


# Changing Cultural Practices: A Case Study of Male Circumcision in South Africa

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## Abstract

This article presents a case study of Simon, a 25-year old Black South African male. According to his Pedi customs, Simon underwent traditional male circumcision (TMC) as a 12-year-old adolescent. He tells of his fears relative to this experience and how, over time, he transitioned from a belief in TMC to a strong preference for medical male circumcision (MMC). Using a single-case study design, the aim of the research was to explore the value of the exercise of choice in TMC, which may influence cultural perceptions of gender and masculinity. The study unpacks the way in which the meaning and experience of TMC is shaped by the social and cultural contexts of South Africa. This qualitative exploration complements conventional medical accounts of circumcision, which are often focused on the medical procedure while ignoring cultural and social factors. Issues of gender, particularly the construction of hegemonic masculinity and how it positions men, women, and young boys in relation to each other and their communities, are discussed. Simon's case study provides new insights and perspectives on personally and culturally sensitive issues which are not easily accessed nor commonly understood. Data collected via in-depth interviews were transcribed and analyzed thematically. Analysis applied information from the literature and key concepts from the theoretical standpoint of social constructivism. Case study analysis allowed space for unexpected, emergent themes to arise from the data. Four main themes were identified, notably language, silence, patriarchy, and masculinity.

## Keywords

traditional male circumcision, medical male circumcision, gender, masculinity

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In 2011, the South African National Department of Health (NDoH) introduced medical male circumcision (MMC) as part of the national human immunodeficiency virus (HIV) prevention strategy. While the rollout of MMC for HIV prevention has been scaled up in South Africa, traditional male circumcision (TMC) remains widely practiced. Statistics South Africa (2019) estimates that the HIV prevalence between the ages of 15 and 49 years is approximately 13.5%. MMC reduces men's risk of HIV acquisition by approximately 60% and it has the potential to reduce the national HIV-prevalence rate (Auvert et al., 2005). In view of this, the South African Government has actively engaged in the scale-up of MMC to prevent new HIV infections.

In South Africa, men can opt for one of two types of circumcision: TMC performed in initiation schools by traditional circumcision practitioners or MMC at private

or public health facilities. At present, only MMC is integrated into the South African National Strategic Plan for HIV, TB, and STIs 2017–2022, forming part of the HIV prevention package of services offered at the public health facility level. MMC and TMC involve the removal (and sometimes the partial removal in TMC) of the foreskin.

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Circumcision is practiced in many cultures around the world for ritual, religious, and medical purposes (including HIV prevention). Other purposes for TMC include the preparation of boys for warfare and for improving masculine virility (Siweya et al., 2018).

In South Africa, 57% of males between the ages of 15 and 49 years are circumcised, with wide variation in numbers across the nine provinces. Of all males in South Africa, 30% were circumcised by a health worker or medical professional while 27% were circumcised by a traditional practitioner (Statistics South Africa, 2019). Among the Black African population group, Peltzer et al. (2014: 127) reported “the prevalence of male circumcision to be 48.2%, of which 32.1% were traditionally circumcised and 13.4% were medically circumcised.” Setswe et al. (2015) identified a similar proportion of Black African men undergoing circumcision.

Geographical variations and differences such as culture, language, and religion play a significant role in the practice (Moses et al., 1998). A study conducted by the Human Sciences Research Council revealed that circumcision is common among ethnic groups such as the Venda (90.2%), Pedi (71.2%), and Xhosa (64.3%) (Connolly et al., 2008).

TMC is an integral part of the belief system of various ethnic and cultural groups in South Africa—such as the Pedi, which forms part of the Northern Sotho culture—and is performed in a nonclinical setting by a traditional circumcision practitioner with no formal medical training (Bottoman et al., 2009). Among the Pedi ethnic group, TMC is considered the pride of the nation, meaning that the Pedi's grew up with this cultural practice and it must remain part of their lives (Setswe et al., 2015). TMC is seen as a rite of passage to manhood and plays an important role in the socialization of boys and men. Initiation involves an informal learning process during which older men transfer the knowledge and skills that they deem necessary for being an adult male in their society. These teachings can include information about the cultural group and its rituals, relationships, adult roles and responsibilities, and respecting your parents. In Black South African communities that practice TMC, information about the custom is jealously guarded and is not for public consumption. Therefore, the details of what is taught have not been well documented (Sideris, 2005).

There have been concerns in South Africa about the safety of Black initiates undergoing TMC, many of whom have suffered injury and even death (World Health Organization (WHO), 2008). This has led to increased scrutiny by government, civil society, and the media, which have called for regulations on the practice and the development of strategies to deal with the problems. Nevertheless, these circumcision-related complications and deaths have not stopped communities from continuing with the practice (Vincent, 2008).

In South Africa, attempts to integrate MMC with traditional manhood initiation rituals still lack acceptability; 70% of Black men fear being stigmatized if they are circumcised medically and not traditionally (Peltzer, 2009).

TMC has longstanding historical significance and men seem content to rely on personal accounts from their communities, “families, and peers regarding the value of maintaining such traditional practices” (Howard-Payne, 2016: 52). Despite the support enjoyed by TMC, the practice is being revisited by former initiates owing to costs and safety concerns (Setswe et al., 2015). Traditional teachings accompanying TMC are being questioned in terms of gender and masculinity and the ways in which these (re)construct normative notions of, and options for, the expression of manhood (Nkosi, 2005).

In the Limpopo province of South Africa, the Northern Sotho people were raised with the practice of TMC and tie this to a cultural rite of passage to manhood. Accordingly, one of the key social requirements to attaining manhood in a village in Limpopo is to undergo TMC. The decision to do so is “influenced by social structures which promote TMC as the best acceptable practice” and, thus, young men opt for it (Douglas & Hongoro, 2018: 64). Limited research on TMC in Limpopo is a challenge (Sedibe, 2019; Siweya et al., 2018). The present study addresses this gap using the case study of Simon, a young Black man aged 25 who underwent TMC as a 12-year-old adolescent in a rural village in Limpopo. In recounting his experience, he describes his emotions, feelings, and perceptions as these relate to his shifting perspective from favoring TMC to advocating for MMC.

In so doing, Simon considers the broader social and cultural systems of shared beliefs and representations in which his experience is embedded. The aim of the study was to explore the value of the exercise of choice in TMC which may influence cultural perceptions of gender and masculinity.

### *Who Is Simon?*

Simon is a 25-year old Black, Pedi, unmarried male. Simon is currently enrolled at a local college and lives in Johannesburg, South Africa. His TMC experience is rooted in the Limpopo province and in the cultural practices of the Pedi, the ethnic group to which he belongs. The Pedi are a Northern Sotho subgroup that speaks various dialects of the Sotho language, one of the eleven official languages of South Africa.

## **Theoretical Positioning**

### *Social Constructivism*

Generally, the case study focuses on the content and structure of a participant's story (Riessman, 2008), as well as

the participant's growth and transformation (Clandinin & Connelly, 2000). The present case study is underpinned by social constructivism, which provides conceptual anchors for understanding Simon's everyday experiences and memories of circumcision within the Pedi culture. Social constructivism posits that social reality is constructed through human interaction. The emphasis is on human experience and knowledge construction and how people create meaning of their actions and experiences (Brinkmann, 2012). Memory is an important aspect of meaning making, as it is continually sustained and modified by interactive conversational activity (Berger & Luckmann, 1966). Processes in social constructivism can be seen to be working in TMC, which has deep roots in the social norms and structures of many traditional Black South African societies and ethnicities. Aggleton (2007) posits that male circumcision, whether performed in a medical or a traditional context, is a practice that holds a multitude of social meanings. Moreover, Northern Sotho social systems and the way they operate have an impact on men who are traditionally circumcised and manifest in the way they perceive and make meaning of their everyday life experiences. In the context of gender and masculinity, these social structures shape a man's worldview, beliefs, values, and expectations, and his sense of what is considered as normal and as right or wrong.

In this study, there is a link between Simon's personal experience of TMC and how he challenges dominant norms in his Pedi community, particularly their reluctance to accept MMC as a valid and valuable choice. The growing negative public focus on TMC and its underlying hegemonic masculinity and power—as opposed to his own world view of what it means to be a man—all motivate Simon to speak his mind and truth to his parents, brother, and young boys and men he encounters.

These social exchanges offer new ways of thinking about TMC and MMC and allow Simon to engage in the collective generation of new meaning among people. He creates new knowledge by sharing his experiences and encouraging young boys and men to share their fears with him, creating a platform to engage and giving them a voice. Through this endeavor, he is creating a social space for dialogue and interaction, empowering and liberating their minds in terms of socially constructed issues of patriarchy, masculinity, power over women, and urging them to exercise choice in the matter of circumcision.

## Method

### *Research Approach and Case Selection*

This study employed case study research as a qualitative approach. A single case study is an exploration of a bounded system where the inquirer has a clearly identifiable case and

seeks to provide an in-depth understanding of it (Creswell, 2007; Gustafsson, 2017). Pertinent to this study, the case potentially provides an indication of the broader population which it represents in an imperfect manner (Gerring & Cojocaru, 2016). In exploring Simon's experience, the qualitative case study approach provided a platform to gain a deeper understanding of the complexities and problems regarding TMC within a specific cultural context.

The single-case study design is appropriate for this study as it provides an opportunity for the researcher to access the personal experiences of the participant—the storyteller—in his natural setting and thus to understand his behavior, actions, and feelings in context (Clandinin & Connelly, 2000). Shakir (2002) mentions that the value of single-case research is methodologically viable in the study of extreme or unique cases. Simon's unique personal experience as well as his challenge to culturally endorsed perceptions of TMC fits this requirement, and furthermore, is of interest and value to broadening existing literature on the topic.

The subject in this holistic single case design was purposefully selected through a local public health facility offering MMC services. Purposive sampling allows the researcher to locate participants who can speak authoritatively on the research topic by virtue of their knowledge and experience. Purposive sampling is suitable for this study because circumcised men are a hard-to-reach population group and they are often not prepared to share their circumcision experiences (Neuman, 2012). The selection of Simon took place in two phases. The primary researcher (the first author) delivered a presentation about the purpose of the study to the staff of a public health facility, who were then encouraged to share the details of the study with eligible participants and refer them to the primary researcher. Simon approached the primary researcher directly and expressed an interest to participate.

Although pragmatic considerations such as participant expertise and access were relevant for selecting the case, these were not the overarching reasons. The case itself was interesting for what it represented and conveyed (Merriam, 1998). As indicated by Searwright and Gerring, (2008), it is important to select case studies that are influential. Simon was perceived to be both an influential and an atypical case of a young man who had been through TMC, but who subsequently reconsidered its value.

### *Data Collection*

This study employed in-depth interviews as a data collection tool. To complement the in-depth interviews, data collection included demographic questions and researcher field notes. The researcher recorded field notes in a separate notebook as observational insights

for the study. Field notes facilitated the capture of different dimensions of the conversations with the participant to facilitate a better understanding of the information provided, and to extend the picture from the fieldwork (Babbie & Mouton, 1995).

A series of three in-depth interviews lasting 1 to 2 hours each were conducted with Simon over a 3-month period. Rodriguez et al. (2003) point out, in-depth interviews enjoy great flexibility in obtaining information and are used with the aim of obtaining the maximum detail about participants' lifeworld experiences. An interview schedule (Annexure 1) was used to lead the interviews; this was developed using information from the literature, theoretical constructs, and the key research questions of this study. Open-ended questions gave the participant the opportunity to provide detailed information about his experience. Data saturation was achieved by the third interview when no new information arose. The interviews were audio-recorded and conducted in English as Simon is fluent in the language.

### *Data Processing and Analysis*

The lead researcher transcribed the audio-recorded interviews verbatim. Transcriptions were then exported to Nvivo<sup>®</sup>, a qualitative data management software package. The lead author used thematic analysis to analyze the data to provide a detailed, reasonable explanation of Simon's lived experience (Riessman, 2008). A two-step coding process was followed. The lead researcher read through all transcripts to develop an initial coding framework. The coding framework was examined by, and discussed with, the co-authors. The data were coded in order to capture the meanings of statements, and the codes were then examined to identify patterns and relationships.

Analytical processes included the interpretation of the identified themes, exploring differences and similarities between the themes, linking Simon's individual experiences to the wider social context, and connecting the interpretations to the literature. The case study analysis thus consisted of an integration of the factors of the case (Gerring & Cojocar, 2016). The analysis revealed four main themes namely language, silence, patriarchy, and masculinity.

### *Quality of the Data*

The researcher promoted quality (Flick, 2018) through conducting multiple follow up interviews with Simon to verify existing data over a 3-month period. During interviews, the principal researcher requested the participant to provide concrete examples with the objective of increasing the accuracy of the data and the interpretations. As a quality feature, she then reflected her understanding of his experience back to Simon to ensure that his views were

correctly represented and respected (Fick, 2018). To further enhance credibility, the researcher's interpretation and description of the case study were presented to Simon and he was asked to verify whether they were accurate and a true reflection of his experiences. To improve coherence, the researcher established a decision trail that details the decisions and interpretations she made throughout the study (Speziale & Carpenter, 2003). The use of data management software (in this case Nvivo<sup>®</sup>) also renders analyses visible to co-researchers and the ethics committee.

### *Ethics*

The research obtained ethical clearance (UFS HSD2018/1443) on January 9, 2019 from the University of The Free State's Health Sciences Research Ethics Committee. Ethics protocols were mindfully designed, informing the participant about the researcher and the nature of the research before he agreed to participate. His participation was entirely voluntary, and he had the right to withdraw from the study at any time. During the informed consent process, Simon indicated that he was content talking to a female researcher about circumcision. Additionally, the researcher ensured that she was as well informed as possible about the relevant cultural beliefs and practices of the Pedi community so that she could recognize and appreciate these throughout.

### *Findings*

Simon was raised to believe that the central tenets of masculinity within his culture are embedded in its traditional circumcision practices. Cultural beliefs dictate that when the time is right, young men should go to initiation school. Cultural practice also prescribes that anyone who is in violation of the rules governing circumcision, is to be taken away from the village. The ritual of TMC is one of the most exclusive, secretive, and sacred rites among the Pedi people and allows little, if any, outside interference (Skosana, 2011). "These rites play a social role, mediating intergroup relations, renewing unity and integrating the socio-cultural system of the community" (Douglas & Hongoro, 2018: 603).

The results of this study are presented in terms of four main themes that emerged from the data analysis, namely (a) language as a form of power in TMC, (b) silence and social secrets surrounding TMC, (c) confronting the traditional patriarchal system by refusing to be silent, and (d) and the significance of masculinity in the context of TMC.

### *Language as a Form of Power in TMC*

Simon shares his interaction with his peers via a "new language" used to communicate after the TMC procedure:



I heard it [the language] at school before I was circumcised. I asked questions about it. "Can you teach me the language?" And they will tell you "You go to the mountain and learn it for yourself, you are a young boy." I was left out of talking to them and I felt bad, it's not a nice feeling.

These quotes clearly demonstrate how speech is loaded with power and authority:

Only the boys that underwent traditional circumcision were in charge of discussions with other boys; they were the ones who spoke to girls and boys. And they tell boys who are not traditionally circumcised to go away and [they] laugh at us. This thing took over my mind and made me feel helpless.

This language is known only by traditionally circumcised men and when they speak it, it is proof that they have been circumcised. A person who did not come from the mountain will not hear and understand what is said by those who have come from the mountain.

Yes, there is a different language we speak to each other; [they] teach us at the mountain, and they speak that language at the mountain. When we are back from the mountain, they use the language to tell if you are from the mountain or not.

It's hard when you can't speak that language because you feel left out, isolated and ignored and no one is your friend. The only thing you can do is to do traditional male circumcision to fit into the group and for them to stop calling you names like "small boy."

I asked questions about it and they will tell you to go to the mountain and learn for yourself. I felt like really now that I am not a man enough because there are things that people know that I don't know, so I wanted to go to the mountain because I was teased at school because I didn't know.

The new language is used very directly as an instrument of power:

The language is not used anywhere else, it's used between those we know is from the mountain, and no one can teach you that language unless you have done traditional male circumcision. It separates the boys from the men, they say. If you don't know it, you can't do anything, you are powerless.

I do try and influence my friends and family and will have a word and tell them that I have gone to the mountain and ask them what's the difference between the going the traditional circumcision route and going to the clinic. They will have their point of view, but I still put it out there to make them aware.

### *Silence and Social Secrets Surrounding TMC*

Silence emerged as a key theme in the study and was embedded in the descriptions of Simon's TMC experience.

They didn't want to tell me anything, nobody explained, they are so secretive, very secretive. When I asked around, no one wants to talk to me.

I was so scared, afraid to die. I was disappointed, angry. They should have told us what is going to happen so that I was better prepared to face it. It was hectic and I didn't know if I will make it out alive.

I don't see a reason to be secretive because it's something that's done in mountains, in the hospitals and advertised on TV, radio and billboards. It's well known that you get circumcised, we should be talking about it.

It's my turn, I don't know if I can describe it. [There] are men on both sides, you feel someone grabbing you, strong man. Yoh! They grab you and close your eyes and after that you are going to sit down, after sitting down, they cut. Yoh! You can't scream, you are becoming a man. But you don't know what's happening, you will see afterwards.

Simon presents a grim picture of his experience of TMC. This has motivated him to influence his parents and prevent his 12-year-old younger brother from going through the same experience.

My dad, he wanted to take the boy [brother] to the mountain and I spoke up. I discouraged him and it was big argument. I asked him [father] why he should force him to go to the mountain because there is no difference and it's safer to go to the hospital. He was very upset, but he came around.

I couldn't allow what happened to me to happen to my brother all over again. It's too much. We should look out for each other and talk about this thing before it goes too far. We see boys lose their lives and not come back from the mountain and we still keep quiet. We have to do better. That includes us men and boys, our parents, and the chiefs in our communities as well.

My brother had no choice or say in this matter; he wasn't consulted to check what he wanted to do; it was expected that we follow what the culture taught us. And my parents were going to go through with it.

Another reason I challenged it is also about safety. We have a lot of TV shows, news and documentaries now that show that young men are dying in the mountains as a result of not being safe, or the traditional doctors are not taking care of the boys. So we have to try the other alternatives.

Even my extended family were not happy because they all practice it and force it on their sons. Some still don't talk to me and my mother because of this thing that happened with my brother not going to the mountain. To them we have disrespected their family, and our culture more in particular.

## *Confronting the Traditional Patriarchal System by Refusing to Be Silent*

This case study reveals that preserving Pedi cultural tradition is, more often than not, deemed to be important. In Simon's case, there are no answers or guidance from the men in his life about his TMC experiences and his emotional fears. He then oversteps a major boundary—he confides in his mother about his experience. This is reflected in the following excerpts:

I told her [mother] everything and the men there said you shouldn't say anything. I told her everything because it's not worth it, I didn't want my brother to go through the same thing I did. And she supported that he doesn't go to the mountain.

I was scared, afraid and I didn't know what to do, I have a good relationship with my mother, she always supports me. They don't allow us to talk to our mothers, before and after the ritual, it is not a female thing and in fact females are not part of the process at all.

I felt bad for my mother, as they are not allowed a say in this ritual. She was totally excluded and I felt bad for her and I decided that women must have a space and a voice in this.

My mother knew that I am the one with the powerful view and voice and influence on my brother. She used me to talk to my brother to not go the traditional way and choose to go to the clinic. My voice is more powerful than my father, because we [my brother and I] are very close and he listens to me. My mother makes the decision in the household as my dad is not home, so his role is not that powerful.

Our mothers don't know much of what happens on the mountain, nobody talks about it. When boys get sick or anything happens with their health, they are the last to know about it, even if the boy isn't coping emotionally, she will not know about it. And when women want to do anything with the hospital, they have to go through the men, and they will not achieve anything because the men are in control.

## *The Significance of Masculinity in the Context of TMC*

TMC positions men within a certain masculine arena—it constructs men as the dominant and controlling gender with power over women and control of resources.

What they teach is as men we should be more powerful than women and not be controlled by women. And when we speak, what we say goes, our word is final. If you are controlled by a woman, you are not man enough.

As men who have gone to the mountain, we are in charge, and our women have to listen to us. We take the lead and

that's how it is, and that's what we should expect from women after the ritual. That's what is out there.

Men who are not traditionally circumcised can't handle their women and families you know; the women handle the men. That's how they were teaching us: these men who are not traditionally circumcised are not man enough.

From what Simon says, there is pressure from culture, family, and friends to demonstrate one's manhood.

In the rural areas where they perform the rituals [other than circumcision], they identify men who are not traditionally circumcised, and they are not allowed to participate in the rituals. They say you are not man enough. But in the urban areas nobody supports the traditional rituals, so we are all just the same here, no one's culture is above another in the city. So, I can be who I am as a man without culture, pressure from family and friends, and without shame. I have a choice.

Because I don't believe in TMC anymore—they treat us differently and they criticize us [saying] we see ourselves as better people because we don't want to do rituals for our ancestry. At the end of the day I am sticking to my decision no matter what people say and I don't really care that much. So, the people who say this is my family and relatives; and saying things because we are family and should believe in this.

Not only men should have a say in a relationship, I don't think it's something wise to be taught as men to be in charge and control things.

Being "a man" refers to someone who can make good choices, treat women with respect and is responsible. It's not about being in control and making the decisions and showing women who's in charge.

I still put it out there and I will ask them if singing traditional songs and speaking the language make you to be a man, because I don't believe so, and I mention that I don't believe in traditional circumcision and tell them why.

Circumcision is a highly guarded ritual with males assuming dominant roles.

Not only men should have a say in a relationship, I don't think it's something wise to be taught as men to be in charge and control things. When I got to dating stage I realized that this is not working—for a man to be in control. It's not going to work, we are abusing women by doing so. Each one must have a say. That's what changed for me and I try and influence my peers as to how they think and approach this thing.

We are taught that we are the ones that make the decisions about sex, when and how it happens. And the women must be ready and not complain or have issues because you are now a man who has been through traditional circumcision.

This is even true when it comes to condoms. We decide and we control the use of condoms, sometimes you use it and sometimes not. And it's your decision as a man, the woman can ask questions, but we have the final say in it.

## Discussion

### *Language as a Form of Power in TMC*

Simon tells of his interactions with boys and men who have undergone TMC and how they exercised power in ways that were dominating and coercive—particularly in the way they controlled conversations using a “new language”, thereby acting as gatekeepers of culture and status. Language may be regarded as a form of social action that provides the basis on which human beings make sense of the world (Burr, 1995). It provides the means through which we interpret memories as well as new experiences. Additionally, it provides its users with the classifications and characteristics to order people and events (DeLemater & Hyde, 1998). Common perceptions abound that individuals use language to negotiate and construct their power as well as a way to maintain it. As the sociologists Bourdieu (1977) and Schütz and Luckmann (1989) point out, language is not only an instrument of communication or even knowledge but also an instrument of power. Language thus becomes “necessary for the maintenance of power, and the power and effects of language in turn rely on the power” expressed in the attitudes and actions of individuals and institutions (Mayr, 2008: 40).

During traditional circumcision rituals, the initiate is taught a “new language” which, on completion of the rite, the initiate may use to defend his manhood (Mavundla et al., 2010). Men who have undergone TMC use this exclusive language to get information about other men's circumcision status in the community (Mavundla et al., 2010). As Simon's case shows, the values underpinned by TMC can trigger “identity, cultural and language confusion and difficulties” (Sedibe, 2019: 2), which can be observed when initiates who have been traditionally circumcised look down on those who have not. Furthermore, this notion of feeling superior to others often leads to confrontation and marginalization, both of which can result in negative psychological effects such as guilt and the internal conflicts that arise from it (Sedibe, 2019). Over a period of three interviews, Simon spoke about how he felt about being of a lower status prior to being traditionally circumcised.

He tells of his interactions with boys who had undergone TMC, and how they exercised power in ways that were dominating and coercive, particularly in the way they controlled conversations using “new language”, thereby acting as gatekeepers of culture and status. As Nieto (2002) points out, those who share language and

cultural identities that differ from the dominant group norms, are often perceived as functioning with a deficiency stemming from the very identities they claim. The traditionally circumcised boys who understand and speak the “new language”, on the other hand, exercise linguistic agency and power.

The use of language in Simon's story tells us about belonging and identity. Pitsoe and Letseka (2013) argue that identity is never complete because it is continuously being (re)defined and (re)inscribed and new configurations of identity are made accessible in language. Similarly, Kramarae et al. (1985) argue that systems of dominance etch themselves on both people and their contexts, largely through language. Therefore, a sense of identity is underpinned by several elements where systems of power are (re)constructed and either reinforced or opposed, in and through the use of language (Pitsoe & Letseka, 2013). The language that the Pedi initiates use to communicate with each other offers a powerful tool for understanding the cultural dynamics of TMC and the social construction of the identity of initiates, the wider network of men, and the community at large.

### *Silence and Social Secrets Surrounding TMC*

Simon's story shows how the ritual of TMC is one of the most guarded, secretive, and sacred rites among the Pedi people and allows little, if any, outside interference. These rites play a social role, mediating intergroup relations, renewing unity, and integrating the socio-cultural system of the community (Douglas & Hongoro, 2018; Skosana, 2011). In the Limpopo province, TMC is a practice that is generally not disclosed to any uninitiated person, including women and strangers, and the consequences of disclosing what happens “on the mountain” are far reaching (Bottoman et al., 2009; Sedibe, 2019).

Thus the silence and secrecy surrounding the TMC initiate is “encoded in traditional culture” and details are safely guarded (Ratele, 2016: 48). In the case of Simon, however, he had no hesitation in sharing his own ideas and experiences with regard to this cultural practice, mainly due to the fact that he made a transition from believing in it unquestioningly to pulling away from it after seeing and experiencing some of its shortcomings. Nonetheless, during the research process, Simon did not go as far as to describe processes in detail

Ben-Ze'ev, Ginio and Winter (2010: 4) regard silence as a “socially constructed space in which, and about which, subjects and words normally used in everyday life are not spoken.” Many Black South African men undergo circumcision as young boys without engaging in any discussion about the matter with parents, peers, or family members. This may be a personal and social choice to protect the silence around the TMC practice. But it may also be a response to the warnings of negative consequences

should they share information—warnings that appear to be very effective in deterring the young men from talking openly about their experiences. The code of silence is broken when Simon expresses feelings of pain, isolation, uncertainty, shock, confusion, and disappointment toward fathers, uncles, and brothers who chose to remain silent instead of helping him to understand what he was going through. In addition, the veil of silence and secrecy surrounding the practice contributes to the fear of death he experienced as a young boy undergoing TMC. In the context of TMC, the primary aspects present in the social construction of silence are power, patriarchy, and the framing of masculinity and what it means to be a man. The elders control the behavior of initiates through their pledge of silence and the judgment that follows should they speak out (Wetherell & Edley, 1999). This exercise of power by men, over men and their silence, is a defining factor in their recognition as being “real men” in their communities and (as they interpret it) in the wider society. Through TMC, silence as a form and expression of masculinity is recognized as the norm, and this silence sidelines and represses other ways of being a man.

Not being afraid of the judgment that will follow, Simon breaks the silence, challenges cultural barriers, and engages his father by motivating for his brother to undergo MMC and not TMC. The act of speaking out about his TMC experience is a form of resistance, challenging TMC practices and ultimately breaking the culturally endorsed silence. In so doing, he confronts the power of a well-defined and established practices and processes, not only in terms of actual circumcision, but in terms of normative patriarchal hierarchy. As a result of defying norms, he experiences challenges when engaging his father on the issue of his brother's circumcision. Elders in the community are the gatekeepers in men's transition from boyhood to manhood. They wield power by controlling access to land, capital, wealth, and opportunities (Barker & Ricardo, 2005). Young men are then positioned to be at the service of the older men, and this creates strife and contributes to tensions. The power of the elders functions to construct the identity of men either as being as part of the community (traditionally circumcised), or as outsiders. This judgment has extreme social and individual consequences, so in order to fit in and not be labeled as an “outcast”, men comply. It is a clear-cut process in the social construction of reality, and it works like a well-oiled machine in which men are socialized to comply with every socio-cultural aspect of the TMC ritual.

### ***Confronting the Traditional Patriarchal System by Refusing to Be Silent***

In South African Black cultures women are prevented from participating in TMC practices (Nkosi, 2005). This

exclusion may be viewed as a tool for perpetuating patriarchy in a society where the men are the heads of the family and hold the power, while women are largely excluded and isolated from exercising power. Thus, TMC as a social construction is gendered (Nkosi, 2005), with the teachings that take place in the circumcision schools being designed to communicate and entrench certain gender biases. As hooks (2005) points out, patriarchy is a dominating political-social system in which men are considered superior and are endowed with the right to rule over the “weak” to maintain that dominance.

This patriarchy is illustrated in two studies conducted in Zimbabwe and Tanzania, which show that fathers are the primary decision makers for their male children who are not traditionally circumcised (Hatzold et al., 2014; Osaki et al., 2015). But traditions and cultures are not forever fixed, as can be seen in the growing interest and focus on changing gender relations in society. Black South African mothers, for instance, are beginning to play a key role in the circumcision decision-making process and becoming involved in the preparation and post-operative processes (Chilimampunga et al., 2017; Mavhu et al., 2017; Peltzer et al., 2010). Simon's mother became an agent of change in the circumcision practice in her family by influencing the decision-making process in relation to her youngest son's circumcision (Simon's brother) and thereby challenging patriarchy, even though this is not traditionally accepted or allowed. The role of Black South African women in circumcision decision-making has been amplified and publicized in several research studies (Chilimampunga et al., 2017; Mavhu et al., 2017; Peltzer et al., 2010). But there is still limited literature on how women influence men's decisions in this regard, or that explains how women perceive their roles and negotiate and transform their personal identity in a traditionally male space (Osaki et al., 2015). This is an important area for further research.

When Simon shares his TMC experience with his mother, it opposes the tradition of silence, particularly in respect of speaking to a woman about matters regarded as an exclusively male domain. In doing so, he confronts the traditional patriarchal system and refuses to be an agent of its reproduction. Patriarchy has a strong effect on everyone and operates at all levels of society. In not believing that he should be silent and complicit, Simon did not submit to patriarchal rules. Instead he challenged the ideas and actions that protect traditional male behaviors in a patriarchal culture that relies on submission, and which is potentially harmful on both the physical and the psycho-social level. Simon effectively reframes patriarchy as an issue for all gender identities. As hooks (2010: 170) contends, “patriarchy is not gender specific, therefore all genders and communities should join together to contest it.” Moreover, men as fathers in unison with the



broader community of men must embrace the fact that women are at the center of their children's survival and development and that in terms of a child's health, mothers are central in making decisions as well as accessing health services for their children. For these reasons, and at a policy level, circumcision for HIV prevention should consider women and gender issues for policy and programming purposes.

### *The Significance of Masculinity in the Context of TMC*

In Simon's Pedi culture, TMC is practiced as a rite of passage from boyhood to manhood. As part of the circumcision practice, boys are orientated to their multiple identities as sons, brothers, husbands, lovers, and prospective fathers (Vincent, 2008). Both formal and informal ways of orientation create an awareness in a man of what society expects of him, and society informs him when he is falling short of being a man (Ratele, 2008). As Simon's experience confirms, manhood in the context of the TMC practice points to notions of masculinity defined by dominance, status, power, and privilege within the patriarchal system (Nkosi, 2005).

TMC is inextricably attached to social power and is connected to firmly established beliefs and a system of ideas and ideals about the commonly sanctioned social order in a community (Aggleton, 2007). A man's masculinity depends on both his public and private behaviors and interactions, as well as the way in which his social environment judges them. "These patterns of behavior become embedded in culture, institutions, and policies, and thus create social structures that are a powerful force in people's lives" (Fleming et al., 2016: 2).

Simon speaks about being in the city, away from restrictive cultural ideas about what it is to be a man, and how this frees him and other men to find alternative ways of living their masculinity. Acknowledging the plurality of masculinities, and certain common practices that contribute to the construction of masculinity in the context of South Africa, is important (Lynch et al., 2009). As noted earlier, TMC is practiced by 31.9% of Black African men including the Venda (90.2%), Pedi (71.2%), and Xhosa (64.3%) (Connolly et al., 2008). Meanings of masculinity and conceptions of manhood become established in male circumcision practices in South Africa where hegemonic masculinity is "performed" and entrenched through TMC. This is demonstrated in the norm that young men are expected to undergo and succeed in dealing stoically with physical pain in the process of symbolically marking the transition of their bodies and minds from boyhood to manhood (Kepe, 2010). Simon endured physical pain and emotional scarring which he did not want to be re-visited upon his

brother. It touched his sense of being a (hu)man in such a significant way that he could not be silent about it.

The construct of hegemonic masculinity has been taken up by leading gender theorists (for instance, Connell, 1987; hooks, 2010), who apply it as an analytical instrument to identify attitudes and practices that perpetuate gender inequities—that signal men's domination over women and other (often minority groups of) men. Hegemonic masculinity has long been a dominant form of masculinity precisely because it is "distinguished from other masculinities, especially subordinated masculinities, and as the currently most honored way of being a man, it require[s] all other men to position themselves in relation to it" (Connell & Messerschmidt, 2005: 832). "Not being man enough" is a masculinity script that Simon identifies within this case study. He does not want to perpetuate this practice because it legitimizes men adopting a dominant position in society and subsequently marginalizes nonconformers, including women. He wants to open spaces for other voices—voices that challenge the key characteristics of hegemonic masculine identity, including defense, dominance, and aggression and choosing violence to solve conflict (Haegerich & Hall, 2011). Men who do not "perform their masculinity in these and other culturally accepted ways, including the injunctions to stoicism and silence, face isolation or even punishment" (Beynon, 2002: 11). The dilemma that faces a Pedi male is that if you have not undergone TMC, and if you do not buy into sanctioned male behaviors, you are not considered a man; you are seen as a boy, a notion that Simon could not align himself with.

Simon's case study ultimately highlights that in any culture there is not just one way of being a man that is acceptable, or that is the "only" or "best" way of being a man. This is supported by Ratele's (2016: 8) argument that "instead of thinking of men as coming in one model, it is better for men themselves and society to recognize the possibilities in having a variety of models of masculinity."

### *Recommendations*

The privileges and benefits men enjoy from patriarchal structures that give them the upper hand is a key cultural element of many societies, and as the case study of Simon demonstrates, this applies in Black African societies such as the Pedi. The voices of men are often present and represented to the exclusion of women, which is inequitable, therefore a more inclusive approach is required. Several studies (Osaki, 2015; Venter, 2011) identified the limited participation of women in TMC as a barrier, suggesting that programs designed to include women are required. These would provide *both* parents with accurate information about the procedure, address

their concerns and emotional fears, and create a platform for dialogue (Osaki, 2015; Venter, 2011). Simon's story highlights the fact that women have an important role to play in influencing circumcision choices both personally—through discussion and advice to men and young boys who are not traditionally circumcised, and politically—through representation at relevant circumcision platforms.

There are deep-seated norms, beliefs, and practices dictating that males should play a lead role in the TMC decision making process. There is an urgent need to challenge this exclusivity and explore the role of women (especially mothers) in TMC practices at the levels of decision making, consultation, and communication, as well as making women equal stakeholders in the practice. This will require quite radically new ways of thinking and acting at a wider community level. In addition, it is critical to engage traditional and religious leadership structures in communities to educate, support, and raise awareness of choices, and to promote knowledge and acceptance of different practices. Future research is needed to better understand previously understudied groups of men who are speaking out about their circumcision status, their experiences of TMC, as well as the issues of choice and access to alternatives within their respective cultural groups.

Extended research is required with men, particularly those raised in cultures where TMC is practiced, to better understand the barriers that may prevent them from learning about alternatives, and exercising choice, including accessing related resources and services. In essence, there is a need to develop a series of approaches where communities can create spaces for Black males to commence a process of rethinking, recreating and retelling what it means to be a Black male in South Africa—circumcised or not.

## Conclusion

This study demonstrates that TMC as a rite of passage to manhood carries complex significance, with multiple and interconnected social and cultural dimensions. Simon's story demonstrates that normative beliefs about masculinity can be challenged, that addressing fundamental traditions within culture can still be done without dishonoring culture. Simon's courage to speak out reveals that fear should not be a debilitating emotion, but that it may be used to empower and support others who experience it. In Simon's Pedi culture, as well many other Black African cultures, the manhood status achieved after the TMC ritual accords men power and authority in the community. As a result, men and boys who have not been traditionally circumcised experience peer pressure to undergo TMC, pressures that include violence, limited access to resources even to rituals, as

well as exclusion, rejection, and stigma. One of the most striking issues Simon relates is his desire to share his complete experience so that others can learn from it and make informed choices with their families, including their mothers. The implication of this stretches far beyond the boundaries of familial relationships—it extends to the need for increased education, dialogue, and awareness of TMC, as well as a reframing of gender-based cultural practices to include a sensitivity to all genders. Simon learnt from his collective interactions how to empower men to be confident in their own cultural identity, to become knowledgeable about the options of choice available to them, and how to revalue themselves as “real men” within their culture and beyond. He considers these processes of social engagement and social cultural learning as paramount to reshaping conceptions of manhood and male circumcision practices.

## Limitations

Krusenvik (2016) argues that the methodological criticism leveled against case studies is based on the fact that the single case study cannot provide insights into causality and cannot be generalized to the wider population. The authors wish to reiterate that the aim of this article is not to generalize, but to open out new understandings of the under-reported phenomenon of TMC as illustrated in the single, yet powerful, voice and subjective experience of one man. Further research is required to mitigate this limitation and to bring more individual and collective stories to publication; these multiple voices could provide more insight and shed more light on the topic.

This case study is focused on the TMC experience of one male and therefore female voices are not heard, at least, not directly, although they are not entirely absent because Simon's story recounts the responses of his mother. This may be mitigated in future research where the female voice is directly sought and included.

The principal researcher is a South African female, and a female interviewer discussing a gendered and culturally sensitive topic with a male participant is potentially problematic. The researcher situates herself and her work in third-wave feminism (cf. Connell, 2005; hooks, 2005) according to which men and women work together toward emancipation from inequitable gender norms that impact on men as well as women. In this context, it is congruent for a female researcher to work with masculinity and vice versa. Nonetheless, that the principal researcher is a woman no doubt had some influence on the degree of information that Simon was prepared to share.

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## Supplemental Material

Supplemental material for this article is available online.

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