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VIEWS OF TRADITIONALY CIRCUMCISED XHOSA MEN TOWARDS MEDICAL MALE CIRCUMCISION

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A research report submitted to the Faculty of Commerce, Law and Management, University of the Witwatersrand, Johannesburg,

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ABSTRACT

South Africa is characterised by high rate of complications and deaths associated with traditional male circumcision, and even though young initiates die in circumcision schools during circumcision seasons, thousands of young boys still want to get circumcised.

The purpose of this research is to look at views of traditionally circumcised Xhosa men towards medical male circumcision and to get views of these traditional circumcising communities on how medical male circumcision could be done without losing traditional values of the practice. A qualitative research method was used to undertake this research. The sampling method use was non probability – purposive sampling. Literature relevant to the study is reviewed and used and also interviews conducted to traditional circumcised men from Menjini Village, in the Eastern Cape.

The major findings of the study are that traditionally circumcising men will not accept medical male circumcision in its current form, it was found that there has been no deaths that are known and reported that are associated with medical male circumcision. Traditional male circumcision is more than just the cutting of the foreskin, the ritual carries multiple of meanings and dimensions that are interconnected, these include, religious, spiritual, social, biomedical, aesthetic and cultural, all these need to be taken into account when dealing with male circumcision in South Africa.

Another major finding is that the legislation introduced by government was not properly communicated to the affected communities and communities and open to a method that creates synergy between traditional and medical male circumcision, this method must also be compliant with the provisions of the legislation.

Declaration

I declare that this research report is my own work, unaided work. It is submitted in partial fulfilment of the requirements of the degree of Master of Management (Public and Development Management) to the Faculty of Commerce, Law and Management in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any university.

……

Mr Lindithemba Dingindlela

13 November 2014

DEDICATION

To: Dingindlela and Ntimbankulu Families

In celebration of a dynamic, loving and supporting families, I dedicate this research report to both families. Thank you for the roles you have played in my life, more importantly for support, guidance, love and value placed in education.

Words cannot express my gratitude to both families from BawoTolo to Luzuko Dingindlela and from Thumakele Mjali to Athamatolo Matyolo, yonk' indlu yaseNtimbankulu. Ndiyabulela ngakokonke. Thank you.

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GLOSARY LIST

Abakhwetha	:	Initiates
Ibhoma	:	Circumcision school
Ikhankatha	:	Traditional nurse
Ingcibi	:	Traditional surgeon
Inkwenkwe	:	Boy
Ixhwele	:	Traditional doctor
Isidoda	:	Bush language or bush code
Uburwala	:	Phase of being an initiate
Ukudodisana	:	An act of talking in bush language
Usosuthu	:	Custodian of the initiation school

CHAPTER ONE

1. INTRODUCTION

Traditional circumcision is practiced across South Africa by different tribes and it is seen as a rite of passage from boyhood to manhood, but traditional ways mostly result to complications such as dehydration, amputation and even death, some argue that traditional practitioners don't have the necessary knowledge and skills of health practices (Bottoman, Mavundla, Netswera, & Toth, 2009).

Even though there are complications and deaths associated with the practice, thousands of young Xhosa boys still got to the traditional initiation schools, government has been promoting medical male circumcision as the answer to the deaths of young initiates. Due to the complication in traditional male circumcision government decided to introduce regulation that will govern the practice and the regulation received mixed views from traditional leaders, and public in general(Kepe, 2010; Vincent, 2008a).

Due to the health benefits and safety associated with medical male circumcision and the complications associated with traditional male circumcision, a method that creates synergy between medical male circumcision and traditional male circumcision becomes an alternative, this alternative talks to medical male circumcision that is done in a cultural context. This should take into account the values, meanings and perceptions thattraditionally circumcising Xhosa men associate with the tradition(Chingono, Humphries, Lane, Morin, Sakutukwa, Timbe and Van-Rooyen, 2013).

1.1. Background to the study

Circumcision is practiced in many parts of South Africa by different tribes such as Pedi, Sotho, Tsonga and Xhosa speaking people (Bottoman et al, 2009). Xhosa speaking people from the Eastern Cape practice circumcision for traditional purposes, Xhosa people see circumcision as an integral part of young male development and initiation schools as places where young boys are taught valuable life lessons(Vincent, 2008a; Kahriman & Topbas, 2013).

The initiation process among Xhosa speaking people in the Eastern Cape consist of 4 stages, fist stage which is Umngeno (which are Entering stage), second stage ubukhwetha (being an initiate), third stage umphumo (coming out) and last stage being ubukrwala (being a graduate) (Vincent, 2008a and Vincent, 2008b).

Circumcision is practiced worldwide for various reasons such a medical reasons, religious reasons and traditional reasons, and one of widely spoken about advantage of medical male circumcision is that it reduces the rate of HIV transmission from female to a male and other medical reasons include the prevention of paraphimosis, phimosis, and balanitis (Abdur-Rahman, Musa, & Oshagbemi, 2012; Can, Kahriman & Topbas, 2013; Vincent, 2008a).

All over the world circumcision is done at different ages but there are three main stages at which it can be done, which are at birth, at child hood and at early adolescence. Each stage has got its own advantages and disadvantages and these stages are linked to the reasons why each group does circumcision in the first place, and the common understanding is that it must be done before puberty (Abdur-Rahman, Musa, & Oshagbemi, 2012; Pan, Shen, Wang, & Zhang, 2012; Can, Kahriman & Topbas, 2013; Abicht , Bailey, Muga, & Poulussen, 2002; Vincent, 2008a; Bottoman et al, 2009).

After clinical trials conducted in Orange Farm South Africa and else were in the world, the WHO and the south African government gave mandate to the government to circumcise young boys, the trials found out that circumcision reduces the rate of HIV transfer from female to male. Medical male circumcision is seen as a cheap and safer method of circumcision as opposed to traditional male circumcision (Bailey, Mattson, Muga, Poulussen, & Onyango, 2004).

The South African government has been promoting medical male circumcision all over the country. Medical male circumcision refers to circumcision done by a medical doctor, in a medical setup, that fully complies with medical ethics and a professionally trained nurse will look after the boys after circumcision (Changalucha , Mosha, F , Mosha, J. F, Mshana, Mwanga, & Wambura, 2011).

Complications related to traditional circumcision become more prominent on the media in the last few years, political parties and government took interest as it was becoming a health problem for the government and traditional leaders. The government initially decided not to intervene but rather assist NGO's, community based organizations and traditional leaders who were working to improve and bring order to the practice (Dickson, Dick, Farley, Hankins, Schmid, Vincent,and Zoysa, (2008).

The government realized that these interventions are not giving results that the government hoped for and the problem was escalating, and the government of the Eastern Cape decided to introduce legislation to govern circumcision practices in the province. After a number of consultations with related stakeholders, traditional leaders, medical professional, NGO's and community based organization and affected communities, the Application of Health standards in traditional circumcision Act (Eastern Cape- ACT no.6 of 2001) was passed into law in the province (Kepe, 2010 ; Vincent, 2008b and Dickson et al, 2008).

After the bill was passed it was received by mixed reactions, urban communities welcomed the bill as they saw closure of illegal initiation schools and arrest of traditional surgeons as a step to the right direction, but traditional leaders received the bill with even mixed views, some welcomed the bill with caution while other dismissed the bill altogether and even advocated for the disobedience of the bill (Dickson et al, 2008).

Further to the problem of acceptability of the bill, the bill also had challenges on some of its provisions, such as the role of designated medical officer, challenges to the authority of the traditional leaders, challenges to the monitoring of the initiation schools, gender challenges and lack of coordination between government and traditional leaders (Dickson et al, 2008).

Other studies conducted come to the conclusion that for medical male circumcision to be accepted by traditionally circumcising communities, countries must look at meanings, values and associations that these communities attach to circumcision practice and use these to develop and promote programs for medical male circumcision(Chingono et al, 2013).

These studies also concluded that the best way to implement medical male circumcision is to create synergy between traditional and medical male circumcision and this synergy can be created by designing programs that first interact with local knowledge systems which are also culturally responsive and acceptable, these programs will talk to perceptions and value systems that communities attach to circumcision and their health (Chingono et al, 2013).

From the above discussion, arise a need for a research that speaks to the views of traditionally circumcised men towards medical male circumcision and also look at how a synergy (conducting medical male circumcision in a traditional context) can be created between medical male circumcision and traditional male circumcision.

The study for this research was conducted in the Eastern Cape province Town of Matatiele. Matatiele local municipality is located on the Northen part of the Eastern Cape Province. It adjoins onto Elundini Municipality to the South West, Greater Kokstad municipality (KZN) to the East, uMzimkhulu municipality to the South and Lesotho to the North. Matatiele is one of 4 (four) local municipalities located within the Alfred Nzo District. It consists of 26 municipal wards with a population of 258 758 people and accounts for 58% (4352 km2) of Alfred Nzo District geographical size.

The main focus of the study is located in Ward 36 under Matatile local municipality; the name of the village is Menjini and has a population of 45 households and a population of 300 people. There are two main languages that are spoken in the village Xhosa and Sesotho.

The area has two ethnic groups that reside in the village, Xhosa and Sotho and both these groups they practice circumcision, and both groups have different ways in which they do their practice.Both these groups circumcise boys at about the same age and for the same reasons.The village was chosen as some of its residents are Xhosa speaking people and they practice traditional male circumcision, in the last ten years there has been no death or hospitalizations of young boys as a result of traditional circumcision in the village.

1.2. Problem statement

Traditional male circumcision is a custom that has been practice in Eastern Cape for Generations by Xhosa speaking people and of late it has become a problem as young people are hospitalize, some lose their private parts and some die as a result of circumcision (Bottoman et al, 2009), even though initiates are dying a large number of Xhosa boys still want to go to initiation as this is seen as a passage from boyhood to manhood. Traditional circumcision is not only practiced by Xhosa speaking people even Sotho, Pedi, Venda and Tsonga and these tribes are mostly in certain geographical areas with in South Africa like Xhosa's in the Eastern Cape (Bottoman et al, 2009).

Initiation schools are seen as places where boys are taught life lessons and medical male circumcision is seen among Xhosas as something against their tradition and their heritage will be lost it medical male circumcision is practiced, if you do medical circumcision you will never be treated and admitted as a man within community and benefits of medical circumcision are not properly understood by Xhosa people and people are not even willing to entertain the idea.

In response to the death of initiates, the government introduced application of health standards in traditional circumcisions Act (No 6 of 20001) and the regulation received mixed responses from traditional leaders and public in general, some traditional leaders are against the bill and are advocating for total disobedience of the bill while others took a more accommodating stand (Kepe, 2010 and Vincent, 2008b).

Some scholars advocated for creating a synergy between traditional and medical male circumcision and they have argued that for medical male circumcision to be accepted by traditionally circumcising communities, the programs that are developed must talk to local, knowledge beliefs, systems and views that communities place in circumcision (Chingono et al, 2013).

The study seek to understand the views of traditionally circumcised Xhosa men towards medical male circumcision, the application for health standards in circumcision is seen as a way in which government is trying to medicalize the circumcision practice and this bill has received mixed views by different stake holders as a result creating synergy between medical and traditional male circumcision becomes very important in order for the bill to be implemented properly and for medical male circumcision to be accepted by traditionally circumcising communities.

1.3. Purpose statement

The purpose of the research is to look at views of traditionally circumcised Xhosa men towards medical male circumcision and to get views of these traditional circumcising communities on how medical male circumcision could be done without losing traditional values of the practice.

1.4. Research question

The research will have a primary research question and two secondary research questions, the primary question has been informed by both the background and purpose statement, which seek to understand the views of Xhosa traditionally circumcised men towards medical male circumcision at Menjini village in the Eastern Cape.

1.4.1. Primary question:

a) Would medical male circumcision be accepted by traditionally Circumcised Xhosa men?

1.4.2. Secondary questions:

a) Is medical male circumcision the answer to the deaths of Xhosa initiates?
b) Can medical male circumcision be done in a traditional context?

1.5. Structure of the research

This research report comprises of six chapters

Chapter one: Introduction

This chapter provides the background to the study, the research problem, the purpose of the research and research questions, both primary and secondary research questions.

Chapter two: Literature review

This chapter deals with specific literature around the topics pertaining to traditional male circumcision, medical male circumcision, reasons why communities do circumcision, the age at which circumcision is done by different communities. It also look at teachings that initiates receive in circumcision schools.

This section discusses the interventions done by the government and how these interventions were received by affected stakeholders, and lastly looked at how synergy can be created between medical male circumcision and traditional male circumcision as this is what the bill introduced by government is trying to archive.

The literature argues that traditional male circumcision is an integral part of Xhosa speaking people and medical male circumcision in its current form is an acceptable among traditionally circumcising Xhosa people and thus creating a synergy between medical and traditional circumcision can be the answer.

Chapter three: Research methods and design

This chapter outlines the methodological background as well as the research approach and design of the study. It is in this chapter where the study brings together arguments, theory and concepts outlined in the literature review. The research methodologyfollowed the relevance of research question and secondary questions and procedure used to collect data for the study are outlined and motivated on this chapter. This chapter also outline the limitations of the study and also the significance of the study.

Chapter four: Data presentation

After research methods and design chapter follows the data presentation chapter. Responses from the respondents are presented in this chapter. The presentation of data is from ten interviews collected from a semi-formal data collecting method and the respondents responses are presented in a narrative way. Ideas and themes that are similar informed the consolidated data and followed for ease of understanding.

Chapter Five: analysis of findings

This chapter outlines data analysis of the study. After completion of the data presentation process, the data analysis process follows. The data collected during the research is analysed in support of the research findings. The data that come out of interviews with respondents and academic literature was analysed to verify an reflect on the findings. The main aim of this chapter is to transform raw data into meaningful information

Chapter Six: Conclusion and recommendations

The conclusion and recommendations for the research comes from the debates and arguments, which are based in both theory and practice. These are based on the findings of the research, identified in the analysis of research findings.

This chapter provide a final assessment of the study to determine the views of traditionally circumcised men towards medical male circumcision.

1.6. Conclusion

This chapter introduced the research topic and background information by presenting the key concepts of circumcision practice. The concepts about traditional male circumcision, medical male circumcision, age at which circumcision is done, teachings that Xhosa people associate with circumcision schools, the action taken by the government and also concepts on creating synergy between traditional and medical circumcision were introduced and discussed and their relevance offered.

In giving direction to the argument of the research, the problem statement, the research purpose and research questions both primary and secondary were presented and the chapter was concluded by giving the research structure.

Traditional male circumcision by Xhosa speaking people in the Eastern Cape is an old tradition and despite complications and deaths associated with the practice, young Xhosa boys are determined to get circumcised traditionally in large numbers in each and every circumcising season, therefore government intervention is needed to protect the lives of young Xhosa boys and these interventions must be culturally sensitive in order to be accepted by traditionally circumcising Xhosa communities.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

Literature review is done to locate the research that is undertaken within a body of knowledge that is related to the research problem that the research seek to address (Mouton, 1996).

This chapter will zoom into the existing body of knowledge, discuss best practices and existing applied work that deals with circumcision, both traditional and medical male circumcision will be examined in order to develop, conceptualise and to provide descriptive framework for the research.

The theoretical framework of this study locates the study on four (4) main domains that cut across; these domains are traditional,health, change management and policy. Male circumcision is a traditional issue that has been practiced by Xhosa people for generations and has been passed on from one generation to the next and death of young initiates created a health problem for the government and the initiation process also deals with the health issues of the initiate as some they get hospitalised and some die from the procedure and lastly change management deals with change in the practice over generations and the governments need to legislate and bring change to what is seen as a traditional sphere and government should not have control or influence and this brings a policy dimension.

The conception framework of the study locates the study on social cultural domain, the study deals with the views, belief and perceptions of traditionally circumcised men towards medical male circumcision.

The literature review will focus on the primary aspects of circumcision practice that Xhosa speaking people attach to the practice, particular attention will be given to the meanings and values that traditional circumcising Xhosa people attaché to the practice and their health. The literature seek to unpack and understand how traditional circumcising Xhosa men view medical circumcision and their views on how medical male circumcision can be done in a traditionally accepted way, which is creating a synergy between medical male circumcision and traditional male circumcision.

Particular focus will be given on traditional male circumcision as well as medical male circumcision, these are the two methods for circumcision and it will also look at the reasons why different people get circumcised and irrespective of which method they use and reasons they have for circumcision, age matters at which circumcision is done.

The government also plays a crucial role in circumcision as complications ,sickness and deaths of initiates create a health problem for the government and this paper will also look at government's response by regulating traditional male circumcision practice ,and the reaction of traditional leaders and communities on the regulation imposed on traditional male circumcision, and lastly examine ways in which synergy can be created between medical and traditional male circumcision so that medical male circumcision can be done in a traditional context.

2.2. Traditional male circumcision

Male circumcision is among the oldest surgical procedures that are done by human beings and its commonly done all over the world, not only men get circumcised but also women (Abdur-Rahman, Musa, & Oshagbemi, 2012; Bottoman et al, 2009).

According to Application of Health standards in traditional circumcision Act (Eastern Cape) (ACT no.6 of 2001), circumcision means the circumcision of a person as part of a traditional practice. But circumcision is not only performed for traditional reasons, in some parts of the world it is performed for medical/health reasons, in others for religious beliefs and in other countries for cultural reasons and in most African states it is done for cultural beliefs (Can, Kahriman & Topbas, 2013; Dick, Keil, & Wilcken, 2010).

Traditional male circumcision is an old ritual and among Xhosa people it dates back to 1886 (Mogotlane, Ntlangulela, & Ogunbanjo, 2004). Young boys are taken away from home to the mountains where their temporal house is built (ibhoma), made of wooden logs and grass, the ritual is performed by a traditional surgeon (incibi), the traditional surgeon use a sharp blade (umdlanga), this can be a spear or a knife, and after that a traditional nurse (ikhankatha) takes care of these boys who are now called initiates (amakrwala), making sure that they are healing properly.

The initiates are taught laws of the mountain (initiation school) and other mountain (initiation school) teachings and the traditional nurse ensures that they respect these laws of the mountain (initiation school) and these boys will spend all their time in the initiation school until they are realised to go home (Mogotlane, Ntlangulela, & Ogunbanjo, 2004). In this case circumcision is done without anaesthesia, Xhosa tradition dictates that for someone to be accepted as a man he must be able to withstand pain, which is seen as a sign of bravery (Bottoman et al, 2009).

Traditional circumcision is practiced across South Africa by different tribes and it is seen as a rite of passage from boyhood to manhood, but traditional ways mostly result to complications such as dehydration, amputation and even death, some argue that traditional practitioners don’t have the necessary knowledge and skills of health practices (Bottoman et al, 2009).

According to Xhosa tradition, traditional male circumcision is viewed as a necessary step to integrate boys to manhood, as it give these boys acceptance by community, the right to participate in public meetings, the right to address elders, the right to engage in sexual activities, to get married, to own property and the respect and acceptance by community (Mogotlane, Ntlangulela, & Ogunbanjo, 2004).

The need by young boys to be accepted and to get the rights associated with being circumcised has led young boys to be victims of botched circumcision, a number of young men have had their penis amputated and some lost their lives over the last few years due to botched circumcision, as they go there before time or they go to incibi (surgeons) that are not properly trained (botched circumcision) and they end up having complications and some even die from these complications (Kepe, 2010).

Botched circumcision or circumcision that has gone wrong creates another dilemma for young initiates, an initiate that does not finish the stipulated time is seen as forgery and will never be accepted by community and will never be taken as a man and would be rejected for the rest of his life, therefore hospital or medical male circumcision is not an option for many young Xhosa boys and many young initiates would rather go through the pain than going to a hospital or even die, as this is seen as a sign of bravery (Bottoman et al, 2009).

The obsession with bravery, acceptance and to be seen as a man lead to complications and serious problems in traditional male circumcision all over Africa, during each and every circumcision season there are reports on newspapers of young boys who are admitted at hospitals and others die due to traditional circumcision (Kanta, Nqeketo, Peltzer, & Petros, 2008).

With so many complications and deaths associated with traditional male circumcision, there is another method that can be used as an alternative which is medical male circumcision. The South African government and World Health organisation have been promoting this method of circumcision all over the world, particularly as a way of reducing transfer of HIV/AIDS from female to male.

2.3. Medical male circumcision

Medical male circumcision refers to circumcision done in a medical setup with full compliance with medical ethics, this includes a properly equipped hospital or clinic, a trained surgeon does the circumcision and professionally trained nurses take care of the boy after circumcision (Changalucha , Mosha, F , Mosha, J. F, Mshana, Mwanga, & Wambura, 2011).

In some parts of Africa such as Kenya parents of young people that practice circumcision as a rite of passage or for religious beliefs are increasingly taking their children to hospitals and clinics for medical male circumcision. These parents do this because of safety and affordability of medical male circumcision (Bailey, Mattson, Muga, Poulussen, & Onyango, 2004).

There has also been a change where a number of parents in groups that do not normally do circumcision are also taking their children to hospitals for circumcision; the change in preference by these parents is as a result of cleanliness, reduction in risk of getting HIV and sexual pleasure associated with medical male circumcision (Bailey, Mattson, Muga, Poulussen, & Onyango, 2004).

In some African countries medical male circumcision has been accepted, in Tanzania traditional male circumcision has been completely replaced by medical male circumcision and in Rwanda men that were traditionally not being circumcised are now doing medical male circumcision, in this case circumcision is done to prevent HIV (Kim, Koo, & Pang, 2012).Some cautioned that medical male circumcision will not easily replace traditional male circumcision in Africa because traditional providers will continue to play an important role especially for cultural reasons and also for health service capacity (Dick, Keil, & Wilcken, 2010).

A study conducted in Malawi found that even if people are willing to do medical male circumcision, there are issues that are seen as barriers, issues such as cost of the operation, accessibility of medical facilities, and transport cost to the hospitals (Jung, 2012). Even though the operation is free in South Africa (http://www.sanews.gov.za/south-africa/third-clinic-help-roll-out-medical-circumcision), but other barriers are a serious concern such as distance to the health facilities, looking at rural villages in Eastern Cape who have no access to medical care, for example a hospital is 60 km away from Menjini Village, which is the point of focus on this study and also considering that there is a shortage of medical doctors in the country.

Whether people are circumcised traditionally or medically various reasons lead to them being circumcised even those who are not circumcising they have reasons for not doing it, the next section will look at the reasons why different groups do get circumcised.

2.4. Reasons for circumcision

People do circumcision for various reasons, cultural, medical and religious reasons. In Muslim and Jewish society in Korea and Turkey circumcision is performed for religious reasons (Abdur-Rahman, Musa, & Oshagbemi, 2012; Can, Kahriman & Topbas, 2013) and in USA and Canada for medical reasons (Can, Kahriman & Topbas, 2013).

In South Africa , Xhosa, Sotho, Pedi and Tsonga tribes and in many African countries such as Rwanda and Kenya men are circumcised for cultural reasons and in this context circumcision or initiation is seen a rite of passage from boyhood to manhood (Dick, Keil, & Wilcken, 2010).

In Xhosa culture a man who is not circumcised according to Xhosa custom maybe psychologically traumatised, ridiculed and harassed. This pressure is perpetuated by their peers and elders who have already been circumcised, for example when there is a community feast uncircumcised men are not allowed around the area (normally a kraal) where food is being prepared or cooked, when they are being given a piece of meat it is thrown at them and they are called names like dogs, this is where the saying

in Xhosa ‘inkwenkwe yinja’, which strongly suggest that if you are not circumcised you are nothing (Vincent, 2008a). It is even common for girls to tell uncircumcised men that they don’t date amakhwenkwe (uncircumcised men), and also when crimes are committed the first people to be blamed are uncircumcised men because there is a belief within communities that un circumcised men are irresponsible (Vincent, 2008a).

A young man can be circumcised the traditional way or medically; both these options have to take into account the age at which circumcision is done and different groups prefer different ages for circumcision for various reasons.

2.5. Age of circumcision

All over the world there is no consensus to the age at which circumcision must be done, people of pacific origin prefer circumcision to be done between the ages of 6 and 10 years (Abdur-Rahman, Musa, & Oshagbemi, 2012) and Xhosa people perform circumcision at adolescence, which is the age between 15 and 25 years old (Abdur-Rahman, Musa, & Oshagbemi, 2012; Vincent, 2008a). The South African Traditional circumcision Act (no.6 of 2001) put the legal age for circumcision at 18 years old but also allow for those between 16 and 18 years to be circumcised only if there is written parental or guardian consent (Vincent, 2008b).

Circumcision is normally performed during any of the three (3) stages, infancy, childhood and early years in adolescences (Pan, Shen, Wang, & Zhang, 2012). Boys circumcised at infancy have lower occurrences of urinary tract infections and bacteraemia as compared to uncircumcised boys, and serious complications are rare (Pan, Shen, Wang, & Zhang, 2012).

In USA and Canada babies are normally circumcised at birth, this is believed to have a protective effect against diseases coming from sexual relations, and urinary tract infection and in Korean circumcision is normally done at primary school age or at early adolescences (Can, Kahriman & Topbas, 2013).

A study conducted by (Abicht , Bailey, Muga, & Poulussen, 2002) found no consensus on the best age to circumcise, half of the participates believed that circumcising at infancy or childhood is the best option as the child would fill less pain and the wound would heal quickly, but medical professionals that were interviewed in the same study all did not recommend infancy circumcision as they noted that the penis and foreskin are too small and give them challenges that can lead to errors and all participants agreed that circumcision is best done before puberty (Abicht , Bailey, Muga, & Poulussen, 2002).

Circumcision at birth faces serious acceptability challenges as many ethnic groups in Africa circumcise not at birth but at adolescence, reason for this is that circumcision is seen as a rite of passage from boyhood to men hood, if these groups were to circumcise at birth it would change the social, psychological and cosmological dimensions of traditional male circumcision and some communities would not tolerate the cultural change (Muula, Rennie & Westreich, 2007).

Xhosa people who reside in Eastern Cape in South Africa argue that circumcision must be done at early adolescence, to them this is an age at which boys can understand what is done to them and Xhosa people believe that circumcision is not only about cutting of the foreskin but initiation schools are educational institutions at which young boys are taught valuable life lessons (Kepe, 2010).

Xhosa speaking people see initiation schools as educational institutions as they argue that this part of the practice need to be preserved as its part of Xhosa heritage. On the next section the research will look at the initiation schools as educational institutions.

2.6. Traditional Xhosa initiation schools as educational institutions

To Xhosa speaking people initiation is not only about circumcision operation alone, initiation schools are viewed among Xhosa people as an educational institutions; in these institutions young boys are prepared for courtship, negotiating marriages and other social responsibilities (Abdur-Rahman, Musa, & Oshagbemi, 2012; Vincent, 2008a). Vincent (2008a) come up with three main features of education in initiation schools:

- The first being that initiates are taught a secrete bush code, also called isidoda know as a bush language, this code is normally used if someone wants to see if one had real traditional Xhosa initiation,(commonly known as ukudodisana) or hospital surgery and if a man fails to answer as per the code the last option to see if really he is a man is a physical inspection of his penis (Vincent, 2008a).

- Secondly Initiation schools are aimed at building certain character traits: patience or self-control, courage, strength and endurance: these are not taught using traditional teaching methods but rather by deprivation, punishment and criticism, the level of deprivation varies from initiation school to initiation school and a real man must be able to withstand these in order to pass and some are painful and do cause physical body harm (Vincent, 2008a).

- Thirdly in initiation schools boys are taught what it means to be a man, this implies that boys learn about the dignity of manhood, how to behave as an adult, instructions about sex, marriage and tradition and beliefs of the initiates people (Vincent, 2008a).

Xhosa Traditional leaders have argued that if the custom is changed and medical male circumcision is promoted this (educational part) might be lost and this might alter the custom and its relevance to the Xhosa people of the Eastern Cape and these communities will not tolerate such a cultural shift (Kepe, 2010).

There is no secret that in traditional male circumcision young people die and every year the custom is on the news for wrong reasons, and due to the complications of traditional male circumcision and the growing media attention, government and political parties were forced to intervene on the practice as this was becoming a health problem. The next section will look at government's intervention on the practice.

2.7. Government response and regulation of circumcision

Over the last decade there has been a growing presence of the practice on media and government was under pressure to do something as the number complications and deaths associated with the practice were increasing each year. In the early days the government took a lighter stand in making the ritual safer, the government did not impose any regulation but worked closely with key stakeholder (traditional leaders, non-governmental organisations, civic organisation and traditional circumcision surgeons and nurses) and supported their interventions (Kepe, 2010).

But this did not help much, as the mortality rate increased, the Eastern Cape department of health drafted a discussion document that was circulated to all key stakeholders for comment, and amendments, the stakeholders included traditional leaders, political parties, non-governmental organisations, health professional bodies, religious formations and public in general. As a result of this consultation and further discussions between government, traditional leaders and selected community organisations, the application of health standards in traditional circumcisions Act (No 6 of 20001) was passed into law (Kepe, 2010).

2.7.1. Application of Health Standards in Traditional Circumcision Act (Act no.6 of 2001)

Objective of the Act

1. To provide for the observation of health standards in traditional circumcision
2. To provide for issuing of permission for the performance of a circumcision operation
3. To provide for a permission for holding of circumcision school

Requirements of the Act

1. Authorisation and registration of traditional surgeons
2. Regulation of instrument used and manner of operation
3. Regulation of re-use of surgical instrument
4. Legal age of circumcision and parental consent
5. Pre-medical examination of initiates
6. Provision for inspection and monitoring
7. Stipulations regarding medical care of initiates post circumcision
8. Penalties for contravention

This regulation is facing a number of challenges especial from traditional leaders, especial as the medical officer is given special powers on the bill and these powers seem to be above and cut across the role and powers of traditional leaders. Some people especial in urban areas welcomed the bill as they saw some of its interventions as necessary.

2.7.2. Challenges facing regulation and government involvement

The Act attracted different responses from various stakeholders. Government and urban Xhosa people praised the bill as necessary and a success, the USAID funded initiatives to train traditional surgeons and attendants in proper implementation of the Act, and also the arrest of those who violated the requirements of the Act and closing down of illegal initiation schools received a lot of praise (Kepe, 2010).

I. Challenges to the role of designated medical officers

The designated medical officer plays a central role in certifying traditional surgeons, instruments to be used in circumcision and authorising the permission to operate a circumcision school, the department of Health took a stand that the medical officer is the employee of the department and is stationed at the district level and this person could be a male or female and could even be an uncircumcised man but many communities wish that this person could be a traditionally circumcised man, the state insist that there is no policy saying that it must be a circumcised man (Dickson et al, 2008).

Some traditional leaders have taken a more accommodative stand such as ANC MP and aBantembu Tribe chief Zwelinzima Mtirara but other such as Chief Mwelo Nonkonyana are advocating for outright public disobedience of the regulation (Vincent, 2008b and Dickson et al, 2008).

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Nonkonyana further stated that if a man that is not circumcised and is found near the initiation school he will be detained and circumcised. Nonkonyana also indicated that his own son was circumcised in an illegal school, but the circumcision was performed by a medical doctor with western medical qualifications, the important factor for Nonkonyana was that the doctor himself was a circumcised man (Vincent, 2008b and Dickson et al, 2008).

II. Challenges to the authority of traditional leaders

The Act stipulates that permission to hold initiation school in any area must be sought from the medical officer and if it's not done it carriers penalties, this add confusion in traditional lines of authority as according to custom the chief or traditional leader in an area is responsible for granting such a permission and this complicates the relationship between traditional authorities and the medical officer (Vincent, 2008b).

III. Challenges to the monitoring of initiation schools

In making sure that the initiation schools comply with the Act requires monitoring, which involve sending someone to the initiation schools, to see if proper instrumentation is used, sterilisation of equipment, hydration of initiates and so on is complied with. For this to take place a stranger need to visit the initiation school and this person can be anyone (uncircumcised man or a female), as government appointees are made without taking into consideration their circumcision status and gender, and this goes against culture where woman and strangers are not allowed near and in the circumcision school (Kepe , 2010 and Dickson et al, 2008).

IV. Gender challenges

Gender and circumcision status of medical offices is one of key issues that traditional leaders are fighting over with government. Chief Mandlenkosi Dumalisile said government should involve people who have been to the mountains; these people will know what they are talking about. The only people who should be involved are males who have been to the mountains, even on the event that an initiate is taken to the hospital it must be attended by a nurse and a doctor who has been circumcised traditionally (Kepe, 2010 and Dickson et al, 2008).

V. Lack of co-ordination between government and traditional leaders

To large extent traditional leaders felt side-lined by the consultation process and they also believe that they are side-lined by the Act governing circumcision. There is a strong belief that consultations took place in urban areas and involved women of which their involvement is illegitimate from a traditional point of view (Dickson et al, 2008).

Most of the time traditional leaders reject government assistance arguing that, traditional leaders are the custodian of the ritual and they should be the ones who decide what needs to be done when things go wrong and traditional leaders believe that government's involvement infringes on their traditional and constitutional rights (Kepe 2010).

Some traditional leaders have argued that traditional circumcision does not need to be regulated as initiates who attend these school could be stigmatised and branded paper boys (amadoda ephepha), Chief Mwelo Nonkonyana added that, if an initiate is not circumcised according to the custom in the mountain, that boy will not be regarded as a man (Vincent, 2008b). Chief Mwelo Nonkonyana went further and said the Act is 'nonsensical 'as it striped traditional leaders of their power to administer the custom and vested those powers in the provincial health minister and his doctors- some of whom may not even be circumcised (Vincent, 2008b and Dickson et al, 2008).

The Western Cape province come with a different proposal in which the provincial department wanted to build facilities (Cultural village), especial for circumcision and burn the initiation huts (amabhoma),this idea was rejected by traditional leaders as they argued that the burning of the huts when initiates are going back home would not be possible in a permanent fixed structure, the burning of the hut is symbolic and central to the ritual and when the hut burns everyone knows that the initiates are coming back home(Vincent, 2008b).

2.8. Creating synergy between traditional and medical male circumcision

This section will deal with bringing together both traditional male circumcision systems and values and also key elements of medical male circumcision in order to develop and method that can be culturally responsive and acceptable by traditionally circumcising communities.

World health organisation noted that for medical male circumcision to be better accepted by communities, socio cultural context of traditionally circumcising communities should be at the forefront, implying that meanings and associations of traditionally circumcising communities towards the ritual should be taken into consideration and should be the basis that inform the way medical male circumcision programs are developed and promoted (Chingono et al, 2013).

There is evidence which suggest that here in South Africa Male circumcision needs to be understood as something more than just a medical intervention, its more than the removal of the foreskin, (Gwata, 2009; Vincent, 2008b), the ritual carries multiple of meanings and dimensions that are interconnected, these include, religious, spiritual, social, biomedical, aesthetic and cultural, all these need to be taken into account when dealing with male circumcision in South Africa (Gwata, 2009).

A study conducted in South Africa and Zimbabwe noted that consultations with communities increase the acceptability of medical male circumcision by traditionally circumcising communities, but most government reports do not highlight the importance of consulting communities and in South Africa and Zimbabwe policies and programmes on medical male circumcision are just pushed without engagements with communities (Chingono et al, 2013).

It is clear that traditional leaders are against a medicalised circumcision, which is what the bill is trying to archive,Kanta and Peltzer (2009) noted that maybe constructing synergies between traditional circumcision and medical circumcision could lead to improvements in the technical procedures used in traditional settings.

The study done in South Africa and Zimbabwe concluded that developers of medical male circumcision must consider how best to create a synergy between medical male circumcision and traditional male circumcision, this synergy can be created by designing programs that first interact with local knowledge systems that are present in communities, this will intern help develop programs that are culturally responsive and acceptable and these programs will talk to the perceptions and value systems that communities attach to circumcision and on their health (Chingono et al, 2013).

2.9. Conclusion

This chapter of the study concentrated at the different methods of circumcision. The literature review sought to unpack and understand why people go through such a painful and deadly activity and also to unpack the knowledge, meanings, perceptions, values and associations that community's attaché and associate with the practice.

Over the last decade the practice has been on the news for all the wrong reasons, as young Xhosa boys experience complications and some even die. Even though young boys are dying, many more still go to initiations schools during the circumcision season; this is because of the meanings and values that Xhosa people attach to the practice.Medical male circumcision is being accepted in many African countries and in others it is replacing traditional male circumcision, this is because it isviewed as safer and cheaper than traditional male circumcision. Traditional leaders argue that medical male circumcision will alter and change the culture and practice and this will lead to key elements of the practice being lost.

Government intervention which was the introduction of legislation to bring down the complications and medicalise the ritual, received mixed views from all stakeholders, traditional leaders believe that they have been side-lined and the government is taking over some of their functions. The inclusion of women in the comities that compiled the bill is another issue that they cannot accept; to them this is an acceptable as according to the custom woman are not supposed to have anything to do with the practice.

It is clear from literature reviewed that medical male circumcision and the legislation on their current form are not accepted by traditional leaders and circumcising communities, this is based on their knowledge, meaning and views about the tradition, and the fact that these views and meanings need to be preserved for future generations as they are part of Xhosa speaking people's heritage. The synergy will help create a culturally acceptable practice that complies with the bill and also include key elements of medical male circumcision and traditional male circumcision, in this way there will be fewer complications, fewerhospitalisations and fewer deaths of initiates and no cultural shock.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

Chapter two literature reviews, reviewed the aspects of circumcision practices as they are practices in South Africa and else were in the world, also looked at the meanings and associations that communities attach to the practice and also how the government got involved in the practice.

This chapter presents the research methodology used in this research. As mentioned in chapter one the purpose of the research was to look at views of traditionally circumcised Xhosa men towards medical male circumcision and to get views of these traditional circumcising communities on how medical male circumcision could be done without losing traditional values of the practice.

The study pursued to answer one primary question and two sub questions as mentioned in chapter one, and these questions being informed by information from the introduction, the background and the purpose statement, trying to understand the views of traditionally circumcised Xhosa men from Menjini village towards medical male circumcision. Given the background of the study and also purpose statement the primary question queried if medical male circumcision could be accepted by traditionally circumcised Xhosa men from Menjini village, and secondary questions explored further if whether medical male circumcision is an answer to the deaths of Xhosa initiates and lastly asked if medical male circumcision can be done in a cultural context

Chapter three represents the research methodology used to undertake this research in order to answer the primary and secondary research questions. The data collection methods, (both primary and secondary) that wereused in the research are explained.

As outlined in Chapter one, the purpose of the research is to look at views of traditionally circumcised Xhosa men towards medical male circumcision and to get views of these traditional leaders on how medical circumcision could be done without losing traditional values of the ritual.

This chapter deals with research approach, qualitative research approach was used because in-depth and rich information was expected from the participants. Another reason for using qualitative approach is that on investigation of secondary data on issues concerning traditional and medical male circumcision practice, the qualitative research method was a favoured method of investigation.

3.2. Research strategy

For this research, qualitative research strategy was used. Researchers who employ qualitative research strategy are concerned with understanding how people interpret their own experiences, and what meaning they attribute to their experiences and how these people construct their worlds (Merriam, 2009).

The researcher studied a number of literatures pertaining to traditional male circumcision, medical male circumcision, government regulation of the practice, which was to regulate the practice and also looked at creating a synergy between traditional, medical male circumcision and the bill.

The literature reviewed helped the researcher to formulate a strategy for the research and this was done to also see if the topic is researchable and the next step was an attempt to relate the concepts to the practice as practices by the community of Menjini Village.

3.3. Research design

When doing a basic qualitative study, the researcher want to discover and understand the phenomenon, a process, the perspectives and world views of people involved or a combination of these (Merriam , 2009). This study is descriptive, captured the views of respondents.

Action research was used in this research, as data was collected through interviews. The researcher collected information from the field, in this research it was collected from homes of the respondents.

3.4. Data collection method

For qualitative research there are two types of data, which are primary and secondary data and both these methods were used in this research.

3.4.1. Primary data

Primary data was collected in a form of semi-structured interviews with traditionally circumcised men from Menjini village. Semi structured interviews have an advantage as they are flexible to explore and allow the research to probe participants responses and ask clarification and additional information. Semi structured interviews are most helpful when one is researching a subject that is very personal to the participants (Santigo, 2009). Circumcision practice is very personal among traditionally circumcising communities and semi structured interviews will allow the researcher the ability to gain understanding and participants trust and a better understanding of the responses.

For basic interpretative study data is collected via interviews, observations or document analysis (Merriam, 2009). Some describe Interviews as a “conversation between interviewer and respondent with purpose of eliciting certain information from the respondent” Mose and Kalton (1971) as cited by Bell (2005, p. 91).

The researcher arranged and spoke with specific individual within the community, all these individuals were briefed beforehand to get their approval to participate in the study, four people who were approached declined to participate and all those who agreed to participate requested not to be recorded. Considering the secrecy around the practice and fear that they have, none of the respondents was recorded.

The interviews were administered to respondents in Mnjini village and they were done in Xhosa, which is the language they understand. A note pad was used to record the responses from the respondents and none of the respondents wanted to the recorded for fear, as it is a norm that people must not talk about the practice. The researcher did not have problems of access to the respondents as the research is from this village and is known by the community, this made access easy for the researcher.

3.4.2. Secondary data

Secondary data was collected using research papers on previous research done on traditional male circumcision, medical male circumcision, regulation of traditional male circumcision and creating synergy between traditional, medical male circumcision and the bill. Secondary data is a data that is readily available, as it has already been collected for other uses, but sometimes it requires to be processed before it can be used.

The secondary data was collected from sources such as electronic sources, reports, articles in periodicals, expert reviews amongst others.

3.5. Sample selection

Sampling is a systematic process of selecting a group of people or cases that are included in a research (Graziano and Raulin, 2000).The sampling method for this research is non-probability, non – random and purposive research sampling (Bryman, 2012), consisting of traditionally circumcised Xhosa men residing at Menjini Village in Matatiele at the Eastern Cape.

The interviews were administered to 10 participants, which were made up as follows, six (6) traditionally circumcised Xhosa men, one (1) traditional surgeon, one (1) traditional nurse, one (1) traditional leaders and one (1) government official from department of health. The objective was to obtain information from the participants regarding this particular topic. The six traditionally circumcised Xhosa men, the traditional surgeon, the traditional nurse all are resident of Menjini village, the traditional leader reside in another village but Menjini village falls under his jurisdiction and the government official is from Matatiele and is responsible for Menjini village.

During the interview phase the researcher engaged directly with the respondents and all these respondents were chosen because they are Xhosa men and they are traditionally circumcised and they are representative of the sample of the study. And further these respondents were important to the study because they were traditionally circumcised Xhosa men and all has taken their children to traditional circumcision school.

The questions for the interview comprised of open ended questions as in depth and rich opinions from respondents were expected.

Purposive sampling is designed to improve the understandings of selected individuals or groups experience(s) or for developing of theories and concepts, the researcher try to archive this by selecting information rich cases, meaning individuals or groups, organisations or behaviours that provide the outmost understanding into the research question (Devers & Frankel, 2000).

3.6. Reliability and Validity

Content validity refers to the degree to which one can generalize the findings of the research to a bigger or larger population (Brod, Tesler, & Christensen, 2009). Since the sample population is indicative to only traditionally circumcised Xhosa men, who are residents of Menjini Village, this study will not be relevant to all traditionally circumcised men and therefore the findings will not be generalised to all traditionally circumcised men at Menjini Village. The researcher personally conducted the interviews and captured all the responses in the questioner.

Credibility refers to the element that allows others to identify with the experiences contained within the research through the interpretation of participants' experiences, and strategies that can be used to establish credibility include reflexivity, member checking, triangulation and peer review (Thomas & Magilvy, 2011). In this research reliability was measured using triangulation methodology. The researcher used the same interview questions to all participates to gather their views of traditionally circumcised men towards medical male circumcision.

3.7. Data analysis

Coding was used as a method of doing data analysis on this research and thematic coding concept was used to analyse the collected data. Coding is a method used to develop a theoretical conceptualization from the data (Brod, Tesler, & Christensen, 2009). The collected data was first reviewed without coding this allowed the researcher to identify emerging themes without losing the connections between the concepts and their context (Bradley, Curry & Devers, 2007).

Data analysis started with the first interview, immediately after the data was collected, data analysis took place simultaneously with data collection and interpretation of the data and writing of the report.

The data obtained from interviews were used to extract concepts, themes, perception and beliefs from respondents. Shared themes were identified and then organized and grouped to draw out the rationality of the propositions.

The following framework was used in order to analyse the data:

Reading of all data from transcripts and grouping the data into themes that are frequently mentioned, similarities were identified from responses and these were grouped into categories and subcategories based on similar responses.

3.8. Significance of the study

There is so much secrecy about this traditional practice to an extent that information is mostly found in newspapers (Bottoman et al, 2009).It is seen as taboo to talk to outsiders about the ritual, it is forbidden to talk about what goes on in the initiation school to outsiders, woman and people who have not been circumcised.

This study will contribute to the existing body of knowledge as there is little information about this subject as most people don’t want to talk about it.

The main focus of the study is to gain better understanding of views of traditionally circumcised men towards medical male circumcision, the government intervention on the practice and creating synergy between medical, traditional male circumcision and the law governing circumcision.

3.9. Ethical requirements

Confidentiality of the information requires that the pieces of information obtained will be used for the research purposes only (Bryman, 2012).

Permission was requested from all participants, the nature, objective and purpose of the research was made clear to all participants; all participants were asked to sign letters to participate on the research. And all participants were asked if a tape recorder could be used and all refused to be recorded and thus a tape recorder was not used. All respondents asked for their identity to be kept confidential as they were afraid that any leaks might compromise them within the community.

3.10. Limitations of the research

All respondents requested to remain anonymous and the researcher respected that. Due to the limitations of access to complete the study, some potential respondents refused to participate on the study, however the researcher managed to interview the maximum number of respondents available.

The researcher tried not to be biased as he was also traditionally circumcised and is also part of the community.

CHAPTER FOUR: DATA PRESENTATION

4.1. Introduction

This chapter presents the data collected from the participants that were interviewed. Semi structured interviews were conducted and participates who are traditionally circumcised Xhosa men were interviewed. A traditionally circumcised Xhosa community leader and a representative from department of health were also interviewed.

The traditionally circumcised participants were solely from Menjini Village in Matatiele. The village was chosen because it demonstrated characteristics of the required sample for the study.

The data presented show the summaries to the answers given by the respondents according to similarities of their responses, in other words, how many participants mentioned a particular issue.

The data gathered from participants is presented in the form of responses to the main research question and secondary questions of the research. The researcher will categorise the data into themes and three (3) themes come out from the data which are:

1. Medical male circumcision and traditional male circumcision, the good and the bad
2. Government intervention
3. Medical male circumcision in a traditional context

As mentioned, this chapter presents data collected from some of the themes arising out of the research questions. The data was obtained from six (6) traditionally circumcised men from Menjini village, as well as a traditional nurse, traditional surgeon, traditional leader and an official from department of health.

4.2. Traditional male circumcision and medical male circumcision

4.2.1.Xhosa custom

All the participants in the study were Xhosa traditionally circumcised men and they fill that traditional male circumcision is part of their culture and needs to be preserved at all cost.

Respondent three mentioned that the practice makes us (Xhosa speaking people) who we are, and if you are not circumcised you will never be accepted as a man and it will always follow you up until you die, it does not matter where you stay, he was refereeing to both rural and urban dwellers because there is a notion that those who stay in urban areas has a less pressure to be circumcised than those in rural areas.

All respondents noted that their sons can only be circumcised traditionally; this is who they are and it's the only way they can take their rightful role and responsibilities within the communities and their homes. Traditional male circumcision is a preferred method of circumcision for their sons and grandchildren. Respondent seven said andinamtwana mna ozobe esiya esibhedlele, eyophathwa phathwa ngabafazi, uzobazelaphi ubudoda? … lonto akusoze ibeyindoda, iyohlalanje ingunopopi, (I don't have a child who will go to a hospital and be touched by women, where will that son learn how to be a man?.. and that son will never be a man).

4.2.2. Ready for manhood (circumcision age)

The age of circumcision is between 18 and 21 but even older people are allowed and another participant noted that the oldest initiate that he knows was 45 years old, but people who go at this age are rear and very few. This is crucial to Xhosa speaking people as the boys are old enough to understand the teachings from the initiation school and what is done to them.

4.2.3. Secrets that kill (Complications)

All participates knew someone who has died as a result of traditional circumcision and all cited a death which happen in the village in 1993 where two initiates died and one had his penis amputated and they gave various reasons as to why it happen by they all had something in common that usosuthu (custodian of the initiation school) was negligent and stubborn.

The respondents believed that in areas were death has occurred as a result of traditional circumcision, it is because alders are not actively involved in the tradition, boys and traditional surgeons are doing circumcision without the involvement of elders and community leaders, they also placed the blame at the door of parents who don't take interest on their children's health and who don't appreciate the meaning of the tradition. Respondent five said siye sifumanise ukuba kwaba bantwana abaswelekeyo abazalibabo abazingeni ezolwaluko bavele bathumele nokuba ngubani, (what we normally find is that initiates die in areas where parents don't take interest in their child circumcision and send just anyone).

All respondents noted that they have treated and seen a number of complications in traditional circumcision schools and noted that some were very serious but none of the boys were sent to hospital.

4.2.4. Ancestors - more than the cutting of the foreskin

Another theme that emerged is that in traditional circumcision practice there is a link between the initiates, his family and the ancestors, respondent two said that, when we talk in the kraal at home, when we leave home we talk, when we arrive ebhomeni (initiation school) we talk, and xa sinojisa (a ceremony done after seven days at the initiation school, in which initiates are given water) we talk, when we leave going back home we talk, when we get home we talk, it's a series of talks that we do, in that way we are communicating with ancestors letting them know what we are doing every step of the way.

This is meant to keep the ancestors informed and to ask them for guidance and protection of the initiates.

4.2.5. School – meaning of being a man

All participants agree that traditional schools are a source of knowledge and building certain characteristics in young boys. Respondent four said, Abantwana bafundiswa ubudoda, ukuba umtu uziphatha njani ekuhlaleni nokuba yintoni elindeleke kuye njengendoda, kufuneka aphume ebhomeni esazi ukuba kulindeleke ntoni kuye njenegendoda, (these boys are taught men hood, how to behave in community and what is expected from him as a man, when he leave the initiation school he need to know and understand what is expected from him as a man).

Over the years abuses of initiates have been experienced as the teachings are not done as per the traditional teaching methods, and measures were put in place to control them, previously everyone was allowed to enforce rules in the initiation school but now only the traditional nurse is allowed, but the enforcement of these rules depend from one initiation school to another and also on how people respect the traditional nurse and the custodian of the traditional school.

4.2.6. The bad about traditional male circumcision

All respondents did not like the fact that there is so much media spotlight on the practice and the death and complications reported on the radio and television are a serious concern. Respondent five went further to say that he believe there is a propaganda against Xhosa traditional circumcision by the media and he was also disgusted by the fact that some of the initiates they show on television are wearing a wrong blanket for the stage they are at.

4.2.7. Medical male circumcision on the eyes of respondents

The majority of respondents understand medical male circumcising as someone who goes to the hospital to be circumcised and doctors and nurses look after them, these doctors can be male or female, and nurses (Females) look after them, the notion of male nurse it's not know on the village its only females who can be nurses not males.

The majority of respondents are against medical male circumcision, they are of the view that it's for cowards respondent eight noted that, if someone does medical male circumcision he is like ilulwane(a bat), this person does not belong anywhere, he is not a man and at the same time he is not a boy and does not belong with women which simply means this is someone who does not belong anywhere and has no identity.

All respondents said they don't know anyone who has died or been hospitalised as a results of medical male circumcision. Respondent five said there is no way we could know if someone died at a hospital because of circumcision as doctors will cover it and say its complications related to something else not circumcision.

4.2.8. Medical male circumcision and cultural shock

Practicing medical male circumcision will change the way Xhosa people do things and this change is too much, responded four imagined a situation where they won't be traditional surgeon and traditional nurses and circumcision will be done at the hospital and boys will be sent home to heal.

Traditional male circumcision is the preferred method of circumcision for all respondents; they believe that this is who they are. Respondent no one said, ulwaluko lisenza thina maXhosa sibe ngaba bantu singabo, ngaphandle kwelisiko silahlekile, sifan nje nabani apha phandle asinandowo esinebango kuyo, nesithi yeyethu.Respondent tensaid Andifuni abantwana bam baye esibhedlele, bazophathwa kwaye banakekelwe ngabafazi, bazobufundiswa phi, kwaye nini ubudoda?(I don't want my boys to go to a hospital, they will be touched and taken care of by women, where and when will they be taught man hood?) The respondents are of the view that practicing medical male circumcision will lead to traditional values being lost.

4.3. Government intervention

4.3.1. Knowledge of the bill

The respondents from Menjini Village have never heard of the application of health standard in circumcision Act 2001 and none of them knows it, but three of the respondents knew about the bill, these people is because they have received training about or some issue related to the bill.

At the same time all respondents understood the contents of the bill, such as that a boy must be 18 years or older to be circumcised, if under that age permission must be granted by a parent or guardian of that boy, permission to hold an initiation school must be requested from a traditional leader and that the traditional surgeon must be someone trained as the department of health offers training.

Respondent no one said umtana kufuneka abeneminyaka elishumi elinesibhozo ukuze oluke, kufunek kubekhona incwadi ka qhirha kwaye imvume kufuneka ifunwe enkosini, xakukhona ibhunga mayibe isaziwa ingcibi, nayo kufuneka yaziwe ngurhulumente, ngoba sele beqeqeswa nabo ngoku, (a child need to be 18 years to be circumcised, he must have a doctors approval and the traditional leader must give permission for the initiation school, when there is a gathering to finalise the start of the circumcision school a surgeon must be known by government as they are also trained by the government)

4.3.2. Instrument used in circumcision

Respondents had no issues with the instrument used as all they were aware of HIV/AIDS and said that protecting initiates is the primary goal. Respondent no six said urhulumente uyasixelela ukuba masisebenzise ntoni ukudlanga abantwana, akufuneki sisebenzise into enye kumakhwenkwe amabini, inkwenkwe nganye inento yokuyalusa, (The government provide us with instruments to use in circumcision as its not right to use one instrument on two initiates)

Respondent no two said abospanela aba bayageza xabephuma apha… thina sasoluke ngomkhonto hayi ezizinto zalorhulumente wenu.This was referring to the stigma attached to the latest instruments used, the initiates that were circumcised using the Tara clamp are called abospanela due to the nature of the Tara clamp and this seems to keep coming out in discussion and arguments between men who have been circumcised.

4.3.3. Medical officer and the bill

Respondents from Menjini village have never seen the medical officer for their area and the medical officer has never visited any of their initiation schools, two of the respondents knew who the medical officer is, one knows because he received training and has to report on the medical officer and the other knows because the area falls under his jurisdiction. Respondents from Menjini Village noted that only the surgeon comes to inspect the initiates until they are released.

All respondents noted that they have never had to deal with women and the government have never sent a woman to come and address them or a Sotho man has never been sent to be a surgeon, it's always been a Xhosa traditionally circumcised men. Respondent two said asinaku thetha nabafazi ngesiko lethu, kwaye ngeke indoda yomsuthu okanye umfazi asondele apha, kungaqhawuke unobethana, abantu abezayo apha ngamadoda amaXhosa qha.

4.4. Medical male circumcision in a traditional context

It was explained to the respondents that doing traditional male circumcision in a traditional context mean incorporating both traditional and medical male circumcision into one method, this method need to comply with the provisions of the bill and government need to take a different stance on issues such as anyone being a medical officer..

The majority of respondents welcomed the initiative, they noted that it sound like what they are currently doing and they noted that as long as women and people who are not circumcised are not involved and key traditional elements are integrated and they all did not want a situation where a boy is circumcised in a clinic or hospital and then sent to the bush for the traditional part to take over. Respondent nine said lento uyithethayo iyafana nalena siyenzayo, ntonje wena uyibeka ngesikolo, (what you are saying is similar to what we doing, the difference is that you are saying in an educated way).

A synergy between the two must include the key values of the tradition and relevant people who know and understand the tradition must be deployed to the relevant areas, you cannot send a woman to overlook or inspect initiation school, nor can the government send a Sotho or non-circumcised men to come and be the surgeon. There was a filing that they need to see it at work for them to fully support it. Respondent five said lento kufuneka siyibone kuqala, urhulumente wethu unekani, kufuneka naye avumelane nayo, (that we have to see it first as our government is stubborn, the government must also agree to it).

4.5. Conclusion

This chapter presented data as collected form participants residing at Menjini village. The interviews were semi structured and interesting responses come out, and most of the responses were in a form of examples of actual events that happened. The data from respondents was summarised according to similarities given in order to maintain anonymity and three themes arose from the responses and were discussed by using responses given by the participants of the research.

Medical male circumcision in its current form will not be accepted by traditionally circumcising Xhosa men as it does not take into account key elements of traditional circumcision, medical male circumcision is viewed as safer than traditional male circumcision.It became clear that traditional male circumcision is more than the cutting of the fore skin it has varies layers and meanings and it also include communicating with ancestors and asking the ancestors to protect the initiate. There is stigmatisation associated with the instrument used in circumcision.

The legislation introduced by government took some elements that were already practiced in the community and made them mandatory and some sections of the legislation are not being enforced or implemented which leave communities with a room to continue with ways that they have always been using.

Creating a synergy between medical male circumcision, traditional male circumcision and the legislation can be entertained by the traditionally circumcising Xhosa men from Menjini Village as long they are consulted on it and incorporate key parts of traditional male circumcision.

CHAPTER FIVE: ANALYSIS OF THE RESEARCH FINDINGS

5.1. Introduction

On the previous chapter data was presented using categories according to themes and on this chapter analysis of data collected using interviews and its associations to the literature reviewed, the document scrutiny and the opinion of the researcher.

The research was aimed at looking at views of traditionally circumcised Xhosa men towards medical male circumcision and to get views of these traditional circumcising communities on how medical male circumcision could be done without losing traditional values of the practice. The data for analysis was obtained from interviews of 6 community's members from Menjini Village, a traditional nurse, a traditional surgeon, a traditional leader and an official from the department of health.

The data will be clustered into three main themes for analysis and interpretation, which is aimed at answering the primary research question and secondary questions.

1. Medical male circumcision vs traditional male circumcision, the good and the bad
2. Government intervention
3. Medical male circumcision in a traditional context

5.2. Traditional male circumcision and medical male circumcision

This theme is aimed at identifying topics surrounding traditional male circumcision and medical male circumcision, the views of traditionally circumcising communities, their perceptions and beliefs around the practice. The theme revealed the important considerations that Xhosa speaking people associate with the practice (traditional male circumcision), these include that Traditional circumcision is a Xhosa custom that needs to be protected and preserved.

This theme is aimed at identifying views of respondents towards medical male circumcision, what they understand and believe to be medical male circumcision.

5.2.1. Xhosa custom

As highlighted on the interviews respondents are of the view that traditional male circumcision is part of Xhosa speaking people, it's their culture and need to be preserved for future generations. The respondents explained that the practice enables them to be identified and to belong within a certain community and have roles and responsibilities within their homes and community.

The respondents noted that traditional male circumcision is the only option for their sons to be circumcised, they went to traditional circumcision and their grandfathers went to traditional circumcision and why would they change it now asked respondent one of the respondents? Ukwaluka (Circumcision) is what makes a man and if you are not circumcised your nothing said respondent nine.

Traditional male circumcision dates back to 1886 among Xhosa people (Mogotlane, Ntlangulela, & Ogunbanjo, 2004) and the above statements by respondents is consistent with the fact that it has been practices for decades and has been passed from generation to generation.

To these men to be traditionally circumcised is the way of life and what all Xhosa young boys must go through, death and complications associated with the practice should not be the reason why they don't get circumcised traditionally. All young Xhosa boys it's their fate to be circumcised traditionally and if one die in the initiation school it simple means he was not a brave enough and could not take pain.

5.2.2. Ready for manhood (circumcision age)

The age of circumcision differs on the respondents, but the age is between 18 and 25 years old, another respondent linked the age at which he took his son to initiation to a level that the son is at school and said, I took all my boys to circumcision the year they are doing matric, this is to motivate them to study and know that they will be rewarded by being circumcised, he further noted that for him age did not matter but the important thing was that the boy was in matric and ready to go to tertiary. Another reason for taking boys to initiation school at this age is that they understand what is being done to them and will grasp the teachings that they will receive from the initiation school.

The above is consistent with (Abdur-Rahman, Musa, & Oshagbemi, 2012 and Vincent, 2008a) who both said the preferred age for circumcision by Xhosa speaking people is at puberty the age between 18 years and 25 years, they argued that this is the age at which Xhosa people believe the boys are old enough to understand what is done to them, this is also in line with the South African Traditional circumcision Act (no 6 of 2001).

Respondent three noted that the boys that are sent to the initiation school between the ages of 16 and 18 are the naughty ones, people believe that once they are circumcised they will change but this is not always the case as after circumcision some initiates change their behaviour for the bad others for the good and others don't change at all.

The South African Traditional circumcision Act (no 6 of 2001) allows for the circumcision of boys at the age of 16 with the parental consent (Vincent, 2008b and Kepe, 2010).

The researcher is of the view that circumcision brings out the real character of each individual, as circumcised people believe that they have been given licence to do certain things and claim certain rights and privileges within their communities. What defines the boys behaviour is how they use the right and privileges they have as a result of being circumcised.

5.2.3. Secrets that kill (Complications)

Complications from traditional circumcision are known by all respondents and they all knew someone who has been hospitalised, someone who has had their penis amputated and also someone who has died as results of traditional circumcision. The last death and serious complication in the village was in 1993 and all the respondents blamed usosuthu (Initiation school custodian). The person, who was uSosuthu, was the same person who was the traditional surgeon and was the same person who was ixhwele (traditional healer). These were too many responsibilities in one man and there is a belief that no one can ever be all these three things, and there is also a belief that a traditional surgeon need to be pure and must not touch any traditional medicine and in this case the same person was doing all three, and it caused the death of two initiates. Besides this all respondents acknowledge that they have heard on the radio and on television about dead initiates and all the respondents have seen people who were sick and had complications on the initiations schools and none of those people was ever sent to the hospital, they were taken care of in the initiation schools.

The above is consistent with what a number of authors such as Bottoman et al, 2009; Dick, Keil, & Wilcken, 2010; Kanta, Nqeketo, Peltzer, & Petros, 2008 and Vincent, 2008a; has alluded to, death of initiates in traditional circumcision not only in South Africa but the rest of Africa are a legend and every circumcision season, reports of complications and death are reported on the media.

Parents involvement is important in making sure that the traditional is safe and boys are taken proper care, and the right people are tasked with looking after them and a surgeon who knows what he is doing is tasked with conduction the circumcision.

5.2.4. Ancestors - more than the cutting of the foreskin

All Respondents were of the view that traditional circumcision is more than the cutting of the foreskin but more to do with connecting the boy, his family and his ancestors. The slathering of the goat, the talks that are made all the way and the traditional beer that is prepared and consumed are all part of talking to the ancestors, asking their permission inviting them to protect and guide the initiate on this journey and informing them every step of the way, another respondent make an example of an initiate who was sick could not eat and went missing on the initiation school, they spent three days looking for him and when he was found, the initiate was weak and could not speak and eat, the respondent was the guardian of this initiate when he come to the initiate after he was found he spoke with him.

The initiate went to the initiation school believing that his clan name is Tolo and the truth was that he was not Tolo but Jola and immediately after he was told his true identity and his correct clan name, the initiate was able to talk and eat again. Another respondent remarked that isiko lilapha emlonyeni, siyadala ngokuthetha (tradition is in what we say and by saying something we create things).

The above is consistent with what Gwata (2009) said, according to him the ritual carries multiples of meanings and dimensions that are interconnected, these include spiritual, religious social, biomedical, aesthesis and cultural and Vincent (2008b) added that the practice should be viewed as more than just the cutting of the foreskin.

5.2.5. School – meaning of being a man

Initiates are taught valuable life lessons in the initiation schools and these lessons makes them better people or worse people in the community, these teaching are done by abafana (those who have been to the initiation school) and the traditional nurse, these teachings can be harmful and dangerous to the life's of the initiates as some people can use this process to settle scores and grudges. Respondent six said initiation school are essential as it's where we teach initiates the bush language and manhood.

Vincent (2008a) mention three teachings that initiates receive at initiation schools, which are, the initiates are thought the bush code (bush language) are also taught what it means to be a man and how to behave as a man.

The researcher is of the view that there are no teachings in initiation schools, except for the bush code, none of the respondents could give the actual things that initiates are taught, the prominent thing that come out was the bush language of which initiates can only speak it at the initiation school and its hardly use outside the initiation school unless someone want to find out if someone is really a traditionally circumcised men and normally the bush code is used to trick others so that they can be punished and most of the time the punishment is physical and painful.

5.2.6. The bad about traditional male circumcision

One aspect of traditional circumcision that the respondents did not like was the bad publicity that the practice is receiving from the media; this is due to the ever increasing number of deaths and complications associated with the practice. Over the years media attention towards the ritual has increased, this is as a result of complicationsand deaths that are associated with traditional male circumcision. This media attention does not sit well with Xhosa people from Menjini Village as it exposes the tradition and subjects it to a lot of scrutiny and also women get to comment and have a view about the practice.

During each and every circumcision period, the practice is on the media for wrong reason; complications and death of young initiates make headlines (Bottoman et al, 2009 and Vincent, 2008a).

The researcher is of the view that as much as there has been no death in the village in the last 20 years, the tradition faces a serious challenge of young boys dying and this is an acceptable.

5.2.7. Medical male circumcision on the eyes of respondents

Unanimously respondents are against medical male circumcision, to them it stands for everything that the practice it's not about, the things that makes them more uncomfortable is the fact that initiates can be circumcised by women or uncircumcised men, can be looked after by women or uncircumcised men .

There is no pain associated and with medical male circumcision. Females and non-circumcised men have no role to play in the ritual and medical male circumcision has no control over women and non-circumcised men coming into contact with the initiates. And all respondents said they don't know anyone who has died as results of medical male circumcision.

Contrary to the trend in some African countries such as Rwanda and Tazania where traditional male circumcision has been complete replaced by medical male circumcision (Kim, Koo, & Pang, 2012), the traditionally circumcising communities in South Africa still believe in traditional circumcision and Zulu's who are not a circumcising nation they trust more a Xhosa surgeon and would prefer the circumcision to be done by a Xhosa person (Chingono et al, 2013). Another author cautioned that medical male circumcision in Africa will not easily replace traditional male circumcision; he added that traditional leaders will play a crucial role especial for cultural reasons (Dick, Keil, & Wilcken, 2010).

The researcher is of the view that medical male circumcision is understood by traditionally circumcised Xhosa men, but it cannot be acceptable as its seen as something wrong and unaccepted by the community and there are deaths associated with medical male circumcision but these don't make the headlines as the government always come up with an explanation that is medically motivated and ethically accepted.

5.2.8. Medical male circumcision and cultural shock

All participants would not allow their sons to undergo medical male circumcision, to them this would cause a dramatic shift to the way of their life, and the tradition would lose meaning, the key elements of the tradition such as umgcamiso, talking to the ancestors, umguyo (a song that is sand when initiates are going and coming back from the initiation school) , there won't be as much pain (which is seen as sign of bravery), the teachings in the initiation school, umojiso (an act done after 7 days, where traditional beer is prepared and the initiates are allowed to drink water and a sheep is slathered), and the act of burning ibhoma, which is symbolic among traditional circumcising Xhosa people will all not be possible.Traditional male circumcision is the only way their sons will be circumcised; this will allow them to be full members of their families and the community.

Dickson et al , (2008)noted traditional male circumcision is part of the Xhosa speaking people heritage and introduction of medical male circumcision will lead to some of the important parts of the ritual to be lost and this would be too much of a shift and might not be tolerated by communities (Kepe, 2010 and Vincent, 2008b).

Respondent eight remarked that you will have to take a boy to the hospital to be circumcised, put him in a car, and wake wambonaphi umkwetha emotweni kwaye yintoni umkhwetha osemotweni ngesidoda? (Where have you seen an initiate in a car and what do you call an initiate in a car in bush language?) Referring to the secrete bush code that is used in the initiation schools. This is too much cultural change that cannot be accepted by traditional circumcising men.

Traditional leaders argued that replacing traditional male circumcision by medical male circumcision might lead to the practice being altered and losing its meaning and relevance (Kepe, 2010).and Chingono et al, (2013) concluded that medical male circumcision programs must talk to the values and meanings that communities attach to circumcision, these programs must be culturally responsive.

The researcher is of the view that the way medical male circumcision is currently implemented by government does not talk to the views and meaning that Xhosa people attach to the practice and no consultation is done with communities' both traditionally circumcising and non-circumcising.

5.3. Government intervention

The theme is aimed at looking at the views of respondents towards government intervention on the practice; the theme revealed the lack of communication between government and affected communities and also that some of the provisions of the bill has always been practiced in the community and the community is willing to listen if they are consulted.

5.3.1. Knowledge of the bill

All six respondents from Menjini village have never heard of the bill, the wide consultation was with the traditional leaders not with the communities' members and this means these people were never informed by the government or their local medical officer. Three of the respondents knew about the bill as one attended one of the consultations with government, another work for the government and another attended a training in which the bill was taught.

The above is consistent with what Dickson et al, 2008 said, the consultation only took place in urban areas; hence the respondents from the village (rural area) knew nothing about the bill, and those who knew the bill are part of the group that was consulted or received training on matters related to the bill from the department of health (Kepe, 2010).

Dickson et al (2008)noted that there is a lack of coordination between the government and traditional leaders; hence information does not reach all stakeholders, especial those who are directly affected by the provisions of the bill and are also responsible for implementing the bill.

Certain provisions of the legislation are understood and known by all respondents, such as a boy must be at least 18 years to undergo circumcision, if the boy is under 18 permission must be granted by the parents of the boy, permission to open an initiation school must be requested from a traditional leader, the traditional surgeon must be trained by the department and the respondents don't have a problem with any instrument used for circumcision.

Kepe (2010) and Dickson et al(2008)spoke at length about the provisions of the bill and some of the respondents who knew about the bill knew these provisions as they were part of the consultation and some received training from the department of health about the bill.

The researcher is of the view that the provisions that are known by all respondents are old rules and customs that have always been practised in the community; the bill incorporated some of the existing customs and made them to be mandatory for everyone not for specific areas and there is a lack of communication and transfer of information from the department of health to the affected communities.

5.3.2. Instrument used in circumcision

Tara clamp (instrument used in circumcision) has been accepted in the community even though its use in the province has been a failure due to the outcry from traditional leaders, this shows that the community is not particular about the instrument used rather more concerned about the safety of the initiates.

Respondent eight remarked, ezizipanele zisetyenziswayo siyazivumela kuba ingculazi ikhona kwaye indawo yonke, zona ziyabasindisa abantwana bethu. (The spanners used in circumcision we allow them because HIV/AIDS is everywhere, and they protect our children). The stigma attached to the Tara clamp is one of the reasons it's not popular within the community as the initiates who were circumcised with it faces stigmatisation by those who went before them or who were not circumcised by it, this stigma is only among circumcised men (Vincent, 2008b).

5.3.3. Medical officer and the bill

Respondents from Menjini village does not know who the medical officer for the area and have never seen one, this suggest that this part of the bill is not implemented, the respondents also mentioned that they will never allow a woman or an uncircumcised men to come near an initiation let alone to allow such a person to circumcise young Xhosa boys, one respondent noted that it is our tradition that if an uncircumcised man is found near or in the initiation school we will catch him and circumcise him and he will stay with the initiates until they are released to go home, another joked that if he is a Sotho man, we will convert him to a Xhosa, soguqula incwadi zakhe (meaning we will change his bush code from Sotho to Xhosa).

The above is consistent with what Chief Mwelo Nonkonyane and and Chief Zwelinzima Mtirara that the traditional does not allow women and uncircumcised men inside or near the initiation school and Chief Nonkonyane added that if we find an uncircumcised man near the initiation school he will be circumcised and kept on the initiation school and a women will be dealt with in other ways (Kepe, 2010 and Dickson et al, 2008)

5.4. Medical male circumcision in a traditional context

This theme is aimed at looking at the views of respondents on implementing a circumcision method that incorporate medical male circumcision, traditional male circumcision and the provisions of the bill.

Respondents liked the idea of incorporating medical and traditional male circumcision , medical male circumcision and some provisions of the bill, the important thing for them is that the ritual values are protected and they must be observed as one responded remarked, if we don't go ebuhlanti (Kraal) and talk to the ancestors and prepare these boys on the kraal, things might go wrong on the initiation school and we will start blaming each other for things that could have been done correctly the first time.

And respondent four noted that, we must make sure that 'bathi bephuma abwantwane ebuhlanti bube ubulunga buse ntanyane kwaye beqiniswe', { we must make sure that by the time they live the kraal ubulunga (a ring make of goat skin) is put around the neck of the initiate and all the initiates are protected by a traditional healer}.

The respondents emphasised that people who are traditionally circumcised and know the traditional and its values must be the ones involved and sent by the government and responded ten noted that it cannot be that that there is a shortage of medical doctors or staff from the department who are Xhosa traditionally circumcised, ndazi oqhirha bamaxhosa abanintsi abangamododa okwenyani, mabqashe bone baze bathumele bona apha kuthi, bangasiziseli nje into esingazaziyo, eyabafazi okanye amadoda abeSuthu andiyingeni kwa phela.

The above is in line with the recommendations of the World health organisation, where it proposed that for medical male circumcision to be accepted by communities, socio cultural context of traditionally circumcising communities should be the leading factor, communities need to be consulted and pragmas must be created that first talk and interact with local knowledge systems, and this will help develop programs that are culturally responsive and acceptable by communities, as these will be talking to perceptions and value systems that the communities attach to the practice and their health (Chingono et al, 2013).

The researcher is of the view that a method that combines both traditional and medical male circumcision and also that complies with the provisions of the bill is partially being implemented in the village by traditionally circumcising Xhosa men and it will be easy for a fully integrated method to be implemented as long it is culturally sensitive and talks to the views and contexts of the communities. What is required is further engagement between the government, traditional leaders and the community and for the government to change some of its stands such as sending anyone who is an employ of the department.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1. INTRODUCTION

This chapter presents conclusions and recommendations from the research, the research problem was outlined in chapter one and the research questions that the research set up to answer, there was a primary research question which wanted to look at the views of traditional circumcised Xhosa men towards medical male circumcision and two secondary research questions, the first secondary research question wanted to find out if medical male circumcision could be the answer to death of young Xhosa initiates and the last secondary research question looked at how can medical male circumcision be done in a cultural context?

This chapter present conclusion and recommendation and also in line with the research purpose which was to look at views of traditionally circumcised Xhosa men towards medical male circumcision and to get views of these traditional circumcising communities on how medical male circumcision could be done without losing traditional values of the practice.

6.2. Conclusion

6.2.1. Traditional male circumcision and medical male circumcision

Traditional and medical male circumcisions are the two main methods of circumcision that are practiced.

6.2.1.1. Xhosa custom

Traditionally circumcised Xhosa men from Menjini Village are protective of their tradition and they want it to be preserved for generations to come and they want it to maintain its secretive nature. They believe that it's what all Xhosa men should go true and pain is an integral part of the tradition. The practice is part of their identity and Xhosa people's heritage.

6.2.1.2. Ready for manhood (circumcision age)

The preferred age for circumcision is between 18 and 21 years old, this is seen as the age that boys are old enough to understand what is done to them. This age is also regulated by government; those younger at age 16 are allowed to also go to the initiation school but only with permission from a parent or guardian.

6.2.1.3. Secrets that kill (Complications)

Complications are a known and all respondents have treated initiates to health, they argue that parents involvement in the tradition is very important, as initiates face complication's if parents are not involved, some complication's might not even be medical but spiritual, where the boys identity is in question and the ancestors don't recognise him.

Death is known by all respondents that it happens at traditional initiation schools and argued that it is because of lack of parent's involvement when boys are going to the initiation schools.

6.2.1.4. Ancestors - more than the cutting of the foreskin

Circumcision is more than the cutting of the foreskin, but has cultural, medical, traditional and religious connections and any intervention that is introduced, it need to talk to all these elements, as they define and make the practice. Its relevance to Xhosa people is closely associated with the activities they do that are inter -linked with these layers, and these activities play a crucial role in the practice.

Ancestors are an integral part of the practice and rituals that are performed as part of the ritual is actually a way of communicating with ancestors and asking them to open a clear path and to protect the initiate.

6.2.1.5. School – meaning of being a man

Initiation schools are an important part of the practice, here boys are taught valuable life lessons that will enable them to take responsibilities within home and society and are taught how to behave and conduct themselves in society as men.

None of the respondents could say exactly what is taught at the initiation schools, meaning there is nothing that is taught in initiation schools.

6.2.1.6. The bad about traditional male circumcision

The bad thing about the practice is that it’s always on television and on radio for all the wrong reasons, these reasons are complications and deaths and initiates. As much as death has not happened in the village of over two decades death that is reported elsewhere is a serious concern.

6.2.1.7. Medical male circumcision on the eyes of respondents

Medical male circumcision is understood by traditionally circumcised Xhosa men from Menjini village and they also believe that it is safer than traditional male circumcision as they don't know anyone who has had complications or died as a result of medical male circumcision. But believe that deaths do happen as a result of medical male circumcision but government cover them up and find an ethical and medically correct way to justify the death.

But at the same time they could never accept medical male circumcision as it does not include key element or parts of traditional male circumcision and women and un circumcised men might be the ones doing circumcision and taking care of boys.

6.2.1.8. Medical male circumcision and cultural shock

Medical male circumcision imposes a lot of cultural clashes and it takes away a lot of traditional elements of the practice. If it is practiced on its current form it will take a way key elements of the practice and it does not appreciate the traditional practices associated with the tradition and meaning of these practices to traditional circumcised Xhosa men. Women circumcise and treat boys and initiates come into contact with women and uncircumcised men and this is against tradition.

6.2.2. Government intervention

Government intervention was to regulate the practice in order to bring order and to make the practice safer, but this received mixed views from both the public and traditional leaders.

6.2.2.1. Knowledge of the bill

The respondents on this study have never heard of the bill but they were practicing some of the regulations in the bill and these are old regulations that they have been doing for years and they also know some of the new ones such as the traditional surgeon must be approved by the government and also that the government provides the instruments used in circumcision.

6.2.2.2. Instrument used in circumcision

Traditionally circumcised Xhosa men from Menjini Village don't have a problem with the type of instrumentation used for circumcision as long as it's safe and it protects the health of initiates.

6.2.2.3. Medical officer and the bill

The medical officer has never been to the initiation schools in the village, the only person who inspects the initiates is the traditional surgeon**,** there has not been a situation where the department of health has sent someone who is not circumcised, or a Sotho men or a female to the initiation schools.

6.2.3. Medical male circumcision in a traditional context

Traditionally circumcising men are conservative but are open to an alternative method of circumcision that will protect the health and life of initiates but within that method traditional elements of the ritual must be included.

6.3. Recommendations

6.3.1. Traditional male circumcision and medical male circumcision

Traditional and medical male circumcision can be incorporated into one circumcision method but for traditional circumcising communities these two methods need to be integrated in order to be better acceptable. Communities need to be consulted and key values of traditional circumcision must be preserved and incorporated.

6.3.1.1. Xhosa custom

Traditional male circumcision is part of Xhosa speaking people's heritage and this heritage need to be protected and preserved for future generations, any new method of circumcision that is proposed must first appreciate the importance and meaning of the tradition to Xhosa people.

6.3.1.2. Ready for manhood (circumcision age)

The age at which Xhosa people conduct circumcision (from 18 years old) is a good considering that to the Xhosa people circumcision is more that the cutting of foreskin, it's a passage from boyhood to men hood, the boy need to be old enough so that he can understand what it's done and he can grasp the teachings that are given to him.

6.3.1.3. Secrets that kill (Complications)

Complications and death occurs as a result of traditional male circumcision, parents need to be more involved in the traditional, traditional surgeons need to be trained and accredited by the department of health. Better care and treatment of initiates is needed so as to reduce complications and deaths associated with traditional male circumcision.

6.3.1.4. Ancestors - more than the cutting of the foreskin

Ancestors are an important part of the circumcision process, therefore rituals that are associated with the practice need to be observed and practiced in communities. This will lead to few deaths and complications.

6.3.1.5. School – meaning of being a man

Initiation schools provide a lot of teachings, especial the bush code which is used to see if someone had a real Xhosa initiation; the teachings in initiation schools need to be revised and be more streamlined to current issues that are affecting society.

6.3.1.6. The bad about traditional male circumcision

The death of initiates is the worst thing about the practice and media need to better understand the practice and make informed commentary about the practice.

6.3.1.7. Medical male circumcision on the eyes of respondents

Medical male circumcision need to be refined and to be done in manner that is acceptable among traditionally circumcising communities, it must be incorporated within the existing knowledge in communities.

6.3.1.8. Medical male circumcision and cultural shock

Medical male circumcision takes away a number of major elements of traditional male circumcision and a carefully integration is needed that talks to the rituals and practices that are associated with the practice.

6.3.2. Government intervention

Government is a key stakeholder on the circumcision practice therefore the interest of government need to be properly communicated and understood.

6.3.2.1. Knowledge of the bill

Consultations and providing information to the communities need to be increased by government, people on the ground need to be informed and educated, especial about a bill that depends on them to implement.

6.3.2.2. Instrument used in circumcision

Careful selection of instrument used need to priorities so that initiates will not be stigmatised based on the instrument used on them, and everyone involved need to be toughed about the advantages of a particular instrument used.

6.3.2.3. Medical officer and the bill

The department of health should appoint a medical office who is relevant to the particular group, if the area is for Xhosa people and they are traditionally circumcising, a Xhosa traditional circumcised men must be appointed for the area to be the medical officer.

6.3.3. Medical male circumcision in a traditional context

A method that incorporates both traditional and medical male circumcision need to be explored as they may provider the answer to the acceptability of medical male circumcision and also to the deaths of initiates as a result of traditional male circumcision .

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8. APPENDICES

APPENDIX A: RESEARCH INTERVIEW QUESTIONS

1. How where you circumcised?

    - Traditional circumcision
    - Medical circumcision

Probe why that choice of circumcision?

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2. What is traditional male circumcision and what does it mean to you?

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3. What is more important to you about traditional male circumcision?

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4. Do you think there are teachings at initiation schools if yes what are they?

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5. What is medical male circumcision and what does it mean to you?

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6. Is there anything else you would like to share about traditional and medical male circumcision?

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7. Have you ever heard about the Application of Health Standards in Traditional Circumcision Act?

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……..

8. What are the most important things in the circumcision practice?

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9. Would you accept a situation where, a Xhosa traditionally circumcised man is trained by the department to circumcise boys and the traditional nurse is also a Xhosa traditionally circumcised man is also trained, are appointed to look after the boys, these people will be accredited and trained by the department, the equipment used in the circumcision will be approved by the department, the customs and rituals of Xhosa people will be observed and the process will be followed as normal, what will change is that the traditional surgeon will be employed and trained by the department, the traditional nurse will be trained and accredited by the department, permission will be sourced from the traditional leader, health official will be appointed by the department and the health official will be a Xhosa traditionally circumcised men and this official will come and inspect the initiation schools and the initiates. The processes that are done before boys went to circumcision school, the period at circumcision school and the post period will be done as per the tradition.

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Annexure B: Letter to Participants

Researchers' contact details:

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Themba.dingindlela@gmail.com

Research Questions:

Is medical male circumcision the answer to the deaths of young Xhosa initiates?

Introduction:

I am a final year student at Wits university studying master's in Public and Development management, in order to complete my studies I am required to complete a research report, and I am researching Attitudes of traditionally circumcised Xhosa men towards medical male circumcision and you are chosen as one of the participants, given that you fit the profile for the research. The results of the research will be submitted as part of the requirement for completion of Masters in Public and Development Management.

Your contribution will go a long way to help in understanding Attitudes of traditionally circumcised Xhosa men towards medical male circumcision.

I would appreciate that you assist ME to make this research a success by filling in this questionnaire which will take you approximately 20 minutes. Note that your participation in this study is voluntary and there is no reward for participating or offence taken for not participating.

It is very important that respondents to this questionnaire are 15 years and above. All responses are anonymous as we do not require your name or contacts.

If you need a copy of the research report it can be provided to you when its complete and when you have concerns about the study and you need additional information, please contact me on the numbers above or my supervisor , Mr. Enock Motswaledi on Tell011 717 3697 to discuss these further.

Thank you for your assistance