

‘Koma’, the Determinant of Cultural Identity and its Diverse Ethnic Relations: A Case Study of Limpopo Province, South Africa

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Abstract

Koma re bolela kgororwana, khupamarama re hwa nayo contextually means that in traditional circumcision, we only talk in related words and keep the secret of what practically happens at the initiation school (*komeng*). Culturally, this means that all that is learnt and experienced at the initiation school must never be said to uncircumcised males and uncircumcised or circumcised females, but we only talk in euphemisms and keep deep secrets within our cheeks until death. It is the *Bapedi*'s proverbs that protect and preserve their taboos. Proverbs serve as agents for oral traditions that transmit cultural values and heritage from one generation to another. They preserve the cultural identity of African communities and honour their ancestral knowledge. The ethos of the *Bapedi* has been threatened by the Western infiltration by breaking the aim of the proverb above. In testing whether the hypothesis of *Koma* and traditional male circumcision's state of secrecy (*khupamarama*) still holds, the paper aims to critique literature from 1900 to 2000 that uncovers and endangers taboos of traditional circumcision in Limpopo Province, South Africa. The results show that the hypothesis of the status of *kgororwana* and *khupamarama* no longer holds as per the *Bapedi*'s proverb. The practices like the removal of the foreskin (*khupamarama*) which was recorded prior to 1900, break the intention of the proverb. Furthermore, traditional circumcision has been practised in various cultures around the world for centuries, significantly based on cultural,

religious, and social contexts in which it is performed, for example, for health, supernatural beliefs, social acceptance, symbol of maturity and adulthood, fertility and virility. The paper clarified the African philosophy regarding *Bapedi* culture based on the proverb; expressed cultural diversity, ethnic relations with respect to *Koma* while communities engage in deforestation.

Keywords: culture, identity, heritage, decolonisation, traditional circumcision

1. Introduction

This paper aims to assess the secrecy of *Koma* using literature from 1900 to 2000 that uncover and endanger taboos of traditional male circumcision (TMC). The word or name '*Koma*' needs to be understood as an expression that usually presents a figurative language or speech which has nonliteral connotation attached to it such as an idiom. Bapedi, previously called Northern Sotho tribe consists of diversely populations of different ethnic-rich culture across Limpopo Province (LP), one of the Nine (9) provinces of South Africa. In particular, the Bapedi from Manganeng in the Sekhukhune district of LP, culturally prohibit *Koma* conversations among graduated initiates with non-initiates, women, and any other men who underwent *Koma* differently from their ethnic way; by singing a special *Koma* song to test whether the male person knows its lyrics or not, before he is earmarked to be dragged into their next coming *Koma*. *Koma* is a figurative speech on which an idiom was presumably formulated as *Koma re bolela kgororwana, khupamarama re hwa nayo*, meaning, we only talk in euphemisms but keep the key secret of what truly happens inside our cheeks, we die with it. It is the Bapedi's proverb that protects and preserves their taboos. It is acceptable to any *Mopedi* (singularity of plural Bapedi) who has graduated in *Koma* administered in *Mphato* which is situated in the valleys and rivers flowing adjacent to big mountains with dense forests¹.

¹ The number 1 denotes word per word translation of *Koma* (concoction of secrets), *re* (we) *bolela* (talk), *kgororwana* (mumbling small/ few words), *khupa-marama* [*khupa* (hold in mouth) i.e, secret held closed in - *marama* (cheeks) or deep secret to be kept closed in cheeks - tongue must not say)], *re* (we), *hwa* (die), *nayo* (with it).

Proverbs serve as agents for oral traditions (Dlali 2023) that transmit cultural values and heritage from one generation to another (Amojo 2020). Bapedi use proverbs to preserve the cultural identity of their African communities and honour their ancestral knowledge. In African civilisations, proverbs are used to express philosophical ideas and employ metaphors and symbolism to convey meaning which contains numerous ways to interpret them due to tones in a language (Seitel 1976).

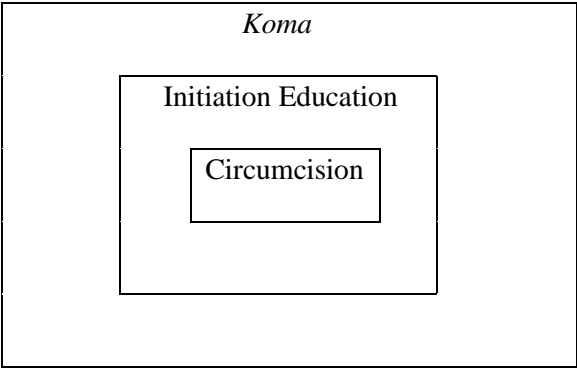
Blaming colonialism concerning cultural knowledge transfer, Pemunta and Tabenyang (2020) contend that Africans developed indigenous medicinal knowledge and conveyed it orally in customary activities to future generations, such as totems, *Koma*, and timing for farming. This was before colonialism introduced competition between indigenous and modern therapies. This infiltration led to the enforcement of laws which banned several African approaches in favour of biomedicine, including the traditional techniques in spiritual healing. Related to this, many indigenous circumcision practices were scientifically inspected and frequently subjected to rejection (Schoen *et al.* 1989). This paper presents how long ago the ethos of the Bapedi tribes has been threatened by the Western infiltration in hindering the aim of the *khupamarama* proverb about *Koma*.

2. Discussion of Cultural *Koma*, Circumcision and Initiation

It is difficult to define *Koma* detached from culture. A cultural *Koma* refers to the systems and processes which embrace initiation and circumcision. The systematic approaches of *Koma* are precise ancestral practices that are characterised by several realities of life, not limited to people’s hierarchy (*Moroto*), different roles, types of accommodation (as huts, caves, rocks and open kraals), cultural attire (leather underwear and tree leaves or *Lekgeswa and Ntepa*), apparatus, type of foods relevant for the *Koma* period, initiation education that mainly promotes sex and reproductive health rights culturally, tolerance, law-abiding citizens and patriotism. Music is the daily activity of *Koma*, praising and lamenting at the same time. The starting point in time until to the end point of all processes of *Koma* is called *Lebollo*. Several authors define *Koma* as limited to circumcision, interchanging it with initiation; but it sounds better in Sepedi culture if it is called initiation school. Scientifically, one can visualise the term *Koma* as a big union set which contains two elements, initiation school and the intersection is circumcision where all processes and cultural systems are mutually inclusive. When all cultural

practices are conducted according to the ethnic norms and standards, newly graduated initiates disperse from home King’s kraal (*Moshate*) to their respective homes, the Bapedi know that *Koma* is closed (*alogile*).

Table 1: Schematic visualisation of *Koma*



Self-drawn diagram to visualise the meaning of *Koma*

Table 1 should show several subsets which contain cultural preparations of the novices, traditional healers, experienced elders; traditional healers, male parents/guardians with memorised and well-known plans and procedures with roles which intersect at circumcision processes on initiates, including the king’s son(s). Table 1 tries to depict a bigger picture about how Neutel (2016) attempts to explain the characterised ritual circumcision elements described by McClymond (2016). Circumcision is a cultural or religious practice involving the traditional operation or medical surgery performed by all genders to signify adulthood. Neutel (2016) referenced Hoffman (1996) in establishing that the Jews conducted religious infant circumcision as their identity defining rites, back in time before the first century. Traditional circumcision surgery is often performed as part of rituals or ceremonies (Smith 1993), marking the transition from boyhood to manhood (Karras 2003). The topic of any gender circumcision and initiation is considered taboo in some cultures, including the Pedi culture (Lebaka 2019). Cultural circumcision procedures differ widely from one tribe to the other based on ethnic identity (Dionne & Poulin 2013). In some cultures, the procedure is performed in a formal and ceremonial setting by trained practitioners, while in others, it might be conducted in less formal settings. The

tools, techniques, and associated rituals also differ significantly. Modern medical circumcision, performed by trained healthcare professionals in sterile environments, is generally considered safer and has lower risks of complications (Ellis & Abdalla 2018). Measures are enshrined in healthcare policies to enforce respect for cultural practices while also prioritising health and safety. In the case of the Bapedi’s traditional male circumcision surgery, if the ‘how’ (Anaesthesia way), ‘who’ (females and uncircumcised males’ staff) and ‘where’ (hospitals) are outside *Mphato*, that defeats the benefits of *Koma* as an identity (Brennan 1988) determinant. Instead, it promotes cosmopolitanism which lacks the observance of cultural ethics. This could impact communities’ norms and standards, for example, in a male-shortage of doctors’ setup such as in Limpopo Province, females may be assigned to perform the procedure which would go against the cultural norms.

Dunsmuir and Gordon (1999) reported that Barns (1936) determined that the literature may not correctly estimate when circumcision operations were performed because even the anthropologists cannot agree on the origin of circumcision. Dunsmuir and Gordon (1999) also attested that Sir Graham Elliot Smith, the Egyptologist, suggested that circumcision was a cultural practice that was spread over some 15000 years ago globally, including people in the Near East, throughout tribal Africa, Moslem peoples of India, south-east Asia and Australian Aborigines long before 15000. In their book, Ellis and Abdalla (2018) illustrate different types of surgeries performed on humans’ bodies from head to toe back in the ages with primitive techniques which were horrible but irregularly successful in those days during ancient civilisations. Ellis and Abdalla (2018) postulate that previous ethnological researchers discovered that circumcision surgery was commonly practised in primitive villages by equatorial Africans, the Bantus, Australian Aborigines, South Americans and those in the South Pacific; and traditionally by Ancient Jews (during 800 BC), as well as by Muslims between 2400 and 3000 BC. A tomb carved with a picture of two boys who had been circumcised with a crude stone bears reference to these dates. It is written that these communities applied stone knives despite having several metal instruments; and circumcision was performed for hygiene, fertility, or initiation rites purposes. Ellis and Abdalla (2018) documented information that advocates the development of surgical methods from the Dark Ages and Renaissance to the contemporary male circumcision that is coupled with anaesthesia; hence the fear of attending traditional Bantus initiation school among young boys of today as they have heard of safer technology. Prior to Ellis and Abdalla’s (2018) submission,

Lewinsohn (1958) documented that the Egyptian mothers were circumcised by 1300 BCE and Egyptian wall paintings yield evidence that circumcision was customary for many thousands of years before that.

3. The Psychological Aspect

Contrary to the notion of the gains versus the disadvantages of the initiation school, Graber (1981) re-tested the psycho-cultural theory of male genital mutilation and found that some fathers allow circumcision as security against patrilocality. Similarly, Rosen (1988; citing Whiting 1960) studied the psychological purposes of initiation rites and related studies which align with Whiting's hypothesis which claims that initiation in male adolescence serves to prevent violent masculinity against parents and female counterparts (Whiting *et al.* 1958); and these findings do not differ from Munroe and Munroe's (1973) interpretation of male initiation rituals. They establish that fathers ease their concerns by circumcising their adolescent sons to prevent anticipated masculine aggression. Initially, male circumcision was mainly performed at birth in some African tribes, in Judaic societies on the eighth birthday, in early adult life for Moslems and many of the ethnic cultures as readiness to puberty or marriage (Jolly 1899). However, Rogers (1956) views circumcision as like the cutting of hands, fingers and private parts' mutilation as primitive methods before the scientific ways. Kepe (2010) postulates circumcision as the secret which kills while Verit (2002) noted a shortage of studies on the perception of and attitude towards circumcision therapy.

Initiates' deaths were rare and uncommon according to most of the unpublished knowledge of Bapedi traditional healers who were familiar with and experienced in the application of indigenous plants used for communities' health, including circumcision (Green *et al.* 1993). Initiation schools were held in areas that were an integral part of the forests containing plants with healing properties. Some published studies, such as Maroyi (2021) conducted a systematic review of medicinal plants which Africans have used over the ages (Jäger *et al.* 1996); that is, medicinal plants that were found successful in treating inflamed and septic circumcised wounds and successfully cured the initiates (Dilika *et al.* 1996). Brown (1921) concurs with other researchers who comprehend that male circumcision is part of *Koma* rituals; and its advantages provide pleasure experienced by novices before and after *Koma*, which outnumber the disadvantages.

4. The Secrecy (*khupamarama*)

There are several studies which have divulged different elements of *Koma*. Deacon and Thomson (2012) argue that the traditional circumcision secrecy and the way its rituals are performed differ drastically according to regional and historical context. After disclosing and reporting on studies that also reveal taboos, Deacon and Thomson (2012) pointed out that any documented ritual on traditional circumcision is referred to as a transgression of a taboo. This, according to them, violates people's rights because it discourages discussions. It is indicated in Deacon and Thomson (2012) that questions that need to be addressed by future research are how a researcher could prudently advance a scientific investigation of ethnic norms and standards in relation to *Koma* without ethical disapproval. They also found that the cultural practices of circumcision are valued with long memories.

Similarly, Silverman (2004) indicated certain taboo elements of male and female circumcision practised in sub-Saharan Africa while Morton (2011) uncovers the similarities and differences of Bogwera processes among Batswana initiation schools in different regions that is, those practised by Eastern, Northern, Western, and Southern Batswana tribes. Astonishingly with the BaJok tribes from the West Indies, an old woman was allowed to prepare the novices just before the traditional circumcision, as outlined stepwise by Holdredge and Young (1927), on how the traditional male circumcision is performed among adolescent boys using an unsterilised native made knife in cultural huts adjacent to the Kasai River within the village.

In addition, Brown (1921) revealed how circumcision is performed during *Koma*. Gruesome pain is inflicted on the initiates by the chosen elderly who at times are not skilled in circumcision. Brown (1921) attests that the unjustified punishment meted on the disobedient initiates often results in death, especially if the initiate is an orphan. Brown (1921) established from an Bechwana informant that a sharpened edge knife or spear is used to cut the foreskins of the lined-up initiates where each is held tied and hidden so not to see the initiate in front nor hear his noisy cries because each cut is covered by the loud nose of *Koma* songs. Here, the cultural operator does not apply an anaesthetic before cutting or antiseptic treatment before and after. They only depend on astringent herbs to prevent haemorrhage after each cut. It is noteworthy how Brown (1921) outlines the aftermath, the care afforded to the initiates whose cuts get septic and inflamed; the care extends beyond the *Koma* period, monitored strictly by the chosen elders until cured, by not engaging in

sexual practices; and all other activities that are said to be good and notorious during *Koma* rituals (Schlossberg 1971).

On the other hand, Deacon and Thomson (2012) reviewed several studies on the history of *Koma*, initiation school, traditional and religious male circumcision in Southern Africa from 1800 to 2000 and found that 13 publications on traditional male circumcision already existed from 1800 to 1809, 45 in 1930-1939 and an increase in studies from 2000 to 2009. Most of these studies display and explain what the Bapedi regard as taboo. When trying to uncover the *Koma* taboos of Basotho Ba Botswana, during a massive HIV/AIDS prevention campaign (Kreiss 1993) by the Health ministry of Botswana and partners, Katsi and Daniel's (2015) team was confronted by rejection by Botswana communities – the aged traditional leaders expressed their dissatisfaction in a dramatic manner expressing how the data collection of the campaign breached the secrecy of their cultural circumcision rituals; and explained how unethical it was because women were part of the team.

5. *Koma* as a Business

Cabot (1924) found that there are also complications in male circumcision administered by medical doctors, especially in babies who later get affected by vaccinations (Taddio *et al.* 1997). Later, Barrie's (1995) confirmed low complications occurrences in traditional Jewish boys' circumcision and their studies indicate far better outcomes than the hospital operations; but several researchers counteracted this by advocating the medical operations of newborn boys (Fink 1990) when compared to traditional ones (Calnan & Copenhagen 1966). In responding to the advocacy, Denniston (1997) avers that circumcision was used as a business where most medical practitioners inflated the boys' circumcision charge to high prices. Currently, some communities perceive that also the traditional *Koma* is used as a business reality where an initiate charge is not regulated (Adler *et al.* 2020). There are countless irregularities that require vast management in South Africa, in relation to the public and traditional initiation and circumcision space. Some of the initiates' parents and guardians are confronted by difficulties in paying for expensive medical care for their children (Anike *et al.* 2013) because the cultural practice of circumcision or initiation school has been spoiled by becoming a profitable industry. According to Nkwashu and Sifile (2015), the owners of illegal initiation schools are said to function as a syndicate, requiring money from initiates without the parents' knowledge or agreement.

6. Materials and Methods

6.1 Information Source

The paper focuses on the traditional male circumcision (TMC) and *Koma* in the Bapedi context. TMC has been practised by various societies and communities around the world for centuries but still holds cultural identity, religious, and social significance. In testing whether the hypothesis of TMC’s *khupamarama* status still holds, the paper aims to critique the literature from January 1900 to December 2000 that uncovers and endangers the taboos of the Bapedi’s *Koma* and TMC in Limpopo Province, South Africa. The sample consists of articles and books (or book chapters) which were sampled during a literature search by authors on agreed themes, then reviewed and found relevant. These are studies assumed to be exposing taboos as defined by Gao (2013). The studies which meet the selection criteria are captured in Microsoft Excel for better distribution. The qualifying study is placed alongside the appropriate phrase and under the type of electronic bibliography search; and used to synthesise data. The other remaining sources were used to synthesise the data. The other studies were filtered out and applied to substantiate the arguments in this paper.

6.2 Information Synthesis Procedure

This paper was instigated by the Bapedi proverb, *Koma re bolela kgororwana, khupamarama re hwa nayo*. Our objectives were formulated around it to assess if the secrecy concoctions of *Koma* and TMC which are culturally administered in the secluded forest mountains still deserve the status of being kept secret (the status of *kgororwana* and *khupamarama re hwa nayo*); Is *Koma* still serving as the determinant of *Bapedi* cultural identity that preserve diverse ethnic associations of the Bapedi *Ba Limpopo*? Relevant to our topic, the *Scoping Review Method (SRM)* was carried out aiming to investigate the hypothesis:

Koma and Traditional Male Circumcision’s Secrecy Status Still Holds.

The scoping review is defined by Arksey and O’Malley (2005) as a type of method which synthesises knowledge which answers an exploratory study question that aims at linking major concepts of the study. Types of evidence that reveal gaps in research in a well-defined field whereby the information or

knowledge is searched, selected and synthesised systematically (Mays *et al.* 2001). This paper used the framework developed by Arksey and O'Malley (2005) which later incorporated robust critiques and recommendations by Levac *et al.* (2010) on scoping methods into SRM. The framework directs that the following procedural steps be applied: (i) identifying the research question; (ii) identifying relevant studies; (iii) study selection; (iv) charting the data; (v) collating, summarising and reporting the results; and (vi) optional consultation. The above steps were followed using the data sourced from identified relevant studies in the form of academic published articles, books or book chapters. The literature review done in other languages was not considered. To ensure reliability and validity, the authors had to agree on search criteria:

1. The search comprises of English studies published from 1900 to 2000, otherwise used as literature review.
2. Literature which conforms to the debated and agreed phrases.
3. The phrases' words can be substituted by synonyms to enhance the search.
4. Every phrase must be searched from the agreed different bibliographies before moving to the next.
5. Select studies which uncover, outline steps, document procedures, stipulated initiation songs, explicitly explain when and how *Koma* is administered, initiation school and traditional male circumcision are administered, whether in the village, mountain or at Health institutions.
6. Capture and collate the studies into MS Excel which, when evaluated against one or more points of the criteria, is viewed to endanger taboos of Bapedi *Koma*, initiation school and TMC.
7. Use studies in point 6 above only for information synthesis, summarising and reporting the results.

The authors have discussed and agreed on the following themes or phrases before conducting the search, together during weekends and holidays, and separately in virtual meetings:

1. History of male circumcision / initiation (the origin of male circumcision / male initiation).
2. History of traditional male circumcision / initiation (cultural, traditional, ritual ethnic, social, and educational, medieval).

3. Male circumcision procedure (surgery or operation administered in private and public health and religious institutions).
4. Traditional male circumcision/initiation procedure (surgery or operation administered traditionally, culturally, ethnically, in a ritual manner, at initialisation school, in mountains, at the *Koma* place (*Komeng*)).
5. Traditional male circumcision surgery narratives and pictures (lay out how is performed /carried out/ outlined in private and public health and religious institutions).
6. Traditional male circumcision surgery narratives and pictures (lay out how it is performed /carried out/ outlined at initiation school on a mountain, at a river far from communities, in deep valleys).
7. Pictures of initiates, *Mphato*, initiation school area, type of seating arrangement or convoy, layout of initiates’ kraal, initiates’ attire and utensils.
8. The secrecy (*Koma*) in traditional male initiation (*preparation of novices*, step-by-step procedure of *Koma* activities, *Koma* totems, marking or drawings, *Koma* songs, *Koma* huts’ materials, revealing the key *Koma* secret by ethnicity, *Koma* education).
9. South African history of traditional male circumcision /initiation (1900 to 2000).
10. Bapedi history of traditional male circumcision (1900 to 2000).
11. Bapedi traditional male circumcision history or/and operation (1900 to 2000).
12. (De)colonisation of traditional male circumcision. (Studies decolonising TMC.)
13. Traditional Herbs for circumcision.

All phrases were formulated to find studies which could be used to prove or answer the research question of secrecy in the Bapedi’s *Koma* and TMC which is administered far from their communities.

The search used for each of the above phrases was limited to the title, abstracts of articles or books, book chapters and considered their full text only if it is relevant to one of the agreed phrases. The search was limited to different academic studies, books, book chapters and databases, as advised by the university librarian to consider the following electronic search engines:

- PubMed
- The platforms on JSTOR
- Google Scholar
- Science Direct
- Scopus
- Web of Science

7. Results and Discussion

7.1 Results

This section presents the results on how the Bapedi taboos were uncovered in two subsections: the first elaborates on information that reveals what happens at cultural initiation schools and the second, describes what is practised in the public health and religious institutions. The results focused on studies which explain *Koma* in a comprehensive manner that would presumably deter young boys to experience the rite of passage ethnically, through initiation school and traditional circumcision.

Out of 325 studies searched, 265 were filtered out because they use euphemisms for terms to hide taboos; 60 remained, of which 9 did not qualify in either most of criterion listed or fall under one of the phrases categories. Fifty-one most relevant to the criterion and specific phrases remained. At this point, the strict selection focused on the period 1900 to 2000, and 28 fell within this period. Among 28 key studies, the analysis of studies which could help this paper to rule in favour of or against the hypothesis were scrutinised in terms of belonging in most phrases' categories and fit well in several points of the criterion. This resulted in 6 studies, 4 of which are traditionally inclined.

Wheelwright (1905) outlines the processes involving the preparations of novices, initiation schooling and circumcision only, written as the form of notes in 1904. Its history includes the era of king Shaka but focuses on how the process was administered by tribes in the Soutpansberg district. Wheelwright (1905) reported that the extreme secrecy of *Koma* was upheld by all, including those who were dragged to initiation schools by force. The notes from Wheelwright (1905) do not relate beyond circumcision.

Willoughby (1909) concurs with Wheelwright (1905) in his notes where he expresses similar findings in which the Becwana *Koma* was comprehensively outlined. The traditions are like the Bapedi ones, but some terms differ such as

in intervals of 5 years, initiates leave their homes at once until Bodika is completed, no women help in cooking or in anything except during Bogwera; and Bogwera is the second part that lasts for at least two weeks, with Bapedi one.

These notes, reveal Becwana *Koma* with its songs translated, in the same manner as documented by Brown (1921) with the layout sitting of the initiates and the entourage team, which uncover and endanger taboos of Bapedi *Koma*.

Although other notes do not publish *Koma* in a comprehensive manner, such as the circumcision rites of Lunda, Luvala and Chokwe, other elements of *Koma* are published and discussed in White (1953) notes.

The male initiation school BaJok is neither pure traditional nor administered in health or religious institutions as reported by Holdredge & Young (1927).

The information synthesis indicates that Dunsmuir and Gordon (1999) cuts across phrases 1, 3, 5, 7, and 8 except that operations are not administered in a *Koma* setting, as 9 and 12 are. Different pictures of the operated foreskin are displayed professionally depicting the different medical steps and the specific apparatus used for each type of operation.

Although Dunsmuir and Gordon's (1999) study unearth only the male circumcision taboos, the presented information shakes cultural practices but complements scientific research, hoping that inexperienced cultural operators will learn. In view of the literature scooped, the results show that the hypothesis of *Koma* and traditional male circumcision's *secrecy* status no longer holds as per the Bapedi's proverb.

This paper adds a body of knowledge to the field and indicates to researchers that the comprehensiveness of Bapedi *Koma* is not limited to the actual circumcision that involves the removal of the male's penile foreskin only; not excluding Bapedi Ba Sekhukhune, Manganeng who were not informed. The public may after reading the key 6 studies, offer an alternative hypothesis.

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- ii. Willoughby, W.C. 1909. Notes on the Initiation Ceremonies of the Becwana. *The Journal of the Royal Anthropological Institute of Great Britain and Ireland* 39:228 - 245.
- iii. Brown, J.T. 1921. Circumcision Rites of the Becwana Tribes. *The Journal of the Royal Anthropological Institute of Great Britain and Ireland* 51:419 - 427.
- iv. Holdredge, C.P. & K. Young 1927. Circumcision Rites among the Bajok. *American Anthropologist* 29, 4:661 - 669.
- v. White, C.M. 1953. Notes on the Circumcision Rites of the Balovale Tribes. *African Studies* 12, 2:41 - 56.
- vi. Dunsmuir, W. & E.M. Gordon 1999. The History of Circumcision. *BJU International*, 83, 1: 1-12.

7.2 Discussion of Results

Since the results showed that *Koma* is being practised as another way for people to identify themselves culturally in a diverse manner, it turns out that Bapedi Ba Manganeng's proverb on *Koma* has lost its secrecy status because no *kgororwana* and *khupamarama* translate to 'no murmuring' or keeping silent and thus that leads to no deep secrecy. In contrast to the Bapedi proverb, the ancient and modern literature still concur that *Koma* is secretive to a certain extent despite the existing unlimited step-by-step procedures performed in health institutions by women across the world; viewed publicly by people of different ages in different formats (in videos and other forms) and through the Internet which is made available today through digitalisation.

8 Conclusion, and Limitations

8.1 Conclusions

On the inferential basis, this paper established that the *Koma* still preserves its secrecy, at a superficial level, despite some of its confidential elements being published in records and media platforms which devalue historic, religious and cultural knowledge to future generations. Its deep secrecy will forever resonate with initiates' experiences, those who graduated in real initiation schools administered in secluded forest-dense-mountains. Currently many mountains lack those forests due to communities' burning of firewood that emits carbon dioxide (CO₂) into the atmosphere (Demirbas 2004). Since CO₂ is a greenhouse gas that contributes at a small scale to global warming (Ritchie *et al.* 2024), the

Koma taboos stand to be thoroughly researched in consideration of deforestation and climate change, to benefit those still aspiring their diverse cultures. Also, the gender resistance towards any little assistance by women might be defeated when replaced by robotic operator in future.

This paper hopes to trigger dialogue in the *kgororwana* and *khupamarama* as they relate to *Koma* as part of the proverb while also acknowledging cultural diversity and conscientising the reader about the value, preservation, and respect for African culture. It also advocates for participation which documents knowledge that recognises Ubuntu principles in African diversity and informs future research. In conclusion, cultural male circumcision as one of elements in *Koma* will not fade away. It was practised secretly; it will be practised in future across South Africa despite the absence of *kgororwana* and *khupamarama* being publicly revealed. Its purpose as a rite of transition to manhood from boyhood (Meissner & Buso 2007) seems to be strongly valued (Rafapa 2021).

8.2 Limitations and Recommendations

It was difficult to include or exclude relevant studies that would assist in answering the research question explicitly that is, to rule against or in favour of our hypothesis due to the data synthesis which was limited to studies published from January 1900 until December 2000 on this sensitive topic which is still located in most of Bapedi’s cheeks (Morton 2012). Literature on topics related to this paper was published after 2000 due to government rollouts of HIV/AIDS prevention (Rosen *et al.* 2022). In addition, a shortage of research on ethnic circumcision published back in time exists.

Conflict of interest

The authors declare no conflict of interest in relation to this paper.

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Data Availability

The searched studies can be made available if required.

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