# '*Ngena ku Smart*': Implications of Medical Male Circumcision on the Xhosa Custom of *Ukusoka* in Zimbabwe.

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## Abstract

This study brings out circumcision dilemmas and conflicts among the Xhosa people of Lortondale area in the Matabeleland North province of Zimbabwe. The problem befell this community immediately after 2009 when Zimbabwe adopted results from Kenya, Uganda and South Africa in Orange farm that circumcision can curb HIV transmission by 60% from female to male and thus attention was given to medical circumcision, which is known as 'smart'. Family disunity and disintegration are some of the results of conflicts, within some families whose members shunned the traditional practice. Interviews and focus group discussions were employed in gathering primary data for this study. They allowed access to first-hand information from the Xhosa people themselves. On the same note, one of the researchers has worked closely with this community for a year in other HIV/AIDS programs. This counteracted the element of secrecy associated with the subject of circumcision among the Xhosa people which a number of scholars and news reporters fail to tackle and finally produce general results. Finally, a synergy is proposed as a way that restores peace and order in the society under study.

**Key words:** medical male circumcision, ukusoka, culture, Xhosa.

## Introduction

The study explores problems that have arisen among the Xhosa people of Lortondale area due to the introduction of medical male circumcision. The emergence of medical male circumcision has shaken the strong holds of the Xhosa initiation ceremony, *ukusoka*, and has led to a number of conflicts in traditional institutions, from the family to the society at large.

Male circumcision, which is the removal of all or part of the foreskin is one of the oldest and most controversial surgeries today (Alanis and Lucida 2004 cited in Kahari 2013).

The Xhosa people of Lortondale have practised this ritual for religious and cultural reasons from time immemorial. The community started to face severe subjugation in 2009 when Zimbabwe adopted the results of randomized controlled clinical trials done in Kenya, Uganda and in Orange farm in South Africa. These results proved that circumcision reduces the risk of female to male HIV transmission by 60%. Though the plausibility of these results is still highly debatable, the Population Services International (PSI) in Zimbabwe has made it a mandate to achieve its goal of circumcising at least 18% of males between 2015 and 2025 in an effort to prevent new infections.

This in-turn becomes a catastrophe to traditionally circumcising communities, an enigma to philosophers in an attempt to find the position and relevance of traditional male circumcision in modern times. This paper is therefore mainly concerned with circumcision problems among the Xhosa people of Lortondale area, brought about by the introduction of medical male circumcision which has gained popularity among the middle class and is often caught treading against the tradition of indigenous cultures in Zimbabwe.

## Conceptualising circumcision

The study is generally informed by Afrocentricity, propounded by Molefi Asante (1980). Afrocentricity is a theory which advocates re- arranging, re- asserting and re-ordering African societies by placing local people at the centre of any analysis as subjects not objects of their history. The study is particularly rooted in Karenga's (1993 p.46) view on multiculturalism which states that;

> Multiculturalism is a critical thought and practice which cannot and should not be left to established order theorists. Conceived in an Afrocentric frame work, multiculturalism can be defined as thought and practice rooted in and reflective of several basic commitments:
> 1) Mutual respect for each people and culture;
> 2) common recognition that human diversity is human richness and that the challenge is not simply to tolerate it but to embrace and build on it;
> 3) mutual recognition that neither U.S. society nor the world is a fined white product, but rather an on-going multicultural project and that each people has both the right and responsibility to speak its own special truth and make its own unique contribution to the forward flow of social and human history, and
> 4) mutual commitment to an on-going search for common ground in the midst of diversity necessary to build a just and a good society and a peaceful and freedom-respecting world.

The Xhosa initiation ceremony in Zimbabwe exists in the midst of the Ndebele cultures and other adopted foreign notions like medical male circumcision. The study therefore is an exploration on the impacts of foreign ideological interventions in the Xhosa culture without the acknowledgement or involvement of the indigenous people, thus a development that is not responsive to the culture of the community and is not yielding sustainable development but destruction of the cultural norms.

## Data Collection Methods

Qualitative research method, was employed because it is explorative, descriptive and contextual. Corbin (2008) notes that this method is helpful to any study because it allows one to get the interior experience of situations; to see how meanings are made and to make discoveries. Results were obtained from a case study through interviews and focus group discussions.

Bogdan and Biklen (1982) define case study as a more detailed discussion of one setting, subject, single depository of documents, or a specific event. As such the Xhosa community of Lortondale area in Matabeleland North province is one single setting under study which is a community that is still informed in the culture of circumcision despite socio-economic and political developments in Zimbabwe. The case study strategy was preferred for it allowed free employment and navigation of data research tools like focus group discussions, interviews and observations among others in obtaining primary data for the research. Data from these sources allows an image to be presented of the case being studied (Wellington and Szczerbinsk 2007).

Data gathering instruments that were of use in this research were interviews and focus group discussions. The researchers resorted to semi structured interviews which allowed grasping of interviewee's responses, requesting further clarification and more information about the subject under study. Semi Structured interviews were most helpful in navigating through personal issues like circumcision in the traditional communities. Circumcision rite is very personal among the Xhosa people and semi structured interviews created an opportunity to gain understanding, the interviewee's trust (since it appears more like an ordinary conversation) and a better grasping of concepts through observing the respondents' gestures and reading between the lines in an interview (Santigo 2009 & Dingindlela 2014).

The study targeted twenty-six members from Lortondale area. Six were Lortondale male villagers of 30 years and above whom the researchers assumed have undergone traditional male circumcision and have valid information and knowledge they gained through age about their tradition. Other targeted members were six male secondary school students from the case study area. These were people affected by decision-making and their decisions also affected communal relationships as far as the choice of the mode of circumcision is concerned in their lives. Lastly, two participants were medical nurses from Inyathi district hospital. These attest to the records and primary information on the

procedure of medical male circumcision and how they interact with traditionally circumcising communities. The remaining twelve out of the total number was fulfilled by the focus group participants. Pseudonyms guaranteed anonymity of the participants as the issue of circumcision comes with high levels of secrecy among the Xhosa people.

Two focus group discussions were conducted; each group consisting of six members. Focus group discussions are named *A* and *B* in this study. Focus group discussion *A* constituted of male students and teachers from a secondary school named '*L*' while '*B'* was for Lortondale elders who have children that have gone through circumcision or are about to. The participants chose a place where they felt comfortable to spend some hours discussing the proposed topics with the researchers as the moderators of the group.

Important facts noted during field work are that focus group discussions orient one to unknown concepts. They reveal a community spirit and how decisions are made in some communities, revealing their day to day interaction in socialization. Flick (2006) notes that, focus group discussions generate diversity and difference, either within or between groups, and so reveal what Billing (1987) has called the dilemmatic nature of every day arguments.

Secondary data was also collected from sources like reports and registers at Inyathi district hospital amongst other sources, to access the number of medically circumcised Xhosa males against the current number of boys who undergo the traditional way. These gave this study a closer approximate debilitating rate the initiation ceremony faces annually.

## Locating the Xhosa People in Zimbabwe

In this section, the study zeroes down on the people who occupy the area near the Mbembesi river in Matabeleland North province of Zimbabwe. There has been a strong debate among scholars on the factors that drove the Xhosa people to occupy Lortondale area, along the river Mbembesi, about forty kilometres from Bulawayo city. The debate is centralized on two paramount historical figures, Mzilikazi the historical Ndebele King and Cecil John Rhodes the former Rhodesian colonialist. Velaphi (2011) says they settled in this place in about 1800 from South African lands of Transkei. Bafana (2014) also points out that the Xhosa have settled at Lortondale for more than a century noting that their forefathers were given title deeds to the said land by Cecil John Rhodes and these title deeds have rescued them in reclaiming back part of their land that was subjugated by other white farmers.

Nyathi (2005) has it that the Xhosa in Zimbabwe were driven to this place by the effects of UMfecane/ Difaqane a time of crisis in South Africa caused by Tshaka the Zulu king. He points out that Matimane of the Ngwane people set up the Hlubi of chief Mpangazitha who fled westwards, while some of the Hlubi struck southwards towards the Xhosa land, when Mpangazitha died Mehlomakhulu succeeded him. It was then

Mehlomakhulu and his subjects in 1826 that joined the Ndebele who were led by Mzilikazi on the Vaal River and they continued their journey to Zimbabwe.

Another tradition has it that, before the white settlers invaded Matabeleland in 1893, when the Ndebele people rebelled against the colonial system in1896, Cecil John Rhodes devised a plan to counter the Ndebele people and imported the Mfengu people who were loyal to him in 1898. He promised them "three reserves" on which they could settle upon the agreement that they will work for three consecutive months per year and after three years of working for him he would give them individual land tittles 'Amatatitele' to "five Morgen of land" (Ranger, 1999). Though his plan did not give desired results at Matopo hills, he instead gave them near Mbembesi river where they are currently found.

## Religion

The Xhosa Supreme God is called *uThixo/uQamata*. In Lortondale area, *uQamata* is consulted through ancestors in *uMguyu* which is a ceremony held a day before the initiate leaves his home towards *ukusoka*. He (*uQamata*) is believed to be the Almighty, omnipresent and in control over the whole traditional ceremony and is believed to usher in the aspect of *Ubuntu,* goodness and beauty to all those who manage to graduate in the process of *ukusoka.* Their religious practice is characterized by lengthy and elaborate rituals, initiations and feasts directed to the ancestors who are believed to be the intermediary between the living and *uQamata*.

Christianity, also like the notion of medical male circumcision, has set apart a number of families from their cultural beliefs. A certain group of people in Lortondale have been converted to London Missionary society church and a few to the Pentecostal churches. This sets to reflect the extent to which western ideologies have derailed Africans from their ways of worshiping their creator through ancestors.

Karenga (1993 p.52) sees this religious pollution as a deliberate and ancient move by the colonialist and says, "The slave holder's reasons for Christianizing the enslaved Africans began with their perception of Christianity as a way to reinforce and maintain dominance." In this instance, Christianity is proved to have been a colonial tool to keep the natives docile to the colonial rule and this aspect has been carried up-to-date.

However, a larger group of the Xhosa community has been left clinging to African traditional religion. This might have been caused by other traditional customs like circumcision that glues them together. Veneration of the ancestors in this community remains a pillar of social unity, as the practice has significant elements that equate with those of Christianity. The ancestors are venerated for several reasons which reinforce the concepts of linkage, heritage and spiritual relevance (Richard 1989). Karenga (1993 p.56) reinforces their importance in that they are,

1. a source and symbol of lineage.
2. models of ethical life, service and social achievement to the community
3. because they are spiritual intercessors between humans and the creator.

The study reveals that, in connection with the spitting of the first mouth full of food before the meal done by the initiates immediately after circumcision, it would be feeding the ancestors who are sometimes personified in the Xhosa religion. Every misfortune is believed to be a punishment from the ancestors who are sent to them by *uQamata* to control or punish them through bad luck, hence their religious practices being characterized by lengthy and elaborate rituals.

## Circumcision among the Xhosa in Zimbabwe

Traditional male circumcision has glued the Lortondale community together. This has escalated their status among other communities such that scholars like Nyathi (2005) view this community as the 'only' group that practices *ukusoka* in Zimbabwe. Jenkins (2012 p.16) notes that, their culture is a heritage and that, "it is necessary to understand their culture in order to communicate at their decision-making level of their world view." In the Xhosa culture, every male of the society attains manhood only when his father deems it fit that he is mature for the "hut", that is circumcision. Anyone and anything contradicting the idea is bound to face community resistance.

Traditional male circumcision is a major cultural rite that is compulsory to all young men in this society to undergo. It is recognized as religious, spiritual, biomedical, aesthetic and cultural (Dingindlela 2014) and anyone who has gone through it has the right to marry, participate in communal meetings, address elders, and be mediators to the ancestors among other duties in the society (WHO 2009, Sibiya 2014).

## The Process of Traditional Male Circumcision

Sibiya (2014) and WHO (2009) concur on the four stages in the traditional male circumcision process which are, preparation, circumcision, seclusion and reintegration. A point noted for the aforementioned stages is that a sheep or goat is slaughtered after the completion of every stage. Some scholars state that it would be a sacrifice to *Qamata* for the protection of the initiates. However, the community under study stated that the sacrifice is not mandatory; it shows gratitude and provides meat for the boys in the bush.

## Preparation

Preparation entails the social, spiritual and physical aspects of the ceremony

- **Physical:** When circumcision date is announced two to three weeks before the procedure, initiates have their hair shaved; the initiate makes his organ ready for

circumcision by massaging it, a sheep or goat is slaughtered for the initiates to have their last meal before the operation.

- **Social:** Women prepare the huts of the initiates, '*ibhoma*'. It is built with tree branches and grass (Nyathi 2005). The initiate is forearmed or blessed by his family to meet with boldness the challenges he might face in the bush or during the circumcision procedure, either by a night feast or lengthy prayers to the ancestors.
- **Spiritual**: The period of circumcision is said to be greatly vulnerable to evil spirits (WHO 2009). Therefore, the initiates undergo a spiritual bath for spiritual protection. A research participant stated that, in the Xhosa community *uMguyo,* a traditional ceremony, is performed when an initiate takes part and informs in sorrowful songs and dances his intention to the ancestors. Often times, women are found failing to hold back their tears during the occasion. The renewal of family ties by visiting the uncles, aunts and other members of the family informing them of the ceremony in which the initiate is to participate is believed to be another spiritually protective measure.

## Circumcision

Initiates are circumcised early in the morning before sunrise. Traditionally, it is believed that when the sun rises people will start moving about doing their daily chores which might disturb the concentration in *ukusoka*. The community also believes that immediately before sunrise the spiritual forces will be less occupied since very few people will be awake and requiring their guidance.

The circumcised individual's way of enduring pain is a reflection on his upbringing and a factor to determine his courage in future events that may befall the society like war. In order not to be a disgrace to their families, they are expected to act stoically and tolerate the pain of this anaesthesia-free procedure without flinching (WHO 2009, Sibiya 2014).

The initiates lie down in a single file. A traditional doctor, "*ingcibi*", goes dropping a sharp knife or spear on the foot of every initiate that will be used for the service. This sets to disqualify the popular claim that traditional male circumcision poses a high risk of HIV infection among initiates through the use of one blade in circumcising the whole group of initiates. Completely cut, red fresh blood gushing down from his organ to the ground, the Xhosa initiate shouts "*Sendiyindoda*!" (I am now a man). Traditional herbs are smeared on the wound to avoid excessive bleeding. "*Isiqgutsi*" which are soft leaves are used to dress the cut. No modern medicine is used and a nice shaped goatskin with hair removed is used to bandage the wound (Nyathi 2005).

Importantly, the spilling of the blood onto the soil is a sacrifice which means that the initiated person is henceforth bound to the land and consequently to the departed members of his society (Nyathi 2005). It means that the individual is alive and that he now wishes to be tied to the community and people among whom he has been born as a

child. The circumcision blood is like making a covenant or a solemn agreement between the individual and his people. Until the individual has gone through the operation, he is still an outsider. Once he joins the stream of his people he becomes truly one with them (Ramose 1980). This seeks to answer the issue of 'excessive' loss of blood which the medical practitioners are concerned about in traditional male circumcision. The gushing out of blood is necessary for that time in the rite and a strict diet is offered in the aftermath for replacing the lost blood and avoiding continued loss. It shows that indigenous knowledge systems and practices are well informed if they are to be understood correctly.

## Seclusion

Niang et al (cited in WHO 2009) refer to time after circumcision spent in seclusion as an "incubation period" for new attitudes, practices and behaviours of the initiates, critically for transmission of cultural knowledge. Sibiya (2014) notes the seclusion period as a sexual reserve and control phase which allows the initiates' wounds to heal before engaging in sexual activities, avoiding damage to the circumcised penis.

The element of reserving and controlling in medical male circumcision terms is called "the zero-grazing period". However, this period is poorly managed in medical male circumcision. An example recorded between 2013-2014, shows that Inyathi district hospital had the highest number of medically circumcised males who were admitted due to bleeding after they had engaged in coitus activities before their zero-grazing period elapsed. It shows that the medical way also has its flaws which may disqualify it from being 'smart' while at the same time it shows the trial and error attitude which tempers with human lives.

In traditional male circumcision, the initiates are controlled through myths and taboo as noted in Niang and Boiro (2007 cited in WHO 2009) that if they engage in sexual relations before waiting a long time, their foreskins will grow back again, and they will have to undergo a new even more painful circumcision. An intelligent measure and control is noted in traditionally circumcising communities through managing its particular people, rarely found if ever in the medical set up to be given this care for so long after the delivery of their service in Zimbabwe.

Sex education, guidance concerning marriage and relationships are delivered by elderly circumcised members of the Xhosa society. The initiate must observe certain customs in their secluded place which is regarded as a transition period. For example, they are not supposed to touch food or drink with their own hands for the first seven days. When they are offered beer or drink, their first mouthful must be spit to the ground and then the second mouthful may be swallowed. It should be so in every meal for seven days. This is done with the belief that the initiate will be showing gratitude to the ancestors who are believed to be omnipresent. By spitting in other words, he would be saying 'I can't eat before you eat' hence a strong connection with the spiritual world.

## Reintegration

After the above stated phase the initiates prepare to be reintegrated to the community. They paint themselves white with *ingceke*, a mixture made in hallow stone. Xhosa oral tradition has it that this ensures the changing of their complexion under the white paint from youth to manhood.

The hut (*usutu*) is burnt signifying the end of the ceremony, and it is believed that everything concerning their youth would be burnt and forgotten. Ritual baths are performed and festivities to welcome the new man home are held (Sibiya, 2014). A red blanket is given to the new circumcised man, together with '*udondolo lwezibulo'*, the walking stick of heirs, which is given to all heirs by their fathers or paternal aunts during the reintegration with the society. '*Udondolo lwezibulo'* is a walking stick from a special tree of about a meter or so that would have been used by the heir's father in balancing himself when walking or as a weapon for self-defence. It is one of the physical items handed down from generation to generation in the Xhosa tribe. By handing it to the heir, it is symbolic of handing the social duties of the father to the energetic son to start caring, protecting and feeding the family.

The research reveals that it is not mandatory to hand over the walking stick of the heirs specifically in the reintegrating period but the community under study prefers it because no other occasion will be held for handing down '*udondolo lwezibulo'* if it is not done at this point. From this day on, the initiated is responsible for his deeds, prior to initiation he was regarded as '*inkwenkwe*', and it is often said '*inkwenkwe yinja'*, meaning that his misdemeanours were tolerated but not so when he has become a man (Nyathi, 2005).

## The Secrecy in Circumcision

Nyathi (2005), Sibiya (2014) and WHO (2009) note secrecy as a common characteristic in all Xhosa circumcising communities. Dingindlela (2014) boldly refers to it as "the secret that kills." This may mean that subjects pertaining to circumcision are not pounded around the fireplaces like folktales nor at social beer gardens like other political issues. However, the researchers believe that it is not because of secrecy that issues relating to circumcision are respected but it is due to the sacredness involved.

Traditional male circumcision is regarded as highly sacred not too secret, the sacredness that restricts women, children and uncircumcised boys' interference in the bush camp. Dogs may be tolerated around the camp but not the aforementioned group of people. This does not mean to peripherize women and uncircumcised boys in the community activities but these rules were stipulated for a purpose. For example, women go through the menstrual cycle which in most cultures and religions is viewed as unclean and a source of bad luck. Taboos and myths are regarded as restrictive measures that ensure the continuity of sacredness of the circumcision rite from generation to generation (Familusi, 2012).

However, in Lortondale area, the participation of women in discussing issues of *ukusoka* is increasing. This is due to urbanization and the modern economic hardships in Zimbabwe. Males who are held responsible for these issues are moving to urban areas day by day in search for employment. This has left women with no option but to discuss traditional issues with their children and other informants who might need knowledge about the rite though not partaking in the procedure.

## Views on Medical Male Circumcision in Lortondale Area

Medical male circumcision has put emphasis on the cutting of the fore skin of the male organ by a medical doctor in a medical set up (Mwanga & Wambura 2011). According to the interviews conducted in the Xhosa community, the study notes that medical male circumcision has a multifaceted meaning in the Xhosa tradition. It defies the traditional, spiritual and socially binding custom by the Xhosa community members when submitting to the services done in hospitals. Data collected reveals that there are several institutions whose cases are levelled against being the spring boards of medical male circumcision thereby causing deviation from traditional customs in Lortondale area.

Apart from the day to day media advertisements which emphasise the 'smartness' of medical male circumcision, schools and clinics have been blamed for manipulating the Xhosa community into disregarding their culture. A closer analysis showed that these institutions envelope every individual in this community in their respective places of interaction and socialization. The ideological interpellation has contributed to some community members to comply to the demands of medical male circumcision which have ushered in dilemmas and conflicts among the people of the same culture.

Focus group discussion *A* revealed that medical male circumcision information has been often delivered to school pupils by the personnel from youth centres and health department particularly to secondary and primary schools around this area. Data collected from (L) secondary school clarified that the task of evangelizing medical male circumcision is done diligently and some Xhosa pupils end up being pushed by peer pressure to undergo the medical circumcision procedure, defying the culture of their community bringing discord to the tradition and their society at large.

Students are given leaflets from school for parents to grant permission for them to undergo medical male circumcision. The focus group discussion showed that, some parents and guardians in this rural area are illiterate, '...so pupils are tasked to sign the papers which come from their teachers as if it's a home work exercise' added one teacher. Some adolescents fill in and sign without informing their guardians who will discover the matter after the irreversible procedure of medical male circumcision. More so, the health sector in this area has intervened to sponsor and promote drama groups to showcase performances on circumcision at various schools. This has distanced pupils from their tradition and come to a position of questioning their culture.

The notion of medical male circumcision has even brought distraction to pupils from focusing on their studies while they start examining their developing bodies. Bottoman et al (2009) and Mpofu's (2012) sentiments have it that, discussing sexuality to the school children exposes them to the world they did not know thereby creating a condition of inquisitiveness and the idea of experiencing which may put their life at risk. This also might be the contributing factor to immoral behaviour which some participants noted as rife at Inyathi and Lortondale area. Schools are now used through medical campaigns as spring boards in denouncing minority cultures thereby undermining the cultural heritage of the society among the young generations.

Focus group discussion *A,* despised the notion of circumcising school children basing on the idea of reducing the chances in contracting HIV. The group agreed that school pupils are not yet ready for marriages. The group seemed oblivious of the fact that sexual activities in other communities begin at a tender age rather than in marriages. This showed the element of beauty and standard among the Xhosa boys. It was also noted that teen medical male circumcision leaves the student life in shambles especially when found HIV positive. When assessing the relevance of medical male circumcision to pupils from Lortondale area, the study finds that, more particular attention is given to the procedure than the purpose. At the end of the day there is loss of cultural relevance in the practice such that the medical 'initiates' do not experience community embracement in the form of reintegration thereafter.

Focus group discussion *B* was more informative than *A*. The elders got to explain showing discomfort about the internal conflicts they are subjected to through medical male circumcision as a community. They revealed that they sometimes consult other Xhosa groups at Ntabazinduna or even South Africa when faced with severe difficulties from medical campaigns so that they cannot be found in a dilemma of confronting the legal law or folding hands while their tradition debilitates. However, they stated that they cannot show frank antagonism due to foreign aid they receive from the health sector in partnership with other NGO's in this area. The group revealed a tense situation between traditional male circumcision, medical male circumcision and the chances that with time their culture may be engulfed due to urban migration and the economic hardships in Zimbabwe.

This gives a hint on some of the strategies that are employed by medical male circumcision campaigners to engulf the local culture instead of requiring indigenous knowledge from the local people to manipulate programs that provide sustainable development. Chivaura and Mararike (1998), state that, when Africans turn away from their own culture and put the destiny of their countries in European hands, Europeans fall all over them in ecstatic and salivation admiration. They know then that Africans will always be their slaves looking up to them for directions. Modernization of African society has led Africans to lose their identity and culture in the process, hence taking part in European culture which they are not knowledgeable about.

A Darwinist approach, outdated and uninformed, is often emphasized in media when referring to *ukusoka* as 'traditional' and 'unsafe'. It instils the feeling of inferiority to those who practice it. On the other hand, the other has curved a niche for its self as 'medical', 'safe', 'smart' and 'voluntary'. Kahari (2013) notes that the perceived differences to essentially the same thing resonate with development discourse that tends to portray Africa as backward and needing the West to come and show it the way to modernity. Gray (in Asante 2001) proposed the idea in African thought and praxis to eliminate these words and replace them with indigenous terms in an attempt to reconstruct African ideologies and history. Medical male circumcision thereby lacks the ability to put the local culture at the centre in the process of transforming societies from traditional to modern.

The terms and phrases 'smart, safe and clean' echoes the theme of threat to life and inferiority of traditional male circumcision basing on the ideological perspectives. This defies the aspect of mutual respect for each culture, denying the Xhosa tradition to make its own unique contribution to the forward flow of social development as Karenga (1993) advocated in his concepts of multiculturalism. This raises the need for Africans to be liberated from western dominion of ideologies and technologies disguised under the banner of civilization.

Kahari (2013) states that in Zimbabwe, the Xhosa persistently practice the culture of *ukusoka* though it is hugely condemned by the International Human Rights Organizations for being against people's rights and by the health sector for escalating risks of HIV transmission due to use of 'unsafe objects'. This deliberate framing intends to dishearten the notion of traditional male circumcision for cultural and religious reasons, as it presents partaking in the rite as forced and uninformed. The medical male circumcision developers postulate that, "Voluntary medical male circumcision is safe if performed by well-trained medical professionals" meaning that when done by someone not a medical practitioner it is dangerous. Kahari (2013 p.65) then poses the question, "…. Why tradition has now suddenly become modern?" On the same note Mpofu (2012 p.199) points out that, "the formulation of human right standards and their enforcement mechanism and procedures are fought with controversy." He continues to note the meaning of human rights as the selected quality stipulated in the International Bill of Rights, where the Western countries dominated in the make-up process. Therefore, what they may term violation of human rights in their culture may have a different meaning in African culture.

Apart from the above discussion, Interviews with the local villagers reveal that clinics attribute more to conflicts in this community. They encourage pregnant women to consider neonatal circumcision, which is circumcision of male children soon after birth, as having benefits for their babies. Separating facts from fallacy; the researchers noted that, neonatal circumcision cannot logically be regarded as a measure in reducing the chances of contracting HIV virus to children since, the intervention would have an effect

on a baby's HIV risk perception when he engages in social relations more than a decade later, and the issue revolves around the matter of autonomy and consent. Neonatal circumcision is a form of non- consensual surgery (Rennie et al, 2007). The Xhosa community condemned neonatal circumcision because it is done without the consent of the baby and that the baby cannot be regarded as able to lead social function at a tender age. This has led to some birth ceremonies being a failure in this community because the baby would be regarded as having already defied the tradition of his people.

Interviews with community members showed that, the community under study performs the cultural rite of circumcision biannually. In 2012 and 2014 they recorded 24 boys who underwent traditional male circumcision. Amongst the total number 2 were taken by the parents to hospital for check-ups after the ceremony of 2014. This showed the zeal of a synergy from other community members

Secondary data collected from the district hospital reveals that they have not encountered any resistance from Lortondale area but a poor turn up for the procedure in 2015. In early 2014, they recorded the highest number of turn ups as 11 boys from Lortondale area underwent medical male circumcision in the month of February.

## Conflicts and dilemmas caused by Medical Male Circumcision

Diez et al (2006 p.565) define conflict as 'a struggle or contest between people with opposing needs, ideas, beliefs, values or goals…conflict denotes the incompatibility of subject positions. The results of social conflicts that have risen in the Xhosa community due to medical male circumcision are family disunity, disintegration, and disharmony. In addition, there are also dilemmas that the community is entangled in and they have kept the traditional values of this community deteriorating.

## Family disunity and disintegration

Medical male circumcision has divided the Lortondale families. The boys who opted for medical male circumcision are psychologically traumatized. One of the respondents amongst the elders stated that during some community feasts for the Xhosa tribe 'bats' (*ululwane*), are not allowed around the feasting camp. A 'bat' (*ululwane*) is a blind bird with half of its body like a rat and the other half is a bird. This term has been used in referring to the medically circumcised men who are Xhosa by birth but defied the Xhosa identity by submitting themselves to the clinics for circumcision and they no longer belong to the category of boys or men in the Xhosa traditional sense.

If seen around they are publicly humiliated, food left overs mixed with water is splashed on them and pieces of meat are thrown on the ground for them to eat. More so, the Xhosa girls are taught not to date an '*inkwenkwe*' a man who is not circumcised in accordance with the Xhosa custom. They are given names like 'dogs', 'cowards' and this creates the

atmosphere of alienation and trauma. To find solace and peace of mind, those whose children have disgraced and undergone medical male circumcision migrated to other places.

One of the village heads in an interview confirmed that some families migrated from Lortondale area to Circle C and Kenilworth resettlements before the rainy season of 2014 because they could not bear the embarrassment that was brought home by their children through defying their culture opting for medical male circumcision. Displacement is very costly in a traditional sense. It means one has to leave behind his/her acquaintances, the place which one has been familiar with from birth, more so the graves of one's kinsman which he/she occasionally visited for ancestral veneration, hence being even disentangled from the spiritual world.

Sibiya (2014 p.37) supports this view when he asserts that "In the context of traditional male circumcision within the Xhosa tribe I contend that the manner of the performance carries more spiritual significance than anatomical removal of the foreskin". On the same note, WHO (2009) see spirituality in ritual baths for spiritual protection and renewal of family ties and teaching of the beliefs of the initiate's ethnic tribe during the seclusion period. All these become areas of disengagement from the Xhosa community due to medical male circumcision.

Apart from physical and spiritual disunity mentioned above, medical male circumcision dismantled the Xhosa people of Lortondale area from their forms of education during the circumcision ceremonies. An elderly respondent who was interviewed noted that; *ukusoka* is a traditional school on its own, patience, courage and self-control is taught by means of deprivation. Initiates are taught the culture of the Xhosa tribe in the bush. It is where transmission of cultural knowledge, skills deemed necessary for the development of the initiate's personality and sexual issues are delivered.

There are also dilemmas associated with medical male circumcision among the Xhosa. The people who are responsible for the process of circumcision are no longer the elders of the community but medical practitioners such as nurses. In the Xhosa tradition, women are not allowed to take part in the circumcision rituals but what now exists is a situation where even female nurses are in control of the whole process. The quandary lies where the community finds it difficult to question such practices as they also rely on the health department for food handouts.

## Final thought

It is worth reiterating that the concept of medical male circumcision as an intervention that the Zimbabwean government and the health sector have chosen to fight HIV/AIDS and STIs is not new to its recipients especially in Lortondale area. Instead, it has caused discord through family disintegration and disunity. To redress the social damages is by any means fruitless since other community members have migrated and other young

boys have engaged in the irreversible procedure of medical male circumcision despising their tradition, only a synergy to have the medical male circumcision that is rooted in the local people's culture can be possible. The paper has presented that circumcision rites are important ceremonies and a part of the Xhosa people at Lortondale area, and that the introduction of medical male circumcision from 2009 in Zimbabwe never brought peace and unity in this community. Therefore, a synergy in which medical male circumcision is performed in a cultural context is considered necessary in this paper. It brings to halt community discord and family clashes among the people of the same clan. A synergy suggests common grounds where the two notions can be tied together to suit the modern environment without compromising the significance, purpose and meaning of either of the two. A synergy is also necessary to come up with a method that is culturally responsive and in congruence with the local community. This will ease the tension between the two notions under study.

The health sector and its facilitators should consider that male circumcision is more than the "removal of the fold of skin that covers the head of the penis" (Parirenyatwa 2014) reducing the chances of contracting HIV by 60% (WHO 2009). It has a multifaceted meaning of cultural, spiritual, traditional, and religions function to the Xhosa people of Lortondale area in particular. According to one view, any community development should be rooted in the local people's tradition and culture for its success and sustainability. As such, for harmony and acceptability of medical male circumcision by the traditional Lortondale community the medical male circumcision campaigns and monitoring teams should put on their agenda and prepare themselves first to understand the tradition of their recipients. Thus, the value of traditional male circumcision should be the foundation of medical male circumcision.

This study has brought out the circumcision dilemmas and conflicts among the Xhosa people of Lortondale area in the Matabeleland North province of Zimbabwe. It has shown that apart from being a solution medical circumcision has to some extent become a problem which befell this community immediately after 2009 when Zimbabwe adopted results from Kenya, Uganda and South Africa. The adoption of medical circumcision has been bed rocked on the assumption that it can curb HIV transmission by 60% from female to male and thus attention has thus been given to medical circumcision, which has come to be sold as 'smart'. Family disunity and disintegration are some of the conflicts where some families have now turned against their traditional practices. The counteracted element of secrecy as well as sacredness associated with traditional circumcision among the Xhosa people have now been eroded somewhat. It is hoped that from the results provided a synergy be considered as a way that restores peace and order in the society under study.

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