Traditional circumcision and initiation into manhood
Traditional circumcision and initiation into manhood

A training manual

Dr. Dingeman J. Rijken
Mr. Patrick Dakwa
“He took my foreskin, pulled it forward, and then, in a single motion, brought down his assegai. I called out ‘Ndìyindoda!’ I looked down and saw a perfect cut, clean and round like a ring. Immediately after the blow had been delivered, an assistant who followed the ingcibi took the foreskin that was on the ground and tied it to the corner of our blankets. Our wounds were dressed with a healing plant. (...) I count my years as a man from the date of my circumcision.”

_Nelson Mandela; Long Walk to Freedom._
Introduction

Ulwaluko is an ancient initiation ritual that was shared by the amaXhosa and amaPondo. King Faku prohibited the ritual in Pondoland in the mid-1820s. Back then, the period of seclusion could last up to one year, and king Faku needed the young men to look after the herds and the fields. Moreover, they had to be available and ready to fight on short notice. The ritual has been reintroduced in Pondoland over the past two decades, and has rapidly gained popularity.

The principles that lie at the very core of the ritual are respect for self (including self control and integrity), respect for family (not to bring shame to them), and respect for community (to protect them from harm).

The ritual of ulwaluko is a beautiful and valuable cultural tradition. Unfortunately it is accompanied by many unnecessary complications and deaths. This is mainly caused by the loss of skills on the part of iingcibi and amakhankatha, the erosion of communal authority and social structures, and the rise of practitioners who appear to be motivated by financial gain rather than the preservation and responsible execution of the ritual.

More specifically, the following problems are encountered:
- Poor accessibility and construction of the bhomas
- Poor wound care leading to complications
- Restriction of water intake leading to dehydration
- Delays in seeking medical attention when complications occur
- Lack of guardianship leading to physical violence (including torture)
- Insufficient participation of the community (inadequate supervision)

The aim of this manual is to protect the ritual by outlining good clinical practice and by giving general guidance to all those involved.
These photos were taken around Umtata in the 1950s (by Lister Hunter).
Background

The actual circumcision is preceded by ritual preparations: such as the appointment of the ingcibi, ikhankata and usosuthu, and the building of the suthu (ithonto). In some areas, part of those preparations includes the killing of a sacrificial animal (umngcamo). The next ritual act is usually the shaving of the boy’s head.

The severing of the foreskin is done by the ingcibi, after which the foreskin is either buried or attached to the boy’s blanket. The period of seclusion that follows lasts about one month and is divided into two phases. During the first eight days the abakhwetha are confined to the suthu and the use of certain foods is restricted. This phase culminates in the ukosiswa rite, during which the food taboos are released. An animal is slaughtered and the meat is eaten.

The termination of the period of seclusion and reintegration into society commences when the boys are urged by the men to race down to the river to wash themselves. The suthu and the initiates’ possessions are burnt. Each initiate receives a new blanket and now is called amakwala. A home coming ceremony is held at the house of the usosuthu.
Traditional suthu.
Ithonto

The bhoma should be built in a location that is easily accessible, in case an emergency occurs. Multiple bhamas in one location are best to be built within close distance from each other (or combined) to make visits easier.

Ideally the suthu is constructed using branches and grass; which allows cool air to circulate. Plastic retains heat and does not allow for circulation, making the suthu too hot. This is exacerbated by cramped structures and a fire that is continuously kept burning or smouldering inside. Heat causes sweating that, in combination with the undesirable practice of water restriction, can easily lead to dehydration.

The suthu should be big enough to accommodate the initiates comfortably. The door opening should be sufficient to enable a swift exit, as to prevent serious injuries or fatalities in case the suthu catches fire (which is a relatively regular occurrence).
Traditional circumcision (traditional method).
**Circumcision**

Ideally, the circumcision should be performed using a disposable blade. Traditional spears may be used but must not be shared between boys. This is to prevent transmission of diseases like HIV and hepatitis B. The spears have to be kept clean, thoroughly disinfected after use, and should not be blunt or rusty.

It is still common practice to use one spear to circumcise large numbers of initiates one after the other without taking any infection control precautions. This is not only bad practice but also punishable by law.

Washing the foreskin (and applying an antiseptic) prior to circumcision reduces the chances of the wound becoming infected. The ingcibi should wear gloves for the same reason, but also to protect himself: he may become infected by blood from the boy, especially if he has any cuts or open sores on his hands.

The ingcibi should refrain from drinking alcohol before or during the procedure. This, together with practicing good surgical techniques (excising the foreskin rather then chopping), will reduce the amount of surgical complications: such as removing too little or too much skin, lacerations or partial amputations of the glans, and urethral injury.

Traditional circumcision (modern method).
This is an example of a good circumcision wound. Through adequate bandaging the wound surface will be made smaller (by lifting the skin of the penile shaft up towards the glans) and the wound will heal rapidly.
Excision of too little skin leaves the glans partially covered.

Excision of too much skin creates large wound defects (which take a long time to heal and are more likely to become infected).
This dressing has been properly applied.
**Wound care**

The ikhankatha has the task of looking after the health of the initiates and attending to their wounds. Good nutrition (protein-rich foods) and adequate water intake are important for good wound healing. Initiates with pre-existing diseases (like epilepsy or diabetes) should continue to take their medication. Sufficient rest needs to be ensured.

Traditionally herbs are applied directly to the wound (like izichwe or ishwadi). A thong is then applied by winding it tightly around the penis from base to tip and then back to the base again, where it is tied to a separate thong that is around the initiate’s waist. The dressings should be changed frequently, especially during the first few days after circumcision. Good hygiene practices are of utmost importance, like using clean thongs and washing hands before each dressing change.

Hide thongs are better then cloth thongs that are mostly used nowadays. Thongs made of elastic materials should absolutely not be used, since these strangulate all blood supply.

The ikhankatha has to make sure that dressings are firm, but not too tight. The glans should not be too hard, shiny, discoloured or swollen, and the boy should be able to urinate. During each dressing change the wound has to be checked for signs of healing and infection. Increasing or long-lasting pain should be taken seriously since this might be an early sign of problems (such as impairment of the blood supply or infection). Frequent urination does not affect wound healing, provided that the wound is kept dry.

In the first few days after the circumcision, watery fluid may be draining from the wound. This fluid separates from the blood to bring necessary nutrients (like proteins) to aid wound healing; and may therefore be reddish in colour. It is sometimes referred to as umlambo – a wound like a river. This is part of a normal healing process and has nothing to do with drinking too much water; therefore the water intake should not be restricted.
The top photo shows a dressing that is properly applied. The bottom photo shows a dressing that is too tight leading to swelling of the glans (due to oedema). The penis is also pointing downwards, which will exacerbate the swelling.
This dressing is too tight. The glans has a shiny appearance, is swollen and discoloured.
Complications

The two most common causes of local complications are impairment of the blood supply and bacterial infection of the circumcision wound.

These two mechanisms are closely related. Tissue starved of oxygen (which is carried by blood) is less resistant to the establishment and spread of bacterial infection. Once infected, the tissues’ blood supply is further compromised by swelling and occlusion of blood vessels. The result is either wet gangrene (death of tissue with infection) or dry gangrene (death of tissue due to starvation of blood supply alone), with subsequent loss of penile tissue. The bacterial infection may spread in the body (which is the most common cause of death).

Impairment of blood supply
Tight bandages compromise the blood supply of the skin, which leads to delayed wound healing and skin erosion. With tighter compression the deep blood vessels are occluded leading to necrosis of the glans and varying degrees of shaft loss. In the worst cases all blood supply to the penis is occluded and the entire penis is lost.

Infection
The majority of infections are caused by poor hygiene practices: such as not washing hands, use of dirty dressings, applying saliva to the under surface of the leaves, and rubbing leaves against the sole of the foot before application. All these practices introduce bacteria into the wound and which may lead to infections.

Redness, swelling and purulent discharge are signs of infection. The traditional health services should be informed; especially if the boy has a fever, joint swelling, or is not feeling well. The dressing should be changed, the wound cleaned, and antibiotics may need to be prescribed.

Dehydration
A serious complicating factor is that of dehydration secondary to the undesirable practice of restricting water intake. Dehydration itself can lead to acute renal failure and shock, and other complications (like wound or chest infections) are much more likely to occur and their outcome is worsened.
**Seeking medical attention**

There will always be some complications, even with good practices, so the ikhankatha should be respected when he sends an initiate for medical treatment.

The ikhankatha is responsible for identifying complications and reporting them to the traditional health services. Often infections or other complications are not referred early enough. The delay between the onset of complications and seeking medical attention is an important factor in the severity of the condition at presentation. Of great concern is the fact that almost all deaths occur at the circumcision schools without any opportunity for intervention by medical personnel.

Problems that one initiate is having might also be happening to others cared for by the same ikhankatha. This is especially true for wound infections; these can spread easily from one boy to the other, more so if hygiene practices are poor.
Muthi, which is sometimes applied to the glans, worsens skin erosions. The penis was cleaned in the hospital, whereby the muthi was removed and modern dressings were applied. The second photo was taken five days later.

Joint swelling is usually due to reactive arthritis. It should be reported to the traditional health services as soon as possible.
A thin thong that cut into the skin caused the skin erosions on the shaft. The photo was taken after cleaning of the wound.

Skin erosion of the glans only, caused by tight bandaging

Skin erosion of the penile shaft, caused by tight bandaging.
Loss of the glans following dry gangrene, caused by tight bandaging. Day 16, 37, and 52.

Loss of the penis following dry gangrene, caused by tight bandaging. Day 15, 33, and 59.
Mild degree of infection: purulent discharge only, with skin loss of the glans.

Moderate degree of infection: redness and purulent discharge (NB also large circumcision wound).
Loss of the glans due to wet gangrene.

Wet gangrene of the penis. Day 15 and 22; lost penis eventually.
Loss of the penis following wet gangrene. Day 12 and 22.

Loss of the penis following wet gangrene.
The following cases were treated in the hospital using modern dressings and antibiotics.

Skin erosion of the penile shaft due to tight bandaging. Day 12 and 19.

Mild degree of infection including skin loss of the glans. Day 5 and 10.
The following cases were treated in the hospital using modern dressings and antibiotics.

Enlarged circumcision wound due to tight bandaging (skin erosion of the shaft), including skin loss of the glans. Day 16 and 22.

Skewed and incomplete circumcision wound, complicated by infection (needing reoperation). Day 8 and 37.
Teachings

Ulwaluko is traditionally regarded as an educational institution where initiates are taught about social and sexual responsibilities and conduct (‘dignity of manhood’). Core principles are respect for self, respect for family, and respect for community – principles that are reflected by the umnqayi (stick of peace).

*Respect for self*
Traditionally, ulwaluko represents a transition from a period of sexual abstinence to one of acceptable sexual behavior (faithfulness, use of condom). The initiates need to be taught about HIV: which is sexually transmitted and puts a man, his family, and the community at risk. HIV is not curable.

Through physical privation qualities of endurance, manliness, chastity, courage and respect are emphasized. Excessive use of alcohol or the use of dagga is not in keeping with being a man of respect, and should be condemned.

*Respect for family*
The initiate has to learn about the qualities of a good husband and how to keep his family safe and healthy. The basics of relationships should be discussed (including respect, equality, responsibility, honesty, and happiness). Healthy relationships involve understanding, accepting and respecting oneself and the other person in the relationship. Domestic violence should be addressed.

*Respect for community*
Every initiate needs to be taught about a man’s responsibilities to the community. Sexual and physical violence is very common and should be discussed extensively.

The following key messages can be used when talking about sexual violence. Every man or woman has the right to say ‘no’ to sexual activity at any time, even if he/she is your partner. This should not be interpreted as a ‘playing hard to get’ (‘no’ is ‘no’). Consent must be established before engaging in sexual activity (‘is this OK?’). Without consent, any sexual activity that occurs is rape. This is a violation of an individual's right to autonomy, and is a terrible and traumatizing event for victims.
Attitudes

The fact that much of the traditional educational aspect has fallen away in contemporary bhamas is of great concern. Emphasis is placed on physical ordeal, whereas social and sexual responsibilities and conduct are hardly being discussed.

In the past, most amakhankhata were middle-aged men with experience, who worked according to cultural tradition and values. Nowadays many of them have just completed ulwaluko themselves and are still in their twenties; untrained, inexperienced and at times irresponsible. This further leads to cultural prejudice and physical violence.

Cultural prejudice
Traditionally, effective methods were used for safeguarding the health of initiates; like frequent washing of instruments and hands, the use of leaves instead of plastic for the construction of the suthu (which also had large door openings), the use of hide thongs, a diet consisting of soup and beans (protein rich) instead of rice, etcetera. In contemporary bhoma’s these methods have (partially) been abandoned, leading to a higher complication and death rate.

There is much resistance to ‘modern’ methods; despite the deviation from some of the traditional methods, and considerable variations in the way the ritual is practiced throughout the area. Cultural prejudices may be so great that uncircumcised (or ‘improperly’ circumcised) men are attacked and beaten for their lack of conformity.

Intrinsically linked to this is the social dynamic that discourages an initiate leaving the bush to seek medical attention, and stigmatises the individual who has done so as if he has contaminated the ritual and failed the test of manhood.

Physical violence
The physical ordeal is designed to effect discipline and to prepare the initiates for the hardships of manhood. The degree of deprival varies from area to area and school to school.

Endurance testing (pain, danger, and hardship) plays a central role. This can take far-reaching forms: initiates that are beaten up like ‘dogs’ by circumcised peers, extreme fluid restrictions (including mixing water with mud to make it undrinkable), serious sleep deprivation (singing throughout the night), assaults and torture by intoxicated ‘visitors’ or ‘helpers’, etcetera.
Development of complications is sometimes seen as a result of weakness or cowardice on the part of the initiate, therefore laying blame on them. This can then lead to firmer measures (tighter thongs, further restriction of the fluid intake) that worsen the problem. This is especially the case when the relationship in between the initiate and its young ikhankatha is poorly balanced (in which old grievances may play a role).

Where suffering is seen as good for initiates, less attempts are made to control or alleviate problems like pain or dehydration. Connected to this is the belief that initiates are not supposed to complain about pain, even though this might be a sign of a medical complication (like increasing pain in case of impairment of the penile blood supply).
Responsibilities

Traditional leader
- Custodian of the ritual
- Organisation of traditional forums in each location

Traditional forum (community)
- Appointment of ingcibi, ikhankatha and usosuthu
- Overseeing the ithonto
- Daily inspection visits
- Overseeing the ikhankatha to ensure good behaviour and discipline
- Expelling anyone from the bhma who endangers the safety of the initiates
- Ensuring adequate supply of food and water
- Communication with traditional health services
- Post-seasonal evaluation

Ingcibi
- Working according to legislation
- Performing circumcisions using proper techniques
- Communication with the traditional forum

Ikhankatha
- Working according to legislation
- Providing adequate wound care using proper techniques
- Identification, handling and reporting of complications
- Safeguarding of the health of the initiates (ensuring adequate rest, food and water intake, and protection from physical violence)
- Educating initiates about the ‘dignity of manhood’
- Communication with the traditional forum and traditional health services

Initiate
- Assisting ikhankatha in safeguarding own health
- Organizing male relative or acquaintance to visit regularly

Designated health officer
- Overall organisation (including training and equipment)
- Communication with all stakeholders
- Inspection visits (including problem solving)
- Monitoring of clinical practices
- Enforcing legislation where needed
**Legislation**

The Eastern Cape government passed the Application of Health Standards in Traditional Circumcision Act in 2001. This law sets standards for the safe practice of the ritual, and sets the rules for giving permission to carry out circumcisions and run circumcision schools. Key elements are outlined below.

**The prospective initiate:**
- must be at least 18 years old;
- must get parental/guardian consent;
- has to undergo a pre-circumcision medical examination by a doctor.

**The traditional surgeon:**
- must use sterilized instruments;
- must not use the same instrument for more than one initiate;
- must get permission to perform circumcision for each initiate from the designated health officer (the instrument and procedure must be approved too).

**The traditional attendant:**
- must obtain permission to hold a school from the designated health officer;
- must allow the initiates, at least within the first eight days of the circumcision, to have a reasonable amount of water to drink to avoid dehydration;
- must report any sign of illness among the initiates to the designated health officer as soon as possible;
- must stay at the circumcision school all the time for the first eight days of the initiation process and, after that, must visit the initiates at least once a day until the end of the initiation.

**The designated health officer:**
- has a right of access to any occasion or instance where circumcision is performed or an initiate is treated, and to institute whatever remedial action is necessary if the health of the initiates is at risk, which may include a departure from traditional methods.

Anyone who breaks the circumcision law could be convicted of an offence and fined up to R1000 or sent to jail for up to six months. Anyone who runs a circumcision school or circumcises an initiate without permission could be fined up to R10000 or jailed for up to 10 years.