rest of life, the rituals are dynamic and constantly changing in response to new challenges or opportunities.

There are many factors influencing the dynamic nature of the circumcision ritual that present challenges for the state, as well as for societies that currently practice it, in the early part of the twenty first century. At least three of these factors make it very difficult for the ritual to be carried out the same way as it was in the ‘past’ however, this happens to be understood and they deserve further discussion: urbanisation, education and schooling, and the commercialisation of the ritual.

Urban influences

Urbanisation has influenced the ritual in two ways. Firstly, as the population of amaXhosa people living in urban areas grows, the number of urban ritual circumcisions increases (Mavundla et al., 2009; Mayer, 1971b). While some urban dwellers prefer to send their sons to rural areas to undergo the ritual, many either no longer have rural ties or are motivated by other factors to keep their sons in the urban areas. There are many reasons why it is challenging for urban dwellers to maintain the ways in which the ritual was done in the ‘past’. Among these is the shortage of space for building the initiates’ huts, resulting in huts being built too close to residential areas—a taboo in the ritual; the risk that the symbolic burning of the hut when the initiates return home will result in runaway fires; the use of synthetic material, rather than grass and tree branches, to build the huts and the use of modern conveniences such as mobile phones, beds and other items, all of which make a mockery of the requirement that initiates must learn to suffer by denying themselves the comforts they were used to before initiation. Other behaviours seen as challenging the ritual that are associated with urban influence include initiates spending days and nights in taverns or shebeens (informal pubs); being fully clothed with shoes, pants, shirts and so forth when they are supposed to remain naked; spending nights with their girlfriends, which is a taboo, and carrying firearms. It is important to note that these issues are only as problematic or challenging when they are judged against what traditional leaders and other commentators state are the acceptable standards of the way the ritual should be conducted.

While these may simply be signs of changing of times, many commentators associate them with urban influence (see Kretzmann, 2001, for example). But increasingly, traditional leaders have constructed a rhetorical argument that government involvement is effectively responsible for the ‘chaotic state’ of ritual male circumcision in the Eastern Cape Province (Daily Dispatch, 2003).

Education and schooling

Education and schooling have also had a major impact on the ritual. Firstly, it is not uncommon to hear elderly people speaking of how they spent anything from two to six months as initiates (See also van Vuuren & de Jongh, 1999). The modern day initiate who attends high school or college has about six weeks to devote to the ritual before he has to return to school. Depending on other factors related to the schooling, such as internships, vacation jobs, supplementary examinations, and so on, some initiates spend as little as 10 days in the process. For convenience, therefore, the ritual is often conducted during the winter (June/July) or summer (November/December) school holidays, making these periods key determinants on when the ritual can take place. The minimal time spent on the ‘mountain’ by initiates makes it difficult for the effective training about manhood to take place.

Secondly, the knowledge gained by initiates through their formal education makes some of them to question certain instructions given by the elders responsible for the ritual. One such instruction is about the type of food to be eaten. In many clans, initiates are not supposed to eat food such as eggs, or meat (until later, when they have healed). One initiate, for example, who had just finished high school, voiced his frustration with this rule when he exclaimed that it does not make sense to be prevented from eating eggs and meat, because these contain protein which aids in the healing process. It is now common in urban areas to see initiates secretly, or openly, eating the food they want, despite being forbidden to do so. Education has also influenced the initiate’s attitudes towards the treatment of their wounds during the practice. More specifically, they have questioned the unhygienic conditions in which care of the wound can take place. An initiate in Grahamstown was overheard voicing his disgust that the attendants and other initiates celebrated a brown smelly discharge from the wound (pus) (locally known as ukugqutsa) as a sign that it was moving towards healing. He tried to convince his peers that the discharge meant that the wound was infected, and there is nothing to celebrate about that.

Perhaps the most visible sign of education negatively affecting the ritual is the fact that the language of the initiation school is rarely followed. According to the history of the ritual (Gitywa, 1976), ukulonipha (language of respect) was central to the rite of passage to manhood. However, this aspect is fast losing out to English and other languages. This is especially so in urban areas, or where youth have become educated.
Commercialisation of the ritual

Gitywa (1976) mentions three important males who are involved in key aspects of male initiation. These are the surgeon or the circumciser (ingcibi), the guardian or traditional nurse (ikhan katha) and the anointer (umthambisi). In much of the writing about the ritual of male circumcision among the amaXhosa, these people all had to be of good social standing and did their duties as a service to their communities (Nngxamngxka, 1971; Soga, 1931; van Vuuren & de Jongh, 1999). It was common to offer portions of the meat slaughtered during initiation to the surgeon and the traditional nurse as a token of appreciation. This has changed over time and is best captured by the words of the former Eastern Cape health minister Dr. Bevan Goqwana, who lamented that ‘The main problem is that the whole thing has now been commercialised and people are making money out of the tradition’ (Herald, 2003: 2).

Nowadays, especially in urban areas, but also in many rural areas, the surgeon and the traditional nurse have to be paid in cash or a combination of cash and alcohol (Kretzmann, 2001; van Vuuren & de Jongh, 1999). The surgeons and traditional nurses charge anything between R100 and R200 per initiate (1US$ R8). Fees of R300 or more per service have been reported in some parts of the province (Herald 2003). Many commentators, including the government (Goqwana, 2004a), traditional leaders (Holomisa, 2004), health professionals (Meintjes, 1998) and the general public (van Vuuren & de Jongh, 1999), blame the commercialisation of the ritual for many of the injuries and deaths that initiates suffer at present. The proliferation of initiation schools (secluded locations where the rite of circumcision is performed, and there is teaching about manhood) (Rankhotha, 2004), some of which are illegal (Herald, 2003; Sokhela, 2005), as well as the increase in the number of people claiming to be skilled traditional surgeons or traditional nurse (Kretzmann, 2001), are indications of a strong challenge to the ritual. According to the tradition, the circumciser (ingcibi) is supposed to learn the skill from a family member or another qualified teacher, as an apprentice. The status quo, however, is not good news for traditionalists and traditional leaders, who yearn, at least in their rhetoric, for a return to the ‘old ways’ of conducting the ritual (Citizen, 2003).

The government, and apparently also traditional leaders, appear concerned about the commercialisation of the ritual only in as far as the health of the initiates is put at risk. Yet, it is clear that the entire range of changes discussed here needs to be understood and appreciated, instead of being ignored or dismissed as unimportant. If traditionalist and traditional leaders were to embrace these changes, their rhetoric about government interference would probably change.

Discussion and conclusion

This paper has provided a background to the current debate on ritual male circumcision in the Eastern Cape Province. This back ground made three things clear. First, injury to and death of males undergoing ritual circumcision has reached a crisis level and can no longer be ignored. Second, the government, fulfilling its constitutonal responsibility, has intervened in this crisis through passing legislation and implementing certain policies that aim to make the ritual safer. Third, traditional leaders, arguing that the government is creating legislation that undermines their roles and powers, are not happy with the government interventions. In addition, this paper has shown how these three issues should be seen in the light of social change. In conclusion, the response of traditional leaders to the health crisis and to the government’s intervention in the ritual is examined more closely. In particular, the traditional leaders’ responses are considered in a broader context of political changes in South Africa, including the ongoing tension between democratic rule and traditional rule under traditional leaders.

The ritual of male circumcision is faced with many challenges, one of which is whether it can keep up with a changing society. These dynamics have been documented for decades (Bottoman et al., 2009; Funani, 1990; Gitywa, 1976; Mavundla et al., 2009; Mayer, 1971a; Meintjes, 1998; Rankhotta, 2004; van Vuuren & de Jongh, 1999; Vincent, 2008a, 2008b), and were discussed earlier in this paper. Many of these changes conflict with the ‘ways of the past’ that traditional leaders argue should be adhered to. Clearly, many of the changes for which traditional leaders now blame the new legislation, such as loss of respect for elders, involvement of women and use of synthetic material to build circumcision huts, are in fact inevitable and were already being reported decades ago.

Several conclusions can be drawn from the current tension concerning the custodianship of ritual male circumcision among amaXhosa, which has clearly been triggered by the high rates of hospital admissions, penile amputations and deaths of initiates over the last 20 years. The main protagonists here are the media, government (provincial and national) and traditional leaders. First, judging by the glut of media reports, compared to organized and sustained research, on the deaths and injuries of initiates during the ritual, the media, sections of which are understandably biased, act as both the source of information on, as well as instigators of the public tension between traditional leaders and the state on this issue. While the provincial government in the Eastern Cape Province does not see eye to eye with traditional leaders on the issue of legislating the ritual, I argue that the media has in fact helped to fuel the conflict through sensational reporting of the health crisis and statements from the opposing sides, but have largely been silent on how government, traditional leaders and ordinary people deal with day to day issues concerning the ritual. In other words, stories of successful mitigation by these three stakeholders of challenges faced by the ritual are rare.

Second, the health crisis in ritual male circumcision, like other challenges facing communities, is in fact a government responsibility. Therefore, in addition to its constitutional obligation to protect the health of people, the government may want to be seen as taking the issue seriously. In carrying out this function, for political gain or as a constitutional responsibility, or both, the state agencies may end up not being as sensitive to various stakeholders, including traditional authorities.

Third, like other politicians in South Africa and elsewhere, traditional leaders appear to ignore the changes in the ritual. It is also possible that traditional leaders, who are largely based in rural areas, may have limited insight into what actually takes place in urban areas, where a significant number of deaths and hospitalisations of initiates takes place. Additionally, traditional leaders have never really addressed allegations that they speak from a rural perspective only given that they have no control over people living in urban areas. Yet when they speak, they do so, arguably, also for their constituents in urban areas. Furthermore, traditional leaders, because of their opposition to the Circumcision Act, and because they have dismissed the attempts of government to make the ritual safer, have been reluctant to agree with government and other stakeholders that the health crisis is a result of many problems, including the very traditional ways of the past that they lament are being eroded. For example, health professionals have noted the use of a single surgical instrument on several initiates, without it being sterilised between uses. While this might have been acceptable sometime ago, the prevalence of diseases such as HIV/AIDS calls for a review of the traditional ways of conducting the ritual. A positive role that can be played by traditional leaders in this crisis is by being clear about what they consider to be the problem with government’s intervention. They might need to
The amaXhosa have contested this, however. For example, a City Press (2003) editorial called on government to ‘police this deadly custom’, and wondered why organisations such as the Human Rights Commission have been silent on the issue. The editorial went on to praise provincial governments that have taken action. Simlarly, a mother of an initiate who died during the ritual stated that “it puzzles me when you lose a child through something you cannot intervene in” (Daily Dispatch, 2002c). The issue of human rights is also raised in relation to forced circumcision or denial thereof for reasons such as the boy being a homosexual (Herald, 2009). In fact, the question of custodianship is actually not a major issue for many families in rural and urban areas. Households and clans have traditionally acted as custodians of the ritual, and this continues to the present day. It is important to appreciate this, especially given the many female headed households in both rural and urban areas. The bottom line, therefore, is that neither the government nor traditional leaders are the custodians of the ritual. Individual guard ians, mostly acting with clan members where agreement exists, often handle all aspects of the ritual, including making a call on issues such as mixing traditional and western forms of treatment.

Finally, there is the issue of women’s involvement in the ritual. Traditional leaders reject the fact that the Act does not forbid women from intervening in the ritual of male circumcision. According to Holomisa (2004), in villages, one cannot imagine a situation where a woman is required to participate in a meeting called to discuss problems relating to male circumcision. This view about women, especially coming from leaders such as Chief Holomisa who also happens to be a member of parliament (MP) is ironic for two reasons. Firstly, Chapter Two, Section 9(3) of the Constitution of the Republic of South Africa (Act 108 of 1996) recognises the equal human rights of all, including those that are cultural and religious in nature. This includes the rights of women to be involved in all aspects of life in their communities. Secondly, it is ironic that male traditional leaders have this view about women discussing initiation of males, when, traditionally, females are allowed to be traditional leaders. This is a problem because the male traditional leaders that oppose the involvement of women have not given any recommendation on what female traditional leaders should do.

It is not hard to conclude that the issue of ritual male circumcision appears to be simply another issue that serves to ignite the conflict between the South African government and traditional authorities. The issues of land in rural areas and rural local government are the other issues where traditional leaders have exploited government’s uncertainty towards their role and functions (Ntsbeza, 2003), to highlight the unfairness of the post apartheid government towards cultural rights of Africans. What is unfortunately, however, is that for both government and traditional leaders, the current crisis in the ritual is no longer a ‘secret’. It needs public debate, where it can receive attention from various stakeholders.

References


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