

Male circumcision in South Central Timor A rite de passage in the time of AIDS

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Dit artikel beschrijft de praktijk van besnijdenis bij mannen in Zuid Midden Timor. Oorspronkelijk was mannelijke besnijdenis in dit gebied een ritueel dat de overgang naar volwassenheid markeerde, maar tegenwoordig komt het geregeld voor dat mannen pas na hun huwelijk besneden worden. Verschillende verklaringen worden besproken; bewijs van mannelijkheid springt het meest in het oog. De praktijk van besnijdenis laat zien hoe de natuurlijke en sociale wereld worden gepercipieerd en beheerst. Mannelijk besnijdenis is pas voltooid nadat de betrokkene seks heeft gehad met verschillende partners. Dit ritueel is daarom een risico in verband met de verspreiding van AIDS en dient 'meegenomen' te worden in voorlichtingsprogramma's. Zulke programma's moeten gebaseerd zijn op een begrip van de sociaal-culturele constructie van seksualiteit.

Introduction

In the Regency of South-Central Timor¹ (*Kabupaten Timor Tengah Selatan*)² the high prevalence of Sexually Transmitted Diseases (STDs) was identified as a problem that needed to be addressed in anticipation of the rapid spread of HIV/AIDS in Indonesia.³ For this reason a sexuality study was carried out by the author on behalf of Yayasan Haumeni,⁴ in order to get a better understanding of knowledge, attitudes, beliefs and practices concerning sexuality and STDs among the *Atoin Meto*, the indigenous people in the area. The results of the study are now being used to develop an appropriate and culture-specific HIV/AIDS prevention and control programme.

The study was carried out in 1993-1994. Information was gathered through individual, semi-structured in-depth interviews and discussions with focus-groups. Key-informants were *tua-adat* (cultural leaders), traditional healers, operators doing the traditional male circumcision, circumcised men, adolescents (up to 25) and religious leaders. However, as a snowball method was used, information from other sources was also included.

After a brief description of the *Atoin Meto*, this article describes one of the findings of this study; the rite of traditional male circumcision (female circumcision is not practised in the area) or *keut mau fukat*,⁵ hitherto a common practice in the area, requires sexual intercourse with multiple partners for its fulfillment and is therefore a

possible route of transmission of HIV in the future. It should be emphasized that it is *not* the circumcision in itself that is questioned, as the state of being circumcised can possibly reduce the risk of HIV transmission through sexual intercourse (Bongaarts et al. 1989; Moses et al. 1990). What is questioned, however, is the risk of HIV transmission resulting from the sexual acts involved in the completion of the rite.

Literature is reviewed to see how the rite has changed in a time when rural communities face swift modernization. It appears that the rite has not been static during the past century, but open to modification, whereby the original meaning of the rite, that of marking the transition to adulthood in order to prepare for marriage, seems to be lost gradually.

The rite of male circumcision shows that sexuality is very much a construction embedded in a social-cultural context. It is an effort to control the social and natural world in order to ensure well-being and reproduction. It is therefore vital that this construction is understood and addressed as such in the planning and implementation of programmes for effective HIV/AIDS prevention and control.

This article is descriptive and to an extent exploratory. More research will be needed for a deeper understanding.

The Atoin Meto

The *Atoin Meto* (literally 'native people') or Dawanese is one of the indigenous groups of the island of Timor. Numerically they form the most important group in the island with their own distinct language, *Bahasa Dawan*.

As a result of the invasion of the island by ethnic groups from other islands, in particular Sabu and Rote, the *Atoin Meto* moved into the more arid and mountainous parts of West Timor. This relocation was reinforced by the colonial policy during Dutch occupation. Nowadays the majority of the *Atoin Meto* are found in the Regencies of South-Central Timor and North-Central Timor (*Kabupaten Timor Tengah Utara*), and to a lesser extent in the Regency of Kupang and Belu.

Traditionally the *Atoin Meto* made a living by hunting and shifting cultivation. They lived in their round thatched huts known as *ume kbubu*, scattered over the mountains. Only during this century they have settled in hamlets, forced by government policy (both colonial and post-colonial) and relative scarcity of land. Nevertheless until now different domains can be distinguished in the region according to the predominant kin or name-group.

Originally the *Atoin Meto* were described as animists. In the beginning of this century however Christianity started to play an important role in people's life. Since then there has been a syncretism of animism and Christianity. The importance of animism is reflected in the still common belief that the *nitu* (spirits of the deceased) are powerful agents in determining people's prosperity on earth. This is evident in the rite of male circumcision.

Male circumcision: a description

When the phenomenon of male circumcision in West-Timor was first described, it was depicted as a cultural rite, carried out during puberty (varying from the age of 12 to 20 years), requiring sexual contact for its fulfillment. (Donselaar 1871; Grijzen 1904; Kruyt 1923; Schijf 1922; Schrieke 1922). Of mentioned authors only Kruyt elaborates his description of the rite in more detail, including the sexual aspects, as will be discussed later.

More recently Vroklage and McWilliam describe the same practice of male circumcision followed by multiple sexual intercourse being a *rite de passage* to mark the transition to adult- or manhood. In line with earlier authors Vroklage describes how in the Regency of Belu the rite is carried out before the age of 18 years (Vroklage 1953). In a study in the Regency South-Central Timor done in the eighties however, McWilliam notes that male circumcision is no longer a rite carried out during puberty, but is a *rite de passage* marking transition to adult- or manhood. It is now usually sought by young men at a later age, when preparing for marriage. The possible reason given for the postponement is the delay of marriage in comparison with marriage in the past (McWilliam 1989; McWilliam 1994).

Recent study by the author shows that in most parts of South Central Timor the rite of male circumcision is still a very common practice: According to one key-informant more than 90% of all men in his village older than 30 years, had been circumcised. In contrast with previous studies, this latest investigation shows that nowadays ritual circumcision is more common among men older than 20 years, often *after* marriage once they have one or two children. This indicates that the rite is gradually losing its original meaning of marking the transition to adult- or manhood.

Season

Allegedly there are two periods in a year that are suitable for the execution of traditional male-circumcision. The first and most popular period coincides with the months February-March, during which corn in the field is ripening. The reason mentioned by Kruyt for choosing this period would be the hardening corn as a symbol for the healing penis (Kruyt 1923). Several respondents in recent study however mentioned the red pistil appearing from the corn-cob, being an important metaphor of *darah merah* (red blood) ascending more quickly and therefore having a healing effect (*darah merah* is often used as a symbol of good health, as opposed to *darah putih* or white blood, which symbolizes illness and death). The second period mentioned is the time when the fruits of the kapok tree (*Ceiba pentandra*) burst open or the red *dadap* (*Erythrina spp.*) and *turi* tree (*Sesbania grandiflora*) flower, usually around September-October. This period however is less popular, because due to the dry season men are weaker, and water, indispensable for the process of traditional circumcision, is scarce.

Nevertheless recent observations show that for practical reasons traditional circumcision is nowadays often carried out in other periods such as May or June. By then the corn has been harvested, hence men can afford to be weakened by the intervention. This again shows that the rite is not static, but subject to change.

Procedure and technique

The following is a general description of male circumcision. It should however be realized that there is much variety in procedures and techniques applied by the different operators doing the circumcision.

Once a man has decided to undergo traditional circumcision, he approaches the operator or *alet maufukat* (lit. he who cuts off the tassels or fringes of a woven cloth), who has received the hereditary skills from his father. In most villages there is at least one *alet maufukat*. Nevertheless sometimes an operator from outside is approached, because of a good reputation for the traditional medicine he uses. When circumcision has been agreed upon, remuneration for the *alet maufukat* is arranged, which usually consists of one chicken, a bottle of *sopi* (local spirit) a kilo of rice and some cash. Until recently Dutch silver money was used for this purpose.

The *alet maufukat* and his client seclude themselves in a remote and quiet place where water is abundant. Then the client is asked to sit down in the water. Occasionally more than one client is circumcised at the same time.

Before circumcision is carried out, some *alet maufukat* may ask their client to count stones according to the number of women he has had sexual intercourse with during his life: one stone for every woman. According to Kruyt this ritual is a confession for the *nitu* (spirits of the deceased) to implore purification from a state of contamination caused by sexual intercourse (Kruyt 1923). As it is believed that the wound will not heal in the case of a wrong count, accuracy when counting stones is essential. If after circumcision the wound does not heal, the client will come back to recount stones to make sure no sexual partner was forgotten. Appel reports a similar ritual in the Regency of Belu (Appel 1985). In a similar way in the past purification from 'sexual contamination' before going into war was also important as a way of protection (Schulte Nordholt 1971). However, it seems to me that stone-counting before circumcision implicitly also serves another purpose: proving one's virility. This may be clear from the next jeering quote from an *alet maufukat*: "Men count about seven to eight stones on average. Some however count nil. They can still be helped though". Men among themselves may also boast about the number of stones counted when they were circumcised. In other words, men who have never had sexual intercourse before being circumcised, are perceived as weak and not real men. The ritual thus shows some contradiction: on the one hand it is a confession of 'sexual contamination', requiring honesty and accuracy in order to be purified as a way of self-protection, while on the other hand it reveals a perception of virility approving of promiscuous behaviour before circumcision. The latter possibly leads to an exaggeration of the number of stones counted when the subject is broached in informal settings.

The client has to remain in the water for a few hours, until the penis has shrunk completely. He is then asked to sit on a stone, where the upper part of the foreskin is pulled behind the glans, pinched up and clamped between two pieces of bamboo which are firmly tied with a hair of a horse-tail. Some *alet maufukat* then cut the foreskin directly, usually using a bamboo knife and more recently also a razor blade. Others leave the foreskin tied off for four days, until part of the foreskin has shrivelled, after

which it is removed.⁶ In some cases it was reported that the removed foreskin was hung in a tree, showing similarity with the past ritual of hanging the umbilical cord and afterbirth in a birth-tree.

As with most interventions in nature, the man is believed to be in an overheated state as a result of the circumcision. He has to remain in seclusion for four days during which contact with women is absolutely forbidden, as his distorted hot-cold balance would be life-threatening for the other sex. As a result of the intervention the penis is swollen, often full with puss and is usually compared with a *kaulili* (tomato). The wound is cooled off with water and treated with herbs. Mentioned herbs are amongst others the fruits of the *kemiri* tree (*Aleurites molucana*), *damar* leaves (*Resiniferous*) and *sirih* leaves (*Piper betel*). One *alet maufukat* said that besides traditional medicine, he also applies a ground capsule of tetracycline (obtained from the market) to the wound. A few *alet maufukat* reported that the newly circumcised man has to wear a loin-cloth and squat above a bamboo cylinder filled with water and herbs, into which hot stones are thrown. This would produce a healing steam. McWilliam observed a similar treatment of the freshly circumcised penis (McWilliam 1994). During this period of four days the client has to refrain from eating spicy food, 'slimy' vegetables and salt, as this would interfere with the healing process.

After seclusion the newly circumcised man has to have sexual intercourse with two to four different women. This is believed to be essential, as otherwise the wound would not heal and the penis might become inert. A common metaphor for this process is the 'hardening' (*sepuh*) of a newly forged knife. The first sexual intercourse after circumcision is the most important and has to take place between four to eight days after the foreskin has been removed. The wound has to be fresh. If it has dried up, it should be opened again in order to be able to throw off the heat. This first sexual intercourse is known as *sifon maputu* (throwing off the heat) and has to be done with an unrelated woman who has had at least a few children. Usually certain widows in the village render this service for newly circumcised men, as a way of making a living. These women are known as *asuf maputu* or *bife anpolin maputu* (women to throw off the heat). For the next sexual encounters, known as *haekit* (make smooth) and *hau-hena* (make strong), there is no clear time-limit. They can be done with any woman: old or young, married or single. Often herbs are used to determine in which direction these women can be found. Sometimes these women are paid, sometimes not. Although, *haekit* and *hau-hena* are said to be done on a voluntary base, some informants said they keep their unmarried daughters indoors during the season for circumcision out of fear of rape. After fulfillment of the circumcision rite, the man is not allowed to marry any of the women involved in *sifon maputu*, *haekit* and *hau-hena*. Because of the heat transferred to these women, marriage with any of them, implying repeated sexual intercourse with a woman who has received 'the heat', would allegedly cause disease. Whether the sexual rituals endanger the women involved, or their other sexual partner(s), could not be answered by the respondents.

To complete the process of cooling off the man has to drink coconut juice mixed with fresh chicken blood. After the heat has been cooled off completely, the newly circumcised man can go back to his wife (if married) and family, and usually a few

months after circumcision, the man has his teeth filed as a sign of successful completion of the male circumcision rite.

Motivation

Neither from literature on the subject nor from recent studies is there any clear information about the origins of the rite. The practice of male circumcision in West Timor is neither an obligation imposed by (Islamic) religion as the majority of the population are now Protestant or Roman Catholic (Donselaar 1871; Grijzen 1904; Schrieke et al. 1922), nor is it imposed by the *adat* (customary law) as there is no clear sanction when a man does not abide. Nevertheless pressure to comply is high, as it is a *rite de passage*, reflecting perception of the social and natural world.

Reasons given for men to be circumcised are various. Most conspicuous during the study however was circumcision being a proof of virility, "*a proof of being a real man*", as expressed by a female informant. For this reason a woman who wants to marry a man, may require her fiancé to be circumcised, as it is usually public knowledge who is circumcised. Adult men who have not been circumcised are often considered weak and have a low social status. This often leads to mockery in public: e.g. uncircumcised men are summoned to sit down on a goat-skin as a sign of "*their skin being abundant*". When fresh areca-nuts (*Areca catechu*) are offered by women to uncircumcised men, the stalk and corolla of the nut are often not removed as metaphor for an uncircumcised penis. In the same way, an uncircumcised adult man may find his name ridiculed during the *bonet*, a traditional ring-dance. By circumcision the adult man avoids this mockery and his social status increases (see also Vroklage 1953).

Another reason which is sometimes mentioned, is increased sexual satisfaction, both for wife and husband. Sometimes this is a reason why a woman may put pressure on her husband to be circumcised (if he was not circumcised before marriage). As one informant said: "*Being uncircumcised is like having sex with yourself*", and would therefore be unsatisfactory for either of the partners. Sexual satisfaction, or rather the lack of, is often mentioned as the reason why male circumcision should be carried out at a later age, for allegedly, when circumcision is done at too early an age ("*before the age of 25 years*"), it cannot have the same strengthening effect on the penis.

Male circumcision would also contribute to getting healthy offspring, as it is believed to enhance conception, alleviate child-birth and children would be healthier and more clever (see also Kruyt 1923 and Vroklage 1953). This reason seems to be contradictory with the fact that nowadays increasingly more men are circumcised after having one or two children. The respondents could not explain this apparent inconsistency, despite persistent questioning.

Younger, unmarried respondents who have never had sexual intercourse before, also see traditional circumcision as a way of gaining sexual experience. In particular the *bife anpolin maputu* are said to give sexual advice to sexually inexperienced men who have just been circumcised. The practice of traditional male circumcision can thus also be a form of sex-education.

Circumcision would also contribute to general cleanliness and cleanliness of the penis in particular. Uncircumcised men are supposed to smell bad (*fo bib putun*). Another reason for circumcision is preserving the wife's (!) youthful complexion. Several male respondents claimed they were able to tell by a woman's face, whether her husband was circumcised or not.

Most of the above motivations are consistent with traditional male circumcision originally being a rite to mark the transition to adult- or manhood. However the fact that it is now often fulfilled at the age of 20 years or older, *after* marriage and *after* having one or two children, implies that the tradition is subject to change and that it is gradually losing its original meaning of *rite de passage* to adult- or manhood. I have not been able to obtain a satisfactory explanation for this change. Personally I think that it may have been the result of disapproval of the rite by Christianity which plays an important role in the area; Rejection of the rite may have resulted in a more tacit, concealed and therefore delayed performance of the rite. Subsequently the motivation for performance has gradually adapted to this new situation and as a result elements such as sexual satisfaction have become more important, rather than transition to adult- or manhood. This is however still hypothetical and needs to be further explored.

The strength of ritual

The rite of traditional male circumcision as depicted above, reflects a dual classification by which the natural and social world are perceived and understood in terms of hot-cold and male-female. According to McWilliam this dual classification, which is also found in other rites among the *Atoin Meto*, such as birth-rites and in the past head-hunting, is even more than just a way of perceiving the natural and social world. It is "a mechanism for ensuring continued and increased prosperity, well-being, fertility and ultimately, social reproduction" (McWilliam 1989: 188). Thus the rituals involved in traditional male circumcision are an effort to regulate the natural and social environment. It is therefore not surprising that the hazards and pain involved in traditional circumcision, which some informants compared with the risks for women in child-birth, often cannot prevent a man from fulfilling the rite, though in an adapted form. The strength of ritual may be illustrated by the following examples:

1. Although in the rural areas there is a clear preference for men to be circumcised in the traditional way, nowadays men are occasionally circumcised at the *Puskesmas* (health clinic). Purely medical circumcision is however perceived as an incomplete process that needs to be completed through ritual, as may be clear from the following case: One respondent who had just been circumcised at the *Puskesmas*, explained that he still had to find three women for *sifon maputu*, *haekit* and *hau-hena* in order to make the medical intervention more sophisticated. The reason was, allegedly, pressure by his wife who would otherwise not accept him back home, for she perceived him as life threatening as long as 'the heat' had not been thrown off with another woman. Antibiotics and bandages given at the *Puskesmas* could not replace this ritual. The fact that medical circumcision at the *Puskesmas*

- turns out cheaper compared to traditional circumcision, does not seem to have much influence on people's preference.
2. Importance of fulfillment of the rite is also obvious from the fact that several *alet maufukat* are known to be vestryman in church, despite objections from the side of the church against certain aspects of traditional circumcision, in particular sex before marriage and adultery.
 3. Although research has been carried out in a rural area, there are also indications that, at least for some people living in an urban situation, traditional circumcision is still very important. Several *alet maufukat* reported to have urban people among their clients, including people with higher education.

The rite in the time of HIV/AIDS

The practice of traditional male circumcision is now challenged by the expected rapid spread of HIV/AIDS in Indonesia. As fulfillment of the rite requires sexual intercourse with multiple partners, often with certain women in the village and with a fresh wound on the penis, it is a clear risk-factor in the transmission of HIV/AIDS and other STDs. As some respondents explained, this risk cannot simply be reduced by the promotion of condom-use, for this would interfere with the idea of 'throwing off the heat' with other women. And even if condom-use did not clash with the concept of restoring the hot-cold balance for recovery, who would use a condom on a freshly circumcised penis? As people still strongly believe in the importance of fulfillment of the rite, though in an adapted form, it is unlikely to be abandoned easily, as the three illustrations in previous paragraph suggest.

Another complication is that only few respondents consider multiple partnership risky. Although sexual intercourse may be seen as the *context* in which some STDs are transmitted, according to most respondents sex with multiple partners is not a *risk-factor* for the spread of STDs. In their perception STDs are caused by, amongst others, sexual intercourse with a menstruating woman, failure to 'throw off the heat' (*sifon maputu*) within eight days after circumcision and having sex before paying the *alet maufukat* properly. Therefore, in their opinion the need to change the rite is not very urgent.

Nevertheless it is at least encouraging that the rite has proved to be dynamic. May-be it can be modified in order to avoid or decrease the risk of STD/HIV infection, without losing its social-cultural meaning. An STDs/HIV/AIDS prevention programme in the area should look at the possibilities to find a culturally acceptable replacement for recovery of the distorted hot-cold balance by unprotected sexual intercourse with multiple partners. This process of modification obviously requires a dialogue among all actors involved in the rite, in particular the *alet maufukat*, men planning to be circumcised, and their fiancées or wives. The role of the STDs/HIV/AIDS programme by Yayasan Haumeni is to stimulate such dialogue.

Conclusion

As explained in this article the rite of traditional male circumcision in South Central Timor requires sexual intercourse with multiple partners. Moreover, the first sexual intercourse after circumcision has to take place with an open wound on the penis. Fulfillment of the rite is therefore a clear risk-factor for the spread of HIV/AIDS and other STDs that needs to be addressed in STDs/HIV/AIDS prevention and control programmes.

The description of the rite shows that sexuality is very much a social-cultural construction, reflecting the way in which the natural and social world are perceived. The rituals involved in the practice of male circumcision should be seen as an effort to exert control over these worlds. They are therefore not likely to be abandoned easily.

Nevertheless the rite of male circumcision has shown to be dynamic and subject to change. Adaptation of the rite in order to reduce the risk of transmission of HIV/AIDS and other STDs may therefore be a possibility. This can only be achieved by a dialogue among the *alet maufukat*, men planning to be circumcised, and their fiancées or wives about the perceived gender roles within sexuality and their cultural meaning.

It is obvious that in a context like South Central Timor a general STDs/HIV/AIDS prevention and control programme alone, 'just' promoting safe sex, will not attain its objectives. A more specific programme, based on a deeper understanding of the construction of sexuality in its social-cultural context, needs to be developed in close cooperation with the people involved. Only then can STDs/HIV/AIDS prevention and control be effective.

Notes

Irko Zuurmond (1964) studied Human Nutrition at Wageningen Agricultural University. From 1990 until 1994 he was involved in the design and implementation of a Primary Health Care Programme in West Timor on behalf of Yayasan Haumeni, a local NGO for Community Development. Since 1993 STDs/HIV/AIDS prevention has become part of this PHC programme. At present, Irko Zuurmond is working in a nutritional project among the Shuar Indians in the Amazon area of Ecuador.

1. The *Kabupaten Timor Tengah Selatan* is one of the four regencies of West-Timor.
2. Words in Indonesian and Dawan are printed in italics throughout this article.
3. Officially HIV had not yet been detected in West-Timor at the time the study was carried out.
4. Yayasan Haumeni is a local NGO working Community Development and PHC in the *Kabupaten Timor Tengah Selatan*.
5. *Keut mau Fukat* literally means "to cut off the tassels of a woven cloth". There are however many other words or expressions in the different dialects of the area.
6. As only the upper part of the foreskin is tied off and removed, leaving a big part of the foreskin attached to the penis, strictly speaking circumcision is not the appropriate term. The technique implies an intervention that is in between incision and circumcision.

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