

BETWEEN BOYS AND MEN IN PONDOLAND



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Less than a month ago the House of Traditional Leaders in the Eastern Cape opposed proposals from the Department of Health for the widespread introduction of Medical Male Circumcision (MMC). They argued that performing ‘the cut’ in a western-style bio-medical context, even when it did occur in a traditional setting, would undermine the integrity and authenticity of ancient African manhood rituals in the Province. A few weeks later, the MEC for Local Government and Traditional Affairs, Mlibo Qoboshiyane, has found evidence of serious abuses of traditional values and standards in the running of initiation schools in Eastern Pondoland. He discovered that circumcision there had become ‘big business’ with traditional surgeons charging R1600 ‘a cut’, that boys were crammed into lodges like sardines to increase profits and that traditional ‘nurses’ and ‘doctors’ were conspicuously absent from the lodges. These reports add to the litany of cases of deaths and botched circumcisions that come out of Pondoland every year.

So what is the problem with Pondoland? Why is male initiation so persistently dangerous and problematic in this area? One common misunderstanding we have is that we believe that male initiation in the Eastern Cape is performed in the same way in all areas. This is untrue. In fact, it is only when we appreciate the cultural and historical diversity of the Province that the irregularities in the Pondo case become more easily understood and explained. The truth of the matter is that the people of Pondoland actually dispensed with the tradition of male circumcision during the mid-19th century as a result of war and political turmoil. Faced with constant Zulu raids, the Mpondo paramount chief Faku decided to abolish male initiation because he believed that circumcision made young men too weak to fight. He abolished the practice, in the same way that Shaka did in Zululand, as an emergency war time measure. As a result Faku’s heir, Mqikela, was not initiated and all his peers were prevented from going for initiation.

In the 1930s, almost 100 years later, the anthropologist Monica Hunter found no evidence of male circumcision or male initiation schools in Pondoland. She found that the practice of female initiation, known as *intonjane*, which Faku did not ban, was still common there but male initiation was not. She identified this as one of the main cultural difference between the Xhosa and Mpondo ethnic groups. So why do the people of Pondoland now practice male initiation? During the period of ethnic nationalism, when the Transkei was created as an independent state, Transkeians were encouraged to standardise rituals of masculinity. Gradually, amaMpondo young men desired male circumcision and their families started to encourage traditional circumcision amongst their sons. As a result initiation schools re-emerged in this area.

By the 1980s and 1990s, the region was once again a site of large-scale male initiation. However, many older amaMpondo men opposed these practices, saying that male circumcision was no longer part of ‘their culture’, and noted that recently initiated young men

were disrespectful to them, calling them 'boys'. In this context traditional initiation has become a site of contestation and struggle, rather than a domain of cultural consensus and stability. Firstly, it is noted that male elders play a limited role in the process of initiation because so many of them have not gone through initiation themselves. Some say that the initiation process is problematic today because senior men are not in control of this tradition.

Secondly, it is said that the problems associated with initiation in Pondoland are a product of the fact that the ancestors were not properly consulted. Some traditional leaders believe that a ceremony is now necessary to appease the ancestors. There is a popular view that death and discord will continue until the ancestors endorse a new set of manhood rituals.

Thirdly, many argue that there is no customary integrity associated with the dysfunctional manhood rituals practised in Pondoland today. Some say that male initiation here does not have any clear traditional educational role and serves merely to perpetuate criminal activities, disrespect for parents and interpersonal violence. Others say that it is a ritual 'for the youth, by the youth', which has no long term cultural value and significance. In a recent phone-in radio programme aired in Mthatha the majority of callers from Pondoland argued that, with all the problems encountered and the tradition being hijacked by 'young stars', the custom should now be discontinued. The above discussion raises several key points. Firstly, it highlights that initiation traditions vary across the Eastern Cape and that they are less stable and unchanging than we often imagine. Secondly, and in absence of effective community regulation, we are reminded that the government still has a responsibility to protect the rights of young men against abuse, including unsavoury forms of cultural capitalism. Thirdly, we have noted that a close relationship has emerged in this area between unmanaged initiation lodges, youth criminality and interpersonal violence.

Finally, and in view of the above, we were wondering whether a case cannot be made for Pondoland to be considered as a site for the introduction of optional Medical Male Circumcision. A biomedical intervention of this sort will reduce death and hospitalisation amongst youth, while at the same time neutralising some of the negative cultural politics surrounding inter-generational conflict and youth criminality.

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