

An Autopsy of Pertinent Psychosocial Deficits Espoused in Contemporary Traditional Male Circumcision in South Africa: A Literature Review

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KEYWORDS Circumcision Accidents. Circumcision Mishaps. Community Networks. Cultures. Cultural Identity. Traditional Male Circumcision

ABSTRACT Hugely, and on account of year-in-year-out occurrences of circumcision mishaps especially in some parts of the Eastern Cape Province, the current traditional male circumcision practice is continually robbing societies of their erstwhile social capital that has been usually associated with the rite. The aim of the article through the use of desktop literature review method is to engage in discourse, discussions and debates on pertinent psychosocial deficits espoused in the contemporary traditional male circumcision in South Africa. The paper findings indicate that the initiates and their families suffer the following bouts of psychosocial deficits: psychological and emotional loss, socio-emotional disequilibrium, betrayal and apathy. The article recommends a need for multi-sectoral assistance packages, various welfare psychosocial assistance and support, multidisciplinary professional interventions, and the need to institute circumcision victim support centers.

INTRODUCTION

Regrettably, the practice of traditional circumcision practice (TCP) in South Africa appears to be in disarray. This is because most of the stakeholders involved in the traditional male circumcision process appear to be besieged by psychological, social and emotional challenges that impede their wellbeing and social functioning (Bottoman et al. 2009). Socially, every Jack and Jill in South Africa, people from the neighboring countries, and even those from the international community have been devastated, disillusioned and disenfranchised by the perfidious atrocities that have besieged the traditional male circumcision (Deacon and Thomson 2012). What triggers their worries is the fact that year-in-year-out, traditional male circumcision has been riddled with a barrage of initiation mishaps, the gravest one constituting the loss of the lives in the circumcision related deaths (Eastern Cape Initiation Report (ECIR) 2014), while other initiates lose their sexual reproductive appendages and thereby undermining their source of manhood, or sustaining permanent life scars that no medicine can heal (Gwata 2009; Matobo et al. 2009). Others become paralyzed and virtually disabled (Rijken and Dakwa 2013).

Emotionally, it is agonizing not only for the parents, families and significant others, but also to the society at large including the government to witness these perfidious and perilous circumstances associated with the contemporary traditional male circumcision in the Eastern Cape (Mavundla et al. 2010; Ntombana 2011). Largely, this scenario casts a bleak picture and a heavy shadow of doubt on the country's capacity to preserve its youths for future leadership (Meel 2005). Obligation wise, these researchers think that the government of the day needs to be held accountable for these perfidious deeds and their ramifications. This is because the government is duty bound to protect the health and the rights of all. It's non-negotiable as it is its constitutional imperative (Maseko 2008). Sadly, if the country continues to watch these perilous moments become a reality, year-in-year-out, perhaps then the government could be losing its cardinal responsibility of safeguarding the inalienable rights of its people (Sidley 2008).

In essence, although traditional male circumcision for African people has been perceived as a tool of professing societal good embedded with immense social capital (Ntombana 2011; Kang'ethe 2013), ironically also, it has for almost two decades been largely associated with

serious cultural and social spinoffs indicative of facilitating the violation of the initiates' rights as well as those of their families and communities at large (Maseko 2008). For example, in her study of the therapeutic work with young people and children, Robson (2010) believes that all the young people as well as children have needs that must be met if optimal growth and development through wellness dimensions (physically, psychologically, emotionally, cognitively, socially, mentally and spiritually) are to be realized. These wellness dimensions strongly corroborate with Abraham Maslow's hierarchy of needs such as the need for basics, physical care, protection (to be kept safe and protected from danger), the need for security, guidance, support and control, love, affection and respect, the need for stimulation to learn and access to schooling, and the need for autonomy and responsibility (Robson 2010; Swatz et al. 2011). However, if such social and wellbeing imperatives are impaired, then this may result in delayed development, which may lead to psycho-emotional distresses and a huge cause of social dysfunctions (Weber and Sherwill-Navarro 2005).

Problem Statement

Indubitably, contemporary traditional male circumcision among South African communities practicing the rite appears to be in disarray. The year-in-year-out cases of deaths of the initiates especially in the Eastern Cape constitute full proof evidence that the rite is facing perilous moments that need to be addressed or diagnosed. This is with the hope of coming up with an inventory of challenges that bedevils the practice. This will also enlighten the government of the day to work on them to make traditional male circumcision in South Africa a death-free culture. This paper, therefore, is an endeavor to do an autopsy of pertinent psychosocial underpinnings espoused in contemporary traditional male circumcision in South Africa.

METHODOLOGY

This paper has adopted a literature review methodology and has immensely benefitted from an array of literature sources such as recent newspapers, magazines, academic journals, books, as well as these researchers' experiential knowledge and prowess on the domain of traditional male circumcision in South Africa.

OBSERVATIONS AND DISCUSSION

Pertinent Psychosocial Deficits Espoused in Contemporary Traditional Male Circumcision in South Africa

State of Psychological and Emotional Loss

Apparently, one of the spinoffs associated with contemporary traditional male circumcision (TMC) includes a state of agonizing and appalling psychological and emotional pains it inflicts on the initiates and their families during the rite of passage from boyhood to manhood (Feni 2014). Due to various perfidious circumstances usually associated with the contemporary state of the rite, such as the initiation mishaps and even deaths, families, relatives and even communities including the initiates find themselves in a state of psychological and emotional pain and loss that disturbs their social functioning (Nomngcoyiya 2015). This is because parents, mothers, sisters and brothers, who are preparing for the boy to go through the rite always anticipate the danger, for example, a possibility of their son, or their brother to fall victim of a particular initiation mishap, for example, coming back home from the "bush" (circumcision school) without "manhood" or even hearing of his death (Feni and Fuzile 2013).

To this end, diverse literature on contemporary traditional male circumcision suggests that young men that have fallen victim to the scars of circumcision accidents endure a state of emotional turmoil and experience bouts and pangs of depression that are coupled with intrusive thoughts, emotions, and behavioral change, with suicidal ideation being a likelihood (Bottoman 2009; Nomngcoyiya 2015). Seemingly also, psychological and emotional deficits associated with traditional male circumcision involve multifaceted effects that are physical, physiological, psychological, sexual, emotional, mental, occupational, cultural and spiritual, all largely and negatively affecting the individuals' wellbeing and their social functioning. According to Murray and Miller (2001), these multifaceted wellness dimensions cut across the social and racial spectrum, as they are experienced by both, those who are circumcised medically or traditionally. Unprecedentedly also, the initiates even during the rite of passage are compelled to perform various humiliating activities such as sing-

ing songs and dances all night long, being scorned and mocked at, being coerced to color their skins with mud, as well as being forced to walk along the road naked. Realistically, these embarrassing and nerve racking circumstances have a lasting negative impact on the young men even after they have graduated from the initiation school (Mbachii and Likoko 2013).

In the same vein, Boyle et al.'s (2002) findings revealed that even in some settings of the Western world, circumcision was associated with pangs of anger and aggression, feelings of being victimized and mutilated, low self-esteem and social isolation. These factors do not only impact the initiates' emotional and psychological wellbeing, but also on their future sexual lives. This scenario has led Krieger et al. (2008) to suggest that most men complain about poor sexual satisfaction as a result of sexual anxieties, reduced emotional expression, lack of empathy, and avoidance of intimacy. Moreover, religious, cultural and spiritual aspects associated with belief systems such as the fear of misfortune, fear of contamination by impurity, fear of failing the test of manhood, fear of harassment and possible ostracism seem to be dominant in traditional circumcision, especially in the contemporary South Africa.

State of Socio-emotional Disequilibrium

Interestingly, in the yesteryears, the preparation pertaining to traditional male circumcision was associated with bliss, happiness, excitement, euphoria and exhilaration, usually manifesting itself through ululations, traditional drum beats, whistle blowing, traditional spiritual songs and dances. This heralded and marked immense societal social capital in the society and was a huge milestone of cultural accomplishments in the lives of the young men involved, their families and relatives, and also the entire community (Ntom-bana 2011; Kheswa et al. 2014). Unfortunately, in the contemporary epoch, there has been a strategic and a paradigm drift. Evidentially, people's situations and temperaments have changed as they increasingly view the rite as carrying a possible opportunity for ruining their children (Kepe 2010). The ceremony, therefore, has changed its cultural goal posts to an extent that the erstwhile state of happiness and bliss is no longer in the minds of those around the lives of the initiates. Sadly, the state of year-in-year-out

occurrences of mishaps has ushered in the societal state of emotional disequilibrium. This state can only be changed if the rite can be associated with no danger of the initiates. This will perhaps involve carefully diagnosing all the underpinnings associated with the rite and fixing all the possible gaps that contribute to the glaring contemporary incompetence that are characterizing the rite in the recent past (Feni and Fuzile 2013). Further, the current state of the initiates having to be punished and embarrassed, as part of the initiation process has also driven the initiates and those close to them into a state of emotional exhaustion.

Strangely, it has not been clear either in the minds of the initiates or rational thinking individuals why the traditional nurses have to assert their authority and power over the hapless initiates by coercing them, for example, to sing songs and dances all night long, make initiates color their skins with mud as well as make them walk along the road naked. Possibly, the questions that keep on lingering in the minds of the initiates and significant others are whether those acts have any cultural significance. Are these not some of the deeds that make the culture look a mockery and veering off the cultural goals posts (Mbachii and Likoko 2013). Increasingly, the traditional male circumcision goal posts and its cultural terrain appear to be under siege (Swatz et al. 2011). This is because the cultural innuendos associated with the contemporary traditional male circumcision are indicative that the culture is increasingly losing direction, communities are increasingly losing confidence with it, and the rite is slowly attracting some degree of abhorrence and mediocrity (Nomngcoyiya 2015).

Gravely also, the social, physical and psychological terrain of the lives of the families whose sons have fallen victim of the initiation accidents have had hiccups as their lives embrace a state of harrowing and painstaking emotional deficit (Kheswa et al. 2014). Increasingly, such families instead of celebrating have been thrown into a state of mourning the deaths of their young boys that became victims of botched circumcision. They have had their social and emotional strength dry in seeing their sons' lives, for example, with either partial or total penile amputation, or other physical disabilities as a result of circumcision accidents (Mavundla et al. 2010).

Further, in certain areas of the Eastern Cape, for instance, the hearts of those whose sons have succumbed to death during the circumcision practice are heavily bleeding, devastated, and driven into a state of anger and disenchantment, not knowing exactly who to blame. While some are increasingly pointing fingers at the traditional nurses for their incompetence, these researchers are being forced to reroute the blame to the government for fence sitting for close to two decades when the challenge of botched circumcision started rearing its head around 1995 (Peltzer and Kanta 2009). Even if some may wish to see the government as having left the fray to the Department of Traditional Affairs, the government as the supervisor of the departments should not have allowed the challenge to drag its feet for far too long a period of time (Kang'ethe 2013; Nomngcoyiya 2015). Therefore, the government should still be answerable to the unabated state of the deaths of the initiates in Eastern Cape. A new solution needs to be sought. People's lives cannot continue to be sacrificed on the altar of culture and its spinoffs.

Feelings of Betrayal

Indubitably, betrayal in its essence is one of the most excruciating human experiences that put an individual in a state of helplessness or hopelessness coupled with intrusive and distorted thoughts (Bottoman et al. 2009). Although the concept of betrayal is usually associated with intimate affairs, however, it comes in various forms such as vicious gossip (Kaschak 2001). Evidentially also, there is immense betrayal of the young men and their families who suffer the scars of traditional male circumcision accidents. They have been betrayed at the altar of culture and its spinoffs. While the society feels it is crucial that culture is fulfilled, the initiates have been forced to carry the burden of the cultural spinoffs such as becoming the victims of the rite through the incompetence of the traditional surgeons and nurses (Mavundla et al. 2010).

Indubitably, traditional male circumcision practice (TMCP) accidents and deaths in South Africa continue to inflict great pain and hardships on many people that are practicing the rite, especially the newly initiated men (Peltzer et al. 2008b). Among the continuum of the betrayers are the scores of cultural custodians such as the chiefs, traditional surgeons and nurses who are bestowed with the responsibility of

ensuring that everything during the rite of passage goes accordingly (Kigozi et al. 2008). Regrettably also, these custodians have abandoned their noble task, have not been sincere to the cultural paths and have instead pursued the rite with different goals, the actual goal post being swept under the carpet (Mahada 2004). Increasingly, literature on the commercialization of the practice by the cultural custodians especially the traditional nurses has been reported (Rijken and Dakwa 2013; Feni and Fuzile 2013). But parents and significant others in the society cannot escape the blame of being betrayers. This is because some are clandestinely colluding with illegitimate circumcision practitioners and bogus circumcision schools that are increasingly ruining the lives of the initiates (City Press 2013).

Moreover, feelings of betrayal associated with traditional male circumcision victims become rife as they have to grapple with the notion of having to deal with the state of stigmatization, labeling and rejection that comes when the initiates fall victim of the initiation accidents and end up at the hospital (Vincent 2008; Kepe 2010). Such initiates are viewed as cultural cowards, weaker men who cannot withstand strenuous cultural circumstances. Also, the victim of the circumcision accident is considered to have a weaker relationship with societal deities and the spirits of the ancestors (Bottoman et al. 2009). Unfortunately also, the initiation victims are put in the category of men that cannot be bestowed with the responsibility of leading the community, or those who cannot be allowed to enjoy all the privileges of manhood, as they are usually not regarded as men enough (Witbooi 2005). If the society and every possible key circumcision stakeholders fail to lend an ear to their plight, this might as well strengthen the new trend and wave by the victims utilizing the circumcision as a tool for vengeance (Champion and Durant 2001). As a result, other young men that will go through the rite of passage from boyhood to manhood might eventually become the next targets of the younger traditional nurses who may have borne a lot of pain during their circumcision rite (Nomngcoyiya 2015). Perhaps with an adequate psychosocial support mechanism, the betrayed person could be helped bring to the fore feelings of vulnerability that usually lie dormant to ignite anger and outrage.

State of Apathy

Apparently, and in recent times, social and emotional apathy seems to have struck the house of traditional male circumcision. The social circumcision fiber of communities that are practicing the rite in South Africa is no longer tenable. Undeniably, the state of apathy has emanated from the horrendous and pinching environment of circumcision mishaps and even deaths (Peltzer et al. 2008a, 2008b). Such phenomena have disenfranchised a lot of people, driving them into a state of powerlessness, haplessness, disenchantment and disarray. Hugely, the newly initiated men have increasingly been driven to suffer physical, psychological and emotional scars coupled with anxiety, apathy, and emotional disequilibrium (Hammond 1999). Perhaps what is striking is that instead of those who are victimized getting consolation and solace from the cultural custodians (who are usually the drivers or the contributors of the accidents), the cultural custodians especially the traditional nurses are the first one to accuse, mock, and deride the victims. Perhaps this is an indicator of not only cruelty, but also a failure on their side to acknowledge and regret their position as the perpetrators of the vice so caused (Nomngcoyiya 2015).

Indubitably, the state of newly initiated men's apathy has been experienced differently by different people. This also depends on the level of stigma an initiate is subjected to and also their capacity to be resilient. In the report findings by Move Magazine (2014), one of the circumcision victims indicated that he had to end even the intimate relationship he had with his girlfriend and any interaction with the closer friends he had before he underwent traditional circumcision. He had fallen victim to apathy and felt unwanted by those who were close to him (Kigozi et al. 2008; Nomngcoyiya 2015). More so, many victims of the circumcision due to stigma that results to apathy end up living a very lonely, empty and secretive life without even having a desire to get married or have a girlfriend. This is very critical to those who lose their manhood. Perhaps the team of pioneering surgeons from the Stellenbosch University (SU) needs to be commended for having started a groundbreaking operation of penile transplant as an intervention of the victims getting back a penis (Roelf

2015). This is likely to bring back the victims capacity to reproduce. The phenomenon is also likely to make them feel that all is not lost (Move Magazine 2014).

CONCLUSION

It is critical that the government leads a serious diagnostic process of unearthing all the cultural underpinnings responsible for the unabated deaths and mishaps of the traditional male circumcision initiates especially in Eastern Cape. This is critical if the current incompetence in the process of circumcision is to be addressed or annihilated altogether. It is also critical that the victims' psychosocial needs and deficits are analyzed with the hope of strengthening the victims' psychosocial environment. Perhaps looking and relooking at the selection criteria of the traditional surgeons and nurses could be critical. The traditional leaders also need to come out of their cocoons of denial and accept that they have not been doing their tasks with cultural dignity. Otherwise, the current stalemate of the traditional male circumcision is slowly killing the culture of traditional male circumcision as many parents are increasingly bent on taking their children to undergo medical male circumcision.

RECOMMENDATIONS

Multi-sectoral Assistance Packages are Critical

These researchers call upon community networks such as non-governmental organizations (NGOs), Home-based Care (HBC), Community-based Care (CBC) and others to offer a helping hand whether ideologically, socially, psychologically or spiritually to the victims of the circumcision. When these mishaps occur, victims usually need help from as many people as possible because the nature of the accidents is very unique, complex and diverse. These researchers call upon every Jack and Jill in the community to find the tenets and values of Ubuntu within themselves in order to offer the much-needed psychosocial support for all the victims of traditional male circumcision. By this, these researchers appeal to South Africans to embrace such values that usually advocated for everyone to be his/her brother's keeper.

A Need for Multidisciplinary Intervention

The role of professionals and professional-ism in trying to bolster psychosocial capacities of the circumcision victims cannot be overem-phasized. It is critical that a multidisciplinary approach to offer the much needed psychoso-cial support is mooted. People should even adopt the principle and tenet of volunteerism to assist the victims. Optimistically, there is a need to de-velop a forum of multidisciplinary specialists that would appreciate and adopt the diversity of com-munalism, the knowledge, skills, expertise and valuable contribution and the role of different professionals in the community.

Urgent Need for Welfare Assistance Packages

These researchers also advocate for a con-tingency of welfare assistance packages as a way of strengthening psychosocial capacities for both young men who suffered during the rite of passage and their families. It is central that these people are afforded a continuous psycho-social support that is accompanied with thera-peutic counseling sessions by social service practitioners. Economic support from different welfare agencies is also central.

Need for Traditional Male Circumcision Victim Support Center

The need for victim support centers that are specially designed for the victims of traditional male circumcision is pertinent. Such centers should provide not only common victims pro-grams but also programs that are socially and culturally relevant in addressing the needs of such victims. Such support centers could be mobile in order to be able to reach even the most inaccessible areas of the Eastern Cape, particu-larly in Phondoland region.

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Paper received for publication on June 2015
Paper accepted for publication on August 2016