EXPLORING THE PSYCHOSOCIAL CHALLENGES ASSOCIATED WITH TRADITIONAL MALE CIRCUMCISION PRACTICE FROM THE LENSES OF THE NEWLY INITIATED MEN: THE CASE OF LUSIKISIKI, PHONDOLAND AREA – EASTERN CAPE, SOUTH AFRICA

BY

THANDUXOLO NOMNGCOYIYA (201006645)

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Supervisor: PROF. S.M. KANG'ETHE

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DECLARATION

I hereby declare that this research report, entitled **"Exploring the psychosocial challenges associated with traditional male circumcision practice from the lenses of the newly initiated men: the case of Lusikisiki, Phondoland area – South Africa**, **Eastern Cape"** is my own work, and that I have given due acknowledgements to the diverse sources that I have utilized.

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Signature Date

Witnessed by

Professor Simon M. Kangethe

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Signature Date

DEDICATION

I dedicate this research project to my mother, Mrs Nolulamile Tafeni for the unconditional and endless support she has provided to me throughout my academic period, and to my late father, Mr Zola Kalimeva Nomngcoyiya who passed away in 2005 for I know he would have been very proud of this achievement. My wife, Tulie for unwavering and continuous support of my academia despite all the ups and downs, she has been by my side to see me progressing even higher. I love you luv luv, thank you for being my pillar of strength; this is also for you.

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ABSTRACT

This research study explored psychosocial challenges associated with traditional male circumcision (TMC) practice from the lenses of the newly initiated men, their families, traditional nurses and the communities in Lusikisiki, Phondoland region. The study intended to achieve the following specific objectives: (i) examine the psychosocial impact of traditional male circumcision practice on newly initiated men, (ii) establish the families, communities and traditional nursesôconcerns on the extent of damage caused by traditional male circumcision practice, (iii) establish the psychosocial support systems provided by the government and community networks on traditional male circumcision practice victims and their families.

The study used qualitative paradigm and was guided through by qualitative research design in a form of a case study. It also employed in-depth one-on-one interviews complimented by both focus group discussions and key informants as methods of data collection. The study used non-probability methodology of sample selection, specifically purposive sampling technique with a sample of: twenty eight (28) circumcision stakeholders which comprised six (6) newly initiated men, five (5) families of newly initiated men, five (5) community members, seven (7) traditional nurses, and five (5) societal key informants. Data was analysed qualitatively through content thematic data analysis which used interpretative approaches and textual presentation.

The study revealed the following findings: there were noted inadequate cultural benefits from traditional male circumcision; initiationôs state of discipline has been dwindling; unprofessional handling of the initiation process; fence-sitting

syndrome embraced by cultural custodians and parents; the need to preserve and maintain the culture of traditional male circumcision; preference of medical male circumcision to traditional male circumcision; inadequate psychosocial support from community networks and government; policy and procedural gaps associated with traditional male circumcision; the need for stringent recruitment and selection criteria for traditional practitioners; and stringent control of initiation schools critical.

Further findings were that the newly initiated men and their families faced various psychosocial deficits ranging from: traditional male circumcision evoking both trauma and heart-breaking incidents; initiates who face accidents during the rite subjected to undue stigma; initiation utilized as a tool for vengeance, especially by the traditional nurses. Psychosocial support mechanisms discovered to be inadequate for both victims and their families to mitigate overwhelming frustration and trauma caused by the accidents. The study verified all the objectives to the satisfaction of the research. The study used social cultural perspective and trauma theory as theoretical frameworks.

The study made the following recommendations: parents need to strengthen their cultural responsibility of inculcating values to the youths; there exists a need for stringent selection criteria of traditional nurses; there has to be more involvement of parents, in particular women, in the practice; there is need for indigenous and informal interventions to mitigate stigma is; diverse community participation in traditional male circumcision is imperative; and suggestions for periodical research studies were made.

In this studyôs conclusion, the researcher has verified and adequately handled all the study objectives as much as possible, to lay bare all the possible psychosocial deficits associated with the traditional male circumcision.

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LIST OF ACRONYMS

ACHPR	African Charter on Human and PeoplesôRights
AIDS	Acquired Immunodeficiency Syndrome
BC	Botched Circumcision
CODEFSA	Community Development Foundation of South Africa
CONTRALESA	Congress of Traditional Leaders of South Africa
CPPRCRLC	Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities.
DoH	Department of Health
ECHTL	Eastern Cape House of Traditional Leaders
FGDs	Focus Group Discussions
HIV	Human Immunodeficiency Virus
IASC	Inter-agency Standing Committee
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IKS	Indigenous Knowledge System
IYA	Imbumba Yamakhosikazi Akomkhulu
KI	Key Informants
MEC	Member of Executive Committee
MMC	Medical Male Circumcision
NGOs	Non-governmental Organizations
PEPFAR	Presidentôs Emergency Plan for AIDS Relief
TMC	Traditional Male Circumcision

TMCP	Traditional Male Circumcision Practice
UNAIDS	United Nation AIDS
UNDHR	United Nations Declarations of Human Rights
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Childrenôs Fund
UWN	Umbutho Wengcibi Namakhankatha
WHO	World Health Organization

CHAPTER 1

ORIENTATION AND BACKGROUND OF THE STUDY

1.1 Introduction and Background

Male circumcision is arguably one of the worldôs oldest surgical practices as its roots can be traced in ancient Egyptian temples during 2300 BC (Kangethe, 2013). Male circumcision is loosely referred to as removal of foreskin, or at times, is defined as any ritual operation on the foreskin (Peltzer & Kanta, 2009; Mavundla et al., 2009; Mbachi & Likoko, 2013). Ntombana (2011) posits that for Xhosa people, male circumcision is referred to as an initiation ritual ñ*isiko lokwaluka"* with complex and prolonged ceremonies that involve different procedures and steps, not just merely the cutting of the foreskin. It is an ancient rite of passage to manhood practiced by various African ethnic groups and symbolizes initiated boysôreadiness to take up the duties of an adult male such as defending the community, preparing him to marry and assuming parenthood roles (Mbachi & Likoko, 2013; Kangethe, 2013).

In South Africa, traditional male circumcision is commonly practiced by different ethnic groups such as amaVenda, amaXhosa, South and North Sothos, South and North Ndebeles and Tsongas (Mangena, Mulaudzi & Peu, 2011), but is a very popular and invaluable cultural rite among the amaXhosa of the Eastern Cape Province. For Xhosa people, traditional male circumcision practice has religious, cultural and health values (Mavundla et al., 2010). Nonetheless, these values, though desirable to sustain and preserve the culture of circumcision, are increasingly being undermined when culture is poorly managed and administered, allowing culturally and inappropriately qualified practitioners to mismanage such culture (Kheswa, Nomngcoyiya, Adonis & Ngeleka, 2014). This is very true of the current

male circumcision rite which has been hijacked by young and inexperienced traditional surgeons and nurses causing the genesis of current botched circumcision incidents and deaths in different parts of South Africa.

Statistically, and in the recent epoch, Mpumalanga, Limpopo and Eastern Cape provinces have collectively experienced approximately 503 initiatesô deaths associated with botched circumcision, 190 penile amputations and 5000 hospital admission particularly in the Eastern Cape between 2006 and 2013 (ñIllegal Circumcisionò, 2013a, p.4 & Saba, ñ6 years, 413 livesò, 2013, p.4.). In June 2013 last year, for example, 21 out of a total of 39 deaths recorded in the province were from Phondoland (Feni & Fuzile, ñRitual of deathò, 2013a, pp.1-5). Painstakingly, the psychosocial and emotional mishaps caused by this practice have been wreaking havoc in many young peopleôs lives and health. This also undermines their cultural and human rights which are espoused in the 1948 United Nations Declaration of Human Rights (UNDHR) and strongly embodied in the South African Constitution, the Bill of Rights as well as Childrenôs Act No. 38 of 2005 (Maseko, 2008).

These violations are grave and warrant a critical investigation to lay bare all the underpinnings of the mayhem. Perhaps it would also be critical to consider revealing all the psychosocial challenges that accompany these circumcision accidents to the initiates themselves, their families, relatives and the general society. This is because such challenges are immense and are likely to impact negatively on the well-being of newly initiated men, their families, community, traditional nurses including the government. The psychosocial aspects discussed can operationally mean those psychological effects that affect different levels of functioning including cognitive, emotional and behavioural, while social effects concern relationships, family,

community networks, cultural traditions and economic status include life tasks such as school or work (Inter-agency Standing Committee (IASC), 2007).

1.2 Research Problem

Recently, South Africa has been experiencing widespread outcry regarding the burgeoning cases of traditional circumcision hazards such as penile amputation, severe hemorrhage and septicemia, gangrene of the penis, torture and assaults leading to serious injuries, disability and even deaths of the initiates. Many young menôs, familiesô and communitiesô lives, dreams and aspirations have been shuttered and compromised. Furthermore, social, cultural, and health reproductive rights as well as human rights which are enshrined in the countryôs constitution stand to be immensely compromised. Apparently, there has been no concrete psychosocial support provided by the government, NGOs or any other health friendly bodies to the victims of traditional circumcision and their families especially to mitigate their various psychosocial gaps so caused. It was, therefore, justified and timely that an empirical and a comprehensive study be carried out to explore on the requisite psychosocial deficit and problems that the traditional male circumcision has imposed on newly initiated men, their families, traditional nurses, and communities.

1.3 RESEARCH AIM AND OBJECTIVES

The aim of this study was to explore the psychosocial challenges associated with traditional male circumcision practice (TMC) from the lenses of the newly initiated men, their families, traditional nurses and the communities, with the following specific objectives:

- To examine the psychosocial impact that traditional male circumcision practice poses on newly initiated men in Lusikisiki, Phondoland Area in the Eastern Cape.

- To establish the familiesô, communitiesôand traditional nursesôconcerns on the extent of damage caused by traditional male circumcision practice in Lusikisiki, Phondoland Area in the Eastern Cape.
- To establish the psychosocial support systems provided by South African government and community networks for traditional male circumcision practice victims and their families in Lusikisiki, Phondoland Area in the Eastern Cape.

1.4 RESEARCH QUESTIONS

The study sought to answer the following research questions:

- What is the psychosocial impact associated with traditional male circumcision practice on newly initiated men in Lusikisiki, Phondoland Area in the Eastern Cape?
- What are the familiesô, communitiesôand traditional nursesôconcerns on the extent of damage caused by traditional circumcision practice in Lusikisiki, Phondoland Area in the Eastern Cape?
- What psychosocial support systems do South African government and community networks provide for traditional male circumcision victims and their families in Lusikisiki, Phondoland Area, Eastern Cape?

1.5 THEORETICAL FRAMEWORK

1.5.1 Socio-cultural Perspective

Conceptually, the emphasis and importance of socio-cultural perspective is premised on understanding human behaviour on the basis of its social and cultural context. Perhaps, more so because most Africans are deeply embedded and interwoven within strong cultural roots, social values, norms, and belief systems. Peplau and

Taylor (1997) suggest that the socio-cultural perspective encourages researchers to expand their analysis by examining how membership in a specific cultural group influences social life. This perspective also helps in our understanding of how different underpinnings of culture affect peopleôs thoughts, feelings, and behaviour. The socio-cultural perspective was very significant in this study since it helped the researcher to understand both social and cultural benefits of why people persistently practiced traditional circumcision despite all the disastrous consequences that have been witnessed and reported during the winter and summer seasons of every year in South Africa. However, its in-depth developmental background and tenets are discussed exhaustively in literature review chapter (chapter 2), and is broadly integrated and corroborated in the discussion of the findings chapter (chapter 5).

1.6 SIGNIFICANCE OF THE STUDY

Optimistically, this studyôs psychosocial challenges associated with traditional circumcision practice from the lenses of the newly initiated men and other community members can inform the government and stakeholders on the need for more congruent involvement to afford proper synergy between traditional practices and legislative obligations and promoting the needs of communities in South Africa. The findings and publication of this study can optimistically prompt development of effective traditional circumcision practice policies that can positively respond to emergent and pertinent issues pertaining to traditional male circumcision practice. This study can also prompt and push the government and custodians of male traditional culture to reorganize, review and redefine traditional male circumcision practice in South Africa. The findings from the research domain may also benefit other researchers interested to pursue research in traditional male circumcision practice, and will hopefully also add relevant literature to the social work domain in

South Africa as well as contribute to existing scientific research knowledge enterprise.

1.7 STUDY LIMITATIONS

The most significant limitation of the study was the sample size. The study was based on a limited sample of twenty eight (28) participants recruited only from Lusikisiki area. Nonetheless, it is important to note that the participantsôage, gender, level of education, socio-economic status and cultural positioning played a fundamental role in how they approached and continued to deal with their experiences of traditional male circumcision practice. As a result, the findings of this study cannot be generalized across all societies that were practicing the rite in South Africa. Notwithstanding this limitation, which has been very common in many qualitative studies, the study has generated an interesting set of ideas on how diverse spheres of society in Lusikisiki perceived traditional male circumcision, and this may resonate well with experiences characterized by the similar phenomenon associated with TMC in other areas of Phondoland region.

Another limitation of the findings was that some participants in the focus groups may have exaggerated or underreported aspects of their experience because they were aware of group expectations and did not want to be seen as challenging or failing to comply with the ideals of hegemonic circumcision practice. This limitation has been observed in many other traditional male circumcision studies in which group data-gathering was undertaken. However, the researcher worked very hard build a rapport, empathy and non-possessive warmth to acknowledge and deal with some of these limitations during the course of the study. The individual data was also balanced and complemented by the focus group discussions material.

Lastly, one of the limitations may have been around how the data was analyzed and interpreted. In a qualitative research study, the process of interpretation has been always open to discourse, debate and contestation. Hopefully, the researcher has provided sufficiently coherent discourse and debate together with substantiating quotations to support his arguments. As a researcher, I may have been biased in how I analyzed some of the research material. However, the process of constantly reflecting on my own values which entails researcherôs personal experiences, interests and receptivity to critical feedback from colleagues and my supervisor, who was actively involved in closely monitoring and interpretation of the study material, may have helped to maintain some balance in this regard.

1.8 STRUCTURE OF THE DISSERTATION

The dissertation followed the following structure:

Chapter 1: Orientation and Background of the Study

This chapter gave a background, the problem statement, aims and objectives and significance of the study.

Chapter 2: Psychosocial Challenges and the Possible Underpinnings Associated with Contemporary TMC practise in South Africa.

This chapter conceptualized traditional male circumcision, possible underpinnings of botched circumcision and psychosocial effects of traditional male circumcision as well as theoretical frames.

Chapter 3: Research Methodology

This chapter elaborated on the qualitative research methodology and research design adopted in the data collection process.

Chapter 4: Data Analysis, Interpretation and Presentation of Findings

This chapter presented findings from the study as well as the qualitative analysis of those findings from the participants.

Chapter 5: **Discussion of Findings, Conclusions and Recommendations of the Study**

This chapter discussed the research findings and suggested possible recommendations from the findings, and conclusion.

1.9 CONCLUSION

Chapter one was a background chapter that set the stage for the following four chapters. Its meticulous crafting from the studyôs background, problem statement and the objectives and research questions largely determines the correctness of the following four chapters. It also laid a foundation for literature review, research methodology, data analysis and interpretation, discussions, conclusions and recommendations. More so, it enabled both the researcher and the readers to forecast how other chapters unfolded. It is the bedrock chapter of the study regarding the psychosocial challenges associated with traditional male circumcision practice in Lusikisiki area, Eastern Cape.

CHAPTER 2

PSYCHOSOCIAL CHALLENGES AND THE POSSIBLE UNDERPINNINGS ASSOCIATED WITH TRADITIONAL CONTEMPORARY MALE CIRCUMCISION PRACTICE IN SOUTH AFRICA.

2.1 INTRODUCTION

Review of the related literature is of paramount importance in the sense that it contributes a great deal towards a clearer understanding of the nature and the meaning of the phenomenon under study. Furthermore, literature review provides in-depth information into dynamics of the research problem. Monette, Sullivan & De Jong (2008) advance the following views pertaining to literature review: (i) it enables the researcher to familiarize him/herself with the current state of knowledge regarding the research problem (ii) enables the researcher to learn how others have delineated similar problems as well as (iii) how to narrow the focus of the research project and to ensure that the researcher does not unnecessarily duplicate what others have done.

Briefly put, literature review in a research study seeks to achieve the following purposes:

- To convince the readers that the researcher understands the current issues related to the topic under study (De Vos, Strydom, Fouche & Delport, 2012);
- To discover existing data and empirical findings produced by previous researchers in the specific field of his or her research study (Creswell, 2009); and

- Lastly, to point out ways in which the researcherôs study is similar to, or different from other relevant studies that have been previously conducted in the domain one is studying; and to fit the researcherôs study into the jigsaw puzzle of present knowledge (Edmonds & Kennedy, 2012).

The researcherôs literature review in this study focuses on the literature from eclectic sources of information contributing to the understanding of traditional male circumcision practise (TMCP) with an ultimate aim of exploring psychosocial challenges on newly initiated men, their significant others, families and community members. Pertaining to this study, the literature review also focuses on: detailed historical development of traditional male circumcision, policy environment pertaining to traditional male circumcision and human rights; conceptualizing traditional male circumcision practise; typologies of circumcision; metaphysics and belief systems associated with traditional male circumcision; possible underpinnings of botched circumcision (BC); psychosocial effects of traditional male circumcision; psychosocial support towards the victims of traditional male circumcision; conflict of culture and modernity; fence-sitting syndrome by government; traditional custodians and community; as well as theoretical frameworks.

2.2 HISTORICAL DEVELOPMENT OF MALE CIRCUMCISION

Globally, it is estimated that 30% of males are circumcised, and the Muslim constitute about 68% of the circumcised males (Góllaher, 2000 & Kangethe, 2013). In the same vein, Futaba & Bowley (2010) indicate that the prevalence of male circumcision worldwide was estimated at approximately 665 million in 2006. They also allude to the fact that in some countries in the Middle East and Central Asia, men that are circumcised are believed to be more than eighty percent (80%),

compared to Europe, Far East and South America which account for less than 20% of circumcised men (Waskett, 2011). In the same vein, Mielke (2013) advances the view that male circumcision is undertaken for various purposes such as: religious or cultural practice, medical indication, or as a prophylactic measure against infections and disease. Since time immemorial, circumcision has been performed for religious and cultural reasons, and Muslim boys acquire their major life status through circumcision, also known as *Tahara*, which in Arabic refers to the purification function of the practice (Clark, Kilmarx & Kretsinger, 2011).

In sub-Sahara regions, male circumcision prevalence is the lowest compared to other countries of the globe. For example, in countries such as Namibia, Swaziland, Zambia and Zimbabwe, only about 15% of the male population are circumcised (WHO, 2007a). However, the following countries register a slightly higher prevalence than the first lot: Malawi (21%), Botswana (25%), South Africa (35%), Lesotho (48%); with, Mozambique (60%), Angola (66%), and Madagascar (80%) recording higher prevalence of male circumcision (Peltzer, Niang, Muula, Bowa, Okeke, Boiro & Chimbwete, 2007). Although it has been practiced for centuries by most countries in the sub-Sahara region in countries such as Botswana, Southern Zimbabwe, Malawi and certain areas in South Africa, it succumbed to the forces of international development (civilization, globalization, westernization and eurocentrism) and was subsequently abolished by the European and colonial masters (WHO, 2006; Kangethe, 2013).

In South Africa, several studies assert that AmaXhosa, Ba Pedi, Vha Venda, Basotho, amaNdebele, and amaShangaan are some of the major ethnic groups that are still practicing traditional male circumcision, and their circumcision rate is estimated at about 35% (Mentjies, 1998a & Peltzer et al., 2008b). It is worth noting

that in South Africa, South African Whites, Indians and Coloureds constitute about ten percent (10%) of male circumcision which is carried out of medical circumcision settings (Deacon & Thomson, 2012). Unlike in the western world and other African ethnic groups, male circumcision in South Africa, especially by those ethnic groups that are culturally rooted, is done traditionally (Dick & Wilcken, 2009) and is done towards the end of the boyôs teenage years or adolescent stage. This is usually at the age of 18 years or thereabout. This is to meet cultural provisions that the boy before his teenage sunset days should ritually be ready for the symbolic transition from boyhood to manhood (Mentjies, 1998b).

Subjective information on the ground suggests that male circumcision is not new for the Zulu ethnic grouping. It used to be practiced as part of the Zulu culture but was discontinued by King Shaka Zulu during his reign as the king of Zululand (currently known as KwaZulu-Natal) due to wars in the 19th century (Funani, 1990; Nqeketho, 2008). The rationale behind stopping the ritual was that he believed that the ritual disturbed Zulu boys who were being prepared to become Zulu warriors (Ntombana, 2011). Since the initiated boys had to spend three months on the initiation school, the need to have many warriors at any given time forced the abandonment of the ritual. It was, subsequently, the same situation with Swaziland (WHO & UNAIDS, 2009).

Similarly, other Nguni groups in the Eastern Cape such as AmaBaca, AmaMfengu, AmaMpondo, AmaXesibe and Ntlangwiniôs traditional circumcision practice during the nineteenth (19th) century, perhaps just like other cultural practices, could probably have succumbed to internal and external forces such as urbanization, industrialization, westernization, and globalization and subsequently ceased to exist (Mentjies, 1998a; Mhlahlo, 2009). However, the AmaXhosa continued to practice

despite all the pressures from those civilization forces, hence, in the Eastern Cape, the initiation is predominantly practiced by Xhosa ethnic group which is the focal point of this study (Vincent, 2008a; Ntombana, 2011). Sadly, it has been cast by global spotlight due to devastating mixed feelings as the death rate of young men continues to escalate every season. Some fall victim to harassment, assault, physical and emotional abuse, and others have their penises amputated due to botched circumcision, particularly in Phondoland areas (Fuzile & Feni, ñRitual of deathò, 2013a, p.4).

2.3 POLICY ENVIRONMENT PERTAINING TO TRADITIONAL MALE CIRCUMCISION PRACTICE

For a country that is internationally acclaimed for embracing human dignity and human rights, it is very embarrassing for South Africa to find itself at the centre of controversy for violating the same values and human rights its constitution espouses to defend. Whether this failure is by design or default will reveal itself in the course of this research undertaking. Interestingly, cultural rights are provided for by the constitution under sections 30 and 31 as well as under South African Schools Act 6 of 1996 (Peltzer et al., 2007 & Gudani, 2011). Cultures also had long been recognised for their pivotal role in maintaining social order and social cohesion, and traditional male circumcision practice is no exemption (Seloana, 2011). Thus, cultural obligations have been incorporated into various regional and international instruments which are binding in countries such as South Africa that are signatories to these instruments. Such instruments include the African Charter on Human and Peoplesô Rights (July 1996), International Covenant on Economic, Social and Cultural Rights (ICESCR), and Universal Declaration of Human Rights 1948 respectively (Stinson, 2008).

Certainly, Maseko (2008) contends that in as much as all these rights are fundamental and held in high esteem in different spheres of society, they have different weightings, with some apparently occupying stronger niches than others. Perhaps this is because some rights are believed to play a pivotal role in determining human existence than others. For example: (i) Right to life is the most fundamental right enshrined in the Bill of Rights as provided for in the Republic of South Africa (RSA) Constitution in terms of section 11 and emphasizes everyoneôs right to life, including those who fall victim to traditional male circumcision (Sidley, 2008). It is also stipulated in Article 4 of the African Charter on Human and PeoplesôRights, which binds all state parties to uphold and respect human beingsôright to life and integrity (African Charter on Human and PeoplesôRights, 1989); (ii) Right to health is of paramount importance as it emphasizes, promotes, respects, protects and fulfils peopleôs well-being and their rights to healthcare, as espoused in section 7(2) of the RSA Constitution (RSA Constitution, 1996; Bennet, 2004).

Similarly, chapter 2, sub-section 8(a) of the Childrenôs Act No.38 of 2005 which came into effect in 2006 after having been signed into legislation by former President Thabo Mbeki, makes clear provision by prohibiting children below the age of 16 years from undergoing circumcision and being put under conditions that compromise their well-being (Childrenôs Act & Regulation, 2005). In the same act, sub-section (d) stipulates that only a medical practitioner or a person with knowledge of the social or cultural practices of the child concerned and who has been properly trained to perform circumcisions must perform circumcisions (Childrenôs Act & Regulation, 2011). More so, various provincial legislations also came into effect to regulate and safeguard traditional circumcision in South Africa, including Northern Province Circumcision Schools Act No. 6 of 1996; Eastern Cape Province - Application of

Health Standards in Traditional Circumcision Act No. 6 of 2001; and Free State Province - Initiation School Health Act No. 1 of 2004 (Peltzer et al., 2007).

Moreover, all these aforementioned provincial legislations were designed to provide appropriate regulations and guidelines for traditional circumcision which includes: examination of the initiate by the doctor or health practitioner prior to initiation taking place for health and fitness for the circumcision practice; granting of permission for circumcision itself, traditional surgeons and nurses and initiation school operations, as well as acquiring consent from the parents especially for the underage boys, as stipulated in the Acts (Application of Health Standards in Traditional Circumcision Act, 2001; Meel, 2005; Ntombana, 2011).

Strangely, the arm of the criminal justice system in South Africa seems to be reluctant to deal accordingly with the issue of botched circumcision associated with the traditional male circumcision practice despite the escalating rates of penile amputations, assault and torture resulting to disability and even deaths of the initiates. Speaking at the launch of the initiation season in July 2014 in Mthatha, Deputy Minister of Cooperative Governance and Traditional Affairs, Obed Bapela indicated that government is currently developing legislation that will curb illegal circumcisions and illegal initiation schools (Feni, ñLegislation in the pipelineò, 2014a, p.1). He also admitted that current government legislations and policies have no legal provision to prosecute and arrest illegal circumcisers and illegal initiation school operators.

In a diametrically contradicting view, the newly appointed Eastern Cape Premier Honourable Phumulo Masualle lambasted parents, community elders, and caretakers of the initiation schools for not properly taking care of the initiates. He

also insisted that law enforcement would deal swiftly and prosecute illegal initiation schools and bogus traditional surgeons and nurses masquerading as professional initiators (Ludidi, ñInitiates deaths still a scourgeò, 2014a, p.1). Echoing the sentiments of the Premier above, the Eastern Cape Cooperative Governance and Traditional Affairs Member of Executive Committee (MEC) Honourable Fikile Xasa also promised that national government was forging ahead with the new proposed Draft National Policy on the Customary Practice of Initiation in South Africa which was drafted in 2011 and amended in 2014 to enforce circumcision be conducted safely (Zuzile, ñNew legal movesò, 2014, p.1). He further indicated that the draft policy addresses the issues such as:

- Initiation schools where initiates usually die due to their failure to adhere to stringent quality health standards;
- Traditional surgeons that are not always equipped with appropriate certifications and technical expertise;
- Initiation schools that do not have safety measures in place;
- Appropriate officials that are often not consulted prior to the initiation ceremony;
- Whether there has been any measures taken in the past to ensure the closure of operational illegal initiation schools; and
- Whether parents of the initiates are consulted before the initiation is carried out, (Zuzile, ñNew legal movesò, 2014, p.1 2014).

On the flip side of the coin, the forum of female traditional leaders in the Eastern Cape known as *Imbumba Yamakhosikazi Akomkhulu* (IYA) uttered their concerns about the low conviction rate and arrests of the perpetrators of botched circumcisions, and they demanded to have input in all strategies aiming to curb

deaths and other complications associated with the initiation (Feni, ñIn the hands of men they dieò, 2014b, p.1). Moreover, in May 2014, traditional leaders, under the banner of Congress of Traditional Leaders of South Africa (CONTRALESA) in the Eastern Cape Province, came up with another ad-hoc strategy to curtail initiatesô related deaths, otherwise termed *rapid steps* (Ngcukana, ñCircumcision is my callingò, 2014, p.13). According to them, rapid steps were intended to ensure that the prospective initiates go through medical screening prior to the initiation, among other things, and recommended that male medical doctors oversee the circumcision initiation through provincial government.

Surprisingly, they have echoed their appreciation of all the government intervention, including the involvement of women in the initiations. However, they do not support medical interventions or medical male circumcision in the initiation (Feni, ñIn the hands of men they dieò, 2014b, p.1). What is more interesting and astonishing are the different stances that have been taken by the traditional custodians on various platforms about traditional circumcision. For example, they have maintained their distance from all the current policies and legal instruments that were passed by the state to govern traditional circumcision and have been against the inclusion of health practitioners and women in this cultural practice (Holomisa, 2004).

Regrettably, sharp contrasts from statements by all the different players in traditional circumcision suggest that there are eminent gaps in the policy environment. Until such time that traditional circumcision stakeholders synergize their different intervention strategies with all the relevant stakeholders such as the government, these gaps will continue to defeat the whole purpose of the law and probably provide an unrelenting opportunity for more deaths and its concomitant ramifications to exacerbate. More so, the present pandemonium attributed to botched circumcisions

has not only impacted negatively on South Africaõs human rights record, but has also dented its international dignity to harness and uphold sanctity of human beings (Maseko, 2008). This leads this researcher to ponder over the countryõs inexplicable ways of dealing with some retrogressive aspects associated with cultural practices such as the year-in-year-out deaths in the Eastern Cape Province. This casts immense doubt on the governmentõs capacity and goodwill to enforce and execute the human rights enshrined in the aforementioned legal instruments (ñLaw versus tradition in circumcision debacleò, 2004; Stinson, 2008).

2.4 CONCEPTUALIZATION OF TRADITIONAL MALE CIRCUMCISION (TMC)

Contemporary literature on traditional male circumcision practice has been rightly criticized for attempting to introduce a monolithic definition of circumcision. To understand why male circumcision is such a significant endeavour for the AmaXhosa and other ethnic groups that are still practising it, one needs to truly embrace, appreciate and acknowledge the rationale behind the practice of circumcision through generations, and its impact on young men as they make a transition from boyhood to manhood. Ntombana (2009) posits that for Xhosa people, male circumcision is regarded as an initiation ritual or *"isikolokwaluka"* with complex and prolonged ceremonies that involve different procedures and steps, not just merely the cutting of the foreskin.

Therefore, male circumcision for Xhosa people should be understood in terms of an integral and whole initiation process without singling out any aspect of it. Hence, some of the researchers on traditional circumcision such as Ntombana (2009) with personal experience of this initiation understand that the removal of the foreskin is just a small but a significant aspect of the rite. It is disturbing for many people that

are knowledgeable about traditional circumcision to accept the narrow prism of confining *"isikolokwaluka"* (circumcision initiation) into mere removal of the foreskin (Nqeketho, 2008; Mhlahlo, 2009). What is also worth mentioning is that the first President of the democratic South Africa, Nelson Mandela emphasized the fact that for the AmaXhosa, circumcision is not just a surgical procedure, but is a formal ritual incorporating males into the society, (Mandela, 1994).

Disappointingly, most contemporary literature on traditional male circumcision practice focuses more on unfolding distinguishing features in practice between medical and traditional circumcision rather than on understanding the social context of the initiation itself (Niang & Boiro, 2007). Hugely, circumcision initiation has a cultural dimension, is context bound, and has to be broadly understood in relation to its underpinnings. However, there seems to be a lot of confusion to many pertaining to the understanding of what the concept of culture entails. Perhaps the scholars have fallen short to clearly unpack this concept and render the conceptualization succinct to every ñDickò and ñHarryò in the concerned societies. However, in his article titled ñthe panacea and perfidy of cultural rites of circumcision in African countries, Kangethe (2013) argues that cultural rite has been an invaluable practice in many social contexts and serves as a societal mirror, and so is circumcision practice for Xhosa people in the Eastern Cape. As perfectly put by Seloana (2011), traditional circumcision practice is a worthwhile endeavour that enables traditional communities to interact and enhance their values, norms, standards, well-being, and way of life through multifaceted social dimensions which are physical, physiological, psychological, sexual, emotional, mental, occupational, religious-cultural and spiritual (Bottom, Mavundla & Toth, 2009).

Indubitably, those who critically refer to TMC as an outdated and a stagnated old-fashioned culture need to be reminded of its invaluable contribution and instead, be made to see the reality embedded within the culture. In societies practising the norm, it is a platform of producing men of high calibre for decades (Ntombana, 2011; Kangethe & Nomngcoyiya, 2015 - in press). In addition, subjective information on the ground suggests that the majority of Xhosa boys demean hospital or medical circumcision and embrace it lukewarmly. Realistically, the amaXhosa people do stigmatize those who take medical male circumcision. They are not regarded as complete ñmenò. Perhaps this is why, among the communities practising traditional male circumcision (TMC), there are many intrigues and dilemmas when it comes to handling challenges associated with the death of the initiates, especially when the government suggests to that communities should turn to medical male circumcision.

Despite all this, this researcher doubts whether the aetiology of traditional male circumcision practice has been succinctly conceptualized. The wall between it and the medical male circumcision has not succinctly been delineated. One can witness this in the manner in which most literature continues to equate traditional male circumcision (TMC) with medical male circumcision (MMC). This can also be very true when government and other civil society organizations support government in its threats to abolish the traditional male circumcision practice in their quest to find a solution to the current state of traditional circumcision in South Africa (Ntombana, 2009). This is an indication that the niche of the traditional male circumcision is under siege. Therefore, scholars and other cultural architects need to strongly position and reposition the value of the rite, the need to keep it, and perhaps also explain why the rite cannot be replaced by the medical male circumcision advocated by the government. Perhaps this could make the policy makers hesitant in their

endeavours to advocate for medical male circumcision in exchange of the traditional rite (Peltzer & Kanta, 2009; Mhlahlo, 2009). The following subsections constitute the continuum of the conceptualization of the traditional male circumcision:

2.4.4 Traditional circumcision as a transitional process from boyhood to manhood.

Interestingly, eclectic literature on traditional circumcision has widely explored the various steps and the process a boy has to undergo before he can finally be regarded or regard himself as a man. Unfortunately, one of the misrepresentation of African cultures and the rudiments of circumcision practice, especially in the southern part of Africa, has been only confined to the controversial botched circumcision associated with traditional male circumcision practice (Silverman, 2004; Haire & Matjila, 2008). Contrastingly, though, the significance of the traditional male circumcision for AmaXhosa in the Eastern Cape Province can never be overemphasized (Ntombana, 2009). In his personal experience as someone who was circumcised some decades ago, this researcher, a Xhosa himself is aware that most boys would rather die in pain in the initiation school rather than admit that they are unable to cope with the physical demands of the initiation. This is because bravery and courage are some of the prerequisites during the rite and have been a central part of the Xhosa male socialization. In support of this view, Deacon and Thomson (2012) affirm that the social capital embedded in the traditional male circumcision (TMC) supersedes the medical hazards, distress and complications associated with this practice, and hence many young men will continue circumcising traditionally. Such invaluable social capital embedded in circumcision practise is better understood when communities welcome and embrace the newly graduated initiate into the community with songs such as ñ*somagwaza"* (song that is sang by

men as a sign of victory when the newly initiated man is reintegrated into the society), female ululation, communal excitement, celebration and dancing, as well as the feasting and prize-giving to the man of the day (Ntombana, 2011; Kheswa, et al., 2014). This is just the tip of the iceberg of the invaluable aspects of traditional male circumcision among the Xhosa people of the Eastern Cape.

However, the traditional circumcision, in its essence, does not follow a linear process and encompasses certain steps and procedures which make up the initiation phases. These include separation, transformation and re-assimilation (Matobo, Makatsa & Obioha, 2009). However, others have identified such stages as separation, marginalization and incorporation (Vincent, 2008a); separation, transition and incorporation (Ntombana, 2011). Although these authors identified all the aforementioned different steps, this researcher suggests and aligns himself with authors such as Cywes (1989) and Peltzer et al. (2008b) who have identified the following four stages: (i) boy-family consultation, (ii) pre-ritual preparations, (iii) the circumcision operation itself, and (iv) seclusion in the lodge. This researcher is adding a fifth stage which is the reintegration into society. From cultural lenses, this researcher thinks that, perhaps, overlooking any of these stages could be associated with the unfortunate and undesirable circumstances that have demonized the contemporary traditional circumcision in Phondoland region of the Eastern Cape. The aforementioned stages are unpacked in the paragraphs below.

2.4.1.1 Boy-family consultation

Boy-family consultation is one of the most fundamental stages to be taken towards the transition from boyhood to manhood. Customarily, the boy has to make his father aware of his readiness and intention to become a man and subsequently request his

permission to make the transition (Tenge, 2006). Anecdotal information on the ground suggests that traditionally, the father cannot solely give permission to the boy, but has to seek further consultation with the boyôs uncles and other closer male relatives. This is to make the permission a family issue with societal blessings. Mhlahlo (2009) posits that the approval from the whole family has nothing to do with them having to provide the financial resources towards the initiation, but has everything to do with the moral support and blessings from family which usually ensures that the initiation process would be successful (Tshemese, 2009).

Hence, it is astonishing to hear that some boys undergo circumcision ceremony without the consultation of their parents. Perhaps this could be a pointer towards some of the mayhem befalling the contemporary male circumcision in some parts of Eastern Cape Province of South Africa.

2.4.1.2 Pre-ritual preparation

Pre-ritual preparation stage involves various activities for both the family of the prospective initiate and the initiate himself. Preparation is not a one day or one month process; usually processes are carried out in the course of the year and the initiate will undergo the ceremony, while some activities are done just before the rite begins. First, all the required materials have to be availed. These include the goats needed for different sacrificial rituals, bottles of brandy and materials to make *"umqombothi"* (traditional African beer) (Mhlahlo, 2009). The pre-ritual preparation entails identifying the people who would carry out different tasks of the ceremony, such as preparing the clothing material to be used by the initiate during the seclusion and during the integration period (Adonis, Ngeleka, Nomngcoyiya & Tontsi, 2013; Mentjies, 1998b). Secondly, the family carries the responsibility to ensure that all

cultural and traditional rituals such as *“imbeleko”* (birth ritual) and *“umshwamo” (a strip of meat cut from the right foreleg)* for the boy are made prior to the initiation as they are deemed to be instrumental for appeasing the boyôs ancestors to spiritually and physically protect him during the seclusion period from the forces of darkness (Ntombana, 2011).

These are discussed in detail in subheading (2.6) in this chapter. Thirdly, eclectic literature indicates that one of the family responsibilities in preparation for the initiation would be the appointment of the circumcisor, or *‘ingcibi’* (traditional surgeon) who would be responsible for *“ukudlanga”* (circumcision operation itself) and *“ikhankatha”* (traditional nurse) who would be bestowed with the responsibility of taking care of the boy during the seclusion period in the initiation school. The selection criteria usually hinges on the record and credibility of both the circumciser and the traditional nurse having produced disciplined and outstanding men in the society previously (Vincent, 2008a; Ntombana, 2011). Apparently, these roles follow a strict gendered path. For example, it is women of the family who prepare food, *“umqombothi”* (traditional African beer) and consensually discuss and settle on which of the boyôs sister or family membersôdaughter would be responsible for preparing food for the initiate for the duration of the initiation. It is critical that such a young woman is well mannered both culturally and morally (Amoah, 2001).

Moreover, women from the community, on the day before circumcision practice is done, take the responsibility of providing building materials closer to where *“ibhoma”* (initiation lodge) would be erected by men. In the same vein, elderly men facilitate the boyôs psychological and mental preparation. This preparation is also dramatic and usually takes the route of the prospective initiate celebration for a period of approximately a week with other boys in chanting, dancing, and singing as they

traverse through the community carrying sticks and wearing torn clothes as they symbolize that one of them is making his transition from boyhood to manhood. In addition, the celebrations continue until the eve of the circumcision day. On the actual circumcision initiation day, *"umnqombothi"* (African beer) and bottles of brandy would be served to men, women, girls and boys, as they bid farewell to the prospective initiate in style.

2.4.1.3 Circumcision operation itself

This researcher identified circumcision operation as the stage on its own. It is the phase which can be regarded as the mysterious and critical stage as every event that occurs in this period becomes a mystery from the initiation lenses (Vincent, 2008a). Interestingly, in the previous phase, older brothers, uncles and elderly men, while psychologically and mentally preparing the prospective initiate for the initiation process usually break and share some of the secret codes of the initiation. This is to strengthen and allay him of any fears of dealing with unknown process. Peltzer & Kanta (2009) are of the view that this is the time when the initiate gets an opportunity to conceptualize and internalize the process. As the circumcision operation itself unfolds, one comes to the realization that what the significant others shared was inadequate for him to understand the meaning of the whole circumcision process.

One of the mysteries is the fact that the initiate is kept guessing who would be their circumciser; and also the actual time of the real operation (Momoti, 2002; Peltzer et al., 2008b). The second one is the mystery of the prospective initiate sitting on the blanket with his knees apart ready for the procedure by the traditional surgeon; thirdly, it is the sudden and unannounced appearance of the traditional surgeon from the group of elders crouching between the initiatesô legs taking out his already

prepared *"umdlanga"* (traditional circumcision instrument) (Peltzer & Kanta, 2009) and within split seconds, the circumcision operation is done and the initiate is given his own *"ijwabu"* (foreskin) to swallow and shout on top of his voice that *"ndiyindoda"* (I am a man) which, in essence, symbolises the transition from manhood to manhood (Meintjies, 1998a) (this would be explained in-depth in section 2.6: metaphysic and beliefs); and lastly, the foreskin has been severed yet the initiateôs penis without anaesthesia is painless.

2.4.1.4 Seclusion and transformation stage

Following the circumcision operation itself or the mysterious phases is the seclusion, transformation, marginalization, or transition phases which have been identified in various contemporary literatures by authors such as Peltzer et al. (2008a), Vincent (2008a) and Ntombana (2011). Seclusion stage is a very crucial stage of the traditional circumcision practice as most requirements and obligations that signify and complete the transition or the journey to manhood have to be accomplished at this stage. It is in this stage when the real initiateôs bravery and valour are tested.

Perhaps the Darwinian law of the jungle in which only the strongest and fittest survives succinctly applies in this process. In summing-up this phase, Ntombana (2011) pointed out two aspects that characterizes this stage: (i) the initiate portrays his weak side due to being secluded from the community and his regular crowd; and (ii) the strongest side of the initiate in realization that he is in a sacred place that is fully under the watchful eye of the supernatural powers in tandem with community significant others. The seclusion period is the stage of pain, and as rightly put by Mavundla et al. (2009), the initiate is exposed to a gruesome amount of physical pain

resulting from the incision which he never felt during the operation itself, and it is intentionally so as this is believed to be a lesson and a test of courage.

The unbearable pains comes from the beginning of the healing process in which the traditional nurseôs skills, knowledge, and expertise becomes instrumental as he utilizes special cultural herbs known as *"isicwi" or "ingca"* to heal the circumcision wound. This is by no means the most difficult and challenging stage in which some initiates fall prey to the ugly jaws of the operation and die; some develop diseases, and some find their private parts not healing at all (Vincent, 2008b & Gwata, 2009). Furthermore, Meel (2005) and Momoti (2002) assert that there are also strict dietary taboos, and the use of ñbush languageò (language that is used only in the initiation school) to be observed by the initiates during this period under the supervision of traditional *nurse* such as desisting from soft foods, being compelled to eat rather half cooked *"iinkobe"* (grain of maize), crushed maize and other types of food (bread) as well as drinking small amounts of muddy water (Peltzer & Kanta, 2009). The observation of these norms is believed to expedite the healing of the circumcision wound.

However, the healing process ideally takes approximately three weeks, but the first week is very crucial as it is determinant of the fate of the initiationôs transition to manhood (Mavundla et al., 2010). The first week focuses more on healing the circumcision wound by the traditional nurse and teaching the initiate how to treat his own operation with special traditional herbs; and the importance of sticking to time schedule in order to ensure efficient and effective changing of the herbs as instructed by the traditional surgeon (Rijken & Dakwa, 2013). Eventually, after six days of the woundôs observation by the traditional nurse, and when the wound is almost healing, the traditional nurse in consultation with other family elders relieves

the initiate from the initiation school taboos and begins to start enjoying same privileges that are being enjoyed by other people in the community such as eating proper nutritious food. This of course would be done through a sacrificial goat as Ntombana (2011) puts it *"ukojiswa komkhwetha"* which actually signifies the progressive healing of the initiate's wound and being permitted to some other stuff that were previously restricted, but still strictly selective (Peltzer & Kanta, 2009).

Similarly, other informal education and learning are also carried out at this stage. Bottom, et al. (2009), postulate that traditional circumcision is not only about the removal of foreskin, but also has an educational component as it provides the initiates an opportunity to be taught life skills pertaining to manhood. They are also being taught about the value of respecting oneself, the elderly, how to treat women and how to protect and take care of one's family (Kheswa et al., 2014). In addition, Matobo, Makatsa & Obioha (2009) also maintain that initiates are provided with economic knowledge, skills pertaining to social negotiations, and how to be good leaders in their societies. They are also trained on leadership skills, commitment and loyalty to their families and communities, self-respect and self-discipline, and to be law abiding citizens (Peltzer et al., 2007).

2.4.1.5 Reintegration into the society

Reintegration into the society is arguably the last stage of the traditional circumcision practice. It is the phase that marks the sign of victory not only to the initiate alone, but also to his entire family and the community (Meintjies, 1998b; Ntombana, 2011). During the eve of the reintegration day, a group of elderly men from the community pay the last visit to the initiation lodge to ensure that the initiate

is ready to go back home and has cleaned himself properly and his hair is cleanly shaved and the circumcision wound is properly healed (Bottoman, 2006).

The initiate is culturally anointed by butter which is smeared from the head to the toe by an anointer (who must be a respected man in the society) and may have been chosen by the family during the boy-family consultations) (Mavundla et al., 2010). Eventually, the initiation lodge would be set ablaze to mark the end of the seclusion journey of the initiate and the initiate would be warned not to look back at his initiation lodge. This signifies a completed and an irreversible cultural mission. Meel (2005) suggests that reintegration marks the end of seclusion period after four to six weeks, and then the initiate is released early in the afternoon. The author further affirms that the initiate is advised not to look back and the *"ibhoma"* (seclusion hut) is set ablaze by young boys.

This researcher at this juncture would like to invalidate the function of the young boys setting ablaze the *ñibhoma"* at the end of the seclusion period as presented by the aforementioned authors. This, he asserts, constitutes the distortions of the contemporary literature on cultural and tradition practices. The boysôrole (whether young or old) in the circumcision initiation is very minimal and it ends at the day or the eve just before the initiate comes face-to-face with the *"ingcibi"* (traditional surgeon) (Vincent, 2008a). However, the defining moments of the reintegration stage are songs, dances, bliss and celebrations from all concerned significant others ranging from a group of young and the elderly men accompanying the initiate back home. They all sing and chant the famous *"somagwaza"* song, young and old women ululate, on the top of their voices, and usually dance with drum beats known as *"ingqongqo"* (special traditional drumbeats). Ntombana (2011) maintains that at this stage, the initiate is reintegrated into the community and is given words of moral

development by both the elderly men and women with the initiate are also presented with gifts. Subsequently, he is given new status as *"ikrwala" (*newly initiated men), his face is painted with *"imbhola"* (red ochre). This researcher takes this opportunity to echo that traditional circumcision is a well-orchestrated and organized cultural process and all parts of the continuum of the process needs to be acknowledged and respected. The planning takes a period and it is not an ad hoc process (Vincent, 2008a).

2.4.2 Traditional circumcision as a form of identity formation

In any socio-cultural contexts, being young is tantamount to a state of identity crisis, reflecting oneôs self-image. This is a state when the young one tries to find who one is, where one belongs, oneôs cultural dispensation and the significant others one is supposed to relate with. The path to seek self-identity is an important psychological dispensation which cannot be overemphasized. It is an important part of moral, social and mental development (Huitt, 2004). In the study of human development, Louw, Ede & Louw (1998) mention that identity development has a universal dimension among adolescents, although the way in which it is formed varies from societal context to social context; and culture to culture. Furthermore, they define identity as an individual cognizance of himself/herself as an autonomous, unique individual with unique needs and a specific place in society; and it occurs during infancy but continues throughout the life cycle stages, although it mushrooms most in the adolescent phase.

In psychosocial stage of development, Erikson stipulates that each stage of the human life cycle passes through with crises for development (Swartz et al, 2011). Because Xhosa adolescents are no exception, this crisis comes with struggles and experiments with conflicting identities as the boys move from the security of the

childhood to develop an autonomous identity which usually involves what Erikson term ñidentity versus role confusionò and thereôs always a great need to resonate confusion with identity (Kheswa et al, 2014). In an interview during his reintegration into society, the chiefôs son Prince Sivile Mabandla from the AmaBhele ethnic group in Eastern Cape perceived circumcision as an Acropolis of African rite of passage and a catalyst to the accretion of self-identity of an African youth (Mukhuthu, ñInitiation not going anywhereò, 2014a, p.2).

Several studies on traditional circumcision suggest that in Xhosa culture, initiation of young through the rite of passage from boyhood to manhood plays a vital role in young menôs identity development (Kometsi, 2004; Gwata, 2009; Gqola, 2007 & Mgqolozana, 2009). Similarly, Tshemese (2009) concurs with the above argument as he indicates that Xhosa boys believe itôs a cultural requirement to initiate to be a man, as being an *"inkwenkwe"* is perceived to be socially and sexually undesirable state of identity.

In the same vein, Ndangam (2008) alludes that manhood and masculine identity are closely linked especially in societies where traditional circumcision is strongly practised, thus circumcision initiation serves as a tool of portraying and authenticating manhood as well as enabling one to acquire social identity at the same time. In addition, Deacon and Thomson (2012) affirm that for societies that practise circumcision rite, the ultimate goal for every young man is to go through the rite of passage in order to accomplish the status of manhood; and in Xhosa tradition, that achievement can only be acquired via *"entabeni"* meaning initiation in the bush. In-depth discussion on the need and the significance of gaining social status will be deliberated on the following subtopic and paragraphs.

2.4.3 Traditional circumcision as way of acquiring social status

According to Peltzer et al. (2008b), ninety percent (90%) of the participants in the study they conducted indicated that social status and respect were the main goals of wanting to undergo traditional male circumcision. These authors also found that majority of women, (83% to be specific) also have a lot of respect for the men who are circumcised than the uncircumcised ones. In support of this view, Mavundla, et al. (2009) postulate that social status associated with traditional male circumcision is driven by human endeavour for a sense of community; social identity, interconnectedness and belonging, while in the process find their personal significance in life.

Incontrovertibly, the need to acquire social status through traditional male circumcision outweighs all adverse effects associated with this practice. Diverse literature notably that of Motshekga (2013) contends that social status in its essence embraces fundamental pillars that are common to most African cultures which includes shared communal values, collectivism, coexistence and interdependence. The above values are richly embraced and cherished by the society through their embedment in both Setswana and Xhosa proverbs such as: *Motho ke motho kabatho ba bangwe and umntu ngumntu ngabantu* (meaning that to be a human is to relate with others in a meaningful way) respectively. Furthermore, Vincent (2008b) and Bottoman et al. (2009) advance the view that traditional circumcision for Xhosa men is imperative for both societal and individual needs.

Similarly, one of the fundamental aspects of traditional circumcision which are closely associated with social status are benefits such as conducting traditional rituals and activities, being part of the decision-making within oneôs own family and the community at large, and attaining respect and social power from oneôs society

(van Vuuren & de Jongh, 1999; Rankhotha, 2004 & Mavundla et al., 2009). They further indicate that such privileges cannot be enjoyed by any man that is uncircumcised despite his age and socio-economic status in African society. These privileges may seem to be insignificant in the contemporary world, but they are held in high esteem in traditional society and are not easily attainable.

2.5 TOPOLOGIES OF CIRCUMCISION RITES

Inarguably, male circumcision practice has increasingly attracted debates and discourses at the global, regional and local levels as young menôs human rights and health reproductive rights continue to be violated in many different forms due to the circumcision procedure. However, male circumcision remains the widely performed circumcision right across the globe for various purposes and it comes in different forms, shapes and sizes. For Pelzer et al. (2008a) & Kangethe (2013), male circumcision in many facets embraces performing different acts to oneôs body, the most popular facet encompassing the removal of a small part or the entire removal of the penile foreskin.

Bollinger (2006) suggests that male circumcision entails all procedures involving partial or total removal of the external male genitalia or other injury to male genital organs whether for health, religious or cultural purposes. The author further suggests that these types include: Type I - excision or injury of part or all of the skin and specialized mucosal tissues of the penis including the prepuce and frenulum (circumcision, dorsal slit without closure). Type II entails the excision or injury to the glans (glandectomy) or penis shaft (penectomy) along with Type I male circumcision and any circumcision procedure that interferes with reproductive or sexual function in the adult male. Type III entails the excision or destruction of the testes (castration,

orchidectomy) with or without Type II male circumcision. Type IV is usually unclassified and entails: pricking, piercing or incision of the prepuce, glans, scrotum or other genital tissue; cutting and suturing of the prepuce over the glans (infibulation); slitting open the urethra along the ventral surface of the penis (sub incision); slitting open the foreskin along its dorsal surface (super incision); severing the frenulum; stripping the skin from the shaft of the penis; introducing corrosive or scalding substances onto the genital area; and any other procedure which falls under the definition of male circumcision priory aforementioned. In summary, the most common type of male circumcision is excision of the foreskin (circumcision) (Laverack, 2013).

Similarly, eclectic literature sources on traditional circumcision in Africa have also identified different types of circumcision which may fall into one or two categories that have been highlighted by ICGI. For example, in Southern and West Africa, Balanta Brassa people of Guinea Bissau have two distinguished types, small circumcision which is referred to as *Foo ntiufa* and large circumcision which is referred to as *Fanadoo Garandi* (Peltzer et al., 2007).

Seemingly, small circumcision is a small procedure that constitutes the removal of the whole foreskin and takes place between the ages of 18-20 years; while on the other hand the large procedure is performed to the males who are between 30-40 years of age (Niang & Boiro, 2007; Peltzer et al., 2008b). Both procedures have the same meaning and significance, although interestingly the incision allows the circumcised man to have the sexual encounters with women that had been sexually involved only with circumcised men. In contrast to these Western African topologies of circumcision, it is critical to point out that in South Africa, circumcision especially among amaXhosa involves the removal of the entire foreskin at once and the

appropriate age to go through the rite is 18 years and above as per the provision of the policies and the traditions (Connolly, Simbayi, Shanmugam & Nqeketo, 2008).

Although there have been many different types of initiation practices in Africa that have been embraced with passion and usually defining the meaning and the existence of the society, nonetheless, some practices have not been able to withstand the test of time. All that is visibly left is male circumcision which is commonly referred to as a removal of penile foreskin. To this end, Seolona (2011) also advance the view that despite all the critics from all the different spheres of the contemporary world, traditional circumcision and its curriculum remains and would continue to be embraced and recognized by millions as one of the Africaôs oldest and most noble tradition.

2.6 BELIEFS ASSOCIATED WITH TRADITIONAL CIRCUMCISION PRACTICE.

Irrefutably, the unorthodox modus operandi of the contemporary traditional male circumcision in South Africa has come under scrutiny throughout the world (Peltzer et al., 2008b; Mavundla et al., 2009) in so much that its legitimacy, social, health and cultural purpose have been questioned. This is among other factors due to continued complications that results to deaths of the many young people. However, the metaphysical belief systems associated with male circumcision practice are just so irresistible that the custodians of the practice would rather turn a blind eye and close their ears, behaving like the proverbial ostrich that pretends all is well even when its eggs or chicks are in danger of a looming fire in the bush (Kangethe & Nomngcoyiya, 2014; Feni, ñPlea to Ancestors to protect initiatesò, 2014c, p.3).

However, it is good for them to accept the reality by subjecting the whole fray to an objective cost benefit analysis associated with the rite. This would tell where the

value and dignity of the practice rests especially after the unrelenting year-in-year-out death episodes of the initiates especially in some parts of the Eastern Cape Province of South Africa. If the accrued and perceived benefits outweigh the perceived costs, then the practice could get a clean bill of health and therefore achieve a cultural clearance (Kangethe, 2013). If, by any chance the cost of the rite exceeds the perceived benefits, then forces should prevail upon the continuality of the rite. However, Kheswa et al. (2014) are of the view that this should be the basis of a protracted health debate to validate or invalidate the practice of the male circumcision rite. In South Africa, this author believes that the government would be a major player in the debate because of its apparent campaign for the medical male circumcision to be embraced at the expense of the traditional male circumcision rite. Subjectively, and also with this author informed by the thinking that African societies see realities through their cultural lenses, then, such a debate would be a protracted one and possibly the traditional male circumcision may be the victor and medical male circumcision may fall flat (Kangethe & Nomngcoyiya, 2014).

According to Ross & Deverell (2010), the belief in a Supreme Being, the Mighty Lord who is above us all and who created the world is one of the characteristics of African traditional religions (ATR) (Kangethe & Rhakudu, 2010). However, access to the Creator (the Lord) is only achieved through intermediaries who are usually the societal dead ancestors. This is a strong norm inherent in most African traditional religions since time immemorial (Ross & Deverell, 2010). Several sources influenced by the works of Ngxamngxa and Laubscher in the nineties (90s) anonymously agree that traditional male circumcision practice in its essence is deeply ingrained into religious and spiritual facets (Kaarshom, 2006; Papu & Verster, 2006). This means that the initiation rituals do not myopically symbolize only the rite of passage from

boyhood to manhood, but the process is associated with forging a strong relationship with the peopleôs ancestors who are believed to play a pivotal role during the rite in safeguarding the initiates from the evil spirits (Papu & Verster, 2006; Ntombana, 2011; Seloana, 2011). To this end, Xhosa traditional male circumcision is known and believed to embrace immense cultural and religious rituals that entail slaughtering of sacrificial goats along with feasts. These diverse aspects of the rituals are probably the most sacred as they are closely linked to ancestral beliefs and are conducted in different stages of the lives of the amaXhosa. Such rituals include some of the following: *"Imbheleko"* (birth ritual), ñ*umshwamo"* in isiXhosa means a sacrificial ritual performed for soon to be initiate), *"umdlanga" and seclusion* and *"ukojiswa komkhwetha*ò (initiateôs ceremony for release of water and food taboos) (Peltzer & Kanta, 2009) but will be briefly discussed on the following paragraphs:

2.6.2 Beliefs associated with *"imbheleko"* (birth rite)

"Imbheleko" is a Xhosa word that means traditional birth rite which usually carried not only to signify the birth of the child but to enable the child to identify with the family ancestors that serves as protectors. It marks the introduction of the new member to the family, the clan and the familyôs ancestors. The coming of the new member was believed to strengthen the clan name and the family ancestors. The ritual involves the slaughtering of a goat as a sacrifice (Mtuze, 2004). Traditionally, a special piece of meat from the right foreleg is eaten by the child with the help from his or her mother and the elderly women of the family makes *"intambo"* (special traditional necklace) which is made from goat skin and small amount of wool taken from the cow that the family dedicated to make necklace from (Nqeketho, 2008). The child will have to wear the necklace all the time as a protection from evil spirits. The birth ritual is preferably done during the early years of life. However, due to the

demands of the contemporary world, it is usually conducted very late in life for the girls, although for the boys it has to be done before the circumcision initiation (Mtuze, 2004).

2.6.2 Beliefs associated with *"umshwamo"*

The word ñ*Umshwamo"* in isiXhosa meaning a sacrificial ritual performed for soon to be initiate to invite the divine protection and safeguarding from the family ancestors during the initiation period (Mtuze, 2004; Mhlahlo, 2009). The ritual of *"umshwamo"* is specifically performed for the prospective initiate a day before the boy makes his transition to manhood. Ntombana (2011) posits that this ritual is performed at the *"ebuhlanti"* (kraal) where the ritual-related matters are performed and the evoking of the ancestral spirits is done. What characterizes this ritual are spoken words of appreciation to the spirits for protecting the boyhood life and pleading for the same during the initiation and manhood life, slaughtering of a sacrificial lamb/goat, boy being asked to eat roasted strip of meat cut from the right forelegs (Mgqolozana, 2009). The meat is usually presented to the boy by the ñ*ikhankatha*ò or the elder of the family responsible for facilitating the traditional ritual would order a man preferable the one that would soon be *"ikhankatha"* to cleanly shave the boysô hair and replace his clothes for the blanket that is meant for both the boy and his traditional nurse to start building that much needed rapport (Ntombana, 2011). Furthermore, once the meat is ready, a half cooked meat from the right foreleg of the goat would be eaten by the boy under the guidance of *"ikhankatha",* then everybody after that can begin to share other fully cooked meat of the sacrificial lamb.

2.6.4 Beliefs associated with *"umdlanga"* (indigenous circumcision instrument) and seclusion stage

Eclectic literature on circumcision tradition has widely explored the various instruments used to facilitate circumcision procedure. Such instruments includes: a razor blade, a penknife, and a special spear in Southern African region called ñassegaiò(Doyle, 2005). In essence, *"umdlanga"* is difficult to be translated in English and just like many other indigenous concepts. Its meaning is usually lost in translation. It is for this reason that *"umdlanga"* cannot be equated to any other device or instrument used to facilitate circumcision procedure.

Customarily, *"umdlanga"* meaning an indigenous circumcision instrument, has religious, cultural and spiritual connotation (Bottoman, 2006). This is because, subjective or anecdotal information suggests that this is an instrument that the traditional circumciser referred to as *"ingcibi"* is given by the clanôs ancestors to carry out the procedure. This is because the circumcision procedure is a spiritual one besides wielding an immense cultural significance. In other words, *"umdlanga"* is not just any knife, blade, spear or assegai as most literature suggest. Unfortunately, the use of *"umdlanga"* just like in the use of many other crude objects has been associated with the spread of blood-borne infections such as HIV/AIDS, hepatitis B, and others (Peltzer et al,. 2008a). However, contemporary literature on the inextricable relationship between traditional circumcision and HIV/AIDS in particular has failed to produce empirical evidence on the issue except for the anecdotal evidence based on equating the medical male circumcision and traditional circumcision (Mavundla et al., 2010).

Similarly, seclusion stage of the initiation is perceived to be the most sensitive among all the different stages aforementioned. It is also characterized by various religious, cultural and spiritual beliefs and the ancestral spirits with the sacrificial lamb that has been slaughtered during *"umshwamo"* meaning a sacrificial ritual

performed for soon to be initiate to invite the divine protection and safeguarding from the family ancestors during the initiation period (Ntombana, 2011). The following are evidence of that: (i) Firstly, just after the cutting of the foreskin, the initiate usually ordered to swallow or hide his foreskin in a small hole he would make under his bed made of the grass (Mhlahlo, 2009).

More so, it is believed that if the initiateôs foreskin would end in the hands of forces of the darkness or evil spirits, that initiate would never heal and can easily succumb to death (Kheswa et al., 2014). Secondly, the *"izicwe" meaning a* traditional herbs and *"ishwati"* traditional papers used concurrently with herbs *are* changed continuously after an hour, a day and every night to expedite healing (Nqeketho, 2008). All the clinical refuse emanating from dressing of the wound should also be disposed in that same small hole where the foreskin was buried or disposed of in order to keep away from evil spirits. Thirdly, unfortunately, women more than men are usually associated with witchcraft, hence, none is allowed to come close to the initiation lodge or come in close contact with initiate before they are re-integrated (Holomisa, 2004) .

More so, Mbito & Malia (2009) suggest that traditional belief hold that contact of the initiates with women, or their presence thereof could lead to undesirable conditions such as excitement resulting to penile erection which could delay the healing process. In support of the aforementioned views, Kepe (2010) asserts that traditional norms disqualifies anyone perceived to be unclean and impure to handle or come in contact with initiates as that also could contribute to protracted healing process..

2.6.4 Beliefs associated with *"ukojiswa komkhwetha"*

Realistically, first and foremost *"ukojiswa komkhwetha"* meaning the release of the initiate from water and food restrictions rite is performed to lift the rules or

impositions on how the initiate should take food during the initiation process. It is an acknowledgement and appreciation of the ancestral spirits for having protected and safeguarded ñ*umkhwetha"* (initiate) thus far and appealing for further protection (Mtuze, 2004). Secondly, it symbolizes the victory of *"umkhwetha"* and *"ikhankatha"* (traditional nurse) for having managed to withstand the trials and tribulations, challenges, temptations, misunderstandings, and fears that comes with uncertainties and inadequate knowledge of the initiation itself, especially by the initiate (Meel, 2005). Thirdly, it marks the positive progress of the healing process of the initiate and subsequently, the eldersô formal removal of some of the restrictions on the initiation taboos that an initiate had to observe (Ndangam, 2008).

Ntombana (2011) posits that *"ukojiswa komkhwetha"* is a special ceremony held at the initiation school attended by men young and old only, which releases the initiate from very strict and rigid rules especially the dietary taboos. He further alludes that the ritual is also performed by slaughtering of a goat as a sacrificial lamb as required by Xhosa tradition but this varies from clan to clan as others would slaughter a sheep.

Euphemistically, this researcher thinks that African metaphysics on traditional male circumcision differs hugely with the metaphysics of the Christianity or Islamic. This is because, it is strongly ingrained and perceived by its proponents as cultural-religious because the procedure and processes involved way off beyond just culture. It is indeed a part of African traditional religion (Kangethe & Nomngcoyiya, 2015 >in press). Speaking in an interview from City Press Newspaper on 29th June 2014 to ascertain the religiosity of the traditional male circumcision, a traditional surgeon from Ngujana Village outside Mthata, Eastern Cape Mzingeli Nqayigana indicated

that ancestors are the custodians of the traditional circumcision practice (Ngcukana, ñCircumcision is my callingò, 2014, p13).

Similarly, the King of Western Phondoland, Ndamase-Ndamase in response to the continued deaths of the initiates in his region, in June 2014 performed a ritual as a plea to ancestors to protect the initiates before the commencement of winter initiation season (Feni, ñPlea to Ancestorsò, 2014, p.3). The ritual to appease the ancestors is called *"ukungxengxeza"* (ancestral pleading). The main goal and objective for the ritual was to plead for forgiveness if the deaths of the initiates emanated from the wrath of the ancestors or punishment from God for wrong doings by the amaMpondo (Phondoland) nation as well as appealing for their divine intervention (Feni, ñPlea to Ancestorsò, 2014, p.3). In support of this view, Funani (1990) and Seloana (2011) believe that culture, spirituality, and religion have been critical defining features for many traditional societies. Thus, worshiping of ancestral spirits in the initiation process plays a vital role in the amelioration of the whole circumcision process. Moreover, the bloodshed accompanied by traditional beer and wine such as brandy in those sacrificial rituals is meant to appease ancestors and traditional circumcision is well respected due to its holiness nature (Mangena, Mulaudzi & Peu, 2011).

2.8 UNDERPINNINGS OF BOTCHED CIRCUMCISION (BC)

2.7.1 Social deviance associated with contemporary traditional circumcision

Irrefutably, most people have not comprehended the aims and the objectives of the traditional male circumcision practice and what the procedure demands of those involved in the rite. Apparently, the cultural players have let the rite down as their performance in the procedure has lacked both the effectiveness and efficiency resulting in increased death toll year-in-year-out. The results have been perfidious

and shocking. In some parts of the Eastern Cape Province especially in Phondoland, cases of initiatesô deaths, penile amputations, and hospital admissions have been common occurrences during the initiation procedure. This heralds and points to a glaring possibility that the cultural custodians have not taken the task of ensuring that those who conduct the circumcision are qualified enough to competently carry out the procedure.

However, the outcome has been condemned by people across different divides, whether government, the society in general and even some traditional practitioners. The traditional cultural house must be in disarray and devoid of the professionalism expected of them (De Jongh, 1996). Eclectic contemporary literature has highlighted various factors that largely contribute to the present psychosocial pandemonium associated with botched circumcision (Mentjies, 1998a; Witbooi, 2005). Such underpinnings includes: lack of social contract on revival and resuscitation of circumcision; the confusion associated with the circumcision resuscitation; poor scrutiny of practitioners by parents and elders in the community; custodians not professionally entrenched in the ritual; and lack of parental involvement.

In an interview conducted on 24 July 2014 with Phila Mtana, a PhD student from University of Fort Hare currently researching on circumcision initiation and Xhosa masculinity, he revealed that in certain parts of Phondoland nation, both parents and their sons, especially from those areas that have been hard hit by circumcision practice tragedies and mishaps have inadequate knowledge and understanding of circumcision as it was discontinued almost a decade ago (Feketha, ñWay forward with initiationò, 2014, p.6). More so, he believed that the societyôs inadequate ownership of the rite provides an opportunity for mischievous bogus traditional surgeon and nurses to invade the practice and get away with it.

Similarly, in an interview conducted by New Age Newspaper the King of amaXhosa, Mpendulo Zwelonke Sigcawu also affirmed that parents were to be blamed for the initiatesôdeaths especially in the Phondoland area as they failed to follow the due processes of traditional circumcision by ensuring that only the competent and well-known traditional surgeons and nurses performed the circumcision rite (Velaphi & Masilela, ñGreed killing initiatesò, 2014, p.27). Ironically, traditional leaders who are supposed to be the key custodians of circumcision practice and entrusted to protect, preserve and safeguard the value and dignity of circumcision rite have also been reported by the media to be involved in issuing out fraudulent documents for boys under the required age to be circumcised as well as allowing unlawful circumcisions (Feni, ñIn the hands of men they dieò, 2014c, p.1). In validating the mayhem associated with maladministration and fraudulence of the custodians of culture, literature confirms that among the 400 000 initiates that underwent the traditional circumcision in the 2013 circumcision season, about 20 000 of the initiates were handled in the illegal circumcision schools, either by virtue of being underage, or had no consent or proper documentation and permission from both parents and traditional leaders (Ludidi, ñInitiates season around the cornerò, 2014b, p1).

In addition, during an interview conducted in 2 August 2013 with Daily Dispatch Newspaper the former Eastern Cape Local Government and Traditional Affairôs MEC, Mlibo Qhoboshiyane, he made an appeal to parents, families, and communities to assist in the struggle to fight against illegal circumcisions and illegal initiation schools (Feni & Fuzile, ñRitual of deathò, 2013a, p.1-5). In the same vein, speaking at the Eastern Cape Legislature, the newly appointed Eastern Cape Premier Honourable Phumulo Masualle on 11th July 2014 also raised his concerns and expressed his dissatisfaction about the lack of assertiveness from the parents

and caretakers in ensuring that such unfortunate and unnecessary initiatesôdeaths and other complications were not happening (Ludidi, ñInitiation deaths still a scourgeò, 2014a, p.1).

All the gaps highlighted above are an indication that traditional circumcision practice is not a strongly grounded phenomenon in Phondoland. If amaMpondo (Phondoland nation) have not spoken in one voice as far as the circumcision initiation is concerned, it shows that the preparation to resuscitate the circumcision rite has never received the blessing of the society at large. Furthermore, the manner in which circumcision practice has been brought back appears confusing in that not all people in Phondoland have fully embraced it as their societal de jure culture. Apparently, and without the unanimous agreement by all the relevant stakeholders involved, who then gets to ensure a smooth process of circumcision from the beginning to the end and who get to monitor the proper initiation schools, the legitimate traditional surgeons and nurses. Lastly, who gets to check the boysôreadiness in terms of age, psychological state and wellness state. Therefore, the societal contract is of paramount importance as it bolsters the societal ownership of all societal engagements.

2.7.2 State of information dissemination in traditional circumcision

2.7.2.1 Awareness campaigns on resuscitation of circumcision

Apparently, there is clear revelation that in areas such as Phondoland that have had male circumcision discarded for decades and the process of resuscitation being undertaken, the awareness of the process and procedures of male circumcision appears to have started on a weaker footing. The resuscitation has not had societal blessings. In his study of the role of traditional circumcision on moral regeneration, Ntombana (2011) highlights that Chief Boklein of Phondoland nation confirmed the

discontinuation of circumcision initiation in Phondoland by Chief Faku who was their leader during the nineteenth (19th) century but the boys in that region resuscitated it through circumcision black market without the permission from the community leaders or their families. Perhaps this could partly or hugely explain the may hem and mishaps associated with the contemporary traditional male circumcision in Phodoland (Funani, 1990; Nqeketho, 2008).

Similarly, in an interview with City Press Newspaper dated June 29th (2014), Mzingeli Nqayingana, a renowned traditional surgeon from outside Mthata also indicated that the challenge with the entire generation of Phondoland abandoning traditional male circumcision decades ago has left gaps in the knowledge about the procedure with the result that the current generation of parents as well as children in Phodoland are groping in darkness in a bid to regain the skills and knowledge to conduct the procedure (Kheswa et al., 2014; ñIllegal circumcisionò, 2014, p4.). Moreover, itôs apparent that the traditional circumcision has been under siege by personalities who are driven by pecuniary gains as opposed to being pillars of strengthening the traditional circumcision goal posts that societies have always envied to see and galvanize (Funani, 1990; Nqeketho, 2008). This, by no means points to the possibilities of circumcision mishaps and flaws such as penile amputations, or even deaths. In this researcherôs contention, it is very unfair to drive the once glorified rite into a black market situation (Kangethe & Nomngcoyiya, 2015> in press). This heralds a situation of disarray among the institution of circumcision.

Interestingly, the Zulus in South Africa were among those ethnic groups that discontinued circumcision some decades back, but their King, Goodwill Zwelithini has announced the reintroduction of the practise among the Zulus (WHO & UNAIDS,

2009). More so, he made it clear that his intensions to revive the circumcision practice among the young Zulu men were in line with the fight against HIV/AIDS pandemic. In other words, the Zulu young men are expected to undergo circumcision for medical reasons and not for cultural purposes as it used to be before the initiation was stopped. Fortunately, there have not been much reported cases of mishaps in KwaZulu-Natal as in Phondoland (Peltzer & Kanta, 2009). Perhaps it is clear that the resuscitation of circumcision in Phondoland has not been organized, has been ad-hoc and without proper leadership especially of the traditional cultural custodians.

2.7.3 Dwindling cultural goal post of circumcision practice

Eclectic literature sources indicate that the apparent dwindling of cultural goal posts in many societies that have been practising traditional male circumcision in South Africa and elsewhere could be contributing to the contemporary deterioration of the state of the male circumcision practice. This has been a blow because traditional circumcision was once seen as a beacon of hope in terms of upholding the pride of all African cultures that succumbed to the forces of international development namely: globalization, civilization, westernization and eurocentrism (Kangethe & Nomngcoyiya, 2014). Customarily and in previous epoch, one of the pinnacle goal post ensure that boys would transit from boyhood to manhood when they were physically, psychologically, emotionally, mentally, socially, spiritually and culturally matured (Mavundla et al., 2010).

However, there could be tilting of these goal posts in many societies practising the rite in South Africa. This is due to the lack of significant societal and communal will in bolstering this goal, and of course the fact that cultures are never dynamic and have to have their own share of being influenced by contemporary developmental forces. To support the assertion and observation above, Ludidi ñInitiation still a

scourgeò, 2014a, p.1) indicates that the circumcision initiation has been hijacked by criminals who with no regard for human life, but to carry the practice for commercial purposes. This has resulted in the initiates being assaulted, mutilated and killed in the initiation process in the name of culture. In support of this view, the chairperson of the Eastern Cape House of Traditional Leaders, Chief Ngangomhlaba Matanzima also attributed the initiatesô deaths to incompetence and greed of traditional surgeons ((Velaphi & Masilela, ñNew legal movesò, 2014, p.1).

In the same vein, former Eastern Cape MEC for Local Government and Traditional Affairs, Honourable Mlibo Qoboshiyane became astonished to learn that in Phondoland, parents had to pay traditional surgeons an amount in 2001 ranging from R1600, R2000, and R4000 just for one boyôs circumcision. He even made reference to one traditional surgeon that had circumcised sixty one (61) initiates in one season which means he took home approximately R97 600 (Rijken & Dakwa, 2013); Velaphi & Masilela, ñNew legal movesò, 2014, p.1). In his study of the problems associated with ñ*ulwaluko"* meaning traditional circumcision initiation in Phondoland. Rijken & Dakwa (2013) revealed that the current pandemonium is also worsened by the commercialization of the practice by those who find an opportunity to make more money in the short space of time by charging initiates and their parentôs exorbitant prices for circumcision.

On the other hand, Eastern Cape Department of Health spokesperson, Sizwe Kupelo blamed both parents and traditional leaders and alleged that they collude with bogus traditional surgeons and nurses in promulgating the illegal operations of circumcision. This is because they assist in hiding away the sons that have been illegally circumcised when police and government officials search for illegal operators (ñParents blamed as initiates dieò, 2014). Eastern Cape Province Traditional Affairs

spokesperson Mamnkeli Ngam also indicated that the enormous challenge is the pecuniary dimension of the rite of passage as many people have identified a niche to enrich themselves overnight from the boys that have been pressurized by their peers to make a transition to manhood (Feketha, ñWay forward with initiationò, 2014, p.6).

Once more, Feketha with Phila Mtana, a social science PhD student at the University of Fort Hare doing research on initiation and masculinity among the amaXhosa communities, he called for more parental and community involvement. He also highlighted that what also brings the once invaluable circumcision initiation into disgrace is to find adolescent boys that are not even psychologically ready pursuing manhood (Feketha, ñWay forward with initiationò, 2014, p.6). Similarly, Mentjies (1998b) identified that the initiation schools have become a playing ground and an avenue for alcohol and drug abuse for young, unskilled, and inexperienced traditional nurses. This is because of the glaring absence of elderly and experienced traditional nurses to guide the procedure.

2.7.5 Illegal Initiation Schools in South Africa.

Unfortunately and realistically, the contemporary traditional circumcision in South Africa is increasingly being characterized by a spate of botched circumcisions performed by inexperienced fly-by-night traditional surgeons. This has also brought in an alien culture that is not synonymous with conventional purpose and integral role played by initiation schools in the traditional circumcision practice in South Africa. Evidence holds that initiation schools have recently been defined by a new norm that involves initiates being the subjects of beating with sticks, kicked on their chest and burnt with smouldering plastic on their buttocks and knees by their

traditional nurses in Phondoland illegal initiation schools (Mhlahlo, 2009; ñAnnual Report of the Eastern Capeò, 2014, p.7).

In their studies on traditional circumcision, Mahada (2004) & Seloana (2011) also believe that illegal initiation schools have been featured by negativity which exposes initiates to health hazards, unnecessary deaths, and other controversial activities such as being overshadowed by young and unfit, unskilled and inexperienced bogus traditional practitioners. Moreover, Vincent (2008b) posits that the majority of parents have raised their concerns as their sons became drugs and alcohol addicts after undergoing the circumcision procedure in the contemporary initiation schools.

In the same vein, statistics of the Eastern Cape winter season initiation process in June 2013 indicates that there were approximately twelve thousand one hundred and sixty nine (12, 169) initiates who were initiated in legal initiation schools while two thousand three hundred and fourteen (2, 314) were initiated in illegal initiation schools (Ludidi, ñIntitiation season around the cornerò, 2014b, p.1). He further revealed that 359 initiates resulted to hospital admissions, twenty four (24) of the initiates from illegal initiations had penile amputations; and forty (40) initiates succumbed to death. However, the majority of the deaths were from Phondoland region. Similarly, the Community Development Foundation of South Africa (CODEFSA) during the winter season in June 2014 has rescued approximately one hundred and thirty two (132) initiates from illegal initiation schools in Lusikisiki, Phondoland region to their various designated centres to provide them with much need psychosocial support such as food, water, care for their wounds and informal counselling provided by caregivers (Ludidi, ñInitiation deaths still a scourgeò, 2014a, p.1).

Realistically, unless the parents, families, community networks and government collaborate in solving the problem of illegal schools, the problem may linger longer. In the same vein, the blame game and finger pointing at one another, as well as lip-service reactionary episodes with each party trying to clear itself are all likely to keep the problem solving at snailôs pace. The government and by extension that traditional custodians owe the society an answer to the stalemate. However, parents also need to have inputs as it is their children and themselves who are victims. In this researcherôs contention, South Africa cannot continue to be watched by the whole world killing its youngsterôs year-in-year-out during the circumcision fray, this needs to stop (WHO, 2007b). Apparently, it is evident that the underpinnings associated with botched circumcision such as illegal initiation schools will continue to impede the value, dignity and developmental aspects of this practice (Mshana, Wambura, Mwanga, Mosha & Changalucha, 2011). Lastly, as Seloana (2011) suggests, the contemporary stalemate associated with circumcision in South Africa calls for the involvement and reflection of a diverse stakeholders in South Africa. The stalemate is a national disaster that requires national response. The government officials need to lead the problem solving process.

2.8 PSYCHOSOCIAL EFFECTS ASSOCIATED WITH TRADITIONAL MALE CIRCUMCISION (TMC)

2.8.1 Psychosocial Process in context

Psychosocial in this study focussed more on the social, psychological, emotional, attitudes, behaviour, feelings, belief systems, sexual and spiritual reactions and perceptions of newly initiated men, their families and significant others, community networks and government towards contemporary traditional circumcision mishaps

and its ramifications. Several studies have broadly identified physical conditions of male circumcision as having negative effects on initiatesôpsychological, sexual and social functioning, resulting to diminished quality of life, emotional and psychological discomfort, sexual problems and or psychosocial dysfunctions generally (Hendren et al., 2005). More so, psychosocial well being relates to the influence of psychological and social factors on an individual, family, close acquaintancesôfeelings, thoughts and behaviour, and interconnectedness of cognitive and social factors. The concept of psychosocial well being reflects the dynamic relationship between psychological and social processes. However, psychological factors refers to internal processes that include: thoughts, feelings, emotions, distortions, intrusive thoughts, understanding and perceptions; while social factors refers to those external processes that entail social and community networks, family and environment (Weber & Sherwill-Navarro, 2005). One of the most fundamental aspects of human behaviours is that certain areas get affected than other areas, hence, how human beings feel internally impact on the environment around them. Similarly, cultural activities, belief systems, customs, traditions and community affect how people feel and it is for this reason that psychosocial aspects or wellbeing are integral and strongly related to, and cannot be separated from human growth and development (Richter, Foster & Sher, 2006). Similarly, the study would focus on psychosocial aspects as perfectly outlined by UNICEF (2007): cognitive aspects which pertains to the mental processes of perception, memory, judgment, and reasoning; affective which refers to the process of expressing emotions and feelings; social effects, which concerns interpersonal interaction with peers, significant others, family, community networks, cultural traditions and economic activities such as occupation, school, church, etc.

2.8.2 Social effects associated with traditional male circumcision practice

Interestingly, the contemporary literature provides invaluable insights and has contributed immensely on theoretical discussions on the effects of male circumcision. It is also worth noting that most of the literature especially from the western world on traditional male circumcision has focused more on long-term psychological and sexual effects of young children. On other hand, most literature on traditional circumcision mainly focuses on physical impact of male circumcision on initiated men as well as the prevalence of HIV/AIDS on traditionally circumcised men (Peltzer et al., 2007, 2008b). Although these impacts are either social, psychological, or emotional, there has not been much discussions on the social effects. This may validate the niche of this research as it will hopefully contribute to literature on social effects of the rite.

Nonetheless, adverse circumstances associated with traditional male circumcision present severe long-life damage and even death (WHO/UNAIDS, 2009). Such complications includes high risk of haemorrhage attributed to unused sutures, dehydration, delayed healing to a very deep and extensive cutting, and gangrene of the penis due to tight bandages that constrict blood circulation (Peltzer & Kanta, 2009). To this end, the findings of the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities (CPPRCRLC) (2010) revealed that social and physical effects are exacerbated by physical abuse by the traditional nurses from the initiation schools. This they do as a way of instilling discipline as a form of preparing the initiates for manhood hardships. Frequently and unfortunately, this has sometimes resulted to penile amputation, disability and deaths.

Other happenings that also worsen the social and physical effects constitute subjecting the initiates to endurance testing which can easily be classified as torture. This involves extreme water restrictions, chronic sleep deprivation, and assaults; tightening of penile bandage; nose pulling which result in nasal laceration; bodily scares caused by sword blade that has been put on fire and subsequently pressed on the initiatesôknees, arms and at their back. Quite often, the initiates are severely assaulted with sticks. Moreover, Bottoman et al. (2009) suggest that male circumcision is often also believed to lead to morbidity. This is because of physical trauma associated with deformed penis in both the infants and adults. Perhaps this is why in most Western societies; circumcision is conducted under controlled medical setting (Kanta, 2004).

To say the least, some aspects of traditional male circumcision pose lethal challenges. For example in 2013 winter season, one of the two teenagers of approximately the age of 16 and is now disabled using a wheelchair described how he was coerced to observe another initiation mate taking his last painful breath and his body remained with them for four days at the lodge while they were assaulted, tortured, physically burnt by cigarettes buts and sword blade put in the fire (Fuzile & Feni, ñRitual of deathò, 2013b, p.5; Kangethe & Nomngcoyiya, 2015> in press).

Undeniably, , physical effects in its essence affects the social functioning as well as other multifaceted aspects of life such as moods, temperaments of newly initiated men, families, loved ones etc (Mavundla et al., 2010). Perhaps this could be the reason why, community leaders and government in different platforms have expressed how the current state of circumcision has negatively impacted the lives of the general community (Mgqolozana, 2009). For example, former Eastern Cape MEC for Health Department, Honourable Sicelo Gqobana expressed his shock over

the escalating death toll during winter season in June 2013 by stating that escalating death toll, sick and injuries cost the department millions of rand as initiates flooded the hospitals all over the province. This made the health practitioners overwhelmed by the initiatesôstate of health predicament (Feni & Fuzile, ñRitual of deathò, 2013a, pp.1&5). In their emotions and comments, some traditional leaders and government official have likened the initiatesô death to genocide. To support this, the Eastern Cape Health Department spokesperson, Sizwe Kupelo expressed the departmentôs consternation and predicament as the countryôs young men were dying like flies (ñ23 die at initiationò, 2013c, p.4).

Moreover, in an interview with the newspaper, *"Imbumba Yamakhosikazi Akomkhulu"* (IYA) expressed the pain that women were inflicted by the contemporary traditional circumcision. She lamented that even though every parent looked forward to have their children come of age, graduate from initiation school and return home, unfortunately some children who had been carried by their mothers for 9 months and raised for 18 years were meeting their deaths in the hands of men within three to eight days. This was indeed a heart-breaking episode (Feni, ñIn the hands of men they dieò, 2014b, p.1). Apparently, the number of the initiatesôdeaths continued to haunt the Eastern Cape Province during winter circumcision season. To this end, the Portfolio Committee on Health in Bisho Legislature admitted that the traditional circumcision as the custom was in crisis and required immediate intervention with every resource at the state disposal (Feni, ñLegislation in the pipelineò, 2014a, p.1).

During the interview on Wednesday 3 July 2014, Chief Mnoneleli Ranuga indicated that as the traditional leaders, they could no longer fold their arms and be on lookers while the young men and the future of the country were at stake (Mukhuthu, ñInitiates, 15, diesò, 2014b, p.2). The devastating effects of traditional circumcision

practice were felt even by the ruling party as the ANC President Jacob Zuma expressed the partyôs ire and shock over unnecessary loss of life. He indicated the partyôs belief that the tragedy could have been avoided. The party also expressed its hope that those who risked the lives of innocent young men should face the full wrath of the law (Motshekga, 2013).

2.8.3 Psychological and emotional effects associated with traditional circumcision.

Apparently, psychological effects of traditional circumcision have not been widely explored in the current literature in South Africa. Vincent (2008a) is of the view that the majority of research done on traditional male circumcision rely much on anecdotal evidence about TMC complications referred to public health facilities. Hugely, the focus of the literature has tended to lean on the physical impacts of the traditional circumcision in comparison with medical circumcision. In a survey study with 546 circumcised men, Boyle et al. (2002) found that male circumcision has long-term traumatic effects and feelings which included anger, rage, sense of loss, shame, sense of having been victimized and mutilated, low self-esteem, fear, distrust, and grief, relationship difficulties, sexual anxieties, and depression reduced emotional expression, lack of empathy, and avoidance of intimacy.

Contrary to the view of the dearth of literature in South Africa pertaining to psychological impacts of traditional circumcision, the phenomenon of psychological impacts of male circumcision has been widely documented in the western world. Goldman (1999) reveals in his study of psychological impact of circumcision which was conducted in Australia, New Zealand, and United Kingdom that, male circumcision has long-term traumatic experiences. More so, in the aforementioned study survey, young men who underwent this practice year ago still feel that their

rights to freedom of choice were infringed as they were not socially and culturally informed as to why they needed to be circumcised.

Similarly, in the study of psychological issues faced by newly initiated Xhosa men, Bottoman, Mavundla & Toth (2009) found experiences of guilt feelings and other psychological and emotional effects such as sadness, guilt, intrusive thoughts, painful hearts, social withdrawal and fear, especially from those initiates that did not get support from their families. In addition, in their study of Bukusu traditional circumcision in Kenya, Mbachi & Likoko (2013) indicated that various social activities and teachings that go with circumcision caused lots of psychological effects on young men. These researchers highlighted that eighty percent (80%) of the young men agreed to have suffered scars of beatings and mockery, as well as being compelled to walk naked along the road while singing and dancing. Although psychological effects seemed to be widely explored, emotional effects associated with the traditional circumcision, which may have adverse challenges might be underestimated.

Observably, male circumcision practice carries an enormous amount of emotional baggage that cuts across different dimension of circumcision. Imagine the feelings of chaos and disorder of an African mother upon realising her son is returning home from circumcision practice without manhood (Mavundla et al., 2010). Envision abrupt emotional banks of sisters of the newly initiate man in African society when they become aware that their brother will be living his life without a penis. Although penis is not a predetermined requirement for living, but for a Xhosa man circumcised penis is fundamental and closely associated with masculine identity. It is seen as a cultural asset that allows man to acquire social status among other men and community at large (Ndangam, 2008).

Regrettably and painstakingly some initiated men among the South African initiates have returned home without their manhood due to botched circumcision associated with traditional circumcision practice. Vincent (2008b) argues that in a culture where gender construction, masculinity, and patriarchy are overemphasized, becoming a man comes with certain privileges and expectations from the family and society such as eligibility to marriage, bearing children, participating in family courts, as well as being bestowed with greater social responsibility (Witbooi, 2005; Ntombana, 2011). Therefore, without manhood, newly graduated initiates would be unable to meet the aforementioned expectations such as getting married and bearing children in a natural way as most African people would desire. The devastating and disastrous effects on the psychological, emotional and social functioning of the newly graduated initiate, his family and the community remain an unimaginable phenomenon (Bottoman et al., 2009).

2.8.3 Sexual effects associated with traditional male circumcision

Fascinatingly, eclectic literature sources on male circumcision, both from the western world and traditional societies present diametrically opposing views on the effects of circumcision on sexual life of the circumcised men (Krieger, Mehta & Bailey, 2008). In a study of the specialized mucosa of the penis and its loss to circumcision, Taylor, Lockwood & Taylor (1996) discovered that circumcision procedure removes approximately fifty percent of the foreskin and mucosa (natural tissues that enables the penis to enlarge during erection) are being compromised. They believe that the fifty percent (50%) foreskin removal has a negative impact on the natural enlargement of the penis during erection and subsequently leads to a painful erection as the residual tissue that remains after circumcision is stretched beyond its limit (Goldman, 1999).

Furthermore, in a preliminary poll of men circumcised in infancy or childhood study, Hammond (1999) revealed that childhood circumcision influenced adulthood behaviour and interaction between them and those very close to them in their lives due to emotional distress upon realizing that they have been robbed of their sexual functioning part of the penis. Such phenomena have usually resulted in low self-esteem, resentment, avoidance of intimacy, as well as pangs of depression (Kigozi, Watya & Polis, 2008).

On the other hand, several studies on traditional circumcision found that cultural acceptance, improved sexual intercourse, prevention of diseases, penile hygiene were some of the universal fundamental aspects and reasons for traditional circumcision (Engelbrecht & Smith, 2004; Westercamp & Bailey, 2007). Similarly, Bottoman et al. (2009) in their study on traditional circumcision identified: (i) improved body strength and hygiene, (ii) protection from STIs, including HIV, (iii) protection from other infections, (iv) peer enhancement, (v) penile and sexual potency, and vi) cultural acceptance. Surprisingly, similar studies from a community survey in Korea revealed the following reasons for male circumcision: assumed body strength, hygiene, protection from HIV and other infections, and penile and sexual potency (Kim & Pang, 2007).

In sharp contrast, a study of circumcision in various Nigerian, Kenyan and South African hospitals by Magoha (1999) revealed that approximately ten percent (10%) of the initiates who faced partial or complete penile amputation associated with traditional circumcision experienced serious long-term sexual and social challenges, especially when the conditions could not therapeutically be reconstructed by surgery.

2.8.4 Psychosocial Effects Associated With Social Rejection and Ostracism

Regrettably, mishaps and accidents associated with traditional male circumcision are bringing mistrust, stigma and discrimination against those who fall victims of the rite. The phenomenon is creating social rejection and ostracism with the result of causing immense psychosocial deficits. Perhaps the mishaps and accidents are attracting this state of stigma because for the South Africans societies that uphold the value of traditional circumcision with high-esteem and regard, they equate men who fall victim of the rite and perhaps have to be hospitalized as not real men. Some cultural diehards of the traditional male circumcision equate such men with ñ*inkwenkwe" a* derogatory term for uncircumcised boy (Vincent, 2008a & Seloana, 2011). Unfortunately, the current pandemonium associated with the traditional circumcision practice has left many Xhosa boysômothers preferring their sons to be circumcised medically. This is because of fear of possibly having oneôs son become a victim of the rite and get maimed or even die. However, even so, the idea of one undergoing medical circumcision sets in the wave of fear among the parents (Dick & Wilcken, 2009). This is because of the likelihood of such a child not getting the respect that befits a circumcised man. The fear of rejection, ostracism and possible harassment from the peers is an environment of psychosocial deficit (Meissner & Buso, 2007).

In a recent survey conducted by City Press asking people whether they perceived a solution in medical male circumcision instead of having to lose so many young South Africans in the pursuit of culture, the majority of respondents indicated that the current deaths rate of traditional circumcision can no longer be acceptable and medical circumcision could be a better alternative (ñWhat you said aboutò, 2014d, p.4). Therefore, bio-medics practitioners have a role to play and the fact that the

traditional surgeons are not professionally trained make it difficult to have proficiency and authorized initiation schools. In addition, other respondents in the aforementioned study argued that they were medically circumcised and would never encourage their family members to be circumcised in a traditional way (ñWhat you said aboutò, 2014d, p.4). In sharp contrast, some of the circumcision stakeholders believed that during their time some decades ago, traditional circumcision never involved bio-medics and yet there were very few casualties if any (Mentjies, 1998a). Such stakeholders contend that itôs due to Eurocentric hegemony that their culture and tradition are deteriorating (Kangôethe & Nomngcoyiya, 2014).

However, as Major & OôBrien (2005) puts it, societal stigma is still too rife especially for those who closely associated it with culture, gender, race and diseases. This could be implying that for boys who live in societies that are still practising the rite have to ask themselves whether or not traditional societies are ready for men who undergo medical male circumcision before they opt to take that route. Vincent (2008a) indicates that non-circumcised males and those that have been circumcised in the medical setting are being labelled and discriminated against.

To say the least, psychosocial effect associated with social rejection and ostracism are so endemic that majority of the Xhosa initiates, their families and communities are ready to take all the risks as grave as the deaths just to avoid hospital admissions (Mavundla et al. 2010).

In a study of the experiences of nurses caring for circumcised initiates admitted to hospital with complications, Mangena, Mulaudzi & Peu (2011) also identified the psychosocial deficit emanating from the initiatesô self-stigma, embarrassment of feeling like having failed the culture feeling shame and despondent, and being

engulfed with guilt feelings. Similarly, in a study by Bottoman et al. (2009), some participants revealed that they were willing to lose their lives in the initiation school than having to be admitted into the hospital due to fear of rejection, negative labelling, and harassment by their peers as well as facing an environment of disrespect from the community members. In addition, some of the major negative implications related to social stigma and ostracism is the fact that initiates themselves and their parents would often refuse medical treatment or be taken to hospital due fear of stigmatization (Meissner & Buso, 2007).

2.9 PSYCHOSOCIAL SUPPORT TOWARDS THE VICTIMS OF TRADITIONAL MALE CIRCUMCISION.

Psychosocial support involves various packages of care and support which positively influence both individual and social environment in which the individual lives (UNICEF, 2007). UNICEF further argues that the psychosocial support packages includes care and support from family members, friends, neighbours, health workers, and daily community support it also involves continuous intimate interaction that communicates understanding, unconditional positive regard, humility, tolerance and acceptance, and those that are provided by specialized social and psychological services (Goldman, 2004). The following discuses various components of the psychosocial help packages:

2.9.1 Therapeutic and financial support

Interestingly, in their recommendations of the summer review workshop which was held on 14 January, 2014 to review the 2013 December/January circumcision initiation season, Eastern Cape Department of Health has identified a need for active involvement and contribution by local municipalities to psychosocially support the

victims of penile injuries and families of the deceased initiates (Eastern Cape Initiation Report, 2014). This therefore, insinuate the fact that thereôs has been no concrete psychosocial support in place being provided for by the government and other community networks. This is critical because of the need to give hope and life to the initiates who have physically suffered as well as their parents who empathically carry a huge burden of their childrenôs predicaments. It is unfortunate to state that most of the government agents instead of robustly being there to offer the much needed psychosocial support have been involved in empty reactionary lip-service episodes. This researcher contends that it is urgent that various psychosocial help packages from diverse stakeholders are offered to the victims and their families especially counseling to reduce shock and stresses are very critical (Uys & Cameron, 2003)

However, in terms of treatment, care and support there has been notable efforts by the government agencies and other community networks such as Community Development Foundation of South Africa (CODEFSA) which is only based in Lusikisiki, Phondoland region. During the June/July 2014 winter circumcision season in the Eastern Cape, CODEFSA rescued approximately 132 initiates from illegal initiation schools and the Centre housed and provided care, support and food for the distressed initiates and ad hoc counseling provided for by caregivers (Ludidi, ñinitiation deaths still a scourgeò, 2014b, p.1).

Similarly, through the partnership with the Department of Health (DoH), Eastern Cape House of Traditional Leaders (ECHTL) has contributed approximately six million rand to assist in the Monitoring and Intervention Strategy (MIS) programme as well as helping many initiates in distress especially in Phondoland region (ñAnnual

Reportò, 2014, p.7). According to ECHTL, most of the funding was spent on hiring 28 vehicles to transport the team that monitors the ritual in the remote areas of the province during circumcision season (ñInitiation season around the cornerò, 2014b, p.1). More so, the Eastern Cape Department of Health spokesperson Sizwe Kupelo revealed that the department has set aside 20 million rands that would be used to work towards improving conditions that would reduce chances of the initiates meeting death during the operation. This includes facilitating the appointment of more social worker and doctors to deal with the crisis of traditional circumcision (Mukhuthu, ñInitiation not going anywhereò, 2014a, p.2). He further argued that the current crisis of circumcision especially in OR Tambo District Municipality which Phondoland is part of has proved to be costly for his department as health practitioners get overwhelmed by various complications during the provision of treatment, care and support to the initiates.

2.9.2 Cultural, Peer and Family Support

Although there the domain of cultural support pertaining to traditional male circumcision suffers a dearth of literature on the cultural support provided to the initiates during and after circumcision initiation, this researcher thinks that cultural support and counseling involves all those different accounts by the family and community elders providing the words of wisdom and moral development to the initiate during the sacrificial rituals performed in the kraal and the initiation school before, during and after initiation period (Kangethe & Nomngcoyiya, 2015> in press). Moreover, African peoleôs psychosocial support and counseling is unlike the Western-based form of counseling/therapy as it is usually informal, and often comes in the form of advice from the elderly, especially with regard to manhood. This counseling abounds during the sacrificial rituals.

Nonetheless, the Eastern Cape House of Traditional leaders (ECHTL) during the month of April 2014, took the newly initiated men to various parts of the Eastern Cape in a form of road shows and it was meant to empower and capacitate the newly initiated men. It also heralded their victory in the rite and also served as a welcome gesture to their communities (ñMove to make initiation saferò, 2014, pp.1-2). Areas toured include various parts of the Eastern Cape such as Port Elizabeth, Mdantsane, OR Tambo District Municipality, etc. On the occasion, the ECHTL chairperson, Nkosi Ngangomhlaba Matanzima indicated that they conducted the sessions with newly graduated initiates to educate, to inculcate and nurture values of integrity, honesty, accountability as well as instilling education on moral regeneration (Nini, ñTraditional Leaders empower rite graduatesò, 2014, p.5). During an interview with City Press newspaper, one of the seasoned traditional surgeons Mr Mzingeli from Ngunjana village outside Mthata highlighted that conducting daily routine checkups on his initiates was important. This is because it provided an opportunity to interact with them as well as finding out about their health and healing process (Ngcukana, ñCircumcision is my callingò, 2014, p13). The interaction also provided an opportunity for the initiates to offer peer support. For example they apply clay on each otherôs faces and bodies including their backs; they sing, dance and share jokes and hold storytelling sessions that give them bliss and psychosocial support.

Importantly, the need and recognition of family support cannot be overemphasized. This is because the initiates totally depend on the unwavering social, psychological, emotional, and spiritual support especially during the period of the initiation school from their parents and close family members. Fortunately, for those initiates that

followed appropriate route circumcised, they undoubtedly receive immense blessings and assurance of well-being in the procedure from their parents, sisters, brothers, uncles and other community members. Such kind of gesture could be instrumental to allay fear, give hope and confidence that all will be well. It is a form of unsolicited psychosocial support. This would also be manifested by elders during their last words of wisdom in the kraal when they give assurance to the initiates that the presence of the ancestors was no doubt going to ensure them a successful experience and ñthe journeyò to manhood will be a successful one. In a study of pre-rite psychological issues faced by newly initiated traditionally circumcised Xhosa men, Bottoman et al. (2009) revealed the loneliness that emanate from the lack of support and involvement of the family especially for those boys that get initiated without the consent of their family. This was believed could be the cause of complications and mishaps during the procedure.

2.10 CONFLICT BETWEEN THE CULTURE OF TRADITIONAL MALE CIRCUMCISION AND MODERNIZATION.

Apparently, the cultural pendulum seems to be swinging towards modernity as government advocacy for medical male circumcision (MMC) appears to be intense day-in-day-out (Mhlahlo, 2009). But in this researcher' contention, it spells doom to the culture of traditional male circumcision for the government to throw its weight behind MMC. This is because the government has strong machinery of advocacy and funding that can lead to a successful campaign against the culture. However, the government has the right to defend its people against a negative onslaught even if it is culturally grounded. For example, the country of South Africa has been on the international news spotlight for continued deaths of the initiates (Kangethe, 2013).

But for the cultural architects such as this researcher, and of course the Xhosa cultural diehards, the phenomenon of the government going against the culture could herald the weakening of cultures, considering the fact that South Africa is one of the few African countries that is fast embracing Eurocentric values at the expense of Afrocentric values. Realistically, going the route of medical male circumcision (MMC) could be a serious blow to the Xhosa held culture of traditional male circumcision. This in a way could be a route to weaken other traditional cultures. This needs to be fought tooth and nail. This researcher agrees with Kangethe (2013) that people without a strong culture are like slaves without heritage and identity, it would then be pertinent that ways and means to strengthen the South African cultures such as traditional male circumcision are upheld (Kangethe & Nomngcoyiya, 2014). It is a glory to the societies and the country at large.

Perhaps the fact that there have been some conflicts between the traditional custodians of culture and central government on issues to guide circumcision could be a possibility that lays a foundation for challenges in the circumcision institution. For example, the Eastern Cape House of Traditional Leaders have disowned the Circumcision Act of 2001 that was passed by the Eastern Cape Legislature claiming that there was inadequate consultation between them as traditional custodians and the government. They also perceived that the government move was an attempt to undermine the cultural practice (Kepe, 2010). More so, both traditional leaders and elderly people are strongly critiquing the intervention by other stakeholders such as government in involving medical practitioners in this initiation, but on their side they donot happen to bring any way forward on the table to curb the current pandemonium (Mangena, Mulaudzi & Peu, 2011).

Apparently, and in the views of scores of cultural custodians and in the subjective contention of this researcher, what could be brewing grains of conflict is the fact that the South African governmentôs unwavering support towards entrenchment of the Western cultureôs hegemony in all spheres of South African peopleôs life including traditional circumcision practice. For example, in its advocacy for medical male circumcision (MMC), the international community usually the United States of America is investing heavily to fund medical male circumcision. In the recent past, South Africa has received from the US Presidentôs Emergency Plan for AIDS Relief (PEPFAR) a sum of R7million towards medical male circumcision (WHO & UNAIDS (2009),

Apparently, this has been perceived by traditional custodians as a threat and attempt to replace traditional male circumcision (Kangethe & Nomngcoyiya, 2015> in press). Once more, Mpumalanga Health Department in 2013 is alleged to have awarded a medical circumcision tender worth approximately R182 million to a particular Health Care Services to circumcise about R260 000 boys at the value of R700 each without following a proper procurement procedures. This could point to the fact that circumcision has turned to be a money minting preoccupation (Bailey, ñCircumcision contractò, 2013, p.3).

Similarly, in a meeting conducted in Alice town between health officials responsible for medical male circumcision (MMC) and executive members from organisation of traditional surgeons and nurses known as *"Umbutho Wengcibi Namakhankatha"* (Association for Traditional Surgeons and Nurses) in July 2013, all the parties attributed the standing conflicts in the traditional male circumcision to interference by biomedical health practitioners on cultural rite as their actions were not culturally driven but as an opportunity to advance medical male circumcision which has been

perceived as a money making scheme (Kheswa et al, 2014). The meeting accused the biomedical practitioners for allocating the boys to be circumcised by the traditional surgeons determined and vetted by them without the input of their families. Secondly, the health practitioners were on record instructing traditional practitioners and nurses to do away with their indigenous instruments they use to make the procedure both sanitized and hygienic. Furthermore, different government officials and civil organizations have been calling for the abolishment of traditional male circumcision practice due to many fatalities and be replaced by medical male circumcision which is less risky and hazardous (Peltzer et al., 2007; Ntombana, 2009). Hence, the Chairperson of the Eastern Cape House of Traditional Leaders Chief Ngangomhlaba Matanzima asked the government not to ban the traditional approach to the rite but rather have the procedure and the practice adopt precautionary measures to ensure hygiene, moral and ethical sanity (Ludidi, ñInitiation season around the cornerò, 2014b, p.1).

To say the least, traditional male circumcision is a very complex endeavour which appears to be besieged from various fronts. Therefore, the clash and conflict between the traditional beliefs and those ascribed by the biomedics, the gradual breakdown and weakening of family structures, and the change in gender roles are just some of the few pertinent issues that impede the development of circumcision practice (Tshemese, 2009; Morrell, Jewkes & Lindegger, 2011). Modernization is also a key factor to the dwindling faith with the traditional practices in general (Kangethe, 2013; Kangethe & Nomngcoyiya, 2014). Unfortunately, the cowardly response by government to throw money at the problem has only proved to be an ad-hoc solution (Kangethe & Nomngcoyiya, 2015> in press). In this researcherôs thinking, money has never strengthen social cohesion, and the amount of noise

made by all the relevant stakeholders will not sanitise the stench of flaws currently occurring in traditional circumcision in South Africa. Conveniently, the government has forgotten that majority of the African people, South Africans included, still decipher most reality through their cultural lenses.

2.12 FENCE-SITTING SYNDROME BY GOVERNMENT, TRADITIONAL CUSTODIANS, AND COMMUNITY FRATERNITY.

Strangely, traditional male circumcision in South Africa especially in the Eastern Cape has proven to be a very complex endeavour. The clash between the traditional beliefs and those from biomedical practitioners, incompetent traditional practitioners, the breakdown of family structures, and change in gender role, just to mention a few have impacted negatively to this practice (Mogotlane, Ntlangulela & Ogunbanjo, 2004). All these factors in this researcherôs contention have contributed to traditional circumcisionôs apparent predicament and crisis that have unfolded in the past 15 years or so. Supportedly, current literature on male circumcision in South Africa has widely reported that approximately 542 young men have lost their lives, more than 300 young men have had penile amputations, 500 000 have suffered circumcision scars and injuries (Peltzer & Kanta, 2009; Kepe, 2010; Mavundla et al, 2010).

The questions that have been lingering in many peopleôs minds that are greatly touched by the aforementioned perfidious ramifications associated with traditional circumcision are: (i) How many more penile amputations, hospital admissions, violation of health and human rights and deaths should occur?, (ii) Is the cultural mediocrity presented by botched circumcision a priority to the stakeholders?, (iii) Does the government treat the current state of traditional male circumcision with emergency?.

Table 2: Extracted from Meintjes (1998a) - Traditional circumcision-related hospital admissions and deaths in the Eastern Cape, 1988-1995.

References	**Dates**	**Area**	**Hospital admissions**	**Deaths**
Crowley and Kesner (1990)	Dec 1988 to Jan 1989	Cecilia Makhiwane Hospital	45	4
Admission records, Cecilia Makhiwane Hospital	1 Jan 1991 to 30 June 1993	Cecilia Makhiwane Hospital	222	11
Provincial statistics	1 Oct 1994 to 1 Feb 1995	Regions A-D of E.Cape	743	34
Shaw (unpublished)	1994-1995 Summer season	Eastern Cape: Cala, Cofimvaba, Lady Frere, Hewu and Queenstown	281	9
Shaw (unpublished)	1995-1996 Summer season	Eastern Cape: Cala, Cofimvaba, Lady Frere, Hewu and Queenstown	132	3

Table 3: Extracted from Kepe (2010): Reported cases of hospital admissions, penile amputations and deaths of initiates in the Eastern Cape Province 1995 and 2007.

Year	**Hospital admission**	**Penile amputation**	**Deaths**
1995	1042	42	55

1996	801	22	16
1997	555	34	17
1998	357	8	17
1999	612	33	26
2000	384	23	22
2001	324	31	36
2002	447	33	50
2003	311	29	41
2004	391	6	14
2005	589	20	48
2006	----------	----------	----------
2007	100	6	12

If the statistics of deaths, penile amputations, and hospital admissions presented in the tables 2 & 3 above are anything to argue about, they could portray the highest degree of fence-sitting syndrome by those in authority especially the government and the traditional leaders. As portrayed in the tables above extracted from Mentjies (1988a), the turning point of the flaws associated with traditional male circumcision (TMC) in the Eastern Cape started in 1988-1996, with at least sixty one (61) deaths of the initiates and about 1423 hospital admissions and this succinctly indicates that initiatesô deaths itôs not a new phenomenon. From 1988, the deaths and hospital admissions rate has been escalating (Mentjies, 1998a). Perhaps, if prominent stakeholders such as traditional leaders and government are still thriving in this rhetoric that they have everything under control, perhaps, the question they should be asking themselves is why then statistics seem to rising year-in-year-out. Had the conditions prevalent during apartheid have had in it, perhaps because of the governmentôs neglect of the black people? This opens a platform for a brainstorming session to get answers.

Interestingly, both tables extracted from Mentjies (1998a) and Kepe (2010) also portrays bleak pictures of the TMC during the period of 1995-2007 as the rates of deaths increased to approximately 342, penile amputations 281, and hospital admissions to about 5913. But surprisingly and unprecedentedly, the period when the rates escalated most was during the new democratic dispensation in South Africa. Furthermore, the statistics presented by the tables above in tandem with the statistics from the Eastern Cape Department of Health for the period of 2006-2013 could implies that the democratic government has had more than 1000 initiatesô deaths, more than 600 penile amputations, and more than 10 000 hospital admissions (Mentjies, 1998b; Kepe, 2010; Eastern Cape Circumcision Report,

2013). What is even more disturbing is the continued deaths of the initiates in 20 years after the ushering in of the current democratic government. In June 2014 circumcision season, for example, the country has seen approximately 36 deaths in the Eastern Cape alone (Feni, ñIn the hands of men they dieò, 2014b, p.1).

Regrettably, it has become an open secret as well that the crucial stakeholders which constitutes the government and traditional leaders have been found wanting as they seem to be preoccupied and embroiled in their own conflictual issues regarding traditional male circumcision (TMC) practice (Mhlahlo, 2009; Kepe, 2010). These tensions have provided an opportunity for the hooligans masquerading as competent traditional surgeons and nurses to hijack this practice. They have been driven by pecuniary motives and not any cultural benefit (Rijken & Dakwa, 2013). It is against this background that the researcher perceives the current stance by government and traditional custodians as a fence-sitting syndrome phenomenon and their reactions to solve the stalemate as only a lip-service endeavour. This is because their efforts have so far failed to sanitise the stench of flaws currently occurring in traditional circumcision in South Africa. Fence-sitting syndrome and reactionary lip-service have redefined and reaffirmed the phrase that says ñThereôs no hurry in Africaò(Munanga, 2010).

2.12 Theoretical Frameworks

The psychosocial challenges of traditional male circumcision practice on newly initiated men, their significant others, families, community networks, and government can be explained by many theories, each contributing significantly on the explanation. Importantly, this researcher posits that socio-cultural perspective and trauma theory would contribute immensely on our understanding of this phenomenon. Trauma theory would help in our understanding of the nature and

extent of traumatic experiences caused by the phenomenon under study on those that are directly and indirectly affected. On the other hand, socio-cultural perspective would enable one to understand the deep rooted cultural contexts and the meaning of traditional circumcision to the societies and traditional custodians that still upholds this initiation with high esteem. The in-depth discussion of these theoretical frames will be provided in the following paragraphs respectively.

2.12.1 Socio-cultural perspective

Socio-cultural perspective emerged from the works of renowned Russian psychologist, Lev. S. Vygotsky who used the Russian Revolution of 1917 in 1931/1997 to propound socio-cultural theory (Cole & Engestrom, 1994; Cole, 1996). He believed that individual mental functioning originated from social sources and any function of the childôs cultural development appears on two planes, social and psychological (Jang & Jimenez, 2011). Therefore, sociocultural perspective is applied by various disciplines such as psychology as it describes awareness of circumstances surrounding individuals and how their behaviours are affected specifically by social and cultural factors (Swartz, de la Rey, Duncan & Townsend, 2011).

However, the emphasis and significance of sociocultural perspective *"Umbutho Wengcibi Namakhankatha"* (organisation of traditional surgeons and nurses) encourage stakeholders such as the researchers to expand their scientific study of human behavior and root them in social and cultural context; understanding how different underpinnings of culture affect peopleôs thoughts, feelings, attitudes, behaviour and belief systems (Kheswa et al., 2014). Sociocultural perspective would contribute immensely in understanding traditional male circumcision and the cultural contexts surrounding the phenomenon. For example it can shed some meaningful

light on the societal values that are deeply embedded and interwoven within strongly cultural roots. It would provide an insight and in-depth knowledge of social capital that embedded in traditional male practice by determining, informing and directing peopleôs well-being as portrayed by songs, dances, drumbeats and enjoying of the feast together (Kangethe, 2013).

In support of this perspective, Peplau & Taylor, 1997 indicate that cultural sensitive approach strongly supports the idea of embracing what it termed õthe wealth of the poorò, in that impoverished societies may lack income and inadequate resources, but they could pride themselves with socio-cultural assets that include rituals, reciprocal relationships, traditional knowledge and skills, as well as informal support systems that play a pivotal role in perilous times (Peplau & Taylor, 1997).

2.12.2 Trauma theory

Trauma theory can be traced back from the works of neurologist, Jean Martin Charcot, a French physician who had immense experience of teaching and working for almost thirty three (33) years with traumatized women at the famous Salpetriere hospital in Paris, France. His investigation emanated from the interest in establishing the relationship between trauma and mental illness (Van der Kolk, Weisaeth & Van der Hart, 1996). In support of Jeanôs work, Kabat Zinn (2003) suggests that during the late 19th century, Jeanôs major study focused on the hysteria (a disorder commonly diagnosed in women) and subsequently was the first to understand that the cause of hysterical symptoms was not physiological, but rather psychological in nature. Furthermore, he noted that traumatic experiences could induce a hypnotic state that includes hysterical attacks which are dissociative problems as a result of having endured unbearable experience.

In a nutshell, trauma theory encourages people who have suffered traumatic experiences to understand their painful experiences as conditions that are beyond the realm of normal human experience. They should perceive traumatic experiences more as psychological conditions than they are physiological. The theory also calls for an understanding that traumatic experiences poses dissociative problems which may develop or lead to dissociative disorders (van Emmerik, Kamphuis, Hulsbosch & Emmelkamp, 2002). The theory also help us understand how the effects of trauma if not properly addressed can make one who has been a victim to suddenly assume the role of a victimizer (Bloom, 1999). However, it encourages the use of hypnosis and abrogation psychotherapeutic techniques to address the environment of those victimized, depressed and traumatized. This is in an endeavour to analyze their problems and seek lasting health solutions (De Bellis, 2001).

The theory is very applicable to the initiates who suffered several blows such as losing their manhood, experiencing psychological and emotional scars, are in depressions etc. If their challenges are timeously addressed, they could make them bitter and the situation can make them turn to be victimizers (Bloom, 1999). Since the traditional circumcision victimsô lives have been turned desperate with deep psychological and emotional scars, the application of the trauma would call for interventions to be exposed to them in an endeavour to solve their health problems. This researcher, therefore, deem it fit to use trauma theory as it has a provision for compassion, empathy, unconditional positive regard, and condition of looking into the environment of people who are suffering by putting interventions in place to change their unwanted traumatic experiences and components of coping.

2.13 Conclusion

Conclusively, this researcher believes that proper and effective literature review helps to bring to the fore all the issues surrounding the domain of the study. Effective literature review helps the researcher to be confident that his/her findings are deeply bolstered and grounded in strong theoretical frame. The literature also helps the researcher to make in tandem with the study findings very strongly grounded recommendations of the study. Effective literature review should address and bring to the surface various answers to the research questions meaning that the findings from literature review, data analysis, interpretation, and discussions would complement one another. Chapter two encompassed related literature review and theoretical frameworks that have been pertinent to psychosocial challenges associated with traditional male circumcision practice through the lenses of newly initiated men, their families, communities, traditional nurses and government.

The next chapter provided the methodologies that informed the studyôs research design, methods of data collection as well as data analysis.

CHAPTER 3

RESEARCH METHODLOGY

3.1 INTRODUCTION

The previous chapter reviewed diverse literature pertaining to different aspects of traditional male circumcision such as its historical development, policy environment, conceptualisation, possible underpinnings, psychosocial impacts and psychosocial support towards the victims of traditional circumcision, as well as theoretical frames from which the study hinges. This chapter provides an overview of the methodology and procedures that were used to gather relevant data from the various individuals that were sampled for investigation. Due to the knowledge and belief that scientific study is guided by a specific paradigm, it was critical to begin by exploring the research paradigm which is used in this study as an underpinning on which this scientific research is constructed.

3.2 RESEARCH PARADIGM

A paradigm is defined by Rubin and Babbie (2008) as a worldview or a set of assumptions about how things work and a shared understanding of reality. Creswell (2009) believes that a paradigm is an integrated cluster of submissive concepts, variables and problems attached to corresponding approaches and tools. In the same vein, Bless, Higson-Smith and Kagee (2006) describe paradigms as patterns of beliefs and practices that regulate inquiry within a discipline by providing lenses, frames and processes through which investigation to a particular phenomenon is achieved. For their part, Terre Blanche and Durrheim (2006) suggest that paradigms can be pigeonholed through their ontology, epistemology and methodology. Moreover, they contend that the aforementioned distinguishing features create a

holistic view of how the researchers view knowledge; how they see themselves in relation to this knowledge, and the methodological strategies they use to discover it.

On the other hand, De Vos et al. (2011) are of the view that research paradigm in social sciences can be viewed as those sciences that deal with a particular aspect of the phenomena that studies humans, their feelings, belief systems, behaviours, interactions and institutions. Similarly, Thyer (2010) posits that paradigms in social and behavioural sciences refer to quantitative, qualitative and mixed method paradigms. However, this study is premised on qualitative research paradigm which is rooted on qualitative data gathering, and the detailed discussion is presented in section 3.2.2.2 below.

Qualitative research belongs to an interpretivist approach (Polit & Beck, 2010). The researcherôs aim for choosing the interpretivist approach was to provide a perspective of psychosocial impact associated with traditional male circumcision through the lenses of newly initiated men, their families, communities, traditional nurses and government. More so, to examine the psychosocial impacts of traditional circumcision practice, to establish the familiesô and communitiesô concerns on the extent of damage caused by traditional male circumcision practice; as well as to establish the psychosocial support systems provided by the government and the community networks on traditional male circumcision victims and their families.

3.3 RESEARCH METHODOLOGY

Creswell (2009) refers to research methodology as methods and general approaches to conduct an empirical investigation on the phenomenon under study. While, Engel and Schutt (2010) are of the view that research methodology concerns itself with methodological strategies the researchers adopt to conduct their empirical

or systematic review studies. In the same vein, Neuman (2008) describes research methodology as the study of research methods that enables the researcher to accomplish the goals and objectives of the study. Furthermore, De Vos et al. (2011) postulate that research methodology is a systematic procedure applied by researchers in an attempt to provide answers into societal problems or phenomena. Further, Salkind (2012) suggests that research methodology is a strategy of enquiry, which moves from the underlying assumptions to research design, data collection, and analysis of data. In sharp contrast, Edmonds and Kennedy (2010) suggest that methodology implies more than simply the methods one intends to use to collect data. It is often necessary to include a consideration of the concepts and theories which underlie the methods.

In line with Salkind's argument, the research methodology in this research entailed three (3) segments. These segments included research design, methods of data collection, and data analysis. Moreover, it also provided a concise description of research paradigm, in-depth explanation of the procedure for data collection, instruments of data collection, data analysis, and measures to ensure trustworthiness of the study as well as detailed discussion of the ethical dilemmas that were considered during the research process.

3.3.1 Research Design

Research design, according to Cresswell (2008), involves all aspects that play a major role in developing and implementing a research project from problem-formulation through to reporting and dissemination of the research findings. In addition, Babbie (2010) refers to research design as an overall strategy that the researcher prefers to integrate the different elements of the study into a coherent

and logical manner. This is in order to ensure that the research problem is dealt with effectively. This research hinged on strategies of inquiry which are exploratory and descriptive. It is also premised on contextual qualitative research design to study the psychosocial challenges associated with the traditional male circumcision practice and its impacts on newly graduated men, their families, community members and government. The researcher employed a case study as a specific research design to achieve the objectives of this research.

3.3.1.1 Exploratory and Descriptive Designs

According to Marlow (2011), exploratory research strategy is undertaken when little is known about the topic under study. Furthermore, the author argues that exploratory research often determines a studyôs feasibility and raises questions to be investigated by more extensive studies utilizing either descriptive or explanatory strategies. Descriptive studies, on the other hand, aims at describing the phenomena under study (De Vos et al., 2012).

In this study, the researcher chose the exploratory strategy to acquire new insights, discover new ideas as well as increase knowledge of the psychosocial challenges associated with traditional circumcision practice through the lenses of newly initiated men, their families, community members and government. The researcher, therefore, entered the research field with curiosity from the point of paucity of literature and to the point of providing new data regarding the phenomena under study (Creswell, 2009). In same vein, the descriptive research strategy was adopted for describing the perceptions, experiences and concerns of newly initiated men, their families, community leaders and members and key informants with regard to

psychosocial challenges associated with traditional circumcision practice in Lusikisiki, Phondoland region.

3.3.1.2 Qualitative research paradigm

Qualitative research paradigm intends to explore and ascertain issues about the phenomenon at hand due to uncertainty about dimensions and characteristics of the phenomenon (Edmonds & Kennedy, 2012). Further, Terre-Blanche & Durrheim (2006) suggest that qualitative research design provides a rich pool of meaning and interpretation and is good at answering critical proportions of a research problem like what, how and why. In addition, Creswell (2009) describes qualitative paradigm as an interpretative approach which is strongly embedded on empathetic understanding of everyday experience of people in specific natural settings; it also assumes that reality should be interpreted through the meaning attached by research participants in the phenomenon under study.

At the same time, Noor (2008) describes qualitative paradigm as an approach in research that attempts to gather rich descriptive data with the intention of developing an understanding of what is being studied. Polit and Beck (2010) also posit that one of the main strengths of qualitative research paradigm is its richness and depth of explorations and description of the phenomenon under study. Furthermore, Salkind (2012) contends that qualitative research approach is designed to enable researchers to understand peoleôs social and cultural aspects in their natural milieu. Such dynamics of phenomena might not be fully understood under quantitative approach. Therefore, this researcher focused on how participants perceived psychosocial challenges associated with traditional circumcision practice to construct meaning and understanding out of their experiences.

3.3.1.2.1 Advantages of qualitative research paradigm

Qualitative research paradigm for this study was chosen because it espouses the following merits as indicated by various authors such as Creswell (2009), De Vos et al. (2012) & Salkind (2012),

- It is constructivist due to its ability to construct, understand, interpret, describe and develop a theory on a phenomena or setting.
- It is naturalistic research conducted in a natural milieu;
- It is interpretative as it depends on the interpretations of the participants under study;
- It provides new insights on the meaning of the phenomenon; and
- It enables the researcher to get the information from within.

3.3.1.3 Specific Research Design

This research was strongly rooted on case study as a specific research design. Noor (2008) describes case study as an empirical inquiry that investigates a contemporary phenomenon within its social and cultural milieu utilizing eclectic sources of evidence. Similarly, Engel & Schutt (2010) suggest that the primary defining characteristics of a case study is the multiplicity of perspectives which are strongly engrained in a specific context; While, Marlow (2011) is of the view that a case study may be centred around the case of an event, individuals or institution, or other phenomenon that is identifiable in itself. She further argues that the evidence used in this specific research design is typically qualitative in nature and concerned more about developing an in-depth rather than broad and generalized understanding.

This study focused on exploring the psychosocial challenges associated with traditional circumcision practice through the lenses of newly initiated men, their

families, community members, traditional nurses and government in Lusikisiki, Phondoland. These challenges are explored using a case study in order to determine their impact on the individual, families, and communityôs wellbeing and their physical, social, emotional, psychological, mental, spiritual and occupational development.

3.3.2 METHODS OF DATA COLLECTION

Data collection method is referred to by Salkind (2012) as a precise and systematic data gathering tools relevant to the sub-problems of the study using interview methods, observation participants method, focus group discussions, narratives and case studies; while, Neuman (2008) suggests that data gathering strategies provide participants an opportunity to reflectively express their experience.

In the same vein, Creswell (2009) regards data collection methods as tools that the researchers utilize in data gathering which include interviews, primary and documentsôdate review, focus groups, observations and visual materials. Although qualitative data gathering methods are believed to be costly and time consuming as compared to quantitative methods, they are however more flexible than quantitative methods and the data gathered turns to be in-depth and rich in nature (Edmomds & Kennedy, 2012).

In this study, the methods of data collection consisted of in-depth interviews and key informant method using unstructured interviews. The detailed overview of the aforementioned data collection methods used in this study is provided in the following paragraphs.

3.3.2.1 In-depth Interviews

The research applied in-depth interview as a one of the data collection tools in order to get and understand the phenomenon under study from the insidersôpoint of view. This data gathering method facilitated probing of the samples being investigated. Pilot and Beck (2010) regard in-depth interviews as one-on-one interviews used to study the meanings or essence of lived experiences among selected participants and this includes a comprehensive interview with each participant. Similarly, Bless, Higson-Smith and Kagee (2006) define in-depth interviews as qualitative data gathering tools that involve intensive and intimate face-to-face interaction with a small number of participants in order to explore their perspectives on the phenomenon under study.

In addition, Babbie (2010) believes that in-depth interviews are very productive data collection tools as they enable the researcher to pursue specific issues of concern that may lead to focussed and constructive suggestions. Moreover, the author advances the following advantages of in-depth interview as data gathering tools:

i) Direct interaction with participants yield specific, and constructive suggestions;

ii) They are appropriate in attaining detailed information on the phenomenon under study; and

iii) Limited participants are required to collect rich and in-depth data about the phenomenon.

3.3.2.2 Focus Group Discussions (FDGs)

A focus group discussion is a form of qualitative research in which a group of relevant people are asked about their perceptions, opinions, ideas, beliefs and attitudes towards a given phenomena. In a focus group discussion, topics of discussions are constructed in a way that participants can respond freely to the topic of discussion (Nesbitt & Flores, 2008). More so, it is a method in which small groups of people are asked about their attitude towards a subject. In this case, the members of the focus group gave their experiences, views and their opinions about the psychosocial challenges associated with traditional male circumcision practice particularly in Lusikisiki area of Phondoland region (Ellis & Levi, 2009).

3.3.2.3 Key informant method (KIM)

Edmomds & Kennedy (2012) believe that key informants are those whose social position in a study setting give them specialist knowledge about other people, processes or happenings that is more extensive, detailed or privileged than ordinary people, and those who provide valuable sources of information to a researcher. On the other hand, Rieger (2007) suggests that the term informant is commonly associated with though not exclusively, with qualitative research in which the researcher carries interviews with knowledgeable participants as a fundamental aspect of the method of investigating the phenomenon under study.

Key Informants in this study were utilized in order to explore in-depth qualitative information about the psychosocial challenges associated with traditional circumcision on newly graduated initiates, their families and the community as presented by those individuals that have expertise, knowledge and have played a pivotal role in the development of traditional practice years immemorial.

3.3.2.3 Research Instrument

An interview guide was used to steer one-on-one in-depth interviews with newly initiated men, their families, communities, traditional nurses and societal key informants. It was also instrumental in steering two focus group discussions (FGDs) with community members and traditional nurses. The interview guide consisted of unstructured questions to guide the discussions. (*see attached Appendix B*).

According to De Vos et al. (2012), unstructured interviewôs aim is to actively enter the world of people and render those worlds understandable from the theoryôs point of view that is grounded in behaviours, languages, definitions, attitudes and feelings of those studied; while Marlow (2011) suggests that unstructured interview is similar to a conversation except that the interviewer and interviewee are aware that an interview is taking place and that the interviewee is privy to information of interest to the interviewer. Further, Rubin & Babbie (2011) argue that unstructured interview is considered the main instrument of data collection in a case study as it enables the situation where participantôs descriptions can be explored, illuminated and gently probed. They further believe that unstructured type of interview allows the interviewer to pose open-ended questions and the interviewee to freely express his/her own views.

3.3.3 POPULATION UNDER STUDY

According to Bless, Higson-Smith and Kagee (2006), a population is all individuals about whom the study is intended to generalise. De Vos et al. (2011) define population as all the subjects that a researcher intends to study. On the other hand, Silvia (2008) suggests that a research population is a well-defined group of individuals with similar characteristics. In addition, he argues that all individuals in

any specific population usually have common traits or required features. Unfortunately, due to large numbers of the population to be studied and the research criterion, it is impossible to study every single member of the population due to financial and time constraints. Hence, the researcher selected a representation from the population to represent the entire population under study as it has all required characteristic for the study.

In this research, the population refers to all people who are living in Lusikisiki, Ingquza Local Municipality and the shared common characteristics was the level of psychosocial challenges being experienced by various stakeholders involved in the study, principally the newly initiated men and their families, traditional nurses as well as other community members.

3.3.4 RESEARCH DOMAIN AND JUSTIFICATION OF CHOICE

In this study, the research domain was Lusikisiki in Ingquza Local Municipality at OR Thambo District Municipality. In other words, this was the area where the study was conducted. This researcher viewed Lusikisiki to be a suitable terrain for the research as it was one of the areas in the Phondoland regions that has experienced several initiatesô accidents that resulted to hospitalization, penile amputation and even deaths. Furthermore, Lusikisiki has quite a number of villages in the Phondoland regions and was almost at the centre where most traditional circumcision predicaments took place. Therefore, Lusikisiki was a strategic focal point and the researcher easily accessed his samples he purposively selected. Lusikisiki also has a diverse population and was therefore a data rich research domain. (*see attached Appendix A*).

3.3.5 UNIT OF ANALYSIS

While, Marlow (2011) argues that in interpretive studies, the sample size is small and it is the information-richness of the cases that is most fundamental. Rubin & Babbie (2008) refer to a sample as a subset of a population that is used to represent the entire group as a whole. Similarly, Creswell (2009) describes a unit of analysis as the actual number of samples to be interviewed. As such, the sample was selected from the entire population of the aforementioned domain.

Therefore, the sample entailed six (6) newly initiated men (amakrwala) who had undergone the traditional male circumcision practice within the last two (2) years and resided at Lusikisiki in Ingquza Hill Local Municipality of OR Thambo District in the Eastern Cape Province. They ranged between the ages of seventeen (17) to twenty five (25) years. The study also sampled five (5) family members. It further encompassed two focus group discussions with five (5) and seven (7) community members and traditional nurses respectively. It also sampled five (5) key informants which involved one (1) education official, one (1) circumcision monitoring team official, one (1) committee leaders two (2) Chiefôs Headmen.

The units of analysis are hereby presented in the table below.

Table 1: Interview, Focus Group Discussions (FGDs) and Key Informants (KI) Table

Number	Type of Data Collection method	Interview Sample	Sets of Samples
1	In-depth Interviews	Newly initiated initiates	6
2	In-depth Interviews	Families and significant others	5
3	Focus Group Discussions	Community members	5

4	Focus Group Discussions	Traditional nurses	7
5	Key Informants (KI)	Community leaders, Education sector, Traditional leaders, Social activist.	5
		Total	28

3.3.5.1 Sampling selection criteria

Salkind (2012) suggest that sample is chosen from the study population that is commonly referred to as the target population or accessible population. The author further argues that eligibility criteria are the reasons or requirements for including that particular sample in the research study. However, in this study the sample encompassed of newly initiated men, their families, community members, traditional nurses and government officials from the aforementioned field of investigation. The criteria for inclusion in this study required that the participants to have been experienced psychosocial impact associated with traditional male circumcision or be families, community, traditional practitioners and organization/institution that has encountered or dealt with such challenges:

- *"Amakrwala"* (Newly initiated men) who had undergone the traditional male circumcision practice; families that have experienced traditional male circumcision related challenges
- Between 2012, 2013 & 2014
- Resided in Lusikisiki at Ingquza Hill Local Municipality of OR Thambo District in the Eastern Cape Province; and
    - Age ranged only for the newly initiated men (17-25).

3.3.5.2 Exclusion sampling criteria

All the other newly graduated men, families, community members, and government department in other areas of the Eastern Cape who experienced or encountered psychosocial challenges associated with traditional male circumcision. All the population with more than two and half or more years after experiencing psychosocial impact associated with traditional male circumcision in that population were excluded. The reason for exclusion was that they may have already forgotten the experiences or the experiences would not be as vivid as the researcher would deem fit to capture them.

3.3.6 SAMPLING METHODOLOGIES AND TECHNIQUES

Broadly speaking, sampling methodology is the process of selecting the sample size of the phenomenon under study. Sampling methodology is divided into two types which are probability sampling and non-probability sampling. Marlow (2011) has identified two distinguishing features about probability and non-probability sampling methodologies. She suggests that probability sampling allows the researcher to select a sample where each element in the population has an equal chance of being selected as a sample. On the other hand, non-probability sampling approach enables the researcher to handpick the sample according to the nature of the research problem and the phenomenon under study. To this end, Walker (2010) argue that non-probability sampling method is appropriate for qualitative study as it provides the researcher with the most useful data with regard to the phenomenon under study. This study utilized a non-probability purposive sampling methodology to select its participants. The study therefore used non probability methodology in sample selection.

3.3.6.1 Purposive sampling design

Babbie (2010) defines purposive sampling as the technique that involves the researcher making a conscious decision about which individuals and research site would best provide the desired information with regard to the phenomenon being studied. Further, Bless et al. (2006) refer purposive sampling design as the intentional selection of the research participants from the population which display specific features that the researcher intends to investigate. In the same vein, Creswell (2009) believes that purposive design provide cases rich in information for in-depth study. More so, De Vos et al. (2012) indicate that in purposive sampling, a particular case is chosen because it illustrates certain characteristics or processes that are of interest for a particular study.

The researcherôs focus was on selection of information-rich participants who were knowledgeable and informative about how psychosocial challenges associated with traditional circumcision impacted their social functioning. Therefore, purposive sampling design was suitable. Hence, the sampling in this research was based entirely on the researcherôs judgement as it was composed of elements that contain the most characteristic, representative or typical attributes of the population. Furthermore, the research chose purposive sampling design with an aim to develop a rich and dense description of the phenomenon from four different categories of research participants namely; newly initiated men, their families or significant others, community leaders, and government official based in Phondoland geographical area specifically, Lusikisiki.

3.3.7 DATA COLLECTION PROCESS AND PROCEDURE

The proposed study was cross-sectional, meaning that the data was collected at one stage in time between 20th of January 2015 to 10th of February 2015. In support of the above argument, Creswell (2009) suggests that cross-sectional study is a once-off process of collecting data, as opposed to the longitudinal data collection process used in ethnographic studies. For the purpose of this study, the researcher gathered the data in the language that the participants were comfortable which was a combination of Xhosa, Zulu mixed with English language. Gatekeepers including Chiefs, Ward Councillors, and other selected participants were phoned while others were emailed first to be informed about the research before letters that requested to be part of the study were submitted. (*see attached Appendix E*).

The researcher physically visited the participants and organizations to build rapport, and to meet for the first time with the participants on an informal basis. He them explained his studyôs aims and objectives and explained why he was asking for their participation and inclusion in the study. Those who agreed then signed consent forms. Then the researcher discussed with them the appropriate dates for the research. Then he had to wait for all the relevant documentation and logistics were in place like ensuring the readiness of a research assistant.

3.3.7.1 Data Capturing

A voice recorder was used during the interviews to record the in-depth interviews and key informant interviews. The researcher ensured that the tape recorder worked properly and its working condition was constantly checked every time before the each interview session started. According to Noor (2008) tape recording the

interview ensures completeness of the verbal interaction and provides material for reliability checks.

The utilization of a tape recorder did not eliminate the need for taking notes to help in the reformulation of questions and probes. Whilst recording the interviews, the researcher also took notes which he later used to verify information from the recordings. He also observed the participants for their gestures and temperaments as they answered or reacted to questions. This was important because it gave an indicator of the weight and gravity of the issue being discussed.

3.3.7.2 Data Transcription

After each session, the researcher tried his level best to transcribe the data, shortly after the interviews in order to avoid forgetting some aspects of the collected data. The researcher also listened to the tape recorder, and wrote, rewound and rewrote. The transcription process was very strenuous as it involved writing verbatim what the participants said even their laughing, bodily gesture, facial expressions was texted.

After transcribing from the tape recorder, the researcher proof red to make a succinct account of the data captured. It also served as a data cleaning process.

3.3.8 Data Analysis

According to Creswell (2009), data analysis is an ongoing process involving continuous reflection about the data. Once data from different sources has been collected, the next stage involves analyzing it using a coding process (Marlow, 2011). More so, they further suggest that data analysis involve a process of breaking down data into smaller sensible units to reveal their characteristic elements so that meaning could be made. In the same vein, Nueman (2008) concur with this process

of breaking down data into their constituent parts but further state that connections can be made between concepts, thereby providing the basis for new descriptions. Also De Vos et al. (2012) contend that qualitative data can be broken down by means of coding, categorizing, and interpreting data to provide explanations of a single phenomenon of interest.

3.3.8.1 Analysis of interview data

- *The first step of data analysis*

Data analysis in this study was done in steps. The first step intended to make sense of the raw data before the researcher started working on the data. The researcher had to make print outs of the transcripts in order to have hard copies of the interviews. It was after reading the transcripts repeatedly that the researcher was able to make sense of the text. The researcher was then able to identify common aspects of the crude data. Whilst reading, the main aspects that were coming out of the data were highlighted in different colours or codes, so that the researcher could identify common themes that emerged. The researcher wrote all the categories on a flipchart. After carefully examining the categories and identify how each was related to other categories, the researcher gave each category a name using words from the text. Furthermore, the researcher red the transcript to check for quotes that supported the category or theme. After identifying the underlying themes, the researcher discussed them with the supervisor to see if they made sense.

- *The second step of data analysis*

The second step included thematizing in order to bring some order and structure into themes identified. Identifying themes was not enough and the researcher had to go through them again to ensure that themes identified were relevant to the objectives

of the study. At the end, the themes became very clear from the text, and the researchers had to refine them several times until they were appropriate, suitable and addressed the research question and research objectives.

3.4 TRUSTWORTHINESS OF THE STUDY

3.4.1 Credibility

One of the key requirements addressed by qualitative researchers is that of internal validity which seeks to ensure that their study tests or measures what it was intended to measure (Edmomds & Kennedy, 2012). While, De Vos et al. (2012) argue that credibility of a research is established while the research is undertaken, credibility is alternative to internal validity, in which the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described.

In this study, credibility was ensured by the use of triangulation. Triangulation being a way of mutual validation of results can uncover biases when there is only one researcher investigating a phenomenon. According to De Vos et al. (2012), triangulation may incorporate multiple data sources, investigators, and theoretical perspectives in order to increase confidence in research findings. Similarly, Creswell (2009) strongly believes that triangulation arose from an ethical need to confirm the validity of the processes and in case studies; it can be achieved by using multiple sources of data. In the same vein, Rubin & Babbie (2008) contend that the use of results from one set of data to corroborate those from another type of data is also known as triangulation. Hence, this study has used diverse data collection source to corroborate, elaborate or illuminate the phenomenon under study. These sources included in-depth interviews and key informant interviews. Research participants

were also given an opportunity to comment on the information presented regarding research field, research findings, interpretations and findings. The study was also designed in such a manner that diverse participants were used in order to strengthen the studyôs usefulness for other settings.

3.4.2 Transferability

De Vos et al. (2012) refers to transferability as external validity or generalization, in which the burden of demonstrating the applicability of one set of findings to another context rests more with the researcher who would make the transfer, than the original investigator. Generalizability according to Maxwell (2005) refers to the extent to which one can extend the account of a particular situation or population to other persons, times or setting than those directly studied. At the same times, Walker (2010) argues that ttransferability is concerned with the extent to which the findings of one study can be applicable to other situations. In the same vein, Creswell (2008) suggests that transferability is achieved when the findings of the study fit into contexts outside the study situation and when its audience views its findings as meaningful and applicable in terms of their own experiences.

Transferability was assured by producing detailed and rich descriptions of contexts, with the intention to give readers detailed accounts of the structures of meaning which developed in a specific context. These understandings can be transferred to new contexts in other studies although they cannot be generalised due to the limited number of participants took part in the study.

3.4.3 Dependability

Thyer (2010) describe dependability as the degree to which the reader can be convinced that the findings did indeed occur as the researcher claim they did. Dependability was achieved through rich and detailed descriptions of the data procedure and sites selection. The researcher also provided statements of the methods used to collect and analyse data as well as recordings and transcripts of crude data.

3.4.4 Conformability

According to De Vos et al. (2012), the construct of conformability captures traditional concept of objectivity. It has to do with whether the findings of the study could be confirmed by another, or whether the data helps to confirm the general findings and lead to the implications. The use of triangulation in this research helped in reducing the effect of bias.

3.5 ETHICAL CONSIDERATIONS

Creswell (2009) believes that the researcher has an obligation to respect the rights, needs, values and desires of the research participants. Similarly, Salkind (2012) advise that a credible research involves not only selecting participants and effective research strategies, but also adhering to research ethics. In the same vein, Walker (2010) suggests that ethical considerations are concerned with the protection of the rights and interests of research participants who are giving their time to help in the research. These rights included the right to privacy, the right to confidentiality, the right to informed consent as well as the right to voluntary participation or not to be compelled to participate in the study (De Vos et al., 2011).

The researcher, therefore, had a clear plan on how to handle the ethical lapses in interactive data collections. The ethical considerations in this study was divided into four categories, first category focused on the research participants; the second category focused on the institutions or organizations; the third category focused on scientific integrity of the research; and the last category on domain specific ethical issues. The detailed discussion of the categories can be found on the following paragraphs below.

3.5.1 Ethical consideration with regard to research participants

(i) Informed consent:

In order to gain permission from the research participants, the researcher had first to describe the intended use of the data, and then assured the participants of the absolute confidentiality of the information. This gave them confidence that whatever they were to say nobody else outside the study was to be revealed. Babbie (2010) are of the view that, the settings and participants should not be identifiable in print. Thus, locations and features of settings are typically disguised to appear similar to several places, and researchers routinely code names of people and places.

In this study, ethics research confidentiality and informed consent form, participant information leaflet and consent form for use by parents/legal guardians, research ethics committee researcher's declaration and conflict of interest declaration and University Research Ethics Committee (UREC) application for ethical clearance: for human subjects were sought from University of Fort Hare Research and Ethics Committee were signed by the researcher, the supervisor and participants before they participated in the study. (*see attached Appendix C*)

Therefore, the participantôs names, and institutions/organizations were disguised by using pseudonyms in this research. Also, coding was done to protect the participantsô confidentiality from other persons in the community, school and organizational setting and to protect them from the general public reading.

3.5.2 Ethical consideration with regard to institutions

(i) Permission to conduct the study:

Since the Eastern Cape Co-operative Governance, Traditional Affairs has a research and development units in the provincial departments for the purpose of coordinating all research related issues in their jurisdictions, the researcher had to write a letter of request (*see attached Appendix E*) to the departments to ask for permission to collect data on circumcision in Lusikisiki, Phondoland region.

During the course of the first interactions with the research sites, ethical considerations were clearly communicated to the gatekeepers and all the participants. The assurance was given to them that their names would not be explicitly written in print, their views would be treated as confidential and that the names of their community and villages would be identified in print. This commitment and assurance contributed positively to the interview atmosphere. This is because the participants expressed their views openly and comfortably. Also there was an agreement that the final copy of this dissertation would be submitted to the aforementioned departments and made available to their public library for public consumption in print.

3.53 Scientific Integrity of the Research

The researcher ensured that the data in this study was not fabricated. Every aspect of the data indicated came from the in-depth interviews and key informant interviews obtained from the field. The data was also not manipulated to support a personal view point. All participants were requested to give consent to the audio taping of the interviews. On other words, the research was guided by the ethical tenet and principle of no deception. All the data from the review of related literature was not plagiarized and every source cited is referenced properly and is authentic.

3.5.4 Domain Specific Ethical Issues

The domain specific ethical lapses were related to research methodology and design. Data collection methods such as in-depth interviews, focus group discussions and key informant interviews were done only with informed consent, explicit confidentiality agreements and the application of a rigorous analytical process to ensure that valid, reliable and supportable conclusions were drawn. (*see attached Appendix D*).

3.3.10 Conclusion

Conclusively, this researcher believes that a flawless, plausible, well crafted and organised methodology is a recipe for a successful research thesis. This chapter explained how the processes of empirical research unfolded from the conceptualisation of the study to conclusions of the study. More so, if well adhered to, it also heralds how other chapters would be articulated. Issues that gave the study legitimacy such as ethical considerations, selection of study sites and trustworthiness, amongst others, were also dealt with. This chapter gave an

overview on how the empirical research was planned and ultimately implemented on the ground. However, the following chapter focused on the analysis and interpretation of crude data from all the circumcision stakeholders that participated in the research study.

CHAPTER FOUR

Data Analysis, Interpretation and Presentations of the Findings

4.1 INTRODUCTION

This chapter largely hinges on presenting the empirical findings of the results that were drawn from the qualitative investigations of the psychosocial challenges associated with traditional male circumcision from the lenses of newly initiated men and their families in Phondoland region, Lusikisiki. A qualitative analysis was undertaken through the use of in-depth interviews to solicit the interviewees' attitudes, beliefs and experiences about the phenomenon under study. The interviews were an endeavour to solicit the real problems and challenges that the newly initiated men and their families face during the traditional circumcision ritual. Newly initiated men, their families and relatives as well as key informants guided this research. The study was conducted at Ingquza Hill Local Municipality under OR Tambo District Municipality in Phondoland, Lusikisiki and the samples comprised of six (6) newly initiated men, five (5) family members and relatives, and two (2) focus group discussions involved five (5) community members and seven (7) traditional nurses respectively. The research also sampled five (5) key informants including one (1) community leader, one (1) traditional male circumcision monitor & support group facilitator, one (1) Educator and two (2) Chiefs' Headmen. The tables indicating their demographic profiles are tabulated below respectively. The data collected was categorized according to themes derived from the main objectives of the study.

4.2 BIOGRAPHICAL INFORMATION OF THE PARTICIPANTS

Profiles of the participants (newly initiated men) were summarized according to participants' pseudonyms, age, level of education, socio-economic status, year of

circumcision and season, nature of circumcision accident as well as circumcision school status.

Table 4:

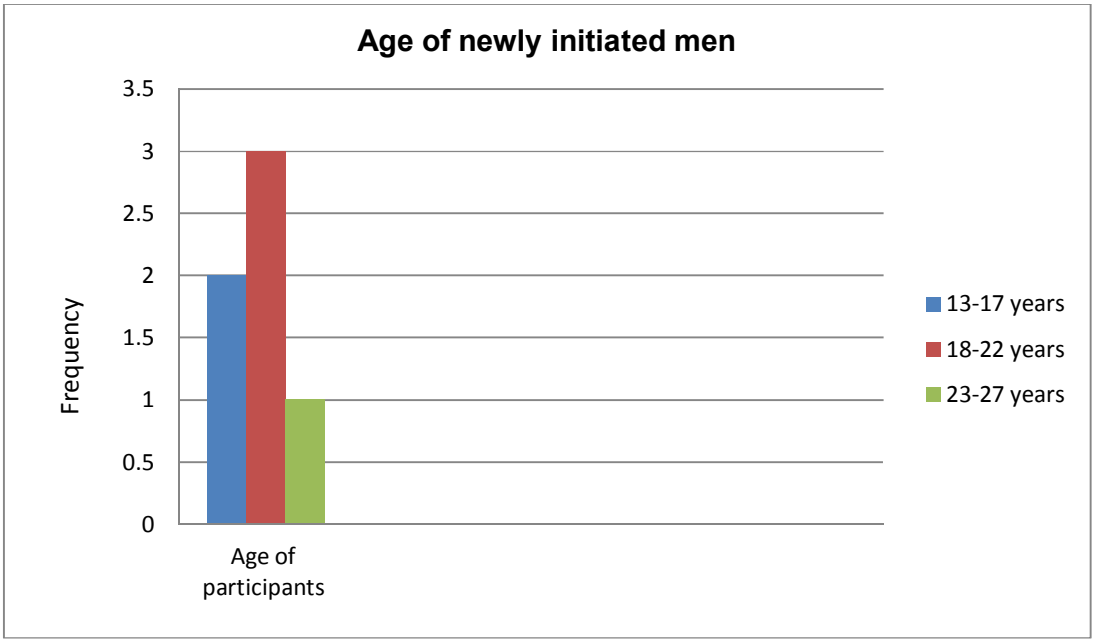
Pseudonyms of Newly Initiated Men	Age	Level of Education	Socio-economic Status	Year of Circumcision and Season	Nature of Circumcision accident	Circumcision School Status
Bongani	21	Grade 12	Unemployed	2012 (December)	Amputation	Legal
Vuyisa	17	Grade 10	Unemployed	2013 (June)	Amputation	Legal
Monde	17	Grade 9	Unemployed	2013 (June)	Total Amputation	Legal
Songezo	20	Grade 3	Unemployed	2013 (December)	Total Amputation	Legal
Xolani	22	Grade 6	Unemployed	2012 (December)	Total Amputation	Legal
Zola	25	Grade 6	Unemployed	2012 (December)	Total Amputation	Legal

4.3 Profile of the Newly Initiated Men.

The six (6) newly initiated men interviewed provided their personal information which is presented in Table 1 above. The real names of the newly initiated men have been replaced with pseudonyms. This has been done in order to protect their identity, upholding their confidentiality, respecting their privacy and anonymity as well to protect the young men and their families from further stigmatization by their societies. The demographic profile includes age, level of education, socio-economic status, year of circumcision and season, nature of circumcision accident as well as circumcision school status**.**

4.3.1 Age of the newly initiated men

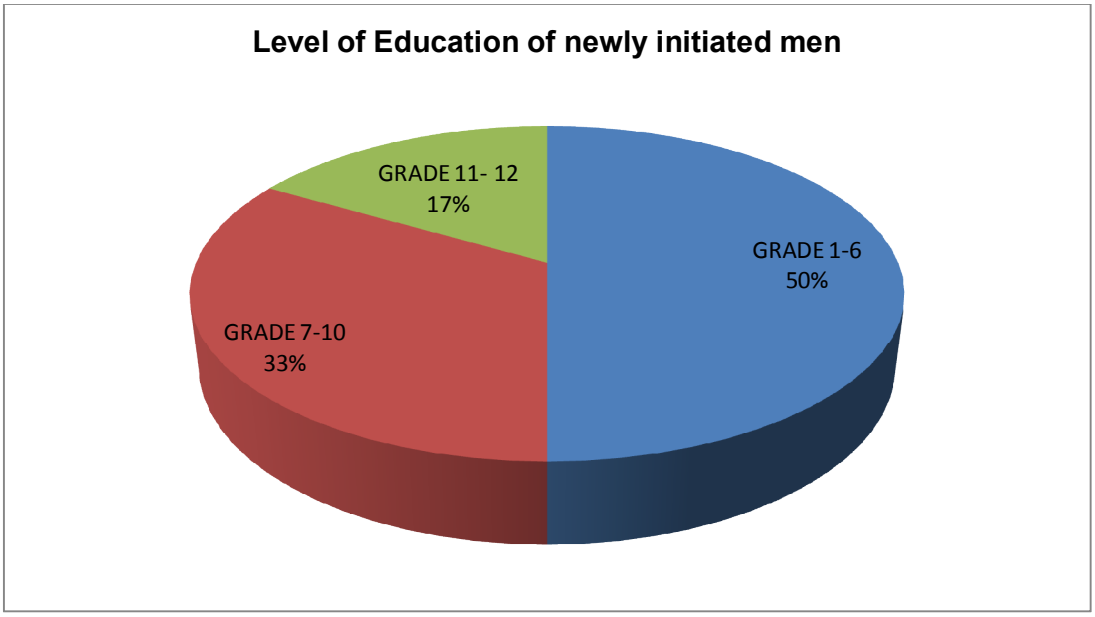
Figure 1.1



Study findings from Table 1 and age graphic representation Figure 1.1 confirmed that the youngest newly initiated men were two (33%) and were aged of 17 years. This implies that they got circumcised when they were 15 years; while three (50%) of the participants belonged to the 20-22 age bracket. This means they got circumcised at the age of 19 and 20 respectively; while one (17%) participant was 25 years, meaning that he was 22 years when he got circumcised. The scenario agrees with most literature on circumcision that indicates that just a handful of boys are underage (around age 15) when they go through their rite of passage from boyhood to manhood. Such underage boys are perceived to be prone to circumcision school brutality accidents, physical abuse and even deaths. However, the fact that there was one participant who was 25years of age and who possibly underwent the rite at age of 23 also agrees with the custom of accommodating late comers into the rite.

4.3.2 Level of education for participants

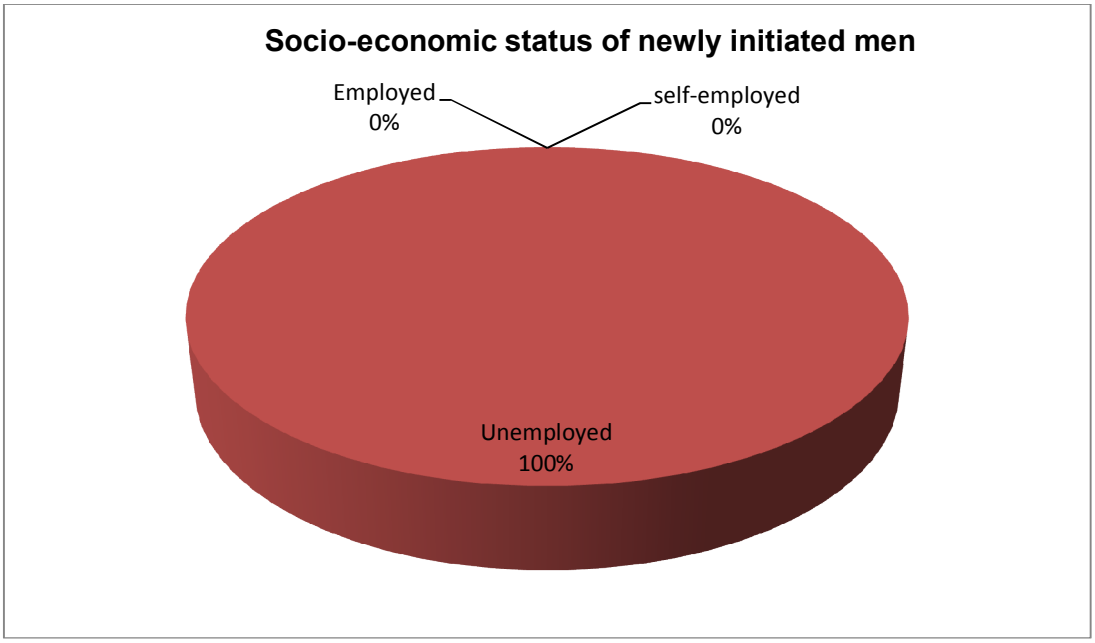
Figure 1.2



On literacy, the study findings from Table 1 and education level graphic representation in figure 1.2 revealed that only one participant (17%) had completed grade 12, three (50%) had managed to attain between grade 1-6 education level; while two participants (33%) had attained between grade 7-10 level of basic education. This implies that most boys who underwent the rite of circumcision were school drop outs. This indicates a possibility of low literacy levels of the boys in the area they hail from. There is also a possibility that some drop off the school in readiness for the rite, or immediately after the rite.

4.3.3 Socio-economic status of newly initiated men

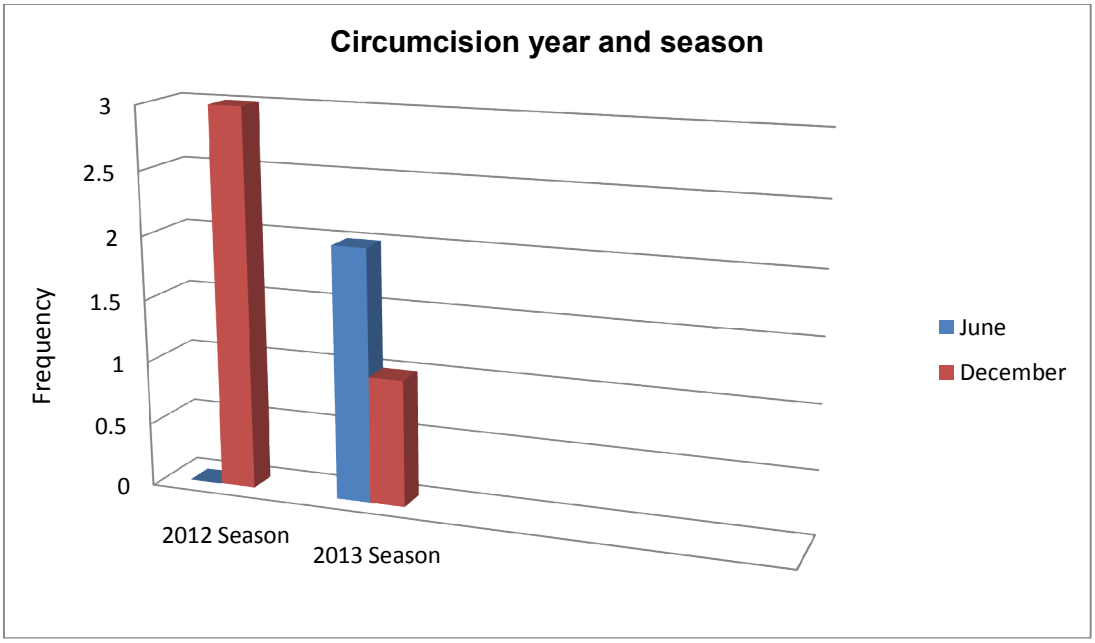
Figure 1.3



All (100%) of the newly initiated men who participated in this study confirmed that they had no income, were not employed, nor were they self-employed to support themselves making them suffer abject poverty. However, four (67%) participants were eligible to work due to their age; while two (33%) were still under age and therefore, ineligible to work due to age restriction by various legal frameworks including labour law applicable in South Africa. Furthermore, four (67%) participants reported they depended on their grandparentsô old age pension grant, while four (33%) participantsôparents had no source of income or qualified for old age pension grant. The state of unemployment facing the initiates and lack of meaningful sources of support among the initiates indicated high levels of economic malaise and psychosocial dysfuntioning in their lives. This could further herald a higher degree of stress and despondency in the event of any injury during the rite of circumcision.

4.3.4 Year of circumcision & season

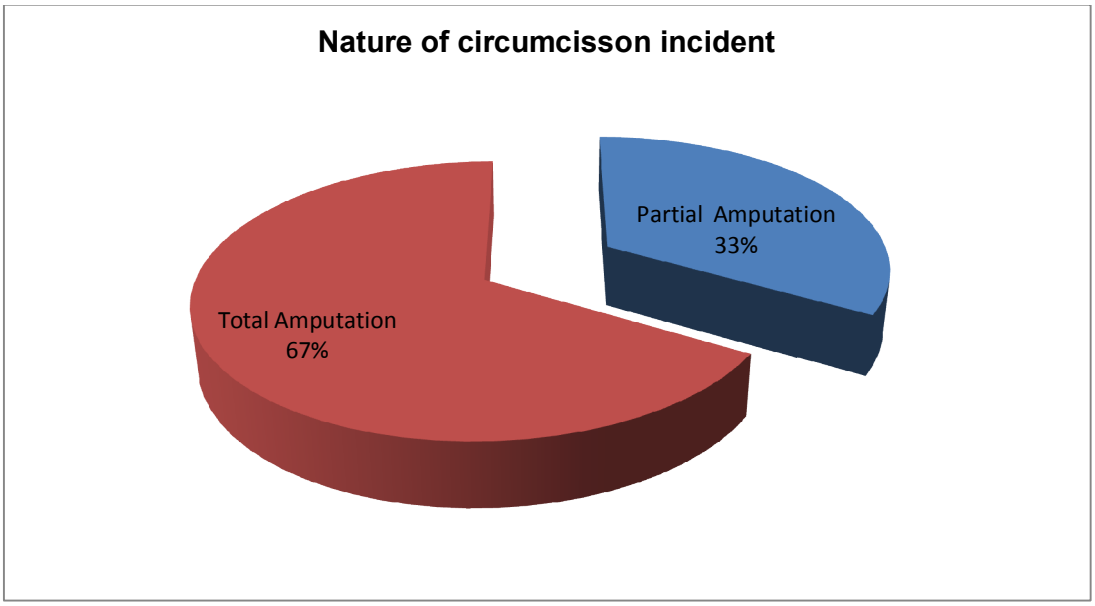
Figure 1.4



As indicated in Figure 1.4 above, of the six (6) participants taken part in this study, three (50%) of the participants got circumcised in the year 2012 December season; while four (33%) of the participants got circumcised in the 2013 June season; while one (17%) got circumcised in the year 2013 December season. These findings revealed that majority of the newly initiated men underwent the rite of circumcision ritual during the December season as opposed to those who underwent the rite in the June season. This could indicate a possibility that most boys were recommended to undertake the rite during the long holiday season. This was to make the rite to accommodate school going children. However, this presents one of the acts of changing the circumcision cultural goal posts under the altar of modernization in that in the yester years when the rite was taken very seriously, it was usually held in winter and not during the warmer month of December. This was because it was easier to heal the circumcision wounds during winter than in summer.

4.3.5 Nature of circumcision accidents

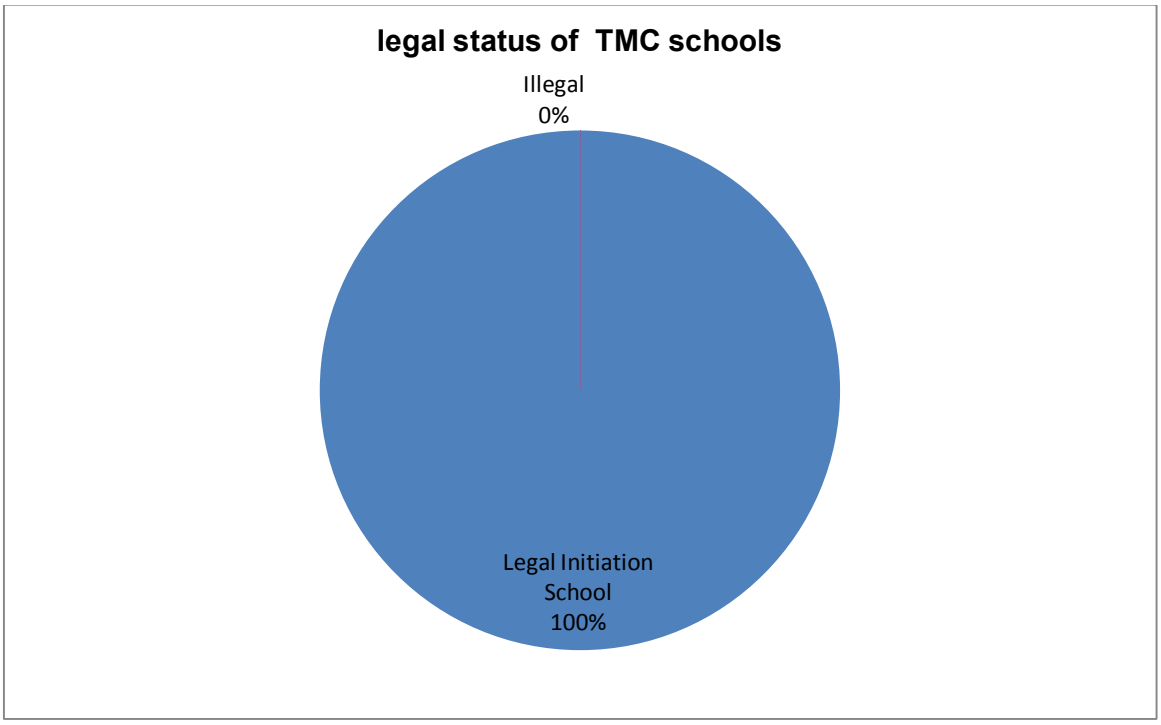
Figure 1.5



As shown in Figure 1.5 graphic presentation, study results indicated that majority of the participants that took part in this study reported that they had total amputation of their manhood; while two (33%) suffered partial amputation during the circumcision ritual. This indicates the seriousness of the injuries that the initiates faced. This could also herald the pain, stress and state of hopelessness helplessness that the circumcision accidents drove, not only the initiates, but their parents and relatives, as well as the communities they hail from. This therefore must have grounded the initiates and their parents, and possibly community members into a state of social, physical and psychosocial malfunctioning.

4.3.6 Legality of circumcision schools

Figure 1.6



The inclusion of circumcision school status was meant to determine whether most accidents that happened during the circumcision were possibly due to unfavourable conditions in illegal circumcision schools. However, the study findings indicated that all the participantsô rituals were conducted in the legally constituted circumcision schools. This implies that it was not the kind of school that the ritual was conducted that determined the nature of the accident, but lack of professionalism pertaining to the conduction of the rite. However, this researcher thinks that the conditions in illegal schools more than in the legal schools could be more prone to accidents because of lack of control and accountability of the process. The finding also misconstrues or contrasts the literature on circumcision, the government and initiation custodians who in the recent past have made everyone to believe that the phenomenon of illegal schools was the cause of circumcision accidents and

accidents. Apparently in this researcherõs thinking, it was lack of monitoring and evaluation of the conditions pertaining to circumcision, such as the nature and the qualifications of the circumcisers and the traditional nurses.

4.4 TRADITIONAL MALE CIRCUMCISION CULTURE INCREASINGLY MISSING OUT ITS CULTURAL GOALS

4.4.1 Inadequate cultural benefits from traditional male circumcision

Findings from the majority of the newly initiated men who participated in this study indicated that traditional male circumcision did not accrue any cultural benefits. Instead of benefiting from the cultural teaching that are meant to advance lessons on discipline, respect and moral development, the cultural practice brought sorrow and misery in the lives of the initiates, their parents and relatives as well as the community at large. This is because the rite sacrificed the initiates by having them get injuries such as penile amputations. This implies that the riteõs cultural goal posts of ensuring safety and sane adulthood therefore were increasingly being compromised. These findings find expression from the following sentiments echoed by factually all the participants:

> *"To me there's no benefit at all, nothing because I was not taught anything even what I went to do there. I just ended up in hospital".*

> *"Yes I have experienced the expected rite of passage to manhood, but ended up in hospital. This is not what culture should give its people. It does not make me happy at all……. (with inward tone indicative of pain and anger)".*

> *"For me, there's no benefit and I'm yet to see them. It's very painful that I went to circumcision school and yet I am still called a boy after losing my manhood there.*

"With various kinds of mistreatments and molestations, one fails to see the positive aspects of the rite".

Although contemporary literature and various diverse sources seem to suggest that there are cultural benefits accruing from circumcision initiation, to the contrary the newly initiated men, especially those who suffered the mishaps such as physical abuses, beatings, assaults and penile amputations did not seem to experience that. Apparently, the cultural benefits of the circumcision initiation maybe there in a normally conducted process, but the fact of the matter is that for the newly initiated men that suffered scores, the cost of the rite outweighed the perception of the benefits. This finds evidence in their apparent emotions while answering the question on the possible benefits accruing from the circumcision rite.

4.4.2 Initiation's state of discipline dwindling

Virtually all the participants that took part in this research echoed that traditional male circumcision in the contemporary epoch is increasingly losing its grip on discipline with significant stakeholders such as the traditional nurses handling their tasks while under the influence of alcohol. This indicates evidence of dwindling grip of cultural goal posts of having the rite being a platform of demonstrating cultural seriousness and inculcating discipline to the initiates. This is because the initiation is now being increasingly associated with various kinds of social ills against what the initiation intended to accomplish. These issues are supported by the following comments:

"Traditional nurse go to circumcision lodge under the influence of alcohol and give initiates odd instructions related to the changing of traditional bandage. They also mishandle and molest the initiates unduly.

"The traditional nurses are an embarrassment to the cultural goal posts the rite intends to score. Also, if one had any issue with them during one's time as a boy in the community, they see it a proper and appropriate time to avenge and administer undue punishment".

"Traditional nurses would go to the village and return heavily drunk, and instruct and order us around to do odd activities. They assault, molest and abuse us with harsh words. We wonder whether that helps in inculcating the culture's expected disciplinary code"

"It is surprising that some traditional nurses are also of the same age as the initiates. This is embarrassing to the culture and heavily compromises the expected cultural goal posts"

Apparently, circumcision rite has brought a state of dilemma and confusion among the newly initiated men making them wonder if the rite achieves its role of moulding behaviours and preparing one for real manhood. This is an indicator that the culture and cultural development appears to be in disarray. Apparently, the cultural significant stakeholders were messing the cultural path that they should be models at. This is evidence of dwindling of cultural grip on its cultural goal posts that have been adhered to in yester years. Perhaps this is happening because the cultural custodians and community members are no longer seriously scrutinizing the cultural norms that should accompany the process.

4.4.3 Unprofessional handling of the initiation process

Majority of the research participants lamented that initiation rite has lost its sense of objectives and was increasingly becoming a platform of immense suffering especially subjected by cultural significant stakeholders such as the traditional nurses. Apparently, study findings indicated their doubt about the traditional nursesôcultural and professional qualifications to handle the task. This, the initiates echoed were the

reasons of accidents and even death. Some nurses were too young to have acquired skills, knowledge and experience to culturally understand the dynamics associated with being a traditional nurse. The participants were especially emotionally engulfed when asked to share their experiences and challenges they encountered during their rite of passage from boyhood to manhood. The following sentiments were echoed:

> *"The process was an ordeal. This I believe is because of lack of experience and expertise of the stakeholders doing it. Perhaps people should now adopt medical male circumcision which is well monitored and possibly done by professionals"*
>
> *The process of the rite has excruciating pain that leaves one physically, socially and psychologically hurt. It has become an abusive process and has become an issue of expecting to die, or if one is lucky to come back half alive, or lose his penis. It is like a death chamber where chances of survival are indeed very slim*
>
> *Traditional circumcision today is a process of either you come back, or you die, or you come back without your manhood"*
>
> *"The problem is lack of professionalism and skills among the crop of contemporary traditional nurses. I was brutally abused in the circumcision lodge, my manhood was tightened up to the point where I could not even urinate and I could feel that I was not well at all, and when I informed the traditional nurses that I was really not feeling well, they told me to keep quiet and leave them to perform their duties. After only few days I saw that my penis was drying up like a dry stick and when they realized that, they told me they won't be able touch me anymore. I had to be rushed to the Holy Cross hospital, but unfortunately, I had lost my penis through unprofessional stricture in the hands of the bogus traditional nurses".*

The above findings seem to indicate the painful experience associated with it and points to the unprofessionalism driving the accidents. Unfortunately, the phenomenon seems to drown any possible positive contribution and dignity that has

been associated with traditional male circumcision for decades. More so, the newly initiated men seem to suggest that if culture subjects its people to such painful experiences, then it was better for communities to take the route of medical male circumcision as it is professionally conducted. Apparently, lack of proper management, control and poor policy environment have a hand in the deteriorating standards of traditional male circumcision rite. This researcher thinks that the Department of Traditional Affairs should not be excused for allowing things to fall apart to such an extent. They should help the traditional male circumcision regain its lost cultural glory

4.5 TRADITIONAL MALE CIRCUMCISION (TMC) EVOKE BOTH TRAUMA AND A HEART BREAKING PHENOMENON

Research findings on psychosocial, emotional and occupational impact associated with traditional male circumcision on newly initiated men indicated that these practice impaired their emotional aspects of their lives. The participants were especially emotionally disturbed when asked about the social, psychological and emotional experiences in the initiation schools. They indicated that they were grossly affected by the pandemonium in so much that majority of them have lost close peers, while others were still holding grudges against certain personalities in the society they felt contributed immensely to their current state. Others were painfully engulfed to an extent of dropping out of school due to the traumatic experiences they faced. This attracted the following sentiments:

> *"When I reflect upon my circumcision accident, I often ask myself why it had to happen to me not other people, and I am still seriously traumatized and pained by the harrowing experience even today, and I don't think something will ever change".*

"I will never forgive all those that put me in the state of ordeal I found myself after the rite especially, the nurse that looked after me in the circumcision school"

"The ordeal I experienced from the initiation school has completely dented my life as I always remain indoors because some community members keep on talking about me pointing fingers at my back. It is traumatizing to come to grips with the reality that I will never be able to sire children of my own. It is even more painful when I think about building a home one day. If I do, which woman will agree to live with me without my manhood".

"Even during my time in hospital all that traumatic experience kept on recurring but I'm slowly getting into terms with it as I keep on consoling myself after realizing the fact nothing will ever change my current situation.

"I dropped out of grade 10 which I repeated last year and I would like to believe the rite of passage contributed and made me lose my focus at school as I had been out of school for almost 3 months".

"I was very angry at that time, I was indeed excruciatingly very angry asking myself why I had to go through traditional circumcision. I was angry with the ritual itself, angry with boys (young men) that spoiled my manhood, I was angry with my traditional nurse because I believe that he was extremely careless.. I had to go through those emotional reactions but I healed myself while in hospital through positive thinking as I told myself that what happened can never be reversed in order to move on with my life".

"For me it was a challenge then, but now I really have no problem with it. I just continue with my life. Perhaps, I became aware that nothing will change and I forced myself to come into grips with the reality at least to facilitate my psychological healing. I am happy I escaped death in the initiation school".

Study findings indicated that although some initiates were ready to accept their current predicament and soldier on with their lives, the majority however felt grossly and immensely traumatized and were in a state of psychological loss. This indicates that most aspects of their psychosocial aspects of their lives were in disarray. They

felt their lives had suffered irreparable blows which were difficult to mend. Perhaps these initiates needs a special psychosocial handling like ensuring they are subjected to professional strengthening services such as counselling and other life strengthening socio-emotional and psychological therapies.

4.6 INITIATES WHO FACE ACCIDENTS DURING THE RITE SUBJECTED TO UNDUE STIGMA

Close to half of all the research participants indicated that circumcision initiation challenges they encountered brought shame and stigma in the lives with the society subjecting stigma to those who fall victim of the rite. The initiates decried facing stigma through being called various derogatory names and being labelled by both their colleagues who went through the rite successfully, and the community members at large. Those who were admitted to the hospital were not considered either brave enough or strong to withstand the pain associated with the rite. Those who fall victim of the rite for example, became the talk of the town and were a laughing stock of the community. The following sentiments were shared by many:

> *"It is a pity how much shame and labelling I am facing even though I am integrated in the society. They say that I never completed the rite of passage because I succumbed to bad health and ended up in the hospital. It is also a pity that it is some traditional nurses that never did their task appropriately are stigmatizing me"*

> *"We have become the laughing stock from even young boys who have not undergone the rite. The community is really deriding the initiates who fell victim and ended up in the hospital. They are insulting us about the hospitals and the fact that we appeared on television talking about our terrible ordeal of losing manhood that we experienced in circumcision school".*

"After I came back from the hospital, I could not live well in my community because I was immensely stigmatized, with even some close friends keeping a distance from me. Being saved by going to the hospital is viewed as a disgrace. Culture can sometimes make community members both fanatical with some beliefs, and also blind".

Findings indicated the cultural stereotype viewing the initiates who succumbed to the hospital treatment as a disgrace. This, in this researcher's contention amounts to untold state of cultural fanatics and cultural blindness. Realistically, being treated in the hospital to avoid possible death and possibly experiencing a permanent physical mark such as penile amputation should, from a human rights perspective should be viewed a positive move, not a disgrace. Labelling, name calling, stigmatizing and condescending attitude towards those who feel victim of the rite should be discouraged for the health of the society. Perhaps some advocacy on the mindset is critical from cultural architects and other cultural development practitioners. The following sentiments on stigma were echoed by various participants.

"We do not know why going to the hospital to salvage one's life and possibly avoiding losing one's penis should be discouraged. This is both cultural fanatics and cultural blindness".

Stigmatizing and calling those who went to the hospital derogatory names show how some members of the society are culturally blind and retrogressive. Culture should easily accept some life saving endeavours".

The above findings seem to indicate how cultural fanatism and blindness could lead to cultural stereotypes with the effect of viewing those who succumbed to bad health and ended up in the hospital as being a disgrace to the community. Perhaps immense education should be espoused by cultural architects and cultural development practitioners to accept that gaps in the cultural practice could be filled by other development practitioners such as biomedics in the hospitals. Advisedly, the

culture of male circumcision should not be viewed as an end to itself, but a continuum of life process that involves other diverse input.

4.7 INADEQUATE PSYCHOSOCIAL SUPPORT FROM COMMUNITY NETWORKS AND GOVERNMENT.

Almost all the newly initiated men that participated in this study agreed to have received psychosocial support especially from a support group linked to Holy Cross hospital. The group, through a doctor offered medical and therapeutic support that was very instrumental in their healing process, both physically and psychologically. However, they indicated that the support group was not part of the Department of Health's initiative, but the doctor was using the Holy Cross premises to host the support group that catered for all the newly initiated men that had fallen victims of the circumcision initiation mishaps. Although the assistance may not have been adequate considering the psychotherapeutic gaps that the initiates needed, the assistance package was commendable. However, community networking was an immense support for the victims and was a platform of various psychosocial nourishment. Many echoed the following assertions:

> *"The support group hosted at the Holy Cross hospital conducted youth camps and young men's campaign where we all met and interacted with each other as well as heard each other's opinions which bolstered our psychosocial well-being".*

> *"Although the assistance from the Holy Cross was minimal, but we appreciated the role that the support group rendered. The initiates were in dire need of psychotherapeutic and psychosocial support, both which was minimal. The need for help was sometimes dire that one initiates decided to commit suicide".*

> *"A few Social workers also came to offer a few of us a bout of counselling"*

The above findings indicated that the needed psychosocial support from the government, NGOs or support groups was minimal and could not offer the initiates the much needed psychotherapeutic and psychosocial nourishment. This seriously points a failing finger by the government. It is therefore a high time that the government psychosocial support mechanisms are instituted or strengthened to give the initiates the much needed therapeutic nourishment. Perhaps, this could mean that government and community network partnership should be strengthened in order to deal efficiently and effectively offer the much needed with psychosocial and emotional support to the initiates. Such support groups would need to be managed by personalities with adequate skills to offer both psychotherapeutic help.

4.8 RECRUITING CULTURALLY AND APPROPRIATELY QUALIFIED TRADITIONAL PRACTITIONERS

Almost all the study participants indicated the need to recruit culturally and professionally qualified traditional practitioners such as traditional nurses to replace young, immature, inexperienced and unskilled traditional nurses. Such cadre of inexperienced traditional nurses should be stopped from attending, controlling and taking part in the initiation school. They advised that it would be of paramount importance to reinstate and encourage elderly men that are knowledgeable, mature and well skilled to control all the õmodus operandiò of the traditional male circumcision practice. This attracted the following sentiments:

> *"I think what must change is the selection and recruitment criteria of traditional nurses. The conditions must be stringent to ensure they are culturally and professionally qualified for the task"*

> *"The village should try to appoint elders that will be monitoring the circumcision lodge and all the other matters related to it and serve like a*

committee. During my season in circumcision school we were looked after by boys (young men) who created a lot of problems including deaths".

The above findings indicated that the traditional circumcision lacked professionalism in the selection and recruitment of the stakeholders to manage the process. This is an indicator that perhaps overtime, the custodians of culture, including the parents, communities and the government have assumed a fence-sitting syndrome (FSS) meaning that they have just been sitting on the fence allowing and providing a platform for various chance takers to dictate and introduce a retrogressive subculture of circumcision initiation within the well-known dominant culture. This could explain the phenomenon of losing grip of traditionalism rigour and glory. Perhaps they have been succumbing to the forces of strong wind and wave of modernization, democratic dispensation, and individualism as opposed to collectivism, human rights and globalization. Apparently, a serious paradigm shift may have to happen in the traditional circumcision house if its erstwhile goal posts have to be stuck. These findings could also be implying the need for the traditional male circumcision to rearrange, resuscitate and reorganise itself in order to maintain stringent procedures that would include appropriate selection criteria for both traditional surgeons and traditional nurses.

FAMILIES OF NEWLY INITIATED MEN

4.9 Demographic Profile for Families of Newly Initiated Men Interviewed

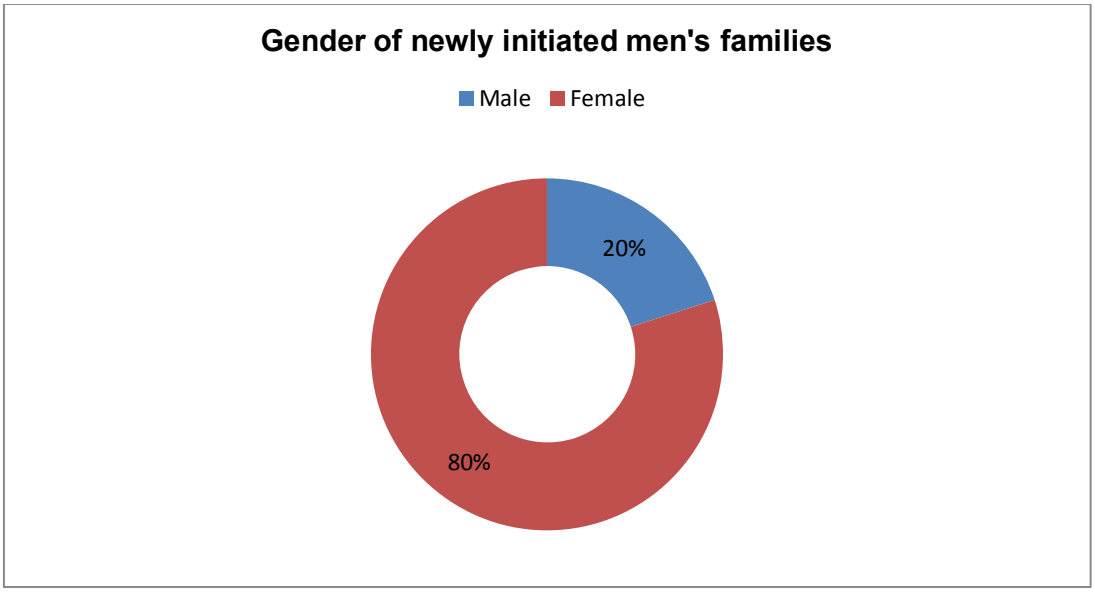
The five family members of the newly initiated men interviewed provided their personal information which is presented in Table 2 below. The real names of the families of newly initiated men have been replaced with pseudonyms. This has been done in order to protect their identity, upholding their confidentiality, respecting their privacy and anonymity, as well to protect their families from further labelling by their own extended families and the society. The demographic profile includes gender, age, marital status, level of education, and socio-economic status.

Table 5:

Pseudonyms of Families	Gender	Age	Marital Status	Level of Education	Socio-economic status
Kalimeva	Male	71	Married	Grade 2	Pensioner
Nothemba	Female	49	Single	Grade 6	Unemployed
Nongazi	Female	78	Widow	None	Pensioner
Nomsa	Female	29	Married	Grade 12	Unemployed
Nowiti	Female	54	Married	None	Unemployed

4.9.1 Gender of family members

Figure 2.1

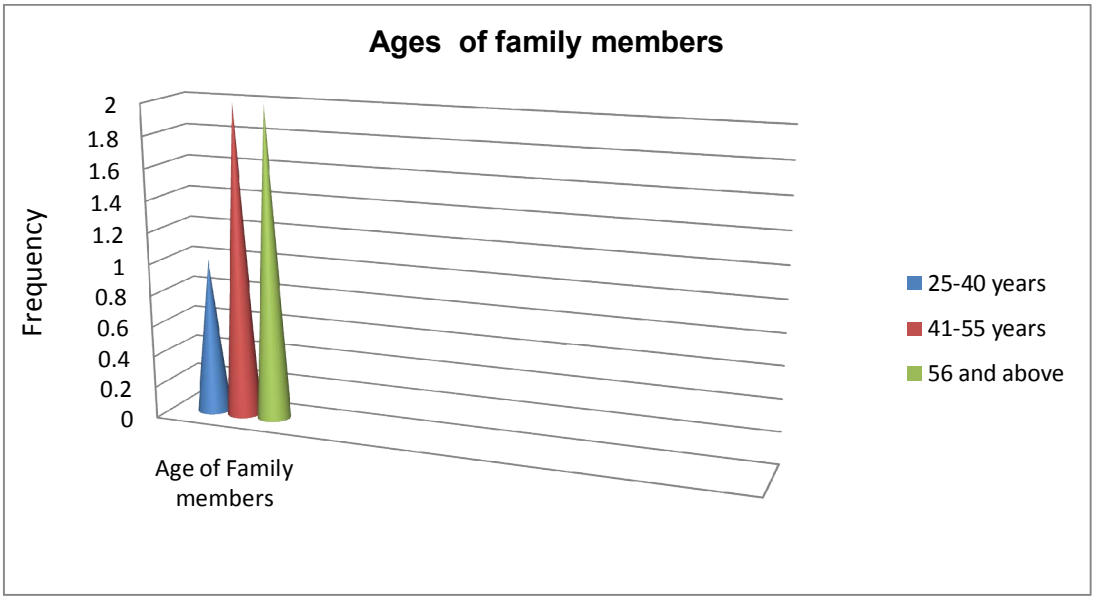


On gender, as displayed on Table 2 and Figure 2.1 respectively, findings indicated that the responses from the parents of the initiated men displayed a serious gender skewed dimension with four (80%) of family members being women and only one (20%) being a man. Such findings revealed both an inconsistency and an incongruence with the ñmodus operandi ñof the circumcision initiation process which is overly dependent on men due to its patriarchal hegemony with women expected to fulfill minor or passive roles during the rite of passage from boyhood to manhood. Perhaps this researcher needs to be commended for using purposive sampling technique to have women as participants in a rather male dominated preoccupation or process. He may have been irked by apparent marginalization of women in a process in which they have to shoulder the mistakes conducted by men in the ritual. Perhaps this also mirror what is seen in many community development endeavours

in many African countries in which many women that men are ready to volunteer themselves to participate in any development endeavour.

4.9.2 Age of families of the newly initiated men

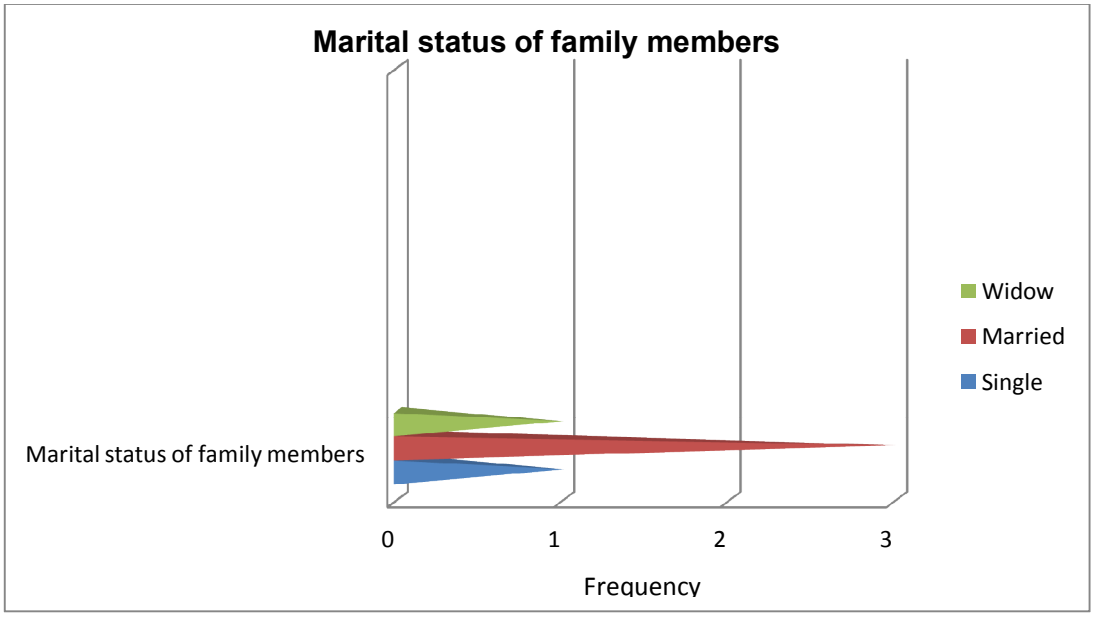
Figure 2.2



In terms of the age, Table 2 and Figure 2.2 above indicated that while the youngest family member of the newly initiated men was below 40 years; two belonged to 41-55 age category, while two eldest older ones were above 56 years of age. This indicates a very fair age distribution and mirrored a fair representation of the ideas and opinions on psychosocial challenges associated with traditional male circumcision in the society.

4.9.3 Marital status of families

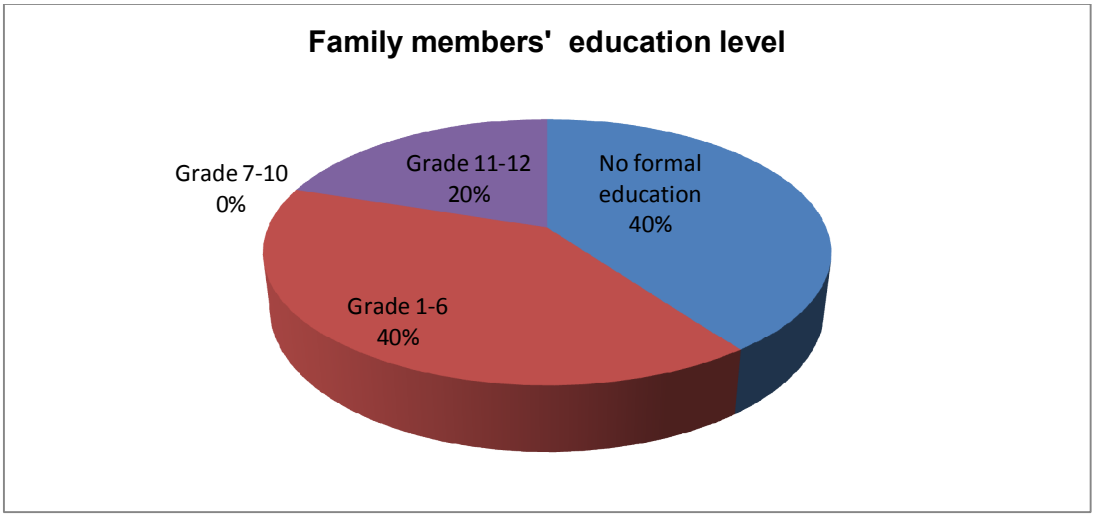
Figure 2.3



On marital status as depicted by Figure 2.3 indicated revealed that majority of the study participants were married, one was single and another one was widowed. To the contrary, the married were not living with their spouses, but with the newly initiated men and other family. This implies that the responses came from personalities of different statuses. This was critical in ensuring data validity, reliability, trustworthiness as well as diversity of opinions.

4.9.4 Education level of the families of the newly initiated men

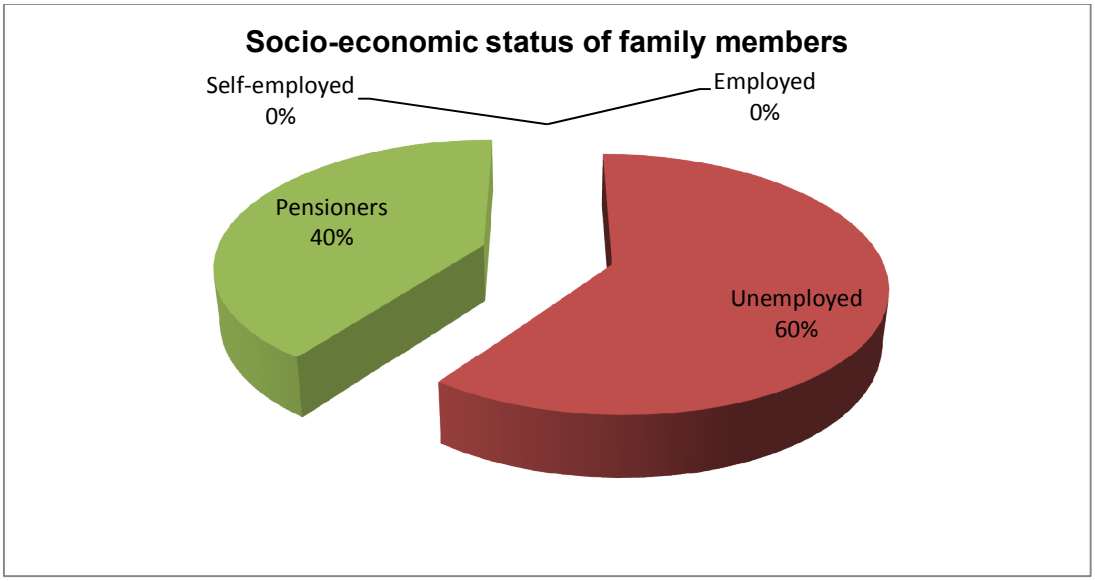
Figure 2.4



Study findings indicated as depicted in Figure 2.4 that the participants were of low education level with only one having attained secondary school level, two belonged to grade primary school levelô while 2 others reported having no any formal education These findings could reflect the low level of education in the Lusikisiki region as a whole. This may also mirror the state of development in the area. This could also reflect the pace at which people may accept to change the circumstances surrounding cultures. This is because people of low literacy levels may take long to conceptualize issues of development.

4.9.5 Socio-economic status of families

Figure 2.5



Study findings indicated that majority of the family members of the initiates were neither employed, nor self employed and had to rely on the child support grant from Department of Social Development. This possibly meant they were poor and not in a position to financially support their needy initiates psychosocially. This situation reflected the psychosocial ebb in which the initiates who fell victim of the rite they had sunk into.

4.10 TRADITIONAL MALE CIRCUMCISION CULTURE INCREASINGLY MISSING OUT ITS CULTURAL GOALS

4.10.1 Inadequate cultural benefits from traditional male circumcision

Almost all participants that took part in this study revealed that traditional male circumcision values, norms and glory have dwindled with time losing its erstwhile cultural glory. The participants opined that the rite was not able to inculcate moral

and ethical benefits it used to do. This means that the circumcision rite had compromised its cultural goal posts so immensely to an extent of the participants not seeing its value. The following sentiment supports the observations made above:

> *"Today, I often ask myself what is the moral development and cultural benefit that the initiation brings? This is because the young men who undergo the rite do not appear to come out with any meaningful and desirable behaviour. Instead, the community see them displaying unpalatable behaviours"*

> *"No, we have not seen any cultural benefits because, when we encourage children to go for circumcision school, we had a belief that they would become real men just like others. Instead they come back as totally messed up, even developing suicidal tendencies as they became aware that their lives have been brought to a state of standstill"*.

> *"As for me, I do not see any cultural benefits especially when those who have undergone the rite come either the way they were or even worse. Today, the rite is grossly losing out in inculcating any morally and ethically good behaviours".*

The above findings clearly indicate that traditional male circumcision as a cultural practice is slowly losing its erstwhile glorified value, amongst the communities that are still practicing it. Perhaps this could be a pointer of the slackness and lack of professional and cultural seriousness among the cultural custodians in keeping the circumcision house in order. Perhaps they have been caught up in the trap of modernization and individualism that has made them to allow the infiltration of the incompetent and bogus traditional practitioners such as the traditional nurses to take toll in the trade and therefore causing untold harm to the culture. This means that only a serious paradigm shift of attitudes and disposition among different stakeholders that can resuscitate the desirable normative expected cultural standards.

4.10.2 Preference of medical male circumcision to Traditional male circumcision.

Majority of the participants in this study seemed to be perturbed by the current challenges posed by traditional male circumcision in so much that they even preferred medical male circumcision to traditional male circumcision despite its glorified role as a yard stick and acting as the community cultural and moral compass since time immemorial. This is because of the loss in terms of death of the initiates as well as having many serious casualties. The participants revealed their displeasure with traditional male circumcision and instead opted for medical male circumcision. This is because medical male circumcision was safe, hygienic and painless. These arguments find expressions in the following remarks:

"Perhaps, I think it will be better if my other grandchildren just to go for medical circumcision because one can be sure they will be almost 100% safe"

"When one sends his child to the traditional circumcision, one cannot sleep. This is because one can hear anything like one's child has lost manhood, or even had died. The option of MMC is the best"

"I have a lot of enemies and they rejoice when my children go to circumcision school because that's where they will get back to me by settling the score through hurting my children at circumcision lodge".

"It is better for children to go to hospital and lose the culture. If maintaining culture is having your child die in the circumcision lodge, then culture can go and one saves the child"

"This time around I have to think really hard as to whether I will allow my young boys to circumcise traditionally because, I really had a bad experience in 2012 and 2013 when we lost a lot of our children. They are more in the name of maintaining cultures".

The findings above indicate a state of desperation, despondency and disenchantment pertaining to the loss that traditional male circumcision has subjected the society to. Apparently, the participants appears to make a clear cost benefit analysis and conclude that societies should not preserve and maintain cultures if they are hurting their children. This therefore makes this researcher to agree with them that unless the culture is made safe, it does not make sense if the cost of maintaining it is unbearably too high.

4.11 THE NEED TO PRESERVE AND MAINTAIN THE CULTURE OF TRADITIONAL MALE CIRCUMCISION

Despite many participants considering the option of medical male circumcision because of the woes and ills that were increasingly being associated with traditional male circumcision, some cultural die hards were of the idea that culture of traditional male circumcision had a pivotal and central role and could not be thrown away simply because of the mishaps surrounding it. The supporters of traditional male circumcision indicated that people were in support of the medical male circumcision emotionally and because of the stigma that was subjected to those who fell victims of the rite. The proponents advised that societies needed to consider the essence of cultural values embedded in the rite. Such viewed the rite as still a panacea that people should pursue notwithstanding the challenges surrounding it. Such thinking attracted the following comments:

> *"I cannot say the ritual must be abolished because my grandchildren got injured there, our children are still insisting about going through the rite of passage to manhood through the route of traditional circumcision and as parents we never deny them that opportunity because, they fear stigmatization by others".*

"We cannot really support the idea of abolishing the ritual simply because of mishaps. We can deal with mishaps to give traditional male circumcision a clean bill of health

"Culture is life. We will require to circumcise our children the same way as our forefathers did. It is only anger that compels us to talk about medical circumcision".

The findings above in support of traditional male circumcision means against medical male circumcision give advice that people should not abandon a culture simply because there are challenges besetting it, but should look for ways of dealing with such challenges. They also advised that that people should look at the deeper meaning of the culture and what it means in peopleôs lives before concluding to abandon it. Looking for means and ways of removing the challenges could be central.

4.12 TRADITIONAL MALE CIRCUMCISION (TMC) EVOKE BOTH TRAUMA AND A HEART BREAKING PHENOMENON.

Virtually all the family members of the initiates revealed that traditional male circumcision had become a painful experience wreaking havoc not only to the lives of newly initiated men, but also their families and the society at large. It was increasing becoming a õthorn in the fleshò of different stakeholders in the society. This caused undue psychosocial loss that compromised the wellbeing of the society. This therefore indicates the need to either change it or overthrow it altogether. The following sentiments were expressed by participants with this regard:

"If Holy Cross hospital never raised their standard of service to the highest level, my son could have been dead by now, in so much that I screamed loudly when I arrived in hospital. While, my son during that time was also screaming to the nurses and the doctor to come and operate his swollen

stomach. He was dead, a corpse, its Holy Cross that saved his life and sent him to Mthatha Academic hospital".

"For me, I do not want to lie or hide it from you, I will only be helped by death. Nothing I really enjoy in this life anymore, I am just waiting for my Lord to release me through death, I am not happy at all and I will never be happy until I get to my grave".

"With tears coming down the eyes but she said..... I have come into terms with my son's situation".

The above findings reveal words of stress and despondency, excruciating pain, and indications of people who have lost all the hope because of the traditional male circumcision. This could then justify such people to make a turning point to abandon the culture if its social capital in terms of bringing happiness is already not there. Such frustration emanated from different reasons such as agonising harassment and molestation in the initiation lodges, accidents of maltreatment, brutality and physical abuse, with death becoming a likely possibility. Perhaps this could be a clear signal that traditional male circumcision as a cultural practice especially in the modern world has not lived up to its billing as the majority of cultural custodians start to voice out their rage and disappointment towards its negative impact.

4.13 INITIATES WHO FACE ACCIDENTS DURING THE RITE SUBJECTED TO UNDUE STIGMA

Findings from the families of newly initiated men that participated in this study indicated that young men who underwent the traditional male circumcision school and ended up being admitted into the hospital grossly suffer endemic stigma, labelling and name calling especially from their peers. They revealed that such stigmatization towards their children had brought excruciating pain that gave them

sleepless nights. Such stigma was also extended to them as parents or family members. The following sentiment supported the findings above:

> *"My grandson once informed me about others in communities that are making mockery of him as well as a laughing stock of the society because of what happened, he also told me that they are being stigmatized by others. They are being laughed at as well as being derided at. Because they became casualty and were hospitalized, they are not allowed to attend traditional functions, this is terribly unfair".*

The findings above indicate a serious state of cultural stereotype and cultural fanatics in which those who do not necessary comply with some expectations are viewed abnormal. This has been the reason for stigma subjected to those who were hospitalised. This also indicates a sense cultural naivety in that it was not considering the inalienable rights of individuals to health. A good culture, this researcher believes may bend positively to accommodate changes in the society and not to allow people to be hurt simply because the culture needs to be consumed as its dictates are.

4.14 INADEQUATE PSYCHOSOCIAL SUPPORT FROM COMMUNITY NETWORKS AND GOVERNMENT

Research findings on psychosocial support provided by both government and community networks towards newly initiated men and their families revealed mixed feelings, emotions and reactions. Almost half of the participants acknowledged some minimal contribution made by community networks in a form of informal support group hosted at the premises of the Holy Cross hospital while little or no psychosocial kind of support was availed by either the government or any other body. Some of the participants shared the following sentiments:

"My son attends support group that seem to be helping them at Holy Cross hospital and according to him when he's in that support group with other young men that are also the victims of circumcision, he forgets about the experiences and everything that he goes through".

"But it's better now because, they are usually taken with others to the support group at Holy Cross hospital and other places".

"No, there was no such help package. No I never took him around to other places like those or legal processes but it killed my spirit, my soul and my flesh. Let me say, another thing is that perhaps, illiteracy has really put us in the dark to realise how to go about looking for help and how can one be helped and assisted"

"We never received anything, nothing at all"……..with a heavy heart, very low and angry sound-like gesture.

The above findings could indicate, albeit a little, the value and contribution of the community networks in offering psychosocial support such as making people interact, share their feelings, their agonies and giving one another hope for the following day. However, since an informal support was made of people who may not be professional grounded, adequate psychotherapeutic interventions such as counselling was not in the offing. However, the role of government and NGOs in assisting the victims with psychosocial assistance package was conspicuously absent. Perhaps this points a finger at the government for not showing much interest and has the victims be helped with different psychosocial assistance packages to address many of the psychosocial challenges that engulfed them. Perhaps, this could also mean that traditional custodians, community networks and governmentôs machinery have failed dismally to make positively impact in peopleôs lives in the face of mishaps encountered as result of circumcision practice.

4.15 POLICY AND PROCEDURAL GAPS ASSOCIATED WITH TRADITIONAL MALE CIRCUMCISION

Almost all the families of the newly initiated men that participated in this study appealed for more rigorous, thorough and stringent traditional male circumcision policies and procedure that would guide circumcision operations. They also believed that it was not only the policies that require to be strengthened, but also the village Chiefsô role in traditional male circumcision needs to be bolstered. Some of the participants shared the following comments:

> *"The laws regarding the issues of traditional male circumcision need to be strengthened".*

> *"If circumcision accidents still continue, it would become clear that chiefs are failing in their leadership task. Importantly, the government should ensure that chiefs are supported to monitor and evaluate the situation of circumcision on the ground appropriately".*

> *"I cannot support the idea of abolishing the traditional circumcision, but government must really be hard on chiefs. If for example, I have taken my child unlawfully through the rite of passage to manhood, then criminal justice system must deal with me accordingly".*

The above findings indicate that either the circumcision policies were not in place, or if in place, they were not operationalized leaving loopholes that the abusers took advantage of, for example in operating an illegal initiation school. Apparently, the chiefs may not have taken their tasks seriously, or were not empowered appropriately to deal with circumcision issues, or the hand of the government in supporting the circumcision issue was weak. This therefore mean that the government needed to follow and ensure policies were in place and were

operationalized and support the chiefs to offer proper and effective leadership on circumcision domain.

4.16 THE NEED FOR STRINGENT RECRUITMENT AND SELECTION CRITERIA FOR TRADITIONAL PRACTITIONERS.

Virtually all the family members of the initiates interviewed lamented lack of professionalism and poor selection criteria of traditional practitioners such as the traditional nurses. This is because those who were on the ground lacked both the cultural and professional aptitude to competently do their tasks. They advised that mechanisms be put in place to ensure qualified traditional nurses and replace the young and immature traditional nurses. This, they agreed was the cause of all the accidents. These young traditional nurses were a disgrace and brought misery to the culture of circumcision. The participants wanted to see the elderly and mature men in the village take charge of the circumcision business. To this end, the following sentiments were expressed:

> *"If it was for me, I would like to see elderly over and look after our children in order to preserve the ritual for the benefit of the upcoming generation".*

> *"I believe circumcision laws in Phondoland are not really strict, even our Chiefs have failed dismally to provide leadership because, we do have elderly and mature men that can be used as traditional nurses instead of these young boys that controls the ritual currently"*

The above findings indicate that the traditional circumcision house is in disarray lacking prowess in selecting and recruiting traditional practitioners such as the traditional nurses. Since the participants had no doubt that the quality and professionalism of the nurses was the cause of the mayhem in the circumcision domain, this points fingers to the government and the Department of Traditional

Affairs to work together in tandem with the custodians of culture to rectify the anomalies in the system. Taking action against bogus circumcisers and those who institute illegal schools could possibly reduce the current stalemate. The current standoff could also mean that perhaps the cultural custodians of the area may be facing knowledge and skill gaps to select and recruit professional traditional nurses who will competently do the task of effectuating circumcision.

COMMUNITY MEMBERS

4.17 Demographic Profile of Community Members from Focus Group Discussions.

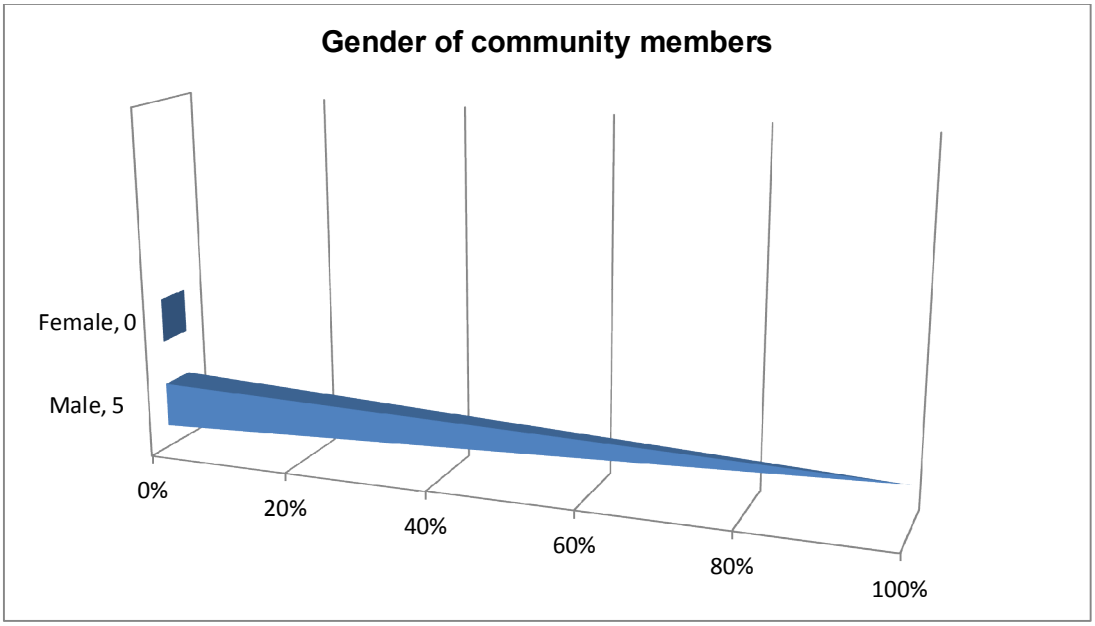
The five (5) community members that participated in focus group discussions provided their personal information which is presented in table 3 above. The real names of the community members have been replaced with pseudonyms. This has been done in an endeavour to protect their identity, uphold their confidentiality and respect their privacy and anonymity. The demographic profile includes gender, age, marital status, level of education as well as socio-economic status.

Table 6:

Pseudonyms of participants	Gender	Age	Marital Status	Level of Education	Socio-economic status
Nondoda	Male	31	Single	Grade 11	Unemployed
Mjongeni	Male	41	Single	Grade 12	Unemployed
Mzoli	Male	45	Married	Grade 12	Unemployed
Lungile	Male	36	Single	Grade 10	Unemployed
Nomga	Male	26	Single	Grade 11	Unemployed

4.17.1 Gender of community members

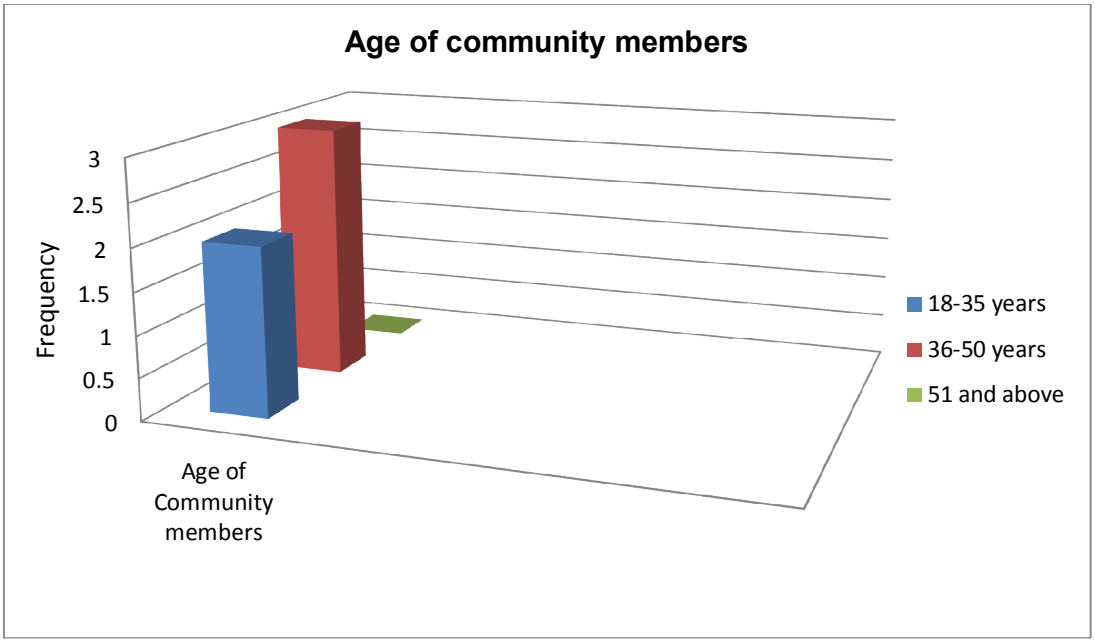
Figure 3.1



As shown in Figure 3.1, study findings on gender indicated serious skewed gender dynamics on the phenomenon of traditional male circumcision practice with 100% of the participants that took part in a focus group discussion being men. This mirrors the fact that traditional male circumcision in South Africa is predominantly a male domain with women being viewed as passive agents.

4.17.2 Ages of community members

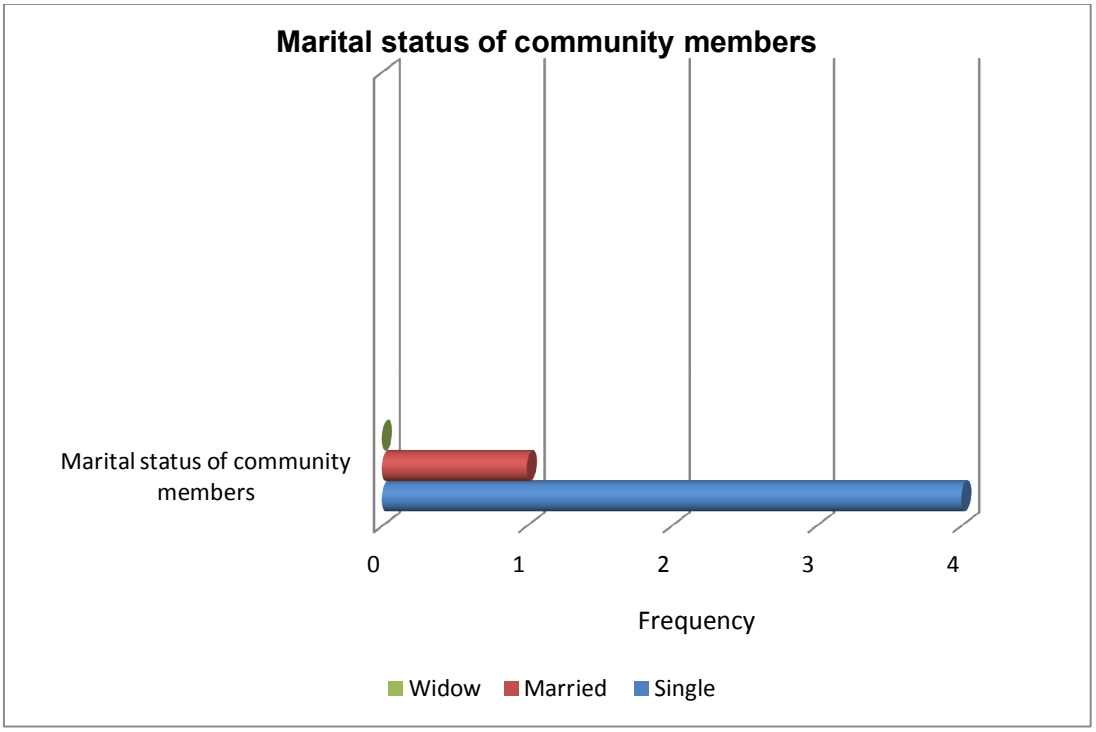
Figure 3.2



On age, study findings indicated that participants who took part in the focus group discussions had age ranging between 26-45 years. While the youngest two community members belonged to the youth age bracket of between 18-35 years, three participants were adults of age range between 36-50 years. Although none of the participants was above 50 years, the variation of age can be considered satisfactory and likely to give valid and reliable opinions pertaining to traditional male circumcision.

4.17.3 Marital status of community members

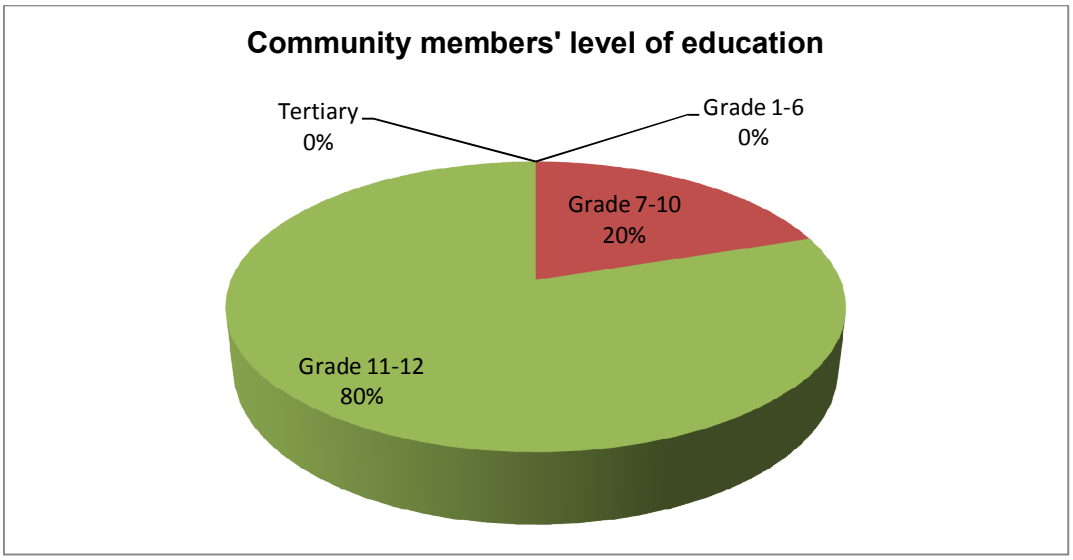
Figure 3.3



It was pertinent to consider another fundamental dimension of the demographic information of the participants which is their marital status. As graphic presentation of figure 3.3 above depicts, the study findings indicated that majority of the participants were single while only one was married. However, marital status was not a very important issue as far as answering the questions was concerned. This researcher thinks it is their capacities to know and contribute to information pertaining to traditional male circumcision that was important

4.17.4 Level of education of community members

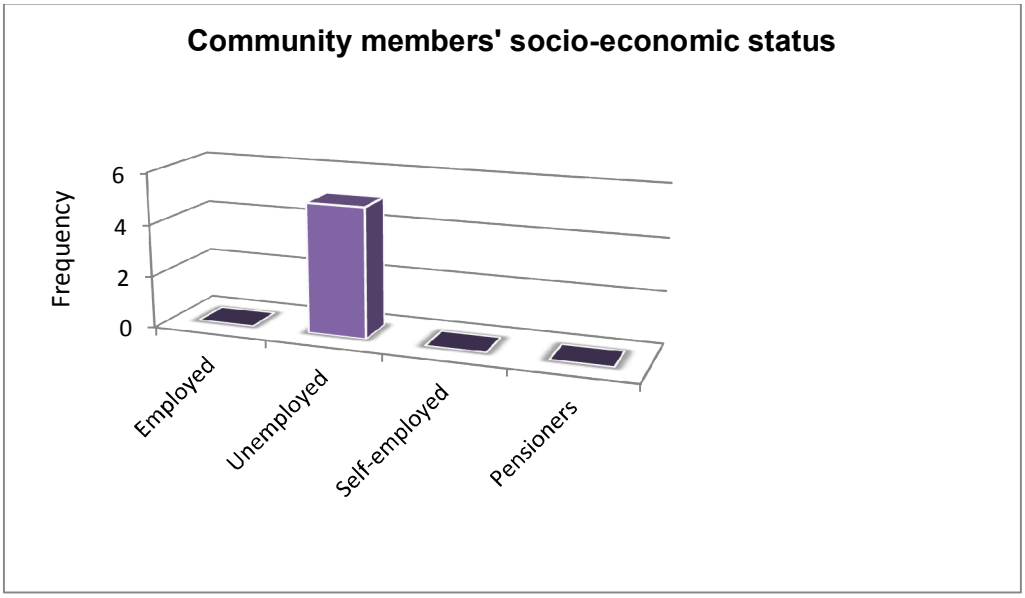
Figure 3.4



In terms of literacy, the study findings revealed that majority of the participants had completed grade 11 to grade 12, while a few of them were of low literacy levels of below grade 10. Therefore, the level of literacy of the community members was promising to enable this group to have a relatively good understanding of the dynamics that the researcher was interested in. This was a possible boost to data trustworthy and credibility.

4.17.5 Socio-economic status

Figure 3.5



The results depicted in Table 3 and Figure 3.5 respectively above showed that majority of participants that took part in this study in Lusikisiki area were unemployed which made their livelihood arduous and difficult. Explicitly, participants were neither involved in self-employment undertakings or receiving any kind of income and did not qualify for welfare grant. This could possibly explain why the majority of young men in Phondoland region have found involvement in traditional male circumcision as either surgeons or traditional nurses as a way of earning income a good option. This could possibly explain why the area had many young surgeons and traditional nurses who were not either culturally or professional qualified to perform circumcision rite. Additionally, the poverty or lack of income could also mirror on weak or inadequate psychosocial support the community members could give to the initiates who fell victim during the circumcision rite.

4.18 TRADITIONAL MALE CIRCUMCISION CULTURE INCREASINGLY MISSING OUT ITS CULTURAL GOALS

4.18.1 Inadequate cultural benefits from traditional male circumcision

Research findings from focus group discussions on the topic of cultural benefits seemed to have embraced diametrical opposing dimensions with a few members maintaining that traditional male circumcision accrue cultural benefits. On the other hand, a larger group contrastingly maintained that traditional male circumcision no longer accrue any meaningful cultural benefits. The following expressions articulate these sentiments:

> *"I believe cultural undertaking is very important as it teaches communities about our cultural roots, identity, belonging, respect and acknowledgement of the elderly and the young".*

> *"I believe that there are cultural benefits although there are other uncertainties in today's circumcision initiation".*

> *"Cultural benefit in circumcision initiation is no longer there, there's no longer a benefit. This is because one cannot see the difference in behaviour and character between the boys and those who undergo the rite"*

The above findings from the focus group discussions could mean that communities are in a state of dilemma whether the rite has any cultural benefits. This is because of the current phenomena such as accidents surrounding the rite. However, this researcher thinks that the cultural benefits are there but have been outweighed by the endemic year-in-year-out incarceration and deaths of their children at the altar of circumcision. However, some cultural diehards cannot fathom a situation in which cultures and its values have to be wished off away. Perhaps the proponents are reflecting the yester years when the rite was not faced by innumerable deaths and accidents. Perhaps this could mean that it is high time cultural custodians embrace

all the mishaps associated with traditional male circumcision if it has to regain its niche and respect by the society at large.

4.19 TRADITIONAL MALE CIRCUMCISION (TMC) EVOKE BOTH TRAUMA AND A HEART BREAKING PHENOMENON.

Majority of participants that took part in the focus group discussions lamented that traditional male circumcision has become a gruesome ordeal and was immensely wreaking havoc to everyone in the community. This is because of atrocious accidents such as boys losing their manhood, and deaths that the rite was characterised with. To this end, some of the participants shared the following sentiments:

> *"Firstly, initiates lose their manhood, secondly, others lose their lives, thirdly, they are mistreated, abused, and brutalised due to the fact that they are looked after by other children in the circumcision lodge".*

> *"What I can add is that in our days, various challenges faced by initiates include losing their manhood and that's a huge challenge that makes one scared".*

> *"It takes away the passion one has for circumcision practice to the point where you get very scared and worried when you see someone that is about to undergo the rite of passage to manhood because of the ill-treatment of the initiates during the initiation".*

The above results underscore the undesirable phenomenon and possibly the new character that seem to be redefining the ñmodus operandiò of traditional male circumcision as a ghastly horrifying culture. This could mean that societies may have to change the modus operandi of the rite, or the culture may stand the chance of being abandoned completely. Hugely, the rite was continually robbing societies of the erstwhile social capital that was usually associated with the rite. The bliss, happiness, hope, love and appreciation that was supposed to characterise the rite

was fast dwindling away. This could also mean that this cultural practice is increasingly losing its social capital for communities to continue identifying themselves with it. This calls for cultural social surgery if the culture will continue to be a relevant one. Perhaps this points to the need for the government and the Department of Traditional Affairs to seriously take time to diagnose the challenge with the hope of coming up with social surgery to the culture. Otherwise, the culture is increasingly becoming retrogressive and losing all its progressiveness.

4.20 INITIATES WHO FACE ACCIDENTS DURING THE RITE SUBJECTED TO UNDUE STIGMA

Study findings on the topic of endemic stigma, labelling and name calling towards hospitalised initiates during the focus group discussions espoused mixed feelings and reactions from community members with some revealing that immense stigma was subjected to the initiates who due to bad health succumbed and were hospitalised. The initiates were also targets of derision, abuse, scorn and were called derogatory names by their peers and the community members at large. However, a few participants denied this state of stigma. To this end, almost all participants both those who agreed that stigma exist and those who disagreed expressed the following views:

> *"Stigmatization between these children does exist but what causes stigmatization is what I have highlighted earlier about the bogus traditional nurses".*

> *"It is very seldom to find initiates being stigmatized in our village"*

The above findings lay bare the evidence that the initiates who were incarcerated by the rite and were hospitalised suffered double tragedy, one of having to fight their lives in the hospital and possibly having to live with a physical scar in their lives, and

the tragedy of being subjects of stigma from their peers and the general community members. However, all is not lost as some few members indicated that stigma was no longer there in the village. Perhaps this could be denial, or wishful thinking from such people, or acts of protecting the culture from further dent.

4.21 INITIATION UTILIZED AS A TOOL FOR VENGEANCE

Findings from the majority of circumcision stakeholders indicated strange and astonishing revelation that most of the abuses and frustrations levelled against the initiates during the rite of passage were a result of the traditional nurses venting their anger and inbuilt frustrations they experienced when they underwent the circumcision process themselves. They therefore, either by design or by default found themselves directing their vengeance to the initiates they were handling. Some participants shared the following sentiments during the group discussions:

> *"I believe traditional nurses that we have, are traditional nurses that are aggravated by their own harsh experiences they had to go through during their time of initiation"*

> *"Some of these children are being lured by those other children that have already undergone a rite of passage to manhood with the intension of visiting them in the circumcision lodge to abuse and brutalise them at certain times".*

> *"It is astonishing that some young men that visit the initiates pretending that they are there to help them go there with the intentions of settling old scores that were not settled while they were all still boys in the community".*

The above findings could be an indication that traditional male circumcision is degenerating and increasingly lacking in professionalism if young people especially the traditional nurses have to use it as their platform to settle scores. Perhaps this could explain why this initiation especially in areas such as Lusikisiki has been

characterized by a constellation of unnecessary abuses and brutalization of the initiates. Perhaps this is largely because the young and inexperienced men have been left to define the õmodus operandiò of the process. It is an unfortunate decline in culture, with its erstwhile goals posts being thrown away off their tracks. This could also explain the perfidious ramifications that have put many stakeholdersôincluding initiates, their families and others in state of grief, misery, sorrow and distress, making life not worth living.

4.22 INADEQUATE PSYCHOSOCIAL SUPPORT FROM COMMUNITY NETWORKS AND GOVERNMENT.

Research findings on psychosocial support provided by both government and community networks to those individuals and families that became victims of the rite revealed that virtually all of them were not aware of any psychosocial support currently accessed to the victims. They unanimously indicated a need for the state machinery to take drastic requisite interventional measures such as availing the victim with psychotherapeutic services. Some of the participants shared the following sentiments:

> *"No, I don't think they receive any support, there's no support because, the government does not take drastic measures instead they are discarding traditional circumcision ritual and promoting medical male circumcision in the expense of our cultural practice".*

> *"These children at least are supposed to receive counselling as well as their parents that are affected by challenges associated with circumcision, but that's not happening at the moment at all".*

The above results indicate a state of neglect to the initiates who fall victim of the rite and their families. This group was in dire need of various psychosocial packages such as counselling in order to give them hope, love and an opportunity to vent their

worries and stresses. These people have scars that need psychosocial dressing. This demands the government, NGOs and community members generally to consider availing various requisite psychosocial assistance packages to this group.

4.23 POLICY AND PROCEDURAL GAPS ASSOCIATED WITH TRADITIONAL MALE CIRCUMCISION

Research findings from virtually all the community members participating in focus group discussions decried poor policy and procedural gaps surrounding Traditional male circumcision rite. They indicated that there were discrepancies in the procedures in that those who were supposed to be managing the rite were either not sure of their role or were not adequately supported by either the government or the Department of Traditional Affairs. Perhaps this finds evidence from the current debates on the circumcision mishaps in which different stakeholders have been recriminating and pointing fingers at one another. The participants therefore appealed for the passing of customary law that would help the chiefs to play a meaningful role and the deployment of police officials in the monitoring of traditional male circumcision. The following sentiments were shared almost by all participants:

"The Chiefs should also intervene by passing strict customary laws that will be obeyed and known by everyone".

"In addition to this, government should deploy police officials to constantly monitor the situation at circumcision lodge at all time".

Equally, majority of participants in the focus group discussions of community members decried poor policy environment as a critical factor that was contributing to the accidents and possible deaths. For example the circumcision process took place without necessary documentation or consent from the parents, while others were not medically screened as expected. This indicates dents in the policy pertaining to

circumcision. However, perhaps the policies were there but leadership to implement or enforce them was lacking. These views find expression on the following comments:

> *"In my view, the policies are not effective, on other words; there are no policies because the circumcision ritual is still under the control of children".*

> *"The fact that some of these children undergo circumcision ritual without signing consent papers, others do not even go through proper medical assessment before circumcision"*

The above results could be an indication that the current circumcision procedures and policy environment were either weak or compromised the sanity and professionalism of the circumcision rite. The community members did not have confidence with the current mainstream procedures and policies and hence they appealed for the reintroduction of customary law that will empower chiefs to take full charge of the circumcision rite as well as ensure policies are either in place and are enforced, or are implemented competently. Perhaps this could also mean that weak procedures and circumcision policies provided an opportunity for fly- by- night traditional practitioners to take full advantage of the situation and advance their mischievous actions. Perhaps this could also mean that traditional leaders and the government should take a closer review and assessment on their current policies and procedures and identify the loopholes that may eventually close grounds for bogus traditional nurses.

4.23.1 The need for stringent recruitment and selection criteria for traditional practitioners

Virtually all the participants that took part in the focus group discussions in this study indicated the culture of circumcision needed to relook and revisit its recruitment and

selection criteria of the cultural practitioners. This was because the culture was apparently hijacked by the young people who were neither culturally nor professionally qualified to perform the tasks. They recommended that agreed that it is high time that the initiatesôparents, mature and elderly men be reinstated to take part in all the circumcision activities. They all believed that the only way to mitigate the current social vices that redefine the TMC to encourage the elderly men and parents in the village to become active in the initiation process. To this end, many shared the following utterances:

> *"We need to have traditional nurses that are parents themselves so that they can understand the value of children. The current crop of young traditional nurses is the cause of all these heinous acts committed to our children".*

> *"We believe that traditional nurses who are fathers with children and running a family are level headed, have love for children and are likely to be responsible. We want such traditional nurses, not the bogus young ones who are incarcerating our children and they come without their manhood"*

The above findings point to the need for cultural custodians to apply a stringent selection and recruitment criteria so that only culturally and professionally qualified cultural practitioners could take the tasks of circumcision procedure. Perhaps this points to the government and the Department of Traditional Affairs to sit together and forge an appropriate path that will help to clean the circumcision house.

4.23.2 Stringent control of initiation schools critical

Virtually all the community members who took part in focus group discussions decried the mushrooming of illegal initiation schools with impunity. This they said is because the cultural custodians, the parents, the Department of Traditional Affairs and the government itself were not serious. They had allowed the once glorified

culture to weaken with the result of sacrificing the health and the lives of children undergoing the rite. The participants called for stringent control as well as the centralisation of the initiation schools. The participants decried that in the current system, initiation schools were scattered and conducted their businesses both illegally and with impunity. Such viewpoints find expression in the following remarks:

> *"I suggest that government should centralise the circumcision and provide overall support for every need".*

> *"These young culprits usually visit the circumcision lodges under the influence of alcohol and dagga at night hence we would like the lodges to be centralised".*

> *"In my view, I think circumcision lodges be centralised according to the sub-districts as we know each sub-district has its own village they can be allowed to conduct their own initiation practice.*

The above results could be mean that the house of traditional male circumcision house in Phondoland was in disarray and required serious organization. For example, there should be a register of all the initiation schools with each area having a responsible representative to give reports to the senior custodians attached to the Department of Traditional Affairs.

TRADITIONAL NURSES

4.24 Demographic Profile of Traditional Nurses Participated in Focus Group Discussions

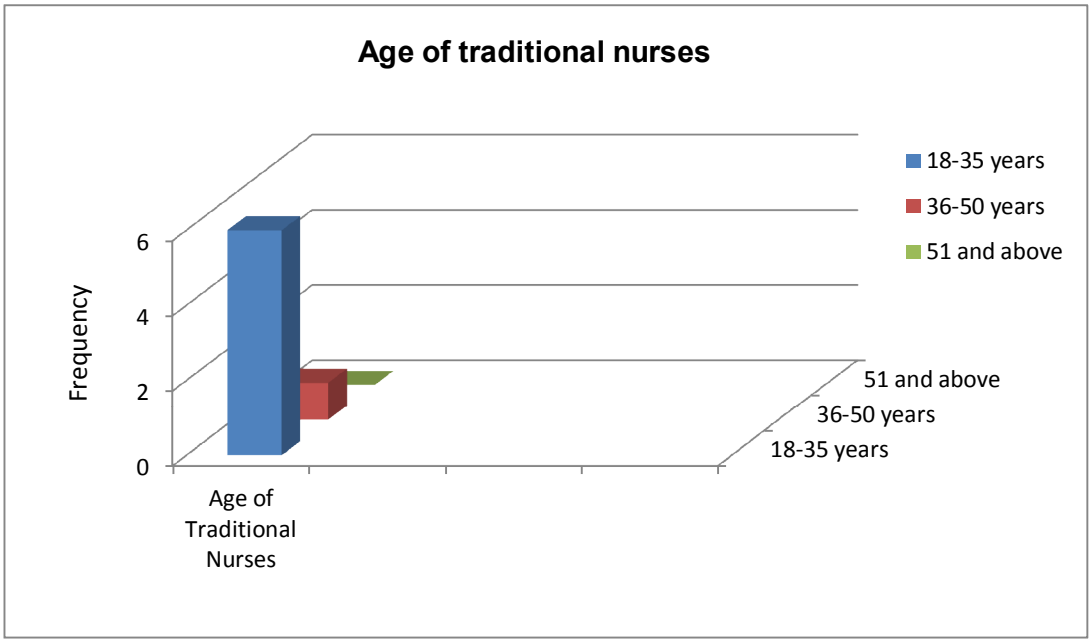
The seven (7) traditional nurses that participated in focus group discussions provided their personal information which is presented in Table 4 above. Their real names have been replaced with pseudonyms. This has been done in an endeavour to protect their identity, uphold their confidentiality as well as respect their privacy and anonymity. The demographic profile includes age, marital status, level of education, as well as socio-economic status. However, gender dimension has not been included because, in this practice, only male traditional nurses are appointed to look and take care of the initiates.

Table 7:

Pseudonyms of participants	Age	Marital Status	Level of Education	Socio-economic status
Nceba	24	Single	Grade 9	Employed
Ndaba	25	Single	Grade 7	Unemployed
Mafa	37	Single	Grade 9	Unemployed
Mondli	34	Single	Grade 12	Unemployed
Sizwe	32	Single	Grade 10	Unemployed
Mangena	24	Single	Grade 11	Unemployed
Ntande	18	Single	Grade 9	Unemployed

4.24.1 Ages of traditional nurses

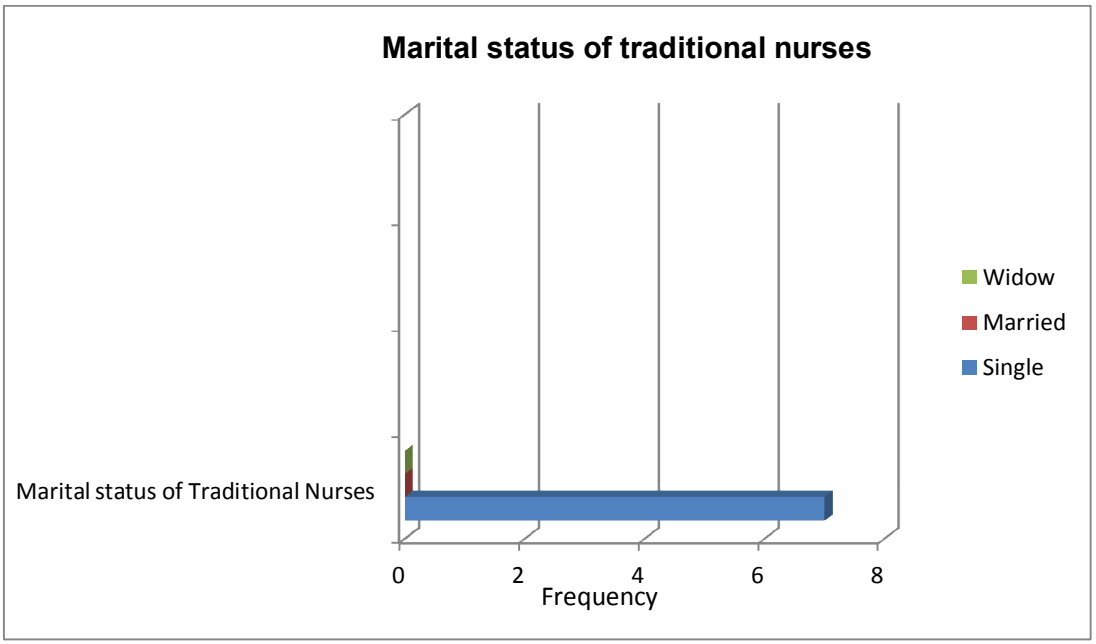
Figure 4.1



The ages of traditional nurses that took part in the focus group discussions ranged between 18 and 37 years as shown in Table 4 and Figure 4.1 above respectively. This indicated that the majority of them (86%) were youths as they fell between the ages of 18 to 35 years. Ironically, and in this researcherôs thinking, this was not an ideal age for any men to be bestowed the responsibility of looking after the initiates in the circumcision practice. Even for the only one who was above the youth age bracket of 18-35 years, he was only 37 years. Perhaps this is an indicator of increased tilting of the circumcision goal posts at the expense of cultural glory and strength.

4.24.2 Marital status of traditional nurses

Figure 4.2

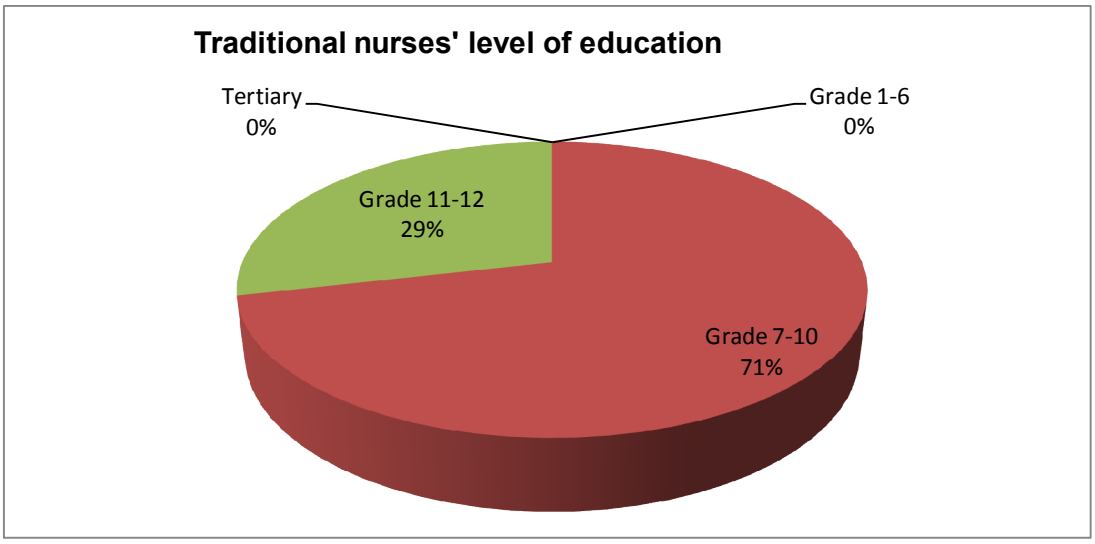


Interestingly, almost all the participants that were involved in these focus group discussions were still single. This presents an awkward position because many people who value culture, its preservation and retention would expect that those bestowed with serious tasks such as being traditional nurses were responsible and usually married men. This also is an indicator of shifting goal posts of circumcision rite at the expense of its glory and strength. This also puts to doubt cultural procedures of selecting and recruiting the traditional practitioners. With the unmarried youth being given the keys to drive the culture is a testimony that all may not be well. Cultures have always being managed and directed by the elderly custodians. But it could also mean that the area custodians have not been keen to control and give guidance to cultures. Perhaps the fact that circumcision was

recently reintroduced in the area could explain why elderly custodians have not been keen, or they may not have the skills to manage the culture of circumcision.

4.24.3 Level of education of traditional nurses

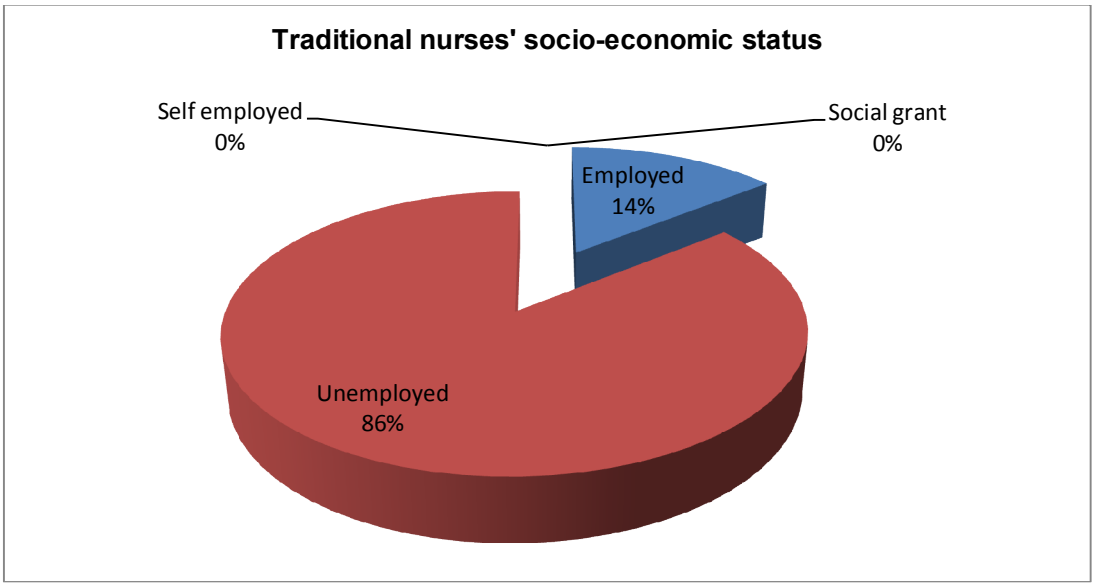
Figure 4.3



On traditional nurses level of education, the above findings indicated that majority of them (71%) had education levels of between grade 7 and grade 10, while only a few (29%) had attained secondary levels of grade 11 and grade 12. Therefore, if these findings were anything to argue about, the area still suffered illiteracy. Perhaps the low levels of literacy could be a factor in failing to adequately follow procedures and policies pertaining to circumcision.

4.24.4 Socio-economic status of traditional nurses

Figure 4.4



The results illustrated in Table 4 and Figure 4.4 of the demographic information pertaining to traditional nurses who participated in the focus group discussions indicated a bleak socio-economic position in that the majority were unemployed, and only one was employed. There is a possibility, therefore, that most of these youths had taken the tasks for pecuniary purposes, perhaps without minding the professionalism or the cultural obligation the tasks presented. This could be a pointer of possible accidents and deaths that were associated with the rite. They may have forced their way to be recruited by taking advantage of poor procedure and state of affairs pertaining to the circumcision house.

4.25 TRADITIONAL MALE CIRCUMCISION CULTURE INCREASINGLY MISSING OUT ITS CULTURAL GOALS

4.25.1 Inadequate cultural benefits from traditional male circumcision

Virtually all the participants that took part in focus group discussions of the traditional nurses revealed that traditional male circumcision as a cultural undertaking was no

longer of benefit to the newly initiated men themselves, their families and even to the larger community. They indicated various gaps seem to have overshadowed the cultural benefit accrued by TMC such as lack of response of the initiates to moral development just to mention the few. The above views find support from the following sentiments from the participants:

> *"I believe circumcision is supposed to effectuate moral and ethical development. But apparently it appears not to do that. The initiates come back the same way they were".*

> *"I also agree with those that are of the view that there's no longer a cultural benefit, there's no benefit because, these children are ill-treating us".*

> *"I also agree that there's no cultural benefit because, these boys are no longer have respect therefore, there's no benefit".*

The above scenario presents a worrying state of affairs that the rite appears not to be inculcating any moral or ethical values it is supposed to inculcate. This is a pointer that perhaps traditional male circumcision has lost its vigour and rigour in terms of its core objectives. Perhaps the culture just like many others may have fallen victim of cultural decadence at the altar of modernization, eurocentrism, individualism and globalization. This is because embracing and sticking to these values appear to weaken many of the African cultures, But perhaps also it could be possible that communities that have been practising traditional male circumcision have lost faith and hope in their own cultural practice due to various mishaps this culture presents in the modern day. Perhaps this could be implying that TMC no longer hold its glorified place as in the yester years. This, no doubt could be paving way for its demise and strengthening the avenue to medical male circumcision in such communities.

4.26 TRADITIONAL MALE CIRCUMCISION (TMC) EVOKE BOTH TRAUMA AND A HEART BREAKING PHENOMENON

Study findings from the focus group discussions participants indicated that circumcision process presented a traumatizing and a heart breaking phenomenon. This is because of the excruciating and painful ordeal that the initiates had to undergo especially in the hands of culturally and professionally unqualified traditional nurses and surgeons. The trauma and distresses around the rite also engulfed the parents and the relatives of the initiates and also the general community. Below are some of the sentiments shared by different traditional nurses:

> *"Traditional surgeons should stop butchering these children as if they are slaughtering chickens, one should bring his official permit otherwise we shall stop you".*

> *"Brutalization and abuse of the initiates by other young men especially those that have recently graduated from the initiation have little respect for the new initiates".*

> *"One that succumbs to health and end up in the hospital becomes the subject of societal stigma and discrimination".*

The above findings from the participants indicate the excruciating pains suffered by almost everyone involved in traditional male circumcision practice. Realistically the rite imposed social, physical emotional and psychological loss to different personalities in the society. Perhaps a lot of psychosocial help should be availed to reduce stresses and distresses that the rite had imposed on the initiates, their families and relatives and the closer community members.

4.27 INITIATES WHO FACE ACCIDENTS DURING THE RITE SUBJECTED TO UNDUE STIGMA

Majority of participants from the traditional nursesôfocus group discussions (FGDs) revealed that the newly initiated men faced stigma and social discrimination from their peers and community members generally. They were stigmatised and labelled based on the fact that they succumbed to heath and were hospitalised. During the focus group discussions some of the participants expressed the following remarks:

> *"The initiates who could fell on the way and had to be hospitalised are demeaned and condescended. They are likened to bats. They earn no respect at all for undergoing the rite".*

> *"Yes, stigma is rife in so much that the initiates that ended up in hospital are called derogatory names, derided and scorned at to an extent that they usually withdraw from the mainstream society"*

> *"They are called derogatory names such as bats. They are never seen as first rate citizens but second ones not worthy saying they are circumcised"*

The above sentiments point to culture blindness, fanatism and cultural stereotypes surrounding the rite. This presents a scenario in which the culture is blind to the inalienable rights individuals have to health. It also presents a picture of culture intolerance to any developments. This could be a culture then without a future. A culture with a future should be tolerant and accommodative of other external contingencies.

4.28 Inadequate psychosocial support from government and community networks.

Research findings from the focus group discussions involving the traditional nurses revealed that some of the victims of the rite benefited a little from different ad-hoc

sources of psychosocial support such as counselling. Those who had evidence of help indicated that there were some doctors and social workers linked to Holy Cross Hospital and the support network that was hosted in the Holy Cross premises that offered some pangs of psychotherapeutic help, albeit a little However, some participants did not have knowledge of such assistance packages. For those participants who disowned any knowledge of any assistance to the victims, perhaps this is because the psychosocial assistance package was minimal and ad hoc.

"Yes, some had received counselling from social workers from hospital and from the doctors".

"Yes, I agree they need counselling but social workers only do a lip-service. Hence, government should provide the affected initiates with money in order to ease their pain".

"They should be provided welfare support just like those who are receiving grants"

The above results sentiments indicates that the victims of the rite were in dire need of various psychosocial assistance packages in order to buttress their stresses and despondency, allay pains, work to regain lost hope in life, and be in a position to interact healthily with others. This, therefore, points to the government, NGOs and other circumcision friendly organizations to consider psychosocial help packages to those who fall victim of the rite.

4.29 POLICY AND PROCEDURAL GAPS ASSOCIATED WITH TRADITIONAL MALE CIRCUMCISION

Virtually all participants that took part in the focus group discussions expressed their disappointment on the weaknesses and inadequateness of procedures meant to guide the circumcision process. Equally, policies were either lacking or in place not enforceable. While many procedures and policies were documented, the

implementers were neither blind, ignored them, or did not adequately understand them, nor were systems organized to make appropriate corrections.

> *"Yes, the policy exists but they are not followed and there are no mechanisms to enforce them. The players just undermine them. This is why your culture is deteriorating and causing untold misery and mayhem".*

> *"We the elderly are abdicating our responsibilities and have folded our arms and left our responsibilities to the young and the inexperienced. We cannot allow a child of 1991 to looks after the child of 1996 at the initiation school. We need to take our position to direct our culture and the values it espouses"*

The above findings seem to reveal serious challenges pertaining to circumcision culture and the need for the procedures and implementation policies to be followed. This could be a succinct indication that current procedures and policies on traditional circumcision embrace various loopholes allowing anybody to take advantage of them with impunity. It is therefore pertinent that the Department of Traditional Affairs relook at the circumcision process and enforce procedures and policies.

4.29.1 The need for stringent recruitment and selection criteria for traditional practitioners.

Majority of participants from the focus group discussions of the traditional nurses unanimously agreed that lives of the innocent young men could only be salvaged by working on an appropriate selection and recruitment criteria of traditional practitioners such as the nurses and the surgeons. They agreed that the process had deteriorated to an extent that the circumcision house appears to have been hijacked by the fly by night practitioners who lacked interest in culture nor having culturally appropriate skills to perform the circumcision tasks. They recommended the recruitment of appropriately qualified practitioners especially from the elderly men who can guide the operations competently. The above comments find support from the following sentiments:

“I agree with them it is very important to have elderly traditional nurses because, young people have no regard and respect for the young people”.

ñ*One thing that we need to realise as parents is that if we continue to let young people look after the lives of others in circumcision school, we will continue to experience these mishaps and ultimately deaths*ò

“They are quite correct to suggest that elderly men should be appointed to be traditional nurses as young traditional nurses are being overlooked and disregarded by other people visiting the initiation school”.

The above results presents the voice of traditional nurses decrying the laissez-faire environment adopted by the parents, community elders and the village Chiefs with regards to the selection of the appropriate traditional practitioners to control the circumcision processes. The message also seem to strongly ask the traditional leaders, the department of Traditional Affairs in tandem with the government to reposition, rearrange and strengthen the administration and management of the circumcision process through a professional criteria of selecting and recruiting those to perform the rite.

SOCIETAL KEY INFORMANTS

4.30 Demographic Information of Key Informants Interviewed

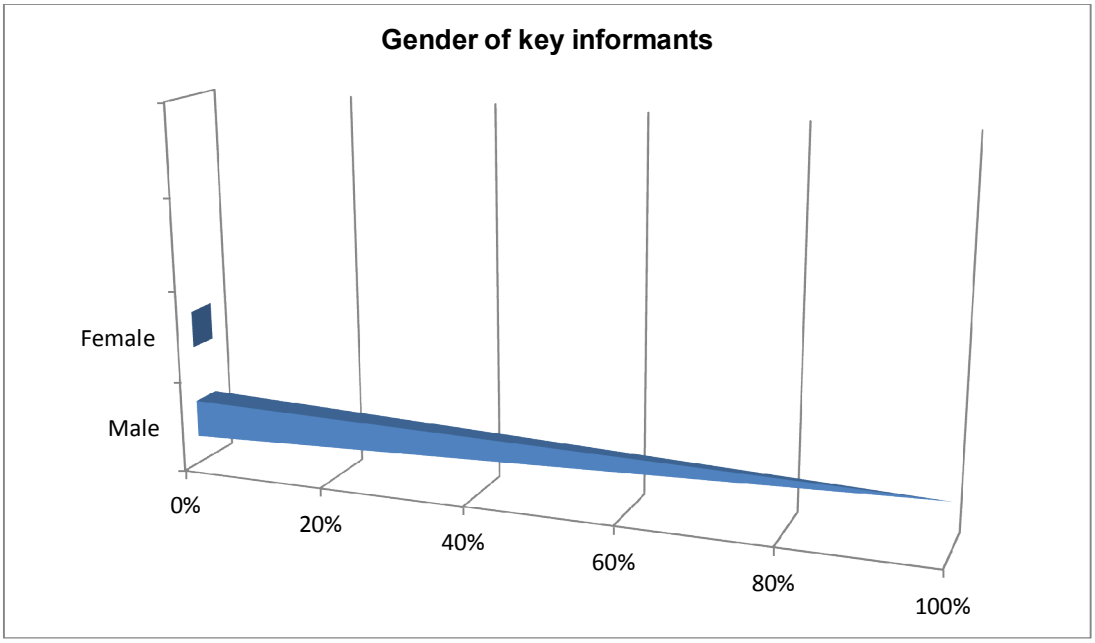
Five (5) key informants who participated in the phenomenon under study provided their personal information which is presented in Table 5 above. The real names of the key informants have been replaced with pseudonyms. This has been done in order to protect their identity, uphold their confidentiality, and to respect their privacy and anonymity. The demographic profile includes gender, age and occupational status.

Table 8:

Pseudonyms of Key Informants	**Gender**	**Age**	**Level of Education**	**Socio-economic status**
Andile	Male	28	1st year student University	TMC Monitor & Support Group Facilitator
Mbongeni	Male	35	Grade 12	Community Committee Member
Madoda	Male	32	Education Diploma	Educator
Sandile	Male	37	Grade 10	Chief's Headman
Melikhaya	Male	42	Grade 9	Chief's Headman

4.30.1 Gender of key informants

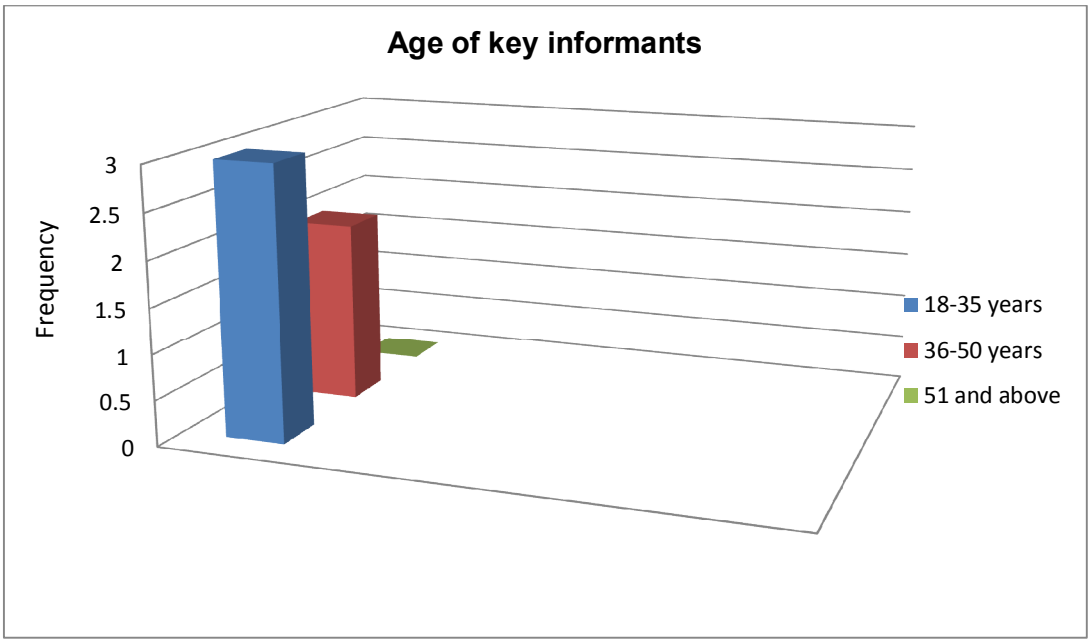
Figure 5.1



Research findings on gender on the phenomenon under study present a serious skewed gender dynamics as all key informants that were willing to take part were men. This is because women in community that practice the rite in all spheres were expected to be passive or fulfil a minimal role. They were also traditionally been indoctrinated to leave everything that involves traditional male circumcision to their male counterparts. This presents a serious gap as far as gender empowerment paradigm is concerned. This is because as gender empowerment paradigms take root in various aspects of societies, the input of women as the mothers of the children could be critical. Failure to incorporate women and yet involve them when the initiates are incarcerated or die during the circumcision process presents a serious state of gender unfairness and also has a human rights violation.

4.30.2 Ages of key informants

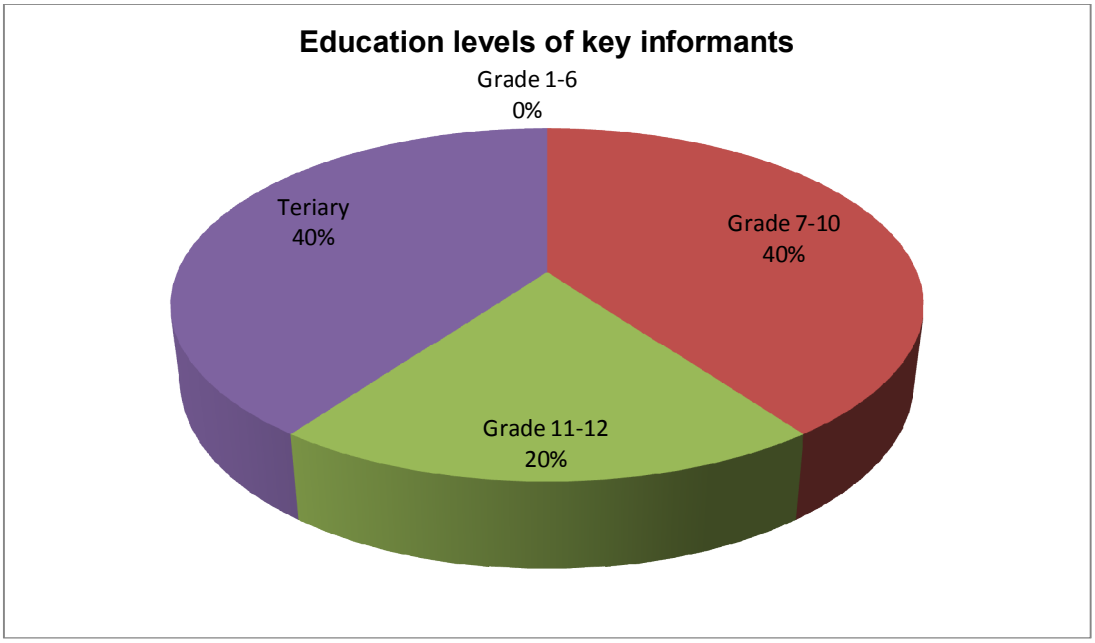
Figure 5.2



As shown by Table 5 and Figure 5.1 above, study results revealed that the key informantsô age bracket ranged between 28-42 years. According to the findings, participants constituted a mix of both young and old. While the youthful key informants comprised belonged to the 18-35 year age category, the elderly belonged to the 36-50 years category. Although there were no informants in the above 50 years category, this is not considered a challenge because it was knowledge about the circumcision issues that was important more than their ages.

4.30.3 Level of education of key informants

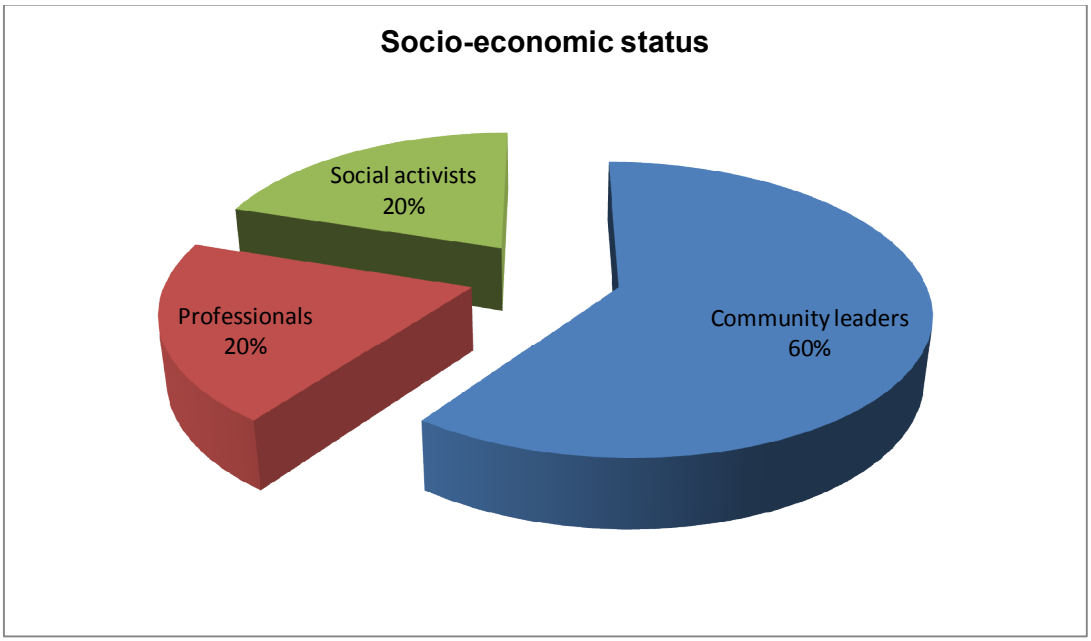
Figure 5.3



On the level of education, the study findings indicated that majority of the key informants were adequately educated with their levels ranging from having secondary school to tertiary. There was none who was illiterate. Since most of these key informants were considered knowledgeable in the domain of circumcision, education was key to providing information that was locally, nationally, and even globally acceptable and consumable. This was also an important factor to increase information trustworthiness and credibility as demanded by the principles of qualitative research.

4.30.4 Socio-economic status of key informants

Figure 5.4



The results depicted in Table 5 and graphic presentation of Figure 5.4 revealed that majority of the key informants that participated in this study were community leaders. This indicates that they were knowledgeable about the circumcision issues and had the blessings and trust of their society. This depicts that their involvement carried immense social capital as far as the society was concerned. However, the research was lucky to have professionals and social activists. Since these are knowledgeable personalities in the domain and renders their contribution and results valid, reliable, trustworthy and credible.

4.31 TRADITIONAL MALE CIRCUMCISION CULTURE INCREASINGLY MISSING OUT ITS CULTURAL GOALS

4.31.1 Inadequate Cultural benefits from traditional male circumcision

On the possible benefits that the culture accrues to the society, different key informantsô espoused diametrically opposing views. While some key informants believed the culture accrued immense cultural benefits, some contrastingly felt that the riteôs values was fast dwindling and accrued little or no cultural benefits. For those who insisted the culture still accrued benefits, they said it was a forum of behaviour modification as well as for advancing and inculcating cultural values among the initiates. Perhaps the proponents could also be reflecting on the recent past when it was believed the culture carried immense social capital and huge cultural benefits, or were personalities who believed in retaining and preserving cultures generally. For those that argued against the cultural benefits, they indicated that TMC in the contemporary epoch only achieves the opposite of what its goal portends to accomplish due to various factors such as apparent youthôs disobedience and stubbornness. These findings were supported by the following qualitative sentiments:

> *"In this modern day, there are apparently no cultural benefits. Although children are given words of moral and ethical dimensions, they turn a deaf ear because they are grossly disobedient and stubborn. The culture is at stake",*

> *"TMC used to have cultural benefits, but it's no longer the case since it was hijacked by the younger people. They have thrown it to the dogs with impunity".*

> *"Yes, there are still cultural benefits because circumcision ritual is still a forum of behaviour modification. It's the forum from which children are taught how to conduct themselves and the values of manhood".*

The above study findings revealed that all was not lost as far as viewing the culture as a forum of inculcating culturally desirable values to the children undergoing the rite. Perhaps this is an indicator that if the cultural custodians with the help of the government could work on the culture, it had an opportunity to revive its cultural glory and build more confidence with the societal members. However, since the majority felt that the benefits were no longer there, this means that the culture is under siege, faces being abandoned or replacement with medical male circumcision; or face total annihilation.

4.32 FENCE-SITTING SYNDROME EMBRACED BY CULTURAL CUSTODIANS AND PARENTS

Research findings from the key informants revealed that the possible reasons contributing to culture erosion and decay was because the cultural custodians such as the chiefs and the parents assumed a fence-sitting syndrome while the culture was deteriorating. They for example allowed the culture to be hijacked by younger people who may not have had the interest of culture at heart but may be driven by other factors such as pecuniary ones. The following sentiments support the above findings:

> *"Chiefs' role in circumcision ritual is very minimal and their leadership does not seem to be felt in circumcision. In reality, there's no way you can have illegal circumcision school in your village without your knowledge and you don't take drastic actions in that regard. This is why we have lost so many young people".*

> *"Parents have taken a back seat and allowed their children to drive the circumcision rite. We do not know why this has happened. This is the cause of all these mayhem we see and hear from the newspapers".*

The above findings point to the culture of circumcision as one besieged by problems, but fingers being pointed at the laxity of cultural custodians such as the chiefs and

generally the parents. This had allowed the younger to take control of the rite. Perhaps this can be explained by the fact that the majority of the traditional nurses were younger men. Perhaps the fact that the rite had died in the area under study and had been resuscitated in the recent past could explain perhaps why the elderly people had shied from taking responsibility. Perhaps most elderly people posses a minimal knowledge to run and manage the rite.

4.33 TRADITIONAL MALE CIRCUMCISION (TMC) EVOKE BOTH TRAUMA AND A HEART BREAKING PHENOMENON

Majority of key informants that participated unanimously agreed that traditional male circumcision was a both a traumatizing and a painful ordeal for the initiates, their families, relatives and community members at large. The process evoked social, physical, emotional challenges and imposed serious psychological loss to especially the initiates. This was because of the innumerable accidents that happened in the initiation schools and the deaths that had occurred. These findings were supported by the following sentiments:

> *"There are many challenges engulfing the society. Our children are dying like flies others have to be admitted in the hospitals, others are being assaulted, others are being amputated, being beaten while they nurse circumcision wounds".*

> *"Our boys have come back home without their manhood. They have been sacrificed by the carelessness and unprofessionalism embedded in the circumcision process. They will continue to suffer physically, socially and emotionally"*

> *"The initiates cannot perform well in school since they have to nurse the wounds that were inflicted on to them. They suffer emotionally and psychologically. How can they concentrate in school? Remember they are also a laughing stock in the village. They are stigmatized immensely. This can make one go berserk"*

The findings from this study revealed an unfavourable and unpleasant situation that the rite drove the initiates into. Most suffered accidents if they escaped death. For

those that survived suffered stigma from their peers and the general populace in the society. This left them socially, physically and emotionally imbalanced. This means that the initiatesôfuture lives were hanging in the balance. This perhaps needs the government and the NGOs to direct their attention to the initiates and their closer family members for possible psychosocial interventions. This is to give them some hope and a feeling of well-being. Perhaps the government need to affirmatively consider special financial packages to help this group mend their dented lives.

4.34 INITIATES WHO FACE ACCIDENTS DURING THE RITE SUBJECTED TO UNDUE STIGMA

Virtually all key informants that took part in this study confirmed that the initiates suffered all kinds of stigmatisation as they were labelled, called derogatory names because they could not complete their initiation without succumbing to health and landed in the hospital. The process was cruel, inhuman and culturally not acceptable. The situation even made the initiates to subject themselves to self stigma. The following comments were made:

> *"This is where this thing begins, the young men who are traditional nurses are the ones that begin not to accept the initiates that finished their ritual via hospital in the community".*

> *"They are derided, scorned and stigmatized by the community and as a result they feel a disgrace to themselves and the society. They are forced to self-stigmatize themselves".*

> *"Those who are called derogatory names get so angry to an extent of threatening to stab their abusers. It's no wonder that cases of some committing suicide have happened".*

The above results from the participants present a sorrowful state of affairs to especially to the initiates who ended up in the hospital. This is because instead of the society members led by the traditional nurses being sympathetic to their health situation, they stigmatized them. This lack of love and warmth presents a retrogressive aspect of culture. It also indicates a state of culture blindness, fanatism. This state, in this s researcherôs thinking needs to undergo a paradigm shift if the culture of traditional male circumcision is to escape the current onslaught.

4.35 INADEQUATE PSYCHOSOCIAL SUPPORT FROM GOVERNMENT AND COMMUNITY NETWORKS

On psychosocial support to the initiates and their families, study findings from the key informants presented diametrically contrasting views with some attesting that some little support was availed especially by the doctors and the social workers linked to the Holy Cross Hospital. Also by some members of the support networks that operated under the auspices of the Holy Cross Hospital; to the contrary, some participants were not aware of any help package to the initiates and their families. Perhaps the group that disowned knowledge of the assistance did so because the assistance was meagre and availed on ad hoc basis. It may therefore miss to be conspicuous by a larger cross section of the society. The participants called on the government to ensure that such victims are availed requisite psychosocial support for speedy recovery. The findings attracted the following sentiments:

> *"There's no support at the moment for the victims and their families. This makes them to find it difficult to cope with the situation. It is unfortunate that most of them even have dropped out of school. They are even getting themselves heavily drugged to drown their sorrows and stresses".*

"The support group that was premised in the Holy Cross Hospital at least offered a platform for the initiates to share their experiences to each other. It was a great relief to the initiates' psychological, emotional and mental state".

"The community forums, chiefs and social workers play a huge role in consoling the family members and their relatives; as well as advising, managing and normalizing the situation".

"Sometimes when community forum and social workers become aware that there's an initiates that is experiencing challenges during the circumcision, they pay a visit to provide advice to all those that are affected including the initiate mates that may require counselling".

The findings from this study indicated that the community networks and the government agents such as the chiefs and were instrumental in providing psychosocial support, albeit a little to the victims of the initiates and possible their families. This was important to redress the immense psychosocial gaps and stresses that engulfed the initiates and their families. However, some affected individuals did not enjoy the support, perhaps because the support provided was very minimal and ad hoc. This perhaps points to the government and other psychosocial friendly bodies such as the NGOs to direct their attention to the victims of the rite and avail them the much required packages of psychosocial assistance in order to expedite their fast recovery.

4.36 POLICY AND PROCEDURAL GAPS ASSOCIATED WITH TRADITIONAL MALE CIRCUMCISION

Almost all the key informants in this study decried the circumcisionôs process failure to follow requite procedures and respect the policies in place. The participants suspected the stakeholdersôignorance of the requisite procedures and policies. The participants suspected that this ignorance and lack of awareness of the appropriate

operational environment emanated from poor administration and management of the process, with the government especially the Department of Traditional Affairs assuming a back seat and embracing a fence sitting syndrome. The above findings are supported by the following sentiments:

> *"There are documented policies and procedures of how to conduct the rite. But the stakeholders turn a deaf ear and close their eyes to them. This is why things are in mess"*

> *"The government should ensure that all the laws that govern the traditional circumcision practice are upheld to the hilt and anyone that does not do his job properly should face the full wrath of the law"*.

> *"I am not saying there are no policies, but in my experience is that I am not fully aware of them and perhaps the players are either ignorant of them or they do not them altogether. How can one use a policy or follow a procedure one is not succinctly aware of"*

Apparently, the circumcision process was conducted without due regard for the requisite procedures and policies. This succinctly explains why so many accidents have been happening. This points a finger to the government to direct its attention to the process and ensure that policies and procedures are known, followed and enforced.

4.37 CONCLUSION

This chapter has left no stone unturned in bringing to the fore issues that were raised by all various traditional male circumcision stakeholders that participated in this studyôs phenomenon. The researcher, therefore, believes that it has brought new knowledge and has helped the researcher to achieve the studyôs aim and objectives. It has helped a great deal in addressing the psychosocial challenges associated with traditional male circumcision practices from the lenses of newly initiated men, their

families, communities, traditional nurses and community leaders. However, the following chapter focuses on the discussion of the study findings, study conclusions, study recommendations as well as the implication of the study on social work profession.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.1 INTRODUCTION

While the analysis and interpretation in the previous chapter gave primacy to the psychosocial experiences of newly initiated men, their families, community members, traditional nurses and societal key informants indicated the challenges associated with traditional male circumcision (TMC), this chapter provides insights on the discussions of the findings, draws conclusions and recommendations emanating from the themes and the subthemes that emerged from the study, literature and the researcher's intuition and experiential knowledge on the domain. Furthermore, the implications of the findings to social work practice and lastly, limitations of the study and suggestions for further research would clearly be provided in this chapter.

5.2 DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

The following discussions were made in consistent with the demographic information provided by newly initiated men, families of newly initiated men, community members, traditional nurses and societal key informants:

5.2.1 Gender

With exceptions of the samples of the families of the newly initiated men, all the other samples from other groups interviewed (newly initiated men, traditional nurses, community practitioners and societal key informants) generally manifested a skewed gender dimension with males being over represented compared to women. This, undoubtedly mirrors the cultural orientation of the Xhosa people who take the culture of male circumcision as a phenomenon of men with women only taking a passive

position (Amoah, 2001). Contrastingly, the families of newly initiated men that participated in this study presents a diametrically astonishing and a skewed gender dynamic as women (80%) were the majority as the samples compared to men (20%) that took part in the study. While the choice could be coincidental depending on the demographic nature of the families of the initiated men, perhaps the researcher may have taken advantage of the purposive sampling procedure to have the views of women an important phenomenon in the domain of male circumcision (Neuman, 2008). Perhaps this reflects a pendulum shift of traditional male circumcision (TMC) goal posts from the yester years in which this practice has embraced patriarchal hegemony with virtually all traditional male circumcision processes being controlled by men and women having to perform minor roles such as preparing cultural feasts and traditional beer (Kangethe & Chikono, 2014; Morrell, 2007). The fact that it is women that dominated the participation of the families in this study could perhaps reflect the changing nature of South African society in which families are increasingly headed by women with male figures being conspicuously absent (Musekiwa, 2013). Perhaps, this could be an indication that women feel it's high time they emancipate themselves from cultural indoctrinations by breaking their silence through any available platforms such as the one that this study provides.

5.2.2 Age

Biographical data on age showed different variations, with the initiates showing an age bracket between 17-25 years; family members between 29-78 years; the traditional nurses between18-37 years; community practitioners between 26-45 years and the societal key informant ranging between 28-42 years. This indicates some cultural discrepancies and expectations in which a third (40%) of the newly initiated men failed to comply with the normal circumcision age of 18 years old as

required by traditional male circumcision for the rite of passage and the age stipulated by Childrenôs Act No.38 of 2005 as well as Application of Health Standards in Traditional Circumcision Act No. 6 of 2001 (Eastern Cape) (Provincial Gazette No.818 (extraordinary); Maseko, 2008).

More so, the age associated with the traditional nurses was important in that it revealed that most of them (86%) were youth and possibly inexperienced. This perhaps provides a possible explanation why they were fallible to make mistakes and cause accidents in the circumcision process. Perhaps this reflects the changing goal posts from the past in which most traditional nurses were elderly and experienced men (Peltzer & Kanta, 2009). The age of the family members perhaps did not carry any connotation other than reflecting a normal society. The age of the key informants may not say much noting that it is their prowess, skill and knowledge that is of utmost importance as far the rite of passage is concerned.

Gravely, the phenomenon of allowing under age boys to circumcise are not only against the policies and legislations of traditional circumcision, but could also be a factor that could have prompted accidents as well as implication upon physical, social, emotional, psychological, occupational, spiritual and mental strength to handle traditional circumcision challenges. These aspects of their strengths could be important when they have to face challenges of being brutally abused and assaulted in the circumcision school (Mavundla et al., 2010). Perhaps the community itself shoulders the lionôs share of the blame for being negligent and providing unnecessary space for young boys to take control of the initiation practice without stringent parental approach and guidance.

5.2.3 Level of education

Research findings on demographical information pertaining to various traditional male circumcision stakeholders revealed a high rate of illiteracy in Lusikisiki area. Although, cultural practices and its indigenous knowledge systems may not necessarily conform to tenets of formal education as some people who are culturally knowledgeable may not have attended any formal education, perhaps these cultural practices may be perfected through the practitioners changing their õmodus operandiò with the influence of modern education. Some phenomena such as hygiene, understanding of the bodyôs physiological processes may be enhanced by modern education. Integration of formal education, therefore, in the cultural practice of circumcision could therefore add value to the process (Nqeketho, 2008; Sekonyela, 2004).

However, the low level of education especially among the traditional nurses, newly initiated men, communities, and some societal key informants could also be a true reflection of the dire state that is currently faced by traditional male circumcision house especially in Lusikisiki area (Peltzer et al., 2007). For example, firstly, this could explain the dismal performance by traditional nurses at circumcision school. Secondly, illiteracy or inadequate education for families and communities could be one of the reasons why they are easily convinced by the fly-by-night practitioners to give them their sons for circumcision. The illiteracy could make them blind about the policy and procedural requirements embedded in the circumcision process (Kepe, 2010). Thirdly, low levels of literacy for newly initiated men could perhaps explain why some of them could have been easily lured to attend the initiation school while under the required age (Mabona, 2004; Sidley, 2008). Lastly, low educational levels among some key informants such as the headmen presents an unfortunate scenario

as modern day dynamics require individuals that can be able to interpret issues pertaining to global and modernization values. Therefore, inadequate literacy may be a challenge in handling issues of human rights, as well as health reproductive rights vis-a-vis cultural rights (Nqeketho, 2008).

Apparently, this researcher thinks that the youthful traditional nurses may have lacked the much needed indigenous knowledge system (IKS) or culturally appropriate education that was embraced by the traditional practitioners in the yester years., In absence of the culturally appropriate knowledge to perform their tasks, perhaps lack of formal education could also be a contributing factor to circumcision accidents (Meissner & Buso, 2007). This is because most of these physiological imbalances caused by water and food taboos during TMC may require knowledge of formal education to interpret them correctly and how they affect the health of an individual. More so, the contemporary dynamics pertaining to traditional male circumcision of global village calls for people who are not only knowledgeable in term of organic intellect , but also those with formal education to be able to follow and understand government protocols and procedures appropriately (Maseko, 2008).

Generally, this researcher contends that lack of education could perhaps cause the initiated men and their families to suffer bouts of psychosocial gaps. Confronted by the accidents, low education could be a recipe of lack of self confidence, low self-esteem and even internal locus of control. Moreover, people with low level of education could be slow in seeking psychosocial interventions, decision-making processes, psychotherapeutic consultations, and effective knowledge packages about their conditions (Musekiwa, 2013).

5.2.4 Marital status

Biographical information on marital status showed different variations, with the majority of traditional male circumcision stakeholders being single and only a hand full of them was in a matrimonial union. Although marital status may not be regarded as very significant, marital status can be a source of psychosocial strength as the families can offer love, compassion, trust needed for physical, physiological, social, psychological, emotional and spiritual support (Mavundla et al., 2009). This means that the nurses who were single may not be adequately armed to offer this psychosocial support. For example, the psychosocial nature of accidents suffered by the newly initiated men could perhaps be dealt with better by those who are married as opposed to those who are single.

This is because marriage in its essence is not just a mere union of partners but plays a pivotal role in terms of psychosocial support especially when one of the partners is in dire situation and stress (Seloana, 2011). Secondly, if family members are in matrimonial situation, that would form a family platform to offer the affected individuals within the family psychosocial support. Perhaps it is also worth noting that men are not traditionally and culturally are gifted in terms of providing care-giving compared to their female counterparts (Kangethe, 2013). Thirdly, traditional nursesô single status could perhaps reflect possible carelessness and negligence while married status could herald seriousness occupation wise (Ntombana, 2009). Infact, this could explain that in the yester years, no one could be endowed with a serious responsibility such as being a surgeon or a traditional nurse if he was not married (Mentjies, 1998a; Mhlahlo, 2009). This is because people that are in a familial system are likely to be more disciplined and responsible as opposed to those who are single. Lastly, for societal key informants, marital status is a fundamental

component as it may herald the unit that can give significant psychosocial support not only to the initiates and their families, but also to the larger community.

Generally, the issue of marital status has a bearing in various aspects of individualôs wellness and social functioning as it heralds the possibility of a union that can offer some sizeable psychosocial support (Murray & Miller, 2001; Kangethe, 2013). For example, for newly initiated men who were single and did not have a caring mother, it meant they faced the challenge of getting the much needed psychosocial assistance, whether physical, social, emotional, psychological etc.

5.2.5 Socio-economic status

Research findings on socio-economic status of various stakeholders revealed a high state of unemployment especially among the young people in Lusikisiki area. According to the findings, virtually all the newly initiated men were unemployed and were dependent on their families for all the basic needs, were no longer at school and yet they were age wise eligible to work. In the same vein, just more than a third of the families of the newly initiated men depended on old age pension grant from the government, while just less than two thirds of them were unemployed, and had no source of income, nor qualified for a government welfare grant.

More so, both community members and traditional nursesôunemployment rate has reach hundred percent (100%) with young people in both set of participants constitute more than a two third of unemployed people respectively. While, on the flip side of the coin, the societal key informantsôsocio-economic status though significant but portrayed that of normal society due to their various occupational capacities.

Interestingly, these findings especially the escalating rates of unemployment among youths have been closely associated with an alien phenomenon of commercialization of circumcision ritual in the Phondoland (Mentjies, 1998a; Peltzer and Kanta, 2009). This is because majority of young people have identified traditional male circumcision as an opportunity of earning an income especially in the absence of employment opportunities in South Africa (Kheswa et al., 2014). Perhaps one could argue that the opportunity for unemployed young men to hijack the circumcision process in terms of job provision points a failing finger to the cultural leadership and parents generally. Apparently, this has happened when the cultural custodians, elders and parents decided to take a back seat and therefore leaving a void without anyone providing guidance and direction pertaining to the initiation process. Also when the government in this country fails to mobilize its economies adequately to provide jobs and employment to its people, young people have been forced to be initiative and take advantage of any venture that can give them money, traditional male circumcision notwithstanding. This, therefore has encouraged the process of commercialization of the traditional male circumcision practice (Rankhotha, 2004; Rijken & Dakwa, 2013)

5.2.6 Year of circumcision & season

Demographic information on year of circumcision and season indicated that the majority of the newly initiated men underwent the rite of passage in both 2012/2013 December season as opposed to the only few that went through in June season. Culturally, traditionally and naturally, June winter season has always been the most favourable and suitable season to conduct traditional male circumcision as it was deemed fit especially for its physiological-friendliness to the demands of the initiatesô bodies (Silverman, 2004). Regrettably, conducting circumcision initiation in

December is a modern day trend and development which has also brought its own challenges. This is to accommodate the school going youths who usually have a longer December recess with adequate time for the rite. The change can however be viewed as one of the recent efforts to tilt the cultural goal posts associated with male circumcision in South Africa at the expense of the initiates health and wellbeing. For example, initiates having to be exposed to too much heat from the sun in the bush amidst an environment of inadequate water could cause physiological imbalances detrimental to the bodily health. The initiates become amenable to suffer from dehydration and other environmental challenges and diseases (Witbooi, 2005; Umbutho Wengcibi Namakhankatha (UWN) in Alice, 2013). While the findings of this study supported by diverse literature sources on traditional male circumcision seem to implicate most of these calamities associated with this practice on unprofessionalism and unskilled nature of the traditional nurses, perhaps, the issue of circumcision season and its impact can never be underestimated (Ngcukana, ñCircumcision is my callingò, 2014, p.13). Perhaps, June circumcision season should strongly be re-considered and revisited in an endeavour to lessen the current burgeoning cases of accidents among the initiates.

5.2.7 Nature of circumcision accidents

Demographic profile on nature of circumcision incidents revealed that two thirds of the newly initiated men suffered total penile amputation, while a third suffered partial penile amputations. It is worth noting that other stakeholders that participated in this study were not computed as the phenomenon of accidents applied only to the newly initiated men. However, this mirrors the research findings on traditional male circumcision by both Mentjies (1998a) & Kepe (2010) who both discovered that between 1995-2007, the initiatesôdeaths were around three hundred and fourty two

(342), hospital admissions were five thousand nine hundred and thirteen (5913), while the penile amputation were two hundred and eighty one (281).

Irrefutably, such statistics could in one way or the other presents both a bleak picture and sets in place a worrying wave among the South Africans and probably the whole globe. This also brings to doubt about the sustainability of the traditional male circumcision (Tenge, 2006). This is because a culture that has to sacrifice its best candidates in form of death is undoubtedly and unfortunately violating their health rights as well as their rights to existence that is enshrined in many countries constitutions as well as the United Nations Human Rights Declarations ï 1948 Ndashe (2005). Equally, such a culture does not only dents the cultural image but also fails to protect and maintain the sanctity of cultures (Kangethe, 2014a)

Surprisingly and unprecedentedly, these deaths have been burgeoning year-in-year-out making societies get confused as to what may have been happening in the traditional circumcision house. Of course this is also an indicator of neglect by those responsible for the rite (Kepe, 2010). Perhaps this also could be an indication that apparently those in cultural leadership are allowing the external forces such as modernization, eurocentrism and globalization to take a huge toll of cultures with the results of wreaking havoc to them.

5.2.8 Legality of circumcision schools

Research findings revealed that most cases of circumcision were conducted in legal initiation schools. However, this researcher's intuitive and intrinsic experiences on the rite holds that most tragic moment are likely to happen in illegal schools where there is little or no accountability (Vincent, 2008b). Regrettably and gravely, the engagement of circumcision rite in illegal schools goes against the government

policies and legislations. This needs to be enforced because of the increased mishaps (Ross & Deverell, 2010). Interestingly, further findings revealed that even legal circumcision schools faced a huge challenge associated with circumcision accidents. The results, however pointed a sharp finger at the phenomenon of unskilled, inexperienced, unknowledgeable and immature traditional nurses (Papu & Verster, 2006). This implies that the circumcision accidents could be more of a result of mal-professionalism that whether it is conducted in a legal or illegal school. However, this does not in any way equate legal schools with illegal schools, but sharply indicates the gravity of the problem. However, it is a pity that the number of illegal schools has been on the rise in the areas where circumcision is practiced. This is because the government, parents and custodians have developed a fence-sitting syndrome coupled by a serious laisser-faire in the circumcision house. These stakeholders need to effectuate a serious paradigm shift if the culture of traditional circumcision is to stand the test of the time (Mashige, 2002; Kepe, 2010).

5.3 INADEQUATE CULTURAL BENEFITS FROM TRADITIONAL MALE CIRCUMCISION

Unprecedentedly, and with an exemption of a few voices, various cadres of participants that took part in this study believed that the erstwhile traditional male circumcision values had dwindled or waned considerably. This presents a cultural shock because among the Xhosa people, no man is supposed to be called a man without undergoing the rite (Mbito & Malia, 2009). However, this is ironical considering the erstwhile role of this cultural practice in serving as a yardstick for manhood among the amaXhosa people in general, harnessing social cohesion and unity, and enhancing the tenets and values of Ubuntu, etc., (Deacon & Thomson, 2008). This is also regretful, because, this cultural practice has always been

embedded with immense social capital that the societies embraced through using the cultural platform for partying, socialization, and various other culturally acceptable merry-making activities. Perhaps this is why the researcher utilized the socio-cultural perspective because the perspective lends credence to the legitimacy of cultural values in making the lives of the cultural adherents have significant culturally ordained meaning. This is also a challenge to the social practitioners to consider tapping into the indigenous knowledge systems (IKS) being mindful that people within their social and cultural contexts are experts (Swartz et al., 2011). Perhaps most of the participants ó attitudes about the culture losing out its values could also have been motivated by the current spate of increased accidents of the initiates, or their deaths, the state of the parents being overwhelmed by having their sons die or suffer various health casualties, or the community members and government representatives feeling their society was at stake as far as the culture was concerned (Mahada, 2004; Seloana; 2011).

However, this researcher agrees with the fewer voices that believe that this culture still has an immense social capital, only which its value has been out done by the current state of incidents occurring in traditional male circumcision practice (Mentjies, 1998b; Ntombana, 2009). This is because people are still perceiving circumcision culture as a yard stick of manhood, social and cultural identity and a tool that seek to enhance social unity and cohesion (Peltzer & Kanta, 2009; Mhlamhlo, 2009). Perhaps time has come to rethink various measures that could be put in place to strengthen these cultures through removing the retrogressive aspects such as the mal-professionalism among the practitioners and perhaps revise their recruitment and selection criterion (Kangethe & Nomngcoyiya, 2015> in press). Moreover, the need to identify all the grey areas is critical in an endeavour to clean this culture so

that it can be in its erstwhile niche of respect. Perhaps in so doing, people may continue to see their lives through its lenses. This researcher believes that cultural values if well harnessed and tapped embed immense social capital that can be a panacea (Kangethe, 2013; WHO, 2007b).

5.4 INITIATION'S STATE OF DISCIPLINE DWINDLING

Study findings found that traditional male circumcision was no longer espousing its cultural values as it used to do in the near past. The communities were increasingly losing confidence with the rite. While globally, one of the circumcision initiation's core objectives has been to maintain, preserve, enhance good behaviour, attitudes and temperaments, it is unfortunately not achieving the objective. This is because as soon as most initiates are reintegrated into the society, they display gross misconduct such as immense abuse of alcohol, increased engagement in sexual overtures, etc. (Vincent, 2008a; Matobo, Makatsa & Obioha, 2009).

Furthermore, lack of discipline among the youth has been attributed to poor parenting by their parents and guardians. This could be a manifestation that culture is losing out on its goal posts by having the parents abdicate their cardinal responsibilities of inculcating good morals and behaviours to their children. (Holomisa, 2004). Perhaps, the fact that the cultural custodians seemed to have slackened in their responsibility of ensuring stringent assessment of the traditional nurses could be an explanation that they are not desperate enough to instil discipline to the initiates during the rite of passage (Feni & Fuzile, ñRitual of death ò 2013b, p.5).

In this researcher's contention, perhaps the bad behaviour and misconduct displayed by the initiates upon integration into their societies could perhaps be a response to the emotional scars caused by perilous moments they suffered during circumcision

initiation (Boyle et al., 2002; Mavundla et al., 2010). Perhaps this could also be a clarion cry for help from young people seeking attention from their parents, community leaders, traditional custodians and the government to put the traditional male circumcision house in order. The newly initiated menôs conduct and misbehaviour could also be their way of venting with their anger and frustration they went through during the rite of passage (Vincent, 2008a).

5.5 UNPROFESSIONAL HANDLING OF THE INITIATION PROCESS

Findings indicated that traditional circumcision practitioners in the study area lacked professionalism through the traditional nurses being youths and individuals with neither culturally appropriate knowledge, nor tested experience. However and unfortunately, this is not an unfamiliar phenomenon because researchers in diverse traditional male circumcision studies have long identified the phenomena of incompetence, inappropriateness, negligence and para-professionalism as the major contributing factor in the current deaths and incidents in this practice (Seloana, 2011).

Further, the current stalemate of traditional male circumcision mirrors the research findings by Mavundla et al. (2010) and Kangethe & Nomngcoyiya (2015 >in press), who indicate that traditional male circumcision practitioners grossly lacked skills, knowledge and expertise of conducting proper and quality circumcision procedure/practice. It is therefore critical that the government of the day as the custodian of peopleôs health and rights to existence impacts on the Department of Traditional Affairs to critically look into the prevailing problems and put in place interventions to remedy them. Of pivotal importance is to woo the cultural custodians to take their role of guiding the circumcision process professionally and appropriately. There should be a stringent process of achieving the recruitment and

selection of the traditional practitioners such as the traditional nurses. Perhaps this lends credence to the researcherôs wise choice of the socio-cultural perspective and its tenets to urge the cultural custodians and the whole society in general to take the culture of circumcision seriously if at all it is going to pass the test of the time.

Perhaps, this lack of professionalism and inappropriateness could be a reflection of the society as a whole due to corrupt practices and lower ethical standards in many aspects of peopleôs lives. It could also be that the cultural custodians and the general community are neglecting cultures to be weakened by external forces such as eurocentrism, modernization and globalization (Kangethe, 2009, 2013).

5.6 FENCE-SITTING SYNDROME EMBRACED BY CULTURAL CUSTODIANS AND PARENTS

Research findings found that traditional male circumcision practice in Lusikisiki, Phondoland region suffered inadequate involvement of parents and village chiefs. Apparently, both parents and cultural custodians had abdicated their role as key players in the circumcision process including that of ensuring stringent selection of traditional surgeons and nurses to carry out successful circumcision initiation procedures (Feni, ñIn the hands of men they dieò, 2014b, p.1). Perhaps, young menôs actions of having to take over the control of TMC could be justified especially when their elderly seemed to shun away from their responsibility as custodians of the practice (Ludidi, ñInitiation deaths still a scourgeò, 2014, p.1). This could perhaps be one of the reasons why many cultural practices in Africa seem to be taking a downward curve in terms of retaining and upholding their values. This explains the process of cultural decadence or attrition (Kangethe, 2014a). This also explains the increased rate of cultures changing goal posts as they succumb to external forces of

westernization, eurocentrism and globalization (Kangethe, 2013, 2014b). This could perhaps also explain why African cultures, unlike those of the Eastern part of the world (oriental countries) are making an insignificant role in the development of their continent and the world at large (Matobo et al., 2009).

Although the state of decline in the values espoused in traditional male circumcision has to be blamed on the major circumcision stakeholders such as parents and traditional custodians due to the fence-sitting syndrome they have adopted while young traditional nurses have moved in to fill the void. And with little knowledge or inadequately developed culturally appropriate skills to conduct the ritual, accidents have been a consequence. Perhaps this is an opportunity to challenge the parents, chiefs and the general community to mount their interests in the rite and perhaps get to question the operations of the rite. The stakeholders need to discard fence sitting to take their rightful place in the cultural continuum. This would hopefully put back the glory and respect that traditional male circumcision espoused in the yester years. A stringent recruitment and selection criteria of the major players conducting the rite need not be compromised.

5.7 TRADITIONAL MALE CIRCUMCISION (TMC) EVOKE BOTH TRAUMA AND A HEART BREAKING PHENOMENON

Study findings from virtually all the stakeholders including newly initiated men, their families, traditional nurses, community practitioners and societal key informants revealed that traditional male circumcision had become a painful experience wreaking havoc not only to the lives of newly initiated men, but also their families and the society at large. This is because traditional male circumcision practice was increasingly putting the lives of various circumcision stakeholders in the society

ñbetween the rock and the hard placeò, causing undue psychosocial loss that compromised and impaired the wellbeing and social functioning of the society (Hendren et al., 2005). However, this painful and unprecedented situation occurring on traditional male circumcision mirrors the research findings by Mavundla et al. (2009), who discovered that initiation ritual had become a source of stress and despondency, and posed excruciating pain to the societies.

Perhaps the crisis of traditional male circumcision debacles have become pandemic in the face of its custodians including the newly initiated men, their families, community leaders, traditional nurses and societal key informants in that the incidents of deaths were recurrent year-in-year-out (Mangena et al., 2011). Perhaps the choice of trauma theory in this research study can be justified because it espouses that harsh experiences induce emotions and prompts people getting too overwhelmed to cope, leading them to engulf a state of powerlessness/ hopelessness/helplessness (De Bellis, 2001). It further puts individuals in conditions that are beyond the realm of normal human experience.

This researcher, therefore, also believes that the stalemate in the contemporary epoch has reduced traditional male circumcision to a pale picture and shadow of its former self. This could perhaps justify why certain crucial stakeholders are considering making a turning point to abandon the culture if its social capital in terms of bringing happiness is already not there (Rijken & Dakwa, 2013). Such frustration could emanate from different reasons such as agonizing harassment and molestation of initiates in the initiation lodges, incidents of maltreatment, brutality and physical abuse, with death becoming a likely possibility (UNICEF, 2007; WHO/UNAIDS, 2009). Perhaps this could be a clear signal that traditional male circumcision as a cultural practice especially in the modern world has not lived up to

its billing as the majority of cultural custodians start to voice out their rage and disappointment towards its retrogressive stance.

5.8 INITIATES WHO FACE ACCIDENTS DURING THE RITE SUBJECTED TO UNDUE STIGMA

Research findings from all major stakeholders in traditional male circumcision study indicated that the newly initiated men who faced accidents during the rite were subjected to various kinds of stigmatization. They were labelled, called by derogatory names, and teased by different people in their society. This is because they could not complete their initiation without succumbing to formal medical intervention in hospital (Meissner & Buso, 2007). This was inhuman in that the people stigmatizing them were expected to be sympathetic and emphatic. This was also against any religious or cultural expectations. This could also herald a state of cultural blindness, stereotype and mediocrity. This was painful if the stigma came from the traditional nurses who were responsible for the mayhem. This is however perceived by generally all stakeholders to be malicious, atrocious and culturally erroneous. This perhaps could be seen as acts of hooliganism which cannot only be seen purely as an expression of deviance but as deliberate delegitimacy of manhood that involved medical practitioners (Tshemese, 2009).

These findings find support from the diverse literature sources on traditional circumcision which discovered that the stigmatization towards men who succumbed to health challenges during their rite of passage is still rife (Major & OôBrien, 2005). In so much that such men are subjected to derogatory names such as being called *"inkwenkwe"* a ñboyò which is equated to a ñdogò. This is serious because according to the Xhosa culture, the term is used to connote someone who is not traditionally circumcised, whether young or old (Mtuze, 2004; Bottoman et al., 2009).

Interestingly and contrastingly, such findings could be an indication that societies that are practicing traditional male circumcision are not ready for men who completed their manhood journey via health institutions (Meissner & Buso, 2007), while on the other hand, government strongly encourage the communities to conduct safe circumcision in formal medical settings (Mangena, Mulaudzi & Peu, 2011). Perhaps the government needs to educate people on the best way forward. It is this researcherôs thinking that the government needs to work round the clock to see that there are interventions to make the traditional male circumcision safe and hygienic, and leave people to decide which route of circumcision to take. This is because peopleôs cultural rights as well as their health rights are embedded in South Africanôs constitution (Maseko, 2008).

5.9 INITIATION UTILIZED AS A TOOL FOR VENGEANCE

Ironically, research findings indicated an unprecedented revelation that the traditional male circumcision has been complicated by immature and irresponsible traditional nurses who used the platform for taking vengeance against the initiates for the pains and frustrations that the traditional nurses had experienced while they were themselves facing the process of circumcision. This finding mirrors the research study by Rijken & Dakwa (2013) who discovered that modern day traditional circumcision has been abandoned by the elderly and thereby providing a fertile ground for young traditional nurses to subject the initiates they are supposed to protect to physical ordeals that are perceived to test the initiatesôcapacity to endure pain.

Similarly, Denniston (1999) and Jacobson & Bygdeman (1998) perceived circumcision as a cyclic trauma in that majority of the males who had been

circumcised while they were young and become circumcisers themselves were likely to abuse their initiates (Hill, 2007). Perhaps this can also be supported by psychology lessons that those who were abused while they were young are also likely to be good candidates of abuse (UNICEF, 2007; Mielke, 2013).

5.10 THE NEED TO PRESERVE AND MAINTAIN THE CULTURE OF TRADITIONAL MALE CIRCUMCISION

Study findings revealed that proponents of traditional male circumcision still hold it with high esteem and is treated very much as a panacea in spite of the majority of stakeholders that seemed to consider taking medical male circumcision route due to ever burgeoning cases of deaths and accidents associated with traditional male circumcision in the contemporary epoch. These findings find support from a study on traditional circumcision by Mangena, Mulaudzi & Peu (2011) who revealed that societies that practice circumcision ritual were willing to stand their ground to break and fight any endeavour that could herald the weakening of this culture. This is despite all the perilous predicaments that the culture was facing. Importantly, the culture in the practicing communities still provided cultural heritage, benchmark for adulthood and cultural identity. It espouses adequate social capital that societies need to express and embrace their cultural rights embedded in their countryôs constitution (Kangethe, 2013, 2014).

This is explicable because majority of African people in their nature see life realities through their cultural lenses (Engelbrecht, 2004; Kangethe & Nomngcoyiya, 2014). Perhaps the choice of socio-cultural perspective in this study can be justified in the sense that it encourages various stakeholders to expand their scientific understanding of human behaviour in tandem with peopleôs social and cultural context and how different underpinnings of culture affect peopleôs thoughts, feelings,

attitudes, behaviour and belief systems (Whissom, ñCircumcision widely approvedò, 2000, p.27; Peplau & Taylor, 1997). This researcher, therefore, is of the view that perhaps the zeal for some stakeholders to fight tooth and nail in defense of their cultural practices is prompted by the realization that traditional male circumcision is the only remaining cultural practice that has not fully succumbed to forces of colonization, globalization and civilization (Afolayan, 2004; Kangethe & Nomngcoyiya, 2014).

5.11 PREFERENCE OF MEDICAL MALE CIRCUMCISION TO TRADITIONAL MALE CIRCUMCISION

Research findings indicated that the cultural benefits embedded in traditional male circumcision practice has dwindled to the lowest ebb with only a handful of circumcision stakeholders believing that this practice still espouse any meaningful cultural benefits. Also, in the face of relentless year-in-year-out tragic events associated with traditional male circumcision; and with government staunch advocacy for medical male circumcision and some hospitals making stride in capacitating medical male practitioners, this perhaps motivates many stakeholders to prefer medical male circumcision over traditional male circumcision (Bailey, Egesah & Roseenberg, 2008).

This is an interesting finding because Africans are generally known to be strongly rooted in their own cultural practices in spite of challenges associated with them (Kangethe, 2010). This also presents a new trend that is gradually infiltrating culture and the indigenous knowledge systems (IKS) in general. This researcher thinks that fingers of blame be pointed to the results of detrimental and mischievous actions associated with young traditional nurses that have tarnished the image of the contemporary traditional circumcision. Perhaps the advent of medical male

circumcision must have given some communities that have been practising the rite some sort of an alternative as compared to the time where they perceived traditional male circumcision as a be all and end all in their circumcision life (Kepe, 2010; Bowa & Lukobo, 2006).

5.12 INADEQUATE PSYCHOSOCIAL SUPPORT FROM COMMUNITY NETWORKS AND GOVERNMENT

The findings from all the stakeholders that participated in the study revealed that majority of the victims of traditional male circumcision in Lusikisiki do not have access to counselling services for social and psychological nourishment as they receive few or no visit from professional counsellors. This therefore means that they lacked professional support to deal with anger, guilt feelings and overwhelming nature of traditional male circumcision (TMC) that emanated from the gruesome experiences from the initiation schools (WHO/UNAIDS, 2009). Inadequate counselling was demonstrated by having some newly initiated men and their families speaking in very saddened voices and weeping while explaining the psychosocial, emotional and environmental dynamics they experienced in their stay in the circumcision school. Importantly, counselling has the potential to assist clients to review their problems and the options or choices they have for dealing with a challenge or a problem (Kangethe, 2006). The choice of socio-cultural perspective in this studyôs theoretical framework is pertinent as it advocates among the social service practitioners the significance of upholding and understanding human behaviour, societal concerns, requirements, thoughts, and beliefs on the basis of their social and cultural context or intervening through social and cultural relevant processes (Swaltz et al., 2011).

Perhaps, lack of counselling for psychosocial and emotional nourishment, therefore, could be one of the underpinning factors that contribute to these individualõs state of distress and social dysfunctions (UNICEF, 2007). The pivotal role of counselling and adoption of socio-cultural perspective by the researcher in his theoretical framework is therefore justified. This is because the socio-cultural perspective emphasizes the absolute need for counselling that is socially and culturally relevant to the requirements of an individual in order to ease the emotional and psychological burden among the victims (Bottoman et al., 2009).

Seemingly, this situation also corroborate with the anecdotal information on the ground that newly initiated men and their families are overwhelmed, frustrated, stressed due to lack of psychosocial support. Moreover, psychosocial counselling is central for the victims to come into terms with the reality of the situation to hopefully work to reduce emotional baggage. This is key to usher in a state of hope and confidence in their lives (Uys & Cameron, 2003).

5.13 POLICY AND PROCEDURAL GAPS ASSOCIATED WITH TRADITIONAL MALE CIRCUMCISION

Research findings from both focus groups for the community members and traditional nurses respectively as well as societal key informants decried over weaker policies, legislations and procedural gaps involved in traditional male circumcision. Findings indicated that the participants appealed for the passing of customary relevant legislations which are deemed fit especially to guide cultural practices such as traditional male circumcision. Interestingly and contrastingly, such findings mirrors the comments by various law-makers from South African government namely, Deputy Minister of Cooperative Governance and Traditional Affairs, Honourable Obed Bapela who confirmed in his address during the opening of the initiation

season in Mthatha in July 2014 that there is a deafening silence on the current legislation on circumcision about the prosecution of those contravening the law such as the bogus traditional practitioners who operate illegal initiation schools (Feni, ñLegislation in the pipelineò, 2014, p.1).

In the same vein, the government had passed provincial circumcision legislation such as the Application of Health Standards in Traditional Circumcision Act No. 6 of 2001 (Eastern Cape) which is clear about the procedures to be followed before and during the rite of passage from boyhood to manhood. It has provisions such as the health screening process, consent from the parents, legality of both traditional surgeons and nurses (Provincial Gazettem No.818 (extraordinary)), 2001; Meel, 2005). Perhaps one could argue that the government has not been so much interested in strengthening and bolstering the policies and procedures to curb the current challenges facing traditional male circumcision (TMC) in the Eastern Cape (Ntombana, 2011). This is because diverse literature suggests that government and traditional leaders have been preoccupied with their incessant conflicts and bouts of fighting over the custodianship of cultural practices such as the traditional male circumcision. This struggle and conflict has been protracted since 1988 without an amicable solution (Mentjies, 1998a; Kepe, 2010). It is therefore incumbent upon the government to ensure that stringent policies guiding the circumcision are in place and enforced.

5.14 THE NEED FOR STRINGENT RECRUITMENT AND SELECTION CRITERIA FOR TRADITIONAL PRACTITIONERS.

Findings from various stakeholders that participated in the study indicated the need for the circumcision house to consider recruiting culturally and appropriately qualified traditional practitioners. This is because of the revelation that many accidents and

deaths in the circumcision school happen because the circumcision process is driven by immature and inexperienced traditional practitioners, with more finger pointing to the traditional nurses more than the surgeons (ñMove to make initiation saferò, 2014, pp.1-2). Perhaps the situation matches any operation whose effectiveness and efficiency is determined by the professional prowess espoused by the workers (Corey & Corey, 2011). Good and professionally trained workers are likely to make their operations or a firm productive while poorly trained workers are likely to make any undertaking unproductive one (Zastrow, 2013).

This researcher believes that with the recruitment of culturally and appropriately qualified cultural practitioners, the accidents may be something of the past. Hopefully, the act could likely to bring back the dignity and supremacy of the traditional male circumcision practice. This, no doubt will be a process of resuscitating the cultural goal posts in terms of values, norms that made the culture a dignified one in the recent past (Ntombana, 2011). More so, mal-professionalism and incompetency has proven to be a mammoth challenge and could be a bottleneck towards cultural nourishment, emancipation, growth and development and towards cultural paradigm shifting.

5.15 STRINGENT CONTROL OF INITIATION SCHOOLS CRITICAL

The different stakeholders who participated in the study decried over the relentless and burgeoning of the illegal initiation schools with impunity. They appealed for the initiation schools to be centralized. This is because the current system of initiation schools provided an opportunity for mischievous cultural practitioners to operate as the schools themselves are too scattered and inaccessible to both traditional

custodian and government practitioners that serves as a monitoring team during the circumcision season.

Unfortunately, diverse literature put the blame on the current nature of initiation schools claiming that they are unhygienic and their services are poor. This is because of neglect and poor vision of the traditional custodians (Witbooi, 2005). Gravely, perhaps non-interventionism and fence sitting syndrome of the parents and chiefs has brought traditional male circumcision house in shame and disgrace. This is because the youths characters have moved in to fill the lacunae, and since apparently they have not gained adequate experience, or espouse adequate knowledge to conduct the business, the result has been disastrous and detrimental, with many accidents happening year-in-year-out. This presents an unfortunate state of affairs in TMC terrain because different stakeholders associated with the rite seem to be singing on a different hymn book making it difficult to harmonize the circumcision process (Funani, 1990; Nqeketho, 2008).

Perhaps the biggest challenge is the fact that the government machinery of overlooking the issues of traditional male circumcision appears to have relaxed, or has been working on a snailôs pace. This needs to change its outlook if situations on the ground will be ameliorated; importantly, all the stakeholders in the continuum of the traditional circumcision need to effectuate a paradigm shift of their actions, commitment and vision if the culture of traditional male circumcision is to stand the tests of the time. With the government campaigning day and night for medical male circumcision to take root, it may not be trusted in bolstering the culture of traditional circumcision. Perhaps the traditional cultural custodians and the communities in general need to hinge their eyes on the culture to fully resuscitate the values that used to accompany it in the yester years (Tshemese, 2009).

5.16 STUDY CONCLUSIONS

Ascertaining to what extent the studyôs aims and objectives is critical in the continuum of a research study. The researcher has shared some insight on the psychosocial challenges associated with traditional male circumcision practice (TMC) from the lenses of the newly graduated initiates, their families and other community members. He has elucidated the quality of traditional male circumcision, made debates and discourses to suggest the extent to which the studyôs objectives have been met. This is an indicator that the studyôs aim and objectives have been adequately addressed.

5.16.1 Discussions on study's aims and objectives

The aim of the study was to explore the psychosocial challenges associated with traditional male circumcision practice (TMCP) from the lenses of the newly graduated initiates, their families, community leaders and traditional nurses. The aim was accomplished through the findings addressing all the four research objectives espoused in the study. Despite the fact that the researcher indubitably believes to have achieved his aim by addressing all his studyôs specific objectives and by answering all the research questions, the conclusion of findings revolving around all research objectives alluding to the researcherôs claim of accomplishing the objective is quite pivotal to the reader. The studyôs objectives are stated as follows:

- **To examine the psychosocial impact of traditional male circumcision practice on newly initiated men in Lusikisiki, Phondoland region**

The study has found immense psychosocial challenges associated with traditional male circumcision practice. This is because of the circumcision accidents ranging from brutalization and victimization, physical abuse and assaults that resulted in

penile amputations, various kinds of disabilities and even deaths of the initiates during the circumcision period. Due to a barrage of perilous circumstances currently surrounding the traditional male circumcision, the stakeholders starting with the initiates and their families have been overwhelmed and yet resources of psychosocial nourishment such as counselling have been inadequate or absent altogether. Such circumstances therefore, have contributed and prompted immense psychosocial deficit induced by self- stigma, lack of help, state of anger, blame and self-blame, state of helplessness/hopelessness, low self-esteem and lack of confidence (Swatz et al., 2011).

More so, this reflects study findings by Hendren et al. (2005) & Le Bourdais (1995) who discovered that male circumcision accidents induces physical pain and has a considerable negative bearing on the affected individualsô social, psychological emotional and sexual functioning, and this has a dwindling factor on the personôs quality of life. All these have set in a wave of fear, hopelessness, driving off the confidence and self-esteem of the initiates to the lowest ebb, and therefore leaving the newly initiated menôs lives hollow and not worth living.

- **To establish the families and communities' concerns on the extent of damage caused by TMC practice in Lusikisiki, Phondoland Area, Eastern Cape.**

Apparently, study findings revealed that both families and communities have been gravely concerned by various circumcision accidents that include assaults, beatings, penile amputation and even deaths. Such circumcision accidents has brought a very sad state of affairs leaving both families and communities overwhelmed by stress, frustration, and even socio-emotionally engulfed by the scars their children bore from the initiation schools. This also brings about life despondency and hollowness, with

most circumcision stakeholders failing to see the light at the end of the tunnel of their sonsôlives. This mirrors the study findings by Mavundla et al. (2010) who found that families and communities have been seriously disturbed by having to mourn burgeoning deaths of their children at a very young age, and having to daily face psychological and emotional challenge of witnessing their sonsôlives with scars such as having to live with an amputated penis, or other debilitating physical accidents. Due to the various negative turn of events, some families and communities no longer have confidence and trust in the traditional male circumcision and now opts for its replacement with medical male circumcision.

- **To establish the psychosocial support systems provided by government and community networks on traditional male circumcision victims and their families in Lusikisiki, Phondoland Area, Eastern Cape.**

Evidently, the psychosocial support systems provided by both the government and the community networks have been found to be inadequate making socio-emotional scars suffered by the victims an arduous and an unbearable phenomenon to endure. Both the formal and informal structures requisite to offer any psychotherapeutic services such as counselling were either lacking or not there altogether. This means that the initiates never got any professional visits by either the social welfare service departments or members of any informal support structures meant for psychosocial well-being. Even the little psychosocial support that is currently offered by community network is on ad hoc basis as its accessibility is characterized by uncertainties and doubts. Therefore, having disorganized psychosocial support mechanism and interventions presents a big blow because the state of the circumcision accidents is bigger that it has been anticipated.

5.17 STUDY RECOMMENDATIONS

The following recommendations have been drawn largely from empirical findings, review of related literature, and the researcherôs instinctive and intuitive prowess in the field.

5.17.1 Parents to strengthen their cultural responsibility of inculcate values to the youths

Apparently, studyôs empirical findings and other sources indicated a state of cultural erosion associated with the culture of circumcision failing to adequately meet its goal of inculcating discipline and other important values that are meant to make the youths more disciplined. This is because parents have abandoned their cultures and this is manifested by their children being ill-disciplined and embracing various kind of socially unacceptable behaviour. Therefore, cultural practices such as traditional male circumcision are drastically losing their grounds in terms of enhancing social and cultural identity, direction and other invaluable Afrocentric principles, but instead drowning towards embracing Eurocentric principles more than its own Afrocentric tenets. This research study therefore, recommends that the parents and other cultural custodians to work hard towards reclaiming the erstwhile cultural niche that society used to embrace, that of having the rite become a mirror of inculcating strong morals and ethical standards among the initiates. This is to ensure good citizenship.

5.17.2 Need for stringent selection criteria of traditional nurses

Seemingly, the stringent selection criteria and procedure of traditional nurses in traditional male circumcision practice is needed. The call is also in line with observations from other sources such as both print and electronic media, government departments such as Cooperative Governance and Traditional Affairs,

Department of Health, as well from various studies by scholars that have been researched extensively on the flaws that embeds traditional male circumcision especially in the Eastern Cape Province. The pivotal role of everybody in maintaining an accident and death-free traditional male circumcision should be encouraged particularly in ensuring the selection of mature, skilled, knowledgeable, experienced, highly professional and competent traditional nurses.

5.17.3 More involvement of parents in particular women in the practice

Apparently, this research verified skewed gender dimension in that women although very important in carrying out some major social responsibilities have been sidelined and compelled to occupy a passive niche in traditional male circumcision practice. This unfortunate state of affairs should be considered a human right violation against women in that when calamities happen to their sons during the rite of passage, it is them (women) who are expected to offer the much needed psychosocial support. Therefore, the need for more involvement of women in traditional male circumcision practice is critical and urgent. This does not mean supplanting the males in their tasks, no, but to have them occupy an important niche in the continuum of the traditional male circumcision practice. They should for instance be consulted by virtue of being mothers of the initiation candidates. This is especially critical in that the societal pendulum seem to be increasingly swinging towards matrifocal families and households. The human rights of women in cultural participation should be appreciated and the fact that South African society is becoming a matrifocal orientated necessitates women to be integral stakeholders in cultures that involve their children.

5.17.4 The need for indigenous and informal interventions to mitigate stigma

Seemingly, newly initiated men, their families and community are in a state of psychosocial deficit that drives the victims to a state of estrangement, depression and self-loathing. Therefore, this research study recommends a need for societies to consider more indigenous and informal interventions to curb both the self-stigma and societal stigma suffered by these young men. This is because indigenous knowledge systems in their essence are strongly embeds the tenets of humanity principles such as Ubuntu that espouses togetherness and interconnectedness, harnessing social cohesion and unity among other things. It is therefore, socially and culturally imperative that phenomena such as stigma be put into the agenda of *"iimbizo"* (traditional meetings) usually held at *"komkhulu"* (Chiefôs compound) by village chiefs and community at large to address and promote human value, worth and dignity by condemning every possible forms of degrading and demeaning aspects of other human beings.

5.17.5 Diverse community participation in traditional male circumcision

All community forums such as churches, community networks, schools need to advocate and address the need for everyone to get involved and become aware of how traditional male circumcision practice unfolds. This is because empirical findings from this study and other diverse literature sources on traditional male circumcision have found that the practice has been left under the control of young traditional nurses. This therefore, presents a huge gap in the participation by diverse population segments. Since circumcision has always had a special place in the communities practising the norm, consultation and involvement of women and the youths is critical.

5.17.6 Suggestions for periodical research studies

Apparently, this study has been conducted at the time when the South African doctors have made a breakthrough in their first penile surgery transplant for one of the victims from Phondoland region. This no doubt is a milestone to those who lost their penis during the rite. It is critical therefore that there are more research studies directed to the challenges that the rite is facing today. It is a pointer that with more research involvement, the psychosocial lured could hugely be reduced and mitigated. More so, research studies should be conducted in an endeavour to interrogate various social phenomena that impact negatively on social functioning. For example, (i) the study could explore the inextricable relationship between traditional male circumcision and low level of illiteracy in Lusikisiki, Eastern Cape; (ii) explore an inextricable interplay between inadequate policy environment and the perilous moments that are currently redefining traditional male circumcision practice in South Africa; (iii) explore the interplay between traditional male circumcision practice and increasing moral decadence among young people in societies. This researcher believes that such research studies would possibly further unearth the underlying challenges associated with traditional male circumcision practice in an endeavour to come up with plausible solutions to this old aged initiation.

5.18 Study's implication and recommendation for social work practice

Incontrovertibly, social work profession has a pivotal educational and empowerment role, not only in providing the much needed psychosocial therapeutic empowerment such as counselling, but also in imparting information to the individuals, groups and communities. It is therefore, social and culturally imperative that the aforementioned roles of social work practice be incorporated and integrated in the traditional male

circumcision programmes and processes. This is with the aim of educating societies about the importance of upholding their cultural practices within the scope of human rights and health rights provided for in the supreme law of the country which is the constitution.

Seemingly, there is an urgent need to empower and educate young men, families and communities at large about the dangers of pursuing traditional male circumcision without adhering to appropriate, professional and desirable procedures that are in line with both national and international protocols and legal frameworks. More so, there is also a great need for efficient and effective circumcision information packages for all community members such as the psychosocial effects associated with traditional male circumcision. This is in an endeavour to curb all these unnecessary initiatesôincidents and deaths during the rite of passage. Lastly, social workers as the key stakeholders in dealing with psychosocial issues affecting societies should be proactive and play a central role in providing counselling services to all those who are directly and indirectly in dire need of psychotherapeutic empowerment.

5.19 Chapter Conclusion

Irrefutably, this chapter has satisfactorily discussed all the findings from chapter 4, made discussions by pitting the findings against the studyôs research questions and offered recommendations. This puts to an end the expectations of the research study that sought to investigate the psychosocial challenges associated with the practice of traditional male circumcision.

5.20 Study Conclusion

The research study has laid bare all the possible psychosocial challenges associated with the traditional male circumcision using the lenses of various stakeholders, the main one being the initiates. The study arose because of the contemporary challenges of the initiatesôdeaths and their incarceration in the circumcision school. While the researcher is rest assured that the study has done justice to the study by bringing all the possible psychosocial challenges, it is his hope that this dissertation will end up in the hands of the Department of Traditional Affairs, all the custodians of culture, with the hope of implementing all the recommendations. It is this researcherôs hope that this study will be bedrock of other studies of this nature. This is to ensure that scholars , especially the social workers are in the frontline in addressing cultural based challenges bedevilling the societies, more so the South African societies. The researcher also hopes that the government gets interested with the results of this study as it has offered the psychosocial challenges and problems from the lenses of the initiates and other important stakeholders in the continuum of traditional male circumcision. Lastly, while traditional male circumcisionôs capacity and contribution in community building cannot be overemphasized in South Africa, the empirical findings from this research indicates that, its value is dwindling especially due to the important practitioners such as the traditional nursesôpara-professionalism, incompetency, immaturity, ill-discipline, lack of knowledge, skills and expertise, etc. However, the study findings thus indicate the need to apply stringent selection criteria of traditional nurses in traditional circumcision, the need to strengthen the implementation of policies and procedures as well as the appointment of highly skilled and professional elderly men to control circumcision processes.

5.21 REFERENCES

Adonis, P., Ngeleka, S., Nomngcoyiya, T. & Tontsi, M. (2013). *Exploring the role of 'iingcibi' (traditional surgeons), "amakhankatha" (traditional nurse) and the experiences of "amakrwala" (graduated initiates) in traditional male circumcision practice in Nkonkobe Municipality.* Unpublished Honours Dissertation, Faculty of Humanities & Social Science, University of Fort Hare ï Alice.

Afolayan, F. (2004). *Culture and Customs of South Africa.* Connecticut: Greenwood Press.

African Charter on Human and Peoplesô Rights (1989). South Africa ratified the African Charter on Human and PeoplesôRights (July 1996). It is therefore a binding instrument on South African law.

Amoah, E. (2001). *Divine Empowerment of Women in Africa's Complex realities.* Ghana: Circle of Concerned African Women Theologians.

Application of Health Standards in Traditional Circumcision Act, 2001. (2001). Province of the Eastern Cape. Provincial Gazette No.818 (extraordinary). Bisho/King Williamôs Town: Government Printers.

Babbie, E. (2010). *The practice of social research. London.* Woodsworth. Cengage Learning.

Bailey, R.C., Egesah, O. & Rosenberg, S. (2008). *Male circumcision for HIV prevention: A prospective study of complications in clinical and traditional settings in Bungoma, Kenya*. Bull World Health Organ, 86(9): pp.669ï 77.

Bailey, R.C., Moses, S. & Parker, C. (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *Lancet,* 369: pp.643ï 56.

Bennet, T.W. (2004). *Human Rights and African Customary Law under the South African Constitution.* Cape Town: Juta.

Bless, C., Higson-Smith, C. & Kagee, A. (2006). *Fundamentals of social Research Methods: An African Perspective.* Cape Town: Juta.

Bloom, S.L. (1999). *Trauma theory abbreviated from the final action plan: A coordinated Comm-based Response to family violence; Attorney General of Pennsylvania's family violence task force.* Community Work, October.

Bollinger, D. (2006). *Human Genital Mutilation (HMG) Classification.* Available. [Online]. www.icgi.org/information/hgm-classification.Accessed on 24 September.

Bottoman, B. (2006). *The experience of indigenous circumcision by newly initiated Xhosa men in East London in the Eastern Cape Province.* Unpublished Masterôs Thesis. UNISA, South Africa.

Bottoman, B., Mavundla, T. R. & Toth, F. (2009). Peri-rite psychological issues faced by newly initiated traditionally circumcised South African Xhosa men. *WPMH,* 6(1): pp.28ï 35.

Bowa, K., & Lukobo, M. (2006). Male circumcision and HIV in Zambia. *East and Central African Journal of Surgery,* 11(2): pp.66ï 71.

Boyle, G.J., Svobodo, J.S., Price, C.P. & Turner, J.N. (2002). Male circumcision: pain, trauma and psychosexual sequelae. *Journal of Health Psychology,* Vol.7: pp.329-343.

Cozby, P.C. (2009). *Methods in behavioural research.* Boston: McGraw Hill.

Childrenôs Act No.38 of 2005. (2006). *Government Gazette,* Republic of South Africa.

Childrenôs Act & Regulation Act 38 of 2005. (2011). *Juta's pocket statute.* (2nd ed). Claremont: Juta.

Cole, M. & Engeström, Y. (1994). Introduction: Mind, culture and activity. *An International Journal*, 1(4): 201.

Cole, M. (1996). *Cultural Psychology.* MA: Harvard University Press.

Commission for the Promotion and Protection of the Rights of Cultural. Religious and Linguistic Communities (CPPRCRLC). (2010). *Report on the public hearings on male initiation schools in South Africa.* Section 10.2: p.30.

Connolly, C., Simbayi, L.C., Shanmugam, R. & Nqeketo, A. (2008). Male circumcision and its relationship to HIV infection in South Africa: Results from a national survey in 2002ò *South African Medical Journal,* No. 98: pp.789ï 94.

Corey, M.S. & Corey, G. (2011). *Becoming a helper. International edition.* (6th ed.). USA: Brooks/Cole Cengage Learning.

Clark SJ, Kilmarx, P.H, Kretsinger, K. (2011). Coverage of newborn and adult male circumcision varies among public and private US payers despite health benefits. *Health Affairs,* 30(12): pp.2355-2361.

Creswell, J.W. (2008). *Research Design Qualitative: Quantitative & Mixed methods Approach.* (2nd ed). USA: Sage

Creswell, J.W. (2009). *Research Design Qualitative, Quantitative & Mixed Methods Approach.* (3rd ed). USA: Sage.

Cywes, S. (1989). Circumcision in South Africa. *Pediatric Surgery International, Vol* 4: pp.233-235.

Deacon, H. & Thomson, K. (2012). The Social Penis. Traditional Male Circumcision and Initiation in Southern Africa, 1800-2000: A Literature Review. *Centre For Social Science Research: Aids and Society Research Unit.* CSSR Working Paper No. 304, February: pp.1-154.

De Bellis, M. D. (2001). Developmental traumatology: The psycho-biological development of maltreated children and its implications for research, treatment, and policy. *Development and Psychopathology,* Vol.13: pp.539-564.

Denniston, G.C. (1999). Tyranny of the victims: an analysis of circumcision advocacy. In: Denniston, G.C., Hodges, F.M., Milos, M.F. (eds.) *Medical, Legal and Ethical Considerations in Paediatric Practice.* New York: Kluwer Academic/Plenum.

De Vaus, D.A. (2006). *Research Design in Social Research.* London: Sage

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (2011). *Research at grassroots for social sciences and human service professions.* (4th ed). Pretoria. RSA: Van Schaik.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (2012). *Research at grass roots for social sciences and human service professions.* (5th ed). Pretoria.: Van Schaik.

Dick, B., & Wilcken, A. (2009). *Traditional male circumcision. Unpublished paper presented at Male circumcision and HIV prevention: operations research priorities.* An international consultation, Nairobi, Kenya, June 1-May 2.

Doyle, D. (2005). Ritual male circumcision: A brief history. *Journal of the Royal College of Physicians of Edinburgh,* 35(3): pp.279ï 85.

Eastern Cape Initiation Report (ECIR). (2014). *Circumcision deaths and initiatives taken to prevent them in 2103 summer initiation season.* The Eastern Cape Provincial Department of Health Committee, November/December 2013 Summer Initiation Report.

Edmonds, W.A. & Kennedy, T. D. (2012). *An applied reference guide to research designs: Quantitative, qualitative, and mixed methods.* Thousand Oaks: Sage.

Engel, R.J & Schutt, R. K. (2010). *Fundamentals of Social Work research.* London: Sage.

Ellis, T.J. & Levy, Y. (2009). Towards a Guide for Novice Researchers on Research Methodology: Review and Proposed Methods. *Issues in Informing Science and Information Technology,* vol.6: pp.323-337.

Engelbrecht, A. & Smith, S. (2004). Why do male patients request circumcisions? *South African Family Practice,* 46 (2): pp.25-28.

Funani, L.S. (1990). *Circumcision Among the Amaxhosa: A Medical Investigation.* Cape Town: Skottaville.

Futaba, K. & Bowley, D.M. (2010). The foreskin: problems and pathology. *Surgery,* 28(8): pp.387-390.

Góllaher, D.L. (2000). *Circumcision: A history of the world's most controversial surgery.* New York: Basic Books.

Goldman, R. (1999). The psychological impact of circumcision. *BJU Int*, 83, (Suppl. 1): 93-102. Available [Online]. http://www.cirp.org/library/psych/goldman1/. Accessed April.

Goldman, R. (2004). Circumcision Policy: A Psychosocial Perspective. *Paediatrics & Child Health,* 9: pp.630-633.

Gqola, P. D. (2005). A Neglected Heritage: The Aesthetics of Complex Black Masculinities, Thembinkosi Goniwe in Conversation with Pumla Gqola*, Agenda,* 63(2): pp.80ï 94.

Gqola, P. (2007). A woman cannot marry a boy: Rescue, spectacle and transitional Xhosa masculinities. In T. Shefer, K. Ratele, A. Strebel, N. Shabalala, & R. Buikema (Eds.). *From boys to men: Social constructions of masculinity in contemporary society* (pp. 145-159). Cape Town: UCT Press.

Gudani, H. F. (2011). *The analysis of the current Northern Province Circumcision Schools Act 6 of 1996 and its impact on the initiates.* Available [Online]. http://www.booksie.com/historical-fiction/article/gudani/the-analysis-of-the-current-n. Accessed on August.

Gwata, F. (2009).Traditional Male Circumcision: What Is Its Socio-Cultural Significance among Young Xhosa Men? *Centre for Social Science Research Working Paper No.264*, November 2009.

Haire, K. & Matjila, D.S. (2008). Teaching for Cultural Relevance and Restoration in the Multi-lingual South African Setting: The Pedagogical Potential of Bi-lingual Setswana-English Stories*, Alternation*, 15(2): pp.158-180.

Hammond, T. (1999). A preliminary poll of men circumcised in infancy or childhood. *British Journal of Urology,* 83(1): pp.85-92.

Hendren, S.K., O'Connor, B.I., Liu, M., Asano, T., Cohen, Z., Swallow, C.J., Macrae, H.M., Gryfe, R. & McLeod, R.S. (2005). Prevalence of male and female sexual dysfunction is high following surgery for rectal cancer. *Annals of Surgery,* Vol.242: pp.212ï 223.

Holomisa, P. (2004). *Safeguarding and preserving the institution of initiation: Identifying challenges and seeking solutions.* Paper presented at Initiation Schools Conference in East London, September: 27-29.

Huitt, W. (2004). Moral and character development. *Educational Psychology Interactive,* Valdosta State University: Valdosta.

Hill, G. (2007). The case against circumcision. *Journal of Men's Health Gender,* 4(3): pp.318ï 23.

Inter-Agency Standing Committee (IASC). (2007). *IASC guidelines on mental health and psychosocial support in emergency settings.* GENEVA, 18 August 2007.

Jacobson, B. & Bygdeman, M. (1998). Obstetric care and proneness of off-spring to suicide. *BMJ, Vol.* 317: pp.1346-49.

Jang, E.Y. & Jimenez, R.T. (2011). Theory into practice. A sociocultural perspective on second language learner strategies. *Focus on the Impact of Social Context,* 50(2): pp.141-148.

Kaarshom, P. (2006). Culture as cure: Civil society and moral debates in KwaZulu-Natal after Apartheid, Popular Cultural Materials and Public Spheres*, Special issue of the journal Current Writing,* 18(2): pp.1-13.

Kabat Zinn, J. (2003). Mindfulness based intervention in context: Past, present, and future. Clinical Psychology, *Science and Practice,* Vol.10: pp. 144ï 156.

Kangethe S.M. (2009). Traditional healers as caregivers to HIV/AID patients. *Sahara Journal.* 6(2): pp.83-91.

Kangethe S.M. & Nomngcoyiya, T. (2015> in press). Exploring flaws embedded in the contemporary traditional circumcision practice in South Africa: A literature review in the *Journal of Human Ecology.*

Kangethe S.M. (2014a). The panacea and perfidy of culture as a platform of behaviour change with examples from Botswana and South Africa. *Mediterranean Journal of Social Sciences,* 5(14): pp.504-510.

Kangethe, S.M & Rhakudu, M. (2010). *Religious Education book for form 2.* Gaborone: Heinemann Publishers.

Kangethe, S.M (2014b). Exploring efforts of integrating progressive aspects of cultures into development and purging retrogressive ones from development framework in a score of African countries. *J Hum Ecol,* 48(2): pp.267-274.

Kangethe, S.M. & Chikono, G. (2014). Exploring feminization of HIV/AIDS in Zimbabwe. A literature review. *J Hum Ecol,* 47(2): pp.139-145

Kangethe, S.M. & Nomngcoyiya, T. (2014). Exploring Selected Cultures in Mitigating an Array of Social Vices in South Africa. A Literature Review. *Mediterranean Journal of Social Sciences,* 5(14): pp.458-464.

Kangethe, S.M. (2006). *Contribution of caregivers in community home-based care programmes: The case of Kanye.* Botswana. PhD thesis, The North-West University, South Africa.

Kangethe, S.M. (2013). The panacea and perfidy of cultural rites of circumcision in African countries: Examples from Kenya, Botswana and South Africa. *EASSRR Journal,* xxix(1): pp.107-123.

Kanta, X.G.M. (2004). *Challenges of Initiation Schools as Identified During Routine Health Inspections in the Eastern Cape, including HIV/AIDS and Male Circumcision.* Paper presented in initiation schools conference. East London, September 27-29.

Kepe, T. (2010). Secrets that kill: Crisis, custodianship and responsibility in ritual male circumcision in the Eastern Cape Province, South Africa. *Social Science & Medicine,* Vol.70: pp.729-735.

Kheswa, J.G., Nomngcoyiya, T., Adonis, P. & Ngeleka, S. (2014). The experiences and perceptions of *"amakrwala"* (graduated initiates) towards the Traditional Male Circumcision practice in Eastern Cape, South Africa. *Mediterranean Journal of Social Sciences,* 5(20): pp.2789-2798.

Kim, D. & Pang, M. (2007). The Effect of Male Circumcision on Sexuality, *BJU International,* vol.99: pp.619-22.

Kometsi, K. (2004). *(Un)Real: AIDS Review 2004.* University of Pretoria: Centre for the Study of AIDS.

Krieger, J.N., Mehta, S.D. & Bailey, R.C. (2008). Adult male circumcision: Effects on sexual function and sexual satisfaction in Kisumu, Kenya*. J Sex Med, vol. 5:* pp.2610-22.

Kigozi, G., Watya, S. & Polis, C.B. (2008). The effect of male circumcision on sexual satisfaction and function: results from a randomized trial of male circumcision for human immunodeficiency virus prevention, Rakai, Uganda. *BJU Int,* 101: pp.65ï 70.

Le Bourdais, E. 1995. Circumcision no longer a routine surgical procedure. *Canadian Medical Association Journal,* 152, (11): pp.1873ï 1876.

Laverack, G. (2013). *Health activism: Foundations & strategies*. London: SAGE.

Leedy, P.D. & Ormrod, J.E. (2005). *Practical Research: Planning and Design.* New Jersey: Person Education.

Louw, D.A., van Ede, D.M. & Louw, A.E. (1998). *Human development.* (2nd ed). Cape Town: Kagiso Tertiary.

Mabona, M. (2004). *Diviners and prophets among the Xhosa (1593-1856): a study in Xhosa cultural history*. Berlin: LIT Verlag.

Magoha, G.A.O. (1999). Circumcision in various Nigerian and Kenyan hospitals. *East Africa Medical Journal, Vol.*76: pp.583-586.

Mahada, L. P. (2004). *Ethical dilemma of circumcision schools with reference to the Venda.* Unpublished Dissertation. Stellenbosch. Centre for Applied Ethics. University of. Stellenbosch.

Major, B. & OBrien, L.T. (2005). The Social Psychology of Stigma, *Annual review of Psychology,* 56(1): pp.393-421.

Mandela, N.1994. Long Walk to Freedom: *The autobiography of Nelson Mandela.* Randburg: Macdonald Purnell.

Mangena, M.P., Mulaudzi, F.M. & Peu, M.D. (2011). The experiences of nurses in caring for circumcised initiates admitted to hospital with complications. *Contemporary Nurse,* 37(1): pp.69ï 81.

Marck, F. 1997. Aspects of male circumcision in sub-equatorial African culture history. *Health Transition Review*, Supplement to vol.7: 337-359.

Marlow, C. (2011). *Research Methods for Generalist Social Work: International Edition* (5th ed). Belmont: Brooks/Cole.

Maseko, T. 2008. The constitutionality of the state's intervention with the practice of male traditional circumcision in South Africa. *Obiter.* 29(2): pp.191-208.

Mashige, M.C. (2002). Cultural Identity and Folktales in the New Millennium. *Southern African Journal for Folklore Studies,* 12(1): pp.50- 62.

Matobo, T.A., Makatsa, M. & Obioha, E.E. (2009). Continuity in the Traditional Initiation Practice of Boys and Girls in Contemporary Southern Africa Society, *Study of Tribes & Tribals,* 7(2): pp.105-113.

Mavundla, T. R., Netswera, F. G., Bottoman, B., & Toth, F. (2009). Rationalization of indigenous male circumcision as a sacred religious custom: Health beliefs of Xhosa men in South Africa. *Journal of Transcultural Nursing,* 20(4), pp.395-404.

Mavundla, T.R., Netswera, F.G., Toth, F., Bottoman, B. & Tenge, S. (2010). How Boys Become Dogs: Stigmatization of Uninitiated Xhosa Males in East London, South Africa. *Quality Health Research,* 20(7): pp.931-941.

Maxwell, J. A. (2005). *Qualitative research design: An interactive approach.* California: Sage.

Mbachi, F. & Likoko, S. (2013). Traditional Male Circumcision and Its Implications on the Socio Economic and Psychosocial Life of the Bukusu Community in Kenya. *Research on Humanities and Social Sciences,* 3(1): pp.218-224.

Mbito, M. N., & Malia, J. (2009). Transfer of the Kenyan Kikuyu male circumcision ritual to future generations living in the United States. *Journal of Adolescence,* 32(1): pp.39ï 53.

Meel, B.L. (2005). Community perception of traditional circumcision in sub-region of the Transkei, Eastern Cape, South Africa. *South African Family Practice,* 47(6): pp.58ï 9.

Meintjies, G. (1998a). Challenge to Tradition: Medical Complications of Traditional Xhosa Circumcision. *Indicator South Africa,* 15(3): pp.67-73.

Meissner, O., & Buso, D. L. (2007). Traditional male circumcision in the Eastern Cape ï scourge or blessing? *South African Medical Journal,* 97(5): pp.371-373.

Meintjies, G. (1998b). Manhood at a Price: Socio-Medical Perspectives on Xhosa Traditional Circumcision. *Institute of Social and Economic Research,* Rhodes University, Vol.1: p.132.

Mgqolozana, T. (2009). Thando Mgqolozanaós Speech at the Launch of A Man Who is Not a Man. Available [Online].http://ukznpress.book.co.za/blog/2009/07/14/thando-mgqolozanas-. Accessed on 14 July.

Mhlahlo, A.P. (2009). *What is manhood? The significance of traditional circumcision in the Xhosa initiation ritual.* Unpublished Masterôs Thesis. Stellenbosch: University of Stellenbosch.

Mielke, R.T. (2013). Counselling Parents Who Are Considering Newborn Male Circumcision. *Journal of Midwifery & Women's Health,* 58 (6): pp.671-682.

Mogotlane, S.M., Ntlangulela, J.T. & Ogunbanjo, B.G. (2004). Mortality and morbidity among traditionally circumcised Xhosa boys in the Eastern Cape Province, South Africa. *Curationis,* 27(2): pp.57ï 62.

Momoti, N.D. (2002). *Law and Culture in the new constitutional dispensation with specific reference to the custom of Circumcision as practised in the Eastern Cape.* Unpublished dissertation submitted in fulfilment of the requirements of the degree of Master of Laws of Rhodes University, Grahamstown.

Monette, D.R., Sullivan, T.J. & De Jong, C.R. (2008). *Applied social research: A tool for the human services* (7th ed). Belmont: Thompson Wadsworth.

Morrell, R., 2007, Men, masculinities and gender politics in South Africa: A reply to Macleod, *Psychology in Society, vol.* 35: pp.15-26.

Morrell, R., Jewkes, R. & Lindegger, G. (2012). Hegemonic masculinities in South Africa: Culture, power, and gender politics. *Men and Masculinities,* 15(1): pp.11-30.

Motshekga, M. (2013). *Speech by Dr Mathole Motshekga on tragic deaths of young initiates,* Mpumalanga Province, 29 May.

Mshana, G, Wambura M, Mwanga J, Mosha J, Mosha F. & Changalucha, J. (2011). Traditional male circumcision practices among the Kurya of North Eastern Tanzania and implications for national programmes. *AIDS Care:* pp.1-6.

Mtuze, P. (2004). *Introduction to Xhosa Culture.* Alice: Lovedale Press.

Murray, S.R. & Miller, J.L. (2001). College studentsô perceptions of wellness. CAHPERD Journal, 26(1): pp.7-9.

Munanga, T. (2010). *No Hurry in Africa: Life as a peace corps volunteer in Kenya.* Nairobi. Kenya: Universe.

Musekiwa, P. (2013). *Livelihood Strategies of Female Headed Households in Zimbabwe. The case of Magaso Village, Mutoko District in Zimbabwe.* Unpublished

Mastersô Thesis in Social Work. Faculty of Social Sciences and Humanities, University of Fort Hare.

Muula, A.S., Prozesky, H.W., Mataya, R.H. & Ikechebelu, J.I. (2007). Prevalence of complications of male circumcision in Anglophone Africa: A systematic review. *Bio Med Cental Urology*, 7(4).

Ndangam, L.N. (2008). *Lifting the cloak on manhood: Coverage of Xhosa male circumcision in the South African Press. In masculinities in Contemporary Africa, (ed)* by Egodi Uchendu, 209-228, Dakar: CODESRIA.

Ndashe, S. (2005). Human Rights, Gender and Culture ï A Deliberate Confusion? In Harper, G. & Moodley, A. (Eds). *Agenda Special Focus: Gender, Culture and Rights.* Cape Town: Human Sciences Research Council.

Neuman, W. L, (2008). *Quantitative and Qualitative Approaches: Social Research Methods* (6th ed). United States of America: Pearson education.

Nesbitt, S. & Flores, A. (2008). Planning and Conducting Focus Groups. *Centre for Substance Abuse Prevention* (CSAP), January 24: pp.1-48.

Niang, C.I. & Boiro, H. (2007). You can also cut my finger!ôSocial construction of male circumcision in West Africa: A case study of Senegal and Guinea-Bissau. *Reproductive Health Matters,* 15(29): pp.22ï 32.

Noor, K. (2008). *Case study: A strategic research methodology. American Journal of Applied Sciences,* 5(11): pp.1602-1604.

Nqeketo, A. (2008). *Xhosa Male Circumcision at the Crossroads: Responses by Government, Traditional Authorities and Communities To Circumcision-Related Injuries and Deaths in Eastern Cape Province.* Unpublished Masters. Department of Anthropology and Sociology. University of the Western Cape, Cape Town.

Ntombana L. (2011). *An Investigation into the Role of Xhosa Male Initiation in Moral Regeneration.* Unpublished Thesis submitted in fulfilment of the requirements of the degree of Doctor Philosophy in the Faculty of Arts at the Nelson Mandela Metropolitan University, Port Elizabeth.

Ntombana, L. (2009). Xhosa male initiation and teaching of moral values: An exploration of the role of traditional guardians in teaching the initiates. *Indilinga African Journal of Indigenous Knowledge Systems.* 8(1): pp.73-84.

OR Thambo District Municipality, Eastern Cape Province. (2012/13). Integrated Development Planning (IDP) for Local Government. Available [Online]. http://www.orthambodistrictmunicipality.gov.za. Accessed on 13 April.

Papu, J. & Verster, P. (2006). A Biblical, Cultural and Missiological Critique of Traditional Circumcision Among Xhosa-Speaking Christians. *ACTA THEOLOGIA,* vol.2: pp.178-198.

Peltzer, K. & Kanta, X. (2009). Medical circumcision and manhood initiation ritual in the Eastern Cape, South Africa: A post intervention evaluation. *Culture, Health and Sexuality,* 11(1): pp.83ï 97.

Peltzer, K., Niang, C.I., Muula, A.S., Bowa, K., Okeke, L., Boiro, H. & Chimbwete, C. (2007). Editorial review: Male circumcision, gender and HIV prevention in sub-Saharan Africa: A (social science) research agenda. *Journal of Social Aspects of HIV/AIDS,* 4(3): pp.658-667.

Peltzer, K., Nqeketo, A., Petros, G. & Kanta, X. (2008a).Traditional circumcision during manhood initiation rituals in the Eastern Cape, South Africa: A pre-post intervention evaluation. *BMC Public Health vol.8*: p.64.

Peltzer, K., Nqeketo, A., Petros, G. & Kanta, X. (2008b). Attitudes of Pre-initiates towards Traditional Male Circumcision in the context of HIV in the Eastern Cape,

South Africa: *Social Behaviour Personality, Society for Personality Research (Inc.),* 36(8): pp.1023-1034.

Peplau, L.A. & Taylor, S.E. (1997). *Sociocultural perspective in social psychology: Current readings.* New Jersey: Prentice Hall.

Polit, F. & Beck, C. (2010). *Social research: Theory and practice*. London: Madison.

Rankhotha, C.S. (2004). Do traditional values entrench male supremacy? *Agenda, Vol.* 59: pp. 80-89.

Republic of South Africa. (1996). *The Constitution of the Republic of South Africa No. 108 of 1996.* South Africa, Cape Town. Government Gazette.

Richter L, Foster G, Sherr L. (2006). *Where the heart is: meeting the psychosocial needs of young children in the context of HIV/AIDS.* The Hague, Bernard van Leer Foundation. Available, [Online].

http://www.bernardvanleer.org/Where_The_Heart_Is_Meeting_the_psychosocial_needs_of_young_children_in_the_context_of_HIV_AIDS.

Rieger, J.N. (2007). *Research Methods in Sociology: Key Informants.* Blackwell.

Rijken, D.J. & Dakwa, P. (2013). *Ulwaluko: problem analysis of the situation in Phondoland,* 6(3): pp.1-12.

Ross, E. & Deverell, A. (2010). *Health, illness and disability: Psychological approach.* (2nd ed). Hatfield. Pretoria: Van Schaik.

Rubin, A. & Babbie, E. (2011). *Research Methods for Social Work.* (7th ed). Belmont. USA: Brooks/Cole.

Salkind, N.J. (2012). Exploring Research: International Edition. (8th ed). USA: Pearson Education.

Seloana, S.M. (2011). Student teachersôperception on integration of traditional circumcision education into the school curriculum. *SAJHE,* 25(8): pp.1608ï 1625.

Sidley, P. (2008). *Eastern Cape Tightens Law on Circumcision to Stem Casualties.* Available [Online]. http://www.rho.org/html/hthps-b-02.html. Accessed April 2014.

Silverman, E.K. (2004). Anthropology and Circumcision. *Annual Review of Anthropology,* Vol.33: pp.419-45.

Silvia, C.N. (2008). Forum: Qualitative Social Research. *Open Journal Systems,* 9(3): 21-33.

Sekonyela, M.B.H. (2004). *What legacy for future generation? Role of indigenous knowledge systems and practices in building our values and morals.* Paper presented at the Initiation Schools Conference. East London. September 27-29.

Stinson, K. (2008). Male Circumcision in South Africa: How Does it Relate to Public Health? Available [Online]. http://www.africanvoices.co.za/culture/circumcision.html. Accessed on March 24.

Swartz, L., de la Rey. C., Duncan, N. & Townsend, L. (2011). *Psychology: An introduction.* (2nd ed). Cape Town: Oxford University Press.

Taylor, J.R., Lockwood, A.P. & Taylor, A.J. (1996). The prepuce: Specialized mucosa of the penis and its loss to circumcision. *Journal of Urology,* vol.77: pp.291-295.

Tenge, S. (2006). *Xhosa teenage boys' experiences during the period prior to circumcision ritual in East London in the Eastern Cape.* Unpublished Thesis (MA), UNISA, South Africa.

Terre Blanche, M. & Durrheim, K. (2006). *Research in practice: Applied methods for the social sciences. South Africa:* University of Cape Town Press.

Tshemese, M. C. (2009). *Bringing back the dignity into being a man, beyond public conversations.* Unpublished Paper presented at Mandela Childrens Fund: Johannesburg.

Thyer, B. (2010). The handbook of social work research methods. London: SAGE.

Umbutho Wengcibi Namakhankatha in Alice (UWNA). (2013). Brief session meeting in preparation for 2013 November/December Summer Season, October 09.

UNAIDS. (2007). *Male circumcision: Global trends and determinants of prevalence, safety and acceptability.* Geneva: UNAIDS.

UNICEF. (2007). *A guide to evaluation of psychosocial programming in emergencies Booth by N, Anger, A. and Anger, W, UNICEF.* These domains draw on psychosocial intervention in complex emergencies: A framework for practice the psychological working group. Available [Online].www.forcedmigration.org/psychsocialframework for practice.pdf. Accessed June 2013.

Uys, L. & Cameron, S. (2003). Home Based HIV/AIDS Care. Cape Town. Oxford University Press.

Van der Kolk, B. A., Weisaeth, L. & van der Hart, O. (1996). History of trauma in psychiatry. In B. A. van der Kolk, A. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society.* pp.96-111.New York: Guilford.

Van Emmerik, A., Kamphuis, J., Hulsbosch, A. & Emmelkamp, P. (2002). Single session debriefing after psychological trauma: A meta-analysis. *Lancet,* Vol.360: pp.766-771.

Van Vuuren, C. & de Jongh, M. (1996). *Ritual in urban context – An anthropological study of problems, needs and facilities in black urban areas: The case of male initiation in the Eastern Cape Province.* Report on a project executed on behalf of the Department of Environmental Affairs Pretoria.

Vincent, L. (2008a). Boys will be boys: traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Cult Health Sex,* vol.10: pp.431-446.

Vincent, L. (2008b). *Male Circumcision Policy, Practices and Services in the Eastern Cape Province of South Africa. (Case study).* Rhodes University. Grahamstown.

Walker, I. (2010). *Research Methods and Statistics.* New York: Macmillan.

Waskett J. (2011). *Global circumcision rates*. Available [Online]: http://www.circs.org/index.php/Reviews/Rates/Global. Accessed on July.

Weber, B.A. & Sherwill-Navarro, P. (2005). Psychosocial consequences of prostate cancer: 30 years of research. *Geriatric Nursing,* vol.26: pp.166-175.

Wertsch, J.V. & Bivens, J.A. (1992). The social origins of individual mental functioning: Alternatives and perspectives. *Quarterly Newsletter of the Laboratory of Comparative Human Cognition*, 14(2): pp.35-44.

Westercamp, N. & Bailey, R.C. (2007). Acceptability of male circumcision for prevention of HIV/AIDS in sub-Saharan Africa: a review. *AIDS and Behaviour,* 11(3): pp.341-355.

WHO & UNAIDS (2009). Progress in male circumcision scale-up: country implementation update. Available [Online].http://www.avert.org/malecircumcision. Accessed on July 2013.

Witbooi, M. 2005. Breaking the seal: UWC Student News. Available [Online]. http://www.uwc.ac.za/arts/English/roughedges/STORY4htm. Accessed on July.

World Health Organization (WHO). (2006). *Manual for male circumcision under local anaesthesia.* Geneva: World Health Organization.

World Health Organization (WHO). (2007a). *Information package on male circumcision and HIV prevention.* Geneva: World Health Organization.

World Health Organization (WHO). (2007b). *New data on male circumcision and HIV prevention: Policy and programme implications.* Geneva: World Health Organization.

Zastrow, C.H. (2013). *The practice of social work: Empowerment series.* (10th ed). USA: Brooks/Cole Cengage Learning.

Newspaper articles cited:

Bailey, C. (2013, October 06). Circumcision contract ñcutò while probe is under way. *The Sunday Independent,* p.3

What you said about: Western medicine and circumcision. (2014d, July 6). *City Press,* p4.

Illegal circumcision: Traditional leaders to blame. (2013a, July 14). *City Press,* p4.

Eastern Cape circumcision situation a crisis ï MEC. (2013b, July 5). *City Press,* p4.

23 die at initiation ceremonies in the past nine days. (2013c, May 17). *City Press,* p.4.

Annual Report of the Eastern Cape Department of Cooperative Governance and Traditional Affairs, Circumcision Monitoring and Intervention Strategy. (2014, April 25). *Daily Dispatch,* p.7.

Fuzile, B. & Feni, L. (2013a, July 31). Ritual of death: The 39 faces of botched circumcisions: Special Report. *Daily Dispatch,* pp.1 & 5.

Feketha, S. (2014, July 24). Way forward with initiation: Call for more parental and community involvement. *Daily Dispatch,* p.6.

Feni, L. & Fuzile, B. (2013b, August 2). Ritual of death: Plans to stop initiation genocide, Special Report. *Daily Dispatch,* p.5.

Feni, L. (2014a, July 11). Legislation in the pipeline to deal with illegal circumcision and illegal initiation school. *Daily Dispatch,* p.1.

Feni, L. (2014b, July 16). In the hands of men they die: Women raise concerns as death toll rises. *Daily Dispatch,* p.1.

Feni, L. (2014c, June 18). Plea to Ancestors to protect initiates. *The Herald*, p.3.

Ludidi, V. (2014a, July 11-18). Initiation deaths still a scourge: Premier Masualle calls on parents to take responsibility, *Eastern Cape Today:* p.1.

Ludidi, V. (2014b, May 30-June 6). Initiation season around the corner: Deaths and injuries still major concern for authorities and parents. *Eastern Cape Today:* p.1.

Law versus tradition in circumcision debacle: Circumcision Information and Resource Pages. (2004, March 9). *Mail & Guardian*. Available [Online]. http://www.cirp.org/library/death/.

Mukhuthu, Z. (2014b, July 4). Initiates, 15, dies in his fatherôs arms: Dad watches helplessly as teen with chest pain took last breath. *Daily Dispatch,* p2.

Mukhuthu, Z. (2014a, July 21). Initiation not going anywhere: Chief defends ritual, calls for improvements after 36 deaths. *Daily Dispatch*, p.2.

Move to make initiation safer: Role players agree on a strategy. (2014, November 7-14). *Eastern Cape Today,* pp.1-2.

Parents blamed as 13 initiates die in Eastern Cape. (2014, July 01). *NEWS24*. Available [Online]. http://www.news24.com/SouthAfrica/News/Parents-blamed-as-13-initiates-die-in-Eastern-Cape.

Ngcukana, L. (2014, June 29). Circumcision is my calling: A 73-year-old traditional surgeon who has ushered 1000 boys into manhood proves that the rite of passage need not be a death sentence. *City Press,* p.13.

Nini, A. (2014, April 19). *Traditional leaders empower rite graduates.* Saturday Daily Dispatch, p.5.

Saba, A. (2013, July 14). *6 years, 413 lives, 190 penis, and 5000 in hospital, City Press.* p.4.

Velaphi, S. & Masilela, S. (2013, June 25). *Greed killing initiates. The New Age,* p.1.

Whissom, M. (2000, July 22). Circumcision widely approved despite fatalities. *Daily Dispatch,* p.27.

Zuzile, M. (2014, July 16). New legal moves to make rite safer. *Daily Dispatch,* p.1.

APPENDIX A

SOUTH AFRICAN MAP SHOWING THE STUDY AREA

APPENDIX B

University of Fort Hare
Together in Excellence

Dear Participants

I am the researcher currently doing my Masters in Social Work at the University of Fort Hare ï Alice Campus. I am conducting a research on the exploration of psychosocial challenges associated with Traditional Male Circumcision Practice from the perspective of newly initiated men at Lusikisiki in Phondoland. The study is premised on the following objectives:

- To examine the psychosocial impact of traditional male circumcision practice on newly initiated men;
- To establish the families, communities, traditional nurses and societal leadersô concerns on the extent of damage caused by traditional male circumcision practice; and
- To establish the psychosocial support systems provided by the government and community networks on traditional male circumcision practice victims and their families;

There are no right or wrong answers; may you therefore, answer these questions with honesty. The information you share with me will be treated with confidentiality as you will remain anonymous. Please do not write or reveal your name. Please respond only to demographic variables that are relevant to your situation.

<u>SECTION A:</u> Demographical Profile of the participants

Age in years [ ] Gender [ ] Racial group [ ]

Marital status [ ] Socio-economic status [ ] [ ]

Level of education [ ] Initiatesôyear of circumcision [ ]

Initiatesôcircumcision school status [ ] Initiatesôcircumcision accidents [ ]

<u>SECTION B:</u> RESEARCH INTERVIEW & FOCUS GROUP DISCUSSIONS SCHEDULE GUIDE.

1. In your own opinion, what are the cultural benefits embedded to traditional circumcisions?

   Ngokw' embono zakho, zeziphi inzuzo ezifumaneka kulwaluko lwesintu?

2. In your own view, what has been your experience of traditional circumcision practice?

   Ngokwe mibono yakho, ngawaphi amava onawo ngolwaluko lwesintu?

3. In your own area, what debacle/challenges do the initiates experience during traditional circumcision practice?

   Ngokwalendawo yenu, yeyiphi imiceli mgeni enihlangabezana nayo kulaluko lwesisintu?

4. In what way do debacles/challenges associated with TMCP affect your social and occupational life?

   Hlobo luni lemiceli mingeni elinxulumene nolwaluko lwesintu eniphazamise ngayo kwimo yokuhlala nayokusebenza?

5. In your own view, are the initiates who suffer challenges during TMCP stigmatized by their families and society? If so how?

   Ngoko mbono wakho, ingaba abakhwetha abafumana ingxaki elwalukeni bayanukunezwa / bayacalulwa zintsapho zabo kunye nasekuhlaleni? Ukuba kunjalo bacalulwa njani?

6. How would you describe emotional and psychological damage associated with TMCP disaster? (for example; anger, aggression, fear, guilt, hopelessness helplessness, etc.)

   Ungawuchaza njani umonakalo womphefumlo nemizwa eyayaniswa nokuphanza kwezinto nemicelimngeni yesiko lokwaluka lesintu? (Umzekelo ukuba nengqumbo enkulu, ukoyika, ukuzibeka ubutyala kunye nesimo sokungabi nathemba nakuzinceda, njalo njalo).

7. In your own view, are there any policy environmental gaps that may be contributing to the TMCP pandemonium? If so, what do you think can be done.

   Ngok' ombono wakho, ingaba kukho ukungasebenzi kakuhle kwemithetho enoba iyancedisa kwezingxaki zayamene nelisiko lokwaluka?

8. What kind of social, emotional, psychological, mental, cultural and spiritual support provided to the initiates and their families as victims of TMCP by community networks and government?

   Ingaba ikhona inxaso ngokwase ntlalweni nase mphefumlweni evela kwimibutho yasekuhlaleni nasebu Rhulumenteni ukuqinisekisa ukuba unyango ngokwase ntlalweni, nase mphefumlweni, engqondweni nase moyeni luyenzeka ngokufanelekileyo?

9. In your own view, what do you think can be done to ensure that social, emotional, psychological, mental, cultural and spiritual healing process appropriately takes place?

   Ngok' ombono wakho, ucinga ukuba kungenziwa ntoni ukuqinisekisa unyango ngokwasentlalweni, emphefumlweni, engqondweni, nasemoyeni ukuba luyenzeka ngokufanelekileyo kumaxhoba ulwaluko nentsapho zawo?

10. In your own view, what can be done to avoid complications and deaths of young men due to mishaps associated with TMCP?

    Ngokw' embono yako, kungakhuselwa njani ubomi babafana abasebancinci ekufeni kunye neengxaki ezibandakanya eli siko lokwaluka?

APPENDIX: C

University of Fort Hare
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Ethics Research Confidentiality and Informed Consent Form

Our University of Fort Hare / Department is asking newly initiated men, their families, community leaders, and traditional nurses to answer some questions, which we hope will benefit your community and, possibly, other communities in the future.

I, Thanduxolo Nomngcoyiya is conducting research regarding psychosocial challenges associated with traditional circumcision practice. We are interested in finding out more about its impact in your social functioning and well-being and we are carrying out this research to help you in terms establishing the appropriate psychosocial support needed for the victims in order to adapt to challenges pose by TMCP.

Please understand that you are not being forced to take part in this study, and the choice whether to participate or not is yours alone. However, we would really appreciate it if you do share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you do not want to go on with the interview. If you do this, there will also be no penalties, and you will NOT be prejudiced against in ANY way. Confidentiality will be observed.

I will not be recording your name anywhere on the questionnaire, and no one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential, and there will be no ñcome-backsò from the answers you give.

The interview is anticipated to take approximately 20-30 minutes. I will be asking you questions and ask that you be as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be

asking some questions that you may not have thought about before, and which also involve thinking about the past or the future. We know that you cannot be absolutely certain about the answers to these questions, but we ask that you try to think about these questions. When it comes to answering questions, there are no right and wrong answers. Rather, we are more interested to the meaning and perceptions you attach to the psychosocial challenges associated with traditional male circumcision (TMC). When we ask questions about the future, we are not interested in what you think the best thing would be to do, but what you think would actually happen.

If possible, University of Fort Hare would like to come back to this area once we have completed our study to inform you and your community of the results and discuss our findings and proposals around the research and what this means for people in this area.

INFORMED CONSENT

I hereby agree to participate in research regarding exploration of the psychosocial challenges associated with Traditional Male Circumcision Practice from the lenses of the newly initiated men: The case of Lusikisiki in Phondoland Area, Eastern Cape. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not, in any way, affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.

Signature of participanté é é é é ..... **Date**:
é é é é é é é ..

I hereby agree to the tape recording of my participation in the study

Signature of participanté é é é é é é é é ..... **Date**: é é é é é é é ..