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## ***Ulwaluko* rite of passage among the Xhosa in South Africa: the challenges relating to poor standards in unlicensed circumcision schools**

MPATENI, Aphiwe and KANG' ETHE Simon Murote

### **ABSTRACT**

*Ulwaluko is a rite of passage in IsiXhosa, South Africa. The rite is practiced for the fulfilment of health, cultural, identity and spiritual needs. As part of the rite, boys have their foreskin surgically removed through a process called circumcision performed by IsiXhosa nurses called ingcibi with the help of amakhankatha (indigenous nurse). This process happens at IsiXhosa circumcision schools or centres. A genuine school is run by qualified and respected amakhankatha and their assistants with permission and monitoring from leaders and cultural custodians. If not properly done, ulwaluko results in physical, psychological and emotional challenges on initiates, which is why, permission and monitoring are required. The study reported in this article was carried out in Alice, Eastern Cape to understand some of these challenges. The study was exploratory, descriptive and qualitative in design; and used an interview guide to facilitate focus group discussions and one-on-one interviews. The study revealed that there were fake circumcision schools that were run by incompetent surgeons and nurses. These schools did not adhere to IsiXhosa and government standards. The fake schools are cheaper and are preferred by parents. However, physical, psychological and emotional risks associated with circumcision were more prevalent in these fake schools. These challenges could be solved if the IsiXhosa leadership, cultural custodians and parents work with the government to improve schools, and stem out fake schools. The social work profession needs to understand the cultural, spiritual and health needs of families and communities, and work with them and government to meet these needs.*

**KEY TERMS:** amakhankatha, ingcibi, Xhosa, male circumcision; social work, South Africa, ulwaluko

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### **Author/s details**

Mpateni Aphiwe: PhD Candidate, University of Fort Hare, Department of Social Work and Social Development, Private Bag X1314, KWT Road, 5700, Alice, South Africa. Email Address: aphiwempateni@gmail.com or ampateni@ufh.ac.za

Kang' ethe Simon Murote: Lecturer (Professor), Walter Sisulu University, Department of Social Work and Psychology, Faculty of Humanities, Social Sciences and Law. Email Address: skangethe@wsu.ac.za

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## INTRODUCTION

*Ulwaluko* is a rite of passage in IsiXhosa, South Africa. The rite is practiced for the fulfillment of health, cultural, identity and spiritual needs. As part of the rite, boys have their foreskin surgically removed through a process called circumcision performed by IsiXhosa nurses called *amakhankatha*. This process happens at IsiXhosa circumcision schools or centres. A genuine school is run by qualified and respected *ingcibi* and their *amakhankatha* assistants with permission and monitoring from leaders and cultural custodians. If not properly done, *ulwaluko* results in physical, psychological and emotional challenges on initiates, which is why, permission and monitoring are required. The study reported in this article was carried out in Alice, Eastern Cape to understand some of these challenges. The study was exploratory, descriptive and qualitative in design; and used an interview guide to facilitate focus group discussions and one-on-one interviews. The study revealed that there were fake circumcision schools that were run by incompetent nurses. These schools did not adhere to IsiXhosa and government standards. The fake schools were cheaper and were preferred by parents. However, physical, psychological and emotional risks associated with circumcision were more prevalent in these fake schools.

## XHOSA SOCIO- CULTURAL PERSPECTIVE OF MALE CIRCUMCISION

Among the AmaXhosa, male circumcision is done to instill maturity and it shapes good behaviours and morals, and marks transition from boyhood to manhood. This practice, and socio-cultural perspective is not only found among the Xhosa, but many other African societies. Traditional male circumcision as a cultural practice contributes social cultural capital as those who undergo the rite are respected and play a significant role in maintaining order and stability in societies. The rite builds social relations and contributes to psychological, cultural and social development of human beings. Conceptually, traditional male circumcision is a surgical procedure conducted to adolescent boys once they reach a particular age, which is usually the age of 18 years according to the law of countries such as South Africa but can be as low as eight days in Jewish culture. Largely, the practice serves cultural, religious and medical purposes (Ntombana, 2011). According to Kang'ethe (2013), it is the removal of the foreskin, (which in IsiXhosa language is referred to as *ijwabu*). Kang'ethe (2013) further asserts that it signifies the rite of passage and marks the passage of a boy from boyhood to manhood. For medical purposes, traditional male circumcision helps in reducing the chances of contracting infections such as HIV/AIDS and other sex related infections (Mpateni, 2017). Procedurally, among the Xhosa community in South Africa, the boy is sent to the mountain under the care of an indigenous nurse, referred to as *ikhankatha* who stays with the initiate throughout the healing process as appointed by the parents due to the experience and knowledge of caring for initiates (Nomngcoyiya, 2015). If not properly done, this rite can result in physical and psychological challenges (Mpateni and Kang'ethe, 2020). If challenges are severe, society begins to wonder if the rite is necessary. Reports of injuries and fatalities have been communicated in Alice, and other parts of South Africa. Nomngcoyiya and Kang'ethe (2017) assert that the rite is important and government has to intervene strictly and address the health hazards that appear to fail this rite of passage. This rite of passage has experienced challenges in modern day South Africa. One of them is commercialization of the practice. According to Nomngcoyiya (2015), this Xhosa rite has been misused both by the cultural custodians and the traditional surgeons who have commercialised it. Another problem is with fake circumcision schools. Perhaps, due to lack of knowledge and cultural blindness, most parents have sent their sons to fake circumcision schools where they suffer miserable treatment in the hands of fake surgeons bereft of adequate social and health ethos (Kang'ethe, 2013). Sadly, the level of incompetence associated with fake circumcision schools have presented gruesome consequences such as deaths and a constellation of health hazards as compared to the licensed and registered ones.

## METHODOLOGY

Data for this article were obtained from the research study that was conducted in Alice, Raymond Mhlaba local municipality, Eastern Cape in the year 2016. The study was conducted in Alice area because it is the area that has most of its population participating in traditional male circumcision. In a study that was conducted in Alice, 2015, it was revealed by the findings that, Alice is at a risk of health factors associated with traditional circumcision of male adolescents and it appeared that most initiates who suffered the hazards become victims of psychological and emotional doldrums. Alice is the area that has a nearest men's clinic and the associations that deal with traditional male circumcision, such as the Association of Ingcibi Namakhankatha. The researcher believed that Alice has high population density of adolescents as it has university of Fort Hare and Lovedale College with many adolescent males.

The study used a qualitative research method by employing an exploratory and a descriptive research design to explore the phenomenon and describe it. The study used in- depth interviews, focus group discussions and key informants to collect data on attitudes and perceptions of the participants on the issue of health factors that lead to psychological challenges. In this qualitative study, an interview guide was utilized as an instrument of collecting

data from the participants. The interview guide was made up of open-ended questions that allowed participants to dwell more on the discussions and give more facts as much as they could. The researcher anticipated the period of an hour for interview session, but the session took two hours. The researcher took use of non-probability sampling, particularly, purposive sampling. This is justifiable as the author focused on five (5) male adolescents; ten (10) health practitioners; five (5) parents two (2) females and three (3) males); one (1) traditional leader; two (2) traditional nurses; one (1) member of Association of Ingcibi Namakhankatha and one (1) traditional surgeon.

In consideration of ethical principles, the researcher wrote two letters to seek consent from Alice community. One letter was received by the Head man, while the other was received by the councilor. Telephone calls were made to arrange meetings with community significant others and the researcher had to go and recruit some of the participants in the community. Consent forms were arranged promptly and distributed to the participants seeking their assent to participate in this study in respect of ethics. One-on-one interviews with key informants; one member of Association of Ingcibi Namakhankatha, one traditional leader, two traditional nurses, one traditional surgeon and focus groups discussions; ten health practitioners, 3 parents and five initiates helped the researcher to gain information. The University of Fort Hare Govan Mbeki Research Development Centre (GMRDC) had been informed of the research, and the ethical clearance certificate was received to provide approval after review by the research ethics committee. The author wrote a letter that was university stamped to gain entry from the headman and chiefs of the community. Consent was gained from the participants as there were consent forms that were granted by Govan Mbeki Research Development Center (GMRDC) to be signed by participants who agreed to participate in the study. Department of Health was written a letter to, by the author to gain entry. Such ethics as confidentiality, avoidance of harm and respect of participants were taken into cognizance (De Vos et al, 2012). Data was collected in IsiXhosa as all participants were sampled from Alice communities who speak IsiXhosa.

Interviews were conducted at Men's clinic, House of Ingcibi *nama* Khanakatha and in the community of Alice with selected groups of participants who were found in that particular area to participate in the interviews. The selection of the participants took into cognizance factors such as age, culture but did not subjugate women as genders were both included in the study. The author monitored the interviews during discussions. During interviews, participants's responses were recorded with an audio recorder and the author took notes.

Thematic analysis was used. The raw information was harmonized as some information was written in IsiXhosa and others in English, so it was raw and inconsistent therefore the researcher had to choose important information. The data was easily analyzed and arranged to make sense in the simplest way possible. Themes were identified to ease the process of analysis. The researcher took use of quotes from the participants and that helped to organize and explain the findings correctly and maintain the original meaning from the participants.

## FINDINGS AND DISCUSSION

Table 1: Demographic information

Participant number	Units of analysis	Gender	
		Male	Female
1.	Member of Association of Ingcibi Namakhankatha	1	0
2.	Traditional surgeons <i>ingcibi</i>	1	0
3.	Initiates (adolescents)	5	0
4.	Parents	3	2
5.	Health practitioners	10	0
6.	Traditional nurses <i>amakhankatha</i>	2	0
7.	Traditional leader	1	0
<b>Total</b>		23	2

### *The challenges with fake schools*

Some of the initiates brought to the fore the following sentiments:

*Traditional nurses would beat us; they would insult us and shout at us unnecessarily, as a result I suffered stress and frustration (Participant: H - Focus Group).*

*My nurse never wanted to even give me a drop of water, and I was feeling dry and dehydrated (Participants: I, D & H- Focus Group).*

*Beating led to injuries, as a result I was crying the whole night, feeling pains and torture (Participants: I, J & L- Focus Group).*

With the contemporary media reports of year- in- year out episodes of deaths of the initiates under the hands of traditional male circumcision, more especially in Eastern Cape Province and Pondo land, this is a poignant departure from what was expected and experienced in yesteryears when cases of clinical hazards were very limited. This study also, revealed the following sentiment related to deaths associated with traditional male circumcision which led to psychological and emotional doldrums to those who witnessed the deaths of their fellow initiates:

*I used to hear about deaths on radio and television, the year I underwent traditional male circumcision, my fellow initiate could not cope and he succumbed to death (Participant: J - Focus Group).*

*The death of the initiate in front of me left an undying picture as a result; I am still traumatized as I never associated the rite of circumcision with deaths (Participants: I- Focus Group).*

*I am always afraid during the seasons of traditional male circumcision as if someone will be reported dead (Participants: I, J & L- Focus Group).*

### **Psychological effects of hospitalisation**

Despite the episodes of unexpected challenges that compromise psychological state of the initiates such as hospitalization of initiates, circumcision, therefore among the Xhosa community is a rite or a ritual which must be performed to the boys if adulthood is to be effectuated and approved by the whole society. Some of traditionally circumcised men revealed the following sentiments.

*I had to go to hospital because I was a patient of asthma, I was stressed as that was to mean that I was weak, but I had no choice (Participants: H, J & K- Focus Group).*

*...I thought everyone would understand, but some of them said I am a fake man...that did not treat me well as I feel like going to the mountain was useless. That frustrated me and stressed me (Participants: I, J & L- Focus Group).*

The occurrence of negative outcomes, such as health hazards leading to the initiates who suffered, being stigmatized as being boys and “sissy” because they were attacked by circumcision accidents therefore, is an undesirable spinoff that is negatively impacting on the dignity of the rite. Participants revealed the following:

*I was not feeling well in the mountain and I even wanted to go to hospital, but I was afraid because my friends would refer to me as sissy (Participant: L- Focus Group).*

*I was living in fear, I was frustrated, even now, I am stressed because my peers don't want to stay with me as they say I am a sissy (Participants: I, J & L- Focus Group).*

*Social exclusion leads to stress and frustration because I am not participating in community gatherings due to hospitalization, crying and using western medicine (Participants: I, J & L- Focus Group).*

*Our communities disrespect us if we go to hospital, my nurse told me to endure those painful circumstances because if I get hospitalized or use any Western medical substance, I am not going to be a real man (Participants: J & L- Focus Group).*

## **DISCUSSION**

The main purpose of the Xhosa male rite of passage which is cultural fulfillment and moral regeneration. Sadly, the study revealed that there are challenges with modern day Xhosa circumcision. The main challenges emanate from fake circumcision schools that are inexperienced and have commercialized the practice. Study findings blame these unlicensed and untrained traditional surgeons and nurses who run the trade of the rite under unrecognized circumcision schools. The fake schools have very low standards and this increase the risk of clinical hazards. Mpateni (2017) contends that, the health hazards continue hindering the psychological and emotional state of initiates, and the study further recommended that, social workers should play a role in giving emotional support to the victims of health hazards as some health hazards gravely affect the emotional state of initiates (Mpateni and Kang'ethe, 2020).

Hospitalisation of those who experience clinical hazards can help them heal physically but it results in social and psychological challenges such as social exclusion and stigma (Mpateni and Kangethe, 2020). Research findings also revealed that, those who have been hospitalized are given names in the communities such as “sissy” and they feel different from the entire intimates. Stigmatization has led the victims to isolate themselves, suffer anxiety, distress and even loose attachment to reality (Swartz et al., 2011). A hospitalized inmate is seen as weak. Hospitalization of initiates has indeed led to a painstaking life as they have been down-looked or disregarded by others as being real men. That has led them to think that they are useless in life. The next of kins of victims also suffer as they believed that, by sending their son for initiation, they were building a family leader, it become excruciating to have their soon hopeless and despondent due to manifestation of health hazards that haunt them throughout their remaining years of living (Feni and Fuzile, 2013). The study indicated that, parents do not pay attention to selection of traditional nurses, opting for those who are cheaper. Parents relax at home and they do not monitor the initiates and see to it that they are safe (Mpateni, 2017). Mpateni and Kang'ethe (2020), contend that, ignorance by parents and lack of knowledge from the traditional nurses have led to challenges. Another issue associated with hazards is timing of weather. Consideration of season when sending the child for traditional male circumcision has been reported to be another factor in addressing manifestation of health hazards that lead to psychological doldrums. Mpateni (2017) is of the view that, winter season should be considered for traditional initiation than extremely hot summer conditions.

### RECOMMENDATIONS AND IMPLICATION FOR SOCIAL WORK

- Government has to ensure that no schools operate without permission and that owners unlicensed circumcision schools are criminally charged.
- Departments of Health and Social Development have to educate people of risks that are associated with fake circumcision schools.
- Build capacity of *ingcibi* and their *amakhankatha* and their associations.
- Social workers have to work hand in hand with cultural custodians to try and render support services to victims of health hazards.
- Policy makers need to introduce policies that govern the rite of male circumcision, particularly to curb the health hazards.
- Government must fund the house of traditional leaders to educate people of legitimate and illegitimate circumcision schools.
- It is also important to conduct cross-sectional qualitative research studies that may identify gaps and recommend possible solutions to those challenges.

### CONCLUSION

The main purpose of the Xhosa male rite of passage which is cultural fulfillment, social and moral regeneration and health maintenance. Sadly, the study revealed that there are challenges arising from fake Xhosa circumcision. Fake circumcision schools are associated with several health hazards. Unequivocally, the health hazards lead to psychological and emotional challenges to those who had to be hospitalized or opt for western methods of healing. Government needs to deal with fake circumcision schools and work with cultural custodians (including *ingcibi* and *amakhankatha*) and Xhosa leaders to improve this important rite of passage.

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