

Beyond Identity Scars: Reflections on the Vitality of Shangani Male Circumcision in the Context of HIV and AIDS in Zimbabwe

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Abstract

A broad spectrum of challenges has placed the African continent on the spot light under Cultural studies. Undoubtedly, HIV and AIDS is one of the contemporary challenges that Africa is facing. The adverse effects of HIV and AIDS on some sub Saharan African countries such as Botswana, South Africa and Zimbabwe continue to justify the often repeated comment that Africa is a 'continent in crisis'. Yet, the spread of the epidemic has been blamed on causes like adverse African traditional cultural practices such as polygamy, inheritance, child pawning and prescribing sex with virgins as an antidote to HIV and AIDS. This study focuses on the vitality of the Shangani traditional initiation ritual of Male Circumcision (MC) practice in the context of HIV and AIDS epidemic. The study argues that MC is one of the most elusive and peculiar cultures whose liveliness for the Shangani goes 'beyond the scars of identity' to curbing the spread of HIV and AIDS. By utilising the theory of anti-structure under the framework of a traditional rite of passage, the study seeks to show that Shangani MC is a processual mark of identity that enables young men to become adults. The paper established that the enduring cultural influence of MC is testified by its significance in HIV and AIDS contexts. The study concludes that there is need for a selective judicious integration of Shangani culture and modern health technologies to curb the epidemic and to be in sync with contemporary challenges obtaining in Zimbabwe.

Keywords: African Indigenous religion, culture, HIV and AIDS, male circumcision, Shangani, Zimbabwe.

INTRODUCTION

The world over, HIV and AIDS continues to ruffle feathers among different nations particularly those in sub Saharan Africa. Research has shown that the sub Saharan African region is a home to a mere 10% of the world's population but yet it harbours over 70% of those who are infected and affected with HIV and AIDS. Furthermore, the Southern African region has been under the spot light due to the deadly impact of the HIV and AIDS epidemic with Botswana, South Africa and Zimbabwe having some of the highest levels of infection globally (Chitando, 2007:8). Evidently, HIV and AIDS is the chief culprit for the 'African cry' resulting in a lot of pain, suffering and death resulting in the description of Africa as a 'continent in crisis' (Jackson, 2002; Sibanda, 2010) Although Zimbabwe's HIV prevalence has gone down by half from approximately 30 % in the late 1990s to 14.6 in June 2011, there is no justification to relax since the statistic is still high. Nevertheless, Zimbabwe's HIV prevalence decline was attributed to the use of several intervention strategies such as the adoption of Male Circumcision (MC).

This study focuses on the vitality of MC among the Shangani people in the context of HIV and AIDS epidemic. The term 'Shangani' is used in this study to refer to the Hlengwe group that falls under the south-east Bantu linguistic unit (Bannerman, 1978:485). The study argues that there are varied perceptions on the use and significance of MC among the Shangani

on the one hand and the government's adoption of the same practice, on the other. The research further posits that the traditional practice of MC among the Shangani is still perceived largely as a processual existential reality that determines personhood and identity ahead of its importance in HIV and AIDS situations. The South African scholar, Freddy Rikhotso published his work entitled *Tolo a nga ha Vuyi* (Yesterday Does not Return) as far back as 1985 to up hold *ngoma ni vukhomba* (male and female circumcision) as critical cultural heritage worth preserving among the Shangani. However, the work does not refer to the vitality of MC in the context of HIV and AIDS which had just been discovered in Zimbabwe then. It was not until in recently that MC was popularised for reducing the infection rate of HIV by at least 60%. Therefore, there is need to seriously endorse and fuse the traditional rite of passage among the Shangani with modern health strategies that call for the prevention of the deadly infection. Therein is encapsulated, the significance and importance of this study to scholars and readers alike.

THEORETICAL FRAMEWORK

The essence of male circumcision among the Shangani community is situated within the traditional rites of passage and the theory of anti-structure. Various rituals are performed for different purposes in society. Arnold van Gennep says that all rituals are rites of passage because they have a transformative

role (Whitehead, 2004). In other words, they facilitate the transition from one state to another. Van Gennep identifies two broad categories to the rites of passage, namely, (a) life-crisis rites that effect changes of state of lives of individuals through stages like birth, initiation, marriage and death (b) calendrical rites that are held for the entire society such as harvest festivals. In this study, male circumcision is regarded as religious and cultural experience, an anti-structural phenomenon that marks a vital transition in the social or biological status of Shangani males into adulthood and personhood.

Furthermore, Van Gennep says rites of passage have three distinct phases characterised by the altered states of consciousness, namely, (a) *Separation* from the everyday world (b) *Transition*: the liminal (from Latin *limen* meaning 'margin') or anti-structural phase of ritual which occurs in a kind of limbo out of the everyday world – a transitional space in which there is suspension of the normative social order (c) *Incorporation*, or return to the everyday world transformed (Whitehead, 2004). Along similar lines, from Victor Turner's (1969) study of the Ndembu initiates of Zambia, the separation phase of life-crisis rites results in having all the signs of personal identity or social status being obliterated universally. Just as in the context of the Shangani initiates during *ngoma* (male circumcision) in *hoko* (space where the rituals for MC are done), the Ndembu initiates are stripped naked, turned away from their personae such that they would have no personal names, status, property, insignia of rank or role. They are treated as 'creatures' outside society and described as 'dark' and 'invisible' like the moon in an eclipse yet they are sacred and untouchable (Whitehead, 2004). Nevertheless, when they emerge from the incorporation stage as fully initiated adults they are expected to assume their proper roles as responsible members of society.

In addition, Victor W. Turner in his book, *The Ritual Process* (1969) coined the term 'anti-structure' to describe the transitional 'topsy-turvy' of the liminal phase of ritual. In his fieldwork, Turner (1969) noticed *communitas* among the Ndembu initiation ceremonies whose crucial values of the community served as 'social glue' that held the group together. For instance, whilst stripped naked and having to endure a series of painful and humbling ordeals, there emerged a unique sense of unity, fellowship and intimacy among the novitiates. This was a loving oneness and equality reminiscent of Martin Buber's 'I-Thou' relationship (Whitehead, 2004:11). Notably, a *communitas* exists in contrast not in opposition to the social structure. Victor Turner compared *communitas* with the experience of flow as in sport, a feeling of unity and oneness with others and with the environment. In the same manner, during *ngoma* at *hoko* among the Shangani, the conception of sacred

space and time come to the fore. Eliade (1959) argues that the quest for transcendence leads people to create sacred spaces away from the humdrum of daily life. As such they create a 'boundary' to the sacred space (Kearns, 1970:25). Therefore, the *communitas* of initiates experience and express space and time religiously and culturally among the Shangani. Deflem (1991) further notes that "Turner's approach takes into account not only what is said about ritual, but also the relationships among ritual performances, myth, religious belief, the manner in which ritual symbols are manipulated and handled by the ritual subjects, the meaning and efficacy of single ritual symbol". Therefore, Victor Turner's processual analysis of ritual is vital in understanding MC among the Shangani. In other words, 'going under the traditional knife' (Maposa, 2011) among the Shangani cannot be substituted by the surgical MC undertaken by medical doctors in conventional hospitals.

RESEARCH METHODOLOGY

Generally, the Shangani community is a closed society to 'outsiders'. This has methodological implications and limitations that rendered the researcher, an outsider, to observe the rites for this study. Shangani academics and policy makers do not feel comfortable to be engaged in discussions pertaining to the Shangani MC. Taking cognisance of this limitation, the researcher solicited views of BA students undertaking a course on African Traditional Religions at Great Zimbabwe University through a mini fieldwork-based research on perceptions of people on MC. Fortunately, one third of this class was composed of students from Shangani communities who had undergone the MC rite. The outcome of the mini research was presented as joint reports in essay form. This exercise provided a base for undertaking a documentary analysis on MC among the Shangani.

The study also utilised Focus Group Discussions (FDGs) with a population from Masvingo province selected through purposive sampling that targeted participants with a Shangani background. Two FDGs comprising 8 people each were used having been sampled from among some students at Great Zimbabwe University with a Shangani background. Some in-depth individualised interviews were also held with some Shangani elders and youths under Chief Sengwe in Chiredzi South who have passed through the Shangani cultural practice of MC. The interview technique in a private setting with one participant at a time allowed interviewees to freely, fully and truthfully express themselves, a step that covers up for those who were reserved under FDGs. Furthermore, the study employed insights from the sociological and phenomenological approaches to explore the vitality of MC as a socio-cultural and

religious practice among the Shangani in the context of HIV and AIDS.

The Practice of Male Circumcision

The practice of MC has a long history. This age old tradition is highly treasured in traditional and modern circles of various communities. In general terms, MC is defined as “the cutting off of the foreskin of the male’s reproductive organ” (Mbiti, 1975:96). It is both a surgical and non-surgical removal of the foreskin in men. Although the origins of the practice are elusive but the tradition has been upheld for different reasons from time beyond reckoning. In fact, research has shown that MC is a common practice for many Jews, Muslims, Africans and Americans. Among the Jews, MC is a gesture of religious dedication and a mark of cultural identity that represents the covenant between God and Abraham (cf. Gen. 17:9-14). Circumcision was introduced as a compulsory practice for all male Jewish babies on the eighth day after birth which saw the circumcision of Jesus Christ. However, whereas the Jews persist with this practice to this day, there was a paradigm shift in the Early Church where it was taught that the Cross of Christ brought a new aeon with Pauline theology stressing ‘circumcision of the heart’ ahead of physical circumcision.

In sub-Saharan Africa, particularly in Zimbabwe, the existence of MC among some social groups such as the Shangani in Chiredzi and Mwenenzi districts, the Varembe in Gutu district and Mberengwa district, may be used as a basis for showing that circumcision is a cultural heritage ‘cooked in an African pot’. Yet, MC has been upheld in both secular and non-secular contexts for different reasons. For instance, in recent years, the World Health Organisation announced that MC is a physiological process that could reduce the risk of HIV infection by around 60%. This makes MC important in high risk areas such as sub-Saharan Africa where the epidemic continues to spread exponentially. According to experts, the foreskin traps HIV in moist environment which allows the virus to live longer (Stein, 2011:58). It is held that infant circumcision and young adult circumcision provides a large degree of protection from contracting the deadly disease which places the Shangani MC at the centre of this study.

Getting Smart or Going Back to Roots?: Perceptions from Shangani Community

This section presents the findings of the study on the vitality of Shangani MC rite. The study established that MC among the Shangani is part of a traditional initiation school that transforms boys into men. Generally, the Shangani males are circumcised at the age between 13 and 17 years though older participants exist. The traditional MC is indispensable for any Shangani person to be accorded full respect of personhood and identity resulting from

‘scars of identity’ and ‘scars of sacrifice’ representing ‘going back to roots’. Before the onset of HIV and AIDS, Shangani MC, *murundu*, was significant for creating a smart odourless male sexual organ, reducing sex pains, and promoting sensitivity of the penis. Besides the need to ‘get smart’, in the Shangani culture, the male foreskin is regarded as a ‘female remnant’ to be removed to make one into a true man. Without MC, an ambiguous gender identity ensues.

The study also established that without undergoing the MC initiation rite, a person, no matter what age, would not be considered as a full adult among the Shangani. Therefore, *ngoma* ascribed a cultural identity and social status to people. As one informant stressed, without MC “a person is still considered to be a child and unfit for family and community responsibility no matter how old he may be”. Along the same lines Rikhotso (1985:42) writes thus: “*N’wana wa mufana un’wana ni un’wana wa xikhale a a bohiwa ku ya yimba leswaku a nga tshami a ri xuvuru*” (Every Shangani male child must be circumcised so that he is not considered an outcast). Therefore, among the Shangani, the uncircumcised men are stigmatised as cowards and given the name *maxuvuri*, a label loathed by the uncircumcised.

The research further established that MC has the cultural significance ahead of the therapeutic and hygienic elements. Therefore, at this juncture it is prudent to highlight the nature and significance of MC. Depending on the number of recruits available, traditionally *hoko* (the circumcision lodge) could be held every three or four years (Sparrow, 1977:394, 395) and normally lasting for a month during the winter season. In order to ensure privacy and seclusion, the site for MC was conscientiously selected among the bushy areas near rivers and streams characterised by patches of riverine forest (Bannerman, 1978: 483). A layout of a typical Shangani circumcision lodge that has been illustrated by Sparrow (1977:394) has been adopted as informative for this study (see Map in **Figure 1** below).

The space is demarcated naturally by the Save River on one side and a bulwark from Bandai Hills on three sides. Circumcision area (A) has sub divisions for the initiates’ huts or lodges (A1&2) and Doctors’ (traditional healers) and Attendants’ lodge (A3). There is also a cooking area (B) and an area where guardians lived (C). Although the women were tasked with the role for preparing food, they were strictly forbidden to enter the circumcision area just as uncircumcised men, both of Shangani and non-Shangani origin. The entire circumcision lodge was sacralised and protected by traditional healers through indigenous medicine. Thus, the space and time for *ngoma* were sacred and the rite regulated by

sacred practitioners. In this case, the Bandai Hills and Save River are the *axis mundi* in Eliadean (1959) terms, connecting the activities at *ngoma* with the

divine realm of *mikwembu* (ancestors) and *Chikwembu* (the High God).

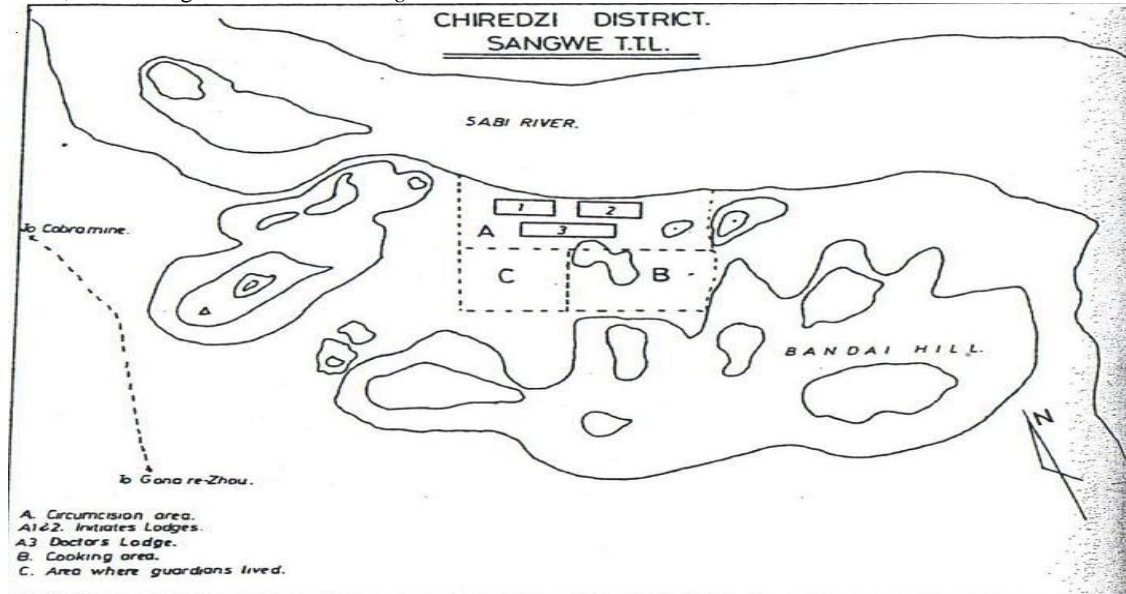


Figure 1: Map showing a Shangani Circumcision Lodge in Sangwe as illustrated by Sparrow (1977:394).

The Shangani circumcision site is a school in miniature where values and skills are imparted to the *vukwerha* (novitiates). For instance, the huts of the initiates are located very close to the river bank in order to test their perseverance through waking up at dawn and having a cold bath. Furthermore, the initiates operate naked for much of the time during circumcision with their heads cleanly shaven. In the evening, they sit around bon fire where *milawu* (code or rules of conduct) are taught for recitation and memorisation. The initiates take vows before the officiating sacred practitioners that they would not disclose the activities at *hoko* about *ngoma* to the outside world. This resonates with the element of secrecy noted in existing literature aptly captured by Stevenson-Hamilton cited in Sparrow (1977:395) thus:

Everything is kept secret, no one not on duty thereat is allowed to approach the school, or to communicate with the boys during the whole period of initiation. The novices are taught, and compelled to speak a secret language, and they also wear a special dress made of palm leaves, that travellers may know them at a distance, and avoid them. After having been circumcised, each boy is put through various ordeals and trials, with the object of teaching him endurance; he is starved, beaten, exposed naked to the cold nights, and otherwise ill-treated ... At the conclusion of the school, they are told that they are now men, that they have passed the ordeals, and that in future they must behave no longer like little children; must not steal food from the fields ... tell lies,

nor commit any of the other peccadilloes ... beneath the dignity of men.

This passage has been cited at length to illustrate the extent to which the element of secrecy is stressed. This explains why some outsiders consider the traditional rite as 'occultist'.

Moreover, to further show that the Shangani operate as a closed society to human and non human 'intruders' at their *murhundzu* (camp site for the ritual), it is said that the entire space is ritually prepared by traditional medicine. The medicine is administered by a *n'anga* (traditional healer) to protect the place. The *n'anga* also supplies *murhi* (traditional herbs) to the initiates to smear to the circumcision wounds. It is said that no type of animal or bird should be seen moving or flying around or above the area where the rite is done during this period. To see a bird or animal in the circumcision area could indicate misbehaviour amongst the initiates. Human trespassers are not treated with 'kid gloves'. They may be *sjamboked*, turned away or even forced to go under the traditional knife. Because the novitiates are trained by *vadzabi* (circumcised elders), the uncircumcised qualified surgeons are looked at with disdain. For instance, in Chiredzi district, in Sengwe area, an uncircumcised Medical Doctor was blocked from operating for thinking that he was an expert. He was told that he should first be circumcised traditionally so as to be regarded as 'educated' by the Shangani community lest his practice would be confined to the non-Shangani and the rest of the uncircumcised lot.

The Shangani traditional education occurs both informally and formally from an early stage in life, stretching throughout one's lifetime, 'from womb to tomb' (Peresuh, 1999:7). The period of the initiation rite is critical for adulthood lessons mirrored in traditional African education whose goals included: the development of the child's latent physical skills, character, respect for the elders and peers, intellectual skills, vocational training, communal spirit and promotion of the cultural heritage (Haar, 1990:18). This was a holistic approach and an integrated experience to learning that combined physical training with character-building and manual activities with intellectual training. Similarly, the completion of the Shangani MC rite saw the initiates acquiring Shangani culture, behaviour patterns, beliefs, practice, norms and values, ritual practices as well as survival skills based on *unhu/ubuntu* (humanness).

A new language is used at the circumcision school to refer to all things that punctuate the existential experiences of initiates at the school and beyond. This language of creativity peculiar to the *communitas* of initiates is comparable to the diction of illegal diamond panners during the Zimbabwe crisis. The initiates like panners, come out of the circumcision school 'wielding new words' (Nyota and Sibanda 2012). For instance, water to drink and food are called *xivonelo*. Furthermore, at the time of graduation the initiates assume new names that they would adhere to thereafter. These names are ascribed to mark the transition of initiates to their new status that distinguishes them from *maxuvuri*. No one is given such names of honour at birth such as Kazamula (victory), Muzamani (happiness) Hlengani (perseverance), Hlayisi (Chengeto – keeper) and dynastic names like Gezani, Musisinyani as well as Risimati. During graduation, the elders led by the chiefs, headmen and the parents of the initiates attend the festival to celebrate the initiation of the boys into adulthood. As a rule, a traditional healer eventually destroys the *sungi* (shelters at *ngoma*) and burns what is compulsory to burn at the camp as the last step.

In the context of HIV and AIDS, the study further established that MC is a blessing in disguise likened to the proverbial 'killing two birds with one stone' in which HIV and AIDS becomes a bonus element to the traditional 'scars of identity'. One interviewee, a teacher in Masvingo urban who comes from Chilonga in Chikomedzi had this to say: "We are not allowed to disclose all the proceedings that transpire during the circumcision process. However, MC benefits a lot as it reduces the risk of contracting STIs such as syphilis, herpes and penile cancer apart from reducing the risk of HIV and AIDS." This is an informed position that is commensurate with modern views. Along the same lines, one GZU Shangani student interviewed said: "*Murundu* (male circumcision) is a positive traditional cultural practice

that we, Shangani people, have been practicing from time immemorial even before it was approved by the World Health Organisation as a weapon against HIV and AIDS. Our tradition was on the right path." This is another positive insight towards MC which resonates with existing literature.

The MC programme is not a substitute to the tried and tested methods of preventing HIV and AIDS transmission such as the use of condoms and abstinence. In fact, MC does not offer 100% protection against HIV. The 60% prevention rate that it avails demands responsible behaviour that reduces the number of overlapping sexual partners, using condoms with every sexual partner consistently and correctly, knowing one's HIV status or abstaining from sex (MoHCW Brochure, 2011). Yet, the vitality of male circumcision is misconstrued by some people including some members of the Shangani community of the circumcised. Some unscrupulous individuals now consider MC as a license for promiscuity under the pretext that the ritual practice or medical procedure equipped them with an 'invisible condom'. The study established that some have resorted to a slogan which says: "Let us be circumcised so that we can have many sexual partners." This is an unfortunate perception which downplays the significance of the fact that circumcised men are still at a 40% risk of contracting the virus. It appears MC has been abused as a fertile ground for promoting a socio-cultural construction of 'aggressive and dangerous masculinities' manifesting a calibre of 'men in crisis', 'troubled masculinities' and 'men at risk' (Chitando and Chirongoma, 2008:56; Owino, 2010). Such a negative behaviour among the Shangani is known as *ku poxa* (behaving contrary to what was taught). Recently, the Zimbabwe Health Demographic Survey (ZHDS) for 2010/2011 period observed that the prevalence rate among the circumcised is 14% whilst that of the uncircumcised is 12% suggesting that that "circumcised men are not spared from HIV infection" (Yikoniko, 2012:1) The fact that the prevalence of HIV is higher than that of the uncircumcised has made some to question whether they have been fooled to get circumcised (Yikoniko and Towindo, 2012:D1). This debatable issue merits another study.

Human Rites Triggering Human Rights?: Some Critical Reflections

The Shangani traditional MC is a rite of passage seen in ambivalence. On one hand, MC can be regarded as an ideal ceremony that enhances the identity of the Shangani and endorses African cultural and religious heritage. At face value, MC is one of the 'human rites' held in high esteem among the Shangani. On the other hand, the Shangani traditional MC *rite* has some long standing human rights connections in the light of HIV and AIDS. The significance of the Shangani male circumcision initiation rite is

encapsulated in the fact that it is compulsory for every male child. This is an important rite of passage that transforms the status of the boys into positions of honour in society. The *rite* is a processual mark of identity and personhood lest one remains an 'uneducated' dangler in his community. Personhood or humanity is more than a soul and body as society makes him susceptible to control (Gelfand, 1979:21). Furthermore, the rite promotes hygiene and above all has health benefits such as reducing the risk of getting HIV, other STIs and cancer of the penis. Circumcised men are also less likely to infect women with the virus that causes cancer of the cervix. Taken in this positive light, Shangani MC could be one of the liberating 'symbols of life' (Aschwanden, 1982). Therefore, it is vital to deconstruct the negative perceptions pertaining to the African Indigenous religious practices such as MC among the Shangani.

There is also another side of the Shangani story of male circumcision. The fact that MC is a compulsory rite that is used as the central instrument to determine one's personhood attracts criticism. One can argue that the way in which the Shangani culture of male circumcision is done employs the 'carrot and stick principle' against the *vukwerha* (initiates). Yet, a further puzzle abounds where the value of medical circumcision is undermined by those who only recognise the traditional medical procedure administered by *vadzabi* and traditional healers. As a point of reflection, in South Africa, one boy from among the groups that practice MC took his father to court for forcing him to be circumcised according to tradition despite the fact that he had undergone medical circumcision (SABC News International, 23 October 2009). This makes the Shangani 'human rites' to be a 'human rights' issue particularly when it is made compulsory even for the reluctant to 'go under the traditional knife'. Such a traditional phase is virtually unnecessary and rather cruel. Yet, in the event of death of an initiate during the rite, this mishap is symbolically reported to the respective parents at the point of graduation by 'enholing' the plate that the deceased used. This is further evokes human rights intonations since no grave of the deceased is ever shown to the bereaved.

Furthermore, the sharing of unsterilized instruments among the Shangani initiates places the boys at the risk of contracting HIV and AIDS. This becomes a human rights issue because research has shown that the sharing of sharp objects such as the circumcision knife and razor blades is one way through which HIV is transmitted under blood to blood transfusion with someone infected with HIV (<http://www.path.org/publications/>, Accessed, 30 July 2012). However, this concern on the risk and other hygiene matters are currently changing for the better. For instance, some medical doctors who met the criteria were invited in Chikombedzi under Chief

Sengwe to circumcise people. Thus, the use of sterilised instruments, protective gloves, latrines and disinfectants as a complementary health strategy is set to significantly improve the health facility at the Shangani circumcision camps when fully adopted. This would lead to a reduced number of deaths during the process of circumcision due to profuse loss of blood, outbreak of contagious diseases like cholera and dysentery unlike in the past. In 2011, under Chief Sengwe and Headmen Samu, Gezani and Ngwenyeni, there was no accident or death unlike in the past where some initiates died or delayed to heal which in turn delayed the conclusion of completion of the circumcision school. The involvement of the health personnel also allows the distribution of pamphlets on HIV & AIDS and Life Skills education to the initiates.

CONCLUSION AND RECOMMENDATIONS

The study has tried to show that there are diverse perceptions pertaining to MC ritual among the Shangani in the context of HIV and AIDS whereby people have to 'think outside the box' on the basis of critical and caring thinking that first acknowledges what is 'inside the box'. This is true with MC which was hitherto under-utilised in Zimbabwe until recently when it was recommended as a measure for fighting against HIV and AIDS. In this way, MC ceases to be a human rights threat *per se* but a one of the chief defenders of HIV and AIDS par excellence. However, there is need to merge the efforts of the traditional initiation school with medical benefits through a selective judicious integration given that some Shangani aspects of MC rite needs urgent repackaging to suit modern trends. The Shangani community should recognise those circumcised by medical practitioners as *bona fide* members of their group, with or without further induction executed by Shangani elders outside the circumcision school.

REFERENCES

- Aschwanden, H. (1982) *Symbols of Life*, Gweru: Mambo Press.
- Bannerman, J.H. (1978) "Towards a History of the Hlengwe People of the South of Rhodesia", NADA, Vol. XI (5), pp. 483-496.
- Chitando, E. (2007) *African Indigenous Religions and HIV & AIDS*, Module 5, Series Editor, M.W. Dube, *Theology in the HIV & AIDS Era Series*, Geneva: WCC Publications.
- Chitando, E. and Chirongoma, S. (2008) "Challenging Masculinities: Religious Studies, Men and HIV in Africa", *Journal of Constructive Theology*, Vol. 14 (1), pp. 55-59.

- Deflem, M. (1991) "Ritual, Anti-Structure and Religion: A Discussion of Victor Turner's Processual Symbolic Analysis", *Journal for the Scientific Study of Religion*, Vol. 30 (1), pp. 24-44.
- Eliade, M. (1959) *The Sacred and the Profane*, New York: Harcourt, Brace & World, Inc.
- Gelfand, M. (1979) *Growing up in Shona Society*, Gweru: Mambo Press.
- Haar, G. ter (1990) *Faith of our Fathers*, Utrecht: Faculteit der Godgeleerdheid.
- Jackson, H. (2002) *AIDS Africa: A Continent in Crisis*, Harare: SAfAIDS. <http://www.path.org/publications/>, "Tuko Pamoja: Adolescent Reproductive Health & Life Skills – Path", Accessed, 30 July 2012.
- Kearns, F.E. (1970) *Black Identity: A Thematic Reader*, New York: Holt.
- Maposa, R.S. (2011) "'Going under the Traditional Knife': Linking African Traditional Education and the Ethic of Identity through Shangani Culture, Zimbabwe", *JETERAPS*, Vol. 2(6), pp. 479-484.
- Mbiti, J. (1975) *Introduction to African Religion*, Oxford: Heinemann.
- MoHCW Brochure (2011) "What You Need to know about Male Circumcision (MC)", Harare: MoHCW.
- Nyota, S. & Sibanda, F. (2012) "Digging for Diamonds, Wielding New Words: A Linguistic Perspective on Zimbabwe's 'Blood Diamonds'" in: *Journal of Southern African Studies*, Vol. 38 (1), pp.129-144.
- Owino, K. (2010), "Masculinities, HIV and AIDS in South Africa – Evaluating the Present, Mapping the Future: Towards a Transformative Missiological Paradigm Through Hopeful Theologising", A Paper Presented at a PhD Seminar Arranged by Broken Women, *Healing Traditions?: On Comparative Theology and Feminist Theory: Engaging African and Nordic Contexts*, Oslo: University of Oslo, 25-27 May.
- Peresuh, M. (1999) "Traditional African Education: Context, Functions and Importance: in: M. Peresuh and T. Nhundu (eds.) *Foundations of Education for Africa*, Harare: College Press (Pvt) Ltd, pp. 7-21.
- Rikhotso, F. (1985) *Tolo a nga ha Vuyi*, Braamfontein: SASAVONA Publishers and Booksellers.
- SABC News International (2009) 23 October.
- Sibanda, F.(2010) *HIV and AIDS-Related Stigma and Discrimination: A Philosophical Reflection on the Experiences of Students at Great Zimbabwe University*, Saarbrücken: LAP.
- Sparrow, A.L. (1977) "A Lowveld Rite: A Shangaan Circumcision Lodge", *NADA*, Vol. XI (4), pp.394-396.
- Stein, M. (2011) "Tip Top Act" in: *BBC Focus on Africa*, July-September.
- Whitehead, C. (2004) "Religious Experience and the theory of Anti-Structure", Downloaded from: http://www.socialmirrors.org/cms/images/downloads/RE_and_antistructure.pdf, Accessed: 10 June 2012.
- Yikiniko, S. (2012) "Circumcised Men not Spared from HIV Infection", *The Sunday Mail*, July 8-14.
- Yikoniko, S. and Towindo, L. (2012) "Were we fooled?", *The Sunday Mail In-Depth*, July 15-21.