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THE CULTURAL SIGNIFICANCE AND RELEVANCE OF THE SHANGANI RITE OF MALE CIRCUMCISION IN LIGHT OF HIV AND AIDS MITIGATION IN ZIMBABWE

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ABSTRACT

This research is a discourse on the cultural significance and relevance of the Shangani rite of male circumcision in light of HIV and AIDS mitigation in Zimbabwe. The study contends that despite the influences of globalization, new medical and technological advances in HIV and AIDS mitigation, cultural practices endure on and contribute a lot in the joint fight against the epidemic. While the study acknowledges some of the limitations of the cultural practice it argues that the practice contributes significantly in the fight against HIV and AIDS.

Keywords: Rite, Circumcision, Mitigation

INTRODUCTION

The Shangani Rite of Male Circumcision

Circumcision is the surgical removal of the foreskin (prepuce) from the penis (en.wikipedia.org/wiki/circumcision). The practice has been widely performed on boys and young men in Africa and other parts of the world. Maposa (2008) states that it is practised in many communities, for example, Rwanda, South Africa, Mozambique, and Zimbabwe. It has been practised primarily for religious and cultural reasons as a rite of passage to mark transition to adulthood.

Across the globe HIV and AIDS continues to be a major multi-sectorial setback, economically, politically, socially, religiously and educationally. It has affected a number of people, now living with the virus. Many children are orphaned and the virus is continuing to infect millions more. The

number of people living with HIV/AIDS is increasing every day. According to the UNAIDS (2007), there are 33.2 million people across the world living with HIV and of these, 30.8 million are adults, while 2.5 million are children. Africa with only about 10% of the world's population has the greatest HIV/AIDS burden in the world. Sub- Saharan Africa alone bears the greatest burden of the global epidemic. UNAIDS (2007) further reports that more than two thirds (68% i.e. 22.5 million) of the people with HIV live in the Sub-Saharan region and AIDS is the leading cause of death. In the year 2007 alone, the estimated number of AIDS deaths in the region was 1.6 million. This was about 76% of global AIDS deaths.

According to UNAIDS (2007), it was estimated that 1.7 million people were newly infected with HIV in 2007. The region's epidemics, however, vary significantly in scale, with national adult (15-49 years) HIV prevalence ranging from less than 2% in some countries in the Sahara. Furthermore, the statistics is above 15% in most of Southern Africa and has accounted for 35% of all people living with HIV, almost one-third (32%) of all new HIV infections and AIDS deaths globally in 2007. It is estimated that, 11.4 million children have been orphaned by HIV/AIDS in this region, UNAIDS (2007).

National adult HIV prevalence exceeded 15% in eight countries namely: Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe in 2005. According to a report by the Ministry of Health and Child Welfare in Zimbabwe. (2007), the adult HIV prevalence in Zimbabwe has dropped from 18% to 15.6% and about 1.3 million people were estimated to be living with HIV. HIV prevalence among pregnant women attending antenatal clinics has declined significantly in the past few years, from 26% in 2002 to 18% in 2006. Among young pregnant women (15-24 years), the prevalence declined from 21%-13% over the same period. The prevalence was highest among pregnant women attending antenatal clinics in mining (26%HIV prevalence) and Commercial farming (22% prevalence) Ministry of Health and Child Welfare in Zimbabwe. (2007). Every family in Zimbabwe has not been spared by the epidemic for either they have lost some family members or they are looking after some orphans or both. This necessitated the government to come up with the national AIDS policy and mobilizing financial resources to combat the pandemic and its devastating effects.

The following methods of HIV/AIDS prevention are offered in the country viz, HIV counselling and testing, abstinence, male and female condoms and comprehensive sex education. The programmes and policies to promote gender equality have also been used to emphasize the implementation of standard infection prevention and control measures in all health facilities. The success of these methods largely depends on the compliance and attitude of the person using them.

The common method of HIV transmission is heterosexual intercourse. According to Bailey (2001), approximately 80% of the more than 36 million people worldwide living with HIV is infected through sexual intercourse. In adult men, an estimated 70% of HIV infections are acquired through

vaginal intercourse, and in Africa, this figure is over 90%. About half of the men with HIV have become infected through their penises (Szabo and Short, 2000). Nevertheless, there is epidemiological evidence from several studies, which shows that, male circumcision provides significant protection against HIV infection.

The Shangani rite of male circumcision is one of the fundamental rites of passage in Shangani culture. It is a practice that involves cutting off a boy child's foreskin of the penis as a mark of transition from childhood into manhood. The rite is performed in a far away *enhoveni* (the forest area), which lies about ten kilometres from the rest of the community. The setting is an ideal place of seclusion, and the forest is regarded as sacred and embodying the religious consciousness of the people and that the ritual is very significant, both to individuals and to the community. Thomas Chauke, an elder aged 73, of Maluleke village explained, *madzenga* (the boys at the forest) and their *vadzabi* (accompanying elders) erect some temporary huts to sojourn. Whereas in the past, the rite among the Shangani was done between May and July during winter, today it is being conducted between August and early September during autumn. The shift of season for the rite, according to Maposa (2008), has been influenced by the need for food security, that is, when there are varieties of food availed to the initiates.

The circumcised boys require a lot of food to eat because the operation is associated with the loss of bountiful blood. This loss needs to be compensated through provision of enough food. Due to climate change, the Shangani communities largely complete harvesting grains after the month of June. In addition, the August-September period coincides with the time when the would-be initiates (boys) are on vacation holidays in the school system in Zimbabwe. Therefore, the change in the cycle of the rite of circumcision is dictated by circumstances of necessity rather than Shangani culture.

Informants also revealed that, the rite of circumcision lasts from three weeks to six weeks, where the boys 'undergo the traditional knife' in the forest. The forest provides the boys with a variety of experiences and they have to experience physical, educational, emotional, psychological, moral and spiritual metamorphosis in order to attain adulthood. The boys proudly proclaim, '*hiya hokweni'*, that is, 'we are going to be circumcised to become men'.

During the process, the foreskin of the penis is cut off by using a sharp but unsterilised traditional instrument or knife. The operation or the traditional surgery is painful but the initiates are not expected to shed tears at all because the operation is perceived to be facilitating the initiates make *ntwanano* (a mystical union) with their *Muvumbi*, that is, Creator (also known as *Xikwembu* or God). Although some boys are reported to have died as victims of the surgery 'under the traditional knife', it must be pointed out that no one is expected to *ku baleka* (run away).

The physical operation is associated with profuse loss of blood around the penis and this is what

differentiates an initiated man from an uninitiated one. The painful loss of blood is a condition for passing through the threshold to the privileges and responsibilities of courageous adulthood. As much as the informants had to acclaim, the agonizing loss of blood through a 'guarded secret', ultimately manifests itself as the cultural insignia of masculine identity in the Shangani society. Lastly, the boys emerge from seclusion and return home clad in white shorts, white T/shirts, barefooted and with a bare hair-cut. The boys are also given *thumba*, that is, a wooden stick. It is a distinctive mark for the initiated men. The *thumba* is meant for masculine identity in Shangani culture. When the initiated boys approach women, the women are expected to kneel down as a sign of respect. This triumphalist spirit symbolises happiness and a fresh lease of life. The initiates themselves, interviewed for the study, agreed that after the ordeal, they returned home as *tikhomba*, that is, as different people, full people and responsible people. Thus, they deserve respect.

Circumcised males are two to eight times less likely to become infected with HIV, (Szabo and Short, 2000). This implies that, circumcision also protects people against other sexually transmitted infections, such as syphilis and gonorrhoea. People with a sexually transmitted infection are more likely to become infected with HIV, since the presence of STIs disrupts mucosal barriers to the infection thereby offering a portal of entry to the virus. Studies carried out in Kimusu, Kenya and Rakai in Uganda by the NIH of USA in 2006, shows that male circumcision reduces a man's risk of acquiring HIV through heterosexual intercourse by as much as 53 percent. The Kenya trial reported a 53% reduction in HIV incidence among 2,784 enrolled men, while the Uganda trial reported a 48% reduction in HIV incidence among 4,996 enrolled men. A similar study carried out in South Africa by Agency National de Recherché sur le Sida (ANRS) of France found male circumcision to reduce HIV contraction by about 60 percent. This can be interpreted to mean that circumcision can prevent at least six out of ten female to male HIV transmissions. Aurvert (2005) contends that, male circumcision provides a degree of protection against acquiring HIV infection, equivalent to what a vaccine of high efficacy would have achieved. This study argues that the Shangani rite of male circumcision is an important public health intervention for preventing the spread of HIV.

According to (Szabo and Short, 2000), the evidence of the protective effect of circumcision comes from a study of couples in Uganda who had discordant HIV status. In that study the woman was HIV positive and her male partner was not. No new infections occurred among any of the 50 circumcised men over 30 months, whereas 40 of 137 uncircumcised men became infected during this time. Both groups had been given free access to HIV testing, intensive instruction about preventing infection, and free condoms (which were continuously available). It was surprising that 89% of the men never used condoms, and condom use did not seem to influence the rate of transmission of HIV. The Shangani rite of male circumcision is seen to be an efficacious tool in reducing vaginal to penile transmission of HIV by 60%. The compelling evidence from research trials led to the adoption of circumcision by World Health Organization (WHO) and United Nations Program on HIV and AIDS (UNAIDS) as an additional intervention in HIV mitigation.

Circumcision is an old traditional practice but its relevance is increasingly becoming current in the wake of the AIDS epidemic. In African societies it is associated with reduction of diseases especially sexually transmitted diseases (STIs). Despite the fact that circumcision has been denigrated in the past it has endured among other reasons, due to its ability to mitigate such said group of diseases. Short (2010) observes that since the decision to incorporate circumcision in the mitigation of HIV and AIDS, the demand for circumcision has been increasing. In Zimbabwe 700 men requested to be circumcised within two weeks of the government starting of the roll out of voluntary medical male circumcision services for HIV prevention. Many more countries in Sub-Saharan Africa with a low prevalence of male circumcision and high prevalence of HIV have begun taking steps to increase the availability of male circumcision. The traditional ritual has proved its competence in the sustenance of human existentiality. According to the Zimbabwean National Male Circumcision Policy for HIV prevention (2009), in addition to the observational evidence, there is now compelling evidence from research trials that male circumcision is efficacious in reducing sexual transmission of HIV from women to men. The conclusions from the studies have led to the official adoption of male circumcision by WHO and UNAIDS as an additional intervention in HIV prevention. WHO and UNAIDS recommended that male circumcision services be widely available. However, though this is an acknowledgement of the relevance of circumcision in a contemporary world, there is a tendency of ignoring or shunning the living culture which created the practice.

CONCLUSION

This study set out to reflect on the Shangani rite of male circumcision in light of HIV and AIDS mitigation in Zimbabwe with the hope of using the information to promote African cultural practices that foster human existentiality. Besides the above, the practice has other advantages such as being hygienic and reducing the chances of cervical cancer in women with circumcised partners. The research findings assist in the strategic evaluation of African traditional cultural practices in light of HIV and AIDS prevention strategies to enable the formulation and improvement of the multi-sectorial and multi-methodical approaches to the pandemic prevention. The study shows that circumcision is significant both to the individual and the community. Moreover, this research is a pointer to the fact that the Shangani rite of male circumcision constitutes a vibrant mark of continuity in African traditional cultural identity and pride.

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