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Knowledge, Attitudes, and Perceptions of Young Adolescents Regarding Traditional Male Circumcision: An Investigation at Clarkebury High School, Eastern Cape Province

By

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A Mini dissertation submitted in fulfilment of the requirements for the degree of Master of Public Health in the Faculty of Health Sciences University of Fort Hare

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May 2025

DEDICATION

This thesis is dedicated to my late grandmother, Daisy Nomfanelo Mnengisa.

DECLARATION

I, **SALITYI, Tabo** (201703115), declare that this dissertation with the title: Knowledge, Attitudes, and Perceptions of Young Adolescents Regarding Traditional Male Circumcision: An Investigation at Clarkebury High School, Eastern Cape Province submitted to the University of Fort Hare is my own independent work and has not been submitted before to any other institution by myself or any other person in fulfilment of any requirement for the attainment of any qualification.

Signature:  Date: May 2025

DLECLARATION ON ETHICAL CLEARANCE

I, SALITYI, Tabo (201703115), hereby declare that I am fully aware of the University of Fort Hare's Research ethics policy and have taken every precaution to comply with the regulations. The Ethical clearance certificate number is:
Ref #2021=06=05=Salityi

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DECLARATIONS ON PLAGIRISMS

I, **SALITYI, Tabo** (201703115), hereby declare that I am fully aware of the University of Fort Hare's policy on plagiarism, and I have taken every precaution to comply with the regulations. All ideas and words that I have taken from other sources have been correctly acknowledged.

Signature:  Date: May 2025

ACKNOWLEDGMENTS

I want to thank the following persons and institutions for their sincere contributions and support that they have made in this research:

The Almighty God, for giving me strength, and health, to allow me the capabilities to complete this research assignment, I give you the Glory.

To my late grandmother, Daisy Nomfanelo Mnengisa, for loving me, raising me as a child until I grew up to become a man and for encouraging me to take education seriously. I will never forget the year 1986, when you arrived at Umtata to come and fetch me and remind me about school.

To my daughters, Zenande and Lunar, your Daddy will always support you.

To my colleagues and friends, Mr. Khangelani Gudwana and Nomfundiso Mdoda, Tina Nakumba and Nolusindo Ntshele, for the support they have given to me. May the Almighty God bless them.

My supervisors, Dr. Funanani Mashau and Dr. Luvuyo Ndawule, for their valuable guidance, support, and patience throughout the study, and for their countless helpful comments that they provided in drafting this dissertation.

Eastern Cape Department of Education in Engcobo District, for allowing me to do research in Clarkebury High School.

The Road Accident Fund Learning and Development Department, for support and funding my tuition for this study.

All my research participants, for dedicating their time to participate in this research study. This study would not have been possible without you; you deserve a big THANK YOU!

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LIST OF ACRONYMS AND ABBREVIATIONS

AAP	American Academy of Paediatrics
APA	American Psychological Association
YA	Young Adolescent
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
KAP	Knowledge, Attitudes, and Perceptions
MC	Male Circumcision
MMC	Medical Male Circumcision
NDoH	National Department of Health
SAMA	South African Medical Association
SNT	Social Norms Theory
STIs	Sexually Transmitted Infections
TMC	Traditional Male Circumcision
USA	United States of America
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

ABSTRACT

Background

Traditional Male Circumcision (TMC) can be traced back to the 24th Century (2345 BC) through depictions on Egyptian tombs and is probably one of the oldest surgical procedures known (El-Hout & Khauli, 2007). Male circumcision is performed chiefly for religious, cultural, or prophylactic health reasons, with a global prevalence of 38.7% (Morris et al., 2016) and for that reason is culturally referred as initiation schools. The study aimed to explore grade eight male learners' knowledge, attitude, and perceptions regarding traditional male circumcision.

Methodology

The study used a qualitative approach, an exploratory design, to explore the knowledge, attitude, and perceptions regarding traditional male circumcision among grade eight learners in Clarkebury High School in Engcobo, Eastern Cape Province, South Africa. Open-ended questions and focus group discussions were used to collect the data.

Descriptive statistics have been presented.

Results and discussion

The findings of this study showed that most participants had positive attitude towards the traditional male circumcision. Only 33% participants were aware of the morbidity and mortality associated with traditional initiation schools. Most were aware of the stigma associated with a failed traditional initiation and medical male circumcision with 67%.

Conclusion

There are benefits of Traditional Male Circumcision. Lack of knowledge among the teenagers and the complications associated with the TMC is worth to look at by the relevant stakeholders in a form of School Health Promotion Programme.

Keywords:

Traditional Male circumcision; Initiation schools; Young adolescents.

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1. Preamble

This chapter describes the background, problem statement, aim, objectives, and research questions. The chapter ends with the ethical considerations that needed to be adhered to and the chapters outline.

1.2.Introduction

Traditional Male circumcision (TMC) has, historically, been undertaken for cultural, social, religious, or medical reasons (Setswe et al., 2015). Circumcision can be traced back to 24th Century (2345 BC) through depictions on Egyptian tombs and is probably one of the oldest surgical procedures known (El-Hout & Khauli, 2007). Since the late 1800s, medical male infant circumcision has been widespread in the United States of America (USA) (van Howe, 1997; Morris et al., 2012). Circumcision performed for cultural reasons occurs during the onset of adolescence and is a rite of passage into adulthood (Earp & Darby, 2017). According to World Health Organization (WHO, 2009), most males in East and Southern Africa are circumcised between the ages of 12 and 22 years, whereas those in West Africa, are generally circumcised much earlier. The notion of manhood is valued, highly treasured, and respected by many cultural groups practicing traditional male circumcision (TMC) globally and in South Africa.

Israel and Muslim countries in Europe and North Africa are known for their religious male infant circumcisions. They have a prevalence of >90%, and infants are mostly circumcised on day eight or during the neonatal period (Morris et al., 2016). In Canada and the USA, infants are circumcised under three months of age for prophylactic medical reasons and have a prevalence of 58% (Morris et al., 2016). Sub-Saharan African Countries, traditional male circumcision is primarily done on boys between the ages of 12 and 22 years for cultural reasons (Morris et al., 2016; Siweya et al., 2018). South Africa performed cultural, medical and religious male circumcisions and had a prevalence of about 44.7% in 2016 (Morris et al., 2016).

Black African male adolescents experience social pressure from peers and older men to endorse gendered cultural prescriptions, such as TMC, to move from “boyhood” to “manhood” (Siweya et al., 2018). Traditional male circumcision has been associated with psychosocial and physical morbidities and mortalities. Adverse events such as hospitalization, infections, penile amputations, dehydration and death of initiates have been mentioned in the literature (Siweya et al., 2018; Morris et al., 2022).

Khumalo (2016) describes the knowledge, attitudes, and perceptions (KAP) of males attending a community health centre in eThekwini and reports that expertise knowledge is essential in changing males’ attitudes and perceptions towards male medical circumcision (MMC). In this study, a positive correlation between age and knowledge were observed, with 65.1% stating that they were aware of circumcision, 27.8% believed that circumcision interferes negatively with sexual functioning (Khumalo, 2016). A study done by Froneman and Kapp (2017) stated that that Xhosa boys still trust advice from the elders and prefer TMC, even though they were aware of the morbidity and mortality associated with TMC. In the study, they provide many reasons why they prefer TMC and defend themselves as men by stating that they learn the riddles and the ‘new’ language at a bush camp and have a traditional circumcision scar, not the ‘cat claw’ scar left by MMC (Froneman & Kapp, 2017).

Psychosocial pressure from the community, on the one hand, and the tension between the National Department of Health (NDoH) circumcision intervention and Traditional Leaders, on the other hand, impact potential initiates’ mental and psychological status (Siweya et al., 2018). The NDoH developed guidelines on male medical circumcision in 2016 to assist stakeholders in offering practical and accessible Voluntary Male Medical Circumcision (VMMC) services (National Department of Health [NDoH], 2016). The guidelines were primarily implemented as a prevention strategy not only to prevent the spread of the human immunodeficiency virus (HIV) but also touch on the safety aspects of TMC (NDoH, 2016). The NDoH recognized the sacred cultural rite to prepare boys to become men but demonstrated awareness of the adverse events related to TMC, especially in the Eastern Cape (NDoH, 2016). The guidelines provide specific recommendations on improving TMC to ensure better health outcomes for initiates (NDoH; 2016:25). Nomngcoyiya and Kang’ethe (2021:204) reported on the challenges associated with TMC and recommended that “*TMC be developmental,*

educational and human rights friendly." Future initiates thus need to be cognizant of the benefits and adverse effects of male circumcision.

Moreover, Murray and Allen (2020) reported that their findings "indicate [that] emerging adults do not often discuss male circumcision and do not carefully consider the procedure, perhaps due to the widespread belief that circumcision is a social norm that should not be questioned."

1.3 Problem statement

The Eastern Cape Province has one of the highest fatalities and complication rates from traditional male circumcision. Although the focus is on policy and awareness programmes to prevent complications and death of initiates from traditional male circumcision, the issue of male circumcision in South Africa continues to pose a public health challenge. According to Douglas and Hongoro (2018), each year in South Africa, thousands of youths enter circumcision initiation schools. Shockingly, some of these traditional male circumcision initiates often experience complications that subsequently require costly medical treatment (Anike, Govender, Ndimande, & Tumbo, 2013).

There is also a lack of literature on this subject regarding the health education given to boys before they enter initiation schools. In addition, the background shows that young adolescents do not have sufficient knowledge to make informed decisions about male circumcision. The data on the prevalence of TMC is still insufficient. The secrecy of the ritual also plays a role in the lack of detailed information in the TMC literature. Douglas and Maluleke describe traditional male circumcision (TMC) as a sacred and secret event that takes place in seclusion. There is limited knowledge of the TMC landscape and traditional beliefs. It is, therefore, important to examine adolescents' knowledge, perceptions, and attitudes towards traditional male circumcision. This knowledge will help to better understand the dynamics involved in preparing the young adolescents for initiation.

1.4 Aim of the study

The study aimed to explore the knowledge, attitude, and perceptions regarding traditional male circumcision among male adolescents.

1.5 Research objectives

In exploring the main aim of the study, the study had the following objectives:

- To explore the knowledge of grade eight male learners regarding TMC.
- To assess grade eight male learners' attitudes towards TMC.
- To explore how grade eight male learners perceive TMC.

1.6 Research questions

The central question under investigation is:
What is the knowledge, attitude, and perception of male adolescence learners regarding TMC in the Eastern Cape Province, South Africa?

The specific questions are:

- What is the knowledge of grade eight male learners in Clarkebury High School regarding TMC?
- What is Clarkebury High School grade eight male learners' attitude towards TMC?
- How do Clarkebury High School grade eight male learners perceive TMC?

1.7 Significance of the study

This study was conducted to investigate the Knowledge, Attitudes, and Perception (KAP) of grade eight male learners at Clarkebury High School towards traditional male circumcision (TMC). The aim of the research was done to make an original and creative contribution to the academic field related to KAP of grade eight male learners towards TMC. It is acknowledged that this is a qualitative study and may not be generalized to other populations. However, it is essential to understand the KAP of rural grade eight male learners, so that policies can be formulated to assist schools in educating all learners regarding the cultural traditions of different populations of the

country. Furthermore, to spread awareness of the safety of the ritual of TMC, so that prospective initiates can self-identify possible adverse events early and seek help before suffering severe morbidities or mortalities. Feedback will be given to the grade eight male learners of Clarkebury and their educators, so that they can include information related to TMC in life orientation or debate sessions at school. The main aim of the contribution would be to enhance grade eight male learners' KAP regarding TMC at Clarkebury High School.

Moreover, based on the challenges facing the ritual of traditional male circumcision, this study is significant, as it can contribute to the debate and, perhaps, to the solutions to the social aspects of this health-related conventional practice. The outcomes of this study could serve as a baseline for literature and other material on the function of teachers in boy-child education regarding traditional male circumcision, which existing and future scholars would require. Schools are significant community structures that can influence the acceptance of policies related to traditional circumcision. Therefore, it is significant to consider their specific role in preparing and addressing some shortfalls and adding to traditional circumcision-related conditions and death.

1.8 Rationale of the study

The justification for undertaking this study is to promote health education of traditional male circumcision to adolescent boy's prior going to "initiation schools". The knowledge is needed by adolescent boys to make an informed decision on traditional male circumcision. Also, to ensure that students become aware of the risks and benefits of male circumcision. The findings from this investigation make adequate preparation for a contextual understanding that may assist in scaling-up traditional male circumcision in the province, and to close a gap since there is little information on the literature about detailed information on traditional male circumcision in the Eastern Cape whereby mortality is higher.

1.9 Delimitations / Limitations

The study was limited to Clarkebury High School's eighth grade male learners. In addition, the study recognised that the researcher was inexperienced and regularly consulted qualitative research experts to ensure that the information was collected

and interpreted ethically and scientifically. Although young boys were recruited to participate, we recognize that some may report that they have been circumcised, when they have not, which could lead to biased responses.

1.10 Ethical considerations

The University of Fort Hare Health Research Ethics Committee (HREC) granted the researcher ethical permission (Ref. #2021-06-05-Salityi) to conduct the study (Appendix A). The study was carried out following the procedures outlined in the International Declaration of Helsinki Declaration-Ethical standards for medical research involving human people (World Medical Association, 2013) and the South African Guidelines for Good Clinical Practice (NDoH, 2020).

The participants' informed uncoerced permission and written approval of their parents or legal guardians were obtained. In addition, consent forms were prepared and delivered to the parents and guardians of the participants to append their signatures as a means of approving the participants' participation in the research. The principal and educators were notified of the qualitative survey and ensured it would not interfere with students' class time.

Participants were requested to answer the questions as thoroughly as possible. After completing the open-ended questionnaires, individual participants were asked to join a focus group discussion to share their experiences related to the questions. The permission to record the conversations was granted, as per the informed consent. Everyone who participated in the study was advised that they might withdraw at any time, as participation was entirely voluntary.

There was no risk of physical harm to participants, but those who required emotional counselling were directed to a licensed counsellor. Confidentiality was maintained by assigning the participants identity (PID) numbers and names or identifying information that was not written on the open-ended surveys; consequently, the findings cannot be traced to any specific individual. The audiotapes were destroyed to respect the participants, ensuring that there would not be recognized and protected from abuse.

1.11 Chapter outline

Chapter 1: Provides a brief introduction and background to the research topic, the purpose of the study and research objectives, the problem statement and research questions, and the significance of the study. Ethical considerations are also outlined.

Chapter 2: Reviews the theoretical and conceptual literature to steer the study in the right direction. Empirical literature was analysed to find the gaps that require exploration.

Chapter 3: Describes the research methodology used to conduct the study.

Chapter 4: Presents the findings of the gathered information.

Chapter 5: Concludes the mini dissertation with a summary of the research questions' responses, strengths, and limitations of the study, and discusses the implications for practice and further research.

1.12 Chapter summary

Chapter one orientates the reader to the research project, including significance of the study drawn from the literature. Chapter two engages in a reviewing the theoretical, conceptual, and empirical literature.

CHAPTER TWO

LITERATURE REVIEW

2.1 Preamble

This chapter brings together the body of existing knowledge, discusses practices regarding male circumcision, and develops, and provides a theoretical and conceptual framework for research. It also clarifies various concepts linked to the phenomenon to draw on the background and the rationale of circumcision to provide a stronger foundation of understanding.

2.2 Introduction

Rarely do researchers execute their research investigations in an intellectual void (Walliman, 2011). Research is always carried out within the context of an existing body of knowledge to include current information on the study subject (Walliman, 2011). In this study, the researcher explored and described empirical literature regarding young adolescents' knowledge, attitudes, and perceptions of male circumcision.

2.3 Theoretical literature review

The Social Norms Theory (SNT) was brought to light by Berkowitz and Perkins (1986) when they tested the theory on learners' alcohol use patterns. The SNT provides a framework for understanding the individual, material, institutional, social and global factors that influence behaviour change (Cislaghi & Heise, 2018; Chung et al., 2022). Understanding these factors overlaps and contributes in different ways to influence individuals' behaviour (Cislaghi & Heise, 2018).

In recent years, SNT has dominated the creation of rules intended to promote social change and has become a well-known paradigm for gaining insight into health-related behaviour (Shell-Duncan et al., 2018). Social norms refer to the unwritten, informal rules that mean or are of social groups (Cislaghi & Heise, 2018). Ngwane (2017) refers to social norms as traditional cultural practices and rituals of a community that reflect its members' shared values and beliefs. The SNT articulates that conduct is influenced

by perceptions and includes the unexpected behaviour of individuals' interaction within a social group (Cislaghi & Heise, 2018). Dempsey et al. (2018) assert that the SNT is an evidence-based theory that addresses behavioural change in health issues. The authors refer to the theory as "pluralistic ignorance" in that *these "misperceptions occur when addressing a problem or risk behaviour (which are usually overestimated) and about healthy or protective behaviour (which are usually underestimated*)" (Dempsey et al., 2018.). The challenge is that individuals perceive their behaviour as wrong and follow the 'bad' behaviour of the group, thinking that the group is right (Dempsey et al., 2018). Svoboda (2013) in reference to infant male circumcision claims that the *"Social norm theory predicts that once the circumcision rate falls below a critical value, the social norms that currently distort our perception of the practice will dissolve and rates will quickly fall."*

This study adopted the SNT to understand male students' knowledge, attitudes, and perceptions towards male circumcision. The SNT was found to apply to the current research because of the medical complications that are increasingly linked to traditional male circumcision and the deaths of initiates. The SNT also deals with societal views and attitudes. This study was primarily concerned about male learners' knowledge, attitudes, and perceptions of male circumcision in high school. Schools are significant community structures that can influence the acceptance of policies related to traditional circumcision. Therefore, it was valuable to consider scholars' specific roles in male circumcisions. The SNT will be conceptualized in the next section.

2.4 Conceptual literature review

The five domains used in the conceptual framework are defined to explain what the concepts refer to in this study (Figure 2.1).

2.4.1 Individual

The individual domain includes all factors related to the person: aspirations, attitudes, beliefs, knowledge, perceptions, respect, skills, self-efficacy, and values (Dempsey et al., 2018).

2.4.2 Institutional

Institutional refers to the legislation, policies, political and religious doctrines as well as traditional customs.

2.4.3 Male circumcision (MC)

Abdullah et al. (2018) define MC as the surgical removal of all or part of the foreskin of the penis.

2.4.4 Material

Factors in the material domain include physical objects and resources such as access to services, infrastructure, money, rural or urban land, transport, and wealth (Dempsey et al., 2018).

2.4.5 Social

The social domain includes factors such as the availability of different types of social support, the configuration of social networks, both proximal and distal, and exposure to positive deviants in a group, for instance: Family, role models, peer group pressure, rituals, traditions, social mobility, social network, and support systems (Dempsey et al., 2018). The assumption is that, if there is strong support for TMC, it is here to stay. The assumption is that pressure from the government and other lobby groups will ensure that traditionalists practice safe rituals and procedures. Moreover, the more men undergo MMC, the stigma will disappear, and men will no longer be discriminated against, if they fail a TMC or choose to have an MMC.

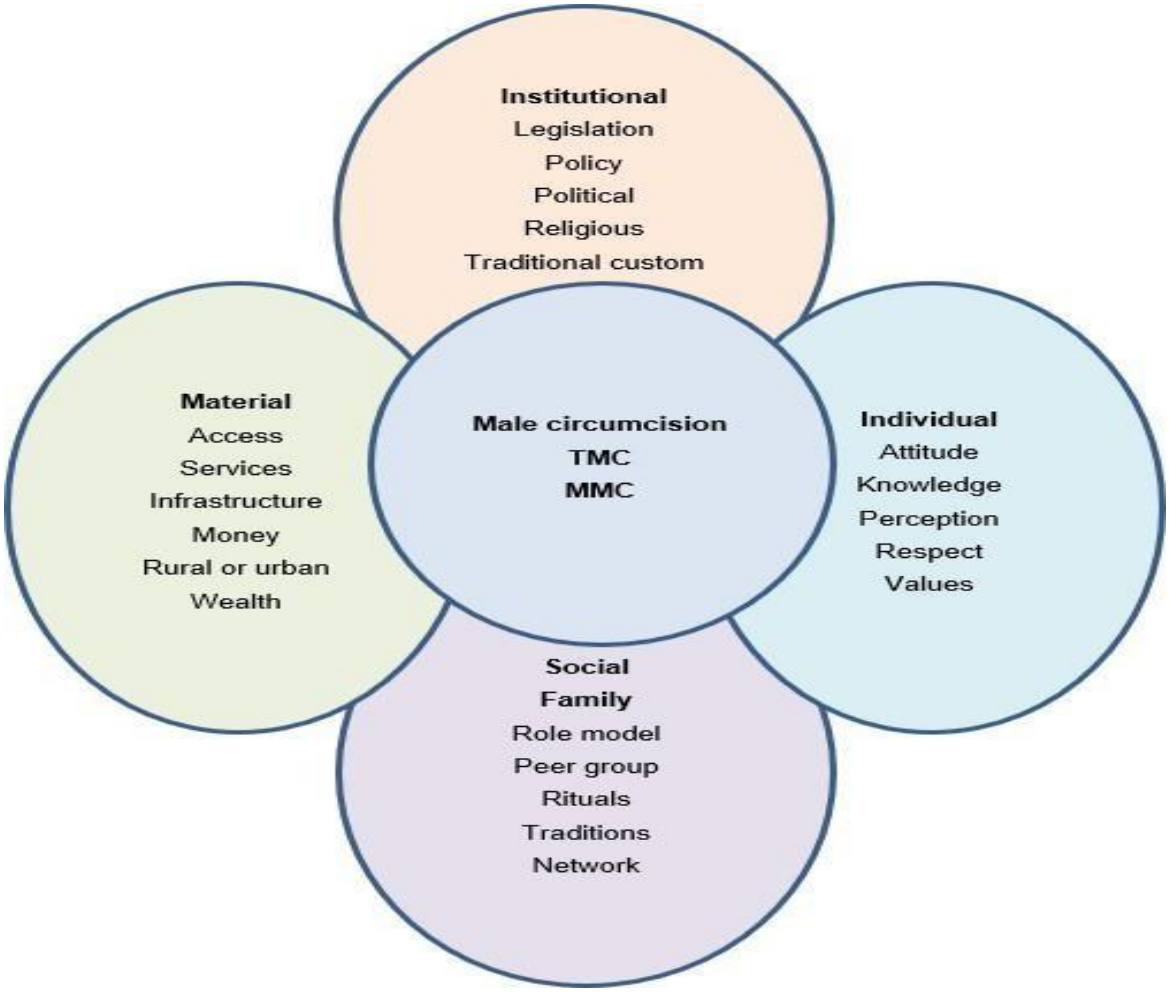

Figure 2.1: Conceptual framework based on the Social Norms Theory.

(Source: Berkowitz, A. D. & Perkins, H. W.,1986).

2.5 Empirical literature review

This section reviews and synthesises the empirical literature pertinent to the study's aims. Searches for past empirical studies have been conducted using several databases and keywords. To assist the researcher and to identify gaps in the literature that the findings of this study could address, studies were examined, and their content was synthesised, if it linked to the study's aims.

2.5.1Prevalence of male circumcision

Globally, male circumcision is one of the most frequently performed surgical procedures and a very contentious issue (van der Merwe, 2020). It is estimated that

one-third of all males in the world are circumcised, with a prevalence of MC varying between 0.1% till 99.9% (World population review, 2022). Male circumcision numbers, usually as infants, are up to 99.9% in Muslim countries, such as Gaza Strip, West bank, Iran, Yemen, and Afghanistan (World population review, 2022). Jewish countries also circumcise infants and have a more than 90% prevalence in Israel (World population review, 2022). Infant circumcision is also standard in the USA, with a prevalence of 80.5% (World population review, 2022).

Male circumcision is less prevalent (20.7%), in the United Kingdom (UK) and circumcision is mainly done for health reasons in adult males (World population review, 2022). On the lower end of the spectrum, are European countries, with a less than 10% prevalence, and Latin American countries, with a 0.1% prevalence (World population review, 2022). Sub-Saharan African Countries have a prevalence of 62%, and male circumcision is primarily done on boys between the ages of 12-22 years for cultural reasons (Siweya et al., 2018). South Africa mainly performed cultural, medical, and religious male circumcisions and has a prevalence of about 44.7% (World population review, 2022). In some South African ethnic groups, circumcision has its roots in different belief systems and is practiced mainly in adolescents (Morris et al., 2022).

2.5.2 Traditional male circumcision

The practice of TMC was reported in ancient human cultures, which were part of religion and culture (Sompane, 2021). Roman and Jewish communities practiced TMC for religious reasons, while ancient Egyptians also popularised circumcision for religious purposes (Sompane, 2021). The Customary Initiation Act, 2 of 2021 defines male circumcision as “the surgical removal of the foreskin, whether partially or wholly, as part of a customary initiation process.” Sibiya (2014) defines TMC as the nontherapeutic ceremonial removal of a male's penile foreskin as part of *ulwaluko* a rite of passage from boyhood to manhood (Mdedetyana, 2018). “Symbolically, circumcision is both death (of the boy) and a rebirth (of the man)” (WHO, 2009).

Maffioli (2018) states that South Africa is the global leader in TMC. Initiation procedures in the country have involved more community members than all other

Southern Africans combined. TMC is predominantly practiced in Venda, Tsonga, and Xhosa groups; in Xhosa communities, the government has promised to intervene and sponsor initiations because the practice is so widespread (Maffioli, 2018). In South Africa, TMC is a part of the initiation ceremony in which adolescents are either coerced or participate voluntarily. According to Maffioli (2018), initiation camps for Xhosa males are scheduled by traditional leaders and all emerging adults are traditionally required to partake in ritual.

According to Maffioli (2018), technological advancements have allowed members of the Xhosa community to share their initiation camp experiences and activities. However, the secrets are still held and not to be spoken or written. Unfortunately, TMC is strongly associated with the death of many young men. Maffioli (2018) elaborated that untrained and unskilled personnel staffed initiation camps in the OR Tambo District area, resulting in numerous casualties. In 2021, more than 30 young adults perished during or after the initiation season, and many more had severe complications like amputation of the penis due to gangrene (Givetash, 2021).

Givetash (2021) stated the following*:*

“Instead of celebrating their sons’ coming-of-age, this month, 34 families in South Africa’s Eastern Cape Province are mourning their deaths. At least 34 young men have died this month during traditional initiation to manhood rites. The country's cultural rights commission is calling for a crackdown on schools that offer dangerous rituals to prevent more deaths.”

Traditional circumcision on emerging adults is often referred to as the rite of passage into manhood (Moyo et al., 2022). Winter circumcision occurs in June and July, and the summer season in November and December (Moyo et al., 2022). TMC, or *ulwaluko* practiced by the AmaXhosa tribe in the Eastern Cape Province, is socially and culturally constructed. It is regarded as a sacred and compulsory cultural rite intended to prepare initiates for the responsibility of adulthood (Ntozini & Abdullahi, 2018). Contrary to TMC, MMC is a therapeutic treatment performed by a health practitioner under local or general anaesthesia in a health facility (Sibiya, 2014). Three persons of

importance are involved with the main aspects of TMC, namely the *ingcibi* (surgeon), the *ikhankatha* (nurse) and the *umthambisi,* the anointer (Douglas & Hongoro, 2018).

In Xhosa society, circumcision is performed primarily on young adolescents by an *iNgcibi*, a traditional surgeon without Western medical training. A sharp instrument such as an assegai, known as an *umdlanga*, is used to sever the foreskin of the penis, and no anaesthetic or painkillers are allowed during circumcision at initiation schools (Mavundla et al., 2010; van der Merwe, 2020).

After circumcision, the *abakhwetha* - new initiates stay in an *ibhoma*, secluded temporary bush huts made of thatched and grass, secluded from the community, especially far from women and boys (Mdedetyana, 2018). The time initiates are then confined to a hut is usually at least one week to allow for healing, but some can stay between 3 to 6 weeks to attend schooling (van der Merwe, 2020). A major health problem is the restriction of fluid intake during the first eight days (van der Merwe, 2020). This often leads to dehydration and even death (van der Merwe, 2020).

During the healing period, the wound is usually dressed by an *iKhankatha* - a traditional attendant (Douglas & Maluleke, 2018). A haemostatic bandage is made of a strip of buckskin or cloth, and *isicwe* - herbal leaves are wrapped tightly around the entire length of the penis to prevent bleeding and assist with healing (van der Merwe, 2020). *iZichwe* is mainly made of Helichrysum *pedunculatum* leaves, although there are variations, especially in modern times (Maroyi, 2021). Furthermore, initiation schools are regarded as cultural, educational institutions where *amaKhankatha* and community men teach *Abakhwetha* societal norms, customs, discipline, how to endure pain and hardship in life and manhood values (van der Merwe, 2020).

There are four phases that initiates need to go through during the initiation school, namely, *umgeno* (entering phase), *ubukhwetha* (initiate phase), *umphumo* (coming out phase) and *ubukrwala* the graduate phase (Mhlahlo, 2009). At the end of the initiation school period, the bush huts are burnt with fire, and the *amakrwala* - new men or graduates are taken back to the community (Douglas & Maluleke, 2018). The *amakrwala* are given a welcome ‘party’ and special gifts when they return from the

initiation schools (Vincent, 2008). The receiving of gifts symbolises that *amakrwala* are now men and can receive and own property in a personal capacity (Vincent, 2008).

2.5.3 Medical male circumcision

Medical male circumcision is performed by a skilled and competent health practitioner in a clinic or hospital, using surgically clean material, blades, and stitches under local anaesthesia. At the same time, unpleasant effects are monitored (Prusente et al., 2019). MMC is the surgical removal of the penile foreskin by a trained medical professional or physician (Bhargava, 2020). It is a voluntary process, and certain physicians and nurses participating in the programme offer the procedure at no cost. It is also performed for medical reasons, such as preventing the spread of HIV. Furthermore, MMC is a treatment for balanoposthitis, hypospadias, phimosis, paraphimosis, other congenital disorders, penile cancer, or vascular disorders (Douglas & Hongoro, 2018; Bhargava, 2020).

Routine medical circumcision, based on anecdotal evidence, was the norm in Canada, the UK and the USA until the late 1940s (Jacobs et al., 2012). Australia, Canada, and the UK abandoned routine circumcision in the 1950s. The USA kept promoting neonatal circumcision until 1999 (Jacobs et al., 2012). The American Academy of Pediatrics (AAP) is now against routine neonatal circumcision, stating that it acknowledges the possible benefits of circumcision but claims that the benefits do not outweigh the risks associated with routine infant medical circumcision (Jacobs et al., 2012). Therefore, the AAP no longer promotes routine neonatal medical circumcision, as the number needed to treat is too large to prevent one case of penile cancer, urinary tract infections and the transfer of sexually transmitted infections (STIs) (Jacobs et al., 2012).

The World Health Organization (WHO) has recommended MMC as part of a global public health prevention effort to end the HIV epidemic in areas that have a high prevalence of HIV (Morris et al., 2016). Over the past decade, more than 14 million adolescents and adults in East and Southern Africa have undergone MMC circumcision for HIV prevention (Morris et al., 2016). MMC has been recognised as one of the most effective techniques for minimising the risk of acquiring HIV through

female-to-male sexual transmission (Prusente et al., 2019). Three ground-breaking trials undertaken in several African nations have demonstrated that MMC can reduce female-to-male HIV transmission by up to 60% (Prusente et al., 2019; Cork et al., 2020). As MMC has been proven beneficial in preventing the spread of HIV, many African nations, like South Africa, provide the procedure at no cost to all males, particularly those from non-circumcising populations (Prusente et al, 2019).

2.5.4 Religious circumcision

Globally, most male circumcisions are performed for religious purposes (Morris et al., 2016). Typically, such procedures occur outside of formal medical settings and are carried out by providers with specialised training, who are not health professionals, such as Jewish *rabbis* or Muslim *imams* (Maffioli, 2018). Jewish male infants' circumcisions are sacrosanct, private and ritual and mostly performed eight days after birth on healthy infants. Muslim males are circumcised at any age, from birth to young adulthood (Morris et al., 2016).

2.5.5 Legal age for traditional male circumcision

In South Africa, the Customary Initiation Act 2 of 2021 speaks to traditional circumcision. It states that “no person under the age of 16 may attend an initiation school for the purposes of being initiated [circumcised]”. However, circumcision for medical and religious reasons has no age restriction as long as it is done in line with the prescribed manner (Children’s Act 35 of 2005, section 12). According to the Customary Initiation Act 2 of 2021 section 28, “Consent, prohibitions, age and circumcision” state the following*: “(2) Subject to section 37(3) and (4), no person under the age of 16 may attend an initiation school for the purposes of being initiated.*
(a) A child between the ages of 16 and 18 may not attend an initiation school for the purposes of being initiated, unless such child and his or her parents or customary or legal guardian, as the case may be, gives written consent for him or her to undergo initiation.”

And section 37 (3) states that *“Provincial legislation may determine a higher minimum age than the minimum age provided for in sections 2(4) and 28(2).”* Moreover, section 12 of the Children's Act 35 of 2005 speaks about social, cultural, and religious

practices. Section “12. (8) *Circumcision of male children under the age of 16 is prohibited, except when- circumcision is performed for religious purposes in accordance with the practices of the religion concerned and, in the manner, prescribed. or (b) circumcision is performed for medical reasons on the recommendation of a medical practitioner.” Circumcision of male children older than 16 may only be performed- if the child has given consent to the circumcision in the prescribed manner. after proper counselling of the child; and in the manner prescribed. Taking into consideration the child's age, maturity and stage of development, every male child has the right to refuse circumcision.”*

The South African Medical Association (SAMA) position statement believes that there is no medical justification for the routine circumcision of infants and children (Bottoman et al., 2009). According to Strode et al. (2016), doctors continue to unnecessarily circumcise babies without a valid justification, although circumcision is not recommended by a single medical association worldwide.

Despite age determination for TMC is it well document that boys under the age of 16 do attend TMC rituals. For that reason, did the researcher target Grade Eight learners to spread awareness and to found out if they are aware of the legal age limitation. Douglas et al. (2018) stated that before the Customary Initiation Act 2 of 2021, some boys were circumcised from 12, especially in the Pondoland area in the Eastern Cape Province. At that time, Chief Mandla Mandela thought that the age of circumcision was a matter determined by families with males in his family (Douglas et al., 2018). Wilcken et al. (2010), in their systematic review of TMC, also confirmed that many circumcisions were performed on boys between the ages of 13–20 years.

2.5.6 Benefits of male circumcision

Kapumba and King (2019) assert that the procedures for male circumcision may differ, but medical researchers have revealed that both traditional and medical circumcision has health benefits. There is some anecdotal evidence that uncircumcised males tend to have an increased risk of prostate cancer than those who would have been circumcised (Kapumba & King, 2019).

Circumcised men find it easier to maintain penile hygiene, as the organs remain dry and cleaner. In contrast, there is a higher risk of infection in uncircumcised males because the foreskin provides a humid, warm, and dark environment that can harbour viruses such as HIV and other sexuality transmitted infections (STIs) such as syphilis, and herpes (Kapumba & King, 2019). Reduced risk of penile cancer, male-to-female HIV transmission and cervical cancer in female sexual partners has been documented (Prusente et al., 2019). There is no evidence that male circumcision affects sexual functioning (Prusente et al., 2019). Furthermore, some women prefer circumcised penises for personal reasons (Prusente et al., 2019).

2.5.7 Complications

Every year, the media report on severe pathologies and undesirable adverse events associated with TMC (Ntozini & Abdullahi, 2016). "*Every year botched traditional male circumcisions in the Eastern Cape make headlines when some young men are badly injured and, in some cases, die*." (Mehlwana, 2021).

Anike et al. (2013) reported the prevalence of circumcision complications; sepsis (56.2%), genital mutilation (26.7), dehydration (11.4%) and amputation of glands (5.7%). Van der Merwe (2020) quoted fatalities and claimed that the reported number of 250 phallic mutilations per year is underestimated, as these men are unwilling to seek Western help after ritual circumcision failures. Most tragically, it is the cultural belief that if an initiate needs medical attention or is taken to a hospital, he is seen as failing the test, and the boys are outcasts. For that reason, many would suffer and die rather than go for help (Mdedetyana, 2018).

Tusa et al. (2021) reported that TMC complication rates are as high as 48% in South Africa and are associated with short-term and long-term complications. About 85% complained of pain and were not allowed any painkillers (Tusa et al., 2021). Moyo et al. (2022) reported a slight decline in adverse events between 2012 and 2017. The Dispatch Live - January 6, 2021, reported that "*The official initiate death toll this year (2021) is at 12, but this excludes an initiate who died in Libode on October 31, before the official start of the summer season on December 17. Grade 5 pupil Bathandwa Funda, 15, died at an illegal initiation school at Gxulu village near Libode."*

Some of these adverse events include sepsis, septicaemia, excessive bleeding, dehydration, renal failure, respiratory infections, retention of urine thromboembolism, congestive heart failure, torture, and assault resulting in severe injuries and deaths. Some of the long-term adverse events include loss of erectile function, persistent swelling, extensive scarring, genital mutilation, gangrenous penis, complete or partial amputation of the penis (Peltzer & Kanta, 2009; Ntozini & Abdullali, 2016; van der Merwe 2020; Tusa et al., 2021).

Depression and suicide ideation follow botch circumcisions (van der Merwe, 2020). Penile loss has devastating physical, psychological, social, and emotional effects on males. They have low self-esteem, are severely depressed and experience suicidal ideation (van der Merwe, 2020). They no longer have a penis, but the community ostracises them for not completing the ritual, and they will never earn respect as a man in the community (van der Merwe, 2020).

Causes are related to dirty instruments, incorrect circumcisions, and incompetent traditional surgeons and traditional nurses (Ntozini & Abdullahi, 2016; Qaid et al., 2022). Overseers and nurses are motivated by financial gain, rather than to oversee the health of the initiates (Siweva et al., 2018). The material used to protect the penis is often too tight, prevents blood flow, and causes gangrene (van der Merwe, 2020). As a test of endurance, the initiates fluid intake is restricted, and the elders think that if they pass less urine, the penis will heal quicker (van der Merwe, 2020). Moreover, initiates do not have sufficient clothing to protect themselves against the hot summers and cold winters.

2.5.8 Stigma

TMC involves various rituals that test boys' physical and mental strength, which may result in fatalities during initiation schools. The stigma around the issue of needing medical assistance during the initiation process increases morbidity and mortality rate (Mdedetyana, 2018). Those initiates who require medical assistance are viewed as having failed the test and may experience psychological stress and low self-esteem, which may lead to suicidal thinking (van der Merwe, 2020). They would rather endure

agony and face death, than risk being a failure for the rest of their life and being treated like dogs (Mavundla et al., 2010).

People who undergo MMC cannot attend initiation school and can never be seen and accepted as a man in the community (Mdedetyana, 2018). They are ridiculed by women and men in the community and viewed as weaklings and not real (Mdedetyana, 2018; Ntozini & Abdullahi, 2018). The status of being an *indoda* after *ulwaluko* is worth the risk of dying in the mountain because the stigma associated with a failed TMC or an MMC is worse than death (Mavundla et al., 2010; Mdedetyana, 2018). They are seen as a disgrace to themselves and friends and relatives alike (Mavundla et al., 2010).

2.5.9 Legislation

In South Africa, traditional male circumcision, known as *ulwaluko* among AmaXhosa people in South Africa in the Eastern Cape has become a contentious issue. This discourse has two opposing camps. The traditionalists who believe in the ideology of *ulwaluko* justify the cultural relevance of the practice. Those opposed to it believe there is no longer a place for initiation schools in times we live (Prusente et al., 2019). The ambiguities between the National Circumcision Guidelines and the Children Act 35 of 2005 increase the tensions that existed. Concern about human rights has been raised, given the prevalence of the high morbidity and mortality rates associated with 'botch' TMC and the increase in MMC to prevent HIV transmission.

The Constitutional rights of children were questioned, as parents and legal guardians made decisions for boys to be circumcised. Several sections of the Bill of Rights, Chapter two of the Constitution of the Republic of South Africa, 1996, recognises rights that apply to children in relation to TMC.

"Section 11 Life Everyone has the right to life.

Section 12 Freedom and security of the person12. (2) Everyone has the right to bodily and psychological integrity.

Section 31 Cultural, religious and linguistic communities. 31. (1) Persons belonging to a cultural, religious or linguistic community may not be denied the right, with other members of that community.

- *to enjoy their culture, practice their religion and use their language; and*
- *to form, join and maintain cultural, religious and linguistic associations and other organs of civil society.*

Section 28 Children

28. (1) Every child has the right -

(d) to be protected from maltreatment, neglect, abuse or degradation."

The Children's Act 35 of 2005, section 12, addresses the child's age and maturity as referred to under section 2.4.5 in this dissertation.

The Customary Initiation Act 2 of 2021 was enacted:

- *"To provide for the effective regulation of customary initiation practices,*
- *to provide for the establishment of a National Initiation Oversight Committee and Provincial Initiation Coordinating Committees and their functions,*
- *to provide for the responsibilities, roles and functions of the various role-players involved in initiation practices as such or in the governance aspects thereof,*
- *to provide for the effective regulation of initiation schools,*
- *to provide for regulatory powers of the Minister and Premiers,*
- *to provide for the monitoring of the implementation of this Act,*
- *to provide for provincial peculiarities; and to provide for matters connected therewith."*

Moreover, from a human rights point of view, the concern is that TMC before the age of maturity is in violation of the following:

- Universal Declaration of Human Rights.
- The Convention on the Rights of the Child.
- The International Covenant on Civil and Political Rights.
- The Convention Against Torture.
- The Customary Initiation Act 2 of 2021 deals expressively with TMC of boys 16 and older and sets out regulations on who, how, when and where initiation schools may occur. The Act also addresses informed consent and protects children's rights. The Act address issues related to MMC and MC for religion. Different regulations apply

for MMC and MC for religious purposes, for instance, there are no age restrictions, but other rules apply.

2.5.10 Knowledge, attitude, and perceptions

Knowledge is an abstract concept with no relationship to the real world (Bolisani & Bratianu, 2018). It is a powerful concept, but consensus on its meaning is currently needed. People have attempted to define knowledge from ancient Greek philosophers to present-day specialists in knowledge management (Bolisani & Bratianu, 2018). According to Zagzebski, 2017, knowledge is defined as highly valued state in which a person is cognitive contact with reality. Nevertheless, the results still need to be clarified, and a concise definition formulated (Bolisani & Bratianu, 2018). Bolisani and Bratianu (2018) postulated that there are three fundamental realms of knowledge: rational, emotional, and spiritual.

Rational knowledge is explicit knowledge because our logical intellect and natural language structure is (Bolisani & Bratianu, 2018). Emotional knowledge is a non-verbal reflection of our body's response to the external world and is a direct consequence of emotions and sentiments (Bolisani & Bratianu, 2018). Knowledge of emotions is subjective and context dependent. Spiritual knowledge consists of values and ethical standards, which are crucial for making sound decisions (Bolisani & Bratianu, 2018). Emotional and spiritual understanding has been entangled with tacit knowledge and experience's blurred description (Bolisani & Bratianu, 2018).

- In conclusion, knowledge can be considered as a fluid compilation of rational, emotional and spiritual experience, relevant facts, skills and expert insight acquired by experience or formal education. Knowledge provides a structure for evaluating and integrating new experiences and initiates and applies itself in the knower's mind. In summary, knowledge becomes indoctrinated in routines, practices, procedures, and skills.

Virkus (2014) cites the following authors' views on knowledge.

- "*Knowledge is what I know, information is what we know (Foskett, 1997).*
- *Knowledge originates and resides in people's minds (Davenport & Prusak, 1998).*

- *Knowledge is organized information in people's heads (Stonier, 1990).*
- *Knowledge is the meaningful links people make in their minds between information and its application in action in a specific setting (Dixon, 2000).*
- *Knowledge is the accumulation of everything an organization knows and uses in the carrying out of its business (Smith & Webster, 2000).*
- *Knowledge is experience. Everything else is just information, said Albert Einstein (1879-1955).*
- *Knowledge is information in action (O'Dell and Grayson, 1998).*
- *Knowledge is 'information given meaning and integrated with other contents of understanding' (Bates, 2005*)."

Mdedetyana (2018) asserts that most Xhosa people know that completing the initiation and circumcision ritual confers respect, social acceptance, and membership in a collective manhood identity known as *esidodeni* upon AmaXhosa males. Moreover, they know that the ritual offers specific rights to real men, such as the right to marry, inherit property from their parents, and actively participate in cultural rituals, such as ancestral sacrifices (Mdedetyana, 2018). Participants claim that they participate in TMC for personal growth and development, family and peer pressure, independence and acquired knowledge, a link with ancestors, and entrance into manhood. Despite the knowledge of the dangers of TMC and the tribulations they must experience, most young males viewed TMC as essential and worthwhile (Froneman & Kapp, 2017).

Most Xhosa boys have a positive attitude to TMC and are excited to reach the age and maturity when they may attend the initiation school (Mdedetyana, 2018). Shezi et al. (2022) assessed scholars at Eswatini high school. They found that scholars have sufficient knowledge about the importance that circumcised men still need to wear a condom to prevent HIV and that male circumcision, if done correctly, does not lead to male infertility. Respondents were also knowledgeable about the fact that MC can prevent the risk of cancer and improves penile hygiene.

Attitudes refer to an individual's frame of reference or point of view (Cherry, 2022). Thus, how the individual sees it or looks at it. Attitude is an acquired feeling or learned predisposition that includes the person's mental state, as it prepares them to react or

behave in a certain way in response to a situation or object in a specific context (Cherry, 2022). Attitudes are commonly described as negative or positive or favourable or unfavourable (Cherry, 2022). Emerging adolescents' attitudes towards sexual satisfaction of circumcised versus uncircumcised men were similar (Shezi et al., 2022). About 50% agreed that circumcision enhances sexual activity but believe (60%) that circumcised men enjoy intercourse more than those who are not (Shezi et al., 2022). Most agreed that MC is painful, and 40% felt that MC may lead to death. Only half of the respondents had a positive attitude towards MMC (Shezi et al., 2022). Mehlwana (2021), in an interview with emerging adolescents in Motherwell, Nelson Mandela Bay Metro, reported that Xhosa boys have a very positive attitude towards TMC. Interviewees said, *"I'm mentally prepared to take the ride and become an upstanding man in my community." "It is the norm that Xhosa boys have to go through traditional circumcision to be recognised as men." "I hope this coming summer circumcision season I will be able to fulfil my dreams of becoming a man."*

The American Psychological Association (APA) defines perception as *"the process or result of becoming aware of objects, relationships, and events by means of the senses [visual, auditory, olfactory, touch, taste], which includes such activities as recognizing, observing, and discriminating* (American Psychological Association, 2022). Prusente et al. (2019) state that community beliefs influence perceptions of TMC. Moreover, the experiences of those engaged in the process and scientific results about the practices also influence perceptions. Prusente et al. (2019) opine that communities implementing TMC think that the process alters boys' mindsets and instils them with the strength necessary for leading families and assuming leadership roles. One challenge is the perception that young men who have been circumcised believe they can engage in risky sex, since circumcision signifies adulthood (Prusente et al., 2019). The perception is prevalent that boys who underwent MMC are not real men, will be isolated, be called names and are more likely to experience humiliation and disrespect from fellow tribesmen (Mdedetyana, 2018).

Similarly, there is a perception that an initiate who does not complete the initiation per the cultural ritual is not considered a real man and will be mistreated by his tribe (Mdedetyana, 2018). Moreover, suppose something goes wrong with the circumcision or the initiate falls ill or dies. In that case, the initiate is blamed that he did something

wrong and is accused of failing to adhere to traditional guidance (Bottoman et al., 2009).

Fatalities at initiation camps have a long history, instilling fear in some males who have yet to undergo the procedure (Prusente et al., 2019). There is a firm belief that the death of initiates and adverse complications after the ritual are associated with failure to conduct the initiation per traditional prescripts (Prusente et al., 2019). The person is labelled as only half a man if he requires medical attention. Both men and women look down on uninitiated males and treat them with contempt (Meissner & Buso, 2007). Uncircumcised males are viewed as cowards, who disrespect their culture and suffer the wrath of their ancestors for failing to adhere to the traditional norm. These outcasts are handed leftovers at celebrations, prohibited from socialising with other men in the tavern, and forbidden from using the family name to introduce themselves. They are sometimes forcibly separated from their girlfriends (Prusente et al., 2019).

2.6 Chapter summary

Traditional male circumcision reflects a critical aspect of the African communities undertaking the practice annually. This chapter has provided an in-depth analysis of various elements of traditional male circumcision procedures. The chapter provides a background to male circumcision, including the nature, benefits, and challenges of male circumcision. The following chapter, chapter three, reflects the research methodology utilised in facilitating the objectives and aims of this study.

CHAPTER THREE

RESEARCH METHODOLOGY AND METHODS

3.1 Introduction

Chapter Three explains the research methodology used to execute the research project. The researcher justifies why the specific research approach and design were chosen to gather the required information. An explanation of the research setting, population, sample, sampling technique and the sample size is given. The collection instrument and procedure are explained. Methods to ensure the trustworthiness and validity of the information are discussed, and the information analysis method is explained.

3.2 Research approach

Creswell and Creswell (2018) distinguish between research approach and design and state that there are essentially three different research approaches, quantitative, qualitative and mixed methods approach. The authors highlighted that a qualitative research approach is used for “exploring and understanding the meaning individuals or groups ascribe to a social or human problem.” (Creswell & Creswell, 2018:41)

A qualitative approach differs from a quantitative approach regarding the underlying philosophical assumptions, research design or inquiry and the data collection instrument (Creswell & Creswell, 2018). Qualitative research is framed in words and mainly uses interview schedules, open-ended questions, or focus group discussions to collect information (Creswell & Creswell, 2018). Several research designs can be used in a qualitative research approach, such as phenomenology, exploratory, narrative, or case study designs (Creswell & Creswell, 2018).

The researcher used a qualitative approach and an exploratory design to collect information from grade eight learners. A qualitative approach allowed the participants to express themselves in their own language.

3.3 Research design

An exploratory research design, as the methodological approach was employed to investigate the research problem and to find answers for the posed research questions Hassan, 2024). Exploratory research often serves as the primary step in the research process, to gain an understanding of underlying phenomenon (Flanagan & Beck, 2024). The researcher embarked on an exploratory design to investigate the participants' knowledge, attitudes and perception regarding TMC. By exploring the topic, the researcher, would be able to describe the current knowledge attitudes and practices of grade eight learners. The primary objective of using and exploratory research design was to explore the research problem, provide a better insight and understanding of TMC as perceived by young adolescents (Flanagan & Beck, 2024). The aim was not to provide conclusive answers but rather to identify themes related to key issues that can be examined in future research. Using an exploratory design gave the researcher the flexibility and openness, to gain new information (Flanagan & Beck, 2024).

In summary, exploratory research design was decided on as it seemed to be a valuable design for investigating the poorly understood topic of TMC among young adolescents. The information gained form the study could play an important role in guiding subsequent research efforts to the overall understanding of the complex topic. By embracing flexibility and openness, exploratory research enables the discovery of new insights and the development of more focused research questions.

3.4 Research setting

The research occurred at Clarkebury High School, situated in the Clarkebury rural area of Ngcobo, Engcobo Local Municipality, Chris Hani District in the Eastern Cape Province (South African History Online [SAHO], 2020). Ngcobo has nearly 50% unemployed inhabitants (StatsSA, 2011). The school was established in 1830 as a mission station of the Wesleyan Methodist Missionary Society. Most of the rural residents speak Xhosa, and many community members continue to adhere to the practice of traditional male circumcision.

3.5 Population, target population and sample

The study population here was Xhosa male students in Grade eight, between ages13 and 16, studying at Clarkebury High School in Clarkebury, Figure 3.1 represents how the concepts, participant, sample, target population and the more significant population correlate (Saunders et al. 2016). The population refers to estimated 1000 scholars in Clarkebury high school. The study sample included all grade eight learners who were interviewed during the FGD and participated in open ended questionnaires. These are Grade eight male scholars that met the inclusion criteria and were available on the day the researcher visited the school.

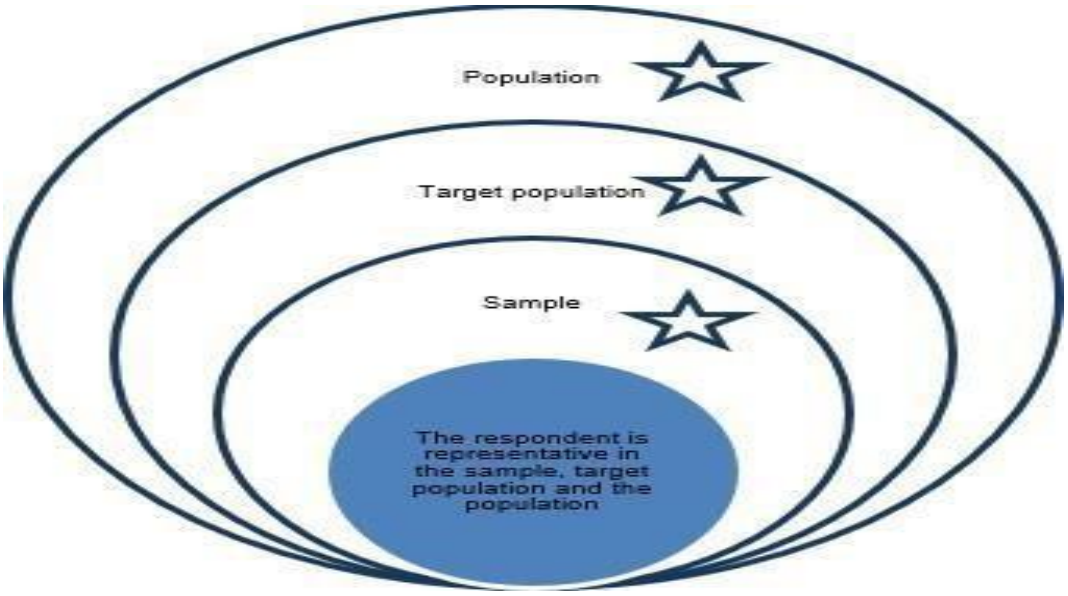

Figure 3.1: Population, target population, sample, and participant.

(Source: Saunders, M.N.K. & Townsend, K, 2016).

Inclusion criteria were:

- All the grade eight male learners at Clarkebury secondary school.
- Scholars, male aged 13-16 years.
- Must have voluntary chosen to participate in the study.
- Scholars had their parents' or guardians' assent to participate.

3.6 Sampling strategy and sample size

Sampling refers to selecting a sample from the population to gather information regarding a phenomenon in a way that represents the population of interest (O'Leary, 2021). Qualitative research often uses a non-probability or a non-random sampling technique, and the issue of sample size is equivocal. Creswell and Creswell (2018) and Saunders et al. (2016) assert that when semi-structured open-ended questionnaires are used, a sample size of between five and 25 informants suffices. Other researchers often state that they will continue to collect information until saturation is reached (Saunders et al., 2016).

This qualitative, exploratory study is not done to generalise the information, but to understand and describe the phenomenon. One of the simplest methods for selecting participants to form the target population is convenient sampling. A convenient sampling frame is a non-probability sampling technique chosen to keep costs low and ensure that only those that met the inclusion criteria and were available on the day of the interviews were part of the study (Saunders et al., 2016). A total of 14 scholars met the inclusion criteria and participated in the study. Thus, the sample consisted of 14 open-ended questionnaires and one group discussion with the same participants. The questions used for focus group discussion (FGD) included the following: What is difference between traditional male circumcision and medical male circumcision? What is male circumcision?

3.7 Measuring instrument

Two measuring instruments were used during the data collection process. An open-ended semi-structured questionnaire (Annexure B) was used to collect individual information, and an interview schedule (Annexure C) was used for the focus group discussion. The learners could engage and talk freely about their KAP related to MC.

3.8 Data collection

The process was carried out using self-administered semi-structured open-ended questionnaire, interviews, audiotapes, and field notes. The semi-structured questionnaire consisted of a few general questions that allowed the participants to

write down their thoughts (George, 2022). The participants entirely controlled the content of the interviews; the researcher did not influence their responses at all (George, 2022). The researcher used a focus group discussion guide to stimulate participation during the focus group interview (George, 2022).

All grade eight male learners were informed about the study, and informed consent was given to them to discuss with their parents or guardians. The learners were asked to return the signed informed consent forms the next day. Only those with assent and consent could participate in the study. After consent and assent were obtained from students and parents or guardians, individual semi-structured interview guides were given to the participants.

The open-ended questions prompt the participant to write his thoughts. The learners were then asked to meet as a group to participate in the focus group discussion. Focus groups are used in qualitative research to elaborate further on the research phenomenon and to bring out more information than what was written down in the open-ended questionnaires. The content of the focus group discussion was audio recorded, transcribed, translated, and back translated to facilitate analyses. The focus groups were held to ‘dig deeper’ to enable the researcher to elicit more in-depth information on knowledge about TMC, their attitudes regarding TMC and how they perceive TMC.

Completion of individual questionnaires and focus group discussions took place in the classroom, after school. The individual interview guide took about 20 minutes to complete, and the focus groups lasted 30 minutes.

3.9 Data analysis

The focus group discussion was audio recorded. The researcher and an independent assistant listened to the audio recordings. They transcribed the isiXhosa audio into a word document, similarly, as the open-ended questions, where the information was transcribed into a word document, translated into English and back translated into isiXhosa.

The researcher used thematic analysis for purposes of data analysis. The English transcripts were thematically analysed. During the analysis, the researcher familiarised himself with the text by reading each English transcript several times. He made notes and developed themes using different colours on the printed transcripts.

One transcript was fully completed before moving to the following transcript. From the second transcript, he started to form connections and subthemes. Finally, he added the transcript of the focus group. Thus, the information from the open-ended questionnaires and the focus group were merged during the analysis. A master list of themes and subthemes was generated. Empirical literature related to the themes and subthemes was obtained and compared with the study's findings. Information was subjectively interpreted from a contextual point of view, as stated in O'Connor and Gibson (2003) and presented in Chapter Four.

Steps to taken to analyse qualitative information (O'Connor and Gibson 2003).

- One transcript was completely analysed as per the process below before the researcher moved on to the subsequent transcript.
- The final transcript was the focus group discussion transcript.
- Each transcript was read, and organizing ideas and concepts were highlighted.
- Salient themes were formed.
- Themes were colour coded on the printed transcript.
- Emerging sub-themes were colour coded.
- Themes and subthemes were written on a new word document according to the colour coding.
- The researcher then moved on to the next questionnaire and followed the same procedure.
- After the second questionnaire, the researcher started to connect the overarching emerging themes and add new ones as themes developed.
- Major and sub-themes were developed, and information that could not be categorized was highlighted as 'no specific' theme.
- Once all the transcripts were colour coded, the researcher returned to each one to ensure that all concepts were highlighted as per generated themes and subthemes.

- The information on each theme was captured on a new document.
- The themes of the different questionnaires were then connected.

3.10 Trustworthiness and validity

The researcher applied the four criteria Denzin and Lincoln (2018) suggested to achieve a level of trustworthiness: credibility, confirmability, dependability, and transferability. Internal validity in quantitative research is the equivalent of credibility in qualitative research (Creswell & Creswell, 2018). The researcher ensured that the information was credible by cross-comparing and merging the results of the focus group discussion with the individual interviews.

Confirmability was ensured by grounding the findings on the participants' actual responses and not on manipulated facts (Creswell & Creswell, 2018). The researcher always tried not to bring in his opinion. Moreover, a second person was used during transcription, translation, and analysis to protect the data against researcher bias.

The term ‘dependability’ in qualitative research refers to the extent the reader can be persuaded that the findings took place the same way the researcher claims they did (Creswell & Creswell, 2018). The researcher establishes dependability by having someone else analyse and examine the research procedure and data analysis. This is done so that the findings are consistent and might be duplicated in the future.

Transferability refers to the degree to which the findings of one study can be transferred to another within the same environment (Creswell & Creswell, 2018). Even though the purpose of this study was not to generalize the findings, it is acceptable to believe that the findings can apply to a population comparable to the one used in the study.

Validity was ensured in that the open-ended questionnaire and the focus group questions were presented to an experienced researcher to ensure that the questions would elicit responses concerning KAP of male circumcision (Creswell & Creswell, 2018).

3.11 Chapter summary

Chapter Three defined the research methods used to execute the study. The research approach and design were justified, and the data collection procedure and analysis were explained. Chapter Four describes the findings of the study.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND ANALYSIS

4.1 Introduction

This chapter describes the results obtained from both the interview guide with open-ended questions and focus group discussions answering the following main questions.

- What is the knowledge of grade eight learners of Clarkebury High School regarding TMC?
- What is Clarkebury High School grade eight male learners' attitude towards TMC?
- How do Clarkebury High School grade eight male learners perceive TMC?

4.2 Results

In addition to open-ended questionnaire, all 14 students were re-invited into one focus group discussion. The focus group discussion were conducted to get the range of ideas related to perception, knowledge and attitudes of grade eight students towards traditional male circumcision in Clarkebury High School. To understand their perception, knowledge and attitude of traditional male circumcision, the following two questions were asked to the focus group:

- What is male circumcision?
- What is difference between traditional male circumcision and medical male circumcision?

4.2.1 Demographic characteristics

Fourteen learners completed the open-ended questionnaire, and there after all participated in the focus group discussion. The mean age of the participants was 14 years, and the ages ranged between 13 and 16 years. Twelve respondents stated that their home language is isiXhosa, and two were English. Participants were predominantly black African (99 %).

Table 4.1: Characteristics of participants in the study

Demographic	N (mean)	Percentage
Age Range	13-16 (14) years	-
Home Language		
IsiXhosa	12	85.70%
English	2	14.30%

4.3 Themes

The analysis presents Three main themes andTwelve subthemes which are presented in appendix F.

4.3.1Theme one: Traditional male circumcision is a strong tradition

Wepukhulu (2024), stated that “Traditional male circumcision is a practice deeply rooted in various African cultures, serving as a pivotal rite of passage from childhood to adulthood.”

4.3.1.1 Subtheme 1.1: Earn respect

Initiation serves as an important compass for boys to learn self-respect and to earn respect from others by becoming responsible adults (Wepukhula, 2024). Froneman and Kapp (2017) reported that respect was the most frequent reason participants went to initiation school. “*You will no longer be a boy; instead, everyone will listen to what you say because you are no longer a boy*.” (Froneman & Kapp, 2017:3). Kheswa et al. (2014:2794) did a study on young adolescents in the Eastern Cape and reported that self-respect and the respect for elders are values taught at the initiation school. The authors quoted participants that said: “*I was taught that; a man has to respect himself before he respects other people” and “Now I know I should respect myself*” (Kheswa et al., 2014:2794). The participants in Kheswa et al. (2014) indicated that TMC allow them to gain respect in all areas including at home, at school and in the whole community. *“I receive respect from the younger people, and I am not being*

undermined like before". "I think it is very important because I got many things that can take my life in a right way now, I have respect" Kheswa et al., 2014:2793).

In this study it was verbalised that *"They [initiates] need to be respected"* (Participant # 3) and that TMC is for the initiates to get respected, *"It is for them [initiates] to get respect*" (Participant # 12).

"I would tell my friends to go for TMC, because they will be respected" (Participant # 11).

Initiates are taught to be responsible and be respectful to women.
"*Initiates are taught how to behave as men and how to treat women around us with respect*." (Participant # 9).

The focus group believed that learners attend initiation schools because they learn to respect women and earn respect from the community. They further commented that they will attend initiation school to learn and earn respect from the community. They did not state that they go to initiation school to be circumcised. Commonly, in the layman's understanding, initiation is almost always synonymously with going to be circumcised, but for emerging adults' initiation is more than just circumcision; it is essential to earn respect from their peers, family, and community

From the FGD it was concluded that *"It is expected that initiates should earn respect and also be called an elder*" (FGD). The focus group also agreed that boys go to initiation schools because they see their friends going and *"wish to learn the things from the bush and how to respect women"* (FGD participant). "Traditionally, if a boy has not undergone TMC he will not earn respect and will not be allowed to inherit and will always be referred to as a boy never as a man" (FGD participant).

4.3.1.2 Subtheme 1.2: Moral value to uphold traditions

Initiates are taught about their responsibilities, duties and obligations, which they need to fulfil as men during the period of seclusion (Wepukhulu, 2024). Wepukhula (2024) asserted that the ritual of participating in TMC is a period where the initiates are

expected to internalise the moral codes, social norms, and cultural knowledge that will guide them as adult members of their society. Participants in Froneman and Kapp (2017) believed that the traditional practices of circumcision would bind them more closely to their ancestors, and that TMC allow them to be included in cultural activities, especially being consulted regarding family matters.

Participants in this study felt strongly that it is essential to uphold tradition and value the morals of the community they grow up in. In addition to being instructed on how to conduct themselves respectfully, boys also acquired respect by completing the rites associated with traditional circumcision. After having their foreskins circumcised, they were welcomed to participate in traditional activities and are consulted on important family matters.

Participants responded as follows:
"*Yes, initiation is important because the Xhosa tradition says that it should be cut* [the foreskin]. *It is our tradition*" (Participant # 3). Moreover, circumcision is part of our tradition that needs to be adhered to, "*Because circumcision is something that has been happening for a long time*" (Participant # 3).

The reason to attend TMC "*is to become attached to this custom of ours, that of the Xhosa*. "*Let us continue to respect it* [TMC] *again*" (Participant # 4).

One participant stated that it is vital to attend initiation camp to uphold the morals and values of the Xhosa culture "*Because, at the traditional circumcision, you are taught about the traditional things and how to be a man*" (Participant # 6).

Participants felt that TMC is valued and need to be preserved for the future generation, and it is vital for boys to "*Follow their culture*" (Participant 7 #). They voiced that TMC is moral and good. "*I feel like traditional circumcision is good*" (Participant # 10), while others expressed that that boys must be "…*brought up in it, the belief in going to the bush*" (Participant # 11).

There was a strong feeling to uphold tradition *"…it is the discipline of Xhosa culture*" (Participant # 12) and should be followed "*It is following the tradition of our black people*" (Participant # 14).

Traditional male circumcision allows young, circumcised adults to be included in the family's secrets and intentions, and an entirely new universe opens to the individual. TMC dramatically improved their social status, granting them more opportunities to spend quality time with adults (Froneman & Kapp, 2017). The language of manhood (*isidoda*) is learned during the initiation period or *ulwaluko* (Mdedetyana, 2018). Knowing the 'manhood language' validates that males have undergone TMC (Mdedetyana, 2018). Mastery of the 'manhood language' allows males to participate in men's rituals and discussions (Mdedetyana, 2018).

The focus group responded that learners go for initiation to earn a place as an 'elder' in the community, as a person obtains a 'certificate' that they have graduated from a boy to a man. *"I think when you go to get circumcised you will be taught what to do when you are a man and how to do it get out of boyhood and become a man*" (FGD participant).

Others commented that boys attend initiation school because it is a custom in the community. The focus group strongly felt that traditional bush initiation should be upheld and that Xhosa sons must follow Xhosa culture. Boys must go to initiation camps because they must be informed about what the older people did before them. They must learn what their fathers and grandfathers were taught. Furthermore, they will now understand their fathers, uncles, and grandfathers, as they can speak the language of the elders. The group responded that "*because some people want to follow Xhosa culture. They wanted to learn what the old people were doing, and they want to follow what the old people were doing and there are many things they want to learn from the men*" (FGD participant).

4.3.1.3 Subtheme 1.3: Peer pressure and influence

Participants felt there was indirect or self-perceived peer group pressure from friends and family to go for traditional circumcision.
"I will go for TMC because I saw my brothers doing it and I saw my brother's friends doing it" (Participant # 1). Another responded stated *"I saw our elders doing it – going to the bush*" (Participant # 13).

Others claimed they do it out of fear of intimidation, *"…the fear of being left behind by your friends, and you will be left behind if you are not cut"* (Participant # 5). They feared not to be recognised as a man in the society *"…because those who are circumcised say to others who have not gone to the bush that they are not a man*" (Participant # 6).

Participants stated that peer group pressure to get circumcised do exist *"The people around us influenced the boys to go for TMC*" (Participant # 9).

Another stated that he felt there is real group pressure because *"In my opinion, boys get pressured by their friends to go to the bush*" (Participant # 10),

Similarly, one responded stated that "*It is when he sees his peers being circumcised, then he also wants to be circumcised to allow him to be with them forever*" (Participant # 3). So TMC bond initiates together.

Not all the participants felt that they are pressurised by their peers and stated that they will go at their own time as it is their own choice. Some felt it was a motivation from within, whilst others felt there was peer group pressure. A few participants reported that boys would go because it is their choice, and they are not influenced by anyone else.

"*We go to the bush because it is one's choice*" (Participant # 2).

"*Some of us will go to the bush in our own time because no one is rushing you*" (Participant # 5).

The researcher enquired whether family, friends or media helped them decide to attend initiation school and participants responded that it is mainly a family decision. "*Our parents and brothers" assist in decision-making*" (Participant # 1) whilst another stated that *"It is you who decide but then your parents take the final decision"* (Participant # 2).

Participant # 3 responded that the "…*decision depends on your parents" and* that parents "…*try in every possible way to show us boys what happened in the traditional initiation*" (Participant # 5).

Another participant responded that parents care and "*play a major role in decision making and saving children's health*" (Participant # 12).

A few participants responded that the decision lies within the boy himself and state *"It is me that takes the decision"* (Participants # 4, 5, 7 and 8). Another stated that "*The person who wants to be circumcised makes his own decision*" (Participant # 12).

The participants believed the media advocates against TMC. "*Your friends want you to follow your own culture, and the media tells you that [TMC] circumcision is wrong*" (Participant # 3).

The focus group concluded that parents have a role in the decision-making process, but the actual decision lies with the learner.

The FGD revealed that boys wish to undergo TMC out of their own will "*because I want to be a man*" (FGD participant).

4.3.1.4 Subtheme 1.4: Change from boyhood to manhood

The ritual of TMC is not merely an issue of the removal of the foreskin, but a "transformative experience that tests the initiate's bravery, resilience, and adherence to communal values" (Wepukhulu, 2024:484). Learners were asked to share what they understood by 'male circumcision'.

Routinely, from a Western perspective, the response will be in line with the following: “Male circumcision is the surgical removal of the prepuce, or foreskin that covers the glans of the penis [exposing the tip of the penis].” (Warees et al., 2022).

This question once again awakens the importance culture plays in society. Not a single participant referred to the above definition, and not one mentioned cutting or foreskin or anything that has to do with the real meaning of the word circumcision. Circumcision was regarded as significant by the respondents. The word circumcision was understood as initiation into manhood. All participants referred to the cultural or ritual meaning, when asked what they understood under ‘circumcision’:

It was expressed beautifully in the metaphor that circumcision is *“The leap of the tiger to manhood*” (Participant # 3).

Another participant stated that TMC: *“Is more, it is like getting a certificate of being a man* (Participant # 2).

Another felt proud to be now seen as a man in the community, “*I should be called an elder (*Participant # 12), and “*The ritual performed is about turning a boy to become a man*” (Participant # 14).

Others express that as far as they know is TMC not just about removing the foreskin; it is more about,

“*You are going to be a man*” (Participant # 4).

“*Traditional circumcision is a religious thing*” (Participant # 1).

During the group discussions it was noticeable that the participants only referred to the cultural meaning in that circumcision is not refer about cutting the foreskin but refers to transitioning boys to men. All the respondents (FGD) had the same opinion and even emphasised that traditional male circumcision is a significant event in the process of becoming a man.

Traditional male circumcision is all about the ritual not the procedure. "*I understand that circumcision is a ritual performed to remove a boy from manhood*" (FGD participant. One is going into the ritual being *"a boy and going from boyhood to manhood*" (FGD participant). Moreover, tradition must be followed, "*I'm following the custom of turning boys to men*" (FGD participant). The idea that TMC is a "*leap of the tiger to manhood*" came up again during the FGD.

4.3.2 Theme two: Stigma

Mdedetyana (2018) and van der Merwe (2020), asserted that there is a lot of stigmata associated with MMC and the requirement of medical assistance during TMC. In many cases initiates would suffer the consequences and even die rather than to seek medical attention, as this is viewed as having failed the test to become a man (van der Merwe, 2020).

4.3.2.1 Subtheme 2.1: Disrespect

Those who are circumcised boast about their change from boyhood to manhood when they get back to the school.

"*Learners bragged about it [TMC] at school*" (Participant # 13).

On the other had there is huge disrespect against boys who went to the hospital for a MMC, and these people are called disrespectful names. Researchers reported that an uncircumcised person will never be a man and will always be called names. "He is going to suffer a lot. He will never be a man to the Xhosa people" (Froneman & Kapp, 2017:4). Douglas and Hongoro (2018) asserted that initiates who did not finish the procedure, according to tradition, could not marry, establish a family, participate in traditional rituals like sacrifices, or even become ancestors after death.

Froneman and Kapp (2017:1) asserted that boys prefer TMC and defend themselves as men by stating that those who had MMC do not have a traditional circumcision scar but a "cat claw" scar left by MMC due to the stitches. Prusente et al. (2019) indicated that men with medical circumcision experience stigmatisation and discrimination and may experience significant social and health consequences due to the stigma and

discrimination. Men who had MMC claim that peers make fun of them in public and community gatherings. Moreover, they stated that "...sometimes we are kicked out of ceremonies while TMC members remain inside" (Prusente et al., 2019:2).

In our study it was evident that MMC has negative connotations to the person.
"*There is a negative effect if you go for a MMC as you will be called disrespectful names*" (Participant # 12).

"*Your peers will disrespect you*" (Participant # 13).

The focus group stated that the person will be treated with disrespect and will be called disrespectful names and outcast by the community if they found out that he had an MMC.

"*If you are you are circumcised in the hospital you will never live with those who went to the bush as you will be white because you did not follow the Xhosa tradition and you are not a Xhosa*" (FGD participant).

4.3.2.2 Subtheme 2.2: Stigma related to hospital circumcision

Participants were ostensibly against MMC because of the stigma associated with MMC. The participants agreed uniformly that if you get circumcised in a hospital, you will be discriminated against, as they felt that people who are circumcised in a hospital are not Xhosas, but Whites, as Xhosa men go to the bush, not to hospitals.

"*Yes, they said you are not a man if you went to the medical circumcision*" (Participant # 1).

Sadly, stigmatisation is not only against those who undergo MMC or no circumcision but also against those who underwent circumcision and had to leave before the end due to medical or surgical complications. Despite these initiates enduring the hardship that goes with the tradition, if they left before then, they will always be viewed as boys, as stated below. Learners felt those who underwent MMC might not learn the things

taught in the bush and, therefore, are not at the same level as those initiates that went to the bush

"*They will always remain a boy as they have not learned to become a man if they are not circumcised or going to the hospital*" (Participant # 2).

Froneman and Kapp (2017) asserted that after a MMC, you cannot reverse the situation and undergo a traditional initiation. You will be forced to endure the consequences of your choice for the remainder of your life.

"*When you get circumcised in the hospital, you cannot know how to speak to men*" (Participant # 3).

The participants during the FGD stated that TMC is part of the cultural belief system, to such an extent that those who are not circumcised traditionally or who undergo MMC in a hospital are strongly stigmatised within their communities for the rest of their lives. They reported that, if you get circumcised in a hospital, you will be discriminated against, as they felt that people who are circumcised in a hospital are not 'Xhosas' but 'Whites' as Xhosa men go to the bush, not to hospitals.

"*When you get circumcised in the hospital, you go to a lot of things that you can't do with men, they say you're not Xhosa you're white and Xhosa men won't stay with you because you got circumcised in the hospital*" (FGD participant).

Moreover, "*when you circumcised in hospital people say that you are a coward, you will not marry and get children, they will say that you are a dog, and you will eat leftovers"* (FGD participant).

The focus group was also asked about the complications of traditional male circumcision and their discussion did not yield any responses to preventing complications; instead, the group indicated that they were unaware of complications. Only two respondents stated that they were aware of morbidity and mortality.

4.3.3 Theme three: Finance, knowledge and attitudes

4.3.3.1 Subtheme 3.1: Money is not the be-all and end-all

Like other studies, the participants stated that no matter the cost of a TMC, they would still prefer a TMC than to have an MMC, as it is not about money. It is about the ritual and what you learn (Froneman & Kapp, 2017).

Prusente et al. (2019) asserted that TMC is viewed as a profitable business by some traditional surgeons and nurses and no longer as an essential ritual., that must be given free of costs. Participants in Prusente et al. (2019) expressed their concern and dissatisfaction that traditional surgeons and nurses are now fighting for clients because of the money issue. Traditional surgeons and nurses are also very much against MMC, which means financial loss (Prusente et al., 2019). Douglas and Hongoro (2018) claim that traditional surgeons and nurses are there to make money, not for the tradition, as they not only request cash but also ask for alcohol. In contrast, illegal surgeons only ask for R150 or occasionally a chicken.

In our study it appears that TMC cost can vary from as low as R450 to R3500, whilst most said it is done for free in public facilities. Banwari (2015) stated that TMC can cost between R3000 and R5000.

Traditional male circumcision is expensive as it is not only the surgery that cost money, but the coming home ceremony is also expensive. "*Yes, I am thinking of going for this high price because I want to follow the Xhosa tradition*" (Participant # 6).

4.3.3.2 Subtheme 3.2: Information or knowledge

Participants were asked whether they think learners have enough knowledge to make an informed choice about TMC. Some participants felt that there is sufficient information available and stated that:

"*I think there is enough information for them*" (Participant # 4).

Some participants felt that learners need more information.

"*Some people have it [information], and others do not*" (Participant # 6).

"*No, I do not think they know*" (Participant # 12).

Moreover, according to the focus group discussion do informants occasionally come to the school to inform learners about initiation schools. Learners are informed what to take to the initiation school, for instance, an identity document.

"*You get informed about it before you go to the bush*" (Participant 11).
Some even stated that "*To be circumcised is good because if you are not circumcised, many diseases can get you*" (Participant # 4).

Another stated that "You must for go for a TMC so that you will not get some sicknesses" (Participant # 11).

Participants knew the difference between TMC and MMC
"*The difference is that medical circumcision is not part of our tradition, and some things that are part of our tradition are excluded in the medical circumcision*" (Participant # 3). "*Medical circumcision does not teach you anything*" (Participant # 9).

Participants during the focus group stated that as far as they know is medical assistance is forbidden during the rite, as it is considered cheating and severely prohibited. Therefore, boys are encouraged to visit the clinic to rule out any illnesses before they go to bush camp to decrease complications. Froneman and Kapp (2017) asserted that a person who receives any medical assistance during the initiation would be considered to have failed the initiation process and would not be permitted to finish the initiation ritual. If the initiate encounters a female healthcare professional at the clinic or hospital, the situation is much more precarious, and they may be shunned by the community (Froneman & Kapp, 2017).

Participants were asked what age they would think is a good age to have a TMC, and 13 of the participants stated 18 years of age, it appears that some may also go when

they are older than 18 years of age. So some did not know the legal age (16 years) to go for a TMC as they stated 13 is old enough.

“From the age of 18” (Participant # 2). This age also falls within the ambit that initiates can make decisions without parental consent.

Information from the FGD indicated that eligibility for TMC is determined by factors such as age, parental consent, and readiness to become a man.

4.3.3.3 Subtheme 3.3: Curiosity

Learners express their curiosity about what is said in the bush. As boys, they know things are being taught but do not know what, so it stimulates their curiosity. The focus group felt that when you go to an initiation bush camp, an initiate will be taught what to do when they are men and how to transition from boyhood to manhood.

“*Circumcision in the bush comes with certain teachings that we do not understand*” (Participant # 5).
“*I feel curious” that is why I wish to go to the bush* (Participant # 1).
Another stated that “I feel interested because male circumcision is important for men” (Participant # 3).

4.3.3.4 Subtheme 3.4: Medical assistance

On enquiring what can be done to prevent complications related to circumcision, was it clear is that learners were, once again, unaware of complications related to circumcision. Participants felt that those in charge of the initiation schools are competent to provide a safe environment.

“*The people in charge of the bush camp take very good care of them [initiates]”* (Participant # 3).
“*The leaders are there to take care of everything that is done in the bush*” (Participant # 12).
“*The leaders are in the right position to take care of any problems* (Participant # 6).

Another responded stated that if needed the boy will be taken to a hospital.

"*When there is a problem in a person, they are rushed to the hospital*" (Participant # 4).

Participants believed that once you are healthy, there should be no problems and responded that initiates could only participate in the ritual.

"*After you bring a doctor's certificate saying you are healthy*" (Participant # 5).

Similarly, it was stated that "*before getting circumcised you must first be tested if you are healthy and ready enough"* (Participant # 2), which could be interpreted as physical and emotional readiness

Two participants felt that complications could be prevented, if the initiates were better equipped with knowledge of how to take care of themselves.
"*If they teach boys about traditional circumcision*" (Participant# 9).
"*Only if they teach kids more about circumcision*" Participant# 13).

Only one participant responded that complications could be prevented by "*drinking water*" (Participant # 11).

Research demonstrated several complications after TMC, such as infections, penile amputation, and abuse, to mention a few. The results of Mpateni and Kang'ethe (2020) revealed heart-breaking facts about the ritual that caused initiates to become candidates for reconstructive surgery to replace their penises after they had been amputated. Moreover, many found TMC terrifying and extremely painful (Mpateni & Kang'ethe, 2020).

4.3.3.5 Subtheme 3.5: Morbidity and mortality

Cultural behaviours that jeopardise life are antithetical to societal values and require immediate correction. According to the Constitution of the Republic of South Africa,

everyone has the right to life, and this right should not be compromised in the name of culture or politics. South Africa is presently confronting a significant health concern associated with traditional circumcision practices. The government, traditional leaders, or both must take decisive action to address this issue and prevent preventable deaths and injuries among Xhosa-speaking boys in the impacted regions. Integrating culture with politics is frequently perilous and requires careful consideration.

Mpateni and Kang'ethe (2020) reported that traditional surgeons used the same spear to circumcise the boys without cleaning it in between and that the bush environment is dirty and dusty, which may enhance the transmission of infections. Moreover, participants complained that they had to endure a lot of pain and maltreatment, leaving them with significant psychological trauma (Mpateni & Kang'ethe, 2020). This is the response of one of their participants. "My traditional nurse used to insult me, telling me that I am unfit, and I am a sissy because I demanded food" …" I was also thirsty and feeling dehydrated" (Mpateni & Kang'ethe, 2020:80).

Information related to complications in our study could have been more forthcoming. Most participants stated that they do not know of any complications related to TMC, and responded as follows:

"*I do not know*" (Participants # 1 and 14) or wrote "*I have no idea*" (Participant # 12).

Others responded that all initiates came back safely to their area after a TMC.

"*I do not know because people in my area go and come back*" (Participant # 10).

Others also stated that they were unaware of any complications due to TMC, "*I think it is safe because we never had problems in my area*" (Participant # 13).

Only two respondents stated that they were aware of morbidity and or mortality.
"*Yes, I have heard in other places boys die in there*" (Participant # 13).
"*I have heard that a person can die when they have diabetes or HIV*" (Participant # 3).

When asked during the focus group discussion about death and complications, there was an overwhelming "*NO, NO, NO*", which emphasised that learners are unaware of adverse events and believe that TMC is safe.

4.3.3.6 Subtheme 3.6: Better the one I know than the one I do not know

One of the questions was what advice they would give to a friend who enquires about MC. Most participants stated that they will recommend the person to go for a TMC, despite them not having been to the bush yet and advising on their perceptions.

"*I would tell them to go and follow their culture*" (Participant # 1).

"*I feel like traditional circumcision is a good thing and would tell him to go*" (Participant # 2).

"I would say you are doing well because if you are a Xhosa, it is something you have to do" (Participant # 3).

"*I would tell my friends to go for TMC, because they will be respected*" (Participant # 11).

Some said they will warn their friends against possible discrimination if they do not go for a TMC.

"*Let him be circumcised because otherwise, he will live alone*" (Participant # 3).

One even stated that they would no longer be friends if the friend was not going for a TMC.

"*Because I am going to get circumcised, I cannot go with him if he is a boy, and I shall be a man*" (Participant # 4).

Participants # 4 and 11 demonstrated some knowledge about the advantages of MC and said they would encourage their friends to go to TMC to prevent diseases.

"*Get circumcised because if you are not circumcised, many diseases can get you*" (Participant # 4).

"*You must go so you will not get some sicknesses*" (Participant # 11).

All 14 participants agreed in the FGD that they would someday like to send their sons to undergo TMC. Others also responded during the open-ended questions that they would like their sons to go for TMC.

"*I would like my children to go because I would like them to follow the tradition I followed*" (Participant # 4).

"*I would also like my sons to do it because it is a Xhosa tradition to be circumcised in the bush*" (Participant # 9).

This finding is supported by literature in that the participants in the Froneman and Kapp (2017) study confirmed that they would like their sons to be circumcised. One participant in their study stated that:" If I have sons, they must go because my forefathers and father's father and my father and I also went through the process. If they don't go, it will humiliate me, and they will throw tradition back to my face. They will have to go. There is no other way." (Froneman & Kapp, 2017:4).

In this study, the participants were aware of knew the names of the traditional surgeons providing TMC in the area, even though they have not gone to TMC yet. All 14 of the participants could mentioned at least one name of a traditional surgeon. All nine different names were mentioned. Names will not be mentioned in this dissertation to protect privacy of the traditional surgeons.

All the participants stated that they would prefer traditional male circumcision over medical male circumcision, primarily because of what is taught in the bush and their fear of being discriminated against, if they have an MMC.

4.4 Chapter summary

Chapter Four presents the findings of the study. The demographic data was displayed. The researcher then mentioned the different themes that were generated from the information. The themes and subthemes were then discussed and substantiated with information from the literature. Chapter Five mentioned the conclusion, recommendations, and implications for further research.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This research examined grade eight male learners' knowledge, attitude, and perceptions (KAP) regarding TMC in Clarkebury High School in Engcobo Ngcobo, Eastern Cape Province, South Africa. The endeavour was to provide information back to the participants when the results become available to ensure that students become aware of the risks and benefits of male circumcision. Chapter five concludes the findings and make recommendations for practice and future research.

5.2 Findings from the literature

Chapter Two analysed the social norms theory, and it was evident that peer group pressure plays a role in TMC. The loudest voices will be followed, and MMC will only get a place once the social norms in the community have changed. The conceptual framework defined the concepts and demonstrated how the puzzle pieces fit. The empirical literature review demonstrated a need for more literature related to TMC. More research is required to demonstrate emergent adults' knowledge, attitude and perception related to TMC.

5.3 Findings from the primary research

Five themes were identified. What is important is that most participants view TMC as a necessity for a boy to become a man, earn respect in the community and take the leap from boyhood to manhood. The challenge is that stigma is still a prevalent problem for initiates who have gone through the ritual but were admitted for medical attention. Initiates that required medical attention are blamed for what happened to them, instead of recognizing that the problem of the botched circumcisions is most probably the fault of the surgeon or the nurse due to poor techniques or health care. The study participants had very little knowledge about what exactly TMC encompasses and even less about common complications related to TMC. All participants have a positive attitude towards TMC and do not support MMC.

5.4 Strengths of the study

a) *Targeted population*: The study focused on young adolescence approaching the legal age of maturity (18 years of age), which is a critical age group for understanding attitudes and perceptions regarding traditional male circumcision (TMC). The targeted population provided a valuable insight into how these attitudes develop and may influence decision-making during adulthood.

b) *Cultural relevance*: By conducting the study in Eastern Cape Province, the research generated culturally specific insights into traditional male circumcision practices. This helped in understanding the unique factors that contribute to the prevalence of TMC in this region.

c) *Potential for policy development*: Findings from this study can contribute to the development of targeted interventions and policies to address gaps in knowledge and attitudes regarding TMC. This could lead to more effective health promotion and education strategies for the region.

5.5 Limitations of the study

- *Limited generalisability*: As the study is focused on a Clarkebury high school in Eastern Cape Province, the findings may not be generalizable to other populations or regions. This limits the applicability of the study's conclusions to other contexts.

- *Potential for bias*: As TMC is a sensitive and culturally bound topic, there was a risk of social desirability bias among participants. This could have led to participants providing answers that they believe are expected or acceptable, rather than their true opinions.

- *Cross-sectional design*: The study's cross-sectional design captures a snapshot of knowledge, attitudes, and perceptions at a single point in time. This means that it may be difficult to determine causal relationships or to track changes in attitudes over time.

- *Potential cultural barriers*: The research faced challenges in building rapport with participants and obtaining in-depth information due to cultural differences and

sensitivities surrounding the topic of TMC. This could limit the depth and quality of data collected.

Resource constraints: The study was limited by resources, such as time and funding, which impacted the scale and scope of the research. This resulted in a smaller sample size or limited data collection methods, potentially affecting the study's findings and conclusions.

5.6 Conclusions from primary research

TMC is here to stay, and if the social norm support TMC, emergent adults will not agree to undergo MMC. TMC is not just about circumcision, but more about becoming a man. Participants wish to uphold the tradition and will encourage their sons to do the same. Emergent adults are unaware of the adverse effects of TMC. Although initiates stated that they make their own decision to go for initiation parents, friends and family do influence their decisions. They also do not have enough knowledge to make informed decisions.

Stigma is still rife against those who undergo MMC and those who fail the ritual by leaving to get Western help. Media should not promote MMC over TMC and should try to change the social norm that MMC has benefits and not take away from the initiation ritual, if boys should be allowed to attend. Moreover, the media should promote the benefits of both MMC and TMC and explain the possible dangers associated with TMC. Emergent adults will go for TMC, even if it is costly, as the shame and stigma are still too great when a person goes for an MMC. Emerging adults are not yet fully aware of the Customary Initiation Act 2 of 2021 being implemented.

The findings of this study make it quite evident that customary initiation practices are here to stay. Learners continue to have faith in the experts and a strong desire to uphold the traditions. Young Adolescents are not acquainted with the adverse effects of TMC. Because of this, it is of the utmost importance for traditional leaders and surgeons to get on board, adhere to safe methods, and consult Western medicine, if initiates become unwell. Additionally, illegal initiation schools with traditional surgeons who are not registered should be closed. TMC must be transformed into a safe and

significant practice by the collaborative efforts of traditionalists, the community, and the government.

5.7 Recommendations

The following recommendations are proposed:

- There should be implementation of a comprehensive school health promotion approach that considers benefits and complications of both TMC and MMC to all Grade eight learners in all schools.
- Informational program should be issued to parents and guardians, which include the names of registered traditional surgeons and nurses in the area.
- There should be restriction on the costs that traditional surgeons and nurses may charge.
- Evaluation that no alcohol or substance abuse should be made available at initiation schools and nor used as a way of payment.
- Regular and unexpected evaluation of the implementation of the national Customary Initiation Act 2 of 2021 should be made.
- There should be compulsory reporting of abuse or mistreatment of surgeons or nurses.
- There should be compulsory and acceptable early referral of initiates who needs medical attention.
- There should be ongoing education of traditional surgeons and nurses, especially in the areas with high morbidity and mortality.

5.8 Implications for research

There is a dearth of information regarding KAP on adolescent males and TMC. It is recommended that further research be done to evoke awareness, as these boys need to make an informed decision and be made aware of their rights, as stipulated in the

Constitution of the Republic of South Africa, 1996, the Children's Act 35 of 2005 and the Customary Initiation Act 2 of 2021.

5.9 Chapter five summary

This chapter mentioned the strength and the limitations. It further makes recommendations on future studies and implications of this results.

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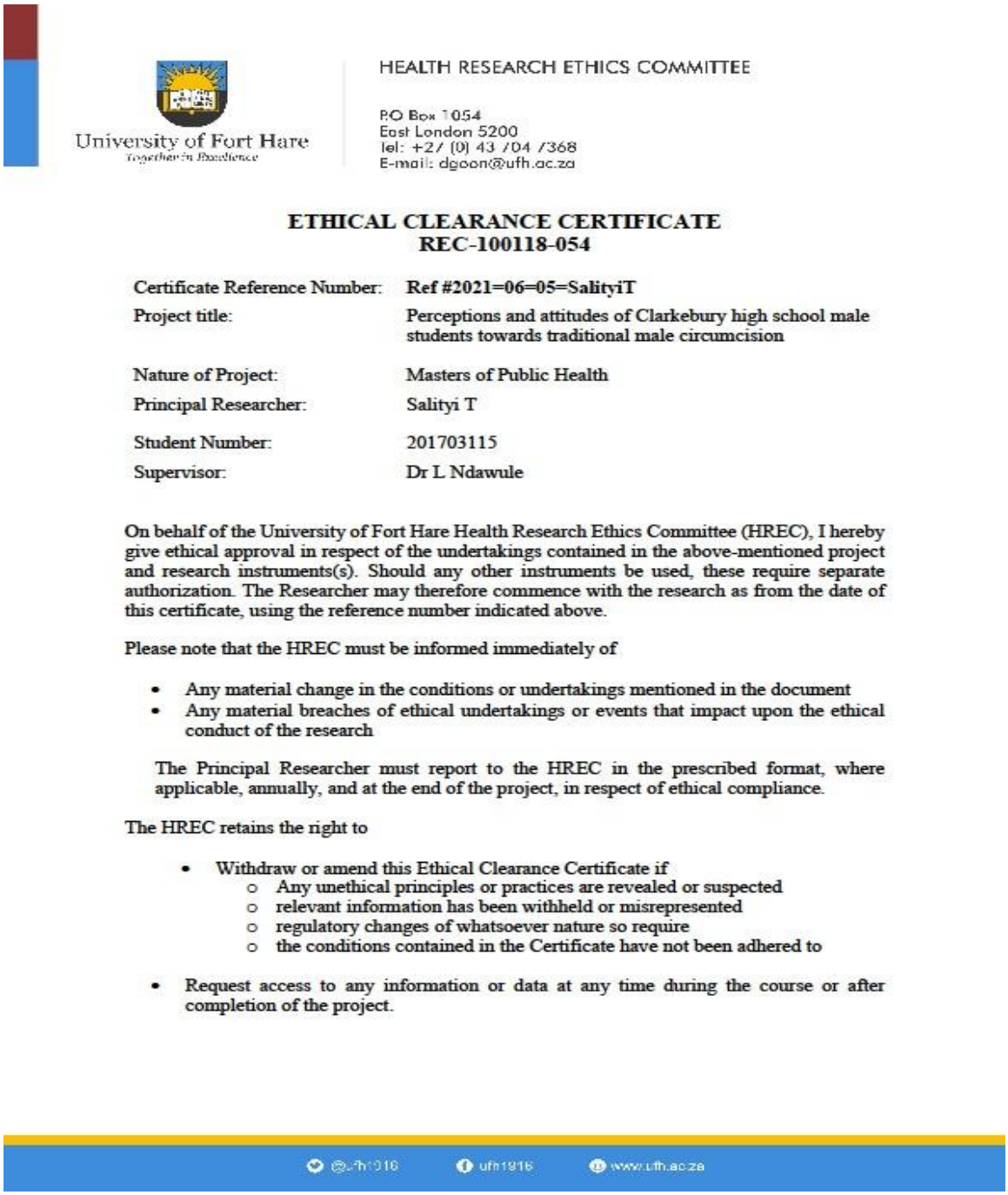
Appendices

Appendix A: Ethical Clearance Certificate



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HEALTH RESEARCH ETHICS COMMITTEE

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ETHICAL CLEARANCE CERTIFICATE
REC-100118-054

Certificate Reference Number:	**Ref #2021=06=05=SalityiT**
Project title:	Perceptions and attitudes of Clarkebury high school male students towards traditional male circumcision
Nature of Project:	Masters of Public Health
Principal Researcher:	Salityi T
Student Number:	201703115
Supervisor:	Dr L Ndawule

On behalf of the University of Fort Hare Health Research Ethics Committee (HREC), I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instruments(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the HREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the HREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

The HREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principles or practices are revealed or suspected
  - relevant information has been withheld or misrepresented
  - regulatory changes of whatsoever nature so require
  - the conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.

@ufh1916 ufh1916 www.ufh.ac.za

Appendix B: Individual interview guide

Open ended individual questionnaire

Knowledge, Attitudes and Perceptions of Emerging Adults Regarding Traditional Male Circumcision: An investigation of Clarkebury High School, Eastern Cape Province

Preamble

This questionnaire is anonymous.

Do not write your name on anywhere.

We will not be able to trace the answers to a specific person. Please answer all the questions as honest as possible. There are NO right or NO wrong answers.

If a certain question makes you feel uncomfortable to such an extent that you do not like responding to it, feel free to leave it out and move to the next questions.

Your answers are confidential.

You may withdraw your consent to participate at any stage without prejudice.

Please know that the answers received from all the questionnaires and the focus group discussion will help me to develop a relevant circumcision health promotion program for learners in Clarkebury rural communities.

Today's date:		D	D	M	M	Y	E	A	R
How old are you?									
What is your home language?									
1	What do you understand under male circumcision? **Uqonde ntoni phantsi kolwaluko lwamadoda?**								

2	What do you reckon is the most common reason people undergo male circumcision? **Ucinga ukuba sesiphi esona sizathu sixhaphakileyo sokuba abantu boluke?**
3	What is the difference between traditional, religious and medical circumcision? **Uthini umahluko phakathi kolwaluko ebhomeni, ngokwenkolo kunye nasesibhedlele?**
4	Which kind of circumcision is happening mostly in this area? **Loluphi uhlobo lolwaluko oluqhubekayo kulo mmandla?**
5	Who does TMC in the area? **Ngubani owenza i-TMC kwindawo?**

6	How much do you think a traditional circumcision cost? **Ucinga ukuba yimalini ukoluka ebhomeni?**
7	How much do you think a medical circumcision cost? **Ucinga ukuba luxabisa malini ukoluka esibhedlele?**
8	What do you think influences learners to get circumcised? **Ucinga ukuba yintoni ephembelela abafundi ukuba boluke?**
9	Why do you think is it essential for learners to have a traditional circumcision? **Kutheni ucinga ukuba kubalulekile ukuba abafundi boluke ebhomeni?**

10	Are you aware of any complications due to traditional circumcision, such as penile amputations or deaths? **Ngaba unolwazi ngazo naziphi na iingxaki ezibangelwa kukwaluka ebhomeni, ezifana nokunqunyulwa kwelungu lobudoda okanye ukufa?**

11	What do you think can be done to prevent complications related to traditional circumcisions? **Ucinga ukuba yintoni enokwenziwa ukuthintela iingxaki ezinxulumene nokwaluka ebhomeni?**
12	Do you think learners have enough information to decide to get circumcised? **Ucinga ukuba abafundi banolwazi olwaneleyo lokugqiba ukuba boluke?**
13	Are you aware of problems experienced by initiates after traditional initiation? **Ngaba uyazazi iingxaki abakhwetha abahlangabezana nazo emva kokwaluka?**
14	Do you know anyone who developed problems after a traditional initiation? **Ngaba ukho umntu omaziyo owaba neengxaki emva kokwaluka?**

15	Do you think people are more careful and reluctant to undergo traditional circumcision than in the old days? **Ngaba ucinga ukuba abantu balumke ngakumbi kwaye babe madolw' anzima ukwaluka ebhomeni kunakwimihla yakudala?**

16	In what way does prior medical circumcision influence traditional initiation? **Ingaba ukoluka esibhedlele kube nafuthe lini xa ukwaluka ebhomeni?**
17	Who influences the decision to have a traditional circumcision? **Ngubani onefuthe kwisigqibo sokwaluka ebhomeni?**
18	What part does the opinion of family, friends, co-workers, elders, media and science play in getting circumcised? **Uluvo losapho, izihlobo, abantu osebenza nabo, abadala, abeendaba kunye nenzululwazi ludlala yiphi indima ekwalukeni?**

19	How do you feel about traditional circumcision for men? **Uziva njani ngolwaluko lwamadoda?**
20	Can you tell me why you think people wish to get a traditional circumcision rather than a medical circumcision? **Ungandixelela ukuba kutheni ucinga ukuba abantu banqwenela ukoluka ebhomeni kunokoluka esibhedlele?**

21	At what age do you think is a good time to get a traditional circumcision? **Uneminyaka emingaphi ucinga ukuba lixesha elifanelekileyo lokuba woluke ebhomeni?**
22	If a friend asks your advice regarding circumcision, what reasons will you give him to be circumcised or not be circumcised? **Wena ke, ukuba ubuzwa ngumhlobo wakho ngokuphathelele ulwaluko, unokuthini na ukuba aluke, okanye angaluki?**
23	What would you say to someone who considers getting a male circumcision? **Unokuthini kumntu oceba ukwaluka?**

24	Do you think it is good to be circumcised, and why is it good or not good? **Kuba ulwaluko lwakho lufanelekile na?**
25	Would you want your male children to be traditionally circumcised? **Ngaba ungathanda ukuba abantwana bakho abangamakhwenkwe boluke ebhomeni?**

Thank you very much for coming here and speaking with us. Do you have any questions that you would like to ask me?

Appendix C: Interview guide for focus group discussion

Preamble

This interview is anonymous. Please feel free to answer all the questions that I am going to ask you. Some of the questions are about issues that you know, others about your interviews about male circumcision.

If a certain question makes you feel hurt to such an extent that you do not like answering it, feel free to pass-through and answer other questions.
Your answers are confidential. You may withdraw at any stage without prejudice.
Your answers are going to help us to develop a relevant circumcision health promotion program for boys in Clarkebury rural communities.

Date:

Setting:

Time Started:

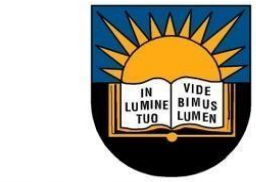
Time Finished:

Occupation:_ (e.g., teacher, student, chief, etc.)

1. What is male circumcision?
2. What is difference between traditional male circumcision and medical male circumcision?

Thank you for your co-operation!

Appendix D: Informed consent



University of Fort Hare
Together in Excellence

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT:
Consistent with the aim of the study, Knowledge, Attitudes and Perceptions of Emerging Adults Regarding Male Circumcision.
PRINCIPAL INVESTIGATOR: *Tabo Salityi*

ADDRESS: *No 3, Burns street, Quiney, East London,5200*

CONTACT NUMBER: (0664881154/0785963240)

This study has been approved by the University of Fort Hare health Research Ethics Committee (UFH HREC) (Ref No#2021=06=05=Salityi) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

Parental Permission for Children Participation in Research

Introduction
The purpose of this form is to provide you (as the parent of a prospective research study participant) with information that may affect your decision as to whether to let your child participate in this research study. The person performing the research will describe the study to you and answer all your questions. Read the information below and ask any questions you might have before deciding whether to give your

permission for your child to take part. If you decide to let your child, be involved in this study, this form will be used to record your permission.

Purpose of the Study

If you agree, your child will be asked to participate in a research study about **[** Knowledge, Attitudes and Perceptions of Emerging Adults Regarding Male Circumcision].

What is my child going to be a Consistent with the aim of the study, Knowledge, Attitudes and Perceptions of Emerging Adults Regarding Male Circumcision sked to do? If you allow your child to participate in this study, they will be asked to take part in focus group discussions whereby they will be asked to talk about their beliefs regards to traditional circumcisions.

What are the risks involved in this study?

There are no foreseeable risks to participating in this study.

What are the possible benefits of this study?

Your child will receive no direct benefit from participating in this study; however relevant intervention programs for boys prior to initiation school will be planned and developed based on the availability of the findings of this study.

Does my child have to participate?

No, your child's participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. Withdrawal or refusing to participate will not affect their relationship with The University of Fort Hare (University) in anyway. You can agree to allow your child to be in the study now and change your mind later without any penalty.

Will there be any compensation?

Neither you nor your child will receive any type of payment participating in this study.

How will your child's privacy and confidentiality be protected if s/he participates in this research study?

Your child's privacy and the confidentiality of his/her data will be protected, and no name will be recorded.

If you choose to participate in this study, your child [will be/may choose to be] [audio and/or video] recorded. Any [audio and/or video] recordings will be stored securely and only the research team will have access to the recordings.

Who will have access to the data?

Confidentiality and privacy of patients' medical records will be ensured by reviewing patients' medical records in a lockable and safe boardroom or environment, where only the researcher will be reviewing files using the nationally recognized checklist. Data will be collected using a checklist and will be locked away in a cabinet at the researcher's place until the research study is finalized.

What will happen with the data/samples?

This is a once off collection of data, it will be analyzed and communicated to Head: FS Health and UFH through reports and articles will be published in peer-reviewed journals.

Who can you contact for additional information regarding the study?

The primary investigator Tabo Salityi can be contacted during office hours at (0437074697), or on his cellular phone at (066 4881154). Should you have any questions regarding the ethical aspects of the study, you can contact the Acting Chairperson of the UFH HREC, Prof Leon van Niekerk, during office hours at leonvn@ufh.ac.za or tel. no:

+27 (0) 40 602 2435.

How will you know about the findings?

The findings of the research will be shared with the Head: FS Health through a report.

Declaration by a Parent(s) or Legal Guardian

By signing below, I agree that my child will take part in a research study titled (Knowledge, Attitudes and Perceptions of Emerging Adults Regarding Male Circumcision).

I declare that:

I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
I understand that I will not be taking part in this study other than allowing my child to participate in this research as it was approved by the Eastern Cape Department of Education, and I have not been pressurized to do so.

_____

Printed Name of Child

_____

Signature of Parent(s) or Legal Guardian Date

_____

Signature of Witness Date

Yes, I consent	
No	

Declaration by person obtaining consent

I *(name)* declare that:

I explained the information in this document to ……..
I encouraged him/her to ask questions and took adequate time to answer them. I am satisfied that he/she adequately understands all aspects of the research, as discussed above

I did/did not use an interpreter.

Signed at (*place*) .....…..…….. on (*date*) ……...……..
20....

....

Signature of person obtaining consent Signature of witness Declaration by researcher

I *(name)* declare that:

I explained the information in this document to ……..
I encouraged him/her to ask questions and took adequate time to answer them. I am satisfied that he/she adequately understands all aspects of the research, as discussed above
I did/did not use an interpreter.

Signed at (*place*) .....…..…….. on (*date*) ……...……..
20....

....

Signature of researcher **Signature of witness**

Appendix E: School endorsement letter

Province of the Eastern Cape Department of Education
Clarkebury high school
5024
22 August 2022

SCHOOL PERMISSION TO CONDUCT RESEARCH

Dear Institutional Review Board:

The purpose of this letter is to inform you that I *Mr A.S. Matshayana* give to *TABO SALITYI* permission to conduct the research titled ***"Knowledge, attitudes, and perceptions of emerging adults regarding male circumcision": A case of Clarkebury High School, Eastern Cape Province*** **at** ***Clarkebury High School***. This also serves as assurance that this school complies with requirements of the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA) (check specific requirements from an approved letter by the Chris Hani East District- office of the district director) and will ensure that these requirements are followed in the conduct of this research.

Sincerely,

A.S. MATSHAYANA
PRINCIPAL – CLARKEBURY AGRICULTURAL SCHOOL

DEPARTMENT OF EDUCATION
CLARKEBURY S.S.SCHOOL
P.O BOX 27, CLARKEBURY, 5024
2022 -08- 22
SIGN:
DEPUTY PRINCIPAL
CURRICULUM MANAGEMENT

Appendix F: Themes that emerged from the study

Themes that emerged from the study

Main themes	Sub themes	
1.TMC is a tradition	1.1	Earn respect
	1.2	Moral value and uphold traditions
	1.3	Peer pressure and influence
	1.4	Change from boyhood to manhood
2. Stigma	2.1	Disrespect
	2.2	Stigma related to hospital circumcision
3. Finance, knowledge and attitudes	3.1	Money is not the be-all and end-all
	3.2	Information
	3.3	Curiosity
	3.4	Medical assistance
	3.5	Morbidity and mortality
	3.6	Better the one I know than the one I do not know

Appendix G: Language editor certificate

JAY'S
Editing services

Jabulani Mkhize
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CONFIRMATION OF EDITING/PROOFREADING LETTER

To whom it may concern

This serves to certify that I, Jabulani Mkhize, have proofread and/or edited Mr. T. Salityi's Masters' mini dissertation to ensure that the language, grammar, punctuation, and spelling are academically sound and appropriate, by rectifying errors, wherever these have been identified, and rephrasing sentences that would possibly make one lose sight of the flow of the argument.

Title of the Dissertation: "Knowledge, Attitudes, and Perceptions of Young Adolescents Regarding Traditional Male Circumcision: A Case of Clarkebury High School, Eastern Cape Province"

Editor's Name: Jabulani Mkhize

Qualifications: PhD (English)

Signature :
Date : 3/08/2023