

**UKWALUKA / UKUSOKA: A GENDER ANALYSIS OF THE SYMBOLISM OF
MALE CIRCUMCISION AS PERCEIVED BY AMAXHOSA MEN AND
WOMEN IN CLERMONT-KWADABEKA, DURBAN**

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DECLARATION

I hereby declare that this dissertation, unless otherwise indicated in the text, is my own original work. This research has also not been submitted to any other institution for degree purposes.

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ABSTRACT

Male circumcision evokes emotive responses with those who either support or oppose the practice. It is an area of human interaction that has remained outside the public arena as a result of cultural taboos, but has increasingly come under public scrutiny due to the deaths of young boys as a result of unhygienic circumcision. Some taboos raise the spectre of death over anybody who dares to divulge the secrets of the ritual to outsiders. Male circumcision has resulted in public debates due to death and fatalities of some boys who undergo the ritual, but not much has been done to investigate the impact that male circumcision has on the social lives of the circumcised living in urban areas. This study investigates some of the reasons for the practice of traditional male initiation rituals by amaXhosa males who reside in Clermont–KwaDabeka (Durban); and explores, analyses and assesses the social meaning and effects of male circumcision. An analysis is offered about some of the gendered constructions related to sexual pleasure as an effect of male circumcision as perceived by Xhosa men and women living in Clermont–KwaDabeka. The processes involved in circumcision rites for the circumciser and the circumcised are examined in order to establish the context for the study and to extrapolate the processes in order to reflect on the meaning of the ritual. The study highlights the ongoing debate as to whether circumcision may be practiced as a health intervention strategy, and suggests that male circumcision has no impact on the sexual pleasure experienced by women, and concludes that female orgasm (s) is a problematic issue that needs further investigation. The study also conceives male circumcision as a cultural practice, and as a social construction that is gendered. The study recommends further interrogation of the issues pertaining to culture, sex, sexuality, gender, masculinities and male circumcision in order that this will serve as an intervention towards socialization of boys, and help them in making informed decisions before undergoing initiation.

Keywords:

Ukwaluka; Ukusoka; gender; sexuality; culture; masculinity; sexual pleasure

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This work is dedicated to my boys, Mikuwo and Ntsika Nkosi who were circumcised in June 2002 at Umhlanga Hospital. They were circumcised on the advice of our family practitioner, Dr Akesh Mithoo. The work is also dedicated to my husband, Fortune Vusumuzi kaNkosi who has been with me throughout my studies, and to the late Philda Dukada Bhengu, my mother, and my brothers and sisters who made it possible for me to be educated. Finally, my love and appreciation to Ndozana, my father, whose untimely demise left a void in my life.

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INTRODUCTION AND PROBLEM FORMULATION

This research project investigates and analyses the symbolism and effects of *ukwaluka* (traditional male circumcision) as practiced and perceived by Xhosa men and women who reside in Clermont-KwaDabeka, Durban to establish the reasons for the practice of the ritual, despite some of the negative effects it has on *abakhwetha*.¹ Some of these negative effects are genital mutilation, death, pneumonia, septic wounds and dehydration.²

Ukwaluka (traditional male circumcision) is a Xhosa word that refers to the customary practice of male circumcision that implies the 'cutting' of flesh. The practice entails the ritualised process of cutting a specific section of a gendered and sexual body part of the male. *Ukwaluka* is interchangeably used as *ukusoka* (gifts given to newly initiated men). In this sense, the dissertation focuses on a gendered practice, if at this preliminary level we are dealing with the cutting of male flesh, namely the penis.

First, the effects of male circumcision on the social life of some circumcised Xhosa men living in Clermont, Durban will be explored. This is also done in relation to men of other ethnic groups who do not undergo the process, like amaZulu. According to Xhosa culture a man is not viewed as a 'man' without undergoing the ritual process of circumcision.³ Also a circumcised 'man' according to Xhosa cultural teaching is not allowed to share anything with uncircumcised men (Funani 1990). Xhosa traditional circumcision is a rite of passage to manhood. Manhood, according to Xhosa culture, points to notions of masculinity which is accorded a dominant and privileged category within the patriarchal system, where patriarchy is understood as a system that promotes male privilege and power over female subservience and subordination. Connell (1994; 1995; 2000) for example, argues that masculinity is a gendered phenomenon that refers to how a man (a biological category which refers to maleness)

¹Initiates.

²See for example, Ngudle (2004); Noganta (1999); Funani (1990); Hatile (2000); Ngaloshe (2000); Meintjes (1998); Gitjwa (1970;1976); Bettelheim (1962); Bonner (2001); Contch (1986); Gupta (2003); Ngxamngxa (1971); Malherbe (1975).

³See for example, Meintjes (1998); Funani (1990); Gitywa (1970; 1976).

comes to be defined. Connell further argues that masculinity is a privileged category within patriarchy. Based on this argument it is the intention of this study to also investigate if there is any difference between uncircumcised and circumcised Xhosa men living in Clermont, Durban.

Fabian (1983) also states that it is fair to say that the meaning and effect of symbolism contains some of the basic presuppositions of the symbolic approach in current anthropology. According to Fabian (1983:133), the symbolic approach holds that symbols are the mode of knowledge of the cultures we study, and that symbolic analysis or interpretation provide anthropology with adequate methods of describing and understanding other cultures. Based on this argument, this study investigates, analyses and interprets the symbolism of male circumcision as perceived by amaXhosa men and women in Clermont-KwaDabeka, Durban to understand the reasons behind the practice.

Second, this project investigates the effects of male circumcision on the sexual enjoyment of the female partner, as well as on the sexual enjoyment of the circumcised man. Hammond-Tooke (1974: 228) states that, “Mpondo students at Fort Hare and Lovedale frequently return home circumcised, probable because they have been in contact with Xhosa and Thembu girls who refuse to have anything to do with uncircumcised men”. The uncircumcised is considered a boy all his life and may take no part in the councils and deliberations of men, and is looked down upon by women and may not marry (Schapera, 1937: 100-101). This suggests that initiation is also a symbolic ritual, suggesting that the boy undertakes a rite of passage to manhood. In gendered terms, initiation is an example of a form of cultural socialisation to manhood. Male circumcision ensures greater sexual pleasure because of *ukubhungqa*⁴ (Funani, 1990: 30). This project contributes towards the largely unstudied effects of male circumcision in respect of sexual pleasure experienced by both males and females. O’ Hara and O’Hara (1993: 1) claim:

⁴No foreskin.

To date no study has investigated whether this dramatic alteration in the male genitalia affects the sexual pleasure experienced by the female partner or whether a woman can physically discern the difference between a penis with a foreskin. The impact that male circumcision has on the overall sexual experience for either partner is unknown.

Male circumcision as a cultural process is explored as the context for this research, and to allow for reflection about development within the practice. Male circumcision as a process also helps to highlight male mystique and male power, and shows that there is more behind the practice. For example, initiates have to undergo pain endurance in the bush during the process of circumcision that is a symbol of manhood. Whoever fails to pass this 'test' is regarded a failure for the rest of his life and is subject to societal sanctions. Ngaloshe (2000: 7) states that the traditional teaching that accompanies the ritual of circumcision is as important, if not more important, than the ritual itself. This emphasizes the point that a man circumcised in hospital is not regarded as a 'real man' according to Xhosa culture because he did not attend circumcision school where traditional teaching and pain endurance took place. This is reinforced by the data collected. I was told by some interviewees (circumcised men) that at circumcision lodges boys (who are turned into men) are taught how to 'look after' their women when married. Hence, initiated men may travel to big cities such as Durban, Cape Town, and Johannesburg and search for jobs to enable them to provide for their wives and children. In gendered terms this perpetuates differential gender roles, as a woman assumes domestic roles in the private sector and a man takes leadership roles in his family and assumes his duties in the public sphere. Moore (1994) argues that such differentiation in gender roles perpetuates gender stereotypes in patriarchal society. It is interesting to note that some traditional teaching in circumcision lodges is about women. However, women are denied access to such information and whoever is found to divulge such information to outsiders, including women, is subject to death, or has to pay a fine that is worth a cow, to be eaten by the circumcised men (Interviewees, 2004).

Male circumcision is a practice that excludes women from the spaces of the sacred ritual. The exclusion of women also contributes towards an understanding of the gendered implications of the ritual, reinforced by patriarchal customs of which

circumcision is one example. This is also evidenced in the section where I focus on my personal experiences in the field as a woman entering a man's space. This study does not however 'condemn' circumcision as a cultural practice. Rather, the study acknowledges that every society has cultures that are distinguishable from other cultures. My project also endorses that culture is a way of life, and that culture is not static but dynamic and changing. As indicated, my intention is to critically highlight that traditional customs are constantly being challenged by modifications arising out of contact and interactions with other cultures and technological trends. These trends may also include the use by surgeons of one clamp for one initiate instead of using one *umdlanga*⁵ for all the initiates. I wish to state that adaptations and acceptance of change help to sustain and develop culture. In this regard I argue that in the case of male circumcision, change is needed, for example intervention programmes introduced by the National Department of Health in Eastern Cape with the aim to address death, genital mutilations amongst the initiates. Gender equity issues could be taken into consideration in democratising the practice. Ngaloshe (2000: 7) maintains that:

The heritage of the Black people of Southern Africa is a rich and enormously varied one, deep rooted in the soil of the past but still a vital force in the present. Almost unaltered in rural areas, it is, however, undergoing rapid change in the cities in reaction to contact with Western cultures and is fast disappearing.

Ngolashe's comment is evidence of change in the cities as compared to rural areas in terms of cultural practices, as is the same in the case of male circumcision evidenced by this study. The above observation is important because it equally suggests that culture is dynamic and fluid, and is open to change and adaptation.

⁵A knife.

Male Initiation Rituals in South Africa

Male initiation rituals and circumcision in the South Eastern regions of South Africa are well-established practices and documented by many scholars.⁶ Today there is a concern worldwide focusing on the negative effects that adult male circumcision rituals have on the initiates (for example, Denniston *et al*, 1999). The South Africa media have reported extensively on deaths resulting from circumcision, due largely to unhygienic practices (for example, Noganta, 1999; Ngudle, 2004 and Sowetan, 1998). Hatile (2000:1) states that death and serious health complications resulting from the Xhosa male initiation rites received extensive coverage in the media. Oppelt (2001:1) for example, maintains “Promise Mkhawane was only 15 when he died, and Ally Pudikabekwa was 13. They died after attending initiation schools in the Northern Province. They never saw a doctor who could perhaps have saved their lives.” These brief reports confirm that circumcision is not an entirely risk-free process, and that problems abound amongst other African ethnic groups such as the amaXhosa, amaBhaca, Basotho, amaMpondomise, where the view is held that a man is not a man unless he undergoes the process of ritual male circumcision (Mcetywa, 1998). Due to fear of death and mutilation, as a result of adult male circumcision rituals, many advocate abandoning the traditional practice of circumcision in favour of a surgical procedure conducted in hospital.

While this might partially address the physical requirement of the ritual, the social and psychological effects of the procedure cannot be met by hospital intervention. In circumcision lodges, initiates learn a specific language called *hlonipha*. (‘code switching’), which is only understood and used by “men” who are circumcised in the bush. Those who undergo circumcision in hospital are discriminated by supposed ‘real men’ through the use of this language. This marginalisation’ could lead to negative psychological effects such as internal conflict, as a result of feeling guilty.

⁶See for example, Funani (1990); Ngaloshe (2000); Hammond–Tooke (1974;1993); Mcetywa (1998); Schapera (1937); Meintjes (1998); Warren –Brown (1998).

According to Xhosa culture, the ritual of circumcision has much to do with the 'coming of age' of the young man. Without the performance of the ritual in the traditional way, which involves ululation by women at *esigcawini*⁷ to raise the spirit of *amadlozi*⁸ during *umgidi*⁹, which takes place in a place called *isibaya*¹⁰ (which is only occupied by traditionally circumcised men during *umgidi*, and no women are allowed to enter), the young man will never achieve the status of 'man' and will forever remain a 'boy' in societal life. This issue raises direct concerns with notions of gender, manhood and masculinity. Connell (1995), a key commentator on masculinity, questions what constitute a man. His views are cited in reading these gendered aspects of the circumcision ritual later in my argument. Discussing the cultural constitution of gender, Moore (1994) also states that examples of societies which view women as 'polluting' either in general or at particular times, can be found all over the world, and there is no doubt that Xhosa society is one such example. 'Pollution' is given as one reason by interviewees for women's ostracisation during the performance of cultural traditions. Moore (1994) argues that women are undervalued universally. She claims further that women are closer to nature as they give birth and also as they menstruate, which renders them unclean. She associates men with culture, and claims culture controls nature, and within patriarchy men control women. I was told by one male interviewee that "women are witchcrafts," therefore women are not supposed to come close to 'sacred places' like *isibaya*. This is another aspect of gender symbolism to be interrogated in the following discussion.

Male initiation as a rite of passage to manhood is a controversial debate amongst the so-called "traditionalists" who justify the practice in terms of cultural traditions in the African context. Traditionalists reject the notion of intervention programmes introduced by the South African National Department of Health as a prevention of death among the initiates. Traditionalists claim this undermines the status of their tradition (Ndletyana, 2000). With the incidence of HIV/Aids increasing daily, changes

⁷An important and respected place amongst the Nguni tribes which is situated between a cattle kraal and a homestead where cultural functions are performed.

⁸Ancestors.

⁹Celebration party.

¹⁰Cattle kraal-amongst the Nguni symbolises the wealth of *umnumzane* (the head of the family).

in the routine procedures used traditionally in the male initiation ritual, are necessary to ensure the safety of the initiates. I was told by one male interviewee that the option to have the procedure conducted at hospital seemed to be a 'solution' for him. I later discovered during the interview session that the interviewee was of Mpondo origin, and not of Xhosa origin. It is interesting to note that Mpondo's abandoned a compulsory circumcision tradition as explained by Mcetywa (1998). I was however informed that some Mpondo boys undergo traditional circumcision on a voluntary basis.

There is also contestation about male circumcision as a health intervention strategy. Some researchers find that male circumcision can be taken as a health intervention strategy (Kebaabetswe *et al*, 2003). Some scholars do not agree with hospital methods either. Bonner (2001:143) argues that 'circumcision is a surgical procedure with associated risks'. She claims further that 'circumcision has strong religious and cultural significance for many groups hence there are ethical and practical barriers to implementing it as a health intervention strategy'. Male circumcision is motivated to enhance sexual pleasure (Funani, 1990). My study suggests that the question of sexual pleasure as an effect of circumcision is an important concern, which I address later in Chapter 3.

In a move to legitimise traditional medicine, South Africa's democratic parliament, post-1994, proposed that a statutory council be set up to regulate the 350 000 traditional healers. The parliamentary committee's proposals include setting up norms and standards for traditional healers by giving them medical certificates that will enable them to claim costs from their patient's medical scheme. The council proposed to look into the registration of all qualifying traditional healers, to promote training, develop a traditional medicine database, and formulate an ethical code of conduct. The committee's report also proposes that the profession be divided into four categories: herbalists, diviners, midwives, and traditional surgeons who mainly do circumcisions (Baleta, 1998). According to the Traditional Initiation Schools Conference Report (held at Indaba Hotel, on 24-25 May 2004), the opening address

by Sydney Mufamadi (then the Minister of Provincial and Local Government) said that Government, in its commitment to basic rights, as guaranteed in the Constitution, had to prevent the deaths of young men at the initiation schools. The report also states that the country's constitution protected the culture and customs of the various communities, and that those who practice initiation had to ensure that the methods applied were not at odds with the provisions of ordinary criminal law.

From the above we note that the South African Government is in the process of taking control of traditional male circumcision as a solution to avoid death amongst the initiates. However the effect of male circumcision on the social lives of circumcised men in urban areas remains an area of enquiry in much the same way, as the effect on the sexual pleasure for the female partner is a factor of concern. This aspect leads to a further specification of my project.

As indicated earlier, this project prioritises the practice and the effects of traditional male circumcision as perceived by Xhosa men and women who reside in Clermont, Durban. I establish the reasons behind the persistent practice of the ritual. This study also attempts to raise awareness, especially among the people considering the ritual, especially the boys at their young age, to question, reflect and understand how this cultural practice has much to say about sex, sexuality and gender. My aim is to also demystify cultural stereotypes that emanate from the practice. These issues may also be linked, for example, to intervention programmes that deal with problems related to health effects as a result of non-hygienic processes. According to Xhosa culture, sexuality is an uncomplicated and important phenomenon that refers to male and female sex, both of which focus on reproduction and procreation in a patriarchal sense. *Umetsho*¹¹ is not taboo, and children are allowed to speak about it with adults, as well as to practice it in the form of *ukuhlobonga*¹². This practice is called *ukujola*¹³ and a circumcised man is not allowed to engage in such practices.

¹¹Sex

¹²Sex between the thighs without penetration in the vagina.

¹³Sweetheart /lover.

Much has been written on Xhosa traditional male circumcision and sexuality focusing on the ritual.¹⁴ However, there is a dearth of documentation on the effects that male circumcision have on the sexual enjoyment of the female partner. Much emphasis is placed on the rite of passage to manhood in the context of culture and male sexual pleasure is motivated as one of the reasons why male circumcision is conducted. This project therefore intends to contribute towards this largely unstudied area.

In a related sense, according to Xhosa culture, gender roles are rigidly defined. Masculine and feminine genders are taken as normal and acceptable. Masculine gender, as indicated earlier, is dominant over the feminine gender. Anything beyond the two is regarded as abnormal and opens itself up to the wrath of the community as a disgrace. As far as I was able to establish, no studies have focused on Clermont–KwaDabeka, Durban that investigate and document the effects that male circumcision has on the social lives of the circumcised man. Having identified this as a gap, my dissertation has been undertaken, in part, to address this gap. The study will only focus on amaXhosa male initiation ritual.

The project is based on the hypothesis that male circumcision is gendered. There is an assumption that male circumcision has no effect on the social lives of the circumcised Xhosa men living in urban areas, like Clermont–KwaDabeka. The study also assumes that male circumcision has no effect on the sexual enjoyment of the female partner. Rather, male circumcision is a tool to perpetuate patriarchal society. As a result, men remain in control over women, and continue to initiate and lead sex. At certain stages women are men's sexual objects as a result of male circumcision as *ikrwala*¹⁵ engages in sexual cleansing with a woman he does not love, and who will be abandoned thereafter (Meintjes, 1998).

¹⁴See Crowley (1990); Gitywa (1970;1976); Laidler (1922); Ramphela (1990); Turner (1915); Malherbe (1975); Funani (1990); Ngaloshe (2000).

¹⁵A newly initiated man.

Structure of the study

In order to motivate the argument that ‘*ukwaluka/ukusoka*’ is a gendered practice in respect of amaXhosa men and women in Clermont-KwaDabeka, the argument in this dissertation will be structured as follows. *Chapter 1* provides a brief exposition and elucidation of some of the important theoretical issues, concepts and studies that directly inform this study. Given the fact that this study is written from the (inter) disciplinary perspective of gender studies, the critical and theoretical literature considers texts that reinforce, underpin and develop my argument. It is not the intention to rewrite these ‘theories’, but rather to show how they accentuate my argument in understanding circumcision as an important cultural practice in gendered terms. *Chapter 2* in turn, extends the ideas extrapolated in chapter 1 and provides a brief context in respect of Xhosa initiation rites in order to foreground the contextual cohort of this study. This section of the argument considers some of the critical literature (largely historical and anthropological) that addresses circumcision as a social, cultural and symbolic process. *Chapter 3* turns specifically to the subjects of circumcision from Clermont-KwaDabeka, and zeroes in on the people, the environment, and their narratives, together with my analysis of the issues generated by the data. *Chapter 4* focuses on some tentative conclusions in the light of the findings, and makes some recommendations for further investigation.

CHAPTER 1

THEORETICAL FRAMEWORK AND RESEARCH METHODOLOGY

This chapter has a dual purpose. I firstly explain the theoretical framework underpinning this study and secondly, report on the research methodology undertaken.

1.1 Theoretical framework

Critical and theoretical studies of gender, sex and sexuality, history, anthropology, and sociology provide a broad framework within which this study is located. This project is likely to draw upon some (not) all the critical and theoretical sources listed below. The aim is to demonstrate the concepts in this dissertation. Given the fact that this study is written from the interdisciplinary perspective of gender studies, the critical and theoretical literature considers texts that reinforce and develop my argument. Based on the short descriptive title of this dissertation, the primary theory will be focused in relation to sex, sexuality, masculinity, gender, circumcision and on a focused ethnography.

1.1.1 Feminism, gender, sex, and sexuality

This study adopts a feminist approach to determine the gendered implications of traditional Xhosa male circumcision. A feminist research method emphasises that women be given a space to make sense of their lives and experiences. There is no single meaning of what feminism is; hence we talk of feminisms because of differences within feminists. Feminism according to Beasley (1999: ix) is a contested term, which lacks clarity and is one of those terms that inconveniently defy simple explanation. Beasley (1999) states that feminism's complexity and diversity provide obstacles to those wishing to gain a satisfactory grasp of its meanings. Beasley (1999: xiii) notes the following:

In contrast to this lack of uniformity in response to the question of ‘what is feminism?’ there has often been a considerable degree of consistency in the images said to represent feminism and feminists. When you consider that images may refer to styles of dress, haircuts, ways of behaving, attitudes and so on, you can probably conjure up a number of graphic pictures yourself.

Beasley argues that this view of feminism suggests an impulse to tie feminism down to something and to ignore considerable differences over the characteristics of feminism. According to Beasley (1999:3) feminism is innovative, inventive, and rebellious. He further mentions that feminist thinkers see their work as attending to the significance of sexual perspectives and offer a challenge to masculine bias. Traditional Xhosa male circumcision rites are well documented from the ‘malestream’ perspective (to use Beasley’s term in defining traditional thought. My study similarly questions ‘male authority’ in the symbolic meanings that accrue to male circumcision. A feminist reading of male circumcision, undertaken in my study seeks to also understand and explain the experiences and differences between men and women, and the cultural values that construct the differences.

Many feminism(s) abound, such as *liberal feminism* (which draws on the idea of political liberalism) and is elucidated in works by Bird and Briller (1969), Friedan (1963) and Steinem (1983) which sees the oppression of women primarily in terms of the inequality between the sexes. Friedan (1963:71) states that in battles for women’s freedom to participate in the major work and decisions of society as the equals of men, feminists denied their very nature as women, which is fulfilled only through sexual passivity, acceptance of male domination, and nurturing motherhood. Liberals often formulate an understanding of the genders in terms of a separation of private life (relationships, family life, for example) from public issues (such as the law, politics, religion). The approach to the analysis of gender inequality postulated by liberal feminist thinkers has some influence on my study in order to capture the interconnectedness of different aspects of women’s subordination.

Radical feminism, in turn, views the oppression of women in respect of patriarchy (a system that valorises men over women) and this is manifested in sexuality, personal

relationships and the family. For these feminists, male power is manifested in male dominated institutions such as work, religion, home, culture, etc.¹⁶

Socialist feminism primarily sees the oppression of women in terms of the subordinate position women hold in relation to patriarchy and capitalism (for example, Eisenstein, 1979; Mitchell, 1990; Roberts and Mizuta, 1993). Capitalism for these feminists is an extension of a mode of production that reinforces patriarchal power and creates the sexual division of labour between women and men. Eisenstein (1979:47) argues that ‘instead of seeing sex or class, or race or class, or sex, or race, we need to see the process and relations of power’. Eisenstein (1979:61) further states that feminism leads us to oppose patriarchy and to focus on the transformation of society by creating a more egalitarian society. *Third World feminism*, as another strand of feminism, is important in that in the 1970s and 1980s many women of colour criticised scholarship in feminism that underemphasised race, class, and culture.¹⁷

Feminists have used gender as the central organizing category of analysis to understand and explain the unequal distribution of power between men and women. Gender refers, for example, to the process of socialisation of boys into men, and girls into womanhood. Gender is therefore a social category that refers to the social, political, cultural, factors which organise the relations between men and women. Feminists claim that gender is the cultural interpretation of sex and that gender is culturally constructed (Butler, 1999:11). According to Connell (1995: 72), gender is also produced within social relations. He argues that gender exists precisely to the extent that biology does not determine the social. Simone de Beauvoir (cited in Butler, 1999:12) suggests that one is not born a woman, but, rather, *becomes* a woman. The idea of ‘becoming’ implies that gender is constructed via social and cultural processes. Butler for instance problematises the above notion of gender and argues that there is nothing in Beauvoir’s account that guarantees that the “one” who

¹⁶See for example the work of Daly (1978); Echols (1989); Hame and Miller (1996).

¹⁷See for example: Collins (1990); Davis (1983); Hooks (1984); Mohanty, Russo, and Torres (1991); Moraga and Anzaldúa (1983); Smith (1983). Mohanty (1991) for example contends that the histories of colonialism, capitalism, race and gender are inextricably interrelated.

becomes a woman is necessarily female. According to Xhosa culture, borrowing Beauvoir's account of gender, one is not born a man; rather, one becomes a man through, for example, the process of traditional male circumcision. Using Butler's (1999) account of gender, this study also agrees with Butler (1999) that gender is an identity constituted in time, instituted in an exterior space through a stylised repetition of acts. The effect of gender is produced through the stylisation of the body and, hence, must be understood as the way in which bodily gestures, movements, and styles of various kinds constitute the illusion of an abiding gendered self (Butler, 1993; 1999). The above definition of gender points to the complexity of the concept, and the relevance of such a definition for circumcision.

Rubin (1984: 307) for her part states that in the English language, the word "sex" has two very different meanings. It means gender and gender identity, as in "female sex" or "the male sex". But sex also refers to sexual activity, lust, intercourse, and arousal as in "to have sex". Similarly my study addresses sex within relationships, and in the context of circumcision in respect of amaXhosa who reside in Clermont-KwaDabeka. The semantic merging of sex and sexuality reflects a cultural assumption that sexuality is reducible to sexual intercourse and that it is a function of the relations between women and men. According to Bristow (1997: 1) 'sexuality is surely connected with sex', despite the fact that sex is a complicated phenomenon especially in terms of definition. Bristow (1997) claims that if sexuality designates sexual desire, then sexuality would appear to also embrace ideas about pleasure, physiology, fantasy *and* anatomy. On reflection, then, sexuality emerges as a term that refers to both internal and external phenomena, to both the realm of the psyche and the material world. The cultural alignment of gender with sexuality has given rise to the idea that a theory of sexuality may be derived directly out of a theory of gender. Rubin (1984) argues that 'sex as we know it [...] is itself a social product'. Given the diverse theoretical approaches to sexuality, this study considers Bristow's (1997) view that sexuality embraces ideas about pleasure *and* physiology. Bristow's view was earlier researched by Alfred Kinsey (a prominent American sexologist working in the 1950s). Kinsey rediscovered the importance of the clitoris for female pleasure.

McClaren (1999: 146) states that a man seeking to arouse a woman should know how to locate the clitoris (defined as “the size of a split pea”) and this brings about clitoral-induced climax. McClaren (1999) declares that compared to the clitoral induced climax, vaginal orgasm has ‘a richer’, ‘deeper’, and ‘finer quality’. The absence of the foreskin from a male genital (penis) and the relationship to female sexual pleasure is a question this study addresses. McClaren (1999) in the same study also questions intercourse between men and women in heterosexual relationships. He asserts that women’s emotional capacities were improved by experience, which he claims is indicated by the positive correlation between coital orgasms before and after marriage. Some of these ideas in regard to sexuality help to reinforce my argument that investigates and analyses the effects of traditional Xhosa male circumcision on the sexual enjoyment of the female partner.

1.1.2 Circumcision

Circumcision cannot be isolated from genders, sexualities, culture and power and a vast critical literature exists on the subject.¹⁸ In investigating coming-of-age in Zambia, Herdt (1994) addresses the difficult issues surrounding the earliest sources of gender-identity formation and states that clinical work on sex and gender allow for an interactionist model of cultural and behavioural interpretation. Herdt (1994) remarks that the complexity of sex and gender requires certain sensitivity to interdisciplinary research. Herdt (1994) states that according to ritual ideology, boys must be detached from their mothers and thereafter strictly separated from all females. Ritual taboos and secrecy help maintain the physical, social, and psychological distance between males and females. Boys must be radically resocialised and traumatized (Herdt, 1994:315). Herdt’s study serves as reference literature in my study of Xhosa traditional male circumcision from the critical point of view. According to Xhosa culture a circumcised man is expected to find him a woman to marry. Investigating coming of

¹⁸See for example: Abusharaf (2001); Bonner (2001); Funani (1990); Gollaher (2000); Hatile (2000); Hull and Budiharsana (2001); Koso-Thomas, (1987); Mcetywa (1998); Meintjes (1998); Ndletyana (2000); Gupta (2003); Contch (1986); Ngaloshe (2000) and Turner (1995).

age in Samoa, Mead (1928) contends that casual homosexual practices occurred amongst circumcised Samoan men. For Mead (1928: 61):

There were several pairs of boys in the village who had been circumcised together and were still inseparable companions, often sleeping together in the house of one of them. Casual homosexual practices occurred in such relationships.

Meads account is relevant to this study that questions the symbolism of circumcision amongst the Xhosa. There is also a developing critical and theoretical body of knowledge on the subject of circumcision, especially female circumcision. The latter is a deeply contested phenomenon. Some view female circumcision as mutilation and injury (Walker and Parmar, 1993); others see female circumcision as a virtuous act of purity where women are often willing and active agents in the transmission of cultural ethos (see Abusharaf, 2001; Boyle, 2002; Hernlund and Shell-Duncan, 2000). It should be noted that my study does not engage the debate whether male circumcision is a form of mutilation, but rather addresses how non-hygienic practices could lead to a form of mutilation. The issue whether male circumcision is generally seen as a form of mutilation does not fall within the scope of this project. I am rather advancing the view that male circumcision has much to tell us about the promotion and propagation of masculinity and male power instead.

1.1.3 Masculinity and the body

Ideas about masculinity and the body cannot be separated from circumcision. Connell (1995:70), a key commentator on masculinity states that masculinity is, in effect, defined as non-femininity. Such a definition underscores the differences between genders in a rigidly defined binary that distinguishes men from women. Connell (1995) claims that masculinity is a gendered phenomenon that refers to how a man (a biological category which refers to maleness) comes to be defined. For Connell (1995) masculinity is a place in gendered relations, the practices through which men and women engage in that place in gender, and the effects of those practices in bodily practices, personality and culture. Male and female are biological terms that refer to

anatomical, primarily genital difference. Man and woman on the other hand are gendered terms that refer to social, behavioural and experiential difference. These are categories with coded behaviours which young boys and girls must learn in order to become men or women. Connell also claims that masculinity is a privileged category within patriarchy. In this context, masculinity cannot be separated from the body, identity and social systems.

There is a growth of interest in bodily matters from a range of disciplinary perspectives that question conventional distinctions between biology and culture (for example, Scott and Morgan, 1993; Hancock *et al*, 2000). Themes that are discussed involve the social construction of the body, the various ways in which the different aspects of the body are given new and varied meanings. The body, as such, cannot be approached as a transparent slate that has no meaning in relation to culture. Masculinities point to conceptions of manhood, which is not far removed from bodily conceptions, and body parts. Turner (1995) contends that descriptions of the body as “representation”, as “a medium of social value”, and as “community” are prevalent in detailed ethnographic accounts of local ritual surrounding the body, including circumcision rituals. Circumcision says much about the body because the process implies the cutting’ of flesh from a male genital organ and the mark left symbolises manhood and accords power to a circumcised men. Masculinity and the body are issues that recur in my study because Xhosa circumcision has much to say about these issues. As a form of bodily modification in relation to specific body parts of both males and females, circumcision practices have often been outlined by interesting ethnographic studies (see for example, Abusharaf, 2001). The ethnographic aspect is a central aspect used to illuminate my argument.

1.1.4 Focused Ethnography-Circumcision

Ethnography in this study is important to the extent that the subjects interviewed provided some of the “factual” and experiential data for this project. Bryman (2001) notices that definitions of ethnography suggest a certain convergence around core

elements, while simultaneously pointing to some divergence as well. For example, Bryman (2001: ix) contends that ethnography is the art and science of describing a group or culture. Bryman (2001) states that ethnography is a research process in which the anthropologist closely observes, records, and engages in the daily life of another culture. Similarly I utilise ethnography to refer to the written account that is the product of ethnographic research. Bryman (2001: x) suggests certain key features of ethnography that I similarly subscribe to in my study. Ethnography, according to Bryman (2001) focuses on firstly understanding aspects of society and culture, secondly, to collect descriptive data via fieldwork, and thirdly, to render the collected data intelligible and significant to fellow academics and other readers. Denzin (1997: xii) similarly advances the view that theory, writing, and ethnography are inseparable material practices. He states that writing, theory and ethnography create the conditions that locate the social inside the text. He concludes that those who write culture also write theory and those who write theory also write culture. My study considers ethnography as a fundamental part of the research methodology that is focused on understanding how we arrive at the symbolic meanings associated with male circumcision by amaXhosa men and women living in Clermont-KwaDabeka.

1.2 Research Methodology

This section focuses on the methods and approaches utilised in the collection of data from interviewees on the Xhosa male initiation rites in Clermont–KwaDabeka.

1.2.1 Background and Position of Researcher

I have been an educator (teacher) at Buhlebemfundo Secondary School in Clermont-KwaDabeka since 1993 specialising in Life skills (Guidance and Counselling), and Human and Social Science. As indicated earlier, there are many Xhosa people living in Clermont-KwaDabeka and in Sub - 5 areas, and their children attend neighbouring schools, of which Buhlebemfundo is one.

I became interested in the topic of circumcision in 2002, stimulated, in part, by pupils in a group discussion in the classroom; where amongst the group there was an *ikhankatha* (a traditional attendant /guardian), called Morris Sulman. The topic was about gender roles in the classroom and I introduced the topic at the surface level, facilitated a group discussion, with the aim to demystify gender stereotypes. In that discussion a debate developed because of a resistance to change, especially by boys, for instance in respect of domestic chores such as cleaning the classroom. Boys argued it has always been, and will always be a girl's responsibility to clean up after men. Boy's maintained it was their responsibility to take care of girls, and in adulthood especially for men to take care of their women.

Morris told me that he was taught at *entabeni* (circumcision lodge) that the main duty of a man is to look after a woman. Hence one of the rewards of circumcised men is the right to get married. In effect, this suggests that circumcision prepares men for marriage. This he explained in gendered terms: a woman has to perform household duties, and a man has to find a job and be financially sound in order to care for women in Xhosa culture. Our discussion in the classroom enriched my knowledge of Xhosa ritual initiation rites, and sparked my interest in further research. However, at that time I had no intellectual tools. I became quite interested in programmes on television that focused on septic wounds as a result of male circumcision rites. I wanted to pursue circumcision and traced Morris, as he was no longer a student at our school at the time of this study. Fortunately, he resides in Clermont-KwaDabeka and I identified him as one of my interviewees for this study.

After a conversation with Morris, a series of informal discussions took place in my workplace concerning septic wounds during initiation. This topic often became the subject of staff room conversation, especially during breaks. This was done purposely when either of my Xhosa colleagues was present in order to ascertain their views pertaining to initiation rites in Xhosa, and to determine if they were willing to talk about this issue. This made my task easier, and in later interviews I conducted with them, more specific questions focused on achieving this study's objectives.

As a teacher, researcher, and community worker I am also involved with community outreach projects that reinforce my acquaintance with Clermont-KwaDabeka and Sub 5 area. For example, as a committee member and a facilitator of Transformation and Gender Equity in the Department of Education and Culture in KwaZulu-Natal, I have worked with the Clermont-KwaDabeka community at large, and interacted with them on a number of occasions through workshops conducted on behalf of the Commission on Gender Equality. Also through sports activities (such as drummies), I interact with this community. I am a founder and a coordinator of the drummies at Buhlebemfundo Secondary School, who perform on special occasions in the community, such as the celebration of world health day. These relationships facilitated my understanding of the Clermont-KwaDabeka and Sub 5 communities when I conducted interviews. As a woman perceived to be 'interfering' in a 'man's domain', I did not face much resistance as I expected from interviewees as was the case reported by Funani (1990) and Ngaloshe (2000). The latter employed the services of other men which she terms 'sources by proxy' (2000: 28). These men collected data on her behalf, and the data was later narrated to her, a method Ngaloshe (2000: 28) describes as the 'oral tradition'. I gathered the data utilised in my project, and will give an account of how, as a woman, I entered the network of a male domain. Equally I did not face much resistance from Xhosa women who narrated their sexual experiences to me. Perhaps as I indicated earlier, talking about *umetsho* (sex) is not taboo to Xhosa women who engage in practices of *ukujola* (having sweethearts) during their teenage life.

1.2.2 Research design

My study uses a qualitative approach to data collection. This approach uses written, spoken and observed data or behaviour. The qualitative approach tells a story from the interviewees' point of view, thus providing the rich descriptive information necessary to demystify taboos and to break silences about issues pertaining to sex and sexuality that are under discussion. Qualitative methods are generally used for identification, description and explanation, an approach relevant for this research. According to Edgerton (1974: 3), the best tool for studying 'alien' culture and coming to understand

it, is the intellect, sensitivity, and emotion of another human being and the fact that culture must be seen through the eyes of those who live in it. Edgerton (1974) also claims that to get hold of the realities of human feelings under investigation, the principle of 'naturalism' needs to be employed. Naturalism, according to Edgerton (1974:4) "requires that human behaviour be viewed in the context in which it naturally occurs (as part of an ongoing life in a society rather than of an experiment in a laboratory)". The principle of naturalism is therefore employed to capture the realities of the feelings of Xhosa males and females who reside in Clermont-KwaDabeka pertaining to Xhosa male initiation rites. This gendered project also utilises feminist concepts. According to Bowles and Duelli-Klein (1983) feminist research is different from patriarchal or male-dominated research and raises the issue of subjectivity versus objectivity by claiming that feminist research cannot be value free. Bowles and Duelli-Klein (1983) also state that feminist research must be grounded in female culture and experience. In accordance with the above methodological approach, I use oral narratives focused on past and present experiences pertaining to *ukwaluka*. By bringing in interviewees' narratives I want to demonstrate that by 'talking about sex' women and men also demystify the taboos about sex and sexuality. It is demystified because in talking about sex, the secrecy, silence and mysticism about sex is thereby also challenged. Equally so I want to demystify the taboos about the ritualised practice of circumcision. The narratives also challenge conventional social science research methods whereby in most cases there is a tendency by some researchers to speak on behalf of women. I do not speak on behalf of women. In my study, however, I present the experiences, and perceptions of both men and women regarding the impact of traditional circumcision on their lives. I present data in the manner it was communicated to me. Observations and field notes were made during interview sessions and have been incorporated as part of the data for the purpose of analysis. Fieldwork was carried out through in-depth interviews that lasted between thirty minutes to an hour per interview. To overcome linguistic problems and the dominance of the researcher, interview questions were also designed in isiZulu and English, and were open-ended to evoke a comprehensive account of

interviewee's experiences and perceptions regarding the impact of traditional circumcision rites on their lives.

1.2.3 Project area

As indicated earlier, the study was conducted with Xhosa men and women who reside in a semi-urban area, Clermont–KwaDabeka and Sub 5 areas, located in the South of Durban. Based on my observation and interactions, the population of Clermont-KwaDabeka and Sub 5 community consists largely of amaXhosa and amaMpondo. Traditional circumcision does not take place in these areas. 'Men to be' (as some of my subjects described the process), travel to their places of origin, undergo the process of traditional circumcision, and come return as circumcised men. Most circumcised men, and some women are migrant labourers in Clermont-KwaDabeka. After disclosing my background as a researcher in relation to the community investigated, it was much easier for me to develop contacts with my subjects. These subjects included prominent community members like the (ex) chairperson of Buhlebemfundo Governing Body, who in turn helped in identifying and organising interviews with other respondents. My colleagues, some who are members of the school governing body also became my interviewees. They were of great assistance in helping me to identify sources. My husband Vusi, also organised his male Xhosa friends and their women who reside in these areas to assist me. Interviews were conducted face-to-face in private and in confidence. There were no problems of trust. However, some respondents were not at ease in talking about sex and sexuality. Issues of masculinity and the body, as well as the process of traditional circumcision evoked emotional feelings amongst circumcised respondents who brought back their memories of circumcision rites. Problems of talking about sex and sexuality prevailed to some interviewees. Participants were informed in advance of time and were ready on arrival for the interview.

1.2.4 Methods of Data Collection

As already indicated, the fieldwork for this study was undertaken through in-depth interviews. This is a one-on-one method of collecting qualitative data, which is good for gathering in-depth personal narratives of experiences and opinions on specific topics. Due to time constraints, and to limit the scope of my study, a total of 20 interviews were conducted. The interviewees were all Xhosa speaking people. Those interviewed included 10 males and 10 females of all ages and were of varying social and economic classes. Circumcised and uncircumcised males, and women who had sexual experiences of both circumcised and uncircumcised men were amongst those interviewed. The study intended to gather information from the *ilingcibi* (traditional surgeons), *amakhankatha* (guardians), *ixhwele* (traditional healer), *ikrwala* (newly initiated man), uncircumcised men and women, as defined above.

Circumcised men were asked to narrate their experiences regarding the ritual, and this was reinforced by guiding questions to reflect on the social and sexual significance of the ritual to them as individuals. Gender, masculinities, and identity are issues prioritised in questions posed in the interviews. Uncircumcised 'men' were, for example, asked to provide reasons as to why they are not circumcised, and they were also questioned whether they would consider circumcision in the future.

Women were asked to relate their sexual experience, in regard to sexual pleasure during sexual intercourse with circumcised and uncircumcised men. The objective here was to determine the significance of circumcision in connection with sex. Women were also asked to share their understanding of female orgasm, to determine whether they understand themselves in relation to sex. This is encapsulated in the form of narrative anecdotes.

The interview sessions with each interviewee lasted more or less an hour and a half. Questions were rehearsed with respondents for clarification to enable them to respond to the relevant questions. Respondents at times turned to other issues during interview

sessions. For example, there was a tendency by some respondents to interview me whilst I was in the process of interviewing them. Some interviewees focused on the purpose of my research, my use of the information, and whether their names would be disclosed. After being satisfied with my reasons for the interview, I gained access into their 'private' lives. As a woman, I was sometimes told that some information is too confidential to be revealed to me, which could 'antagonise' the ancestors. Using media reports to discuss problems pertaining to initiation rites, my sons' experience of circumcision in hospital, my visit to the Eastern Cape (Idutywa in 2002) to witness traditional circumcision rites as a reference point, eased their disclosure of information which otherwise would have been difficult. As I began to identify with their feelings and their memories of pain endurance, discussions became more intimate. However, the process was slow and at times we had to end the interview when interrupted by unexpected visitors. However this did not alter the content or quality of data collected. The interruption during interviews allowed me to observe interviewees and to personally understand the realities about traditional Xhosa male circumcision. Respondents instructed me to stop interviews when unwanted people arrived. This led me to conduct interviews in a car to assure interviewees' privacy. By consciously sharing their beliefs, values, symbols, rituals and emotions, I was able to understand their fears, experiences, and perceptions. Interview questions to guide the interactive discussions were also translated into isiZulu. Some interviewees responded in isiZulu, and where emotions were evoked, they used isiXhosa. I had to slow interviewees on a number of occasions for clarifications on certain Xhosa words. I was denied clarification on some words such as *intsedeba*. Most of the initiates could not reveal what happens to the cut foreskin, but at least one respondent, stated that cut foreskins are mixed with *muthi* (herbal medicine) and some surgeons, I was told, allowed initiates to swallow the foreskin. For verification of the latter information, I questioned other respondents who were alarmed to know that I learnt about this and who could not give reasons as to why this was done, claiming this as sacred information about circumcision. Some respondents were my colleagues, and some were the scholars at the school where I teach, who reside in Clermont-KwaDabeka and Sub -5.

Interviews with school children took place outside of school premises, near their homes, but in the car. I must acknowledge that it was not an easy task to process what was revealed to me about what took place at circumcision lodges. To hear that some initiates die because of brutality resulting from other initiates, as a test of pain endurance is difficult to overlook. I became emotionally involved myself, and at times I had to take control over my emotions and remain objective.

The poor treatment some initiates get from some lodges in the process to become men, is insightful. This treatment includes poor quality food, unpleasant sleeping conditions, restrictions of water, and bathing in the river in cold weather. The latter sometimes resulted in dehydration, pneumonia, and in some cases, death. Apart from the fieldwork, I undertook literature reviews regarding the effects of male circumcision. A series of articles from the print media were collected through internet searches. Local and international publications, unpublished documents, pamphlets, journals, theses, conference papers informed the intellectual and research basis of the study. Television talks shows that sometimes deal with Xhosa male circumcision for example, *Masikhulume* (Let's talk) on SABC 1 also inform the insights in my study.

1.2.5 Interactive observation and field notes

Daber (2003:32) claims that working in the field, face to face with real people, entail an understanding of how they make sense of their world through multiple methods that are interactive and humanistic. These methods focus on talking with people, listening to them, observing their physical behaviours, clothing, decorations and space, and reading about them. During interviews, I likewise observed respondents very closely. Talking and listening to most of the participants in this project as they narrated their stories generated my understanding of their perceptions regarding the ritual, and further stimulated my understanding of the gendered implications of circumcision rites amongst amaXhosa. There was an emotional outburst and crying by one woman who claimed a man who was circumcised abducted her. This woman had not much to say, and was only observed at the time of her interview. The point about

emotions in the fieldwork experience emphasise that the researcher works with people who carry emotions with the experiences they share. It is therefore impossible, despite the claims for objectivity in intellectual scholarship, for any researcher to remain entirely neutral. My point is that I was equally moved emotionally by the stories of people who shared their experiences with me.

1.2.6 Selection of sources

One of the recommended sampling methods, according to Rubin (1989), is the 'snowball approach', a method whereby information from one person or information source leads to another. Sources of this project were identified using the 'snowball' technique of sampling. The process commenced by identifying individuals who were knowledgeable about the topic with the help of Morris Sulman who resides in KwaDabeka (D section). Thereafter, a preceding individual named each successive participant. Grade 8 pupils at Buhlebemfundo Secondary School in KwaDabeka who have Xhosa surnames, were requested to make arrangements for interviews with their parents, brothers and sisters. Mr Kati, a deputy principal at the school also a Xhosa (Mpondo), helped in identifying pupils who are circumcised who in turn, identified others in the community. In Clermont central, the selection of interviewees was non-random and based on contacts I developed in the community. In making decisions about sources, I considered accessibility of the individuals and feasibility in terms of time constraints. As knowledge of the intimate details of the male initiation tradition is taboo to women, I did not face many difficulties and all data reported in this study was collected by me. From July to October 2003, meetings and interviews were planned and conducted in Clermont-KwaDabeka. Times varied as it depended on the availability of the interviewee. Further interviews were conducted in Ntuzuma, and at KwaMashu (my residential area). All interviews were conducted in isiZulu, a language common between the interviewer and the interviewee. Some respondents, however, expressed themselves in Xhosa. In only one instance English was used in conjunction with isiZulu, as per the interviewee's request, arguing that the strong sex language is better expressed in English rather than in isiZulu.

1.2.7 Conducting and recording the interviews

The interviews were open-ended with an emphasis on exploring people's attitudes and beliefs regarding the practice. People also provided anecdotes regarding their experiences. Particularly amongst men, I explored and stimulated their reflection in respect of their social lives in an urban context and in the context of their transition from boyhood to manhood; the latter as I have earlier claimed is a symbolic effect of circumcision. Amongst women, the emphasis was on the impact of male circumcision on their sexual enjoyment. As indicated, prior to conducting the interviews a list of possible questions were drawn up. However, this list was not adhered to strictly and the list of questions evolved and changed as more interviews were conducted and I became better acquainted with the issues involved. The interviews were recorded by means of a tape recorder, but not all interviews were tape recorded as other respondents preferred not to be taped. I also made notes of the narratives. As each respondent narrated their story, I also made notes about their body language, vocal expression, the pitch of their voices, the pace of their speech, and the variation of tone. Even these aspects were recorded by observation, and there were times, where some respondents requested I switch off the tape. They would then continue with their story, and when comfortable I would switch on the tape again. At the end of the interview, some requested I erase their names from the tape. The recorded interviews were later transcribed, and translated into English.

1.2.8 Analysis and synthesis of data

To focus the study, information collected was compared with some of my literature sources. However, some difficulty was experienced in this case since literature dealing with the effects of male circumcision on the sexual enjoyment of the female partner is sketchy. The same could be said about literature dealing with the effects of male circumcision on the social lives of the circumcised in urban areas. Some interviewee's narratives are framed in my study to provide an understanding of the issues at hand from the participants' perspectives. I grouped the males' narratives

together, and analysed their views with regard to the meaning of male circumcision to them. Females' views with regard to the effects of circumcision on their sexual enjoyment, and also men's views in this regard were analysed. The information was then synthesized, summarised, and conclusions were drawn. The success of this method of data collection is measured against the research findings discussed in Chapter 3. Some of the names that appear in this dissertation are pseudonyms used to protect interviewee's identities.

1.2.9 Research ethics and protocol

This project maintained the necessary ethical standards. In view of the topic in question, there was a clear agreement with respondents, about the necessity of confidentiality and informed consent. They were given detailed information regarding the nature and purpose of the study and a further clarification was made before interview sessions. Respondents were informed of their rights to withdraw from the interviews at any stage they wish. I re-emphasise that I had no difficulties to gain access to participants. My study and the objectives were acceptable to the interviewees and they also hoped that it would contribute to improve on the processes involved in male circumcision.

1.2.10 Limitations of the study

Given the fact that people differ, my secondary literature explains that there are obvious differences in the way, for example, *oSosuthu* (principal hosts) decide to conduct the process of circumcision. There is also no uniformity in terms of the practice, such as the number of days to be adhered to prior to water-intake after circumcision has been conducted. It was revealed that some *oSosuthu* (principal hosts) might relax certain restrictions, while others may insist that the initiate observe every detail of the ritual. In some cases there was one guardian for all the initiates at the lodge, whilst in other lodges an initiate was under the supervision of his guardian.

I also emphasise that this study does not claim to represent the modes, perceptions and meanings of traditional circumcision rites among *all* Xhosa speaking communities. Also, as indicated, not all people interviewed were of Xhosa origin: some were amaMpondo who abandoned the cultural tradition of *Ukwaluka* some time ago (see Mcetywa, 1998). Most amaMpondo stated that they circumcise according to the Hlubi tradition, where there are minimal claims of death and maiming (see Ngaloshe, 2000). The amaXhosa strictly circumcise according to the Xhosa tradition. To compare and to contrast the two different forms of traditional circumcisions is not part of the scope of this study. However, without restating facts, I mention that the processes seem similar, despite some minor differences.

As a woman, it is a fact that there were barriers especially in terms of *hlonipha* (a form of speech used in order to show respect, e.g. by newly-married women and initiates in the bush). A word used such as *intsedeba* (I was denied access into clarification of such term). One respondent thumped his fists on the table and shouted at me, stating that I should get a Xhosa circumcised male to conduct interviews on my behalf. This was another way of denying me access to information because he knew that a circumcised Xhosa man would never ask for clarification of *hlonipha* words. In some cases I was given access to information, despite the taboos that create barriers for women to have access to such information. To me, this was a clear indication that taboos in respect of the ritual abound, even in urban areas like Clermont-KwaDabeka. In addition, though isiZulu and isiXhosa are Nguni languages and share some similarities, it was equally difficult to follow everything, especially when respondents spoke fluently and at a fast pace. Equally important, translated texts often much meaning. However, this does not imply that the data was devalued. This might have impacted on the research methodology, but not on the validity of the data uncovered. The fact that I am known in Clermont-KwaDabeka as a community worker and teacher certainly influenced both the context and content of the interviewees. Interviewees saw me as a constructive source to address some problems surrounding the processes within circumcision practices. At this time of my fieldwork, respondents were faced with these predicaments, such that they stated that despite the deaths

resulting from circumcision, traditional circumcision is a cultural practice amongst amaXhosa that they would never compromise.

Equally problematic are issues prioritised in this study, namely the contested issues of sex, sexuality, masculinity, the body, and circumcision. There is growing body of knowledge regarding these issues, and the interpretations I offer do not universalise these concepts. Also the feminist approach adopted in my study is not focused on re-theorising this diverse field, but rather to read insights from this field onto the subject of circumcision. In many ways, I see my study contributing to a developing body of knowledge that may be conceived as an African feminist approach to circumcision. In this context, I now turn to a chapter that outlines some important historical and contextual factors about Xhosa initiation rites.

CHAPTER 2

HISTORICAL CONTEXT OF XHOSA INITIATION RITES: A LITERATURE REVIEW

2.1 Historical Context of Xhosa Initiation Rites

2.1.1 A Brief Overview of Xhosa Social Structure

At the outset there is a need to define who are referred to by the term Xhosa in this project. The Xhosa nation dates back to a chief named Tshawe, who is believed to have united the peoples who eventually became the Xhosa, and the dates of his reign are unknown (Hammond–Tooke, 1974). The Xhosa nation may be construed in terms of chiefdoms, based loosely on familial clans. The two oldest are the Gcaleka and the Rharhabe, who claim direct descent from Tshawe. Amongst these chiefdoms some circumcise such as the Xhosa and the Hlubi, while others do not, such as the Amampondo. It is also important to highlight that even amongst those who circumcise, procedures differ, as respondents indicated that problems abound in those who circumcise isiXhosa. Amongst those who circumcise, the isiHlubi method is utilised by, for example, the amaBhaca (Ngaloshe, 2000). It is interesting to note that though procedures differ e.g. in terms of the waiting period for water-intake before and just after circumcision, the goal, however, is the same: to turn boys into men in the bush through pain endurance without the use of anaesthetics. The amaMpondo nation claim that circumcision is not their cultural tradition, but they appropriated the practice from the Xhosa, which was later abandoned (Mcetywa, 1998). Therefore some of the amaMpondo circumcise isiHlubi or isiXhosa, and there are no societal sanctions that are imposed on them if they are not circumcised as compared to in Xhosa society (Interviewees, 2004). Sanctions include being discriminated against attending major society functions like funerals and weddings. But an uncircumcised Mpondo man may attend all of the above functions. The modern Xhosa are South

Africa's second largest ethnic group after the Zulus. Their ancestors settled in the Eastern Cape region of present day South Africa with the Bantu Southern migration 2000 years ago (Hammond-Tooke, 1974; 1993). The amaXhosa belong to the Nguni group like the amaZulu. Hence it is the reason why Xhosa and Zulu understand one another's speech. Xhosa and Zulu languages are characterised by click consonants, which are believed by some researchers like Hammond-Tooke (1974), Schapera (1937), to have been influenced by the language of the Khoisan. First-language Xhosa speakers perceive themselves as belonging to various tribes of which the Xhosa tribe is one (Meintjes, 1998). My study prioritises this group who reside in Clermont-KwaDabeka. Included among Xhosa speakers are the clans referred to as the *Mfengu*.¹⁹ Schapera (1937) states that chiefdoms like the Bhaca, the Bhele, the Zizi, the Hlubi, and the Qwathi were absorbed into the Xhosa nation in the mid 1800's. Each chiefdom consists of a number of clans. Each clan is an extended family. The patriarch is the head of the family and makes all major decisions concerning his clan, particularly with regard to circumcision. For example, one decision would be to determine the appropriate time for sending boys into the bush for circumcision and this includes the decision as to who should they be sent, considering that there are a number of circumcisers. The patriarch also has the power to choose the *ikhankatha*.²⁰ Most importantly, he decides which bull from his cattle kraal is to be slaughtered for *umgidi*.²¹ In the absence of the father, a father figure from the extended family takes over (Interviewees, 2004). I was also told that women engage in domestic chores such as the preparation of food and cleaning, and are not allowed to come close to the initiates.

2.1.2 Culture and traditional background of Xhosa male circumcision

Male circumcision amongst Xhosa is an ancient practice. According to Meintjes (1998:7) "all Cape Nguni circumcise except the Bhaca, Mpondo, Xesibe and

¹⁹Those who seek service.

²⁰A guardian of the initiate whilst in the bush.

²¹A Celebration party for the newly initiated man.

Ntlangwini”. Meintjes argues that there is evidence that both the Mpondo and Bhaca practiced circumcision, but that they discontinued the practice in the nineteenth century. However, in a study conducted by Ngaloshe (2000), she demonstrates that the Bhaca do circumcise, and they circumcise successfully with minimal reports of maiming and death. However their practices are not well documented. There is no traceable origin of Xhosa male initiation rites. The Xhosa boys underwent a traditional transition from boyhood to manhood marked by the *abakwetha*²² circumcision ceremony. Generally speaking, the first known accounts of circumcision seem to have originated from Eastern Africa, long before the Biblical account of Abraham in Genesis Chapter 17 (Gollaher, 2000). Most creationists and evolutionists believe that human life originated from this region. Thus it is entirely possible that the cutting of the foreskin as a means of suppressing pleasure and “maintaining the holy life that God intended” has been around as long as human beings themselves (B, Matt, 2003). This was the theory at the time, that forsaking heaven for sinful humanly pleasure was not acceptable. As such, people devised ways of limiting or barring certain means of pleasure, and circumcision was undoubtedly one such practice (B, 2003:1).

2.1.3 Why Clermont?

Clermont is the target group because it is where most Xhosa people reside as a concentrated group in Durban. Clermont is situated in the Durban South region. The area forms part of the Pinetown municipality. Residents may be characterised as *izitende*²³ and *imijondolo*²⁴ and there are also many beautiful homes of landowners. Clermont is highly populated by mixed ethnic groups, and densely occupied by amaMpondo and amaXhosa who mostly serve as migrant labourers. The area is in a good strategic position for migrant labourers seeking employment. It is close to the industrial areas of New Germany, Pinetown and Westmead, and is approximately twenty kilometres from the city of Durban. Kranskloof hostels in Clermont-

²²Initiates.

²³Squatters.

²⁴Slums.

KwaDabeka for men and women are also occupied by amaMpondo and amaXhosa. The rent is affordable to people who are not highly paid, such that each tenant pays ± R100 per month for a multipurpose single room, which includes a kitchen, lounge, dining room, bedroom, and bathroom. All residents share communal toilets in the hostel. The high percentage of Xhosa men living in Clermont is probably also due to the completion of the circumcision process. This is because after circumcision the *irwala*²⁵ meaning a newly circumcised man is expected to leave his family and to embark on a labour contract, in the industries. Being employed, according to societal belief, will reinforce manhood.

2.1.4 Ritual initiation and male circumcision

Circumcision is also a global practice and there is no single meaning of what it is because it differs within and among cultures, and it is performed at different ages of life (Bonner, 2001). Bonner (2001) claims that in developed countries it is generally taken to refer to the complete surgical removal of the prepuce. Certain Thai groups in East Asia incise the prepuce, effectively cutting it into segments, but do not remove it. In the Solomon Islands it involves only superficial incision, and no flesh is actually removed. Among Bantu speaking peoples in sub-equatorial Africa, it was found that “some groups do not remove as much skin as others or leave a small distinctive flap of the foreskin hanging from below the glans penis” (Bonner, 2001: 31). In South Korea some men are considered “naturally circumcised” because they have short foreskins, and their penises look circumcised. Practical disparities in circumcision “style” are alleged to have implications for the potentially protective effect of circumcision (Bonner, 2001).

Various reasons are also motivated to justify the practice of circumcision, despite the negative effects the ritual has on young men who undergo the process. Male circumcision is performed for cultural, ritual, religious, and medical reasons (Hull and Budiharsana, 2001:60). In high-risk populations in Sub-Saharan Africa, male

²⁵Literal meaning: Unripe fruit.

circumcision is associated with a reduced risk of HIV infection (Bonner, 2001: 143). Bonner (2001:143) also argues that “it has been suggested that circumcision acts as a natural condom” which suggests that it is a form of contraception and by implication, a practice that implies safer sex. Male sexual pleasure has also been given as a reason for circumcision in Kenya and Nigeria (Bonner, 2001: 144).

There is also the view, according to Fink (1989: 695) that a circumcised male is said to be protected from contracting sexually transmitted infections (STIs):

Keratinisation of the exposed glans penis occurs in circumcised men. The circumcised penis develops a 0,0005 mm thick protective keratin surface layer. This has been referred to as a “natural condom”.

In Islamic Northeastern Africa (Sudan), Asia, Europe, Latin America, Sierra Leone, and the United Arab Emirates, are places where also female circumcision is widely practiced. It is very interesting to note that there is a point of intersection with regard to the reasons given for male circumcision and for those given for female circumcision. Koso-Thomas (1987:5) explains the reasons proponents of female circumcision motivate for the continuation of the process. These are: maintenance of cleanliness, improvement of male sexual performance and pleasure. Koso-Thomas (1987) correctly argues that this practice depends upon the use of ‘culture’ and traditional beliefs as a method of social control of the subordinate female sex.

At this point I would like to state that the various views by authors with regard to reasons for the practice of circumcision reinforce the development of my research to show that there are similarities as well as differences with regard to the process, and that the practice differs within and amongst cultures. These different views help to show that circumcision is not an innocent, transparent practice, but rather a social and cultural construction, one imbued with meaning as a gendered practice. This point will further be developed in the discussion of research findings and will be substantiated by interviewees’ narratives in Chapter 3. In the section following, I

briefly turn to some of the important critical sources that reinforce our understanding of male circumcision.

2.2 Literature Review

In this section I report briefly on the global incidence of male circumcision and I give an overview of the reasons behind the practice. I also review past studies that verify the symbolic value of Xhosa ritual male circumcision to demonstrate the symbolic value of the practice.

2.2.1 Circumcision: A Global Practice

As indicated, Bonner (2001) claims that male circumcision is a global practice, where there is no single homogenous meaning of what the practice signifies because it differs within cultures and is performed at different stages in a person's life. Every society has its culture, and all cultures celebrate the coming-of-age as one of the anthropological 'milestones' of life, and are usually marked by some form of initiation. Circumcision is one of these examples.

There are a variety of reasons for circumcising. Bonner (2001:144) states that in Thailand male circumcision is said to enhance female sexual pleasure. This is one of the aspects investigated and analysed by this study amongst Xhosa women in Clermont-KwaDabeka. Bonner further states that male sexual pleasure is given as a reason for circumcision in Kenya and Nigeria. Funani (1990) in turn found that sexual pleasure is given as a reason for circumcision amongst amaXhosa in South Africa. In the Solomon Islands and in African countries, circumcision is a rite of passage leading to socially recognised manhood (Hull and Budiharsana, 2001). Kebaabetswe *et al* (2003) maintain that in Botswana male circumcision is taken as a HIV/Aids control strategy, a point disputed by some scholars such as Bonner (2001), as well as by some interviewees in my study. Among some Muslims, Jews, and Christians the operation is regarded as having a profound religious significance (Funani 1990:21). Ngaloshe

(2000:19) states that the main goal of initiation in New Guinea is to make boys big and strong, to make them aggressive warriors. This is the very important point for this study as it demonstrates commonality with Xhosa initiation rites, which also aims to turn boys into socially responsible men, to make them 'big and strong'. Chieka (1995) also maintains that the initiate has to be able to spear an animal to death that marks his readiness for initiation. This means that strength, skill to kill an animal, and accuracy mark a readiness for the initiation process. Xhosa initiation, it seems, is the formal incorporation of males into Xhosa religious and tribal life (Funani, 1990: x).

In summation, what is observable amongst all these societies is that pain endurance is associated with manhood. There is a difference in terms of how and when the ritual is performed, but what is common is that the idea of manhood is introduced at an early stage in the life of a youth. These ideas, I claim, are motivated by the ritual of circumcision, and is reinforced in part to promote sexual pleasure for men.

2.2.2 The effects of male circumcision on female sexual enjoyment

O'Hara and O'Hara (1999) identify as a problem that the impact of male circumcision on the sexual pleasure experienced by both males and females, is largely under-researched. They claim that while the brain is often cited as the primary 'sexual' organ, they simultaneously question the impact male circumcision has for both partners. O' Hara and O' Hara (1999) indicate that a survey, developed in the United States was used to determine the effect of male circumcision on a woman's ability to achieve vaginal orgasm (both single and multiple), to maintain adequate vaginal secretions, to develop vaginal discomfort, to enjoy coitus and to develop an intimate relationship with her partner. While O' Hara and O' Hara (1999: 1) are aware that there is a debate over whether circumcision affects the sexual sensations of the penis, they acknowledge that there have been few relevant studies focusing on pleasure, and the O'Hara and O' Hara study is limited to surveys of women, targeting women's experience who have had sexual partners both with and without foreskins

The O' Hara and O' Hara (1991) study initiates a context for a largely under-researched area. Women in this study who have sexual partners with both circumcised and uncircumcised partners were recruited through classified advertisements in magazines and announcements in an anti-circumcision newsletter. Respondents to the advertisements were mailed a survey to complete and comments were then compiled and the responses analysed statistically. Of the 284 surveys distributed, 139 were completed and returned, but no attempts were made to characterise the demographic details of those who did not respond (O'Hara and O'Hara, 1999: 3). Thus the methodology used reflects selection bias and limitations of the sample. The main objective of the 40 questions asked in a survey was to determine the women's sexual preference between a circumcised and a non-circumcised penis. Results were analysed in terms of age, number of lifetime partners, and preputial status of the most recent partner, preference for vaginal orgasms, and preference for intact or circumcised penis. The survey defined 'vaginal orgasm' as 'an orgasm that occurs during intercourse, brought about by your partner's penis and pelvic movements and body contact, along with your own body's pelvic movements, with no simultaneous stimulation of the clitoris by the hands' (O'Hara and O'Hara, 1999: 3). Premature ejaculation was defined as the man usually (50-100% of the time) had his orgasm within 2-3 minutes after insertion. Out of 138 women surveyed, 20 (14.5%) preferred non-intact circumcised sexual partners while 118 or (85.5%) preferred intact non-circumcised sexual partners. These results indicate that 6 out of 7 women preferred intact non-circumcised partners while about 1 out of 7 preferred non-intact circumcised partners. In analysing these results, O' Hara and O'Hara (1991) acknowledge that contradictory answers showed that not all respondents understood the questions. As a result, the responses and unanswered questions were excluded from the analysis. Respondents also did not answer all questions. I therefore deduce that the results of this survey partially obscure the true extent of the survey.

In discussing the results O'Hara and O'Hara (1999) come up with several reasons for women's sexual preference of the uncircumcised penis. They argue that when the uncircumcised penis thrusts in the vagina, it does not slide, but rather glides on its

own “bedding” of movable skin. They further maintain that this sheath-within-a-sheath alignment allows penile movement, and vaginal and penile stimulation, with minimal friction or loss of secretions. They further argue that when the penile shaft is withdrawn slightly from the vagina, the foreskin bunches up behind the corona in a manner that allows the tip of the foreskin which contains the highest density of fine - touch neuroreceptors in the penis to contact the corona of the glans which has the highest concentration of fine touch receptors on the glans. This intense stimulation discourages the penile shaft from further withdrawal, explaining the short thrusting style that women noted in their unaltered partners. However, the very same process explained above as the one that enhances sexual pleasure, is the very same process that is not appreciated by those who support male circumcision. In the first place they argue that the foreskin is ‘cold’, and its movement disturbs coitus. A circumcised penis is said to allow a long thrusting style that is said to enhance sexual pleasure, but this sexual pleasure refers to males; nothing is said about women.

Aspects of the O’Hara and O’Hara (1991) study serve as a frame of reference for my project. The recommendations made by O’Hara and O’Hara (1991) mention that it is important that their findings be confirmed by a future study of a randomly selected population of women with experience with both types of men. My study intends partially to address this gap, and also includes men’s views. This is done in relation to the effects of male circumcision on the social lives of the circumcised men living in Clermont-KwaDabeka. Hence women involved fall within this parameter. The sample is randomly selected and a qualitative method is utilised to determine the effects of male circumcision on the sexual enjoyment of the female partner. In order to develop the preceding argument, in the brief section that follows, I profile three important studies in respect of Xhosa initiation rites.

2.2.3 Previous studies by “outsiders” on Xhosa male initiation rites

This section draws closely on three important studies that contribute to a developing scholarship on male circumcision. I focus on Funani (1990), Ngaloshe (2000) and

Meintjes (1998) respectively. This section, similar to the preceding argument, highlights the contested meanings surrounding male circumcision.

Funani (1990) discusses the practice of Xhosa male circumcision under conditions dictated by the demands of the white man's industrial culture. She argues that this has given rise to unfortunate consequences, which she has witnessed as a nurse, such as genital mutilations and septic wounds which compel her to investigate the practice.

In describing what male circumcision means in Xhosa, Funani (1990) indicates that there is no such thing of an 'uncircumcised man' in Xhosa society. A Xhosa who is not circumcised is described quite simply as a boy, an *inja* (dog) and an *inqambi* (unclean thing). Funani (1990:v) states that "so uncompromising are the Xhosa people on this matter that no Xhosa woman would knowingly and willingly marry an uncircumcised Xhosa male". By investigating the perceptions of Xhosa women with regard to the effects that male circumcision has on their sexual enjoyment, I also determine their attitude towards an uncircumcised male. I contend that "attitudes" are not fixed or pre-determined, but discursive in that they always change in respect of the dynamic socio-political, cultural and historical context.

As a nurse at Jama Njokweni Clinic at Empekweni in Peddie (Eastern Cape) in 1978, Funani witnessed *umkwetha* (initiate) with septic wounds. This, she says, happened because she as a woman disobeyed rules which prevented her from attending patients in the evening which were 'supposed to be attended to' by Ida Biko (a man) who was knowledgeable about initiates as he was a man. Again, working in the Outpatients Department at Nompumelelo Hospital in Peddie where she conducted her practical, she was moved emotionally by one initiate characterised by an *ingcawe* (traditional attire) who was wandering in the hospital corridors not knowing where to go. She was driven by an observation of the manhood of those young men at the prime of their lives being mutilated as a result of circumcision (Funani, 1990:iv). She therefore undertook an investigation into Peddie male circumcision. Perhaps more so is the increasing death rate from male circumcision, which has become a 'visible' feature of

contemporary male circumcision in South Africa. Ngudle (2004:17) claims that in June 2003 it was reported that the number of deaths at initiation schools had risen by 100 percent. Between 1998 and 2001, 129 initiates died. In June 2001 alone, 16 boys had their penises amputated and 92 were hospitalised. In 2004, 14 initiates had been hospitalised. It should be noted that while Funani (1990) presents a purely biomedical interpretation of circumcision, I however, view the practice also in gendered terms. Funani (1990) argues that Xhosa etiquette (which make the subject taboo to women) gave way to the more urgent medical need to prevent the recurrence of such mutilations. Funani states that there was, as to be expected, resistance from the men, for she was entering a patriarchal domain.

As a woman supposedly 'interfering' in a 'man's world, Funani's methodology is an important frame of reference for my study. This frame of reference is relevant because my study is undertaken by me, a woman from the Zulu context, and also because, as indicated earlier, women are banned from participating in and having access to information about circumcision. More so, Funani's methodology, I believe reflects limitations in respect of her reluctance to consider the gendered implication of circumcision. She fails to consider the gender stereotypes that prevailed during the time of her study, and the stereotypes that continue to prevail even today. Women in her study are portrayed as male sexual objects. This is evidenced by the fact that Funani claims there is a stigma attached to the first woman who has sex with a newly initiated man but does not problematise nor challenge the men. To me this raises a weakness in her study that motivates in part my view that prevailing assumptions about male power, underpin the practice of male circumcision.

In her findings, Funani (1990) also maintains that despite several attempts by missionaries to curtail African culture and traditions which they regarded as paganistic, male circumcision, however, is still vigorously practiced amongst the Xhosa, albeit in changed conditions at least for people in urban areas.

Funani also claims that some initiates suffer from sexually transmitted diseases, which she argues is something that would not happen in the remote rural areas since sex before marriage is proscribed. The latter belief is being re-encouraged today in the context of HIV/Aids as a way to prevent disease. She also maintains that there is an untidiness of the surgeons' lodges in which the novices spend their period of seclusion. She argues that these conditions contribute to infection of the wounds. One of her findings is that there is no way to escape from traditional circumcision because being circumcised in the clinical sterility of a hospital or clinic is as bad as being uncircumcised. This, she says, militates against cultural norms. Despite some weaknesses, Funani's (1990) study foregrounds Africans from an African perspective and is an important basis for other studies to follow. It is interesting to note that Funani acknowledges that apart from advocating an educational programme in her study, she seems, in my view, to have reached a deadlock because of her scant attention to issues around gender. Given the fact that Funani mentions that there is a need to come to terms with the new realities imposed by the white man's demands for black labour, and the fact that Xhosa male circumcision is a rite of passage to manhood, the latter, I contend, has to be aligned with issues of identity and is linked to rights and responsibilities. Manhood is not, from a gendered perspective, simply a matter that is culturally determined or fixed, it is integrally linked to bigger systems, such as patriarchy, and is therefore also adaptable, as we are being encouraged to challenge in the wake of a constitutional democracy such as ours that favours equality between the genders.

In another related study focused on the characteristics, modifications and concerns of ritual initiation among KwaBhaca males, Ngaloshe (2000) found that ritual male initiation is vigorously practiced in KwaBhaca. The name Bhaca comes from a Zulu word *casha* meaning to "hide oneself, to take shelter" (Ngaloshe, 2000: 13). Ngaloshe states that the amaBhaca are the descendents of those tribes who were forced to flee from Natal during the chaotic period of Zulu history subsequent to king Shaka's rise to power. They are very conscious of their Zulu origin and have their headquarters at Lugangeni in the Eastern Cape. Bhaca people are proud of their unique *thsefula*

dialect (reminiscent of Swati) and above all, of their common descent from the great cultural hero Madzikane (Ngaloshe, 2000:13). According to Ngaloshe (2000: 15), the story of the Bhaca falls into three great episodes which she names 'The Origin', 'The flight', and 'A Period of Wandering' as a homeless tribe. Ngaloshe (2000) states that the amaBhaca continued to wander until they finally settled in the area today known as Mount Frere. Mount Frere is situated in the mountainous country of East Griqualand, one of the areas of the (*ex*) Transkeian territory, which stretches from the borders of Pondoland to the mountain wall of the Drakensberg. According to Ngaloshe (2000), the amaBhaca are today divided into two autonomous tribes, one she claims is under the leadership of the descendent of chief Nomtsheketshe found in the valley of Mvenyane River. The other is under the late chief Wabana Makaula. She claims that there are other independent sections of amaBhaca who occupied the area of uMzimkhulu, Ixopo and Bulwer districts of Natal. Ngaloshe (2000) also states that the amaBhaca, by coming into contact with other tribes, gradually lost the *thsefula* dialect, so that today isiXhosa is the main language spoken.

Having found that ritual initiation is vigorously practiced in KwaBhaca, Ngaloshe (2000:60) claims that, with some modifications, initiation has been successfully performed with minimal negative incidents attributed to the performance of traditional circumcision:

It is important to note that while the amaBhaca society has experienced incidence of loss of life associated with the male initiation ritual, and a few cases have been attended to by a medical doctor, such instances are rare and occur on a much smaller scale in comparison with the rest of the Eastern Cape.

She also states that the mode of celebration of the ritual among the KwaBhaca society shares much with that of amaXhosa, and to a greater extent with that of the amaHlubi. Unlike the amaXhosa, the lack of initiation does not hinder KwaBhaca males from getting married and becoming the head of the family (Ngaloshe, 2000:35). Boys who do not undergo circumcision in the traditional fashion are not regarded as men and are perceived to remain 'boys' in the eyes of the community. Ngaloshe concludes in her study that where there is incidence of a negative reaction such as loss of life, fatalities

and maiming, this is usually attributable to a prior health condition of the initiate, and in these circumstances, the initiate is referred to a medical doctor (if the medical doctor is himself an initiate) and that the consultation is conducted in a place free from spiritual contamination. She asserts that it is not the *mechanics* of the process of traditional circumcision that endangers lives, but the *poor* practice of the *iingcibi* (traditional surgeons) and other significant role-players, including the initiates. She concludes with a series of recommendations aimed at rehabilitating and supporting the continuation of ritual initiation.

Again, given the exclusion of women from the supposed ‘sacred’ (and equally ‘gendered’ space) of the male circumcision, Ngaloshe could be viewed as a woman ‘interfering’ in a man’s world. She also utilises qualitative methods such as interviews to collect data. However, one wonders how successful the KwaBhaca initiation ritual is, if there are reported incidences of death and maiming, even though Ngaloshe claims they are attributed to the poor practice of traditional surgeons and initiates.

Meintjes (1998) for his part initially locates and formulates the problem of the morbidity and mortality resulting from Xhosa circumcision practices as a biomedical problem. The problem is recounted in socio-cultural terms by Meintjes. He motivates his socio-cultural approach to enrich the medical understanding of the problem by exploring the cultural context in more depth. Meintjes indicates that he has tried to identify those perceptions, behaviours and practice that contribute to the problem and to suggest ways in which these can most effectively be changed so as to make the ritual safer. Obstacles to the interventions are also explored. Meintjes is a medical doctor who worked at Cecilia Makiwane Hospital (where most of the initiates are usually admitted for septic wounds as a result of circumcision). He also worked in collaboration with the Cecilia Makiwane Hospital (CMH) Circumcision Task Team.²⁶ He conducted fieldwork through interviews, group discussions, and participant

²⁶An outreach prevention programme run from CMH, aimed to deal with the problem pertaining to initiates who develop sepsis. The team consisted of Charge Nurse Dweba, of CMH.

observations. He interviewed both men and women regarding their beliefs and attitudes regarding the practice.

Meintjes (1998) found that the majority of people with whom he spoke, believed that sepsis occurred in the bush. Related to the perceptions of the causes, Meintjes found that in general terms his interviews seemed to produce three broad explanations for the problems. The first he terms *ritualistic explanations*, where certain taboos are not adhered to or because the ritual, if not performed in a correct way, certain problems arise. Meintjes found that in this regard either initiates or the *iingcibi* or *amakhankatha* are at fault. Some reasons advanced in this respect are that *iingcibi* do not obey the traditional taboo regarding abstinence from sex prior to performing circumcisions. Meintjes also claims that initiates too are blamed for breaking sexual taboos. He found that normally an uninitiated boy was not allowed to have sex with a woman who had borne a child; yet many claim this taboo is broken. He also found that a boy who developed problems with wound-healing was believed to have slept with his sister at some stage prior to coming to the bush and only by confessing this sin could the wound-healing improve. Meintjes claims this belief is explained by Turner (1915). Such claims were also corroborated by one of Meintjes' interviewees. Meintjes further found that women saw initiates during their isolate, despite the ban against initiates being seen by married women during their isolation. He states that interviewees pointed out that some initiates visit the township during the night and other initiates are seen standing alongside the national roads talking to women during the day, a factor against the tradition. He also found another issue, raised during his interviews, was that initiates visited their girlfriends for sex before the wound healed. According to Meintjes, if this claim is true, it has relevance in terms of the breaking of taboo as well as the biomedical implication of the increased likelihood of wound-infection. Disrespect by initiates for advice by elders and regulations stipulated by them contributed to intensifying wound-infection. Some older people in the interviews perceived the sepsis as a logical consequence of the initiates' disobedience to the elders. Alcohol and dagga abuse by initiates (*amakhankatha*, and *iingcibi*) was also

found to reinforce problems because drugs influence the 'conduct' of the initiates and the *iingcibi*.

Some participants also saw social changes that occur outside the context of the ritual as impacting on it, making it unsafe. Meintjes terms these social explanations. In this regard sexual promiscuity by boys during their teenage years was also a factor. Meintjes also states that initiates who had single mothers were more likely to suffer complications because of the absence of the father. The absence of the father means there was no male figure to monitor the work of the *ikhankatha* and supervise the process. Meintjes also explains what he terms *technical explanations*, related to a physical cause-effect system that is bio-medical or quasi-medical in emphasis, and draws on explanations advanced by medical personnel and the media. The ritualistic as well as technical explanations are relevant to my study as they also reinforce the frame of reference for gender and sexuality, issues I prioritise in my discussion. In respect of the perceptions regarding responsibility, Meintjes found that it was *abakhwetha* (the initiates) or *amakhankatha* (guardians) who are blamed. Some interviewees see *ikhankatha* or *iingcibi* (traditional practitioners who are to blame). Meintjes determines that during the first seven days the initiate is subject to strict fluid restrictions, which he regards as physiologically incompatible with survival as this results in dehydration. The delay between the onset of complications and the initiate seeking medical attention was an important factor in the severity of the condition. Meintjes found that this is the result of a social dynamic that discourages the initiate leaving the bush, stigmatising the individual who has done so as a failure in the rite of passage. In conclusion, Meintjes found that most of his interviewees supported the ongoing practice of the ritual although they were aware of the complications that occur.

In Meintjes' view, perceptions regarding the ritual have changed as indicated earlier in the above review, and he argues that there is still support for the practice. He finally raises a concern in which he claims that the *essence* of the ritual is not questioned, whereas *practitioners* and *certain* practices are, which is why he undertakes his study

focused on an urban area as urban people are identified as having a negative attitude which affects the successful practice of the ritual.

In summary, the three studies share a common theme that partially addresses some negative effects of traditional male circumcision that results in death and maiming. Funani (1990) prioritises the medical aspects of circumcision. Meintjes (1998) for his part also focuses on biomedical interpretations of circumcision and considers to a limited extent the perception of women to the practice. According to him, women generally find the practice acceptable, and limited criticism emerges in his study about the gender implications. Ngaloshe (2000) in turn focuses primarily on the characteristics and processes involved in male circumcision and merely describes the process with a slight focus on limited 'changes' within the practice. However, neither author dwells on the impact that traditional circumcision has on the social lives of the circumcised men living in urban areas. None also considers the gendered implications of the ritual. Although O'Hara and O'Hara (1993) set a foundation for my study in respect of their focus on sexual pleasure, my study, however, is located within the context of gender, and focuses on the effects of circumcision on the sexual enjoyment of both Xhosa male and female who reside in Clermont-KwaDabeka, Durban. The aim, as indicated, is to investigate the reasons for the practice of the ritual despite its negative effects on the initiates. I now turn to some findings based on my fieldwork, and offer an analysis of some issues within the context of a gender analysis.

CHAPTER 3

FIELDWORK FINDINGS AND ANALYSIS

3.1 Introduction

As indicated previously, circumcision as a process does not take place in Clermont-KwaDabeka. Respondents confirm that those who undergo the process travel to a rural area where the process takes place, and initiates return to live in Clermont-KwaDabeka as circumcised men. As also stated earlier, circumcision is a rite of passage to manhood, which is meant to change the social life of a circumcised man, giving him status that accords him responsibilities and privileges that accompany such status. In this respect circumcision is gendered because female circumcision does not reinforce, in my view, the femininity of women (in fact it is designed primarily to reduce sexual pleasure for women). This chapter explores, in relation to findings based on the fieldwork, the social life of circumcised Xhosa men, and presents evidence in respect of the experiences of the symbolism attached to male circumcision. Many interviewees (circumcised and uncircumcised men as well as women) stated that they use condoms during sexual intercourse. Those interviewed stated that they do not have a problem with other ethnic groups such as the amaZulu who do not practice circumcision.

This chapter firstly examines the meanings of male circumcision for a Xhosa man living in Clermont-KwaDabeka. Secondly, the chapter explores the process and modifications of the ritual with an aim to reflect and reinforce the context of this study. Thirdly, the significance of the ritual is explored, in relation to perceptions of the circumciser, and the circumcised. Finally, some conclusions are made.

3.2. The meaning of male circumcision as perceived by Xhosa men

Among the Xhosa a boy-child is not viewed as an adult. The status of 'adult' is achieved only through an initiation ceremony, which marks the end of a carefree childhood and the acceptance of adult responsibilities. The man must prove that he is suited for the role of provider and protector of his family, while the woman is to accept marriage and the role of homemaker. The senior boy reaches manhood by undergoing the established ritual called *ukweluka* (circumcision). Unless he undergoes these rites, a male remains a child irrespective of his age. One of the men I interviewed, Gcina (aged 35), told me that, '*indoda iba indoda ngokweluka*' (a man is a man through circumcision). His view reflects his ideas on circumcision as a vehicle to achieve manhood. This idea will be later developed when I discuss the significance of circumcision in relation to masculinity.

Gollaher (2000:1) for example cites an important verse from the Bible (from Genesis, 17:10-1): "Every male among you shall be circumcised. You shall be circumcised in the flesh of your foreskins, and it shall be a sign of the covenant between me and you." We are told, for example, that in Christian theology circumcision is for the Jews a covenant with Jehovah, handed down to Abraham. However, critiques of circumcision claim that this statement belongs to the Old Testament. Because Jesus Christ died for all, then there is no need for circumcision as a purification rite, because through His blood, the circumcised and non-circumcised are all viewed in the same vein: "You are circumcised with circumcision, not made by hand in despoiling the body of the flesh, but in the circumcision of Christ, buried with Him in baptism" (Gollaher, 2000:31; verse cited, Colossians, 2:11-12). The religious motivation for circumcision is also highlighted by Gollaher (2000: 31):

For the Xhosa it is 'the formal incorporation' of males into Xhosa religious and tribal life. In Xhosa tradition an uncircumcised male cannot inherit his father's possessions, nor can he establish a family. He cannot officiate in ritual ceremonies. So uncompromising are Xhosa people in this belief that "No Xhosa woman would knowingly and willingly marry an uncircumcised Xhosa male". These 'sanctions' imposed on an uncircumcised Xhosa male are best represented by Vusi Dlamini, aged 27 from kwaMpisi eBhizane. Vusi is a Xhosa male who

was circumcised in hospital. He says in his community he is not regarded as a man because he is taken as a person who has not undergone circumcision process, despite the fact that he was circumcised in hospital. Vusi also explained the prejudice he experiences within his community. They say I'm a boy, there's no difference, I can't slaughter a cow with them if there are occasions you can not eat with them from ugqoko (meat board) do you see something like that? Men are given alone and boys are given alone. They should not mix with those circumcised in hospital.

The above views emphasise that circumcision is a sacred act, viewed as a purification rite in the transition from boyhood to manhood. It seems that to be circumcised in the clinical sterility of a hospital or clinic carries a negative stigma in the Xhosa tradition. Xhosa men claim that the hospital procedure goes against all cultural norms because the use of anaesthetics is not allowed, as a man has to show his manhood by not crying during the surgical process. Rather, *umkwetha* (initiate) has to shout loudly and say, “*Ndiyindoda!*” (I am a man!). Other initiates are expected to respond by confirming “*Uyindoda!*” (You are a man). It seems therefore that circumcision is a *performative* act, one that requires both the actual performance of the physical cutting of flesh, and the simultaneous linguistic (verbal) confirmation of achieving manhood. Circumcision, as explained earlier, is the surgical removal of a prepuce (foreskin) in the male. AmaMpondomise undergo the same process. However, when I conducted interviews I discovered that the amaMpondo and amaXhosa are different ethnic groups, despite being known to be one group. Interviewees stated that the amaMpondo appropriated the Xhosa tradition of circumcision, and in the Mpondo language circumcision is referred to as *ukusoka* or ‘*Ukuya ethontweni*’. The Thembu ethnic group also appropriates this tradition from the Xhosa and they call this process *ukusika* (cutting). Circumcision is also referred to as “symbolic wounds”, “virtuous cuts”, “infibulation”(fastening with clasp of genitals to prevent sexual intercourse), and “cliterodectomy”(cutting of the clitoris refers to female circumcision).²⁷ The differences in meanings of circumcision show that there are differences even in the surgical processes. It seems, therefore, that there is no standard procedure to be

²⁷ See for example, Abusharaf (2001); Bettelheim (1962); Thiam (1986); Sadaawi (1991) and Koso-Thomas (1987) for a focus on female circumcision.

followed in circumcision. Hence, my attention focuses on the processes followed by the amaXhosa in respect of the group residing in Clermont-KwaDabeka.

3.3 Circumcision as process

During interviews I was told that unhygienic practices in the process of circumcision often contributes to maiming and, in some cases, death of the initiates. Also, as indicated, Abusharaf (2001) and Funani (1990) maintain that despite several attempts by missionaries to stop initiation rites, the practice, however, continues, though with some modifications. These ideas are confirmed by Ngaloshe (2000). These scholars argue that missionaries claim such practices are barbaric and violate human rights. It is interesting to note that after 1994 in the context of democracy in South Africa, cultural traditions were correctly revived. Respect and tolerance for people's cultural traditions were emphasised throughout South Africa. This, I believe, contributes to the reinvention of cultural traditions (with some modifications), and especially in respect of how cultural rituals are conducted (male circumcision is one example). For instance, Xhosa traditional male circumcision is normally conducted in winter (Gitywa, 1976). However, on several occasions Xhosa men and women who reside in Clermont–KwaDabeka indicated that circumcision is conducted at any time during the year. In most cases, however, it is conducted during the summer holidays to accommodate students. Respondents also stated that circumcision was traditionally strictly conducted in winter to avoid septic wounds. The latter claim will be further elucidated later in the following discussion. Meintjes (1998) observes that in some urban areas this reinvention is largely brought about by the youth as a form of cultural 'affirmation' of a group identity. If a boy is not circumcised, then he does not belong to a recognised group that has a form of power and control in society. If the latter is the case, the boys are liable to be marginalised and excluded from society.

Meintjes (1998) argues further that there are conflicting interests related to the significance of circumcision that emerged during his fieldwork. He finds that older people still base the significance of circumcision on socialisation and the belief that

circumcision produces socially responsible men, whilst the youth have their own motives for the practice of ritual circumcision. Abusharaf (2001) for her part states that the reinvention of ritual circumcision is as a result of Africanisation. My respondents confirm the latter view. They argue that traditional ritual male initiation rites (which entails going to the farm amongst other tasks) have no significance to them, especially since they live in urban areas. Rather it is in the rural area where the problems arise as they face marginalisation and exclusion from their age group.

During fieldwork I was informed by most interviewees that usually several young men participate in the ritual together. In other words, there is a communal and communitarian ethos to being socialised into men. The process normally entails the following aspects, gleaned from conversations with my subjects.

Firstly, a seclusion lodge is built for initiates, and a *Usosuthu*²⁸ is appointed who will arrange the various prescribed feasts at his *umzi*²⁹. An *Ikhankatha*³⁰ who will have physical charge of the initiates and act as their instructor, is appointed. A song called 'Somagwaza' is sung by the men who accompany an initiate to the *entabeni*³¹. The song is sung repeatedly, even during the celebration party after the circumcision process. If a chief's son is among the initiates, all gather at the host's *umzi*, where he will sacrifice a bull without spots or blemishes as a propitiatory offering to the ancestors. This sacrifice is conducted in order to introduce the boys to the ancestors, and to ask for blessings as they enter manhood. If only commoners are involved, there will be a separate sacrifice of a goat ram at the home of each respective person.

Secondly, early the next morning the boys proceed to the vicinity of their seclusion lodge. Each wears a cow's tail brush charm around their necks and is dressed in a cotton or sheepskin robe with a narrow band around the waist and a plain sheath. Here the *iincibi*³², a man skilled in the use of a short-handled and very sharp assegai, deftly

²⁸A principal host.

²⁹Home.

³⁰A guardian.

³¹A seclusion lodge.

³²Circumcisers.

removes their foreskins. A boy of royal birth must be preceded and followed by commoners, to make sure his blood is not contaminated by direct contact with the naked earth.

Thirdly, the initiates bury their foreskins in ant heaps, where they will be eaten up before any 'wizards' may use them for evil purposes. They later enter the seclusion lodge where they bind special healing herbs around the wound, and the organ is then strapped to the waistband in an upright position. Until the wounds have healed the initiates have their entire bodies smeared with river mud, which must not wear off, or, if it does, it must immediately be replaced. Initiates are provided with food over the shoulder with cold boiled pit mealies. The cultural practice indicates that food served face-to-face, or touched by them, will be defiled. Fresh food such as curry and rice (regarded as savouries) and liquids, are forbidden from being consumed. Special bread (made from mealies) that have been hung in a hut for an extended period that they are encrusted with carbon and soot, is allowed to be consumed. A beast is slaughtered for the occasion and lengthy strips of its meat are roasted on a fire made from sneeze wood, tailors or caper-bush, and then cut into little pieces, rolled up in thorny twigs and thrown to the initiates who must catch them in mid-air to ensure courage and the will to resist evil. Once they eat their share, the rest is divided between relatives and friends. Initiates then eat the bread, breaking it into small pieces and chew it slowly before spitting portions of it over all parts of the body and then in every direction. Back at the lodge they smear themselves with white clay, which must remain intact until the end of the seclusion period. Seclusion usually lasts about three months although this varies in current times. In this period initiates may work by herding cattle and ploughing, but must avoid all contact with married women of their mothers' age group. One of the features of seclusion in the Transkei will be a flood of invitations to visit an *umzi* and initiates will be required to dance for those who live there. The initiates will don dancing kilts and face masks made of palm leaves, and line up outside the *ubuhlanti*³³ and dance to the music of traditional songs. The weight of kilts and masks will restrict their body movement, so the most important

³³Cattle kraal.

feature is legwork. When it is time for them to return home, they break into abandoned dancing outside the precincts of the courtyard. As the end of the seclusion ritual approaches, the principal host will organize a ceremony for which he brews a special beer. The initiates' heads are shaved clean, and there is a further period when the hair is allowed to grow. When it is thick enough to cover their baldness, they are driven into a shallow stream after a herd of cattle. They must wash themselves until all trace of the white clay has been removed. Given that clay has a fatty and thick texture, this requires much effort and time, thereby also testing the endurance of the initiates.

The cleansing in water is equally symbolic because water is associated with ideas of cleanliness, spiritual rejuvenation, and the renewal of life. This is explained by Daber (2003: 73) who states that 'water has always been used across the globe for religious and traditional rites of purification'. In discussing mourning and cleansing rites of widowhood, Daber (2003:73) further states that it comes as no surprise that the Zulu widow has to be taken to the river to immerse her body and 'cleanse' in the water after being smeared with *umswani*.³⁴ According to Daber (2003:73) 'this practice symbolically washes away the dirt, the contagion of death and the hovering spirit of the husband, and fortifies her against impending death she is believed to have been carrying over the year'. After circumcision has been performed, and if cleansing is not done, the opportunity of enjoying a healthy life is seriously hampered. This is because cleansing symbolises the washing away of the past (boyhood) and the beginning of a new life with the hope of a better and brighter future that manhood supposedly brings. This symbolic transition is a key component of the meaning of circumcision.

The particular emphasis placed on initiates' cleansing rites after circumcision may not be far removed from the assumptions held about women's bodies. Leclerc-Madlala's (2002) study on the myth of virgin cleansing amongst the Zulus attests to the myth that women's bodies are suitable places for 'harbouring dirt' and that menstruation

³⁴The digested grass in the stomach of an animal, which is used to mix with gall in a water bowl for cleansing.

blood is considered dirty. These perceptions project the woman as a symbol of impurity, which may be equated with the projection of an uncircumcised Xhosa man who is viewed as infectious and full of defilement. It is not surprising that uncircumcised Xhosa men are equated with women (Interviews, 2003). In discussing the cultural constitution of gender, Moore (1994) claims that the fact that women menstruate, and give birth, are reasons that render them polluted and thus are looked down upon in societies globally. It is these beliefs that form the basis of the exclusion of women from circumcision ceremonies.

After cleansing in the river, initiates return to the seclusion lodge where their bodies are anointed with butter and later, red ochre. They are given blankets and new clothing, and are required to stroke their blankets against their skin to transfer the colouring. More red ochre is smeared over their bodies and the process continues until both body and blanket are evenly coated. Among the gifts are black sticks, which they must trail along the ground as they leave for the host's *umzi* to take part in the final feast. The lodge and all that was involved in their initiation are set on fire, and *amakrwala*³⁵ are forbidden to look back as their past is burnt behind them.

Returning to the community is the last and the most crucial stage, as the 'survivors' i.e. newly initiated men who managed to come back as 'men', are received with feasting, celebration and exhortations, delivered by the older men. The gendered implications of Xhosa male circumcision also become more reinforced at this stage. For example, it is at this stage where women come to a realisation whether their sons have 'survived' or not. If *umkhwetha* dies, women are not informed, but the message is symbolised in the following way, as explained by one respondent: '*babona ngengubo ithwelwe ngentonga*' (they see a blanket carried by a stick). This message signifies initiates have died, and women will not know the identity of the dead initiate until the *amakrwala* uncover themselves. At this time the father of the deceased already knows (Interviewees, 2003). My study found that a deceased initiate is buried at the circumcision lodge, and the process of circumcision continues with the other

³⁵Unripe fruit (refers to newly initiated men).

initiates. A grieving woman is not allowed to see her son's grave as she is viewed as an outsider in the circumcision lodge and to the process of circumcision. However, a man who loses his son during circumcision may visit his son's grave to perform cultural rites i.e. *ukubuyisa* ceremony (bringing home of the departed man's spirit to join his ancestral spirits) provided he is also a circumcised man. *Ukubuyisa* is a ceremony that precedes cleansing and can normally be a combined occasion with the cleansing ceremony (Daber, 2003:72). A woman wears a 'black' apron, a 'black' head cloth and a 'black' scarf as a symbol of mourning for her son for a period not less than three months preceding the cleansing ceremony. This is not applicable to her husband who is a key figure and a decision maker in his household. Even if her son survives, the woman is not allowed to come close to him during the period of 'incorporation into the community' until all required rituals are completed. This is the stage that Van Gennep (1960) calls 'incorporation' or 'aggregation' of the newly initiated men into their community. Funani (1990: 28) argues that 'the novice is considered dead and he remains dead for the duration of this novitiate [...] he is resurrected and taught how to live, but differently than in childhood. According to Funani's (1990: 28) interpretation, incorporation or resurrection of the newly initiated man into the community symbolises that at childhood he was not viewed as an 'adult', and was therefore not a culturally acceptable part of the community, but is considered rather as an *inja*³⁶. At the end of this final feast, tribal elders address the *abafana*³⁷ on how they must behave as circumcised men, now that they have made the transition into men. They are encouraged to use wisdom and restraint, and to do all they can to provide cattle for their parents' old age and for their own future.

The virtues of each are extolled, and they are given 'new names' which replace their birth names. After circumcision the initiate paints his face red, wears his *kerchief*³⁸ low, trails his black stick on the ground and behaves with the humility expected of the new man until the following initiation in June when the young men of his neighbourhood inform him that he is now one of them. If he remains at home he will

³⁶ A dog.

³⁷ A newly initiated men.

³⁸ A head cloth / a woolen cap.

herd cattle and plough, or will otherwise go off on a labour contract, probably to the mines. He also awaits news from his father that a marriage has been arranged for him, which makes him an *umfana*³⁹ with responsibilities. He has to consider *lobola*⁴⁰ that he must hand over to his first bride, even if he has not yet met her. If his father is unable to pay the *lobola* on behalf of him, he will be required to amass the finances himself. The above process is not applicable to all, but rather applicable to those who are able to finance the process.

Broadly speaking male initiation schools follow a similar pattern in all groups. Among the Cape Nguni the ceremony is a much more local affair than among the other groups. Boys of a local area are circumcised together. Although the Chief will be informed of the intention to hold an initiation, there is no organisation at a Chiefdom or national level as one may find among the Sotho group except for the National overarching body called Congress of Traditional Leaders of South Africa (CONTRALESA). Circumcision belongs to those ceremonies accompanying an individual's 'life crises', which Van Gennep calls 'rites de passage'. This is considered to be his unique contribution. Van Gennep (1960) also points out that when the activities associated with such ceremonies are examined in terms of their order and content, it is possible to distinguish three major phases: separation, transition, and incorporation. Considered as a whole these phases constitute the transition from boyhood to manhood in relation to the circumcision process. The examination of any life-crisis ceremony will quickly establish the validity of the threefold classification of separation from a non-circumcised group, transition from boyhood to manhood, and incorporation into a group and society.

Based on the above, a key feature of the initiation school is the subjection of the initiates to various hardships meant to socialise boys to endure pain in their transition to manhood. Initiates receive punishment such as being beaten up for contravention of the laws of the lodge such as failing to sing the songs sung in the lodge (Interviewees,

³⁹A young man.

⁴⁰Bride price.

2003). I also found that only unsavoury food is allowed to be eaten by initiates, also meant to 'test' their endurance to 'survive' under certain conditions. For the first seven days in the bush prior to the actual cutting of the foreskin, liquid intake is also forbidden. I was also informed that there are uncomfortable sleeping conditions and initiates are expected to awake very early, despite going to bed late the previous night. These are some of the situations encountered by initiates that have as a purpose to 'discipline' the boys and to prepare them for the difficulties and rigour of manhood. Initiates also bath in icy rivers especially in winter. As indicated, circumcision schools are held in winter for the scientific reason that it is cold and the wounds do not fester. There is also an abundance of green and healthy food to replace the milk which initiates are not allowed to drink. However, even though circumcision is also conducted in summer, initiates nevertheless bath in cold water (Interviewees, 2003). It seems the significance of bathing in cold water has the same symbolic function of cleansing. Important features of many of the initiation schools are the formal teaching during seclusion by men of the group which prepare initiates for many adult roles: military, political, religious, legal, marital or sexual, with the emphasis varying from society to society.

Death, genital mutilation, dehydration, negligence by the principal hosts (surgeons and guardians), in compliance of the initiates with the rules in seclusion lodges are among some of the reasons put forward by the interviewees for the negative impact of traditional Xhosa male circumcision. Burns Ncamashe (interviewed in Funani, 1990: 56) describes the principal host and a guardian as follows:

He (a principal host) is a person of courage
When he handles manhood
Even when he squirms
He just swallows a stone
He (the guardian) builds him with his hand
Just like the doctor from the whites
His eye is sharp
To notice damage
He is a practitioner of cleanliness
Outside and inside
He likes to clean
His hands and the heart too

My study finds that the principal host is no more meticulous and responsible in managing the circumcision process. For example, many of my interviewees stated that hosts are responsible for damages that occur in circumcision lodges. It is alleged that many fail to render their services properly because of their drunkenness. One interviewee claimed that the night before circumcision is performed, '*baxhelelwa ibhokwe batyiswe intsonyama basele notshwala*'.⁴¹ Interviews further mention that since there is no 'proper' selection criterion as to who may be a surgeon or a guardian, anybody, as long as he has been traditionally circumcised, qualifies to undertake such duties. Burns Ncamashe (interviewed in Funani, 1990: 56) views the surgeon in the following terms:

He is the son (calf) of the soil
Who is known all over
A person with no failings
So that he will be respected
His payment is an ox
From gentlemen with kraals (cattle)
Today he is nothing
He is paid with brandy

Morris Sulman (one of respondents) stated that he became a guardian at the age of 18 as he was circumcised at 16. Morris is also a surgeon today. He summarizes the motive behind his practice:

My grandfather is *Usosuthu*⁴² at Eastern Cape, Transkei. I started to help him as a guardian [...] and observed him when cutting the foreskin. As time went by, I decided to start my own 'business' [...] He paid me very little, sometimes he will not pay me at all. I have many people who come to me so I make a lot of money.

The above narrative confirms that entrepreneurship is a possible reason behind the practice of the ritual of traditional Xhosa male circumcision. Initiates do not get their foreskins cut for free; they have to pay a price. Moreover, they have to endure pains. My finding is that competition exists among the performers of the customary practice

⁴¹A goat is sacrificed to the ancestors for them to offer their blessings as the boys enter manhood. This is done to safeguard against any evils that might occur to jeopardize the process of the circumcision. The principal host, and the guardian are given the tendered steak to eat and liquor to drink as a sign of respect and recognition of the 'important work' they will have to perform. This portion of meat is not given to ordinary people. 'Ordinary' in this instance means 'non-circumcised' men.

⁴²A principal host and surgeon.

with regard to the rates charged. In other words, economics also informs the practice, and in this sense, one may conclude that the practice varies in respect of rates charged.

As indicated, sexual desire is also discouraged during circumcision because it is believed that erection stretches the outer skin or sheath. This results in bleeding and healing is therefore minimised. Hence initiates carry *izintonga* (sticks) to hit the ground should any disturbing (in other words erotic and sexual) thoughts come into their minds. For example, an initiate who is aroused shouts *ndagqaza!* (I am erect), and other initiates beat him in order to discourage him and to repress his sexual desire. These restrictions and repressions also confirm the restriction on meeting women, except young girls who are relatives. Ten days after, and when healing has occurred, a day is assigned for the neighbourhood girls to see *abakhwetha*.

Following initiation a period follows, during which the initiates are *presented* to the community as the new men. This presentation confirms my earlier observation that circumcision is a performative act. We here see how the performance is extended from seclusion (the period of isolation) to the period of incorporation in which they are presented, in other words, paraded as men to the community who are witnesses to the process of circumcision. My findings suggest that even during this period the newly circumcised men are barred from having sexual contact with women shortly after circumcision in order to ensure total healing. My belief is substantiated by the fact that there is a stigma attached to the first woman who has sex with a newly initiated man. Such a period of unripe ness ensures a maximum healing time for the young man's wound. Tribal elders, as indicated earlier, address the newly initiated men. The elders inform them how to behave now that they are men who should work towards their own future. In the light of the process of circumcision discussed above, my argument holds that there are difficulties that the novices experience during the process. Some of these difficulties I have already outlined as physical endurance, social identity norms and expectations. I now turn to address why circumcision is vigorously practiced amongst the amaXhosa. In this next section of my argument I utilise some of the narratives of men interviewed in my project.

3.4 Why circumcision? Some men's narratives

After two weeks of fieldwork it became clear to me that circumcision, apart from being a rite of passage in Xhosa tradition, has many connections to ideas around sexuality and masculinity. My use of narratives (which refer to the actual spoken words of people interviewed) is prompted by several considerations. By quoting direct speech at length, I intend to highlight the ideological complexity within which decisions to engage in this practice are undertaken. Xhosa men are not allowed to talk about their experiences of circumcision. They are also not allowed to divulge information about the ritual and details about the sacred spaces of the circumcision lodges. Knowledge in respect of the ritual is secret and hidden. My intervention, and indeed my profiling of some details is in a way an attempt to 'break' the silences and contestations about the ritual. This is not undertaken as an exercise that disrespects the tradition, but rather to highlight how sacred traditions also promote stereotypes and ideas about manhood that are, in my view, not conducive to an age where there is an urgency for equality between between the genders. By using personal narratives I challenge gender stereotypes which I see accruing from the symbolic meanings of the ritual. By citing the 'voices' of the circumcised and the circumciser, I also critically examine the process not purely in socio-cultural or biomedical terms, but principally from the vantage point of gender. During fieldwork I was told by one of the interviewees that circumcision is kept a secret because if *inkwenkwe* (young boy) hear the secrets about the process of circumcision, he is most likely to escape. For a woman to know about this, it would mean to intrude in a man's territory, which is a disgrace according to a Xhosa culture. One interviewee (who approved of my presence) made the following comment:

abantu besimame bangcolile, futhi bayathakatha, akufanelanga basondele ezintweni eziphathelene namasiko njengokweluka, bangaze bangcolise amadlozi...
(women are dirty, also, women are witches, it is not proper for them to come closer when cultural practices like circumcision are performed, they will contaminate the spirit of the ancestors)

Since women are considered evil and untrustworthy, hence they are to be excluded. In this case, I claim, Xhosa women are discriminated on the basis of culture that promotes male power. This form of cultural exclusion, which I view as evidence of discrimination, is also referred to in the work of Okin (1999) who claims that in the celebration of culture, women are often discriminated. If men in Xhosa society are in control of culture, and culture is supreme, whereby cultural traditions like male circumcision keep the status quo, therefore, women are rendered subordinates to culture. Ngcongco (1993) also correctly argues that the superiority and dominance of men is sanctioned through culture. This subordination of women to men is transmitted from generation to generation through the spoken language, which in this study I term “isiXhosa-slang”, the language learnt from circumcision lodges by circumcised men, to be used by men only. For example, *intsedeba*⁴³ was the name revealed during fieldwork as ‘isiXhosa- slang’. When I asked for explanation I was mocked and in some cases scorned, and told that I am crazy; such information is not revealed to women. At this stage it became clear to me that Xhosa male circumcision is indeed a gendered practice.

The meanings of male circumcision to its adherents are best illustrated via narratives. As I have indicated in above, male circumcision is a taboo to those who are regarded as ‘outsiders’ (women and uncircumcised men). By using narratives I demystify traditional circumcision, sex, sexuality and gender stereotypes. This method of using direct quotations is best suitable to investigate circumcision as a controversial and contested issue, which for the outsiders (those who do not participate in this process), it is difficult to understand why the process of circumcision is persistent despite some negative effects it has on people (such as mutilation of the penis and septic wounds). I therefore employ these narratives to provide an understanding of the ritual as presented in men’s own words, which reflect certain ‘truths’ about the practice, such as the contested issue of sexual pleasure that possibly accrues from being circumcised. One of the most prevalent cultural justifications for circumcision amongst Xhosa men is the belief that circumcision ensures greater male sexual pleasure because of the

⁴³The meaning was refused to be revealed by interviewees.

ukubhungqa (no foreskin). Women experience the uncircumcised foreskin as “cold” during intercourse. During sexual intercourse, men say that women feel pain when men are uncircumcised. In the following illustration, one of my interviewees, Themba Gcaleka (aged 31) from Lusikisiki (in Transkei) indicated his experience during sex as a circumcised man:

There's difference during sexual intercourse. Initially the woman gets shocked. If she feels, mind you this place is cold (and I mean the foreskin). A woman gets excited during sexual intercourse only if a man is not circumcised. But when the man is circumcised, oh! A woman feels it's very hot here, and feels this is another type, immediately intercourse is started. Besides, it is not easy for a circumcised man to contract STDs.

From the above it is clear that circumcision is intended to increase sexual pleasure for men, and it seems, based on the view by Themba, that women note the difference. An uncircumcised man is believed to have a cold foreskin that shocks' (surprises perhaps) a woman during initial penetration. But Themba states that a woman gets excited during sexual intercourse only because of the advantages posed by a circumcised penis. This raises a number of questions in respect of sexual pleasure. The implication of Themba's views highlight that petting and foreplay do not provide pleasure, except the advantages of circumcision. In other words, Themba assumes that sexual pleasure is limited to the women's experience of a circumcised penis, and that related issues around intimacy are absent from the dynamics of lovemaking.

Another reason advanced in favour of circumcision is that it protects against sexually transmitted infections (Hull and Budiharsana, 2001: 60). There is a hypothesis that a circumcised male is protected from contracting STDs because of the keratinisation of the exposed glans (penis) in circumcised men. Based on the perspective of the Xhosa men interviewed, the virtue of cleanliness is also best achieved through circumcision, which is seen as closely related to cleanliness and purification. These men refer to the complete removal of the foreskin as *ukwaluka* (circumcision), which etymologically denotes cleanliness and purification. The foreskin is seen as a potential source of *inkununu* (pollution and defilement), which is a much-deplored state, to be avoided at all costs (a view espoused by proponents of circumcision).

The concept *inkununu* denotes the antithesis of *ukweluka*; thus circumcision is a tool for avoiding *inkununu*. It is not easy to contract STIs if a man is circumcised, argues Themba Gcaleka during the interview conducted with him. However, this point is strongly disputed by Funani (1990) because Funani's medical investigation of circumcision suggests that there is no correlation in STI risks between circumcised and non-circumcised men. Funani (1990: 38) found evidence that circumcised men contracted STI: "some boys who are circumcised have sexually transmitted diseases which did not happen in the past because sex was proscribed until marriage."

Out of ten Xhosa males I interviewed, regarding the issue whether "circumcision" could be viewed as a "natural condom", all stated that "it is not easy" for a circumcised man to contract STIs. Mndileki and Sivuyile (two of my interviewees) stated that this is because the glans of a circumcised penis develops a thick protective layer and is always kept dry, which makes it difficult for STDs to penetrate. Sivuyile, for example claimed '*akululanga ukuba intsholongwane zihlale uma welukile*' (it is not easy for a circumcised man to contract STIs).

I also posed a direct question to interviewees: "Can the circumcised man be infected with HIV/Aids through sexual intercourse?" Out of ten, eight said they were not sure how HIV/Aids contracted other than through sexual intercourse (meaning penetrative sex). Three out of twenty believed that a circumcised man would never contract HIV/Aids. Two out of twenty were uncertain whether a circumcised man could be immune to HIV/Aids. In analysing these views, I claim that this shows how complex the phenomenon of sexuality is. I also believe that fear of AIDS has affected people's thinking about sexuality. Some interviewees stated that they use condoms even though they are circumcised. They further indicated that before they underwent the process of circumcision, they used condoms. When asked why they undergo the process of circumcision when they opt for the use of condoms, some mentioned that they would face societal sanctions. This again confirms that circumcision amongst the amaXhosa has more to do with culture than sexuality. The symbolic meaning attached to the process is explored in the next section.

3.5 Circumcision, Masculinity, and Gender

A Xhosa person's sex and age, like most ethnic groups, determine what he wears and what he eats and eventually the nature of the work expected of him. I focus briefly here on the developmental stages of boyhood to manhood for the Xhosa in the context of a rural setting that is not meant to universalise the experience and development of all Xhosa boy-children. For example, the *Umtwana* (the baby) wears little beyond a charm made of hairs plaited from the tail of a beast the mother brings from her parent's home after marriage, though sometimes the baby may be clothed with a little cotton shirt or skirt. But today this has changed. Children wear western clothing. The second period in the development towards manhood is *inkwenkwana* (a little boy aged about eight years). During this stage, a little boy will start herding the sheep and goats but will spend most of the day at play with others of his age. If lucky, and fortunate, he will commence schooling. The third stage is *inkwenkwe* (a boy at twelve years old). At twelve a boy will attend school when possible. If schooling is not possible, he will keep an eye on the small stock, trapping birds and small animals that will be roasted for a meal. At this age he learns the art of being a warrior through mock battles, stick fighting and throwing sticks at targets. In summer he will often play in the stream. This is the prominent stage amongst the amaXhosa where boys' masculinities are tested and developed. The fourth stage of socialisation is called *inkwenkwe endala* (the boy at sixteen years old). During this stage, the boy herds the cattle and helps his father with ploughing. He now attends all social occasions relevant to him as *inkwenkwe* and dances when he wears tribal dress. During the fifth stage, the boy becomes *umkhwetha* (the senior boy). At this stage he undergoes a process of circumcision as a rite of passage to manhood. This is a very critical stage because if a boy at this age does not undergo circumcision, he will always remain a child for the rest of his life. Then follows the stage of *umfana* (the name accorded to a circumcised man who is ready for marriage).

Circumcision in turn prepares him for *lobola* (bride price), which he must hand over to his first bride. As mentioned earlier, if the boys' father cannot afford *lobola* for

him, the young man will have to amass the necessary means himself. From the pay earned from his first job, the *umfana* will have bought him western-style garb, with flared trousers as a special feature. Only on special occasions will he wear tribal dress: at dances of young men, at bride wealth discussions when cattle are delivered, at traditional weddings and when accompanying a doctor at a special river ceremony. During these times he will normally wear a red blanket either draped over one shoulder, or draped around his waist, or folded to become a flared skirt when he dances. Rather than a hat he will wear a *kerchief* (head cloth or woollen cap). His ornaments will include anklets, armbands, earrings, waistband, body harness, necklets and a headdress decorated with beads, quills, animals' teeth and shells. And he will carry a dancing staff and a leather bag made of a whole animal skin, both of them decorated with beads. These cultural accessories also symbolise manhood in a traditional, non-urban setting.

During circumcision, stick fighting and *imitshotsho* (dances) are equally powerful sites for constructing masculinity. Through stick fighting, hierarchies of age, respect, and physical prowess are established. This hierarchy is constantly challenged, tested and re-established with the social *engendering* of maturing boys. Stick fighting teaches boys how to develop their masculinity. Girls, for their part, are required to attend *imitshotsho* (dances) where they sing and clap hands rhythmically for the uncircumcised boys to dance. Girls who fail to 'carry out orders from the boys' may be beaten with a stick (Interviews, 2003). (By 'orders' is meant instructions). The beating of girls by boys with sticks socialises patriarchal discipline, and to some extent, I believe, reinforces violence against women. *Imitshotsho* are also occasions where boys approach girls to be their sweethearts. This relationship usually centres on the practice of *metsha / ukuhlobonga* (sex between the thighs of the female without penetration into the vagina), evidently intended for male rather than female sexual release. Unwilling girls are sometimes aggressively coerced (Interviewees, 2003). This coercion reinforces, in my view, violence and possibly rape of women. The practice of *metsha/ukuhlobonga* reinforces gender stereotypes that a man leads and a woman follows even in sexual practices. This also motivates the perception that

women are men's sexual objects. Choosing a *metsha* (sex) partner often incurs rivalry between boys. Thus, for many, to be masculine is to assert male control over females, to literally extract feminine obedience through the wielding of sticks (Interview, 2003). Based on this I deduce that circumcision is not a neutral or transparent practice. The practice serves as a method of social control to subvert female sex and promote masculinity over femininity. Gendered subjectivity advances male identity and power, and is produced and promoted by circumcision. Mager (1996) also briefly illustrated this latter aspect in relation to sexuality, fertility, and male power in the Eastern Cape in the 1950s. She discussed the making of *feminine* girls and *masculine* boys in the context of socialisation of boys. Mager (1996) also presents a gendered understanding of circumcision and states that the individuals of the different biological sexes are socialised in respect of how they are to balance their gendered roles. Mager (1996) also states that this gendering is a social and cultural construction. She maintains that biology is less central for boys. Rather, in exercising social duties, responsibilities and authority over younger boys and boys over girls, marked the passage from youth to manhood. Mager (1996:12) observes that in the decade following the second world war, African women were relegated to objects of sexual gratification, as men attempted to reassert their patriarchal domination. This point is illuminated in the next section.

Mager's study found that girls at about twelve years old acquired sexuality through *umetsho* (sex) with *amakhwenkwe amadala* (senior boys) during which they learn about sex. As indicated, in Xhosa culture *umetsho* (sex) is no secret to the young boy or girl. Based on the interviews conducted, these years are a critical period in the construction of genders and masculinity. Within a few years, girls would be eligible for marriage. Culturally, they have to abandon *ukujola* (sexual relationships) with *amakhwenkwe* (their sweethearts) to enter marriages with *amadoda* (men) who are culturally circumcised, and who are supposed to pay *ilobolo* (bride price) for them. Their *amakhwenkwe* (young lovers) would be taken off to circumcision lodge as *abakhwetha* (initiates). Ages vary according to circumstance, and education and migrant labour are key influences (Interview, 2003). Once circumcised a boy should

live out his boyhood, and start behaving as a man. The circumcised have little hope of getting married until they have spent some time working for *lobola* as *abafana* (young men). This period of work is the very period that is regarded as a crucial time to allow *abafana* to ripen (to become mature) and to allow them to be eligible to marry and procreate. Thembani Sulman (age 35) from Mount Fletcher (Eastern Cape) who is an *iincibi* (circumciser) and the circumcised (a man) stated that circumcision is a source of power, because circumcision allows *indoda* (a man) to make a woman reach orgasm before he (a man) ejaculates. To have such control, Sulman says, is a sign of manliness. He supports the tradition of male circumcision and explains the process in gendered terms:

The raising of the boy is called *ukweluka*. It's where a man grows from being a boy to manhood. The circumcision process is followed as explained above. The removal of a foreskin prevents diseases. We don't drink water for 7 days. As a circumcised 'man' you behave differently; you leave your boyhood behind and adopt manhood. Things such as playing with boys and talk about circumcision proceedings are not to be done. Your family allocates your own house. You are now allowed to be wedded and show that you are a man. That is not restricted by how old are you, as long as you have completed the circumcision process, you can take a wife. You gain a lot of things as a 'man'. You can now attend serious cultural occasions like weddings, funerals. A boy can only attend these ceremonies during the day and leave thereafter. You now attend these in your capacity as a man.

Sulman's views verify that during circumcision there are restrictions on the *abakhwetha* (initiates) to meet women. His views outline the important processes involved for the initiate, and the requirements that are to be fulfilled in respect of culture and social identity, aspects which hold the promise, the gift of manhood. In keeping with some of these ideas around culture, I turn briefly to consider some perceptions about the circumciser and the circumcised.

3.6 The perceptions of the circumciser and the circumcised

I asked both the circumciser and the circumcised respectively to reflect on their perceptions regarding the ritual by posing the question '*Ungaphawula uthini ngesiko lokusoka?* (What comments do you have regarding circumcision rites)? One

circumciser stated, '*isiko yilo elenza indoda ibe nobudoda futhi ihlonipheke emphakathini*' (the tradition brings about manhood and respect required by culture from grown up men). One circumcised subject responded by stating:

lisiza ekutheni sikhule sibe amadoda, futhi siziphathe ngendlela elindelekile ngokwesiko laseXhoseni. Usungaya emcimbini futhi usuvumelekile ukuthi uphawule futhi uthathe izinqumo ezingala kwakho noma emphakathin (The tradition assists us to grow according to our cultural expectations and to have trust on us to grow as men. (As a man you are part of the Xhosa cultural practices holistically; you can attend ceremonies of a cultural value and be rightfully included in major decision making in your house and /or in the community at large).

Based on the above views of the circumciser and the circumcised, I deduce that apart from a health intervention strategy, circumcision implies power and economics. Through the process the circumciser gets financial rewards, recognition, power, control and monopolises the process in his favour by not appointing many guardians to look after the initiates because this may cost much to pay the guardians for the services they render (see also the narrative by Morris from the previous discussion).

3.7 Implications of circumcision

Based on aspects raised in the preceding discussion, the following may be highlighted in respect of male circumcision. Circumcision:

- marks the transitional stage to manhood.
- pinpoints the acceptance and conferring of responsibility on initiates.
- denotes the acceptance of the tasks of procreation through the family unit.
- ensures that community acceptance and respect is guaranteed.
- is aimed at training the young man to have self-control.
- ensures greater sexual pleasure because of *ukubhungqa* (there is no foreskin on the penis).

I deduce that the above aspects are mainly beneficial to men, and it is also for these reasons that male circumcision could be confirmed as a gendered practice, reinforcing masculine power and sexual pleasure for men.

The following aspects, in turn, could be identified as the negative effects of circumcision, most of which have a bearing on the public health benefits of the practice:

- Many *iingcibi* (surgeons) operate under the influence of liquor.
- The instruments used are rusty and blunt. At times surgeons often make up to three attempts before they successfully cut the foreskin. The *umdlanga* (instrument used to cut foreskin) is the most common of the instruments used. Rusty instruments reinforce the risk of infections.
- The surgeons do not sterilize instruments after use. Instruments are not cleaned with water and soap. Most instruments are smeared with pork fat, blue butter, and wrapped in a piece of old *umrhaji* (grey blanket). Instruments are often cleaned by a process called *ukulola* (when they are sharpened on stones or filed while being simultaneously cleaned with water). Boiling or autoclaving is essential if microorganisms are to be destroyed. One instrument is used for all boys, regardless of the number of boys who are circumcised, thereby increasing the risk of STI and/or HIV /Aids infection.
- There is no formal training of traditional surgeons. Skills are based purely on experience.
- There are no appointed guardians; any man who has been initiated can be a guardian.
- There is a lack of adequate resources for after-care.

3.8 Analysis, Synthesis and Interpretation of data

Out of ten men interviewed, all said male circumcision does not in any way improve or change their status in Clermont-KwaDabeka. This, it seems, has much to do with

the interaction of Xhosa and Zulu men, especially also because the latter do not circumcise. Therefore the social pressure to circumcise is reduced, or non-existent in Clermont-KwaDabeka. My interviewees explained that circumcision is mainly recognised in the rural context. Interviewees overwhelmingly stated that it is not easy to contract STIs when circumcised. However, regarding HIV/Aids, they argued that circumcision couldn't be taken as a HIV/Aids prevention strategy, because HIV/Aids infection is a consequence of many factors, not only sexual intercourse. All ten male interviewees stated that male circumcision enhances sexual pleasure because of the lack of a foreskin. Men argue that they know this as a fact because of the "loud noise" (as one interviewee termed it) made by females during sexual intercourse. They further argue that their sexual experience before undergoing the process of circumcision is different, and after circumcision, far more pleasurable. Presumably "loud noise" could be interpreted as the sexual grunting during acts of sex suggesting sexual pleasure. Interviewees state that a woman who had sexual experiences with a circumcised man, never leave that man, and even if they part, a woman will always return, begging for reconciliation. However, many interviewees grieved and some saddened by the spread of HIV/Aids pandemic which leaves them with no choice, but to condomise. One respondent mentioned that there is a stage in life whereby a person feels he needs to undergo the ritual because of misfortunes he encounters in life. All respondents mentioned that ritual circumcision is a tradition and a cultural practice amongst amaXhosa. Respondents differed in terms of process, some stated that they circumcised according to the *isiHlubi* method, while some circumcised according to the *isiXhosa* method (these were explained earlier).

It seems that ritual male circumcision amongst amaXhosa who reside in Clermont-KwaDabeka is practiced using different methods, but justified as a common cultural tradition amongst the amaXhosa. This is confirmed by the fact that most of the amaXhosa males living in Clermont-KwaDabeka, travel to rural areas during summer vacation, and most of the school children travel to their farms during winter and summer vacations (Interviewees, 2004). They do not see themselves in isolation from their ancestral homesteads. Xhosa male circumcision may be confirmed as a socio-

cultural construction determined by society. The fact that Xhosa men who reside in Clermont–KwaDabeka have to adjust to rural life when they visit their places of origin, demonstrates that there is no universal standard of the significance of the ritual. Also, among the youth in Clermont–KwaDabeka, ritual circumcision, apart from being a health intervention strategy, is also conducted for contemporary identity needs such as group identity and acceptance into a group. This is verified by one interviewee, who states: ‘you are excluded from your peers if you are not circumcised’.

Connell’s (1995) idea that masculinity is a privileged category within patriarchy is equally applicable to the issue of male circumcision as evidenced in my project. My study verifies that circumcision promotes masculinity within Xhosa society as a privileged category over femininity. According to Xhosa society sex and gender is intertwined. Accordingly, sex and gender are two different concepts such that sex is defined as a biological construction, and gender as a cultural and social construction (see for example, Butler, 1999; 1993; Bristow, 1997; Glover and Kaplan, 2000).

It appears also that the social meaning of male circumcision for a Xhosa man living in Clermont-KwaDabeka is also contested. For example, two older men interviewed appealed to the value of the ritual in terms of socialisation and the maintenance of custom, as compared to eight youths who appealed to the value of the ritual in terms of black masculine identity. Such contrasting views indicate that there is no cultural consensus amongst men about the precise meaning of circumcision. I claim however, that this ritual acts as a means of inclusion of a male into a certain group, in order to gain recognition and status as a member of a ‘particular group’ which has privileges over other groups (consisting of uncircumcised men, and women).

Meintjes (1998:99) earlier view corroborates, to certain extent, the idea that this ritual acts as an “affirmation of identity in terms of masculinity as well as group identity in a marginalised social world, in urban post apartheid South Africa”. In Clermont-

KwaDabeka (as an urban area), this marginalisation is not the case, but only relevant in rural areas.

Furthermore, the use of condoms shows that there is no guarantee that male circumcision can be taken as a prevention strategy for STIs. Through circumcision women are taken as male sexual objects, an area I revisit in the next section. Concerns surrounding the death of initiates revolve around the issue of initiates breaking taboos. For example, initiates are blamed for seeing women during seclusion periods, and are blamed also for not avoiding women, because, as noted, women are generally regarded as “dirty”. Hence I conclude that male circumcision is a gendered practice, and the teachings that take place in the circumcision lodges are designed with certain gendered biases. The process of circumcision, as noted, perpetuates ideas about patriarchy, and reinforces male sexual pleasure.

3.9 Male circumcision and sexual pleasure

One of the reasons put forward in favour of male circumcision, is that male circumcision enhances sexual pleasure. Ramphele (1990), Koso–Thomas (1987), Abusharaf (2001), and Funani (1990) argue that male circumcision, just like female circumcision, favours men to enhance their sexual pleasure. The important distinction must be re-emphasised here. Male circumcision is designed to construct and promote male sexual pleasure, whilst female circumcision is designed to *reduce* and *repress* female sexual pleasure.

As indicated earlier, there is a dearth of literature focused on the effect that male circumcision has on the sexual enjoyment of both partners, and whether a woman is physically able to discern between a circumcised and uncircumcised penis. O’Hara and O’Hara (1999: 2) maintain that “the impact of male circumcision on the sexual pleasure experienced by both males and females is largely unstudied”. A question I raised earlier is worth repeating here: while the brain is often cited as the primary ‘sexual’ organ, what impact does surgical alteration of the male genitalia have for

both partners? I employ O' Hara and O' Hara's definition of 'vaginal orgasm' and 'premature ejaculation' to explore briefly the issue of pleasure in the context of circumcision.

While it may be agreed that male circumcision symbolises manhood and masculinity amongst amaXhosa, the symbolic cutting of the foreskin, it seems, has much to do with sexual pleasure experienced by men. In the following narrative, Nomzamo (aged between 35-40) indicates, "there is no difference between a circumcised and uncircumcised penis in terms of sexual intercourse". Her narrative reflects her views on how sexual pleasure is achieved:

I am between the ages of 35 - 40. I am of Xhosa origin, born in the Eastern Cape. I work here in Clermont - KwaDabeka as a teacher. I was working at Fort Hare University as a lecturer and I got retrenched before coming to work here. I have one child, a girl. I got this child as a teenager. His father was not circumcised. I remember that during sexual intercourse with him I had no problems, neither did he. All was well. We practiced vaginal intercourse. By the way, I was not sexually experienced as compared to now, whereby I have more sexual exposure; I have had sex with circumcised, and uncircumcised men. What I can say, based on my sexual experiences, is that a circumcised man is not nicer than an uncircumcised man. To me it is the same. Though I cannot reveal the preputial status of my present partner, it is my secret! But I can tell you that I cannot detect the difference between the two. Actually there is no difference in terms of sexual intercourse between the two. This is because of the way I am handled. I can assure you that it doesn't matter whether a man is circumcised or not, but what matters is the mutual understanding between the two involved, I mean myself and my sexual partner. To reach orgasm naturally for me as a woman, it depends on my male partner, on how he handles me as a woman, and for my male partner to reach orgasm as a man, I have to assist him. It also depends on how a man does his coitus the way it will please me. If he feels today he needs to make his coitus strong and fast, or some day he makes his coitus slow and softer, it will depend on his understanding of what pleases me as his woman. I have not reached orgasm, definitely my man should know without me telling him, and then he should be able to continue with coitus until I reach orgasm. If I reach orgasm, as my sexual partner, he should also know. There are times, though, when this is not the case. He ejaculates and then stretches, and then he is finished. Oh! If this happens, I feel like screaming. I wake up then and there to get a clarification of what and why that is happening. I will only feel comforted when he apologizes, without that, no! I can't take it because I am not his sperm dish; I also need to enjoy sex. I sleep with somebody who cares about my feelings, not about his alone.

The above narrative shows that sexual pleasure experienced by women during sexual intercourse has nothing to do with circumcision. The narrative emphasises that mutual understanding of two individuals involved in sexual intercourse, how they handle

each other, and how they assist one another to reach orgasm is what is more important. This point is elucidated by Rubin (1984:283) in her claim that “a democratic morality should judge sexual acts by the way partners treat one another, the level of mutual consideration, the presence or absence of coercion, and the quantity and quality of the pleasures they provide”. Rubin (1984: 283) also states “this kind of sexual morality has more in common with ideologies of racism than with true ethics. It grants virtue to the dominant groups, and relegates vice to the underprivileged”. Based on this argument, in relation to heterosexual relationships in a patriarchal society like KwaXhosa, I argue that male circumcision in theory grants ‘sexual virtue’ to the circumcised man and relegates ‘sexual vice’ to the uncircumcised man who occupies the ‘underprivileged’ category. However, in practice this is not the case as the above narrative indicates. In the following narrative, Phili explains her sexual experiences with circumcised and uncircumcised men, and emphasises, in my view, a democratic morality regarding sexual pleasure in the context of intimacy:

I am of Xhosa origin, but live here in Clermont because I work in New-Germany. I go back home (Eastern-Cape) during vacations. I am 25 years old and have sexual experience of both circumcised and uncircumcised men. My present boyfriend is not circumcised. I don't have a problem with that, even though I am used to the one who is circumcised. I feel no difference, but I can say that in respect of sex with the circumcised penis, sometimes the penis slides especially when the vagina is too wet. I mean when I am overromanced before we engage in sexual intercourse. Sometimes he has difficulty of inserting his penis into my vagina, especially when I am lying down underneath him. The penis comes out of the vagina now and then, and forces him to make his coitus quicker and harder, this irritates me because it makes me feel very uncomfortable. I suppose that is why most of the time he preferred a dog style, which I did not enjoy. Putting me on top was what excited me most. I enjoyed being on top, but he seemed to be very much uncomfortable, complaining that I am too heavy, that I should consider losing weight. I won't lie to you that sex with a circumcised man satisfied me the same way as with the uncircumcised man. What I notice is that the foreskin causes inconvenience because it is cold and sometimes he shows signs of pain, but I don't feel any pain. I enjoy the way he handles me during sexual intercourse (I mean the one who is not circumcised). By the time we engage in sexual intercourse I am already finished because he takes his time, he doesn't rush to sex. It is why I say, I feel no difference. I don't miss the circumcised penis. All I can say, the size of his penis also counts, and the way he does his coitus. Circumcision only helps by keeping it clean, to avoid sexually transmitted diseases. Because it is not easy for STDs to stay in a circumcised penis, unlike in uncircumcised penis you get things like drops. My man

doesn't buy the idea of condom usage, and claims sex with a condom is the same as masturbation.

From the above narrative I deduce that a circumcised penis slides when the vagina is too wet. If the vagina is not wet it is painful for a woman (as Phili says) to have sex with a circumcised penis. She also says that her partner has difficulty with insertion into the vagina, especially when she lies on her back. She continues to state that often during sexual intercourse a circumcised penis comes out, and this, she claims, causes inconvenience. She also claims that as a result of this, her partner's coitus is hard and faster, which irritates her. She says she feels uncomfortable. Phili states that her circumcised partner prefers anal intercourse, and she claims this is because it is not easy for his circumcised penis to exit the vagina. This also challenges the perception that anal intercourse is relegated to homosexual sex. It also points to the diversity of sexual positions, interests and pleasure. Phili says there is no distinction between sex with circumcised and uncircumcised men. She says the size of the penis counts and the way she is handled during sexual intercourse is what brings sexual pleasure to her. The above narrative also demonstrates how complex the issue of female orgasm is, especially in relation to male circumcision. Phili's views question the role of the foreskin during sexual intercourse. Finally, her narrative indicates that circumcision may be taken as a health intervention strategy. She claims that it is not easy for STDs to stay in a circumcised penis. The practitioners of Xhosa traditional male circumcision repeatedly mentioned this point during interviews. They argue that it is not easy for a circumcised man to contract STIs that may result in HIV/Aids. This is the point I now turn to in the following discussion.

3.10 Male Circumcision, HIV/Aids and condom usage

Given that HIV/Aids has reached epidemic proportions in large parts of South Africa, a number of scholars have interpreted the disease in terms of its social and cultural location. Leclerc-Madlala (1999) for example, analysed the socio-cultural construction of HIV/Aids in KwaZulu-Natal and found that women are the victims of the disease due to the complicity of men in violent relationships, including also the

promiscuity of men, and their lack of disclosure to potential partners. One of my interviewees (Zoleka) said sex with a circumcised man is most pleasurable to her as compared to sex with an uncircumcised man, and she claims to use a condom due to the spread of HIV/Aids. Zoleka also maintains that circumcised men she sleeps with use condoms because, according to her, circumcision only acts as a means to reduce risks towards contraction of STDs, but does not act as a HIV/Aids prevention strategy. Zoleka illustrates some of her views in the following narrative:

There is difference between a circumcised and uncircumcised man in terms of sexual pleasure experienced by me. I started with an uncircumcised man. When I slept with a circumcised man, I didn't think I would ever go back to an uncircumcised man. A circumcised man is nice! You could feel during insertion of his penis that *ish! (Oh!) kuyanyiwa la! Kuyatshisa bhe!* (it's hot!). A circumcised man has no foreskin which disrupts his coitus. I don't feel any pains. *Kumnandi nje wayas !* (it is continuously nice). *Ikhingqi lihlala obala loko kwenza kube mnandi kakhulu* (the glans of the penis is exposed which makes sex so pleasurable to both of us). Because of condom usage nowadays sex with a circumcised penis is not different from sex with an uncircumcised penis. So it is the same. I don't mind with whom I make sex, especially if I love a guy. Especially if a guy has money, I don't care!

Zoleka's views reflect the importance of pleasure, sexual technique, and the experience of her own body in the context of intimacy. Her views tell us much about her sexual identity (that which turns her on sexually) as it also discloses to us her criteria for going out with a partner. Enhancement of sexual pleasure in her case, it seems, is brought about by the absence of the foreskin. This is also confirmed by interviews conducted by Funani (1990:30) and Meintjes (1998:96). However, Meintjes highlights that there are arguments in favour of circumcision that makes reference to good hygiene and sexual satisfaction. In respect of hygiene he found that circumcision is recommended as a strategy to keep the penis clean. In terms of the argument related to sexual pleasure, he maintains that with a foreskin "you can't have proper sex" and that the foreskin hurts the female partner as well as the male himself. He states that one man he interviewed claimed he had better sex after circumcision.

This shows clearly that there are some mixed views about the effect of circumcision on the sexual enjoyment experienced by females. In terms of their female counterparts, men I interviewed claim they know this as a fact as they hear their

women 'crying' with pleasure during sexual intercourse, "saying, its nice!" I believe to 'cry' does not necessarily disclose women's actual feelings. One interviewee told me she has 'to cry' to please her man. She continued to explain that her man is sexually aroused when she cries. She mentioned that if her man is satisfied, so is she. The issue of female orgasm and sexual pleasure experienced by both men and women is therefore complex. Some women do not understand themselves in relation to sexual pleasure. Some women also do not know when they experience orgasm(s) and what it is that constitutes female orgasm. In the case of Zoleka, her sexual pleasure is derived from her man's sexual satisfaction during their sexual intercourse that renders her a sexual object and her subordination becomes her pleasure. This is the point I now turn to in the following discussion.

Butler (1999: xiii) correctly argues against the sexist claim that a woman only exhibits her woman-ness in the act of heterosexual coitus in which her subordination becomes her pleasure. Based on all interviews it is clear to me that men take the lead in sexual intercourse, and women follow. This is a trend in patriarchal societies like, for example, in Xhosa society. Men wield power over women to an extent that other women are sexually abused. This is the point I mentioned earlier, that during *imitshotsho* (dances), girls are expected to clap their hands rhythmically for boys when dancing. If the girls do not do thus, they are forced and even beaten by sticks. Girls are also sexually abused if they refuse to engage in *ukujola* (to be boy's sweethearts during their teenage years). In this regard women are socialised at their early childhood as men's subordinates, which may lead to certain forms of abuse.

3.11 Circumcision, Women and sexual abuse

Butler (1993:29-30) states, "the experience of a gendered psychic disposition or cultural identity is considered an achievement". This statement is applicable when a Xhosa circumcised man shouts "I am a man" as a symbol of achieving manhood through undergoing pain endurance. Butler (1993: 30) also claims that this achievement requires a differentiation from the opposite gender where "gender can

denote a unity of experience, of sex, gender, and desire, only when sex can be understood in some sense to necessitate gender-where gender is psychic and/or cultural designation of the self- and desire- where desire is heterosexual and therefore differentiates itself through an oppositional relation to that other gender it desires". In this sense, gender is not fixed, but something that is performatively constituted.

In a similar way in Xhosa culture one becomes a man by undergoing pain endurance during circumcision. Therefore all circumcised men have the unity of this experience, which qualifies them to enter the gendered status of masculinity and manhood. Culturally, their sex desire is prescribed and channelled to the opposite heterosexual, which is feminine. Homosexuality, for example, is regarded as strange and subject to severe punishment. One man I interviewed said:

istabani sisiyisa kamkhulu, sisibhaxe sikiphe yonke lemfukumfuku esekhanda, uma singasokile, sisiyisa ethontweni sifike sisokwe ngenkani. (We take a homosexual to the grandfather's place and punish him severely, to take out all the nonsense that is up in his head. If he is not circumcised, then we take him by force to circumcision lodges where he will be circumcised.)

The above views not only motivate the heteronormative value of circumcision, but also emphasise the cultural and social opposition to homosexuality, perceived to be 'alien', 'foreign', a phenomenon incompatible with established cultural values. One male interviewee also told me that a man knows he must be sexually attracted to women, not to other men. This, he said, is the cultural norm, the standard. In theory this may be true, but in practice this is not a reality because we see many homosexuals in our community. One woman interviewed (aged between 40-45) disclosed she was sexually abused by a circumcised man (her husband) who imposed anal intercourse on her. When I interviewed her, she had not much to tell except "*andiphathekanga kakuhle, ndahlukomezeka kwezocansi! Indoda yami yayifuna [...] qha kuphela! andicabangi ndoda kalokhu*" (I was not happy, I was sexually abused, my man only wanted anal intercourse only! I don't think of a man now). This woman stated that she could not leave her husband because she married according to the cultural custom of *ukuthwala* (abduction) whereby her parents negotiated *ilobolo* (a bride's price) with

her husband. She says she became a 'sex slave' for a man she did not love, and worse, who practiced anal intercourse. She stated there were very few incidences whereby they practiced vaginal sexual intercourse, and if it did happen, she stated it was rape, to impregnate her. She told me she is free now that her husband is deceased. Zoleka's narrative also indicates, that despite being sexually active, she is not attracted to men. My conclusion here, even though I did not probe her about this, is the possibility that she could be attracted to women.

Zoleka's narrative also confirms that violence against women is contrary to the values of a circumcised man (who is taught that 'rape' is not a sign of a 'real man'). There was no sexual pleasure experienced by this woman. Whether women are men's sexual objects is a controversial issue because, as indicated in the above discussion, some women prove not to be men's sexual objects as is the case with Zoleka, who indicated that there is a good 'intimate' communication between her and her partner regarding sexual intercourse. In this final section of my analysis, I turn to the question as to whether women are men's sexual objects.

3.12 Are women male sexual objects?

Some young men spoke of sexual intercourse that took place the night before going to the bush and also after the initiates returned. This is said to be a secret affair. They say if they are found to have leaked this information, they may be put to death. Nevertheless, they say most initiates sleep with young girls the night before going to the bush and if it is their girlfriends, on return from the bush, they sleep with them to "test their circumcised penis" and those girlfriends are abandoned as they are stigmatised by their communities for sleeping with *amarhwala* (newly initiated men). They then proceed with their lives, seeking new girlfriends. Meintjes (1998:98) confirms this in his study, and states that the young men he interviewed claimed this is done as an indication of "one's virility and manhood." Herdt (1994) for his part maintains that the sexual relationship amongst most sub-Saharan African societies is presented as one that is not subject to moral control. In this case women become male

sexual objects by the process of circumcision. I maintain that women are male sexual objects and traditional circumcision practices, produce men who have power and control over women such that this control even extends to sexual control of women.

CHAPTER 4

CONCLUSIONS

Based on the context of the overall argument in this dissertation, I conclude that male circumcision, as practiced and perceived by amaXhosa men and women who reside in Clermont-KwaDabeka is a fundamentally gendered phenomenon. Given the fact that circumcision is a ritualised process that is integrally connected to culture and the value systems inherent in a culture, it is incorrect to assume that such a practice is not reflective of cultural beliefs and values. The experiences of amaXhosa men from Clermont-KwaDabeka who undergo circumcision indicate that the practice holds deeply rooted cultural meanings for them. However, those from the rural areas mainly endorse this 'cultural symbolism'. Despite this difference, the urbanised men from Clermont-KwaDabeka actively choose to be circumcised. Also, if we agree that our genders are culturally defined, it is equally necessary to locate gender within the cultural systems that define us. Therefore, the symbolism that accrues in respect of male circumcision, as reflected by amaXhosa men from Clermont-KwaDabeka, cannot be simply viewed within cultural and ethnic terms. I have demonstrated that circumcision, verified in part by the extended conversations with my respondents, is reflective of particular gendered meanings that are perpetuated by cultural beliefs and social mobilisation. These gendered meanings suggest that circumcision practices promote the superiority and privilege of men, according men a status when they are circumcised. This status, I conclude, does not accrue to non-circumcised men. I also conclude that aspects of the practice may be considered 'dangerous' or risky, especially when it concerns the use of instruments in the cutting of flesh.

Given the fact that culture is not static, but fluid, I am suggesting that male circumcision rituals could be perhaps 'modernised' to reflect the changing socio-political, cultural, public health and legal ethos of the democratic landscape in South Africa. In the current context, the struggle for gender equity and the redress of gender balances are continually offset by increased reports of gender and sexual violence

against women. While I am not suggesting that circumcision is responsible for forms of violence that impact on women, I however suggest that cultural practices such as circumcision should consider the development of values that promote equality between the genders. My conclusions lead me to repeat the view that masculinity, as propounded by important stages in the circumcision process, advance male power, superiority, and privilege. Equally, my study has demonstrated how male circumcision promotes and reinforces the idea that a circumcised penis reinforces pleasure for the man during intercourse. While some women in my study claim to note the differences in terms of their own sexual pleasure, there are others who do not note any differences.

The rite of passage to manhood, as defined by circumcision, also excludes women because women are seen as the source of disease, and hence there is a widespread belief that women are polluted. If they are 'polluted' the presence of women at circumcision rituals, may defile the 'sacred' practice as propagated by traditional circumcision views. Circumcision therefore emerges more as a gendered practice than as a mere cultural ritual. The qualities of men are socially and culturally created, and this is reflected, in part, by the actual process of circumcision. By virtue of being circumcised a man gains identity and access into his society and has privileges such as that of getting married whereby an uncircumcised male, *inkwenkwe* (a boy) is not endorsed with such privileges and status.

Circumcision also emphasises the relationship between culture and gender. In Xhosa tradition, as described in my study, there are two genders, male and female. This ideology is socially and culturally produced. For example, sexualities and genders that do not comply with the binary male/female, are regarded as not natural by practitioners and many in society. Culture, I have claimed, is equally not constant and fixed, and changes with time as a result of social factors such as class, religion, acculturation, technology etc. In this dissertation I have also argued that the supporters and practitioners of Xhosa male initiation rites could consider questioning the impact that the ritual of male circumcision has on the circumcised men, on

women, and on society at large both in rural areas as well as in urban areas. Once sexuality is perceived as a complex phenomenon with varied purposes, then the practice of circumcision could be better understood and promoted.

HIV/Aids is also a factor that poses a threat to human development and human lives in this country. Mainland Southern Africa experiences the most severe HIV/Aids epidemic in the world, and millions of children are being orphaned (Jackson, 2002). AIDS threatens food security, productivity, human resource availability, and development. A person who is infected with HIV/Aid is not the only one who suffers; families and children are affected. Another concern emerging in my study is the evidence of unhygienic practices such as the use of unsterilised instruments to cut flesh that may aid in the spread of disease. I base this conclusion on the fact that many boys entering initiation could have been sexually active. Yet one of the limitations of the responses to the Aids pandemic has been the failure of people to learn effectively and in time from those who suffer from the virus and from those who die of AIDS. This dissertation has also claimed that it is debatable whether male circumcision may be taken as a health intervention strategy to curb the spread of the virus. Some interviewees hold alarming views that suggest circumcised men are not prone to HIV infection. Some stated that male circumcision might reduce the risk of contracting HIV/Aids because of the lack of the foreskin. However, they stated clearly that male circumcision does not appear to have any impact on transmission rates from HIV positive men to their partners. Moreover, circumcision is a surgical procedure with associated risks and has strong cultural significance for Xhosa people.

Rubin (1984) maintained that the fear of AIDS has already affected sexual ideology, impacting on the gender arrangements in Western society. Likewise, we witness in the African context how the epidemic has impacted on the gendered relationships of men and women. This project, based in part on interviews, showed that there are people who think that by virtue of being circumcised, a man is unlikely to contract STDs that lead to HIV/Aids. This fear affects people's ideology with regard to circumcision. Kebaabetswe (2003), in a study conducted in Botswana about the impact of male

circumcision as health intervention strategy, found that male circumcision could be taken as a HIV/Aids prevention strategy in Botswana. I argue that this is not applicable for South Africa as interviewees argued that a circumcised man should wear a condom. They said that there are several entry points on contracting HIV/Aids rather than sexual intercourse. My study cannot verify all these claims, and is perhaps a research question for further bio-medical investigation.

To conclude, circumcision continues, despite the tensions between 'modernisation' and tradition. Missionaries, we know, tried to end circumcision, and some feminists see the practice as oppressive. While I have criticised aspects of the practice, I do not conclude that circumcision is oppressive, nor do I see the need to remove it as a cultural practice. To separate myth from reality, further investigation in respect of the impact of circumcision on female orgasm is also necessary. More research is also recommended on issues of culture, sex, sexuality, gender impact on male circumcision in the context of a changing South African and indeed African population. By this I mean, further research into sexual behaviour studies that focus on sexual activity of men after circumcision is required. This, I believe, should help to inform the youth intending to undergo the ritual process of male initiation rites for them to make informed decisions before engaging in such practices, including sexual activity. Moreover, gender equity, as I have claimed throughout, should inform the practice, and our children should be taught that manhood and masculinity in the context of Africa is closely aligned to the concept of *ubuntu*. By this I mean that the value of *ubuntu* has much to tell us about the recognition of the human-ness of all citizens. In this context I mean that the relationship between the genders is likewise central. If, for example, boys are taught that women are 'polluters', and therefore should be excluded from the process of circumcision, then such meanings negatively impact on how women are perceived. This is perhaps more important as the youth are the target group for socialisation, which has a crucial impact on their adult lives and relationships. If they are conscientised about the impact of male circumcision in their teenage life, they could be actively and objectively involved in terms of traditional circumcision. As a result this will also minimise, if not eradicate problems of death

and maiming as a result of ritual initiation rites that do not value the importance of the public health needs of a country besieged by one of the deadliest viruses of the twentieth century. *Ukwaluka/Ukusoka* is an important cultural-symbolic practice that is imbued with many valuable meanings that help to socialise boys to become men. It is fundamentally, as claimed, a performative practice that has an educative focus, and therefore, as a practice, negative stereotypes could be unlearned (and re-taught) in order to promote positive gender stereotypes for men and women.

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