How Boys Become Dogs: Stigmatization and Marginalization of Uninitiated Xhosa Males in East London, South Africa

Thandisizwe R. Mavundla,1 Fulufhelo G. Ntshwere,2 Ferenc Toth,1 Brian Bottoman,2 and Stembele Tenge2

Abstract
Male circumcision is practiced in South Africa among the Xhosa people as a rite of passage from boyhood to manhood. The manhood status achieved after the ritual accords men power and authority in the community over women and uncircumcised men. Therefore, uninitiated men experience great pressures to get circumcised. We describe the experience of newly initiated Xhosa men in East London, South Africa. Interpretive phenomenology was used as a method of inquiry. Data were collected through focus group discussions in which 14 men participated. The theme of marginalization of uninitiated Xhosa males emerged with two categories: (a) rejection, and (b) lack of respect. The participants revealed that uninitiated men are rejected by the community, their own families, friends, and women. We frame the discussion around the concept of stigma. Acknowledging that uninitiated males are stigmatized can help mitigate stigma, and in turn, the incidence of medical complications from botched circumcisions.

Keywords
culture; hermeneutic phenomenology; interpretive methods; marginalized populations; men’s health; ritual; South Africa; stigma

Male circumcision, defined as partial or full removal of the foreskin of the penis (Hellsten, 2004), is arguably the oldest surgical procedure (Alanis & Lucidi, 2004). Although in most Western societies circumcision is performed on infants (Zoske, 1998), in other cultures it is performed at various growth and development stages during the life span. In many African cultures, including the South African Xhosa culture, male circumcision serves as a rite of passage from boyhood to manhood (Mayatula & Mavundla, 1997). The practice of ritual circumcision is rationalized differently by various cultures worldwide (Hellsten, 2004). Some cultures consider it a cosmetic procedure; however, in South Africa among the Xhosa, male circumcision is considered a sacred religious custom (Mavundla, Ntshwere, Bottoman, & Toth, 2009) which symbolically transforms boys into respected men in the community (Mayatula & Mavundla, 1997).

The Xhosa-speaking people are a group of indigenous South Africans who predominantly reside in the Eastern Cape Province. According to the most recent census, approximately 8 million South Africans, or 18% of the total population, consider themselves to belong to this ethnic designation (Statistics South Africa, 2001). Circumcision rituals of the Xhosa are complex, prolonged ceremonies during which the transition to manhood is achieved. Consequently, ritually circumcised males are considered to be men, and uncircumcised males, even if they are older adults, are still considered boys. Xhosa boys are usually circumcised between the ages of 16 and 26 (Peltzer, Nqeketo, Petros, & Kanta, 2008). The ritual commences with the removal of the initiate’s foreskin by an ibingabi (traditional surgeon). During the initiate’s stay in the informal circumcision school (Mavundla et al., 2009), he is visited by the ikhankatha (traditional nurse) and elders. The ikhankatha cares for the wound by applying ointments made of herbs, and the elders teach the initiate about aspects of manhood according to the Xhosa

1University of Alberta, Edmonton, Alberta, Canada
2University of South Africa, Pretoria, Gauteng, South Africa

Corresponding Author:
Thandisizwe R. Mavundla, Faculty of Nursing, University of Alberta, 8303 112 St., University Terrace, Edmonton AB, T6G 2T4, Canada
Email: mavundla@ualberta.ca
tradition. The ritual can last for 3 to 4 weeks, during which the initiate remains in a grass hut in the bush (i.e., away from the settlement) until he is healed. The elders also teach an ukuthonta (new language) which, on completion of the rite, the initiate may use to defend his manhood. As only circumcised men know the language, a man can therefore prove that he has been initiated by speaking it.

Traditionalists insist on the performance of the rite, and as such, there are numerous reports of botched circumcisions as well as hospital admissions resulting from various complications ranging from poorly performed operations to gangrenous penises and even death because of infections. During the circumcision seasons the morbidity and mortality rates increase among young men (Meissner & Buso, 2007) for several reasons, including, among others, the environment in which the circumcision is performed, as well as cultural beliefs surrounding the practice (Hatle, 2000; Kretzmann, 2001; Mothibeli, 1994; Ndletyana, 2000; Titi, 2001). Traditionally performed circumcision ritual has historically been plagued with many problems that put the initiates’ lives at risk; however, Xhosa males still go through the rite even in the face of such dangers.

Ritual circumcision is an important aspect of Xhosa culture that serves to legitimize a person as a man and a full member of the community (in the emic sense); hence, one of the important reasons why Xhosa men prefer to undergo ritual circumcision is that it gives them power in society (Meissner & Buso, 2007). Such power comes with the status of manhood, which is achieved after successfully complying with all the requirements of the ritual. Traditionally, men have to be initiated to marry, to inherit property, and to participate in cultural activities such as offering sacrifices and community discussions. The power that is accorded to ritually circumcised males is associated with greater rights and responsibilities, and also gives these men a higher standing in society (Lee, 2006; Meissner & Buso, 2007). It also gives men power to appease ancestral spirits because only men can speak to the ancestors (Meissner & Buso, 2007).

Circumcision is regarded as a central public endorsement of a culture’s accepted norms of heterosexual manhood (Vincent, 2008). Vincent has claimed that sexual themes are typically a part of circumcision rites. As such, achieving manhood status gives power to express or exercise masculine traits. This is also associated with power over women. In the traditional sense, because of sexual taboos and instructions about sexual mores, men acquire proper control and sexual expression (Vincent, 2008). In the Xhosa culture circumcision is a social phenomenon of building masculine status and identity propelled by the individual’s need to conform to attain a range of masculine characteristics, which is impossible if one has not undergone the ritual. The foremost issue is the performance of the ritual in unhygienic environments, with traditional instruments that are often reused without being sterilized. Procedures performed in a hospital setting are considered forgeries (Whissom, 2000) because the ritual is, in essence, a test of manhood, and elements of pain and bravery are essential components of this test (Hellsten, 2004). Consequently, most initiates are adamant about completing the rite of passage in the traditional manner, even if this happens at the cost of their well-being (Mavundla et al., 2009). Seeking Western medical help is considered a taboo (Mavundla et al., 2009) and results in a failed initiation (Bottoman, Mavundla, & Toth, 2009).

A serious gap exists in the corpus of knowledge regarding social issues associated with ritual circumcision, as almost all recent studies of indigenous circumcision address epidemiological issues affecting the ritual such as morbidity and mortality rates (Kahn, Marseille, & Auvert, 2006; Meissner & Buso, 2007; Mogotlane, Ntlanguela, & Ogunbanjo, 2004; Pelzter et al., 2008), and the association of circumcision with HIV infection prevention (Bailey, Muga, Poulussen, & Abicht, 2002; Kahn et al., 2006; Muula, Prozesky, Mataya, & Ikechebelu, 2007). We feel that it is imperative to address social issues if intervention and preventive programs that seek to protect initiates from harm are expected to be successful. Such programs need to be culturally sensitive and contextual (Mavundla et al., 2009). We report in this article a part of a larger study exploring the experiences of indigenous circumcision by newly initiated Xhosa men. In this part, we describe the experiences of Xhosa boys prior to the initiation ritual in East London in the Eastern Cape Province of South Africa.

Research Design

We carried out an explorative, interpretive, and descriptive phenomenological study among newly initiated Xhosa men in the Eastern Cape Province. Phenomenology is a qualitative, inductive research approach and philosophy that is suited to study complex concepts in health that are difficult to quantify (Stephenson & Corbin, 2000). We chose this philosophy as a research approach for this study because it is phenomenological, hermeneutic, and semiotic, or language oriented (van Manen, 1990). According to van Manen, phenomenology describes how one orients to lived experience, hermeneutics describes how one interprets the “text” of life, and semiotics is used to develop a practical writing or linguistic approach to the method of phenomenology and hermeneutics. He further argued that research and writing are seen to be closely related and practically inseparable.

Phenomenologists seek to understand how persons construct meaning of their realities, and a key concept of phenomenology is intersubjectiveness, which is based on
the premise that the world is experienced with and through others in the social world (Boeree, 2002). The intersubjective relationship is embedded in the idea that making sense of the world and creating meaning are socially constructed and must be understood within the social context and systems of relevance (Streubert & Carpenter, 1999). The intersubjectivity concept has a methodological implication in this study, as it forms the base of understanding the self and others. Such factors pave the way toward investigating the lived experiences of others through observation and interviews. Consequently, the researcher and the participant(s) are intersubjectively linked in the exploration of the phenomenon under study to generate meaning of the social world (van Manen, 1990).

Population and Sampling

A purposive sample was drawn from a population of newly initiated young men aged 15 to 20 years. Three groups from different locations in East London were invited to voluntarily participate in the study. Two groups were drawn from a public high school, and the third group consisted of young men who were undergoing training as student nurses in a public general hospital. The first two groups consisted of 4 participants each, and the other group consisted of 6 participants, for a total sample of 14 participants.

Inclusion Criteria

For this study, the participants had to be Xhosa speaking, newly initiated, and should have undergone indigenous circumcision rites within the previous 2 years. They also had to reside in East London in the Eastern Cape Province of South Africa, be between 15 and 20 years old (the most popular age for Xhosa-speaking boys to be circumcised), and give their voluntary consent to participate.

Data Gathering

Data were collected through focus group discussions (FGDs) with participants who met the prescribed inclusion criteria. An FGD is a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, nonthreatening environment. We used FGDs because we wanted to promote self-disclosure among participants of this research (Greeff, 2004), which would have been impossible in individual interviews. We also agree with the view that people are more likely to share personal experiences in groups rather than in dyadic settings (Krueger & Casey, 2000). People are more likely to share experiences and feelings in the presence of others whom they perceive to be like themselves in some way (Barbour & Kitzinger, 1999). We realized that participants were hesitant to participate in this study when they heard that it pertained to circumcision. They were afraid to divulge information about the ritual. Their fear should be understood within the context of Xhosa culture regarding discussions about the circumcision ritual, as “[r]itual circumcision is among the most secretive and sacred of rites practiced by the Xhosa” (Vincent, 2008, p. 343), and as a result, discussing male circumcision is frowned on (Vincent, 2008). An FGD was then used to overcome the fear of violating this taboo by recruiting newly circumcised men in groups. In preparation for data collection, 4 fieldworkers were trained for 2 weeks in qualitative data gathering and analysis. They had to be Xhosa men who had undergone the circumcision ritual according to prescriptions of culture in the area. They acted as mediators between us and the authorities who offered permission for data to be collected (high school and nursing college principals).

It was difficult to recruit participants to groups. As a result, the number of participants in the groups drawn from the high school comprised only 4 participants for each group. The group sizes were less than the normal prescribed size, which usually includes 6 to 10 participants (Morgan & Krueger, 1998). Each group had a facilitator and a cofacilitator. The facilitator was responsible for moderating the group discussion. The cofacilitator was an observer and managed equipment during data collection (e.g., audio recorder). He also assisted the facilitators in pointing out issues raised by the group members that the facilitator missed, as well as making field observations such as changes in mood of research participants.

One overarching question led to moderate group discussion: What was your experience of undergoing the circumcision ritual? The facilitator used facilitative communication skills to encourage participants to talk freely; these included probing, reflection, active listening, clarification, and minimal verbal responses. An audio recorder was used to capture group discussions. We developed a discussion guide but relied on themes that emerged during discussions. We probed themes that emerged until we had exhausted the ideas on each theme. The discussions were conducted in isiXhosa, a language spoken in the Eastern Cape, until saturation of data was reached. Xhosa men who acted as fieldworkers ensured that data were translated with minimal loss of meaning.

Data Analysis

Soon after each FGD we marked the audio recording with a date, time, and participant codes. A transcriptionist transcribed the voice recordings verbatim, after which we interacted with data by highlighting sections of the
transcripts, proposing ideas about meaning, considering distinctive characteristics of the descriptions, and pondering what might have been absent (Mackey, 2005). We analyzed the texts for recurring experiences, themes, and patterns during multiple stages of interpretation (Baker, Norton, Young, & Ward, 1998), and maintained a hermeneutic reflection circle. We continuously reflected on particular aspects of the experience while seeing it in relation to the whole experience (Kelly, 2002; van Manen, 1990).

**Aspects of Rigor**

To ensure rigor during the study, we integrated various qualitative strategies. Validity and reliability are framed on the verification strategies for establishing trustworthiness in qualitative research (Hoye & Severinson, 2007; Lincoln & Guba, 1985; Morse, Barrett, Mayan, Olson, & Spiers, 2002). We reviewed the following aspects to ensure that findings were authentic.

**Ethical rigor.** The Health Studies Research Ethics Committee at the University of South Africa approved the study. We secured permission to conduct the research from the Department of Health in the Eastern Cape Province. We received permission from each participant by means of a consent form, sensitizing participants to their rights, and also obtained permission to use an audio recorder during interviews (Burns & Grove, 2001).

**Reflexivity.** We established reflexivity by our active involvement during the research process. We noted unusual experiences and behaviors of participants in the field for the purpose of reflection. Two of us coded the data independently of one another, followed by a consensus meeting in which the emergent themes and categories were confirmed. We also constantly reconfirmed the data with the participants. We discuss our findings in the light of the stigma concept (Link & Phelan, 2001), a concept that has garnered increasing attention in the qualitative health research literature (e.g., Olsson, Lyon, Hornell, Ivarsson, & Sydner, 2009; Thi et al., 2008; Wallhagen, 2010).

**Results**

In this article, we focus on one theme that emerged during the study: marginalization of uninitiated Xhosa males that puts pressure on boys to undergo ritual circumcision. We explore the reasons that pressure most Xhosa boys to undergo cultural circumcision even in the face of great risks involved, which range from infection to death. Most of the newly initiated participants commonly identified marginalization as a severe social pressure that led them to undergo the ritual. During data collection and analysis we identified two categories under the major theme of marginalization, namely (a) rejection (by the community, peers, and members of the opposite sex), and (b) lack of respect (toward uncircumcised men).

**Rejection**

Most participants indicated that the main reason they underwent the initiation was the fear of social rejection. The participants reported feeling pressured to be circumcised by the community at large, their own families, and peers, as well as members of the opposite sex. The participants associated the lack of social acceptance with being uncircumcised or having failed the manhood test of ritual circumcision. Failing the test occurs when the ritual does not follow the prescribed traditional steps or a taboo is violated, such as hospitalization. In the broad sense, the participants revealed that uninitiated individuals were ostracized from their communities.

**Rejection by the community and family.** Participants’ previous observations of how uninitiated men were treated, and how they themselves were treated by the community prior to circumcision, were cited as major pressures to undergo the ritual. They indicated that the majority of the community members reject those adult individuals who remain uninitiated, or who fail to pass the manhood test. Individuals who fail the test are not respected by the broader community and do not receive the same status as other men. They are marginalized from traditional ceremonies and community discussions. One participant explained his observations: “I saw young men refused participation in traditional ceremonies. They are not respected and not allowed to enter into conversations with other men.” Another spoke about his experiences before he was circumcised:

I once broke the rules applying to entrance into a tavern. No boys were allowed entrance. On this day I pretended to be a man and was allowed to join the others inside this tavern. After two to three hours I went to the toilet to relieve myself. I did not notice that the tavern owner followed me. He confronted me and instructed me to produce proof that I am a circumcised man. I tried some delaying tactics but to no avail. He called other men who started kicking and punching me all over my body, and I was dragged outside the tavern yard.

In some instances uncircumcised men are not afforded respect even by their families. Pressure to become circumcised at the family level stems from the belief that uninitiated men cannot marry or inherit property. Consequently, failure to become a man on reaching adulthood
brings shame to the family. Therefore, pressure by the family for one to be circumcised stems from the desire to maintain the family honor. One participant discussed his precircumcision treatment by his own relatives: “We are always ordered out of the house when men are about to discuss issues pertaining to manhood.” Another participant spoke of the treatment he received from his immediate family prior to his initiation:

When my sisters visited our home, I was made to lie on the floor to make place for them to sleep on my bed. I was always chased away. I was once accused by my family for fifty Rands [$6] that went missing in the presence of my cousin brother [cousin], who was already a man. All fingers pointed to me because this was associated with me because to them only boys steal from other people.

We see the community’s attitudes toward uncircumcised men as a way of pressuring boys to undergo initiation rituals, but we also regard these actions as another way of maintaining and preserving traditional customs and infrastructures. This is a key catalyst in the desire of boys to undergo ritual circumcision. During the interviews there was a strong sense of psychological pressure induced by lack of acceptance of uncircumcised men. We believe that such experiences might lead to low self-esteem, feelings of guilt, and social withdrawal or isolation. To substantiate our discussion, this is what participants said: “You feel lonely, and no one wants you near him”; “You are powerless, nobody wants to hear your side of the story”; “You also end up frustrated and later behave abnormally because of abuse.”

Rejection by peers. The majority of participants indicated that pressure from their peers and the fear of rejection by them was a catalyst for the decision to undergo the circumcision ritual. The participants revealed that they had participated in checking other initiates to see whether they had followed a proper circumcision rite. According one participant,

The initiate who is suspected of not being a proper man is forced to undergo a test procedure called ukuhlohlwa, where older initiates will ask him to show his circumcised penis and then go back to peers and report the findings.

Our findings also revealed that the learning of a new language at circumcision schools is essential to prove one’s manhood when challenged by other men. The already initiated men can use the language to test others whom they suspect are not men yet. One participant reported,

You are harassed because they think you are not a man if you fail to follow their language. Most of the time there is a language gap. They use tsotsi language and call things differently and you will not earn respect from them.

Some participants reported instructions by elders while in the circumcision school not to mix with uncircumcised boys. Failure to comply with this is taken as an offence and one can be penalized by his group for not conforming to the expectation. There is seemingly a strong formation of groups with a certain identity because of socialization. The participants confessed that to conform to the group and earn status they participated in activities to ascertain whether peers were circumcised according to tradition. Individuals who did not follow the tradition properly when they were circumcised suffered rejection. In general, this was common among communities with rigid beliefs about the custom who did not want to see the custom change. One participant stated, “It is difficult to survive. Everybody in the community will know about you because they will see you not mixing with other young men who come from initiation school.”

Some participants indicated that the lack of acceptance could have long-term negative psychological effects. Participants mentioned anxiety, personality changes, and lack of confidence as examples of long-term negative effects. One participant stated, “Sometimes it is easy to notice that his personality has changed.” In addition, in group discussions we learned that it was very difficult for a young man who did not complete the circumcision ritual to form relationships with his peers. One participant said, “You are isolated. . . . Your peers tell you, ‘You did not finish your manhood rituals and you are not a man.’”

Rejection by members of the opposite sex. The participants indicated that experiences and observations of social ostracism of uninitiated men by women also contributed to their decision to undergo the initiation process. In the Xhosa tradition, a man cannot marry a woman without being ritually circumcised. Some reported that in their experience, many traditionalist women will not enter into relationships with uninitiated men. One participant explained: “Young girls see when peers label you. No girl will want to form a relationship with the object of mockery.” Men who fail the initiation test are forced to leave the community to find suitable marriage partners, because most people in their own communities will be aware of their status. This was explained by one participant who said,

You are forced to leave your own community and start looking for girls where you are not known. Girls ignore you because to them you are not a full
man; you are just a coward who does not respect his culture.

Therefore, it became clear during the interviews and the subsequent data analysis that one of the prime pressures to undergo ritual circumcision stems from the fear of being rejected by their communities. These include pressures from the broader community as well as their peers and their own immediate family members. This is how one participant summed up the situation:

We are always ordered out of the house when men are about to discuss issues pertaining to manhood. Pressure from the community, your predecessors and girls, forces one to decide to go to circumcision school prematurely. At home you do not get what you want because you are a boy, not considered or involved when certain matters or issues are discussed and debated because you are a boy. The girls state clearly that they will not fall in love with boys. They forcefully take away your girlfriend because men claim that a boy cannot be in love with a beautiful or any ordinary girl.

**Lack of Respect**

The participants reported feeling pressured prior to circumcision by the level of disrespect toward them from members of the community, and even from their own families. Some participants explained that before they were initiated they were treated with contempt, which was a significant catalyst in their decision to undergo the circumcision ritual. They were treated in this manner even by their peers who were younger than them, but had gone through the ritual, and were then considered to be men.

**Associations with immaturity and inferiority.** In the Xhosa culture it is customary to assign labels of inferiority to those who fail the manhood test and to those of appropriate age who have not yet undergone it. The most common way to show contempt for an uninitiated individual is to refer to him as a boy who does not enjoy the same respect as a man. Even though an individual might be old enough chronologically to be considered a man in other societies, in the Xhosa tradition a man is an individual who has successfully undergone the ritual of circumcision. One participant indicated, “At home I was always required to go and fetch the cows. At school, together with other boys, I was forced to clean the blackboard, as it was meant for boys.” The tendency to refer to uninitiated men as boys came up repeatedly during the interviews. This attitude was central to all aspects of social pressure—from the community level that refused boys participation in communal events, to the lack of respect from the opposite sex, who would state that they would not form relationships with boys. Being a boy essentially refers to not being a fully acknowledged citizen of the Xhosa culture.

**Being called names.** It was evident from the interviews that one of the most common ways to show disrespect to uncircumcised men, in addition to referring to them as boys, was to refer to them in derogatory terms. Most of the participants recalled being insulted in various ways prior to their circumcision. One participant recalled his experiences:

We were called names, such as dogs, cowards, and sissies. You feel lonely and no one wants you near him. Your peer group will call you certain names like *itulwane* [bat], which refers to half man, someone who knows little about manhood and has not endured the hard training associated with the ritual. The community isolated me because they regarded me as stinking. I was called names; all the bad things were associated with me because of my boyhood status. If it is found that you had problems and did not finish the training, they call you certain names, like bat.

The most oft-cited insult was calling uninitiated men dogs. This carries the implication of being less than human, and therefore undeserving of the same respect as other members of the society. Uncircumcised men are sometimes humiliated in public by being called and treated like dogs. One participant recalled his prior observations:

The elders in feast-like events start by teasing you before they give you a piece of meat. They say any boy who sleeps with his mother must come and get a piece of meat. He should not complain because he was called a dog, and a dog never complains about the cold.

Another participant discussed his treatment before he was initiated:

Men called me a dog, a coward, teasing and calling me names and yet they were younger than me. You are not allowed to retaliate when the men treat you discriminately and if you do, people will embarrass you by saying, “Look, a dog is eating a human being!” A dog cannot introduce himself by using the family name. This made me feel like I was not a son to my biological parents but belonged elsewhere.

Most of the participants also cited reports of uninitiated men being treated like animals at family and community
marginalization is entirely contingent to access to social, economic, and political power (Link & Phelan, 2001; Link et al., 2004).

The assignment of labels to human differences is the first step toward stigmatization. Although most of the visible human differences in the Xhosa culture are ignored, a great amount of attention is paid to the invisible circumcision status of adult males. Individuals are categorized into two categories: circumcised or uncircumcised. These socially created categories are taken for granted, as it is believed that men should be circumcised; in the emic sense, it is just the way things naturally should be. Therefore, uncircumcised adult males are labeled as boys, to distinguish them from men. These negative cultural beliefs or stereotypes link persons who are being given labels to undesirable characteristics. Uncircumcised adult Xhosa males are labeled as boys, which link them to culturally constructed stereotypes about adolescence. Therefore, they are believed to be immature, irresponsible, and not ready for family, tribal, and social affairs. Moreover, some of the stereotypes include laziness and dishonesty. As a result, uninitiated men are often accused of being thieves and liars. They are also stigmatized by women because they are not considered to be ready for adult relationships.

Linking labels to stereotypes becomes the rationale for believing that labeled persons are fundamentally different from the rest of society. In the Xhosa culture boys are believed to be essentially different from men. This is achieved not only by calling them boys, but also by referring to them as dogs. Calling them dogs separates them and strips them of not only their masculinity but also their humanity, as the label implies that they are less than human. Thus, all kinds of maltreatment are possible.

The stigmatized individuals can detect emotional responses directed at them, and these have the ability to shape their subsequent behavior. Emotional response of the stigmatizers in the Xhosa context is not only detectable, but overtly expressed. Uncircumcised men are called names and treated with overt contempt, causing an emotional response. This component of the stigma concept is less evident from the data, perhaps because the participants were hesitant to discuss emotions in the presence of other men. We recommend that future research addressing sensitive issues among men be dealt with during in-depth individual interviews instead of in FGDs.

When uninitiated Xhosa males are labeled, stereotyped, and set apart, a rationale is constructed for devaluing, marginalizing, and ostracizing them. The consequence of this is a downward placement on the social hierarchy. The separation of uncircumcised male adults into a distinct category results in the loss of status and unequal access to tribal institutions such as rituals. The loss of status of uninitiated men is evident through the treatment they
receive during social events, where they are unable to sit at tables with the rest of the men, and are thrown scraps of food on the floor. It also results in unequal access to women. In general, it results in unequal life opportunities. Although it is evident that the loss of status results in individual discrimination, it is unclear whether it leads to institutionalized discrimination, such as employment opportunities, because this topic was not brought up by the participants.

Link and Phelan (2001) argued that an essential part of the stigma concept that has been omitted from prior definitions is the dependence of stigma on power. The stigmatizing group must possess economic, social, or political power for stereotyping to have discriminatory consequences. For example, even though politicians and lawyers are stereotyped, they are not stigmatized. Uninitiated Xhosa adult males are stigmatized because the labeling, stereotyping, discrimination, and the consequent loss of status are results of power differences between them and the stigmatizers. Consequently, uncircumcised males are denied access to social power by being unable to participate in traditional ceremonies. Furthermore, they are unable to start families within their community and are unable to inherit property.

We must note that it is not the circumcision status that is stigmatized, that is, whether one has a cut prepuce or not. Rather it is the lack of manhood status. An adult male may be circumcised but may not be considered a man, owing to the fact that he might have failed the initiation, or was not circumcised in accordance with traditional customs (i.e., he was circumcised in a hospital, for example). Therefore, the stigmatization of uninitiated individuals may come about in two ways—by not having gone through the ritual or by failing to satisfy all the requirements of the rite as prescribed by the Xhosa culture. In this article, the terms “uninitiated” and “uncircumcised” have been used interchangeably to imply uninitiated men according to Xhosa culture, and not the physical cutting of the foreskin.

Being a Xhosa male in either of these subgroups carries with it a degree of discrimination that might lead to health consequences. Being subject to (perceived) stigmatization has a number of consequences for the psychological, physical, and social well-being of an individual. Most of the recent literature on the psychological effects of stigma has focused on its effects in people with mental illness. These study findings indicate that a significant consequence of stigmatization is a negative effect on the self-concept. This includes lowered self-esteem, which is often associated with depressive anxiety-type symptoms (Crocker & Quinn, 2000; Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001; Markowitz, 1998). Frequent exposure to perceived threatening situations also compromises the physical well-being of stigmatized individuals. It was not possible to diagnose any psychological or physical illnesses of the participants because of the methodology used to collect data, which only focused on interviewing participants.

Drawing on anthropological approaches, Yang and colleagues (2007) described the stigma process from a moral perspective. Moral experience, they stated, “refers to that register of everyday life and practical engagement that defines what matters most for ordinary men and women” (p. 1528). They argued that stigmatization threatens the loss of what is most at stake to the stigmatized and the stigmatizers. What is most at stake is the lived or social experience of individuals, their engagement in a local world; in other words, their social network, their relationships, their jobs, their health, and so on. When the stigmatization of uninitiated Xhosa males is viewed from this perspective, it can be seen that the process results in the threatening or the loss of “what really matters” to them. Uncircumcised males are not accorded the status of valid contributors to society, they are unable to participate in cultural engagements, and they are stripped of the potential to live “normal” lives. Their moral experiences are threatened because they are marginalized from social events, they are rejected by their peers and the opposite sex, they are not able to participate in traditional ceremonies, and it is very difficult for them to find a marriage partner and start a family. Therefore, the stigmatization of Xhosa males threatens what matters to them the most.

**Implications of Research**

As a result of the study findings, we think that the mitigation of stigma is the foremost issue needing attention to reduce the risk of negative physical and mental consequences of the ritual circumcision process. Studies of the stigmatization of mental illness focus on improving public knowledge and attitudes through the use of media (Hocking, 2003). With ritual circumcision the matter is a little more intricate and delicate, as it deals with a purely cultural construct (i.e., boyhood vs. manhood) and not a biological state, the attitudes toward which might be altered through elucidation of the pathological origin and process. As such, a campaign for attitude changes toward a culturally constructed phenomenon needs to be contextual and culturally sensitive; it cannot upset deeply held values within the culture. Thus, changing the stigma regarding uninitiated Xhosa males will prove challenging, at best.

The most important approach to changing attitudes toward stigma is to address the fundamental cause of it (Link & Phelan, 2001). According to our research, the causes of stigma of uninitiated males are the culturally
constructions, which are part of the initiation process. These hegemonic masculine identities run very deep in the Xhosa cultural matrix and are therefore highly resistant to change. As Corrigan (1998, p. 210) argued,

Socially given stereotypes represent cultural lore about a group handed down by community elders and other authorities. Socially given stereotypes often include attributes that are not easily observed, like motivations, morality, and intentions. As a result, socially given stereotypes are frequently more difficult to change because they do not rest on prior experience and, therefore, are not affected by subsequent, contrary evidence.

From the perspective of stigma of mental illness, some researchers have pointed out that conceptions of mental illness are developed from a young age as part of socialization into culture (Angermeyer & Matschinger, 1996; Wahl, 1995). Accordingly, Xhosa youth learn stereotypes of masculinity early in life, which are incorporated into the lay theory of what it means to be an uninitiated male. As these stereotypes are present on both conscious and subconscious levels (Gaertner & McLaughlin, 1983; Macrae, Milne, & Bodenhausen, 1994), they have serious consequences for uninitiated males as they near the age common for the performance of the circumcision ritual. If they believe, as they have been socialized, that an uninitiated status will result in increasing discrimination and social marginalization, they will fear that rejection will apply personally to them. In addition to self-esteem and depression issues, this might have serious social consequences because individuals will strive to avoid potentially threatening social situations (Link & Phelan, 2001). From a moral experience perspective (Yang et al., 2007), it can be said that this affects what is most at stake for uninitiated Xhosa males.

Apart from the social stereotypes learned from a young age, the other factors evident from our study that contribute to stigmatization are the socialization of initiates during the liminal (transitional period during which the initiate is being taught about manhood) stage of the rite (Mavundla et al., 2009), and status checking behavior by peers. It was revealed to us that elders instructed the initiates not to mingle with uninitiated males on their return home from the circumcision schools. Furthermore, it was also reported that some males engage in status checking behavior, where a suspected uninitiated male is subjected to questions in the ukuthonta language, or is forcefully stripped of his clothes to confirm he has been circumcised according to traditional practice. Hospitalized circumcisions can be spotted by the presence of stitching scars, unlike traditional circumcisions which are not stitched (Vincent, 2008). These behaviors perpetuate cultural stereotypes, which might be effectively addressed through campaigns that seek to educate community members on the effect such behaviors might have on the psychological well-being of uninitiated men.

**Limitations**

The limitations of this study were confined to the methodology and the social norms regarding discussions about circumcision rituals. The first issue is the number of groups that were interviewed. Although saturation was indicated by redundant information from the participants, theoretical saturation might not have been reached, owing to the limited number of groups (3) of men that were interviewed. The other limitation is the fact that we used focus group discussions rather than individual interviews. This might have prevented participants from expressing personal emotions in the presence of other men. Furthermore, the sampling technique used in the study was purposive and therefore the sample might not be representative of the entire population of Xhosa men, but might be applicable only to high school and nursing students. The last issue regards taboos about the discussion of ritual circumcision with outsiders, women, and children in the Xhosa culture. As indicated earlier in the article, it is a taboo to talk about the ritual—newly initiated men were therefore hesitant to enter into any discussions with us since they did not know our circumcision status. It took time to persuade participants to open up and freely express their views in FGDs because of fear of misfortune and lack of trust in us as the researchers.

**Conclusion**

Because Xhosa people learn to stigmatize uninitiated males at an early age, and because this is inculcated in their preconscious mind, we found it necessary to overtly define uninitiated men as a stigmatized group. If the stigmatization of these males can be acknowledged, an initiative can be implemented to lessen the severity of the discrimination by understanding and attending to its causes. Although our research did not reveal all but only hinted at some of the causes of the stigmatization, future research on the subject is needed, so that the psychological and physical health of Xhosa males might be preserved. Furthermore, the consequences of stigma might be more closely identified through conducting interviews with individuals who have failed the initiation test. Individual interviews might be regarded as the best way to assess males for self-esteem and depressive symptoms, as well as other psychological effects. Future research should also...
use a well-validated tool to assess depression among uninitiated males, as well as those who failed the manhood test. Referral for treatment for men diagnosed with depression and other anxiety disorders identified should be instituted.

In this article we have argued that through the mitigation of the stigmatization of uninitiated Xhosa males, the risk of morbidity and mortality can be reduced, so that boys do not undertake the ritual before they are ready, or run away from home to go through the ritual without their parents being involved. In addition, this would also decrease the negative psychological and physical effects resulting from the stress response to stigmatization.

**Declaration of Conflicting Interests**

The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

**Funding**

The authors disclosed receipt of the following financial support for the research and/or authorship of this article: The project was funded by the National Research Foundation of South Africa, Project FA 2004031301861.

**References**


**Bios**

Thandisizwe R. Mavundla, PhD, RN, is an associate professor at the University of Alberta, Faculty of Nursing, in Edmonton, Alberta, Canada.

Fulufhelo G. Netswera, PhD, is a director of research support at the University of South Africa, Pretoria, South Africa.

Ferenc Toth, MA (Anthro), is a research associate at the University of Alberta, Faculty of Nursing, Edmonton, Alberta, Canada.

Brian Bottoman, RN, MPH, is a doctoral student in the Department of Health Studies at the University of South Africa, Pretoria, South Africa.

Stembele Tenge, RN, MPH, is a lecturer at Lilitha Nursing College at Bhisho, Eastern Cape, South Africa.