

**THE ACCEPTANCE OF WESTERNISED HEALTH CARE INTO THE  
ULWALUKO (TRADITIONAL CIRCUMCISION) CUSTOM BY AMAXHOSA  
IN A RURAL EASTERN CAPE VILLAGE**

**BY**

**MOHLOMI JAFTA NTSABA**

**A mini-dissertation submitted in partial compliance with the  
requirements for a Master's Degree in Technology: Nursing at  
Technikon Natal.**

**I, Mohlomi Jafta Ntsaba, do hereby declare that this dissertation is  
representative of my own work.**

**Signature of student**

*16 April 2002*  
.....

**Date of signature**

**APPROVED FOR FINAL SUBMISSION.**

**Signature of supervisor**

*16 April 2002*  
.....

**Date of signature**

**SUPERVISOR:**

**Professor L.D. Grainger**

**R.N; R.M; CHN; B. Soc. Sc (Nursing); B. Soc. Sc (Hons); D.N. Ed.; Ph.D.**

## DEDICATION

This work is dedicated to the AmaXhosa that practise Ulwaluko as a passage of rite from boyhood to manhood as well as other tribes out there who may benefit from it.

## ACKNOWLEDGEMENTS

To my supervisor Dr. Linda Grainger who worked tirelessly in guiding me, I will be forever grateful for her encouragement. My heart also goes to Heidi Brooks, who was a source of great comfort and support when things got tough. I thank the staff of the Community Nursing at Technikon Natal, Maureen Harris, Fikile Khumalo, Karen Mitchell, Enone Pauck, Angela Banting, Lyn Haskins, Marijke Berry and Varisha Narian for the help and services they rendered to me, I am proud of them. With heart felt gratitude I acknowledge the support I received from my tireless friends, Sizwe Makunga, Buyiswa Noge, Busi Nkomo, Promise Mavundla and Sicelo Didi. My heart also goes to my friend Nokuthula Sibiya with whom I shared the worst moments during the course of this work. Particular thanks to Anusha (Technikon Natal Interlibrary section) for the literature from other institutions and Khululiwe Mfanyana (Health Systems Trust). Thanks to Mrs Dennise Vallery for assisting me in editing this report.

To my family, thanks to my wife, my mother and my kids especially Lerato and Tsepo for their perseverance whilst I was away for three years. Lastly thanks to the community which participated in this study. They have helped many communities out there. Maze nethole MaXhosa amahle !!!

## ABSTRACT

The Ulwaluko (traditional circumcision) custom among the AmaXhosa is a traditional rite of passage. Traditionally all young men are required to undergo the custom. Its modern manifestation, however, has become problematic, because there is an increase in the morbidity and mortality which is associated with gangrenous and septic complications of the wound. Therefore an intervention was needed to reduce the problems. A westernised health care project was developed and implemented but some communities have not accepted it. Therefore there was a need to understand how it came to be accepted in one village in order to adapt it and promote its acceptance by other communities. The purpose of this study is to explain the acceptance of westernised health care into the traditional circumcision and give nurses a better understanding of how to give culturally sensitive care. A qualitative research design was used, specifically Ethnography, since this is the tradition for studying the meaning, patterns, and experiences of a defined cultural group (Polit and Hungler, 1997).

The researcher conducted separate in-depth semi-structured face-to-face interviews with the two key informants from the community and three focus groups. A total of 18 AmaXhosa men participated in the study. Data was transcribed from taped sessions. Thematic analysis was carried out and 12 major themes and eight sub-themes emerged.



## Table of contents

## Page

Dedication	(i)
Acknowledgements	(ii)
Abstract	(iii)

## CHAPTER 1 THE PROBLEM AND ITS SETTING

1.1	Background to the study	1
1.2	Purpose of the study	5
1.3	Rationale for the study and research question	6
1.3.1	Rationale for the study	6
1.3.2	Research question	7
1.4	Operational definitions of terms	7
1.4.1	Health	7
1.4.2	Old traditional circumcision	8
1.4.3	Ulwaluko	8
1.4.4	Westernised health care	8
1.4.5	Custom	9
1.5	Abbreviations	9

## CHAPTER 2 LITERATURE REVIEW

2.1	Brief historical background of the Ulwaluko	11
	among AmaXhosa	12
2.2	Health problems associated with traditional Ulwaluko	12
2.2.1	Mortality and morbidity of initiates	12
2.2.1.1	Problems of the Ulwaluko in the past	12
2.2.1.2	Factors that contribute to problems associated with the Ulwaluko custom nowadays	13
2.2.1.2.1	HIV/AIDS, Hepatitis B, Tetanus risk	14
2.2.2	Psychological and social consequences of admission to hospital	15
2.3	Traditional Circumcision Act (Act No. 6 of 2001) Of the Eastern Cape	17
2.4	Intervention strategies to incorporate WHC into traditional Ulwaluko in the Eastern Cape Province	19
2.4.1	Intervention strategy in Queenstown	21
2.4.1.1	Community meetings	22
2.4.1.2	School visits	22
2.4.1.3	Care at clinics	22
2.4.1.4	Health care worker allocation	23
2.4.2	Intervention strategy in Alice	23
2.4.3	Intervention strategy in Port Elizabeth	23
2.4.4	Other areas	24
2.4.5	Ulwaluko project with WHC in one of the sub-districts of the Eastern Cape	25
2.4.5.1	Process of introduction of the project	28
2.4.5.2	Resources used in the project	28
2.4.5.2.1	Medicines	29
2.4.5.2.2	Other resources	

2.4.5.3	Implementation of the UWHC project	30
2.4.5.4	The role of the traditional healers	32
2.4.5.5	The link between this project and the Traditional Circumcision Act	33
2.5	Health and health care	35
2.5.1	Westernised health care	36
2.5.1.1	Availability and accessibility of western medicine	37
2.5.1.2	Western view of health and disease	38
2.5.2	African indigenous health care	39
2.5.2.1	Availability and accessibility of indigenous health care	40
2.5.2.2	African view of health and illness	41
2.5.3	Collaboration between western health care and African indigenous health care	42
2.6	Health promotion	46
2.6.1	Definition of health promotion	46
2.6.2	Health education	48
2.6.3	Prevention of health problems	49
2.6.4	Health protection	50
2.6.5	The Integrative model of community health promotion	51
2.6.5.1	The health paradigm	52
2.6.5.2	The Pathogenic (disease) paradigm	53
2.6.5.3	Dimensions of the model	54
2.7	Health, culture and social change	55
2.7.1	Culture and health	55
2.7.2	Social change	58

2.7.3	Cultural change	58
2.7.3.1	Mechanisms of cultural change	59
2.7.3.1.1	Innovation	59
2.7.3.1.2	Diffusion	59
2.7.3.1.3	Cultural loss	60
2.7.4	Evaluating health-related practices and beliefs	60
2.7.5	The provision of cultural competent care	61
2.7.5.1	Cultural preservation	62
2.7.5.2	Cultural accommodation	62
2.7.5.3	Cultural patterning	63
2.7.6	Promoting changes in health behaviour	63
2.7.6.1	Why people do not act on the health promotion advice they are given	65
2.7.6.1.1	Principles of community misfortunes	65
2.7.7	Conclusion	67

### CHAPTER 3 RESEARCH METHODOLOGY

3.1	Introduction	69
3.2	Research design	69
3.3	Target population	71
3.4	Accessible population	71
3.5	Sampling strategy	72

3.5.1	Selection criteria	72
3.5.2	Sampling methods	72
3.5.3	Sampling size	75
3.6	Data collection	76
3.6.1	Focus interviews with key informants	76
3.6.1.1	Tool	78
3.6.1.2	Venue and time	82
3.6.1.3	Person conducting interviews	83
3.6.2	Focus group interviews	84
3.6.2.1	Tool	84
3.6.2.2	Venue and time	85
3.6.2.3	Person conducting focus group interviews	85
3.7	Reliability and validity	86
3.7.1	Credibility	87
3.7.2	Dependability	87
3.7.3	Confirmability	88
3.7.4	Transferability	88
3.8	Data analysis	89
3.9	Limitations of the study	90
3.9.1	The secretiveness surrounding the ritual	90
3.9.2	Distance from Durban to Eastern Cape	90
3.9.3	Time constraints	91
3.9.4	Absence of a scribe	91

3.9.5	Difficulties in translating IsiXhosa to English	91
3.9.6	Lack of pilot study	92
3.10	Ethical consideration	92
3.10.1	Relevance	94
3.10.2	Freedom from harm	94
3.10.2.1	Physical harm	94
3.10.2.2	Psychological harm	95
3.10.3	Respect for persons	96
3.10.4	Right to privacy	96

#### **CHAPTER 4 RESULTS**

4.1	Data realisation	98
4.1.1	Focus group I	99
4.1.2	Focus group II	99
4.1.3	Focus group III	100
4.1.4	Key informants	100
4.2	Focus group and key informants data analysis	101
4.3	Separate results of analysis for key informant	
	And focus groups	112
4.3.1	First key informant data analysis	112
4.3.2	Second key informant data analysis	129
4.3.3	Data analysis of focus group I (old men)	141

4.3.4	Data analysis of focus group II (young men circumcised according to the old traditional Ulwaluko)	159
4.3.5	Data analysis of focus group III (young men circumcised according to Ulwaluko with WHC)	174
4.3.6	Comparison of results from key informants and focus groups	185
4.3.7	Summary	208

## **CHAPTER 5 CONCLUSION AND RECOMMENDATIONS**

5.1	Introduction	210
5.2	Overview of findings	210
5.3	Recommendations for practice	211
5.4	Recommendations for further research	212
Table 1.		3
Table 2.		5
Table 3.		102
Figure 1.		52
Figure 2.		209

## **6. LIST OF REFERENCES**

### **APPENDICES**

Annexure A – Community information letter

Annexure B – Incwadi yoluntu

Annexure C – Consent form

Annexure D – Ifomu yesivumelwano

Annexure E – Interview guide (English)

Annexure F – Interview guide (Xhosa)

Annexure G – Subject information letter (English)

Annexure H – Subject information letter (Xhosa)

Annexure I - Traditional circumcision Bill, 2001 (Eastern Cape Province)

Annexure J – Traditional Circumcision Act (Act No. 6 of 2001) Eastern Cape  
Province

### **RAW DATA**

Annexure K – Interview with the first key informant (English)

Annexure L – Interview with the first key informant (Xhosa)



Annexure M – Interview with the second key informant (English)

Annexure N – Interview with the second informant (Xhosa)

Annexure O – Interview with focus group I (English)

Annexure P – Interview with focus group I (Xhosa)

Annexure Q – Interview with focus group II (English)

Annexure R – Interview with focus group II (Xhosa)

Annexure S – Interview with focus group III (English)

Annexure T – Interview with focus group III (Xhosa)

## CHAPTER 1 THE PROBLEM AND ITS SETTING

### 1.1 BACKGROUND TO THE STUDY

William and Kapila (1993) stated "Circumcision is one of the oldest known procedures and most widely spread religious and social customs in the world."

In the Eastern Cape Province the AmaXhosa traditional circumcision is still a rite of passage from boyhood to manhood. According to Meintjies (1998) there are currently problems associated with this custom among the AmaXhosa, such as penile mutilations, dehydration and death of the initiates whilst in the initiation schools. Culturally the custom does not use westernised health care, only traditional indigenous health care. This includes the use of herbs by the Amakhwele (traditional healers) to prevent and to treat illnesses. According to Meintjies (1998) the provincial statistics for the Eastern Cape for health problems occurring as a consequence of traditional circumcision during the period 01 October 1994 to February 1995 were as follows:

- Hospital admissions – 743
- Penile mutilations – 36
- Deaths – 34

No statistics are available to indicate the total number of circumcisions performed in the Eastern Cape, therefore it is not possible to establish what proportion of the circumcisions are represented by the above statistics. Nevertheless the statistics illustrate that there is a significant problem associated with the custom. In view of these problems the researcher, the members of the health team responsible for westernised health care and the

key informants in different communities introduced Ulwaluko with westernised health care into the custom in one of the sub-districts of the Eastern Cape Province. The communities in this sub-district included the South Sothos, the Hlubis and the AmaXhosa. It was an intervention strategy to promote health, prevent diseases/illnesses (including HIV/AIDS) and to administer treatment where there was a need so that mortality and morbidity could be reduced. The administration of treatment took place in the hospital during the physical examination of boys before undergoing the Ulwaluko, and again treatment was given in the bush for those who suffered from minor illnesses. Mostly this treatment is for boys suffering from Sexually Transmitted Infections (STI's). The following statistics illustrate the extent and growth of the acceptance of westernised health over time into the Ulwaluko in one of the sub-districts of Eastern Cape, where the study took place.

**Table 1: Number of circumcisions performed in the bush in one sub district of the Eastern Cape Province by male nurses and trained community members.**

<b>Year</b>	<b>June</b>	<b>December</b>	<b>Total</b>
1995	2	13	15
1996	0	127	127
1997	27	221	248
1998	127	513	640
1999	207	699	906
2000	225	849	1074
2001	156	-	156
<b>TOTAL</b>	<b>744</b>	<b>2422</b>	<b>3166</b>

The statistic for December 2001 was not available when this report was compiled.

Note, there were no complications or health problems among the circumcised initiates. Therefore, it appears that the acceptance of westernised health care resulted in the reduction of problems associated with traditional circumcision. The South Sothos and the Hlubis have accepted it, however the majority of the AmaXhosa in the sub-district where the study took place resisted the incorporation of westernised health care into the Ulwaluko. Even though there are intervention strategies in place to prevent problems associated with the custom, some AmaXhosa communities still resist the practice of the Ulwaluko with westernised health care.

The initiates are still not acceptable if they go to the hospital. According to the number of admissions obtained from the two sub-district hospitals, the majority of the initiates admitted are from the AmaXhosa tribe. It is still imperative that communities, who practice this custom, accept the Ulwaluko with westernised health care so that complications associated with this tradition can be prevented. However WHC has been incorporated into the Ulwaluko in one AmaXhosa community in the sub-district of the Eastern Cape. The researcher and his team worked with this community. Therefore this research seeks to explain how the AmaXhosa in an Eastern Cape rural village came to accept Ulwaluko with westernised health care into the custom.

**Table 2: Hospital admission of initiates who underwent the Ulwaluko the old traditional way in two hospitals, in a sub-district of the Eastern Cape Province.**

<b>YEAR</b>	<b>NUMBER OF HOSPITAL ADMISSIONS</b>
1995	5
1996	23
1997	10
1998	9
1999	9
2000	16
2001	7
<b>TOTAL</b>	<b>79</b>

### **1.2 PURPOSE OF THE STUDY**

The purpose of this study is to explain how the AmaXhosa in a rural Eastern Cape village came to accept westernised health care into the Ulwaluko custom.

## RATIONALE FOR THE STUDY AND RESEARCH QUESTION

### 1.3.1 Rationale for the study

The Ulwaluko ritual among the AmaXhosa is a traditional rite of passage. Traditionally all young men are required to undergo the custom. Its modern manifestation, however, has become problematic because the Eastern Cape Provincial statistics on complications related to the Ulwaluko ritual for the period 1 October 1994 to 1 February 1995 include 743 hospital admissions, 34 deaths and 36 penile mutilations. The majority of this morbidity and mortality is associated with gangrenous and septic complications at the circumcision wound, as well as the practice of fluid restriction (Meintjies, 1998). A study on the acceptance of westernised health care into the Ulwaluko custom by AmaXhosa could be useful for a number of reasons.

- It could provide an understanding of the acceptance process of the Ulwaluko with westernised health care into the custom among the AmaXhosa so that health care workers can help to motivate communities in acceptance of such health care service in the future.
- It could reduce the risk of cross infection of Sexually Transmitted Infections (STI's) and HIV/AIDS and treatment of STI's during the Ulwaluko.
- It is taboo for an African woman to see initiates or come into contact with them during a seclusion period. It is even worse when the initiates
- are admitted to a hospital, where female nurses care for them.

Therefore the study is important because it could prevent behaviour that is believed to be embarrassing in terms of the custom.

- The study findings could influence the formulation of the public policy on the use of the Ulwaluko with westernised health care in the custom by AmaXhosa in the Eastern Cape Province.
- The House of Traditional Leaders as well as policy makers on the Ulwaluko in the Eastern Cape Province might benefit from the recommendations of the study.

### **1.3.2 Research question**

How did some of the AmaXhosa come to accept westernised health care in the Ulwaluko custom in a rural Eastern Cape village?

## **1.4 OPERATIONAL DEFINITIONS OF TERMS**

### **1.4.1 Health**

For the purpose of this study, health is defined as a state of physical, mental and social well-being and the ability to function, and not merely the absence of disease and infirmity. It is based on the World Health Organisation's definition (1958).



#### **1.4.2 Old traditional circumcision**

This refers to the traditional circumcision where there is no use of Westernised health care.

#### **1.4.3 Ulwaluko**

Ulwaluko refers to the AmaXhosa circumcision ritual which is a traditional rite of passage. The ritual serves as an initiation from boyhood, and involves a group of initiates undergoing a period of seclusion in the bush together with an educational process where initiates are taught about courtship, negotiating marriage, social responsibility, and conduct (Meintjies, 1998). In this study, the term "Ulwaluko" will be used interchangeably with the term "circumcision" meaning initiation with circumcision.

#### **1.4.4 Westernised health care**

Westernised health care in this study means the care that is given by westernised health care professionals consisting of male nurses, male doctors and trained male community members that have undergone the initiation rite. This includes aseptic circumcision operations, application of westernised dressings, and offering of water and the treatment of diseases/conditions whilst initiates are in the bush.

#### **1.4.5 Custom**

Oxford Learner's Advanced Dictionary (1995:288) defines a custom as a "traditional and generally accepted way of behaving or doing things"

#### **1.5 Abbreviations**

**AIDS** – Acquired Immune Disease Syndrome

**CSD** - Central Sterilising Department

**HIV** – Human Immune Virus

**STI's** – Sexually Transmitted Infections

**WHC** – Westernised health care

**UWHC** – Ulwaluko with westernised health care

The word(s) incorporation of WHC into the Ulwaluko custom and Ulwaluko with WHC will be used interchangeably to mean the same thing.

## CHAPTER 2 LITERATURE REVIEW

### Introduction

Polit and Hungler (1997) stated that a literature review refers to the activities involved in searching for information on a topic and developing a comprehensive picture of the state of the knowledge on that topic. The review of literature in ethnography research is similar to that of quantitative research. The literature is reviewed early in the research process to provide a general understanding of the variables to be examined in a selected culture. It is usually theoretical because few studies have typically been conducted in the area of interest (Burns and Groove, 1999). The literature review in this study is intended to explain the Ulwaluko custom and what it involves in order to give background to understand the process of acceptance of the incorporation of WHC into Ulwaluko. The details that are divulged have already been revealed in the literature, so the researcher did not break the secrecy which he assured the participants that he would maintain, when the permission for the study was obtained. Traditional circumcision, health, health promotion, culture and social change, the recently introduced Act (Act No. 6 of 2001) in traditional circumcision (Eastern Cape) and the background of the successful incorporation of WHC into the traditional circumcision in an AmaXhosa community in one of the sub-districts of the Eastern Cape will be discussed.

## 2.1 BRIEF HISTORICAL BACKGROUND OF THE ULWALUKO CUSTOM AMONG THE AMAXHOSA

According to the Oxford Advanced Learner's Dictionary (1995:200) to "circumcise" is to cut off the foreskin of a boy or a man for religious or medical reasons or to cut off all or part of the external sex organs of a girl or woman and the action or ceremony of circumcising is called circumcision". Although Adler's (1984) study is old, the researcher decided to include it in the literature review, because of inadequate literature on traditional circumcision. He states that the practice of circumcision is one of the oldest surgical procedures known and the most extensively performed. He further mentioned that more than 300 million people of the world follow the custom. Traditional circumcision among the AmaXhosa is an initiation rite (Ulwaluko) where there is a passage of boys from childhood to manhood and to a high state of responsibility. From the ceremony the boys must emerge as men, losing all signs of immaturity. They are taught, during the ceremony, the mysteries of tribal practices, customs and laws, and what is demanded by man's estate in the forms of social responsibility and conduct (Adler, 1984.) In the AmaXhosa tradition an uncircumcised male cannot inherit his father's possessions nor can he establish a family. He cannot officiate in ritual ceremonies in fact there is no such a thing as an uncircumcised man in AmaXhosa. (Funani, 1990.)

The researcher believes it is for these reasons that boys will continue going for circumcision in the bush, even if there are health problems.

## **2.2 HEALTH PROBLEMS ASSOCIATED WITH TRADITIONAL ULWALUKO**

### **2.2.1 Mortality and morbidity of initiates**

In recent years, there have been reports of deaths and hospital admissions of initiates due to complications related to the custom. According to Meintjies (1998) the provincial statistics for the Eastern Cape for health problems occurring as a consequence of traditional circumcision during the period 01 October 1994 to February 1995 were as follows:

- Hospital admissions – 743
- Penile mutilations – 36
- Deaths – 34

#### **2.2.1.1 Problems of the Ulwaluko in the past**

Meintjies (1998) explains that old men formerly performed the circumcision ceremony, but now young men have taken it up. The young men do not understand the dressing technique and neglect cleanliness.

Mentjies (1998) further reports that many older interviewees in his study reported that in the past the Ulwaluko custom had fewer problems.

Warren-Brown (1998) states that in the past boys were circumcised in March when the summer heat had passed. The huts they built in the bush were made of grass and were well ventilated, unlike nowadays where zinc sheets and plastic covers are used. The zinc sheets and plastic covers absorb the heat so that the conditions become less conducive to healing of wounds. Medical and ethnographic literature shows scant documentation on problems related to the Ulwaluko in the past.

#### **2.2.1.2 Factors that contribute to problems associated with the Ulwaluko custom nowadays**

Funani (1990) explains that today some boys suffer from SIT's something which would not happen in the past because sex before marriage was prohibited. The use of one instrument (assegai) which is not changed in between the initiates can further expose them to cross-infection if for example one initiate has an STI. She further explains that there is a lack of cleanliness of the surgeons and the lodges in which the initiates spend their period of seclusion.

Unlike the past, the custom has become associated with unclean operations and other related complications such as dehydration, septicaemia, sepsis, penile mutilations and deaths (Warren-Brown, 1998). Meintjies (1998) states that the types of the medical complications are varied but the most common causes are ischaemia related to the hide thong being too tight around the penis, also bacterial infection of the circumcision wound. He further argues that there is an interrelationship between the two, because tissues deprived of oxygen have low resistance and bacterial infections become easy. Shaw (1997) discovered five species of micro-organisms when culture of swabs were taken from the wounds. Most of the micro-organisms were secondary invaders related to poor hygiene in the lodge. Other complications that have occurred are multiple organ failure due to dehydration, and renal failure. Circumcision can also precipitate psychotic delusional behaviour. Beatings, assaults, hut fires and drownings have been reported in the traditional circumcision. (Meintjies, 1998.)

#### 2.2.1.2.1 HIV/AIDS, Hepatitis B, Tetanus risk

There is a theoretical, but real, risk of transmitting blood-borne infections such as HIV/AIDS and Hepatitis B when the same surgical instrument (assegai/umdlanga) is used to circumcise more than one initiate without sterilisation between initiates.

Mentjies (1998) stated that it would be difficult to prove that such transmission has occurred or find definite cases, but this is a risk based on theoretical understanding. Rusty instruments may cause complications of local sepsis or tetanus (Meintjies, 1998).

Warren-Brown (1998) stated that times have changed and the prevalence of STI's makes an alteration of this practice a matter of life and death. Based on the above-mentioned research on traditional circumcision, it is clear that health problems, including the mortality and morbidity of the initiates are associated with traditional circumcision practice.

#### **2.2.2 Psychological and social consequences of admission to hospital**

The psychological and social consequences for those initiates who have had to be admitted to hospital, in spite of peer pressure and the pressure of relatives to remain in the bush, and those who have lost their penis is great. The initiates are usually admitted to hospital in a severely dehydrated state or with sepsis and gangrene of the penis. Sometimes the young men recover, but every Ulwaluko season in the Eastern Cape there are deaths as a result of the rite. Usually they arrive at the hospital as a last resort, having delayed their admission dangerously. It is an option most initiates do not want to consider.



When they suffer from excruciating pain they believe that it is all part of becoming a man. (Warren-Brown, 1998; Meintjies, 1998.)

Warren-Brown (1998) stated "neither this stoicism nor the society that endorses it shows mercy in the tragic circumstances. Young men who have been hospitalised not only have to suffer the trauma of severe mutilation or even amputation of their penis, they are also ostracised and denied the dignity of being called men." They are looked down on for going to hospital. Initiates are made to believe that it is their fault when they do not heal and have to be hospitalised. It is said they have done something wrong and are being punished (belief). According to Meintjies (1998) a hospitalised initiate is teased by his peer group and called a "hospital man." One traditional surgeon, according to Meintjies, stated that it was up to the young men to accept a hospitalised initiate as a man. Meintjies (1998) further mentioned that the acceptance of a hospitalised initiate to be recognised as man depends on the consultation with the family and peers. Funani (1990) states that the fact that the initiates end up in the hospital shows negligence among the Africans. She further stated that solution is a social philosophy of education which includes health education.

### 2.3 TRADITIONAL CIRCUMCISION ACT (ACT No. 6 OF 2001) OF THE EASTERN CAPE

Owing to the morbidity and mortality associated with Ulwaluko, the Eastern Cape government promulgated the Traditional Circumcision Act (Act No. of 2001). The government had discussions with Non Governmental Organisations, Kings, Traditional leaders, Traditional nurses and Traditional surgeons from early in 1995. The reason for the discussions was to formulate remedial strategies such as promulgating a legislative tool which would regulate traditional circumcision. The Traditional Leaders resisted this, and expressed anger towards the government because they felt that the regulation of the Ulwaluko custom belonged to them. They stated that the doctors and the government had taken their custom away from them. After many years of negotiations, all the stakeholders reached an agreement about promulgating a legislative tool to regulate traditional circumcision. Initially it was thought that a Proclamation would be the preferred piece of legislation because it could be formalised quickly and was less involved than an Act of Legislature. In the end, the Province of the Eastern Cape formulated the Traditional Circumcision Bill, of 2001 (Eastern Cape Province), which finally promulgated as the Traditional Circumcision Act (No. 6 of 2001) of the Eastern Cape.

The Act provides for the observation of hygienic standards in the performance of traditional circumcision; the issuing for issuing of permission for the performance of a circumcision operation and the holding of a circumcision school; and for matters incidental thereto.

The Traditional circumcision Act (Act No. 6 of 2001) stipulates that the Member of the Executive Council responsible for health must designate more officers and or appoint persons as medical officers for the purposes of exercising and performing powers and functions conferred or imposed to them by the Traditional Circumcision Act (Act No.6 2001). The powers of the medical officer include:

- issuing of permissions to circumcise or treat an initiate;
- keeping of records and statistics pertaining to circumcision and reporting to the Department of Health; and
- a right to access to any occasion or instance where circumcision is performed or initiate is treated.

The permission to perform circumcision and hold circumcision schools or treat initiates will be obtained from the medical officer. The medical officer in this context means an officer designated or a person appointed in terms of section 2 of the Traditional Circumcision Act.

The Traditional Circumcision Act was only passed in November 2001, and therefore there is a strong possibility that it was not implemented, due to the fact that the 2001 Ulwaluko summer season would already have started. Furthermore, the Traditional Circumcision Act stipulates that traditional surgeons must first be trained to perform the circumcision operation, and it would not have been possible to implement this within such a short notice.

#### 2.4 INTERVENTION STRATEGIES TO INCORPORATE WHC INTO TRADITIONAL ULWALUKO IN THE EASTERN CAPE PROVINCE

In effort to prevent the morbidity and mortality among the initiates of traditional circumcision in the Eastern Cape, there have been appeals for WHC to be incorporated into the practice. The Eastern Cape Government promulgated the Traditional Circumcision Act to ensure that the hygienic standards are maintained in the custom.

urthermore, it is clear that primary prevention can be effected by health education and preservation of the culture without such appalling consequences. One such advocate is Funani (1990) who believes that circumcising initiates in a hospital would create a problem because some would be circumcised in the bush and that would lead to a cultural dislocation. She believes that circumcision itself is not the point: "the pride of being African is the object of the tradition. She asks 'Do we expect to get a man

who is ready to face the world with its demands and difficulties from a person who was cut under general or local anaesthetic \_ \_ \_? " She therefore appealed to the rural hospitals to offer supportive care education to the community to enable them to employ aseptic measures. She further recommended science to step in where necessary without destroying the traditional culture. Similarly, health care workers must be available and accessible to those who need their assistance with the custom (Shaw, 1997). Iyambo cited in Mail and Guardian (1997) asked the question "why should we inflict pain on the innocent and vulnerable members of our society?" Beneficial and painless cultural practices should be upheld and defended but painful, bad, obsolete and deforming cultures should be condemned or reformed. Nelson Mandela, the son of a Xhosa chief and himself the proud graduate of an initiation school said in his autobiography. "Without a word, he took my foreskin, pulled it forward, and then, in a single motion, brought down his assegai. I felt as if fire were shooting through my veins. The pain was so intense that I buried my chin in my chest. Many seconds seemed to pass before I remembered the cry, and then I recovered, and called out: 'Ndiyindoda!' ('I am indeed a man')." (Russel, 1997) This indicates the importance of retaining the custom but that it is necessary that intervention strategies be developed to target or alter what is harmful in the ritual. In fact, the Traditional Circumcision Act was intended to achieve this, although the manner in which it is implemented will need to be culturally sensitive if it is to be accepted.

A number of intervention strategies have been attempted, with varying degrees of success, and Meintjies (1998) recommended that successful interventions be studied to ascertain the content and process

#### **2.4.1 Intervention strategy in Queenstown**

Various activities were carried out as part of a strategy in Queenstown, in 1997. It is not known whether they still continue with this strategy, as well as the success of it.

##### **2.4.1.1 Community meetings**

Meetings were held with members of the community, specifically the traditional surgeons and traditional nurses. In these meetings, it was explained how complications developed. Community members were encouraged to use alternative measures to avoid complications. (Shaw, 1997.)

#### **2.4.1.2 School visits**

A campaign to address the initiates-to-be at schools was conducted. Shaw (1997) reports that boys were taught how complications develop and were encouraged to attend a clinic for examination before they undergo the Ulwaluko.

#### **2.4.1.3 Care at clinics**

The boys were encouraged to attend clinics so that they could be screened for STI's, cardiac conditions, epilepsy, diabetes mellitus, mental illness and HIV/AIDS. If there were identified, appropriate treatment or referral ensued. (Shaw, 1997.)

#### **2.4.1.4 Health care worker allocation**

Male nurses were allocated to visit the bush in November each year. Any health problems that were identified were dealt with on the spot and the male nurses carried out the dressings. (Shaw, 1997.)

#### **2.4.2 Intervention strategy in Alice**

Funani (in Meintjies, 1998) describes a programme that was started with traditional practitioners to address the problems associated with the Ulwaluko in the Alice area. As a result of the programme, the traditional surgeons in Alice use surgical blades for circumcising, and a new one is used on each initiate.

#### **2.4.3 Intervention strategy in Port Elizabeth**

In the areas such as Port Elizabeth area, there have been projects to teach traditional surgeons about the hygienic standards in performing circumcision operations.

#### **2.4.4 Other areas**

Traditional circumcision is secretive in nature. There are intervention projects that are taking place in the Eastern Cape, but because of the secrecy of the ritual some of them are not known. For instance, the researcher is aware that in Umtata, Maluti and Mt. Fletcher, there are intervention projects to reduce the morbidity and mortality among the initiates of traditional Ulwaluko, however the details are unknown.



#### 2.4.5 Ulwaluko project with WHC in one of the sub-districts of the Eastern Cape

In 1994 the researcher, who has experience from the old school of initiation, planned and introduced a project that incorporated WHC into traditional circumcision in one of the sub-districts of the Eastern Cape, so that the mortality and morbidity could be reduced among the initiates of traditional circumcision. For the sake of this study the name of the sub-district remains confidential so as to protect the community under study. Three Registered Male Nurses, one Enrolled Male Nurse, and one male Environmental Health Officer are involved in providing WHC. The project is run during winter and summer Ulwaluko seasons. The members of the team carry out the following activities in the bush:

- educating communities about the causes of morbidity and mortality among the initiates of traditional circumcision;
- preventing complications by performing aseptic operations, suturing wounds and dressing of wounds with topical medicines and sterile dressings, which means there is no infliction of pain;
- treating diseases such as STI's, except for those that the community perceives as being related to sorcery or witchcraft, which are the responsibility of the traditional healers;

- ensuring that initiates are given fluids from the first day;
- reviewing initiates on a regular basis to monitor wound healing;  
and
- teaching traditional nurses to monitor wound healing and report any abnormalities to male nurses.

The project was introduced into Hlubi, South Sotho and the AmaXhosa communities in the sub-district. However, the group that was particularly at risk of developing complications was identified as being the AmaXhosa among the three tribes because of their high rate of morbidity and mortality. Unfortunately most of this group resisted the acceptance of Ulwaluko with WHC, unlike the Hlubis and South Sothos.

#### **2.4.5.1 Process of introduction of the project**

The researcher first reached an agreement with the hospital authorities about the use of hospital equipment in the bush.

- o Consultation with the Nursing Service Managers and the Hospital Superintendent took place in order to facilitate the availability of sterile packs, drugs, additional materials, and transport to the bush.

- The Hospital Pharmacist, Nursing personnel in the clinics and Central Sterilising Department (CSD) were also consulted to ensure that sufficient drugs would be ordered by the Pharmacy, to outline the role expected of the clinics providing care for the village, and to plan for the availability of sterile packs from CSD respectively.
- The researcher convened a meeting with members of the communities from the tribes. The people involved were the Chiefs, Headmen and males who had undergone the Ulwaluko custom. The reason for convening the gathering was to discuss the mortality and morbidity of the initiates of traditional circumcision and the intention to introduce modern methods in the Ulwaluko. There was no objection, although some traditional leaders requested the researcher to address their communities himself.
- Male nurses then visited all the villages especially those that are known to have a high mortality and morbidity rate amongst initiates.
- The parents (men) were advised about physical examination of boys before undergoing the Ulwaluko to exclude any diseases and treatment where there was a need.

- A request was also made to all the communities to identify people who would be trained as surgeons (iingcibi) and to be able to implement WHC.
- The researcher (male nurse) was taught how to carry out circumcision operations by a medical doctor. The training took place in the bush. The researcher then trained seven male members of the community, two registered male nurses and one enrolled male nurse to circumcise the western way. Unfortunately only one community member is currently active in the project and he functions under the supervision of the Registered Nurses. Other members of the community who were trained how to circumcise are not functional. Some reported that this was due to fear of performing operations, whilst fear to perform operations, some went to cities to seek employment. Recently an Environmental Health Officer has joined the team and has been appointed as the Medical Officer according to the new Circumcision Act No. 6 of 2001.

Some of the villages have changed from the old practices to Ulwaluko with WHC. However, a few were pressured by others to practise the Ulwaluko with WHC.

The Ulwaluko project has been successful over the years as illustrated by the drop in mortality and morbidity shown in Table.1 in Chapter 1, but the majority of the communities that accepted the Ulwaluko with WHC were from the South Sotho and the Hlubi tribes.

#### **2.4.5.2 Resources used in the project**

Male nurses usually order the resources six months before the next Ulwaluko season and the budget for the project comes from the hospitals in the area. The resources used in the bush by male nurses who perform Ulwaluko with WHC are described hereafter.

##### **2.4.5.2.1 Medicines**

The medicines are ordered from the hospital dispensary. The quantity depends on the number of initiates and diseases that are identified and the treated. The statistics of diseases and conditions treated, as well as medications used, are submitted to the Pharmacist and the Nursing Service Manager at the end of each circumcision season.

These drugs are administered to initiates during the performance of circumcisions, treatment of STI's and other conditions discovered in the bush (especially amongst those initiates who did not have the pre-circumcision examination in the hospital), dressings and other minor ailments.

The following are some of the drugs used in the bush by Registered Nurses to treat STI's, respiratory infections, pain, treat and gastro-intestinal disorders including heartburn, diarrhoeal diseases:

erythromycin, doxycycline, paracetamol, ciprofloxacin, vitamin C, lignocaine, benzathine penicillin, amoxycillin, benzyl benzoate, betadine lotion and ointment, methylated spirit sprays, gentian violet, furacin ointment, cidex lotion, antacids, anti-epileptic drugs, intravenous infusions and anaphylactic shock drugs (adrenalin, phernegan and hydrocortisone).

#### 2.4.5.2.2 Other resources

The circumcision operations are performed using aseptic techniques. Although the environment is not the same as the operating theatre in the hospital, principles of the aseptic technique are maintained, and care is taken to prevent contamination of wounds.

Therefore the following are ordered:

sterile packs, sterile gauze, disposable sterile gloves, disposable needles, disposable syringes, suturing material, bandages, scapel blades, sterile water for injections and masks.

The small sterile surgical blades are issued to traditional healers on request, for incisions when they rub traditional medicine into the initiates. They are educated to use one blade per initiate or to sterilize blades by using methylated spirits during these incisions (ukugcaba/ukuqaphula). The reason for such advice is to prevent cross-infection resulting among the initiates from one blade being used for more than one initiate.

#### **2.4.5.3 Implementation of the UWHC project**

First of all the boys are sent to the hospital or clinic for physical examination, so that diseases or conditions such as STI's and epilepsy can be excluded. Although this procedure is not compulsory, initiates circumcised under the Ulwaluko with WHC benefit from being examined in the bush by male nurses before circumcision, especially the genitalia to exclude STI's. Commonly identified diseases include urethral discharge, penile ulcers, public lice and penile warts.

Whenever these are discovered in the bush boys are circumcised and thereafter the syndromic approach of treating STI's is administered in the bush. After the penis has been examined, it is washed with betadine solution, local anaesthesia is administered and the foreskin is cut, using sterile instruments. The wounds are sutured with chromic suturing material and thereafter they are dressed with betadine ointment for a period of three to seven days. Usually sterile gauze, bandages, betadine lotion and ointment is given to the traditional nurses to change dressings as specified by the surgeon (male nurse). The best results are obtained when the dressing remains *in situ* for seven days. The wounds are closed with bandages and the penis is positioned in an upward direction, so as to prevent swelling by encouraging drainage of fluids from the penis to the body by means of force of gravity.

The traditional attendants/nurses are taught the following:

- to report any abnormalities to the male nurses (surgeons) no matter how minor the problem;
- to offer water or amahewu to the initiates to facilitate rapid healing of the wounds and to prevent dehydration; and
- to loosen tight bandages (this is common in the first few days post circumcision because of the swelling due to the operation; and to report progress of healing.



- The initiates change their own soiled dressings.
- The initiation schools are visited on a regular basis Western surgeons to monitor the healing process as well as the general health of the initiates.

#### **2.4.5.4 The role of the traditional healers**

The role of the traditional healer in the Ulwaluko is very important from an African point of view. When boys are about to undergo the Ulwaluko the traditional healer is the first person to be contacted so that he can prevent evil spirits, sorcery and witchcraft against the boys. Traditional medicines are used in the process. In the bush, the hut (ibhoma) is also protected against sorcery and witchcraft. They perform these duties in both the old and WHC Ulwaluko. In traditional Ulwaluko, the role of the traditional healer is to look after the diseases/illnesses of the initiates. Herbs and other medicines are used in the process. Again after the completion of the initiation period it is the duty of the traditional healer to protect the would-be-men against any sorcery, and witchcraft. In the Ulwaluko with WHC, the male nurses have taken over some of the role which used to be performed by traditional healers, because they perform the assessment, treatment and care of initiates.

#### **2.4.5.5 The link between this project and the Traditional Circumcision Act**

The manner in which the project has been implemented is in accordance with the act, is explained hereafter.

- **The provision of health standards in traditional circumcision.** Health standards in the Ulwaluko with WHC are maintained because circumcision operations are performed under aseptic technique, with sterile instruments.
- **A prospective initiate must undergo a pre-circumcision medical examination.** In the Ulwaluko with WHC, initiates undergo physical examination in the hospital, as well as in the bush. Male nurses perform physical examinations in the bush.
- **A surgeon must be experienced.** The Ulwaluko project with WHC has a team of experienced male nurses and one community member.
- **An instrument used to perform a circumcision on one initiate must not be used again to perform a circumcision on another initiate.** The WHC surgeons perform circumcisions with surgical blades, and they are used once only.

- **Circumcision instruments must be clean at all times.** In the Ulwaluko with WHC, instruments are sterilized in the hospital's CSD and some of the materials have been sterilized at the factory, for example surgical blades and suturing material.
- **The initiates must be allowed water in the first eight days.** From the first day, fluids are offered in the Ulwaluko with WHC. This includes water and amahewu. Traditional attendants are educated on the importance of water.
- **Traditional nurse must not expose any initiate(s) to any danger or harmful situations.** Harmful situations such as handling of the penis and infliction of pain are not carried out in the Ulwaluko with WHC.
- **The traditional nurse must report any signs of illness of the initiates as soon as possible.** Traditional nurses report illnesses to male nurses. (Traditional circumcision Act No.6 of 2001.)

This background to the successful Ulwaluko with WHC project illustrates that the community that was studied accepted the Ulwaluko with WHC under the guidance of the researcher and community members.

## 2.5 HEALTH AND HEALTH CARE

In all nursing studies, health and health promotion are central to the discussions (Grainger 1994:17). The World Health Organisation (WHO, 1958) defines "health as the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". This definition indicates that there is a negative and a positive aspect of health. Health viewed in a negative sense focuses on the absence of disease or infirmity. Therefore the negative dimension refers to ill-health, disease, injury, illness, disability or handicap. The positive aspect of health is seen as entailing the presence of high quality well-being and fitness. Moreover such a state entails an appropriate balance of the physical, mental, and social ingredients. (Downie, Tannahill and Tannahill, 1996.) This understanding of the concept of health is fundamental to this study, as is health promotion. The health of the initiates is very important in the bush. After the Ulwaluko ritual, it is expected that the initiates should perform certain societal roles such marriage, responsible men, and be the heads of their families. Therefore this means that if there are roles to be played by these young men then their health must be maintained by ensuring that no complications occur. Men that come from the initiation rite should be healthy both physically and psychosocially so that they can cope in life as responsible adults.

The WHO (1958) defines "health" as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Therefore the only answer in ensuring healthy initiates is to incorporate WHC into the Ulwaluko. Both Indigenous and Westernised health care systems can be used to ensure the initiates are treated in totality.

### 2.5.1 Westernised health care

There are various synonyms for Western medicine: allopathic, modern, scientific, cosmopolitan, or biomedicine. Modern medicine could accordingly be typified as the historically Western, hospitalised-based, technologically oriented, structurally dominant system in terms of government funding, as opposed to traditional medicine as culturally, structurally subordinate system with no funding (Nyamwaya, 1992; Pretorius, de Klerk and Van Rensburg, 1993). The modern health care system, based on western science and technology, is very recent in the greater part of the Third World. In Africa the use of Western health care dates from the late nineteenth century. The introduction of antibiotics in the middle of the twentieth century further expanded the contribution of this type of health care to Western medicine (Pretorius, de Klerk and Van Rensburg, 1993).

Practically, all African governments have adopted it as the official health care service, which in most cases means the only health care services provided with public funding (Nyamwaya, 1992).

Pretorius, et al. (1993) state that not only modern health services are inaccessible to most rural areas but also the health care services that are available are inappropriate to their health care needs. They use the term accountability to highlight the fact that providers are responsible for assuring the quality of services rendered both technically and organisationally. Accountability therefore encompasses the aspects of availability, accessibility, and acceptability. As far as Ulwaluko is concerned, the that acceptability of western methods is still a problem.

#### **2.5.1.1 Availability and accessibility of western medicine**

At the macro-level the effective provision of modern health care in Africa, as elsewhere, is curbed by the resources which are allocated to health. A further problem in Africa as a whole is the number of medical and paramedical personnel in relation to the existing health situation, and also the quality of the personnel. There is an absolute shortage of all types of health workers. There is also a maldistribution in respect of health care personnel. (Pretorius, et al. 1993.)

### 2.5.1.2 Western view of health and disease

Chalmers (1990) explained the "western health view as is characterised by a disparity between intellect and emotion. This manifests in the allocation of various professionals to the care of soma, psyche and soul". The representativity for physical health care today is allocated to the doctors while psychologists or psychiatrists attend to the mind and the spiritual to the clergy. "The embodiment of care for the body, mind and soul in the three separate and distinct professions serves to the West's conflict between intellect, emotion and spirit". (Chalmers, 1990.)

The Western view is based on cognition, an empirical view which has resulted in attempts to isolate observable, etiological factors in the understanding of illness. Western health care providers focus on the physical body in their attempt to be scientific and objective. In the Western view, spiritual influences on health are also acknowledged. However in the West resorting to prayer or to divine intervention in the prevention or cure of ill health often occurs after medical science is seen to flounder. Only when all else fails, does belief in the supernatural predominate, possibly more so in the less-actively religious. Western views however, do not readily acknowledge that ill health could also result from the consequences of one's actions.

In the past, Western medicine regarded disease as a biological state though nowadays the approach is that of "holism". Western health care providers focus on the physical body in their attempt to be scientific and objective. (Chalmers, 1990; Nyamwaya, 1992)

### **2.5.2 African indigenous health care**

There is a very vital need to document information on indigenous concepts of illness and health, indigenous health practitioners, indigenous health services delivery and the development and the implications of all these for cosmopolitan medicine (Nyamwaya, 1992). This means that understanding indigenous medicine should lead to an appropriate working relationship between western and traditional health care systems. It is true even in the Ulwaluko with WHC that there is need for the understanding of traditional healers and they way they function. This can lead to an appropriate working relationship between the Westernised and Indigenous health care systems. At the advent of early missionaries in Africa, the opinion was held that the African could be won by demonstrating that Western medicine is superior in comparison with traditional medicine. (Pretorius, et al. 1993).



Many traditional health systems are practised throughout the world. Traditional healers are respected and consulted by a wide range of people, hence they have an important role in primary health care. (Hubley, 1993)

Traditional healers play a vital role in the health of the majority of people in South Africa. They are deeply interwoven into cultural and spiritual life. They are the first practitioners to be consulted in up to 80% of cases and they are present in almost every community, which means they are easily accessible. They have an important role in improving the health of South Africans. (Clark, 1998.)

However, their role is still not concretely defined and there is much disparity between Western trained or allopathic doctors and indigenous practitioners. Maseko, who was the head of the Traditional Healers Organisation, felt that the traditional system is an indigenous one, and therefore totally different from the modern system (Hess, 1998).

#### **2.5.2.1 Availability and accessibility of indigenous health care**

The availability of indigenous health care among the Africans is about 80% and is available almost to every community. (Clark, 1998). This means it is accessible and acceptable.

Pretorius, de Klerk and Van Rensburg (1993) state that "the services of traditional healers are more accessible in Third World countries compared with Western medicine. It has the advantage of cultural, social and psychological and geographical proximity".

#### **2.5.2.2 African view of health and illness**

Despite an increasing acceptance of biomedicine among Africans, traditional cultural beliefs and practices are widely held and observed. Maclean and Bannerman cited in Abdool Karim, et al.(1992) observed that the use of the traditional healing system was influenced by age and education. Older men use traditional healers more than younger men and individuals with little or no formal education tended to use traditional healing methods more often. Their illness behaviour and health service preferences revealed the inter-relationship between their perception of illness and their behaviour. There is a distinction between natural and supernatural causation of disease. The approach of the African traditional healer takes into account the beliefs of the patient such as evil spirits and some forms of illnesses are believed to result from a state of impurity. In the context of biomedicine, when someone is ill, the questions asked are "what is the cause? And how?" But, in the traditional African world of causation, the question "who caused it and why?" (Abdool Karim, et al. 1992).

Chalmers (1990) stated that the approach of the African view reflects a belief in an integrated, interdependent, totality of all things animate and inanimate, past and present. Biological, spiritual, social and interpersonal functioning are inextricably interlinked. Underlying this pluralistic but holistic African view of being is a unifying principle of balance between all things.

### 2.5.3 Collaboration between western health care and African indigenous health care

The World Health Organisation advocates the reversal of the culturally biased notion that traditional healers are quacks and charlatans who should be eliminated or discouraged. In 1977, the 30<sup>th</sup> World Health Assembly adopted a resolution to promote traditional medicine worldwide. In 1978 at Alma-Ata it was declared that African traditional healers should be part of a Primary Health Care team. (Abdool Karim, et al. 1992.) It was their firm belief that there was sufficient commonality between the two systems not only to making linking possible, but also to integrate the two systems (Pretorius, et al. 1993).

It is clear that modern and traditional systems differ in terms of availability and quality of care, technology and social adaptability. Both have the same aim, that of promotion of health.

Africans have a dualistic outlook on life which accommodates both the conspiracy of witchcraft and the scientific theory of modern medicine. The phenomenon of dual utilization is significant because it provides a basis for linking traditional and modern medicine (Abdool-Karim, et al. 1992). For example the traditional healers and western doctors have been working together in preventing and managing common diseases in Valley Trust in KwaZulu Natal for over 40 years. Patients are satisfied with such an arrangement because they see western doctors as treating the symptoms whilst the traditional doctors treat the cause. (Clark, 1998)

Nyamwaya (1992) cites Romanucci-Ross, as saying for every society which uses both indigenous and Western forms of therapy, there is a "hierarchy of resort" indicating the normal sequencing in the use made of existing health service alternatives. He further states that individuals and families respond to the occurrence of a given illness in ways that are unique to them. A close examination of health seeking behaviour in Kenyan societies from the lay perspective reveals that indigenous and Western medicine can interact in four main forms.

- The first form can be described as sequential zig-zag. In this form of relationship a patient may start using either of the two forms and move on to the other and again return to the form used initially.

- The second form of interaction between the two forms of medicine can be described as supplementary. A supplementary relationship between indigenous and Western medicine exists in cases where only one of the two forms of medicine is dominant and the other is often used as a supplement for certain conditions.
- A third form of interaction between Western and indigenous forms of medicine may be described as one of competition. For simple, acute ailments which are believed to be of only a biological nature, an individual or a family decides to use either form of therapy. Unlike in supplementary people may go either way (Western or Indigenous health system).
- The fourth and by far the most important form of interaction between indigenous and Western medicine is that of complementary usage. In this form of relationship people consider both types of medicine to be necessary for complete healing to occur. (Nyamwaya, 1992.)

Snyman (1992) stated that anthropologists and health professionals thought that there was inconsistency and rivalry in the dual utilization of the indigenous and Western systems yet this was not so. This was possible because Africans have a dualistic look on life which accommodates both the conspiracy theory of witchcraft and the scientific theory of modern medicine.

The utilization of Western medical services by non-Westerners does not mean that their own traditional ideas have been abandoned. She further explains complementarity and integration. The former is the relationship between traditional and modern medicine wherein the two systems co-exist but are independent of each other, each respecting the unique character of the other. This is the same as the one described by Nyamwaya. The latter, as described by WHO (1978), as a synthesis of the merits of traditional and modern medicine by implementing modern scientific knowledge and techniques into both health systems. The underlying assumption is that the characteristic skills of certain traditional healers can be adapted effectively in order that the healers get appropriate training so that they can cope with certain modern practices (Snyman, 1992).

In conclusion the researcher believes that a working relationship between the traditional healers and western health care system in addressing the health problems associates with traditional Ulwaluko could be effective among the Africans because of their beliefs in both systems. It is however, imperative that the ultimate goal of co-operation between modern and traditional medicine should be improvement in the quality of patient care (Pretorius, et al. 1993.)

## **2.6 HEALTH PROMOTION**

### **2.6.1 Definition of Health Promotion**

Raeburn and Rootman (1998) state that health promotion is concerned with positive health and well-being. The whole enterprise is centred in a movement towards healthiness and wellness. They also say health promotion is concerned with the whole of life and not the function of some part of the body. The researcher believes that the holistic approach or the systems approach of viewing an individual as a whole is important because a lack of equilibrium in the body's systems will affect the entire organism.

Hubley (1993) cites the Ottawa Charter by defining "health promotion as the process of enabling people to increase control over, and to improve, their health. To reach a stage of complete physical, mental and social well-being, an individual must be able to identify and to realise aspirations, to satisfy needs and to change or to cope with the environment." This definition of health promotion is the same as that of WHO and it has positive underpinnings of the definition of "health". Health promotion involves:

- building healthy public policy;
- creating supportive environments;

- strengthening community action, which means community empowerment or participation;
- developing personal skills. This can be done by providing information, education for health and enhancing life skills; and
- reorienting health services.

The World Health Organisation describes health promotion as the process of enabling people to increase control over and to improve their health. Five principles, which underpin this description, help to incorporate a conceptual framework for health promotion.

- health promotion involves the population as a whole in the context of their lives rather than focusing on an individual at risk of disease;
- health promotion combines diverse but complementary methods;
- health promotion targets the determinants of health;
- health promotion is aimed at community participation, and
- health promotion is basically a health and social activity and not a medical service.

Simons-Morton, et al. (1995) described health promotion as being concerned specifically with the sociobehavioural processes for improving personal health behaviour and for implementing public health measures.



Health problems have multiple, interrelated causes that are the targets of public and health promotion. Therefore health promotion is a set of processes to change knowledge, attitudes, skills, practices, programs, policies and conditions.

### **2.6.2 Health education**

Health education is a vital part of community and public health nursing. The promotion, maintenance, and restoration of health requires that community and public health clients receive a practical understanding of health-related information. The information that nurses provide enables clients to make knowledgeable decisions, cope more effectively with alterations in their health and lifestyles, and assume greater personal responsibility for their health (Stanhope and Lancaster, 2000).

Hubley (1993) mentioned that information and education provide an informed base for making choices. They are necessary and core components of health promotion, which aims at increasing knowledge and disseminating knowledge related to health. It involves a combination of motivation to adopt health-promoting behaviours and helping people to make decisions about their health and acquire the necessary confidence and skills to put their decisions into practice.

Therefore there should be communication in health education so that exchange of information between people can take place. To promote health, a health educator must establish a dialogue with communities, influence decision-makers to adopt health-promoting policies, and develop community action on health issues. In fact, so important is communication that Downie et, al. (1996) define health education as communication activity aimed at enhancing positive health and preventing or diminishing ill-health in individuals and groups through influencing the beliefs, attitudes and behaviour of those with power and of the community at large. In the Ulwaluko custom the people in power must first be contacted so as to gain community entry.

### **2.6.3 Prevention of health problems**

Downie et, al. (1993) argue that central to protection is the notion of reducing the risk of occurrence of a disease process, illness, injury, disability, handicap or some other unwanted phenomenon or state. He further describes four foci for prevention as follows:

- Prevention of the onset or first manifestation of a disease process, or some other first occurrences through risk reduction. Taking the Ulwaluko risks such as STI's can be prevented by examining the boys before undergoing the ritual.

- Prevention of the progression of the disease process or other unwanted state, through early detection.
- Prevention of avoidable complications of an irreversible, manifest disease or some other unwanted state.
- Prevention of the recurrence of an illness or other unwanted phenomenon (Though there is no guarantee that an illness cannot repeat itself) means can be devised to curb the problem.

#### **2.6.4 Health protection**

Health protection comprises legal or fiscal controls, other regulations and policies. Some of the policies in the community take the form of norms and this does not necessarily mean policies and laws must always be written down. The Traditional Circumcision Act (Act No. 6 of 2001) is in fact a form of legal health protection (Refer to Section 2.3 above).

The incorporation of WHC into the Ulwaluko can be regarded as a health promotion. This assertion is based on the definition of health promotion given above, as it involves education, preventive efforts and regulatory mechanisms to change behaviour so that people's health improves, they have control over it and can participate in matters affecting their health.

### **2.6.5 The integrative model of community health promotion**

The integrative model for Community Health Promotion was developed to guide community and public health nursing (Stanhope and Lancaster, 2000). It reflects the basic beliefs and values of the community and public health nursing. The model ensures that there is continuity and expansiveness of the client system and focuses of care. At the broadest level of the model, the nurse works with community leaders and lay people. At the narrowest focus illness care is provided to an individual. The goals of nursing actions in this model at all levels are to achieve maximum health potential through active participation between the nurse and client system. It is based on two complementary paradigms for nursing, the health and pathogenic paradigms. The health paradigm promotes to a positive quality of life whilst the pathogenic paradigm prevents illness and disease and disability and the care of them. The focus of the pathogenic paradigm is on reducing known risks and threats to health.

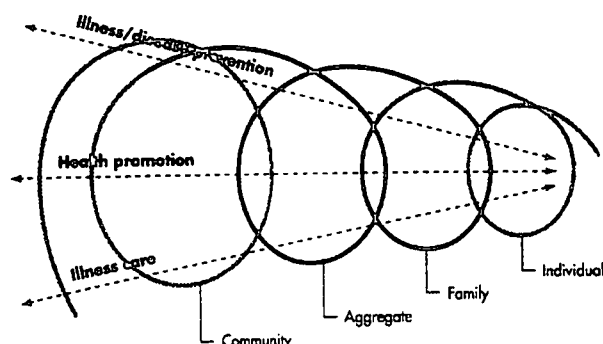


Fig. 1 The Integrative Model for Community Health Promotion (Stanhope and Lancaster, 2000:287).

#### 2.6.5.1 The health paradigm

The health paradigm focuses on promoting health as a dynamic, creative and positive quality of life and includes the promotion of physical, mental, emotional, functional, spiritual and social well-being (Stanhope and Lancaster, 2000). Health promotion must seek to prevent ill-health and simultaneously enhance positive health. To apply this paradigm to Ulwaluko with WHC the following strategies should be applied:

- Health education should be provided for the communities that practice the Ulwaluko. Such health education should cover protected sexual intercourse by boys who have not undergone the Ulwaluko custom.
- Use of westernised health care during the circumcision operations (where aseptic technique can be practised).

- Allowance of water from the first day and treatment of all treatable conditions in the bush by male health professionals, who have undergone the circumcision ritual, such as male nurses or male medical doctors.

#### **2.6.5.2 Pathogenic (disease) paradigm**

The pathogenic paradigm includes illness care and prevention of illness, disease, and disability and focuses on reducing known risks to health and preventing disease. The known risks associated with the Ulwaluko custom are:

- the use of unsterile instrument during operations;
- the use of unsterile tight bandages;
- tampering with wounds leading to sepsis and gangrene;
- lack of drinking water leading to dehydration;
- Sexually Transmitted Infections including the possibility of HIV/AIDS/Hepatitis B; and
- drunk traditional surgeons (Meintjies, 1998)

According to this paradigm proper screening, and prompt treatment of infections and other conditions, which may lead to the complications arising from traditional circumcision can be prevented.

### 2.6.5.3 Dimensions of the model

The model has two dimensions. The first dimension is the client system, represented by the dark circular line in Fig. 1. It consists of the individual, family, aggregate and the community. When the individual is the client the environment includes the family, population group, and the community of which the individual is part. When the family is the client then the aggregate is the environment and so on. The nurse or health care professional should therefore be in a position to know how the environment affects the individual and be ready to intervene. The second dimension is the focus of care, which includes health promotion, illness prevention and illness care. It is denoted by three dotted lines with arrows. The goal here is a healthier community and this can be achieved by providing three foci. It is especially important that the nurse work with the community in the planning of programmes to promote optimal health of the community to reduce morbidity and mortality. (Stanhope and Lancaster, 2000.)

## **2.7 HEALTH, CULTURE AND SOCIAL CHANGE**

### **2.7.1 Culture and health**

Health itself is a concept determined by culture and society. Health is so important to the basic functions of survival that it is not surprising that most societies in the world have well-established ideas about health. (Hubley, 1993.)

Leininger (1992:31) defines culture as the "learned set of ideals, values, and assumptions about life that are widely shared among a group of people. It is a dynamic process that develops over time and changes with difficulty". Leininger (cited by George, 1995:375) defined culture as the "learned, shared and transmitted values, beliefs, norms, and life ways of a particular group that guides the thinking, decisions, and actions in patterned ways". In response to the needs of its members and their environment, culture provides guidance to help them solve life's problems (Stanhope and Lancaster, 2000). Individuals learn about their culture during the process of language learning and being socialised. Parents teach their children the implicit and explicit behaviour of the culture. Haviland (1993) explains culture as consisting of the "abstract values, beliefs, and perceptions of the world that lie behind people's behaviour and which are reflected in their behaviour." The members of the society share them, and when acted upon they produce behaviour considered acceptable within that society.



Culture represents the way in which people behave and experience and evaluate the life world. It provides the basis for determining values, norms beliefs and practices. Oxford Learner's Advanced Dictionary (1995:288) defines a "custom as a traditional and generally accepted way of behaving or doing things"

Therefore the cultural customs of a community provide a framework for human behaviour within a particular community. So too, do they influence health behaviour. The concept of culture should be explored in order to develop a more comprehensive understanding of health and disease, people's understanding of this as well as their responses to it (Gilbert, Selikow and Walker, 1996). Every community has its well-established ways of maintaining health, preventing disease and treating the sick. Since perceptions of illness and disease and their causes vary by culture, these individual preferences affect the approaches to health care. Culture also influences how people seek health care and how they behave toward health care providers. The relationship between culture, health-related beliefs and behaviour is complex (Gilbert et al. (1996). Personal experiences, family attitudes, and group beliefs interact to provide an underlying structure for decision making during illness. In the clinical setting, effective communication is maximized when the patient and the health care provider share beliefs about sickness.

It can be expected that appropriate use of health services, compliance with therapeutic interventions and improved health outcomes have a higher likelihood of being realised when the health care providers and the patient acknowledge and respect each other's beliefs about illness, even though these beliefs may not be wholly concordant (Nursing Times, 1994). Adapting to different cultural beliefs and practices requires flexibility and a respect for others' viewpoints. Therefore, health care providers need to possess the ability and knowledge to communicate and to understand health behaviour influenced by culture. Having this knowledge can eliminate barriers to the delivery of health care. In terms of the Ulwaluko custom, the social and psychological aspects of health are very important as these relate to the acceptance of the initiates. However, this must not be at the expense of physical health due to problems associated with it. The initiates must not suffer from physical infection. There is a need for a balance between psychological and social aspects. Initiates are not supposed to go to hospital because this is a cultural problem which is not acceptable. The only alternative is to incorporate WHC into the Ulwaluko. How nurses care for patients and their response to that care are greatly influenced by culture. (Transcultural Nursing Basic Concepts and Case studies, 1997-2001.)

### **2.7.2 Social change**

Social change is hardly a new concept. Social change is about changing the social environment, the social institutions, policies, and practices such that they are health promoting rather than health damaging. But social change is also about personal awareness, attitudes, and behaviour. According to Zaltman and Duncan, cited in Simons-Morton, Greene and Gottlieb (1995), a "person changes his or her behaviour when they define the situation as being different and now requiring different behaviour." The unique feature of social change processes is the emphasis on altering social norms and social conditions. In social change approaches to altering health behaviour, individuals and groups can be either the vehicles of social change, as they organise into self-help groups, or the targets of social change, as when national programmes seek to influence general health knowledge, perceptions, attitudes, or behaviour. (Simons-Morton, Greene and Gottlieb, 1995)

### **2.7.3 Cultural change**

As has already been stated (Section 2.7.1) culture is the medium through which the human species solve the problems of existence, as members of the species perceive these.

### **2.7.3.1 Mechanisms of cultural change**

There are number of mechanisms of change, as explained hereunder.

#### **2.7.3.1.1 Innovation**

The ultimate source of all change is through innovation. Any new practice, tool, or principle that gains widespread acceptance within a group can be regarded as innovation. (Haviland, 1993.)

Those that involve the chance discovery of some new principles are called primary innovations whilst those that result from the deliberate applications of known principles are secondary innovations. (Haviland, 1993.)

#### **2.7.3.1.2 Diffusion**

"The borrowing of cultural elements from one society by members of another is known as diffusion, and the donor society is, for all intents and purposes the inventor of that element". (Haviland, 1993.)

#### 2.7.3.1.3 Cultural loss

Most often people tend to think of change as an accumulation of innovations. They do so because this seems so much a part of the way they live. In reality the acceptance of a new innovation leads to the loss of an older one. (Haviland, 1993.)

#### 2.7.4 Evaluating health-related practices and beliefs

According to Grainger and Kortenbout (1994), a number of mistakes can be made by health care workers when they learn about the community's customs and traditions:

- they look down on local beliefs, labelling them as unscientific;
- they look up to local customs as completely admirable; or
- they fail to look at all at local traditions, customs and forms of healing.

Nurses need to be sensitive in deciding what is beneficial, harmless or harmful to their practices and beliefs. It is important that health workers look critically at both the new and old ways, so that what is best can be retained by the community. In reality, old ways like new ways, have strengths and weaknesses.

Health workers also need to help people in communities to look critically at both the old and new ways of behaving, in order to avoid what is harmful and preserve what is best in each.

#### **2.7.5 The provision of culturally competent care**

Stanhope and Lancaster (2000) cite Campinha-Bacote, Yahle, and Langenkamp; Frei, et al. notify that cultural competence is a set of knowledge-based and interpersonal skills that nurses use to effectively care for the client. This is essential considering the influence of culture on health, as explained in section 2.7.1.

To be culturally competent the nurses should understand their own world views and those of the patient, while avoiding stereotyping or misapplication of scientific knowledge. Cultural competence results from listening to the patient, finding out and learning about the patient's beliefs about health and illness (Transcultural Nursing Basic Concepts).

Nurses integrate their professional knowledge with the client's knowledge and practices to negotiate and promote culturally relevant care for a specific client.

Lieninger, cited by Stanhope and Lancaster (2000), suggests three modes of action, based on negotiation between the client and the nurse, that guide the nurse to give culturally competent care: cultural preservation, cultural accommodation and cultural repatterning.

#### **2.7.5.1 Cultural preservation**

The goal of cultural preservation is to support the use, by the client, of those aspects of the client's culture that promote healthy behaviour. For example, in the Ulwaluko custom the prohibition of boys from sleeping with older women may prevent the spread of STI's because traditionally it was well known that women were more likely to suffer from STI's than girls. Therefore this aspect promotes healthy behaviour among the boys before undergoing the ritual.

#### **2.7.5.2 Cultural accommodation**

Cultural accommodation means that the nurse negotiates with the clients to include aspects of their folk practices with the traditional health care system to implement essential treatment plans. The emphasis is to make sure the practice is safe and not harmful, and that it has health benefits for the client.

### **2.7.5.3 Cultural repatterning**

Cultural repatterning means that the nurse works with the clients to make changes in health practices when these behaviours are harmful or decrease the client's well-being. (Stanhope and Lancaster, 2000.)

### **2.7.6 PROMOTING CHANGES IN HEALTH BEHAVIOUR**

Hubley (1993) developed the BASNEF (Beliefs, Attitude, Subjective Norms and Enabling Factors) model to plan health education as part of health promotion. He stated that applying the BASNEF approach involves examining the behaviour from the perspective of the community. The model is used to promote a change in behaviour and also suited analysing why people do or do not change their behaviour despite health education. The health educator needs to speak to individuals and groups at the beginning of the health education to find out about the underlying factors, including beliefs, values, social pressure and enabling factors, that influence the community. Once there is enough information on the various factors in the BASNEF model then decisions on approaches health education are made based on the steps outlined below.



- Make sure that behaviour will improve health. The behaviour must actually benefit the community.
- Make sure that the behaviour change asked for is a realistic one. Behaviours that are complicated should be avoided. Look into behaviour that can be changed.
- Consider social pressures from the family and community. If the enabling factors are readily available, then the barrier to change may be social pressure on the person – the subjective norm. It is unreasonable to expect a person, no matter how convinced, to go against the wishes of those around him or her in the community. This is relevant in the Ulwaluko custom, where it is not enough to speak to the individual, one needs to go to the community and convince the influential 'opinion leaders'.
- Identify any beliefs that might influence the person's attitude. The blame for failure has often been put on 'bad beliefs'. If the community believes that the performing of the behaviour will lead to unfavourable outcomes one should try to find out why.
- Find out whether the influence on behaviour operates at the individual, family or community or higher level. Many of the problems of selection of unrealistic and inappropriate messages and behaviour changes can be resolved by working at the community level and building in community participation in the selection of objectives.

#### 2.7.6.1 Why people do not act on the health promotion advice they are given?

Nursing Times (1994) cites Davison who explains that misfortunes are widely or even universally recognised as being bad, and that can be said to happen to some people sometimes but not to everybody always. It has long been a common place observation in social and cultural anthropology that such a "culture of explanation" needs to address two central questions:

- How do bad things happen?
- Why did this bad thing happen to this person at this time, and not to that person at that time?

##### 2.7.6.1.1 Principles of community misfortunes

For misfortunes to be culturally constructed as being amenable to prevention, some of the issues must be at least partially addressed.

- People must believe that they have an understanding of the general causal mechanism. It is true in the traditional circumcision, that all factors and causes of complications of the Ulwaluko should be clearly understood before mechanisms to address them can be implemented.

- The general causal mechanisms must be seen to be open to modification or eradication, either at an individual or collective level of human action.
- People must be able to accept their personal, social, or cultural implications of the modification or eradication of the general causal mechanisms that have been identified.
- The operations of the general causal mechanisms and the implications of prophylactic action must be plausibly mapped to the expected or possible experiences of the individual.

Hubley (1993) states that health professionals complain because the community ignores their advice to follow healthy behaviours. The community rejects precautions that make sense to health professionals. One reason is that health professionals look at actions from their own point of view, and place too much emphasis on health and medical factors as a reason for action. What may seem to be irrational behaviour to health professionals by the community can actually involve deliberate and rational decisions based on the community's own perceptions of their situations and needs. A useful approach is value-expectancy theory, which suggests that people will only perform a given behaviour if they themselves see that it will provide some benefits. It is the task of health educators to ensure that the community's judgement is based on a sound understanding of the consequences of alternative action.

Hubley (1993) further mentioned that the failure of health education programmes is that they are directed at individuals and ignore the influence of other people

This model can be applied in the Ulwaluko custom so as to lessen harmful factors and replace them with what is conducive to health. It could be useful for understanding why the incorporation of the WHC into the Ulwaluko was successful with some of the AmaXhosa in the community under study.

#### **2.7.7 CONCLUSION**

In conclusion different cultures have different outlooks on health and disease. It is important that communities should define health. The differences should be recognized, and be respected and a sensitivity be developed towards different cultural patterns of behaviour especially in health care delivery. Therefore this means that in this Ulwaluko with WHC, health promotion, prevention of complications, and care of diseases are important. The success of the implementation of this project is the involvement of the community in matters that affect their health. Secondly health education and demonstration of how WHC is incorporated into the Ulwaluko are the major steps. Lastly, the evaluation of the project with communities is required so that their suggestions can be taken into consideration.

Communities are unique, what is applicable to one community cannot be the case with another. But if the models (BASNEF and Integrative Community health promotion) that have been used in this study are followed then it is possible that all projects can be successful. The researcher believes that change is a process which takes time before it can be accepted among communities, this means that not all communities in the Eastern Cape will implement the Act at the same time, some will resist its implementation. The Integrated community health promotion model and the BASNEF model for health education are effective in dealing with the Ulwaluko.

## **CHAPTER 3 RESEARCH METHODOLOGY**

### **3.1 Introduction**

A qualitative, explanatory design will be used to capture the process the participants followed in accepting WHC into the Ulwaluko among the AmaXhosa in the Eastern Cape Village. When attempting to understand culture the method of choice is qualitative research, specifically Ethnography. Individual and focus group interviews will be conducted using an interview guide and a tape recorder. Data analysis will be performed according to the principles of Thematic analysis (Holloway and Wheeler, 1996). Ethical issues will be considered.

### **3.2 Research design**

The purpose of this study is to explain the acceptance of westernised health care into the traditional circumcision and to give nurses a better understanding of how to give culturally sensitive care. Traditional circumcision is a cultural practice. When attempting to understand culture the most appropriate method is qualitative research and specifically ethnography, since this is the research tradition for studying the meanings, patterns, and experiences of a defined cultural group (Polit and Hungler, 1997).

According to Neuman (1997:346) "Ethnography means describing a culture and understanding another way of life from the native point of view". The researcher used both the emic perspective (the way members envision their world in as far as circumcision is concerned) and the etic perspective (the outsider's interpretation of the experiences of that culture) in studying the acceptance of the Ulwaluko with WHC among some of the AmaXhosa. This study is micro-ethnography because it focuses on the subculture of the Ulwaluko among the AmaXhosa in a rural Eastern Cape village.

Holloway and Wheeler (1996:83) cite Leininger (1985) who points out that the goal of ethnography nursing should be more than understanding the culture, it should lead to an advanced clinical practice concerning the culture of clients as well. This goal is relevant for this study in two respects. Firstly, health professionals who have undergone the Ulwaluko ritual, such as male nurses and male doctors, should be able to deliver westernised health care and be culturally sensitive regarding the Ulwaluko custom, whenever there is an acceptance of the Ulwaluko with WHC among the AmaXhosa. Secondly female nurses should also be able to refer initiates and their relatives to male health professionals with knowledge and understanding of the Ulwaluko custom. This would result in continuity of care of initiates.

### **3.3 Target population**

According to Polit and Hungler (1997) the target population is the entire population in which the researcher is interested. The researcher was interested in conducting a study among the AmaXhosa that were living in the villages that have accepted the Ulwaluko with westernised health care.

### **3.4 Accessible population**

Accessible population refers to those cases that conform to the eligibility criteria and that are accessible to the researcher as a pool of subjects for the study (Polit and Hungler, 1997). The AmaXhosa living in a rural Eastern Cape village where the incorporation of WHC into the Ulwaluko appears to have been accepted were the accessible population, because the researcher was able to gain entry to that community. The population comprised of young, and the old men who had undergone the Ulwaluko custom.



### **3.5 Sampling strategy**

#### **3.5.1 Selection criteria**

Lo Biondo-Wood and Haber (1998) state that the ethnographer selects a cultural group, which is living the phenomenon under investigation. People selected for participating in the study were:

- males of all ages who have undergone the Ulwaluko custom;
- living in the village where the study took place;
- either have been circumcised the old traditional way or according to the westernised health care method; and
- were in favour of the Ulwaluko with westernised health care into the custom.

#### **3.5.2 Sampling methods**

Polit and Hungler's (1997) recommendations regarding qualitative research have been used for selecting a variety of sampling methods for this research.

The first step was the identification of the key informant.

The reason for believing that this person was a key informant was that the researcher had known him during the negotiations for the introduction of westernised health care into the Ulwaluko in the village, where the proposed study took place. He was the key person involved in educating and convincing men about the advantages of westernised health care methods in the Ulwaluko, and he worked with the researcher throughout the study.

The key informant also organised meetings (iimbizo) with the community, in order for the researcher to obtain permission from the community to conduct the study. AmaXhosa men in this village were invited to attend a community gathering where the sampling took place. He therefore facilitated the entry of the researcher into the community. From this point, the purposeful method of sampling was used. Purposeful sampling is the method of choice in qualitative research because of the need to identify unique cases that are especially informative and representative (Polit and Hungler, 1997; Holloway and Wheeler, 1996). In the meeting the researcher explained the sampling criteria to the participants. The first key informant and other participants from the larger group identified possible informants. The researcher decided that one of these would be regarded as a key informant because he had also been closely involved with the negotiations for the introduction of the UWHC. Therefore, it was planned that data would be collected from two key informants and four focus groups.

Three focus groups would be homogenous, participants who were in favour of the Ulwaluko with WHC whilst the fourth focus group would be participants who were against the Ulwaluko with WHC.

The first key informant stated that people whom he knew were against the use of WHC into circumcision custom had not attended the meeting, despite the fact that they were requested to attend. Based on their knowledge of the community the first key informant and the researcher felt that it was unlikely that they could be persuaded to participate in the study. Therefore, it was not possible to have the fourth focus group. The researcher was interested in capturing heterogeneity in the sample, in order to ensure that the conclusions adequately represented the entire range of variation, rather than only the typical members. In view of the absence of the people who were against WHC heterogeneity could not be achieved which was a disadvantage.

The researcher explained to participants that two key informants and three homogenous groups were needed for discussions pertaining to their experiences and perceptions about their acceptance of the Ulwaluko with WHC.

The first focus group consisted of old men, the second focus group consisted of young men circumcised the old traditional way and the third focus group consisted of young men circumcised the western way. Therefore, purposeful sampling was used for typical case finding. Old men from the community were selected so that they could highlight what was typical of the Ulwaluko custom and the introduction of WHC into the custom. Both groups of young men were sampled to explore their perceptions about the two types of circumcision.

Therefore this meant that the study had a homogeneous sample of informants that had a strong positive attitude towards the Ulwaluko with westernised health care. The advantage of such a selection was that saturation was achieved more easily with a homogeneous sample.

### **3.5.3 Sample size**

Polit and Hungler (1997) state that there are no firm rules or criteria for sample size in qualitative research. Such research almost always uses nonrandom samples involving in-depth study of few cases in detail, in order to gain a comprehensive understanding of the phenomenon of interest.

The aim is to discover meaning and to uncover multiple realities (Crabtree and Miller, 1999). The researcher sampled two key informants and three focus groups. The first focus group had six participants, the second focus group had five participants and the third focus group had five participants. Therefore, a total of 18 people participated in the study.

### **3.6 DATA COLLECTION**

The method of data collection consisted of self-reports. In human sciences, a good deal of information can be gathered by direct questioning of people. The reason for using self-reports was that the researcher needed to collect data on the experiences and perceptions of the AmaXhosa about the acceptance of the Ulwaluko with westernised health care. These were collected by means of individual and focus group interviews. Self-reports were the appropriate source of such data. (Polit and Hungler, 1997.)

#### **3.6.1 Focus interviews with key informants**

According to Holloway and Wheeler (1996) a main feature of ethnography is the collection of data from key informant interviews. The researcher conducted separate in-depth semi-structured face-to-face interviews with the two key informants of the community.

The reason for using semi-structured interviews was to encourage respondents to be conversational and to define the important dimensions and perceptions of the acceptance of the Ulwaluko with westernised health care, and to elaborate on what was relevant to them. A structured interview could be restrictive if used because it could force people into responses framed by the researcher and result in some potentially important responses being overlooked. It would also yield data that was superficial in nature compared to data from semi-structured self-reports, which are appropriate for in-depth studies (Polit and Hungler, 1998). The interviews were tape-recorded and transcribed to attempt to ensure validity (Maxwell, 1996).

The key informants were interviewed separately from each other and the focus groups because the researcher was concerned that their presence could influence each others' discussions. It was possible that people who disagreed with either of the key informants could feel uncomfortable if they were present during focus group discussions.

### 3.6.1.1 Tool

De Vos (1998) states that in formulating the interview guide the concepts to be discussed need to be broad and must be defined clearly. In developing the guide for this study, the first step that the researcher began with was the definition of the research question under enquiry (Crabtree and Miller, 1999). The researcher developed the tool by considering the questions necessary for the research question to be answered, as well as being guided by the literature review. The interview guide has been formulated in such a manner that questions have been divided into opening, introductory, transitional, key, ending and final questions. An explanation is given for each question as to why it was posed (De Vos, 1998). The questions were open-ended so as to encourage conversation rather than yes or no responses. (Refer to Annexure E and F).

The researcher used an interview guide in conducting focus group interviews and he discussed and explained the concepts " acceptance of the Ulwaluko with westernised health care" and " the old traditional circumcision" with the participants. The guide had a list of broad questions, which were covered during the interviews.

A possible limitation was that the tool was not tested. However, it worked well and after having used it, the researcher would not wish to change it. The questions on the tool were clear and unambiguous though prompting was initially required. This was done in a similar manner for all the participants. It appeared that prompting was related to the settling down process of the groups, as it was only necessary in the early stages of the interview. For example, the young men were initially quiet and a little uneasy because the researcher had performed circumcision operations on some of them. However, they quickly relaxed and talked freely. A description of the tool is given hereafter.

#### **Opening question**

This is a factual question and it was intended to establish which characteristics the group member's shared.

*Is there any need for the Ulwaluko with westernised health care in the custom?*



### **Introductory question**

This question introduced the topic of the acceptance of the Ulwaluko with westernised health care into custom. It was not critical to the study other than it fostered communication among the group members (De Vos, 1998).

*Is there any need for the Ulwaluko custom to be practised nowadays?*

### **Transitional question**

The format, which was used in developing this question, was that it had link between the introductory question and the key questions so that the participants could be aware of how others viewed the topic (De Vos, 1998).

*Suppose there is a need for the Ulwaluko custom to take place nowadays, do you think that westernised health care should be incorporated into the custom or should it continue to be practised in the old traditional way?*

### **Key questions**

- 1. What is your view about the Ulwaluko with westernised health care being offered into the custom?*

2. *Was there any key member of the community who influenced you to accept the Ulwaluko with westernised health care into the custom?*
3. *Why did you identify a need for the Ulwaluko with westernised health in the custom?*
4. *Explain how the process of the acceptance of the Ulwaluko with westernised health care took place in your community?*
5. *Do you think the acceptance of the Ulwaluko with westernised health care has changed the custom?*
6. *What are the advantages and disadvantages, if any, of accepting Ulwaluko with westernised health care compared to the old traditional way?*
7. *What is the relationship between westernised health care surgeons, traditional healers and traditional surgeons?*
8. *What is the core part of the custom according to your knowledge?*

9. *Is there anybody who teaches the boys about Sexually Transmitted Infections, HIV/AIDS before undergoing the Ulwaluko custom?*

#### **Ending question**

In this question the participants will identify the most important aspects that were discussed.

*What were the main things that we discussed?*

#### **Final questions**

*Is there anything you would like say?*

*Have we missed anything?*

#### **3.6.1.2 Venue and Time (key informants)**

The venue for the collection of data for the first and second key informant was the home of the first key informant, specifically in the sitting room where confidentiality and privacy were maintained. The reason for selecting this setting was that the first key informant suggested it. The data was collected during the day at a time that was suitable for the key informants.

The interviews were conducted separately and the duration of the interview with the first key informant was 45 minutes, whilst the interview with the second lasted 50 minutes.

#### **3.6.2.3 Person conducting interviews**

The researcher conducted the interviews. During the interviews the researcher attempted to achieve a relationship of equality with the participants. To achieve the relationship of equality the researcher explained to the participants that men who underwent the Ulwaluko are equal. This meant that the researcher was on an equal basis with the participants. The researcher guided the interviews towards the discovery of key informants' feelings, perceptions and thoughts about the acceptance of the Ulwaluko with westernised health care into the custom (Hollow and Wheeler, 1996). The interview was tape recorded so that all comments could be captured. There was no scribe, the researcher conducted the interviews and took field notes at the same time.

### **3.6.2 Focus group interviews**

Polit and Hungler (1997) defined focus group interviews as groups with 5 to 15 people whose opinions and experiences are solicited simultaneously. The advantages of a group format are that it is efficient and can generate a lot of dialogue. Therefore focus group interviews were used for the collection of data from participants that were not key informants. Three groups of five to six participants with a similar background and common issue under discussion were formed during the first meeting (imbizo) with the community. The size of the groups was appropriate because all participants had an opportunity to share insights and their diversity of perceptions. The researcher conducted in-depth, semi-structured face-to-face interviews with the focus groups. An open discussion on the acceptance of the Ulwaluko with westernised health care into the custom took place with each group.

#### **3.6.2.1 Tool**

The same tool that was used in conducting interviews with key informants was also used for the focus group interviews.

### **3.6.2.2 Venue and time (focus groups)**

The focus group interviews took place in the fields under the trees, far away from the village. The community selected this venue, so no women, boys or children would disturb the interviews. The data was collected during the day and the duration for each focus group interview varied between 50 and 70 minutes.

### **3.6.2.3 Person conducting focus group interviews**

The researcher conducted the focus group interviews. Interviews were tape recorded so that all comments could be captured. It was explained to the participants that the pace of the interviews would be rather slow due to the fact that the researcher would:

- take field notes during the interviews;
- be the moderator at the same time;
- ask questions;
- probe;
- assess the attitudes of the participants, that is, their non-verbal communication and their tone;
- explain unclear questions;
- encourage quiet participants to talk and elaborate further on a particular dimension of the topic of discussion; and

- allow a pause in between explanations.

Therefore the researcher was responsible for collecting data without any assistant or scribe. The reason for not having a scribe related to the distance between Durban and the Eastern Cape. It would have been extremely difficult to train a scribe because the researcher was a student at Technikon Natal. The researcher also took field notes in case there was malfunctioning of the tape recorder.

### 3.7 RELIABILITY AND VALIDITY

Polit and Hungler (1997:304) cite Lincoln and Guba (1985) as saying that many qualitative nurse researchers have suggested four criteria for establishing the trustworthiness of qualitative data and the ensuing analysis. Accordingly, these were applied as explained hereafter.

### **3.7.1 Credibility**

"Credibility is a criterion for evaluating the quality of qualitative data, referring to confidence in the truth of the data" (Polit and Hungler, 1997:455). The researcher ensured that the findings are believable by presenting the real data as stated by the informants about the acceptance of the Ulwaluko westernised health care in the custom. Triangulation is a technique to improve the likelihood of qualitative findings being credible, by the use of more than one referent, so that what constitutes the truth can be drawn. In view of this, data source triangulation was used by interviewing multiple informants about the same topic. In this study two key informants and three focus groups were interviewed using the same topic and the same guide. (Polit and Hungler, 1997.)

### **3.7.2 Dependability**

Dependability of qualitative data refers to the stability of data over time and over conditions. It might be said credibility in qualitative studies is to validity in quantitative studies whilst dependability is to reliability. Therefore there can be no credibility in the absence of dependability. (Polit and Hungler, 1997.)



### **3.7.3 Confirmability**

"Confirmability is a criterion for evaluating data quality with qualitative data, referring to the objectivity or neutrality of the data" (Polit and Hungler, 1997:454). The researcher ensured that all the evidence was documented during the data collection and the writing of the findings. Notes were made during the interviews, in addition, the interviews were tape-recorded and transcribed in order to ensure that the comments were all captured. After the transcription of the data, the researcher checked the data collected with the subjects to ensure that they agreed that the data accurately represented their statements (Polit and Hungler, 1997).

### **3.7.4 Transferability**

"Transferability is a criterion for evaluating the quality of qualitative data, referring to the extent to which the findings from the data can be transferred to other settings or groups" (Polit and Hungler, 1997:470). Transferability refers essentially to the generalizability of the data. Polit and Hungler (1997:307) cite Lincoln and Guba (1985) who explain that generalizability refers to the sampling and design issues rather than an issue relating to the soundness of the data per se.

The researcher ensured that a rich and thorough description of the research setting, transactions and processes observed during the inquiry (thick description) took place. Therefore the researcher provided sufficient information to permit judgements about contextual similarities so that transferability would be possible (Polit and Hungler, 1997).

### **3.8 DATA ANALYSIS**

Hollow and Wheeler (1996) described the data analysis for qualitative research as Thematic analysis. This will be carried out in order to answer the research question. The steps identified by Holloway and Wheeler (1996) will be followed. These are:

- Ordering and organising the collected material
- Re-reading the data
- Breaking the material into manageable pieces
- Building, comparing and contrasting categories
- Searching for relationships and grouping categories together
- Recognising and describing patterns, themes and typologies
- Interpreting and searching for meaning

### **3.9 LIMITATIONS OF THE STUDY**

#### **3.9.1 The secretiveness surrounding the ritual**

The secretive nature of the Ulwaluko led to limitations in documenting sensitive information. For example the confidentiality of some aspects meant that they could not be revealed to people who have not undergone the custom. In this study, the name of village where the research took place has not been mentioned for the sake of protecting the community.

#### **3.9.2 Distance from Durban to the Eastern Cape**

The long distance between Durban and the Eastern Cape was a limitation because the researcher needed to travel to the Eastern Cape for meetings with the community as well as collection of data. The financial implications of travelling from Durban to Eastern Cape are great, because the distance is 752 km (a single trip) and 1504 km (return).

### **3.9.3 Time constraints**

This was a research project or a mini-dissertation and therefore the researcher had limited time. Therefore a small sample was interviewed.

### **3.9.4 Absence of a scribe**

Due to limited time and the distance between Durban and Eastern Cape it was not possible to train a scribe, therefore the researcher took notes, conducted interviews, observed the participants and tape recorded interviews.

### **3.9.5 Difficulties in translating IsiXhosa to English**

The researcher encountered difficulties in translating IsiXhosa into English and English to IsiXhosa. Although the researcher is capable of speaking and writing IsiXhosa, English is the second language and South Sotho is the researchers' first language. A Xhosa speaking person checked the translation.

### **3.9.6 Lack of pilot study**

A pilot study was not done because the tool was appropriate and the researcher did not encounter problems with it.

### **3.10 ETHICAL CONSIDERATIONS**

The permission to conduct the research was obtained from the community that was the focus of the research. An explanation of the research was given in isiXhosa to the men who were present at the community gathering. The nature of the research, language and the procedures which were followed, was explained before obtaining the consent. Community representatives did sign the informed consent after the community had granted permission for the study. The key informants and focus group participants each signed an informed consent form before their interviews were conducted. The participants were informed that they were not obliged to take part and could withdraw at any point in time if they so wished. In the case of illiterate participants the researcher wrote the name of the participant in full and thereafter the participant was requested to sign in the form of X and a literate witness co-signed that the participant had agreed to the interview. The researcher ensured that there was no adverse impact on the community, such as stigmatization, loss of self-esteem as well as tension between communities by separating people into homogenous groups and by

interviewing key informants separately. The researcher maintained confidentiality during the study by not recording personal data with the subject's identity (Mouton, 2001). This avoided a situation where those who were against westernised health care could accuse the participants of exposing their tradition to the media. The village where the study was undertaken was not mentioned. According to the Guidelines for Ethical Conduct of Research at Technikon Natal (2000), communities may be vulnerable by virtue of their inadequate protection of human rights and protection from discrimination, limited availability of resources to meet basic needs, illiteracy, lack of education or limited ability to give consent due to insufficient education regarding their rights in relation to research. Communities can also be vulnerable where the researcher has inadequate cultural experience of the community. To safeguard against such problems a number of steps were taken.

- Unrealistic expectations were not raised. An explanation was made that the recommendations of the results may help other communities that are still resistant to change.
- The participants were involved only after they signed an informed consent.
- The community representatives first gave permission for the study, the rights of vulnerable individuals were protected.

### **3.10.1 Relevance**

According to the Guidelines for the ethical conduct of research at Technikon Natal (2000) the study should be relevant in the South African context. The study is relevant because there are problems in traditional circumcision due to complications that arise from this ritual. The problems related to the Ulwaluko are more common in the Eastern Cape among the AmaXhosa than in any other province in the country. According to the experience of the researcher, the communities which accepted the Ulwaluko with westernized health care in the custom have reduced the related complications in the area.

### **3.10.2 Freedom from harm**

#### **3.10.2.1 Physical harm**

According to Polit and Hungler (1997) participants must not be exposed to physical harm due to the study. In this study, no physical harm was done because only self-reports were collected.

### 3.10.2.2 Psychological harm

Neuman (1997) and Polit and Hungler (1997) argue that it is unethical to cause psychological discomfort or stress in the subjects. The possible psychological harm that could take place could be negligence of the sensitivity and confidentiality of the custom. In addition, if personal information regarding the custom was asked this could lead to psychological harm. The researcher ensured that psychological harm was avoided by a number of techniques. In this study, the researcher ensured that confidentiality was maintained to protect participants. The researcher carefully phrased the interview guide questions and held debriefing sessions after the data collection took place. The purpose of debriefing was to permit participants to ask questions or air complaints. Young men who had undergone the Ulwaluko the western way raised complaints. They complained that traditional healers/surgeons chased them away whenever there were old traditional Ulwaluko rituals. They reported that they were treated as if they were not men and felt isolated from other men. Apparently they were psychologically disturbed by this problem. The researcher supported them psychologically by reassuring them that old men would attend the matter. Due to this problem old men requested to address the issue as soon as possible, they suggested getting traditional healers that are in favour of WHC, unlike the present ones that are against it (Polit and Hungler, 1997).



### **3.10.3 Respect for persons**

The beliefs, culture of the traditional circumcision custom were respected. The indigenous knowledge that was given by the informants was respected (Guidelines for the ethical conduct of research at Technikon Natal, 2000). Polit and Hungler (1997) state that the principle of respect for human dignity includes the right to self-determination and the right to full disclosure. Therefore the nature of the study was disclosed to the subjects and the right to refuse to participate was explained. Subjects had the right to decide voluntarily whether to participate or to withdraw from the study at any point in time. None of the 18 participants withdrew from the study.

### **3.10.4 Right to privacy**

According to Mouton (2001) the right to privacy is expressed in the following "rules." People have the right to refuse to be interviewed, to answer any question, to be interviewed at night and or to be interviewed for a long period. These rights were respected. Subjects were interviewed during the day for no more than 90 minutes. No re-interviews took place and therefore there was no need to re-negotiate permission from the community. The right to privacy includes confidentiality or anonymity and informed consent. Brink (1996) states that no data should be shared with outsiders. According to Mouton (2001) all people involved, such as clerks must be aware of the

obligation of being confidential. Informed consent means obtaining permission before conducting research and that the person really understands what they are agreeing to. The consent should be obtained in written format. (Guidelines for the ethical conduct of research at Technikon Natal, 2000). In view of the above, adequate information was given to subjects as to the nature of the research before the commencement of the study. The risk and the benefits involved were explained and the subjects given an opportunity to freely consent to participate.

The information on research was translated from English to isiXhosa. Written consent was obtained from each participant. (Refer to Annexure A, B, C, D, E, F, G and H)

### **Conclusion**

In conclusion the research design was followed according to the way it was planned except for the absence of the fourth focus group which would consist of participants against WHC. If the group was available the study would be heterogeneous, unlike in the present situation where the study is homogenous.

## **CHAPTER 4 RESULTS**

The results of the two key informants and three focus groups interviews will be discussed in this chapter. Separate results following analysis of data from focus group and separate key informant data analyses have been carried out (section 4.2). Thereafter the data from the three focus groups and the two key informants has been combined so that it could be compared for similarities and differences (section 4.4). As a result of data analysis 12 themes and eight sub-themes emerged. Results will be linked with the literature review, where appropriate. The process of the acceptance of the Ulwaluko into WHC appears at the end of this chapter (see Fig. 2 section 4.3.7). The English and Xhosa raw data transcripts are included in this document. (Refer to Annexures K, L, M, N, O, P, Q, R, S and T.)

### **4.1 Data realisation**

The two key informant and three focus group interviews were conducted within a period of two days. No organisational problems were encountered. The participants met the inclusion criterion of having undergone the Ulwaluko custom. Each key informant and focus group was interviewed separately.

#### **4.1.1 Focus group I**

Focus group I consisted of six participants. The inclusion criterion for this group was that the participants should be old men (Amaxhego). The youngest participant was 40 years whilst the oldest was 69 years. Five participants of this focus group had never attended school except for the youngest participant who completed Grade 6. Four participants were aged between 61 and 69 years whilst one participant was 56 years of age. All the participants were unemployed. The interview took 70 minutes. What was unusual here is the 40 year old man who was selected to be among the old men for reasons not known to the researcher. The researcher assumed that perhaps according to the tradition of manhood in the Ulwaluko he was classified among the old men (amaxhego) and not among the young men (abafana).

#### **4.1.2 Focus group II**

Focus group II consisted of five young men (abafana) who had undergone the Ulwaluko the old traditional way. The inclusion criterion for this group was that the participants should have undergone the Ulwaluko the old traditional way and be regarded as young men (abafana). The interview took 65 minutes. Their ages ranged between 20 and 49 years of age. What was exceptional in this group was that the only illiterate participant was 49 years and under normal circumstances he would be with the older men.

Although he did not know the date of his birth he maintained that he was 49 years of age. According to the experience of the researcher to be regarded as "umfana" (young man) sometimes the age is not the criterion that is used instead the number of years being a man are considered, for example a man can be over 50 years but if he has recently undergone the Ulwaluko custom he is classified under "abafana" (young men) because of lack of experience in manhood. The educational level ranged between Grade 9 and 11.

#### **4.1.3 Focus group III**

This group consisted of five participants, young men who undergone the Ulwaluko with WHC. The interview took 50 minutes. Their ages ranged between 19 and 25 years. The educational level ranged between Grade 6 and 12.

#### **4.1.4 Key informants**

The two key informants were interviewed separately from each other. They both met the criterion of being key informants, and the reason for believing that the two people were key informants was that the researcher had known them during the negotiations for the introduction of the Ulwaluko with WHC in their village, where the proposed study took place. They were the key persons in educating and convincing men about the advantages of the Ulwaluko with WHC, and they

continued working with the researcher throughout the study especially the first key informant. The first key informant organised meetings with the community for the researcher so that the Ulwaluko with WHC could be discussed. The first key informant was 51 years of age whilst the second was 61 years of age. Both of them had only completed Grade 3 at school. The first key informant was employed as an ambulance driver whilst the second was employed as a general assistant in the hospital. The first key informant had been further trained in basic life support (first aid) as an ambulance driver. They were exposed to health issues in the hospital and witnessed the hospital admission of the initiates from the bush. The interviews of the two key informants took between 40 and 45 minutes respectively.

#### **4.2 FOCUS GROUPS AND KEY INFORMANTS DATA ANALYSIS**

During the interviews with focus groups and key informants it became clear that the questions that were asked about the Ulwaluko with WHC could not be answered satisfactorily without referring to the old traditional Ulwaluko. Considerable discussion revolved around a comparison of the two since the acceptance of the Ulwaluko with WHC seemed to have been based on the perceived benefits associated with it. During the course of the discussions it was realised that there were factors, which led to the acceptance of WHC into the Ulwaluko.

Thematic analysis of data was carried out and as a result 12 themes and eight sub-themes emerged. These are summarized in Table. 3 and explained hereafter.

**Table. 3 Comparison of the Ulwaluko with WHC and the old traditional Ulwaluko as perceived by participants among the AmaXhosa in a rural Eastern Cape village.**

<u>THEMES</u>	<u>ULWALUKO WITH WHC</u>	<u>TRADITIONAL ULWALUKO</u>
<b>1. Incorporation of WHC into the Ulwaluko</b>	<ul style="list-style-type: none"> <li>- there is a need of WHC</li> <li>- people should be encouraged to incorporate it</li> <li>-rescued them when they had complications</li> <li>- parents did the right thing for their children by incorporating WHC into Ulwaluko</li> </ul>	<ul style="list-style-type: none"> <li>- not effective</li> <li>- discard it</li> <li>- will never go back to it</li> </ul>
<b>2. Healing of wounds</b>	<ul style="list-style-type: none"> <li>- healing process takes two weeks</li> <li>- no complaints of raw wounds</li> </ul>	<ul style="list-style-type: none"> <li>- failure of wound healing</li> <li>- referral of initiates to</li> </ul>

- |                              |                       |
|------------------------------|-----------------------|
|                              | the hospital          |
| - sometimes incomplete wound | - confessions         |
| healing                      | - physical punishment |
- 

- |                                    |                                   |                                   |
|------------------------------------|-----------------------------------|-----------------------------------|
| <b>2.1 Circumcision instrument</b> | - one surgical blade per initiate | - spear/assegai for all initiates |
|                                    | - no mixing of blood              | - mixing of blood                 |
|                                    | - no cross infection              | - cross infection                 |
- 

- |                               |  |                           |
|-------------------------------|--|---------------------------|
| <b>2.2 Suturing of wounds</b> | - suturing is done                               | - no suturing             |
|                               | - protect against diseases                       | - exposure of the wound   |
|                               | - dressings with topical medication and bandages | - dressing with "Izichwe" |
- 

- |                  |                              |                                    |
|------------------|------------------------------|------------------------------------|
| <b>2.3 Water</b> | - offered from the first day | - not offered in the first 8 days  |
|                  | - prevents dehydration       | -initiates suffer from dehydration |
-



<b>2.4 Diet</b>	- nutritious diet (eggs, samp and milk)	- pit mielies (iinkobe) first eight days
-----------------	--	---

---

<b>2.5 Handling of the penis</b>	- no need, dressing with bandages - no infliction of pain	- dressing with leaves - infliction of pain
--------------------------------------	--	--

---

<b>2.6. Physical examination</b>	- a day or a week before circumcision in hospital or in the bush - excludes diseases and treatment if any	- sometimes
----------------------------------	---	-------------

---

<b>2.7 Beliefs and confessions</b>	- still believe in confessions - wounds heal even if there are no confessions - no punishment	- associated with poor wound healing - punished initiates to confess so as to promote wound healing - traditional healers suggested punishment when there was lack of confessions
------------------------------------	--	---

---

<b>2.8 Diseases and treatment</b>	- protective against diseases	- not protective
-----------------------------------	-------------------------------	------------------

- male nurses treat in the  
bush

-traditional healers punish  
initiates to confess

---

### 3. Hospital admissions

- treatment in the bush

- initiates are referred to  
hospital

- ends in the bush (custom)

- ends in the hospital

- jail and hospital

- get help from women

- initiation schools are  
left with no initiates  
due to hospitalisation

---

### 4. Lack of secrecy

- they support Ulwaluko  
with WHC

- hospitalization exposes the  
custom to women

- no referral of initiates  
to hospital

- exposure to the media and  
women

- keep the secrecy of the Ulwaluko in the bush
  - embarrassment to women
- 

- 5. Circumcision operation**
- cutting of the foreskin is good
  - cutting of foreskin is not good
  - no complications
  - leads to mutilations/sepsis
- 

- 6. Duration of the Ulwaluko**
- short, one month
  - too long, many months
  - do not depend on healing process, wounds heal quickly
  - depend on healing process
- 

- 7. Death of initiates**
- no deaths
  - death of initiates
- 

- 8. Acceptance of WHC**
- See FIG. 2
  - not applicable
-



## **12. Ulwaluko should be practiced as a custom**

In this theme there was no need for comparison of the Ulwaluko with WHC and the old traditional Ulwaluko. The reason was that participants were asked whether there was any need for the Ulwaluko custom to be practiced nowadays.

All three focus groups and two key informants stated that there was a need for the Ulwaluko to be practiced because it is part of their beliefs in customs and traditions. They further mentioned that boys that were not circumcised could not relate well with their brothers and parents that had undergone the Ulwaluko. Funani (1990) stated that circumcision is the formal incorporation of males into Xhosa religious and tribal life. She further said an uncircumcised male cannot inherit his father's possessions, nor can he establish a family and therefore there is no such a thing as an "uncircumcised man". There was a belief about people who die before undergoing the Ulwaluko that they demand to undergo the ritual. Usually the dead people appear in one's dreams. They stated that if such a demand was not fulfilled then the person who had the dream would suffer physical illness. Some of the participants felt that the home of an uncircumcised man is not dignified and generally they do not live in harmony if there are uncircumcised and circumcised men. AIDS was mentioned as being another reason for people to undergo the custom because it attacks people with foreskins.

---

### **1.The Ulwaluko with WHC**

This refers to the use of westernised health care methods into the traditional Ulwaluko and includes the:

- physical examination of boys;
- circumcision with a single blade and suturing of the wounds;
- nutritious diet;
- assessment, diagnosis, treatment and care of initiates by male nurses in the bush whenever there is a need; and
- drinking of water.

## **2. Healing of wounds**

This includes the factors that influence wound healing such as physical examination of boys, circumcision instrument, suturing of wounds, water, diet, handling of the penis, beliefs in confessions (imibulo), and diseases, and treatment.

## **3. Hospital admission of initiates**

This involves the admission of initiates to the hospital as a result of illnesses/diseases which occurred whilst they were in the initiation school.

## **4. Lack of secrecy of the custom**

Lack of secrecy of the is associated with the admission or referral of initiates to the hospital being nursed by female nurses (women) and the revelation of details about of the custom in the media.

#### **5. Circumcision operations**

This refers to the cutting of the foreskin and involves the technique which is used in cutting the foreskin as perceived by the participants in both WHC and the old traditional circumcision.

#### **6. Duration of the Ulwaluko custom**

This refers to the period of time between the commencement and completion of Ulwaluko. It is determined by wound healing, regardless whether it is Ulwaluko with WHC or the old traditional circumcision method.

#### **7. Death of initiates**

This relates to the death of initiates whilst in the process of the Ulwaluko, whether in the hospital or in the bush.

#### **8. The acceptance process of the Ulwaluko with WHC**

This refers to the process that some of the AmaXhosa the community under study followed in accepting the Ulwaluko with WHC custom by some of the AmaXhosa.

It involved people who were influential in changing the community to accept WHC, factors that led to the acceptance, community meetings, and the observation of the performance of WHC, circumcisions and the acceptance of WHC both in principle and practice.

#### **9. Core part of the Ulwaluko custom**

This concerns the participants' perceptions of what constituted the core part of the Ulwaluko and involved aspects such as slaughtering of goat (ungcamo) and cutting of the foreskin.

#### **10. The relationship between traditional healers, traditional surgeons with the WHC surgeons**

This refers to the attitudes of the traditional healers and surgeons towards WHC and its surgeons.

#### **11. Disadvantages of WHC**



This refers to the disadvantages of being a man who has undergone the Ulwaluko according to WHC as perceived by the participants it involves issues such as negative attitudes of men circumcised the traditional way, traditional healers and traditional surgeons.

#### **12. Ulwaluko should be practised as a custom**

This refers to the need for the custom to be practiced. This is based on issues such as the fact that the Ulwaluko was practised by their forefathers, that Ulwaluko prevented diseases, and that dead people demand to undergo the Ulwaluko custom.

### **4.3 SEPARATE RESULTS FOLLOWING ANALYSIS OF DATA FROM KEY INFORMANTS AND FOCUS GROUPS**

#### **4.3.1 First key informant data analysis**

##### **1. The incorporation of WHC into the Ulwaluko custom/Ulwaluko with WHC**

The first key informant did not mention the advantages of the Ulwaluko with WHC or disadvantages of the old traditional Ulwaluko (undalashe) except that the old traditional methods were no more effective. He said WHC was the method of choice and people should be encouraged to incorporate it in the Ulwaluko. This is shown below by these quotations:

"Yes there is a need for WHC into the Ulwaluko custom nowadays."

"The Ulwaluko custom should incorporate WHC because we have seen that our forefathers' old traditional methods are no longer effective."

"\_\_\_ to me the Ulwaluko with WHC is the method of choice."

"In my view I think westernised health care should be used during the Ulwaluko because there is nothing that has been removed or changed in the actual traditional ritual."

The first key informant is of the opinion that children should be protected against death.

"Yes there is something I would like to say I want to encourage people to use westernised health care in the Ulwaluko to protect the lives of their children."

## **2. Healing of wounds**

Factors that influence wound healing were classified as sub-themes under the main theme "healing of wounds". According to the first key informant, failure of the initiates to heal with the old traditional circumcision led them seeking assistance from the Department of Health. This was because initiates were referred to the hospital whenever there were problems and they would normally heal so, that is why they incorporated WHC into the Ulwaluko.

Phrases like "they", "them", "children" or "boys" (amakhwenkwe) are used interchangeably when referring to the initiates (abakhwetha) and he used the words "we took" and "were taken" meaning referral to the hospital. Past and present tenses were used in the same sentence in the quotations. For an example,

"\_\_\_ kodwa ke kwixesha elininzi esilibonileyo kwiminyaka edlulileyo siphawule ukuba akapholi ngoku amakhwenkwe ubuninzi babantwana abapholi babuya entabeni beluhlaza \_\_\_"

#### Translation

"\_\_\_ but in the previous years we have realised that initiates do not heal most of them come back from the mountain with raw wounds \_\_\_"

"The traditional methods we used in the past had problems, however the initiates heal rapidly in the Ulwaluko with WHC."

"In the past we have seen that initiates do not heal, they come back from the mountain whilst the healing process is not completed. Due to this fact then we decided to meet and discuss this issue with the people from the Department of Health."

"When initiates did not heal in the past we took them to the hospital and the healing process would normally occur there."

"Our children come back from the initiation schools with incomplete healing of wounds and we decided to incorporate WHC into the Ulwaluko custom."

## **2.1 Circumcision instrument**

The first key informant stated that they have removed the spear (umdlanga) and replaced it with the surgical blades. Each initiate in WHC had his own blade to avoid mixing of blood. In the past the spear has been associated with cross infection as it was used to cut the foreskin of all the boys.

"Things that we removed from the traditional custom are cutting with one knife, each boy is cut with his own knife. If they are three, there will be three knives, we have removed the spear/assegai."

"During the circumcision procedure one blade is used per initiate and therefore there is no mixing of blood."

## **2.2 Suturing of wounds**

Suturing of wounds was not acceptable in the old traditional Ulwaluko, the key informant mentioned that this was one of the changes they introduced in Ulwaluko with WHC to prevent invasion of the wound by micro-organisms. The following statement was his response:

"\_\_\_ kukubathunga amaxeba avaleke bakhuseleke kwizifo ezisulelayo."

### **Translation**

"\_\_\_ suturing of wounds is done to protect them against infectious diseases."

## **2.3 Water**

In the old traditional Ulwaluko water was prohibited in the first eight days (Mentjies, 1998; Funani, 1990). The researcher asked the first key informant whether they offered water, and it was only then the following response was made:

“\_\_\_ siyabanika namanzi ngoba yenye into engundoqo ebeyibangela ukuba abantwana banxanwe bangabi namanzi emzimbeni.

Asiboni kukho nto bakhawuleza ngolona hlobo eliqgitha oluya lokuqala olu besingabanikezi manzi.”

“\_\_\_ we offer them water, and that is the main thing which caused children to be thirsty and became dehydrated. We do not encounter any problems instead the healing process is rapid when you compare it with the old traditional Ulwaluko where we did not give them water.”

## **2.4Diet**

According to the first key informant the change of diet is another thing they introduced according to the Ulwaluko with WHC because in the old traditional Ulwaluko the initiates ate dried mealies during the first eight days, and therefore this is regarded as another change in the Ulwaluko custom.

"The diet that we give initiates is very nutritious according to WHC, for instance we give eggs, milk, and samp. Those are some of the things we give the initiates unlike in the past where they did not get nutritious food."

## **2.5 Handling of the penis**

Traditionally wounds were dressed with leaves, until healed.

The quotations below illustrate that in the old tradition wounds were dressed until the healing process was completed. The first key informant stated that in the UWHC, bandages were applied instead of leaves "izichwe."

" \_ \_ \_ emva koko ifakwe endlini ayikho enye into eyaphindwa yenziwe ngaphandle kokuba iyasoloko esetyenziswa ngokubotshwa qha ukuze inxeba lide liphole ebotshwa."

### **Translation**

" \_ \_ \_ thereafter he (initiate) is taken to the hut "ibhoma" where dressings will take place until the healing of the wound takes place"

“\_\_\_ sathi mabotshwe ngebhandeji sabe sifikelele ekugqibeleni sabe siyabona ukuthi yonke lento siyenzileyo ukusuka ekuqaleni ilungile. Akukho nto siyisusileyo kwisiko lesintu zonke izinto ziqhuba ngokwesiko lakhona \_\_\_”

#### **Translation**

“\_\_\_ we said they must be bandaged, we realised that what we have done from the start is good. There is nothing we have removed from the traditional custom we still continue according to the traditional way \_\_\_”

#### **2.6 Physical examination of boys**

The first key informant mentioned the importance of physical examination before the boys undergo Ulwaluko mainly in case there are diseases that need to be treated.

“Firstly health professionals examine boys physically and whenever there are diseases they are given medications and tablets to ensure that there is good resistance.”



## **2.7 Beliefs in confessions (iimibulo)**

In the Ulwaluko it is customary that boys must confess all their sins and misdeeds so the healing of the wounds can take place. A lack of healing is associated with a failure of the boy to confess all (ukubula). The first key informant stated that this is a important belief. In discussing the procedure followed in the old traditional Ulwaluko, the first key informant had this to say:

"On arrival in the mountain the boy is taken to the river for a bath and he is instructed to talk about all his sins and past misdeeds, that is to confess (ukubula). If he doesn't confess all the wrong things he did in life, then it is believed that there will be delayed wound healing."

## **2.8 Diseases and treatment**

The first key informant said there was no doubt in his mind that WHC initiates suffered far less problems of wounds not healing, especially on the penis.

"The reason the doctor called us was that he identified diseases on the initiates \_  
\_ \_"

"It is common for boys to develop Sexually Transmitted Infections especially if they have not been circumcised but if they are men (amadoda) they do not suffer from diseases such as "drop" or any other disease on the penis"

"WHC methods protect the initiates against diseases that the initiates might have."

"\_ \_ \_ the reason being that the methods we used in the past are no longer effective as a result of the spread of diseases \_ \_ \_"

"WHC is preventive in all diseases more especially that we have realised that diseases are on the increase."

"\_ \_ \_ suturing is protecting them against diseases."

### **3. Hospital admissions of initiates**

The first key informant made a comparison between WHC and the old traditional circumcision in as far as hospital admission, are concerned. In the old traditional circumcision initiates were referred to the hospital whenever there was a problem whilst in the Ulwaluko with WHC they are treated in the bush using medicines from the hospital.

"When initiates did not heal in the past we took them to the hospital and healing process would normally occur there."

"In Ulwaluko with WHC we are capable of taking the equipment from the hospital to the bush whenever there is a problem instead of taking the initiates to the hospital."

#### **4. Lack of secrecy**

The key informant did not mention secrecy or women during the interview.

#### **5. Circumcision operation**

The first key informant did not say whether the Ulwaluko with WHC or the old traditional Ulwaluko operation were good or bad.

#### **6. Duration of the Ulwaluko custom**

The first key informant stated that the UWHC nowadays takes much less time than the old traditional circumcision.

"\_ \_ \_ the period that is taken for the Ulwaluko is too short compared to the past."

## **7. Death of initiates**

The key informant stated that initiates died in the old traditional Ulwaluko whereas there were no fatalities in UWHC and therefore he wanted to encourage people to incorporate WHC into the Ulwaluko. He said nothing had been removed from the traditional custom.

"We noticed that our children died because of the traditional methods that are not conducive to health."

"In all the Ulwaluko traditional schools I have seen initiates are taken to the hospital or some died.

## **8. Acceptance of WHC into the Ulwaluko**

The medical doctor and the male nurses were the first to advise the communities about UWHC. Then the first key informant conveyed the idea to the village. Then a committee was set up to look into the affairs of the Ulwaluko with WHC and the Ulwaluko in general and, lastly, the Ulwaluko with WHC was to be performed by a male nurse (the researcher).

When the first key informant was asked about the process of acceptance of the Ulwaluko he responded by saying:

"A medical doctor called us to a meeting, it was long time ago."

"The medical professionals (male nurses) advised us to use WHC."

"We brought the idea to the people in the village. I told the community about the incorporation of WHC into the Ulwaluko, the reason being that our children should be protected from diseases."

"The community agreed in using the Ulwaluko with WHC and selected people for training to learn how to circumcise the western way."

"We formed a committee, the reason for forming this committee was for the preparation of being up-dated with the Ulwaluko with WHC."

"People accepted the proposal of the acceptance of the Ulwaluko with WHC and the training part of it. Those who were selected for training never attended the course instead I requested another person from another village to be trained because nobody was interested from my village."

"During the traditional circumcision season we were called to come and see how the Ulwaluko with WHC was performed and people witnessed and praised it."

## 9. Core part of the Ulwaluko

The first key informant described the core part of the Ulwaluko as cutting of the foreskin and slaughtering of the goat. The two things cannot be changed in the custom because they are regarded as being important and if they are not done the Ulwaluko custom will be incomplete or regarded as not having been done.

"But \_ \_ \_ the core part of the Ulwaluko is the cutting of the foreskin when it said to the initiate "say I am a man" (yithi ndiyindoda) and the slaughtering of the goat (umngcamo).

"\_ \_ \_ emveni koko kuxhelwe ibhokhwe kuthiwe le bokhwe ngumngcamo wakho, namhlanje uya ebudodeni."

### Translation

"\_ \_ \_ thereafter a goat is slaughtered and it said this goat is yours, today you are going for manhood."

## 10 The relationship between traditional surgeons, traditional healers with WHC surgeons

The first key informant stated that the traditional healers and traditional surgeons do not like WHC surgeons. He said there is no need for traditional healers in Ulwaluko because he had two initiation schools without them. He that mentioned bad treatment and lack of sleep led to a need of traditional healers at initiation schools because of the hallucinations the initiates suffered from due to lack of sleep. After being asked the relationship of traditional healers and traditional surgeons towards WHC surgeons it emerged that WHC surgeons do not have a poor relationship with them rather the traditional healers and surgeons had a negative attitude towards WHC surgeons.

"There is no peace among the people who practice westernised health care and the traditional surgeons and healers."

"The traditional healers and traditional surgeons do not like people who perform westernised circumcisions."

"I don't think there is any need for a traditional healer more especially when westernised health care is being incorporated in the Ulwaluko custom. For instance I had two initiation schools without any traditional healer."

"The main reason for a need of a traditional healer is the way the initiates are being treated in the initiation school. They are badly treated, physically punished and lack of sleep leads to a situation where you will find an initiate suffering from both visual and auditory hallucinations."

"At this point in time you will find that people will say there is a need for the traditional healer because initiates see things (hallucinations). The reason usually is due to lack of sleep but in the Ulwaluko with westernised health care we let them to sleep and we don't encounter any problems."

#### **11. Disadvantages of WHC**

The first key informant did not identify any disadvantages of the Ulwaluko with WHC.

"There is nothing that I can say is not right in westernised health care."

#### **12. Ulwaluko should be practised as a custom**

The first key informant said the Ulwaluko had to be practised as a custom because of their beliefs in rituals and traditions. He mentioned that uncircumcised boys cannot relate well with their brothers and parents who have undergone the Ulwaluko. Another fact, was that Sexually Transmitted Infections,



are common to uncircumcised boys, yet are less common in circumcised men. When asked whether there is a need for the Ulwaluko custom to be practised nowadays the first key informant responded by saying.

"Yes there is a need for the Ulwaluko custom to be practised nowadays."

"A boy must go to the mountain for the Ulwaluko because we believe in rituals and traditions, the Ulwaluko is part of our culture."

"According to our tradition if a child has not undergone the custom of the Ulwaluko, he cannot relate well with his parents and brothers who have undergone the custom."

"There are tasks he cannot perform if he has not undergone the custom of the Ulwaluko. There are tasks that are normally performed by men who have undergone the Ulwaluko custom, for an example there are old men in the community who have undergone the ritual already, and they perform some traditions and rituals other than the Ulwaluko. It is necessary that our children undergo the ritual so that they can perform these tasks as well when they are old."

"It is common for boys to develop Sexually Transmitted Infections especially if they have not been circumcised but if they are men (amadoda) they do not suffer from diseases such as "drop" or any other disease on the penis."

#### **4.3.2 Second Key Informant data analysis**

##### **1. Incorporation of WHC into the Ulwaluko**

The second key informant stated that there is a need for the Ulwaluko with WHC because it "came to their rescue" when there were complications related to Ulwaluko.

"Yes there is a need for the Ulwaluko with westernised health care into the custom."

"Then westernised health care came to our rescue and since we started using it not even a single problem has been encountered. We realised that Ulwaluko with westernised health care has saved us from the complications that were related to the Ulwaluko."

## **2. Healing of wounds**

The second key informant reported that in the old traditional circumcision there was sepsis on the penis of the initiates.

"In our old traditional circumcision you would find that the penis of the initiate would be septic \_ \_ \_"

### **2.1 Circumcision instrument**

The second key informant did not say anything about the circumcision instrument.

### **2.2 Suturing of wounds**

The second informant mentioned that the suturing of circumcision wounds was one issue in community meetings. It was debated and finally agreed that, after cutting the foreskin the wound should be sutured to prevent diseases.

"We had community meetings and in those meetings we discussed the suturing of the wounds after circumcising. We debated until such time that we felt that there was no problem with the suturing."

"The aim of suturing is to prevent diseases."

### **2.3 Water**

The second key informant did not state whether or not water was offered to initiates.

### **2.4 Diet**

The second key informant did not state whether the diet was the old traditional circumcision diet or whether it had been changed to the Ulwaluko with WHC diet.

### **2.5 Handling of the penis**

The second key informant did comment about handling of the penis.

### **2.6 Physical examination of boys**

The second key informant mentioned that boys are examined somewhere between a day to a week before undergoing Ulwaluko. He proposed that there should be at least a period of a month between the physical examinations and the circumcision date. Another suggestion he made was that male nurses should do the physical examinations. The Circumcision Act (Act No. 6 of 2001)

stipulates that a medical doctor must examine all boys before undergoing the Ulwaluko (Refer to Annexure J.)

"\_\_\_ but what we do is that we refer the boys to the hospital for a check up a day or a week before going to the bush \_\_\_"

"What I would like to see happening is that there should be time specification for physical examination of boys."

"At least they must be examined a month before so that a thorough examination can be done, to me it seems as if they are not examined thoroughly if that is done a day or a week before going to the bush."

"My request is that male nurses must examine the boys."

## **2.7 Beliefs in confessions (iimibulo)**

The second key informant seemed not to believe in the relationship between confession and wound healing. Although he believed in confession, he stated that the relation between the two was in the old traditional Ulwaluko whilst in the Ulwaluko with WHC there is no problem as described in 2.8 below. Delayed wound healing was believed to be associated with sexual intercourse with the older women or relatives. For example he said "\_\_\_ all in all there were penile

mutilations, sepsis due to lack of confessions (iimibulo) about having sexual intercourse with their mothers or relatives. They (initiates) failed to mention these misdeeds so that they could be helped \_\_\_\_.” He did not mention that this was a belief because during the interview he kept on referring to confessions as diseases.

“In our old traditional circumcision you would find that the penis of the initiate would be septic and we thought that was due to failure of the boy to confess about the sins and misdeeds he committed (iimibulo).”

“\_\_\_\_ all in all there were penile mutilations, sepsis due to lack of confessions (iimibulo) about having sexual intercourse with their mothers or relatives. They (initiates) failed to mention these misdeeds so that they could be helped \_\_\_\_”

“When it comes to confessions (imibulo) we used to fight with the initiates when they refused to mention the wrong things they ever did. We usually punished them and that led to injuries.”

## **2.8 Diseases and treatment**

The second key informant mentioned that in the Ulwaluko with WHC, whenever there is something wrong with the initiates they call the male nurses to come and treat them. They treat initiates without punishing them as with the traditional healers. The belief was that they did not confess all their sins. He mentioned

that they do not refer the initiates to the hospital, instead the treatment is done in the bush.

"In the Ulwaluko with westernised health care everything runs very smooth, because when we see something wrong we just call them (male health professionals) and they treat initiates without punishing them physically."

"They treat (westernised health professionals) the illnesses in the bush without sending the initiates to the hospital."

"The traditional healer would normally say he doesn't have any cure for treating complications related to the custom if the initiate does not speak the truth about his sins. The only solution they (traditional healers) recommended was physical punishment so that the truth could come out."

### **3. Hospital admissions of initiates**

The second key informant emphasised his belief that the Ulwaluko with WHC should be used in the custom because the old traditional Ulwaluko usually ended in hospital whilst the Ulwaluko with WHC in the bush where it starts.

"Let us use westernised health care in the bush because we don't want to take the initiates to the hospital."

"The old traditional circumcision ends up in the hospital whilst the Ulwaluko with westernised health care methods end up in the bush where the custom starts, and with this type of incorporating westernised health care into the custom everything is done in the bush."

"The complications of the traditional circumcision remain the same because those who refused to join the Ulwaluko with westernised health care still refer their initiates to the hospital with complications \_ \_ \_"

"Initiates are no more taken to the hospital."

"In conclusion we do not refer initiates to the hospital."

#### **4. Lack of secrecy**

The second key informant stated that the Ulwaluko is a men's secrecy and the Ulwaluko with WHC maintained that secrecy because where it was incorporated initiates did not go to the women in the hospital.

"Ulwaluko is our secrecy as men."



"The Ulwaluko with westernised health care is good because it maintains the secrecy of the custom."

"According to my view I think we do not encounter problems in the Ulwaluko with westernised health care because we don't go to the women in the hospital."

### **5. Circumcision operation**

The second key informant compared the old traditional circumcision with the Ulwaluko with WHC.

He mentioned that the cutting of the foreskin was not done very well in the old Ulwaluko and that led to mutilations as well as sepsis compared to the Ulwaluko with WHC where the foreskin is incision is neat.

"The westernised type of circumcising is the preferred one because the foreskin is removed very well compared to what we were doing in the past."

"Our cutting of the foreskin in the old traditional circumcision was not good because it led to the mutilations and other problems. There is nothing wrong with our tradition, it is still the same."

## **6. Duration of the Ulwaluko custom**

No comments were made about the duration of the Ulwaluko.

## **7. Death of initiates**

The second key informant compared the old traditional circumcision with WHC. He mentioned that in the old Ulwaluko there were deaths and parents who still refuse to accept the Ulwaluko with WHC are not afraid of death. The reasons for accepting the Ulwaluko with WHC was due to the prevention of children from dying and parents realised that they were losing children in the old traditional Ulwaluko.

"The old traditional circumcision has problems such as deaths."

"The reason for accepting the Ulwaluko with westernised health care is that we prevent our children from dying."

"We noticed that we were losing our children in the old traditional circumcision. For instance one or two initiates would die in the bush."

"We protect our children from death whilst they are in the mountain/bush by accepting the Ulwaluko with westernised health care."

"It seems as if people who refused to accept the Ulwaluko with westernised health care are not afraid to bury the dead, they are not afraid of death."

#### **8. Acceptance of WHC into the Ulwaluko**

The second key informant did not explain the process of the acceptance of the Ulwaluko with WHC into the Ulwaluko except for the following statement which shows that there were discussions leading to acceptance of the UWHC. Among other things that were discussed is the suturing of the wounds.

"We had community meetings and in those meetings we discussed the suturing of the wound after circumcising. We debated until such time that we felt that there was no problem with the suturing."

#### **9. Core part of the Ulwaluko**

The second key informant stated that the Ulwaluko has not changed because the slaughtering of the goat and cutting of the foreskin is still practised as the core part of the custom.

"Slaughtering of the goat and cutting of the foreskin. The Ulwaluko custom has not changed, because the slaughtering of the goat (umngcamo) and the cutting of the foreskin still take place."

#### **10. The relationship between traditional surgeons, traditional healers with WHC surgeons**

The second key informant stated that the traditional healers and traditional surgeons had no answer when it came to penile injuries which is why they resorted to the Ulwaluko with WHC. Their problem with using the UWHC meant the WHC surgeons had taken their bread (meaning that they did not get money anymore from performing circumcisions).

"Traditional surgeons and traditional healers that are surgeons as well, are complaining because their bread has been taken by westernised surgeons that means they do not earn any money from circumcising any more."

"According to my point of view I think they don't have any objective in what they are doing because they are not clever enough when it comes to penile injuries that is why we resorted to the Ulwaluko with westernised health care."

#### **11. Disadvantages of WHC**

No comments were made concerning the disadvantages of WHC.

#### **12. Ulwaluko should be practised as a custom**

The second key informant stated that according to the culture of AmaXhosa there is a need for the Ulwaluko practice. He gave an example of a person who dies before undergoing the Ulwaluko. He said that person will appear in dreams demanding to undergo the Ulwaluko as well. If his (dead person's) demands were not met the person who had the dream would suffer physical illness. He stated that culture is changed by means of discussion among the people.

"According to the culture of the AmaXhosa there is a need for the Ulwaluko to be practised.

For instance if a person dies before undergoing the custom, that person will normally appear in the form of dreams asking to undergo the ritual as well. My two late brothers want to undergo the Ulwaluko custom because they died before undergoing it."

"If you don't do that there will be a physical illness to the person who is dreaming about that. That is the reason why I say the Ulwaluko must be practised."

"I fully support the Ulwaluko as a cultural practice but culture is changed by means of negotiations among the people."

#### **4.3.3 Data analysis of focus group I (old men)**

##### **1. Incorporation of WHC into the Ulwaluko**

Focus group I stated that the Ulwaluko with WHC was good, that they wanted to discard the old traditional circumcision. They again reported that they would never go back to the old traditional circumcision. Their problem was those people who did not want to accept the new method and asked if it was possible for the government to help them. This group praised the researcher for helping them with the Ulwaluko with WHC.

"Yes there is a need for the Ulwaluko with WHC into the custom nowadays. The old traditional way is not satisfying us hence we are using the Ulwaluko with WHC."

"The Ulwaluko with westernised health care is good."

"We must accept the Ulwaluko with westernised health care and discard the old traditional methods. We will never go back to that old system of circumcising."

"We've got the vision in this Ulwaluko with westernised health care in the custom, which makes us proud."

"At this stage whilst our eyes are still open the Ulwaluko with westernised health care is still good for us except there can be some changes that we don't know."

## **12. Ulwaluko should be practised as a custom**

When asked whether there is a need to practice the Ulwaluko they stated that there is a need because it is a traditional rite. They made an example of a person who dies before undergoing the custom appearing in one's dreams because he wants to undergo the Ulwaluko. Again believed there is a need so men could communicate with men; that there is a common bond between men that does not exist between a man and a boy.

"Yes there is a need for the Ulwaluko to be practised nowadays. The Ulwaluko is a tradition and it should be practised."

"A person who dies before undergoing the Ulwaluko custom normally comes back in the form of dreams stating that he wants to undergo the Ulwaluko custom."

"Again it is important that one must undergo the initiation rite so that he can be able to communicate with other men concerning what is being done in the bush."

### **4.3.6 Comparison of results from key informants and focus groups**

Health promotion is a set of processes to change knowledge, beliefs, skills, practice, programmes, policies and conditions.

We changed because you have changed us but I must stress that what you did for us is good (referring to the researcher)."

"We have a problem about people who not want to accept the Ulwaluko with westernised health care, and we do not know whether the government can help us."

## **2. Healing of wounds**

Focus group I compared the healing of wounds between the Ulwaluko with WHC and the old traditional circumcision. They mentioned the fact that by comparison, the wounds of the UWHC initiates healed very quickly. The delay of wound healing was associated with lack of confessions (imibulo) by the initiates. In the past if the wound did not heal initiates would be punished for not mentioning the misdeeds and sins they did. This was done for the they could speak the truth so that wounds to heal. They said wound healing in the Ulwaluko with WHC takes about two weeks with no complaints such as raw wounds (beluhlaza)."

"I personally like this new method, because our children's wounds do not heal in the old traditional way."



"The delay of wound healing may be due to diseases (in traditional circumcision) I mean diseases such as confessions, whereby you would punish a child if he is not telling you that he slept (sexual intercourse) with his mother and thereafter they would come out from the initiation without complete healing in the old traditional way due to lack of confessions."

When the focus group I participants were asked whether confessions had a positive role on healing one participant said "yes in olden days it used to be like that even if an initiate had (slept) sexual intercourse with her mother as long as he confessed that he slept with his mother."

"What I like most is that the initiates heal only after two weeks without any problem."

"Now initiates come back being completely healed in this new method thus why I say I want the Ulwaluko with westernised health care in the custom."

"The Ulwaluko with westernised health care in the custom does not give us problems. In the past we used to count months, yet now it's a matter of a month and they are fine (completely healed)."

"There is not even a minor complaint that the wounds are raw."

## **2.1 Circumcision instrument**

Nothing was said about the circumcision instruments in both types of the Ulwaluko.

## **2.2 Suturing of wounds**

Focus group I did not mention anything about the suturing of wounds.

## **2.3 Water**

Focus group I did not say anything about water.

## **2.4 Diet**

They mentioned the fact that, unlike in the past, where they ate pit mealies only during the first eight days, whilst in the Ulwaluko with WHC the diet was nutritious in so much that initiates became fat.

"They eat nutritious food from home, and thus what I like about this Ulwaluko with westernised health care"

"The initiates eat nutritious food, when they come back from the bush they are fat and beautiful with this Ulwaluko with WHC."

"During the eight days (in traditional Ulwaluko) initiates used to eat pit mealies (iinkobe) only, but now they eat everything."

"We did not eat for eight days, we depended on pit mealies only. The custom is still the same there in the hut (ibhoma) because it is the old traditional one."

## **2.5 Handling of the penis**

In the old traditional circumcision initiates were dressed and, in the process, specifically young men inflicted pain. In the Ulwaluko with WHC there is no need to handle the penis except traditional nurses when they examined the healing process.

"Young men (abafana) like to handle the penis whilst they are not traditional nurses."

"In this new method (the Ulwaluko with westernised health care) there is no need of handling the penis except by traditional nurses, even then they only handle the penis when they examine or change bandages including the assessment of the healing process."

## **2.6 Physical examination of boys**

They did not mention anything about the physical examination of boys before Ulwaluko.

## **2.7 Beliefs in confessions (iimibulo)**

In spite of the fact that they realised that in the Ulwaluko with WHC wounds would heal irrespective of whether confessions were true or not they maintained that delayed wound healing was due to diseases such as confessions (imibulo) in the old traditional circumcision. Delayed wound healing was associated with sexual intercourse with women or their mothers. It was believed that failure of wound healing meant that an initiate slept with his mother at some stage in his life and failed to confess about that. The researcher asked from the participants what the term "mother" means. The meaning of term "mother" was explained as any woman and not a girl. This is shown by the quotation below:

"Isizathu sithi kanti umntwana kula nkqubo indala yakudala nanjengokuba elokile kanti unezifo. Izifo ezifana nemibulo, simbethe simncame engafuni ukuxela lento yokuba ebelele nonina, kuthi emva koko babephuma bengapholanga kula nkqubo indala (undalashe)."

## **Translation**

"The delay of wound healing may be due to diseases (traditional circumcision), I mean diseases such as confessions, whereby you would punish a child if he is not telling you that he slept (sexual intercourse) with his mother and thereafter they would come out from the initiation school without complete healing in the old traditional way."

"\_ \_ \_ we said there are those who do not tell us (confessions) that they have slept with their mothers."

## **2.8 Diseases and treatment**

The only perceived diseases that were mentioned by this group were confessions (izifo).

## **3. Hospital admissions of initiates**

The first focus group compared the Ulwaluko with WHC with the old traditional Ulwaluko in as far as the admission of initiates was concerned. This group supported the Ulwaluko with WHC because there were no problems.

They stated that no initiates were referred to the hospital since WHC was introduced. The first focus group felt that there was jail and hospital involved in the old traditional Ulwaluko. This meant that there were problems, which could lead to the admissions of initiates to the hospital, or traditional surgeons who performed the circumcisions could be jailed. They agreed that in the Ulwaluko with WHC there is the equivalent to a hospital in the mountain they did not need to go the hospital.

"I support this Ulwaluko with WHC because initiates are not taken from the bush to the hospital."

"In the old traditional way there is jail and hospital that is why we do not want it."

"The Ulwaluko with westernised health care does not have problems this means the government is on our side."

"We've got the hospital in the mountain and we don't want our children to end up in the hospital whilst they are undergoing the Ulwaluko. Everything ends up in the mountain and that satisfies us as parents."

"The old traditional Ulwaluko embarrassed us by referring initiates to women in the hospital. But in the western method initiates do not go to the hospital."

"After the introduction of the Ulwaluko with westernised health care into the custom the admission of initiates came to an end, thus why we felt that this method is helpful."

"Another old man said I nearly died in the bush because the thong was too tight I could not pass urine. When I saw this type of the Ulwaluko I knew that it is helpful. My father commented that I nearly died. It is easy now because the initiates sleep without any worry."

#### **4. Lack of secrecy**

Focus group I felt that details of the initiation should be kept from people who did not undergo the custom, especially women. This was a major issue, and that is why they were against the hospitalisation of initiates. The involvement of women in the old traditional custom was a great embarrassment. The exposure of the custom in the media especially the AmaXhosa Ulwaluko, was regarded as a disgrace. Funani (1990) stated "there is taboo on any woman being permitted to see the initiate \_ \_ \_ in hospital it is by and large female nurses who expose, clean and dress the wound. To be attended by women outside hospital is strictly forbidden "

"The old traditional disappointed us to women in the hospital."

"I don't like to see our custom being exposed on the television and the radio.

"Because women are around when these things are mentioned about the men's custom."

"The exposure of our custom to the women is common amongst the AmaXhosa."

#### **5. Circumcision operation**

They praised the way the circumcision wound is performed in the Ulwaluko with WHC as compared to the old traditional Ulwaluko. Although the circumcision cuts were bigger in WHC than with a spear they healed within a period of two weeks.

"These boys are circumcised (operation wound) well it is not the same as the old traditional way whereby only a small cut was done. In spite of the big cut (the Ulwaluko with WHC) there are no problems because after two weeks the healing process has taken place."



## 6. Duration of the Ulwaluko custom

The participants of this focus group mentioned the fact that the duration of the whole process used to be too long due to the fact that boys were not students and the end of the Ulwaluko rite depended on the healing process, which was usually prolonged and meant that many months were spent in the bush compared to the present Ulwaluko with WHC.

"The Ulwaluko with westernised health care in the custom does not give us problems. In the past we used to count months, yet now it's a matter of a month and they are fine (completely healed)."

"In olden days there were four, six or seven months, which were spent in the bush by initiates. It is not possible these days to spend so many months."

"\_\_\_ what I mean is that the months we used to take in the bush are no more successful these days."

"In our old methods we could not control the months that we were supposed to take in the bush, because we depended on the healing process but now you just mention the date you would like your boys to come back from the bush."

"The problem is that these boys are scholars and some are working and therefore the short duration in the mountain suits them as well as the western method."

#### **7. Death of initiates**

They stated that they are against the death of their children that is why they decided on using the Ulwaluko with WHC in the custom.

"The old traditional practices bring enemies (meaning deaths) \_ \_ \_"

"There are deaths nowadays something we did not have in the past. Then we decided to use the Ulwaluko with WHC because of the problems such as deaths and admission of initiates in the hospital."

"My view is that of the healing of my children, as long as they will come back from the bush being well. I've got an interest on that after all I don't want my children to die in the bush."

#### **8. Acceptance of the Ulwaluko with WHC**

The process of acceptance of the Ulwaluko with WHC was haphazard in this focus group, the key factors deaths and hospital admission of initiates, both of

which being undesirable. The process of acceptance was started by a key community member who made a proposal that the community members must look into using the Ulwaluko with WHC. The first key informant also convened such a meeting. The health professionals, specifically the researcher was named as having been influential because the community first saw the Ulwaluko with WHC when he performed the circumcision operations.

"I wont say there is someone, we influenced ourselves through our togetherness. There is no one who is the head I don't want to speak lies. But there is someone (key community member) who advised us to look into the Ulwaluko with westernised health care and see whether it wouldn't help us. There is no one Mr Ntsaba (Researcher) but we can count you as well because you were the first one we saw performing the western circumcisions."

"When this Ulwaluko with westernised health care started someone called us. Thereafter there was a general meeting where we discussed this modern method and we agreed about the incorporation of westernised health care into the Ulwaluko."

"We conduct meetings yearly when the Ulwaluko season approaches."

"According to my knowledge what made people to be engaged in the Ulwaluko with westernised health care it is because an initiate died here in this village and

it was clear that initiates which were circumcised the old traditional way were admitted in large numbers in the hospital."

"This led to a situation where people from the hospital said the only best way was to circumcise according to the Ulwaluko with westernised health care."

"After the introduction of the Ulwaluko with westernised health into the custom the admission of initiates came to an end thus why we felt that this method is helpful."

"Another old men said I nearly died in the bush because the thong was too tight I could not pass urine. When I saw this type of Ulwaluko I knew that it is helpful. My father commented that I nearly died. It is easy now because the initiates sleep without any worry."

#### **9. Core part of the Ulwaluko**

The first focus group consisted of old men and they mentioned only the cutting of the foreskin as a core part of the Ulwaluko.

"The main thing is to be circumcised no matter who does the cutting of the foreskin except when the circumcision that takes place in the hospital, I mean when there are women involved."

"If it can happen that this Ulwaluko with westernised health care cease to exist in the mountain I can take my child to the hospital for circumcision then thereafter to the bush.

"The Ulwaluko has not changed its only the talking otherwise there is only one custom. The Ulwaluko is the cutting of the prepuce let alone the rubbish we used to do in the old traditional way. That is what has changed. The only thing is that we kill each other without any illness."

#### **10. The relationship between traditional surgeons, traditional healers with WHC people**

The first focus group stated that there was still division between those who practised the Ulwaluko with WHC and the old traditional circumcision. Traditional healers and traditional surgeons were not in favour of the Ulwaluko with WHC because WHC surgeons had taken their job and their "bread" (money they used to get).

They stated that where the WHC is incorporated they (traditions healers) are no longer called to perform duties, and because of this, their problems that are perpetuating the division between the people of the community.

"Traditional healers and traditional surgeons are not satisfied about the Ulwaluko with westernised health care."

"The reason is that they used to get money through the old traditional way of circumcising."

"In the ulwaluko with westernised health care traditional healers are not called to perform duties."

"The main person who does the problem of segregation is the traditional healer and therefore there is mistrust on him because the community feel that if the traditional healer is against the Ulwaluko with westernised health care he can bewitch the initiates."

"Some of the traditional healers want boys to be circumcised the old traditional way."

## 11. Disadvantages of WHC

A serious disadvantage to UWHC is that initiates circumcised this way are segregated whenever Ulwaluko rituals place, because they are not recognised as men (amadoda) by the traditional healers and or traditional surgeons. This leads us to conclude that it is not the ritual that is the problem, the problem is the power of the traditional healers and traditional surgeons.

"Last year there were boys who were circumcised the old traditional way and my boys (circumcised the modern way) were told not come near them. This nearly caused fighting."

"We parents do not care about people who claim that our children are not men because they were put under the new method by us. People must come and say you have not undergone the Ulwaluko just because one has been circumcised the modern way so that we can have a special arrangement for the second time if thus the case."

"People who are after the segregation are parents (men) we have not heard anything from the young men."

"The main person who does the problem of segregation is the traditional healer and therefore there is mistrust on him because the community feel that if the

traditional healer is against the Uulwaluko with westernised health care he can bewitch the initiates."

"Some of the traditional healers want boys to be circumcised the old traditional way."

## **12. Ulwaluko should be practised as a custom**

The old men in this group felt that the Ulwaluko is a traditional custom and must be observed. They stated that they cannot live in harmony if some are men and others are boys. Also boys who die before undergoing the custom demand to undergo the custom even when they are dead.

"There is a need that boys must undergo the Ulwaluko, we have never heard of a boy who is just staying without undergoing the ritual with no apparent reason."

"Since our birth the Ulwaluko has been practised."

"Thus why I say they must undergo this custom even if one is an old man who can not walk we drag him to the bush to undergo the ritual."

"Another said we do not live in harmony when some of us are boys yet we must live together."



"Whenever there is something wrong in the person who has not undergone the custom (enkwenkweni) we say it is because he is a boy."

"A boy will always be in need of the Ulwaluko even after his death (meaning someone who died before he could be circumcised)."

#### **4.3.4 Data analysis of focus group II (young men circumcised according to the old Ulwaluko**

##### **1. Incorporation of WHC into the Ulwaluko**

The second focus group believed there was a need to incorporate of WHC into the Ulwaluko. To support their statements they compared the advantages of WHC and the disadvantages of the old traditional Ulwaluko. They mentioned that the Ulwaluko with WHC is worthwhile even though there was with those who were against it. They suggested the old traditional Ulwaluko be discarded.

"Yes there is a need for the Ulwaluko with WHC into the custom."

"The Ulwaluko with WHC is good to someone who wants to practise it and if there is someone who does not accept it usually there is conflict among the people."

"There is a need for WHC though there are differences among us."

"We must accept the ulwaluko with WHC because it is helpful compared to the old traditional methods."

"My view is that let us discard the old traditional way (contradicted himself) yet whoever wants to continue with the old traditional way can do so because we are not the same as people."

This group identified the problem amongst the people who were against the Ulwaluko with WHC to be, that they could not accept it because it had not been done to their forefathers.

"Those who oppose the idea of the Ulwaluko with WHC argued that they would not do what was not done to their forefathers (that is people who did not want the incorporation of WHC)."

## **2. Healing of wounds**

The healing of wounds was mentioned in the old traditional circumcision only that initiates would come back from the initiation school without complete healing.

“\_\_\_ because it happens that when you come back from the bush the wound is not completely healed (septic) \_\_\_.”

### **2.1 Circumcision instrument**

Focus group II compared the type of the instrument used between the two methods traditional Ulwaluko. They mentioned that all boys were cut with one instrument in traditional Ulwaluko whilst in WHC, surgeons used one instrument per initiate so no cross infection could take place.

“The spear/assegai was not changed, all boys were cut with the same instrument\_\_\_.”

“Westernised health care surgeons do not use one instrument and therefore no cross infection can take place among the initiates.”

### **2.2 Suturing of wounds**

Participants of focus group II stated that in the old traditional circumcision there was no suturing, only leaves were applied and initiates were instructed to rub these leaves under the foot and put them back on the wound. The replacement of the leaves with suturing and the application of bandages was regarded as an acceptable change to the custom.

"In the old traditional way after the wound has been cut no suturing is done instead a leaf is applied and each time it is removed bleeding occurs. An initiate is instructed to rub this leaf under the foot and take it back to the wound yet the very same foot is dirty."

"Bandages and suturing were not applied and therefore I regard that as being change."

### **2.3 Water**

Focus group II did not said nothing about water.

### **2.4 Diet**

Focus group II did not say anything about diet.

### **2.5 Handling of the penis**

Focus group II said nothing about the handling of the penis.

## **2.6 Physical examination of boys**

Focus group II stated that they were satisfied with the Ulwaluko with WHC because boys were examined at the start to exclude any diseases.

"The present system satisfies us because the boys are examined in the hospital first to determine whether they don't suffer from any diseases/illnesses before they can go to the mountain/bush."

## **2.7 Beliefs in confessions (iimibulo)**

Focus group II did not say anything about confessions.

## **2.8 Diseases and treatment**

Focus group II said they believed that an uncircumcised man holds the AIDS disease with the foreskin and during sexual intercourse they infect women with this disease (AIDS) whilst those that are circumcised do not.

They also pointed out that WHC surgeons are protective against diseases compared to the traditional surgeons. Not all boys were examined in the hospital. Male nurses examined boys that went straight to the bush.

" \_ \_ \_ the boys are examined in the hospital to determine whether they do not suffer from any diseases/illnesses \_ \_ \_ "

" \_ \_ \_ another fact is that there is a need for the Ulwaluko to be practised due to diseases such as AIDS. Whenever you are uncircumcised you hold the AIDS with your foreskin and in return you infect women during sexual intercourse, and women spread it."

"When you are a man (circumcised) it is not easy to be infected with such diseases."

"The westernised surgeons are protective when you compare them with old traditional ones."

"The old traditional surgeons were not able to treat initiates whenever there was a problem yet westernised health care surgeons are capable of treating them."

They pointed out that traditional surgeons were not capable of treating initiates whenever there was a problem such as bleeding.

"We realised that traditional surgeons were not working, they used to cut the foreskin and stood far away whenever there was bleeding and did not have the skills to arrest it."

### **3. Hospital admissions of initiates**

Focus group II said the disadvantage of hospitalisation of initiates was that they were helped by women (female nurses). Hospitalization occurred only with the old traditional Ulwaluko because the boys circumcised had UWHC are cared for at the scene and do not need to go to the hospital.

"\_\_\_ at the same time we seek help from the women in the hospital."

"X's argument was that there were initiates that were taken from the bush to the hospital and this was the reason for the proposal of acceptance of thee Ulwaluko with westernised health care."

"\_\_\_ the wound is not properly healed (septic) and thereafter you are taken to the hospital and the mother of the boy would normally ask, "My child has just arrived from the mountain now where is he going?"

"In the Ulwaluko with westernised health care not even one initiate has ever been taken to the hospital instead they either go to school or go back to their employment after the ritual."

"The second key informant was the witness because he is also working in the hospital and therefore he saw initiates in the hospital. He said there were initiates that ended up in the hospital and were treated by women usually (during the seclusion period and immediately after the ritual they were taken to the hospital)."

"That is why we preferred the male medical professionals who have undergone the Ulwaluko custom (male nurses) to come to the bush instead of taking initiates to the hospital."

#### **4. Lack of secrecy**

They felt very strongly about the lack of secrecy of the custom where women are concerned, hence their support of the idea of accepting of the Ulwaluko with WHC. These young men mentioned that women also undergo circumcision but they do not know what happened in their ritual.

"We supported the idea of the first key informant that of initiates being handled by women in the hospital."



"Women have their own secrets and our secrets are exposed this way."

"We don't know what women do in their Ulwaluko (ejageni/kwantonjana)."

"Those who opposed the idea argued that they would not do what was not done to their forefathers (that is the people who did not want the introduction of western health care)."

"\_\_\_ in such instances initiates were taken to the women in the hospital during the night."

"\_\_\_ and by the way we do not want to go the women in the hospital."

"\_\_\_ we seek help from the women in the hospital."

## **5. Circumcision operation**

Focus group II compared WHC surgeons with traditional surgeons. They stated that traditional surgeons did not have the skills needed to arrest bleeding. They mentioned that their method of cutting the foreskin was crude and encouraged bleeding.

"We realised that \_ \_ \_ stood away whenever there was bleeding and did not have the skills to arrest bleeding."

"The healing process depends on how the initiate has been circumcised."

"I do not credit the old traditional methods when it comes to the penis (circumcising)."

"The present western surgeons (iingcibi) are more competent in performing operations than the traditional ones."

#### **6. Duration of the Ulwaluko custom**

The duration of the Ulwaluko depends on the healing process of the wounds, and where UWHC was incorporated the duration of the custom was short compared to the old traditional circumcision.

"We have seen another helpful method (WHC), which is quick because the duration is not the same as our forefathers this one is short."

## **7. Death of initiates**

Focus group II considered that, by comparison, the old methods were deadly and bring corpses (cause deaths).

"We noticed that the old traditional method of circumcising had deadly results \_\_

—"

'In conclusion the old traditional method is useless instead we get corpses from that type of practice."

## **8. Acceptance of WHC into the Ulwaluko**

The participants of focus group II identified the first key informant as the person who came with the idea of the Ulwaluko with WHC. UWHC was discussed in the meeting and it was decided to send someone for training.

"Yes there is some one who was influential (first key informant working in the hospital as an ambulance driver). He reported that there was something he saw in the hospital concerning admission of initiates. He brought the idea of the ulwaluko with westernised health care to the people. Some agreed that the new method should be introduced and others did not agree, even then there were reasons, which made them to agree or disagree."

"I wont be able to say which process the acceptance of the Ulwaluko with westernised health care followed because I went to the Ulwaluko whilst westernised health care was in place, the old men are the people who know which path was followed."

"One said according to my knowledge when the Ulwaluko with westernised health care was introduced (it was in the meeting) there was a proposal of people being sent to the circumcision course."

"The majority in this group went into the custom whilst the Ulwaluko with westernised health care was already being practiced, meaning that when the negotiations of the incorporation were done the group members were still boys and therefore they do not know what happened in the process of the acceptance of the Ulwaluko with westernised health care into the custom."

#### **9. Core part of Ulwaluko**

The participants of focus group II stated that there are minor changes such as discarding of the dressing of wounds with leaves (izicwe) but the core part of the Ulwaluko custom is the slaughtering of the goat and the cutting of the foreskin.

"The Ulwaluko with westernised health care has not changed the custom of the Ulwaluko there is a minor change, which occurred such as doing away with the dressing leaves (izichwe)."

"One said what I know is that the Ulwaluko custom is the "slaughtering of the goat" (umngcamo) and the "cutting of the foreskin" when it is said "say I am a man" "yithi ndiyindoda".

"Cutting of the foreskin and slaughtering of the goat (umngcamo)."

#### **10. The relationship between traditional surgeons, traditional healers with WHC surgeons**

They did mention that there are poor relations between the traditional surgeons and the Ulwaluko with WHC personnel because traditional surgeons claimed that WHC surgeons have taken their job. Traditional surgeons are not in favour of the incorporation of WHC into Ulwaluko.

"The relationship between western health care and the traditional surgeons and healers is poor."

"The westernised surgeons have taken job opportunities for the traditional surgeons, because they don't get money anymore from performing circumcision."

"They (traditional surgeons) were and are still not in favour of the incorporation of westernised health care into the Ulwaluko custom."

"My view is that traditional healers must be substituted we must get those who are in favour of the Ulwaluko with westernised health care. The reason is that whenever you call the traditional healer he charges huge amount of money. It is because some of them perform traditional healers' and traditional surgeons' tasks at the same time. If a traditional healer is called to perform traditional healer's tasks only, apparently he charges an extra amount because he feels he should have obtained the money for being a surgeon as well, which task has been performed by westernised health care professionals."

"There is a belief that if the traditional healer does not like the Ulwaluko with westernised health care he will poison to the initiates."

#### **11. Disadvantages of WHC**

Focus group II said nothing about disadvantages of the Ulwaluko with WHC.

## 12. Ulwaluko should be practised as a custom

Focus group II agreed that the Ulwaluko should still be practised as a custom because it has been practised from long ago. They stated that the home (house) of a man who has not undergone the Ulwaluko custom is not dignified. Also, diseases such as AIDS, infect people with foreskins

"Yes there is a need for the Ulwaluko custom to be practised because it was practised already when we came into this world."

"Sometimes if you want your home to be dignified there must be a man (indoda) who has undergone the Ulwaluko custom (indoda)."

"The home of an uncircumcised man (inkwenkwe) does not have dignity."

"Another fact is that there is a need for Ulwaluko to be practised due to diseases such as AIDS. Whenever you are uncircumcised you hold the AIDS with your foreskin and in return you infect women during sexual intercourse, and women spread it."

"When you are a man (circumcised) it is not easy to be infected with such diseases."

#### 4.3.5 Data analysis of Focus Group III (young men circumcise according to the Ulwaluko with WHC)

##### **1. Incorporation of WHC into the Ulwaluko**

Focus group III consisted of young men that were circumcised according the western way. The group felt that there was a need to incorporate WHC into Ulwaluko custom. The reasons mentioned were, that WHC is good because they did not encounter problems, also, when their fathers took the decision to accept WHC, it was the right thing to do for their children. It emerged that the first key informant was influential in the community's decision about the Ulwaluko with WHC.

"Yes there is a need for the ulwaluko with WHC in the custom \_ \_ \_"

"What we realized the Ulwaluko with WHC is good."

"The way initiates are treated in the old traditional way is not the way to treat human beings."

"We do not encounter problems where there is incorporation of WHC."



" \_ \_ \_ when he (first key informant) voiced the incorporation of westernised health care some of our parents accepted it because they realised that it was the right thing to do to their children."

## 2. Healing of wounds

Focus group III compared the healing of wounds in the Ulwaluko with WHC, with the old traditional circumcision. Although the Ulwaluko with WHC was good, some initiates came back from the initiation school without complete wound healing, yet they saw the old traditional Ulwaluko to be dangerous with unnecessary pain inflicted on initiates.

"Even in the Ulwaluko with westernised health care there are some who come back from the ritual without proper healing, what I mean is that westernised health care is good because there is rapid healing of the wounds."

"What I have seen in the old traditional way is that it is dangerous, the penises become oedematous, now and then pain is being caused and that leads to a situation where they come back from the bush whilst wounds are and septic."

"Swelling of the penis and penile mutilations."

## **2.1 Circumcision instrument**

Focus group III did not say anything about circumcision instrument.

## **2.2 Suturing of wounds**

Focus group III praised the suturing of wounds because it protected the initiates from diseases.

"The suturing is also good because the micro-organisms and other diseases do not penetrate the wound."

## **2.3 Water**

The young men that were circumcised according to WHC did not mention whether or not they were given water throughout their initiation period.

## **2.4 Diet**

Focus group III reported that they had the same diet as in the old traditional Ulwaluko.

"Into eyenzekayo izinto ezazikade zityiwa ngela xesha lakuqala zisatyiwa nangoku."

#### **Translation**

"What is happening is that is the same as in the past."

#### **2.5 Handling of the penis**

One participant claimed that even in WHC men inflicted pain in the penis. Others disagreed, they said there was no pain infliction by men.

"Basasithunuka nangoku koluhlobo lutsha \_\_\_"

#### **Translation**

"They inflict pain even in WHC \_\_\_"

#### **2.6 Physical examination of boys**

The young men from focus group III stated that they had been physically examined in the hospital before undergoing the Ulwaluko.

"\_\_\_we are educated about such things in the hospital when we go for check-up."

## **2.7 Beliefs in confessions (iimibulo)**

When asked about the core part of Ulwaluko they regarded confessions (imibulo) to be part of the core.

## **2.8 Diseases and treatment**

Focus group III praised the suturing of the wounds to be good because it prevented the penetration of micro-organisms.

"The suturing is good because the micro-organisms and other diseases do not penetrate the wound."

## **3. Hospital admissions of initiates**

Focus group III stated that the main reason for the discarding of the old traditional circumcision and accepting the Ulwaluko with WHC was because there were deaths and hospital admissions with the old method.

The admission of initiates in the hospital sometimes left an initiation school with no initiates.

“\_\_\_ another thing why our fathers discarded the old traditional way is because initiates were taken to the hospital where there are women.”

“Another thing is that initiates are taken during the night to the hospital and you would find that there are no initiates left in the initiation school only traditional nurses.”

#### **4. Lack of secrecy**

Lack of secrecy is associated with the referral of initiates to hospital where the majority of health personnel are women, that is why whenever they mentioned the hospital admissions they also talked of women.

“\_\_\_ initiates were taken to the hospital where there are women.”

## **5. Circumcision operation**

The young men circumcised according to westernized health care mentioned that WHC is good when it comes to the cutting of the foreskin and care of the wound. The researcher assumed that they were comparing the Ulwaluko with WHC with the old traditional Ulwaluko.

"WHC is good when it comes to the cutting and care of the penis \_ \_ \_"

## **6. Duration of the Ulwaluko custom**

Focus group III said the present duration of the Ulwaluko with WHC was much more suitable as they were scholars, and cannot afford to spend time waiting for their wounds to heal. Therefore the Ulwaluko with WHC was the method of choice.

"The Ulwaluko with WHC should be the one that must be used because it suits the duration of the present initiation rites."

"\_ \_ \_ \_ because the initiation duration is short and we are scholars."

## **7. Death of initiates**

The young men in focus group III stated that initiates died in the old traditional circumcision and it did not make sense for boys to be taken into initiation school only to die in the bush.

"Deaths are common and it is not the right thing to take our boys to the bush only to find that they will die there."

"\_ \_ \_ they also die in the traditional Ulwaluko."

## **8. Acceptance of the Ulwaluko with WHC**

This focus group were not part of the process of acceptance because they were boys when it happened and they were the first to experience the new practice. It was the first key informant who came with the idea of incorporating Ulwaluko with WHC into the custom and their parents had accepted it.

"Yes the first key informant did, when he voiced the incorporation of westernised health care some of our parents accepted it because they realised that it was the right thing to do to their children."

## **9. Core part of Ulwaluko**

Focus group mentioned slaughtering the goat, confessions and cutting the foreskin.

"Slaughtering of a goat (umngcamo), confession (imibulo) and cutting of the foreskin."

"The custom has not changed because of the Ulwaluko with westernised health care, circumcising (cutting of the foreskin) takes place just like in the old traditional way.

"The diet is the same."

"The still bit us."

## **10. The relationship between traditional surgeons, traditional healers with WHC people**

Focus group III reported that traditional healers said they would not work under the supervision of for the nurses who perform circumcisions. This meant they regarded themselves as performing more important duties than the male nurses.



Traditional healers did not like men who were circumcised the western way. Whenever there is an initiation school where there is no incorporation of WHC, men circumcised the western way are chased away. This is because they are boys and cannot see what was not done to them (the traditional cutting of the foreskin). The young men circumcised according to the Ulwaluko with WHC feel they are not recognised as men, and this may lead to a situation where there is conflict between the parents. They said they do not attend circumcision rituals where the Ulwaluko with WHC is not practised because they are not recognised as men.

"The traditional healers say they will not work for hospital personnel, meaning the nurses that perform circumcisions in the bush."

"The traditional surgeons have a tendency to say they don't want those who were circumcised according to western methods but we don't chase them away."

"It seems as if there will be a line of demarcation between our parents if their children are told to stand far away during the actual performance of the operations yet they are men too, just because they were circumcised according to WHC.

"We do not attend the Ulwaluko rituals anymore, because sometimes they say let us see your penis if there are stitches they hit you".

"Young men (who undergone the old traditional Ulwaluko) say they will bring umuthi (for initiates who are undergoing the ritual the modern way) to the bush so that they can bewitch them."

"We feel it is better not to attend them anymore because we are just like boys who have not been to the Ulwaluko."

#### **11. Disadvantages of WHC**

Focus group III participants feel intimidated by men who have undergone the Ulwaluko custom the old traditional way because they are chased away during the rituals. They state clearly that, when they attended the ritual they did not know the Ulwaluko custom had been changed, the decision to incorporate WHC into the Ulwaluko was taken by their parents and not them.

"When you have been circumcised the modern way and you go to initiation rites that are circumcising the old traditional way you are being chased away, they say, "you are a boy you cannot see what was not done to you, go and stand far away, you've got the stitches"

"We feel that we are intimidated by such comments because when we went to the mountain we did not know what was going to be done to us. Therefore it was not our choice but our parents chose westernised circumcision for us."

## **12. Ulwaluko should be practised as a custom**

When asked whether there is a need to practice the Ulwaluko they stated that there is a need because it is a traditional rite. They made an example of a person who dies before undergoing the custom appearing in one's dreams because he wants to undergo the Ulwaluko. Again believed there is a need so men could communicate with men; that there is a common bond between men that does not exist between a man and a boy.

"Yes there is a need for the Ulwaluko to be practised nowadays. The Ulwaluko is a tradition and it should be practised."

"A person who dies before undergoing the Ulwaluko custom normally comes back in the form of dreams stating that he wants to undergo the Ulwaluko custom."

"Again it is important that one must undergo the initiation rite so that he can be able to communicate with other men concerning what is being done in the bush."

### **4.3.6 Comparison of results from key informants and focus groups**

Health promotion is a set of processes to change knowledge, beliefs, skills, practice, programmes, policies and conditions.

In this study, the Integrative model of community health promotion is used to explain how health was promoted and diseases and illness prevented by incorporating of WHC into traditional circumcision. The model has not been used as a guide for the study, rather as a means to explain the application and understanding of how the process of the Ulwaluko with WHC is implemented (see section 2.6.5 in chapter 2). The implementation of WHC led to positive aspects of health in dealing with community psychosocial aspects. In essence the core and central axis of the model is health promotion.

In this section, the combined results of the key informants will be compared with those of the focus group interviews. The purpose of the comparisons is to identify any similarities or differences between the two sets of participants. The data will be presented in relation to the main themes that have been determined, as indicated in section 4.2.

#### **1. Incorporation of WHC into the Ulwaluko custom**

Funani (1990) stated that one would have thought that people who now have access to the white man's medical treatment would use those facilities. The researcher interpreted the above statement as the use of Western health care in the Ulwaluko custom to prevent complications that are related to it. Haviland (1993) states that all cultures change overtime, although not as rapidly or as massively as many are doing today.

Changes take place in response to such events as environmental crisis, intrusion of outsiders or modification of behaviour and values within the culture. The changes that took place in the community under study were as a result of outsiders who encouraged people to change their behaviour. (See section 4.3.6 No. 8 in chapter 4.)

The key informants and three focus groups mentioned that there was a need for the incorporation of the Ulwaluko with WHC into the custom. The first key informant reported that the old traditional method was no longer effective and people should be encouraged to incorporate WHC into the Ulwaluko custom. He said children should be protected against death. The second key informant mentioned that the Ulwaluko with WHC had come to their rescue when they had, had complications related to the old custom. Focus groups I, II and III stated that the Ulwaluko with WHC was good and they wanted to discard the old traditional circumcision. Focus group II stated that whenever there are people who are against the Ulwaluko with WHC there could be conflict among community members. Both groups reported that they would never go back to the old traditional Ulwaluko. Their only problem was those people who did not want to accept it and they wanted help from the government so that people can accept the Ulwaluko with WHC (the researcher assumed that this might be in the form of law enforcement). Fortunately the Traditional Circumcision Act (Act No.6 of 2001) of the Eastern Cape was passed in November 2001 (Refer to Annexure J.)

The Act ensures that hygienic standards are maintained in the custom and the morbidity and mortality will be reduced. Focus group III claimed that their fathers did the right thing when they took the decision to accept the Ulwaluko with WHC. They also said that the first key informant was influential in persuading the community about the Ulwaluko with WHC. This means in the Ulwaluko custom the people in power must first be contacted so as to gain community entry. They have an influence in persuading other community members' attitudes. For example in this study the first key informant convince other community members to consider UWHC.

The nurse who deals with the process of UWHC should be culturally competent so as to give appropriate advice and care can be given to clients. It is necessary for health professionals to locate people within their social context because culture is closely linked to traditions, customs and beliefs. The nurse should also provide the necessary enabling factors that would support the behaviour change, such as community organizations. In this instance, it should be the Ulwaluko committees who guide the change that is anticipated. It is true that in the Ulwaluko custom the changing the behaviour of an individual needs to be done through the community and through influential "opinion leaders" who have become convinced.

## **2. Healing of wounds**

The two key informants and three focus groups stated that wounds failed to heal in the old traditional circumcision. The first key informant stated that lack of healing in initiates led to a process of seeking assistance from the Department of Health referral to hospital. Both key informants and focus groups agreed that in the old traditional Ulwaluko wounds did not heal, yet focus group I reported that delayed wound healing was associated with confessions (imibulo) in the old traditional circumcision, and initiates were punished so that they could speak the truth about their misdeeds and sins to promote healing. This group reported that wounds in the UWHC took two weeks only to heal with no complaints. Focus group III stated that even in the Ulwaluko with WHC, initiates came back from the mountain/bush without complete healing of wounds.

### **2.1 Circumcision instrument**

Funani (1990) mentioned that one instrument is used for all the boys regardless of the number circumcised, thus spreading the risk of infection (See section 2.2.1.2 in chapter 2). The first key informant stated that they removed the spear/assegai (umdlanga) and replaced it with the surgical blades. He stated that each initiate had his own blade to avoid mixing of blood.

The second key informant, focus group I and III did not mention the circumcision instrument. Focus group II, noted that all boys were cut with one instrument in the old traditional Ulwaluko whilst WHC surgeons did not use only one instrument and therefore no cross-infection could take place.

## **2.2 Suturing of wounds**

The key informants stated that suturing of wounds was one of the changes they introduced into the Ulwaluko to prevent diseases. The second key informant did mention that in their community meetings, they debated about the suturing of wounds and came to an agreement that wounds should be sutured. Focus group I did not mention the suturing of wounds at all. Focus group II stated that in old traditional Ulwaluko suturing of wounds was not done, only leaves (izichwe) were used. Initiates were instructed to rub the leaves under the foot and put them back to the wound. The replacement of the leaves with suturing and bandages was regarded as change to the custom. Focus group III praised the suturing of wounds because they said it protected the initiates against diseases.



### 2.3 Water

In the old traditional Ulwaluko water was prohibited in the first eight days (Mentjies, 1998; Funani, 1990) (See section 2.2.1.2 in chapter 2).

This practice is associated with poor wound healing. If men believe that the offering of water to an initiate will have unfavourable outcomes, the nurse who deals with the incorporation of WHC must try to establish the reason for that belief.

After the researcher asked the first key informant about offering of water, he stated that was the main thing they offered to the initiates because it prevented dehydration and promoted wound healing. He mentioned that there were no problems encountered in offering water. The second key informant and all focus groups said nothing about water.

### 2.4 Diet

Adler (1984) and Mentjies (1998) have noted that during the first eight days the initiates are confined to their hut and subject to dietary and fluid restrictions. The first key informant and focus group I compared the old traditional circumcision with the Ulwaluko with WHC and stated that in the old traditional Ulwaluko the initiates ate dried mealies during the first eight days whilst in the Ulwaluko with WHC they were offered nutritious food such as eggs, milk, and samp. Focus

group III reported that they ate the same diet that was eaten in the old traditional circumcision and apparently suffered no illness. The second key informant and focus group II made no comment about diet.

Cultural repatterning, referred to by Stanhope and Lancaster (2000) in section 2.7.5.3 in chapter 2, could be applied when it comes to the diet of the initiates in the custom. A nurse could work with the community to make changes in health practices when the behaviour may be harmful. For example dried mealies can still be given (respecting the client's tradition) while clients are advised to add milk to ensure the initiates receive protein and fluids at the same time which are conducive to good health.

## **2.5 Handling of the penis**

Funani (1990) mentioned that after the cutting of the foreskin, initiates were dressed with healing herbs like *helichrysum appendiculatum* (izichwe) or "ishwadi" (the dried out fibrous layers of an onion-like bulb). Meintjies (1998) reported that the care of the wound is intensive with frequent dressing changes, ranging from every 15-30 minutes to twice a day. As it heals this is done less frequently. The first key informant compared the old traditional Ulwaluko with WHC. He mentioned that in the old traditional Ulwaluko wounds were dressed with leaves until the healing process was completed, whilst in the Ulwaluko with

WHC bandages were applied. He felt that nothing had been removed from the traditional custom.

Focus group I reported that in the old traditional Ulwaluko wounds were dressed with leaves several times a day, and during the dressing of wounds young men inflicted pain on the penis whilst in UWHC there is no need to dress the wounds except by traditional nurses when they examined the healing process. One participant in focus group III stated that pain was inflicted whilst they were initiates, but other participants disagreed that pain was not inflicted in the Ulwaluko with WHC. Warren-Brown (1998) said initiates were expected to bear the pain of circumcision (ukwaluka) without flinching, in preparation for becoming fearless warriors. The second key informant and focus group II did not say anything about the handling of the penis.

## **2.6 Physical examination of boys**

In the old traditional circumcision boys were not referred to the hospital or clinic for check-ups, until recently when a need was identified that boys should be examined first. There are problems associated with the practice of check-ups before Ulwaluko. Warren-Brown (1998) states that some reject the advice of check-ups as a soft option. He further mentioned that those who did not attend the check-ups have gone as far as assaulting their peers who have been for check-ups, falsely accusing them of "having injections so they could not feel the

pain" and therefore invalidating their rite of passage. In their eyes making the ritual safer undermines its value.

The first key informant, focus groups II and III mentioned that boys were physically examined before undergoing the Ulwaluko. It is important that identified diseases are treated. Although Warren-Brown (1998) stated that if boys are healthy and free from STI's then there should be little risk of infection whilst Shaw (1997) identified five different species of infection which are secondary invaders of necrotic tissue (See section 2.2.1.2 in chapter 2). They were related to poor hygiene, such as not washing hands before attending dressings, using leaves that were first rubbed against the sole of the foot before being applied to the wound. Also the frequency of dressing wounds too often would result in increased infections. Therefore this means that there are multiple factors that cause infection other than STI's. The second key informant mentioned that the boys were examined a day or a week before undergoing the Ulwaluko. He proposed that there should be at least a month in between physical examination and the circumcision date so that there would be enough time for the initiate to be treated and heal fully before entering the initiation school. He suggested that male nurses should do the physical examinations. The previous sentence illustrates how sensitive men are concerning their custom. They prefer that only men handle the affairs of the custom. Focus group I did not say anything about the physical examination of boys.

## 2.7 Belief in confessions

Adler (1984) states that traditional surgeons, traditional nurses, and initiates proceed to the river for the purification ceremony before the circumcision operations. The boys enter the water and, whilst splashing themselves, confess aloud all their sins and past misdeeds. If a boy withholds anything at the water confession, it is said his wound will not heal and other misfortunes will befall him.

The first key informant stated that confessions (imibulo) were beliefs. He explained that when a boy arrives in the mountain he is given a bath and is instructed to talk about all his misdeeds and sins. Both key informants stated that it was believed that, if a boy do not confess all the wrong things, then there would be delayed wound healing. The second key informant stated that delayed healing would take place especially when boys had slept with their mothers (oonina). He also explained that when there was poor wound healing, parents (fathers) fought with the boy, insisting that he had not confessed all his sins and past misdeeds. In spite of the fact that focus group I realised that in the UWHC the healing process took place irrespective of whether confessions were true or not, they maintained that delayed wound healing was due to diseases such as confessions (imibulo) in the old traditional circumcision.

Delayed wound healing was associated with sexual intercourse with women or their mothers but not with girls. The meaning of the mother in this context means any woman older than the boy. This is illustrated by the following quotation:

"Isizathu sithi kanti umntwana kula nkqubo indala yakudala nanjengokuba elokile kanti unezifo. Izifo ezifana nemibulo, simbethe simncame engafuni ukuxela le nto yokuba ebelele nonina, kuthi emva koko babephuma bengapholanga kula nkqubo indala (undalashe)."

#### Translation

"The delay of wound healing may be due to diseases I mean diseases such as confessions in the old traditional circumcision, whereby one would punish a child not telling that he slept (sexual intercourse) with his mother, and thereafter they would come back from the initiation school without complete healing in the old traditional way."

Focus group II did not say anything about beliefs in confessions. When focus group III was asked about the core part of Ulwaluko they regarded confessions to be a core part of the ritual.

## **2.8 Diseases and treatment**

The first key informant pointed out that there were diseases that could cause poor wound healing of the penis. The Ulwaluko with WHC was reported as being protective in nature compared to the old traditional circumcision. He mentioned that Sexually Transmitted Infections are common in uncircumcised boys. The second key informant stated that whenever there were diseases they called male nurses to come and treat initiates in the bush without punishing the initiates about lack of confessions as with the old traditional Ulwaluko. The second key informant and focus group I regarded confessions (imibulo) as diseases. Focus group II stated that uncircumcised men hold the AIDS disease beneath the foreskin, and during sexual intercourse they infect women, whilst circumcised men do not. They also pointed out that the WHC surgeons protect against diseases when compared to traditional surgeons. Focus group III praised suturing of wounds as being protective against diseases.

## **3. Hospital admission initiates**

Meintjies (1998) states that in order to enforce the new conception of the ritual as a test of manhood, initiates who seek out medical help are scorned and otherwise victimized. Shaw (1997) reported that many initiates visit the casualty departments at night so as to avoid being seen seeking Western medical care. Warren-Brown states that most of them arrive in the hospital seriously ill.

They are there as a last resort, and once delivered in the hospital casualty by relatives they are abandoned. It is clear that the Ulwaluko custom is against the hospital admission of initiates hence the initiates prefer to stay in the bush until they die there.

The key informants and focus groups made a comparison between the Ulwaluko with WHC and the old traditional Ulwaluko in as far as hospital admissions were concerned. The first informant stated that in the old traditional Ulwaluko initiates had to be referred to the hospital whenever there were problems whilst in the Ulwaluko with WHC initiates are treated in the bush with the medicines from the hospital. The second key informant emphasised the fact that the Ulwaluko with WHC was therefore a way of avoiding referring initiates to hospital whenever there are problems. He stated that the old traditional Ulwaluko ended in the hospital whilst the Ulwaluko with WHC stayed in the bush where it started. Focus group I and II supported the Ulwaluko with WHC because there were no initiates that were referred to the hospital. They felt that there was jail and hospital involved in the old traditional Ulwaluko. The meaning of this statement is that traditional surgeons can be arrested and initiates had to be admitted whenever something went wrong. They both stated that with the UWHC they had the hospital in the mountain and did not need to go the hospital (formal one). Focus group II mentioned the fact that the old traditional circumcision forced them to seek help from women in hospitals and this led to the acceptance of the Ulwaluko with WHC into the custom.



Focus group III stated that the reason for incorporating WHC into the Ulwaluko the old method resulted in deaths and hospital admissions of initiates. They further stated that the admission of initiates left the initiation school with no initiates except traditional nurses.

#### **4. Lack of secrecy**

Both key informants and three focus groups agreed that hospitalisation of initiates exposed the custom to lack of secrecy and therefore they supported the Ulwaluko with WHC. Though the first key informant did not mention secrecy or women during the interview it was clear that he preferred initiates not to go to the hospital where there are females. The majority of employees in the hospital are female nurses and they look after the initiates. That is why men would like to keep their custom within the bush so that their secrecy can be maintained. The second key informant stated that Ulwaluko is a men's secrecy and the Ulwaluko with WHC maintained that secrecy because initiates were not referred to the hospital. Focus group I felt that the old traditional Ulwaluko had embarrassed them, especially the AmaXhosa Ulwaluko. Focus group II did mention that women undergo circumcision but they (men) do not know what women do in their Ulwaluko custom.

Funani (1990) states that there is taboo on any woman being permitted to see the initiate during the seclusion period. Normally the task of cleaning the circumcision wound falls to the men of the community. In hospital it is by and large female nurses who expose, clean and dress the wound.

## **5. Circumcision operation**

The first key informant did not express any opinion on the Ulwaluko with WHC or the old traditional Ulwaluko operation being either good or bad. The second key informant and all focus groups compared the old traditional Ulwaluko with the Ulwaluko with WHC. They mentioned that the cutting of the foreskin was not done very well in the former and led to mutilations as well as sepsis compared to the latter where the foreskin is removed cleanly. Focus group I stated that the UWHC operations healed in two weeks only. Focus group II stated that the traditional surgeons did not have the skills to arrest bleeding. They said they did not credit the traditional surgeons when it comes to the actual cutting of the foreskin. Focus group III also mentioned that cutting of the foreskin is not good in the old traditional circumcision.

## **6. Duration of the Ulwaluko custom**

Adler (1984) states that the length of the ceremony varies and depends on the season and the extent of the food supply. Usually it lasts for about three months but may extend as long as a year. Shaw (1997) reported that in the past the circumcision period used to be three months but nowadays lasts only about four weeks. The time frame for the circumcision rite has been shortened because of the pressure of modern-day living. For example the summer season corresponds with the December school holidays.

The first key informant, focus groups I, II and III stated that the duration of the Ulwaluko ritual in the Ulwaluko with WHC was short compared to the old traditional circumcision which took many months in the bush. Focus group III stated that the Ulwaluko with WHC suited them because they were scholars. The duration of the ritual was dependent on the healing process of the circumcision wounds. The second key informant did not say anything about the duration of Ulwaluko.

## **7. Death of initiates**

Both key informants, focus group II and III compared the death of initiates between the old traditional circumcisions with the Ulwaluko with WHC. They both pointed out that initiates died in the old traditional Ulwaluko. The first key informant stated that people should be encouraged to incorporate WHC into the

Ulwaluko because there is nothing that has been removed from the custom. The second key informant and focus group I said they realised that they were losing children (deaths) hence they decided to accept WHC into the Ulwaluko. Mentjies (1998) the deaths in the Eastern Cape as 34 during the period 01 October 1994 to 01 February 1995.

#### **8. Acceptance of the Ulwaluko with WHC**

All cultures change over time, although not always as rapidly or as massively as many are doing today. The unique feature of social change processes is the emphasis on altering social norms and social conditions. In social change approaches, altering health behaviour of individuals and groups can be either the vehicle of social change, as they organize into self- help groups, or the targets of social change, as when national programmes seek to influence general health knowledge, perceptions, attitudes, or behaviour (Simons-Morton, et al. (1995.) Communities reject the health advice given by health professionals regarding the precautionary measures to prevent the complications related to the Ulwaluko custom. Only communities that see benefits in the incorporation of WHC into the Ulwaluko will accept the western changes.

According to Mentjies (1998) there had been intervention strategies throughout the Eastern Cape on individual and community level regarding the morbidity and mortality of the initiates. Some of the strategies mentioned were use of scapel

blades in Alice area, male nurses visited initiation schools in the Queenstown area, education of school children and formation of committees. The Eastern Cape Circumcision Task Team was also mentioned on the intervention strategies in the Province. The intervention strategy that combines the biomedical approach as well as socio-cultural approach is the first in the history of the custom among the AmaXhosa. In traditional circumcision, it must be stated that many of those involved in the intervention efforts have been through the ritual themselves and have an intimate knowledge of its practice as well as the cultural dimensions of the problems. (Meintjies, 1998).

According to the first informant a medical doctor, a key community member and the male nurses who advised the communities on WHC, introduced the process of the acceptance of the Ulwaluko with WHC into the custom. They suggested that people must try WHC. Secondly, the first key informant conveyed the idea to the village. Thirdly, a committee comprised of men was formed to, it look into the affairs of the incorporation of WHC into the Ulwaluko and Ulwaluko in general. Lastly, WHC surgeon (researcher) performed circumcision operations for the community. The second key informant did not say anything about the process of the acceptance of the Ulwaluko with WHC except that the community had meetings where they discussed the suturing of wounds. Focus group I said the factors that had led to the acceptance of WHC as deaths and hospital admission of initiates. The first key informant's name was quoted as being someone who convened a meeting to discuss WHC. The health professionals

specifically the researcher was named as having been influential because the community first witnessed WHC operations when he performed them. The participants of focus group II mentioned the first key informant as the person who came with the idea of WHC because of the hospitalisation of initiates. Focus group III did not know how the process occurred because they were still boys when it happened, but they mentioned the name of the first key informant as someone who came with the idea and their parents accepted it. (See Fig. 2)

#### **9. Core part of the Ulwaluko**

Both key informants and focus groups stated that the core part of Ulwaluko is the cutting of the foreskin and slaughtering of the goat with the exception of the first focus group which did not mention the slaughtering of the goat. Focus group III added "confessions" as being another core part of the custom. These first two aspects are regarded as very essential and cannot be changed in the Ulwaluko custom.

#### **10. The relationship between traditional surgeons, traditional healers with WHC surgeons**

The Ulwaluko with WHC functions on the same principle of the dualistic pattern of the consumption of both health systems. Traditional healers play a vital role in the health of the majority of people of South Africa. They are deeply interwoven

into the fabric of cultural life. They are the first health practitioners to be consulted in up to 80% especially in rural areas. It is for these reasons that collaboration between the westernized health professionals and traditional healers would be most beneficial to health in South Africa (Clark, 1998). Abdool-Karim, et al. (1992) noted that there was no opposition by African traditional healers to biomedical practitioners. It is therefore important, even in the Ulwaluko, that traditional healers and traditional surgeons collaborate with Westernised health care professionals.

The only problem identified in this study is that some traditional healers performed circumcision operations thereby acting as traditional surgeons as well and this dualistic approach made them negative towards Western surgeons because of the money involved. Traditional healers therefore feel that Western surgeons have taken their bread (money).

The first key informant stated that the traditional surgeons did not like WHC surgeons. He said there was no need for traditional healers in the Ulwaluko because he had two initiation schools without them. He (first key informant) cited bad treatment and lack of sleep on the initiates as factors that warranted a traditional healer because of the hallucinations the initiates usually suffer from due to lack of sleep. The second key informant, focus groups I and II mentioned that traditional surgeons complained of the Ulwaluko with WHC surgeons that they are taking their bread (meaning that they did not get money anymore from performing circumcisions). Focus group I stated that there was still a division

between those who practice the Ulwaluko with WHC and the old traditional circumcision. They stated that where the Ulwaluko with WHC is used traditional healers are not called to perform duties, and they also reported that they (traditional healers) are the people who caused the division between people.

#### **11. Disadvantages of the Ulwaluko with WHC**

Focus group III stated that traditional healers do not like men circumcised the modern way. Whenever there was an old traditional initiation school, men circumcised the western way were chased away because it was said they were boys and they could not see what was not done to them (that is the performing of the old traditional cutting of the foreskin). The young men circumcised the western way felt that they were not recognised as men and that would lead to a situation where there would be a conflict among the parents. They mentioned that they did not attend circumcision rituals where the Ulwaluko with WHC was practised because of lack of recognition as men. Focus group I stated that there was a segregation of men circumcised the western way and the old traditional way. They reported this problem as being caused by parents not young men. Focus group II and key informants did not say anything about the disadvantages of the Ulwaluko with WHC.



## 12. Ulwaluko should be practised as a custom

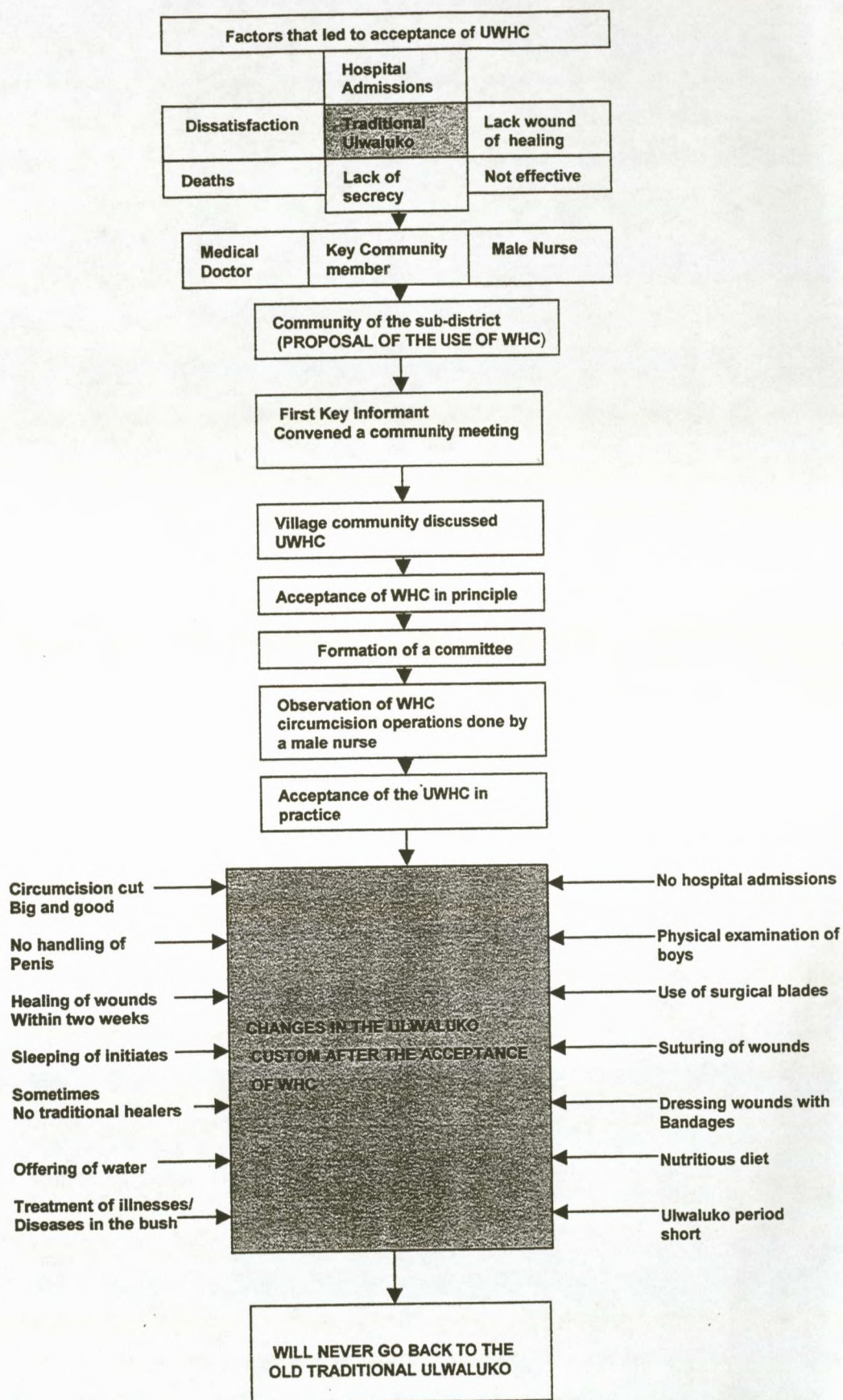
Warren-Brown (1998) states that originally of the initiation ritual had a powerful practical and spiritual motivation. Initiates practiced ancient Xhosa customs such as stick fighting and spent time reflecting on their lives. The elders would pass on traditions and teach them about becoming responsible men in society, about how to behave and how to gain respect both as the head of a household and a wise man in the community.

Both key informants and the three focus groups stated that the Ulwaluko should continue to be practised as a custom. The first key informant stated that the reason is that they believe in customs and traditions. He mentioned that boys that were not circumcised could not relate well with their brothers and parents that have undergone the Ulwaluko. He also mentioned STI's are common in uncircumcised boys. The second key informant, focus group I and focus group III gave an example of a person who dies before undergoing the Ulwaluko that he usually demands (in dreams) to undergo the Ulwaluko custom, and if the demand is not met the person who dreams about that will suffer physical illnesses. Focus group I felt that they do not live in harmony if there are people who have not undergone Ulwaluko whilst focus group II felt that the home of an uncircumcised man is not dignified. They also stated another point as being diseases such as AIDS which attack people with foreskins. Focus group III mentioned communication as being important between circumcised men.

#### 4.3.7 Summary

The acceptance of UWHC is illustrated in Fig. 2 below. This shows the process the community followed in accepting UWHC. The two key informants and three focus groups appeared to be in favour of the Ulwaluko with WHC. The acceptance of the Ulwaluko with WHC occurred as a result of complications that were related to the old traditional circumcision. The medical doctor, a key community member and the researcher influenced the first key informant and the community to consider the Ulwaluko with WHC. In addition, the community had meetings where they discussed the changes that were implemented in the ritual. Traditional healers do not accept the young men circumcised the western way. That is why the researcher indicated in section that a debriefing session needed, as they were clearly very sensitive about it.

Fig. 2 THE PROCESS OF THE ACCEPTANCE OF THE ULWALUKO WITH WHC



## CHAPTER 5 CONCLUSION AND RECOMMENDATIONS

### 5.1 Introduction

The purpose of this chapter is to give an overview of the findings of this study in relation to the research question. In addition, recommendations for further research have been identified. All cultures change over time, and the process of change is dynamic and need to be maintained with appropriate role players.

### 5.2 Overview of findings

The acceptance of westernised health into the Ulwaluko by AmaXhosa in a rural Eastern Cape village occurred because there were problems in the old traditional Ulwaluko among the initiates. The process of the acceptance of acceptance of WHC into Ulwaluko has been summarised in Fig. 2 Chapter 5.

Westernised health care has made Ulwaluko safer without changing the core part of the custom as perceived by the community which accepted it. The incorporation of WHC has not changed the slaughtering of the goat and the cutting of the foreskin, which are regarded as important and cannot be changed. There can be further adaptations for those who refused to accept UWHC.

The frequent "izichwe" dressings that take place in the old traditional Ulwaluko were replaced by sterile dressings. It was discovered that the problems of sepsis, gangrene and mutilations are related to these dressings which are usually accompanied by infliction of pain.

### **5.3 Recommendations for practice**

Traditional circumcision is a cultural practice that is secretive in nature. It is taboo for a woman to know what is happening in the ritual let alone looking after initiates in hospital, therefore admission of initiates to hospital is a sensitive subject. This means more male Registered Nurses who have undergone Ulwaluko should be engaged in the incorporation of WHC into the custom. The intervention strategies should prevent physical complications and other social problems such as referral of initiates to hospital. Female nurses should be educated on the sensitivity of the custom and how they can handle boys during check-up in the clinics as well as during their admission to the hospital. The BASNEF and the Integrative community health promotion models should be applied whenever health education and health promotion are given to the community where WHC is incorporated into the Ulwaluko custom.

Although the UWHC is regarded as good for the community, there are disadvantages for the young men who undergo the UWHC. They are not recognised as men by the traditional healers and traditional surgeons. It appears this aspect is related to money. In UWHC, traditional surgeons and sometimes traditional healers are not required to perform any duties.

This means that in order for the acceptance of UWHC to occur, traditional healers and traditional surgeons must be consulted and work together with WHC professionals. The collaboration of the indigenous health care and western health care in the Ulwaluko could produce positive results both physically and socially, because Africans believe in both health care systems.

#### **5.4 Recommendations for further research**

- Participant observation ethnography during the seclusion period should be done so that all harmful practices can be identified for intervention purposes.
- A study on the promotion of collaboration between the western health care, traditional healers, traditional surgeons and the community in reducing the morbidity and mortality on the initiates of traditional circumcision.
- Future research will need an investigation on participants against WHC.



## 6. References

- Abdool-Karim, S.S, Ziqubu-Page, T and Arendse, R. 1992. *Bridging the gap*. Cape Town: South African Research Council.
- Adler, C. 1984. *The initiation and circumcision ceremony, or the abakhweta, of Ama-Xhosa in South Africa*. Adler museum bulletin, 10(1): 11-15.
- Bate, P. 1994. *Strategies for cultural change*. Oxford: Butterworth-Heinemann.
- Brink, H.I. 1996. *Fundamentals of research methodology for health care professionals*. Kenwyn: Juta and Company.
- Burns, N and Groove, S.K. 1999. *Understanding nursing research*. Philadelphia: W.B. Saunders Company.
- Chalmers, B. 1990. *African Births. Childbirth in cultural transition*. River Club: Berev Publications CC.
- Clarke, E. HST UPDATE Issue No. 37 October 1998. *Traditional healers*. Durban: Health Systems Trust.
- Crabtree, B.F and Miler, W.L. 1999. *Doing qualitative research*. California: Sage Publications.
- Davison, C. 1994. Conflicts of interest. Nursing Times, 90(13): 40-42.
- De Vos, A.S. 1998. *Research at grass roots. A primer for the caring profession*. Pretoria: Van Schaik Publishers.
- Downie, R.S, Tannahill, C and Tannahill, A. 1996. *Health promotion modules and values*. Oxford: Oxford University Press.
- Eastern Cape. 2001. *Health standards in traditional circumcision Act of 2001*. Bisho: Government Printer.
- Eastern Cape. 2001. *Health standards in traditional circumcision Bill*. (Notice No. 56) Government Gazette. 818: 22 November.
- Funani, L.S. 1990. *Circumcision among the Ama-Xhosa: A medical investigation*. Braamfontein: Stockaville Publishers.

- Gilbert, L, Selikow, T and Walker, L. 1996. *Society, health and disease. An introductory reader for health professionals*. Randburg: Raven Press.
- Grainger, L.D. 1994. *The assessment of the aggregate health status of an organization*. Unpublished PhD. thesis. Durban: University of Natal.
- Grainger, L.D and Kortenbout, W.P. 1994. *Health Education. A self-study module for rural nurses*. Durban: Institute for Nursing University of Natal.
- Guidelines for the ethical conduct of research at Technikon Natal*. 2000. Durban: Technikon Natal.
- Haviland, W.A. 1993. *Cultural anthropology*. Texas: Harcourt Brace College Publishers.
- Hess, S. HST UPDATE Issue No. 37 October 1998. *Traditional healers*. Durban: Health Systems Trust.
- Holloway, I. and Wheeler, S. 1996. *Qualitative research for nurses*. Aylesbury Bucks, UK: Blackwell Science.
- Hubley, J. 1993. *Communicating health. An action to health education and health promotion*. London: Macmillan Education LTD.
- Iyambo, A. Mail&Guardian, January 23, 1997. Pain and Myths about circumcision.
- Patchter, L.M. 1994. Culture and clinical care. *JAMA*, 271(9): 690-694.
- Leinenger, M and Reynolds, C.L. 1993. *Cultural diversity and universality theory*. California: Sage Publications.
- Lo Biondo-Wood, G and Haber, J. 1998. *Nursing research. Methods, critical appraisal, and utilization*. St. Louis, Missouri: Mosby.
- Maxwell, J.A. 1996. *Qualitative research design. An interactive approach*. California: Sage Publications.
- Meintjies, G. 1998. *Manhood at a price: Socio-medical perspective on Xhosa tradition circumcision*. Grahamstown: Rhodes University.
- Mouton, J. 2001. *How to succeed in your Master's and Doctoral studies. A South African guide and resource book*. Pretoria: Van Schaik Publishers.



Neuman, W.L. 1997. *Social research methods. Qualitative and quantitative approaches*. Needham Heights, USA: Allyn and Bacon.

Nyamwaya, D. 1992. *African indigenous medicine. An anthropological perspective for policy makers and primary health care managers*. Nairobi: African medical research foundation.

Oxford advanced Learner's Dictionary. 1995.Oxford: Oxford University Press.

Polit, D.F and Hungler, B.P. 1997. *Essentials of nursing research. Methods, appraisal, and Utilization*. Philadelphia: Lippincott.

Pretorius, E; de Klerk, G.W and van Rensburg, H.C.J. 1993. *The traditional healer in South African health care*. Pretoria: HSRC Publishers.

Raeburn, J. and Rootman, I. 1998. *People-centred health promotion*. West Sussex: John Wiley & Sons Ltd.

Russell, A. 1997. *Ancient practice of tribal circumcision divides South Africa*. Daily Telegraph. January 23, p.17.

Shaw, V. 1997. Traditional circumcision: Part II Understanding the pathogenesis of gangrenous lesions. South African family practice manual, 18(2): 18-23.

Simons-Morton, B.G, Greene, W.H and Gottlieb, N.H. 1995. *Introduction to health Education and Health Promotion*. Prospect Heights, Illinois: Waveland Press.

Snyman, I. 1992. *Affordable choices in the social services*. Pretoria: HSRC Publishers.

South African health review, 2000. Durban: Health Systems Trust.

Stanhope, M. and Lancaster, J. 2000. *Community & public health nursing*. St. Louis, USA: Mosby.

Transcultural Nursing Basic Concepts and Case studies, 1997-2001.

Van Dam, J and Anastasi, M. *Horizons. Male circumcision and HIV prevention*. New York: USAID.

Warren-Brown, G. 1998. *Boyz 2 men: Initiation's cutting edge*. Christianity today, 17(4): 54-65.

William, N. and Kapila, L. British Journal of Surgery, (80) 1231-1236, October 1993.

## ANNEXURE A

### Community information letter

Dear Community Representatives

I am a professional nurse currently doing Masters Degree at Technikon Natal for which I will be undertaking a research project. The study that I am undertaking is **"the acceptance of the Ulwaluko with westernised health care into the custom by some of the AmaXhosa in a rural Eastern Cape village"**. The men (Amaxhosa) in your village are requested to participate in the focus group interviews which will be conducted with the aim of obtaining information about your acceptance of the Ulwaluko with westernised health care into the custom. Focus group interview is a purposive discussion of a specific topic or related topics taking place between eight to ten individuals with a similar background and common interest. Should the community agree to participate in this study no name will appear on any documentation other than the consent forms.

The interviews will take place during the day and a tape recorder will be used in order to capture everyone's comments. The key informants interviews will take place at their homes and the focus groups interviews will take place in the bush. The interviews will take approximately one and half-hours. The results of this project will be used to make recommendations that will help to improve the acceptance of the Ulwaluko with westernised health, and reducing complications related to the custom. As far as can be determined, there will be no risk or discomfort to the community. Participation in this study is voluntary. The community is under no obligation to participate. However your participation will be invaluable and greatly appreciated. Participants will have a right to withdraw at any time and refusal to participate without giving reasons for such an act. At the end of the study the results will be made available to you and will also be published.

I,.....hereby give consent that  
permission has been granted by the community of this village that the study of  
the acceptance of the Ulwaluko with westernised health care into the custom  
by some of the AmaXhosa in a rural Eastern Cape village can take place.

Community representative:.....

Witness:.....

Researcher.....

## ANNEXURE B

Incwadi yoluntu

Bameli boluntu

Ndingunesi ofundela imfundo enomsila (Masters Degree: Nursing) eTeknikon Natal apho ndizakwenza uphando. Isihloko sophando lwam sithi "Ulwamkelo lolwaluko olunezempilo zasentshona okanye isilungu ngamanye AmaXhosa kwenye yelali zase Eastern Cape." Amadoda ayacelwa ukuba athabathe inxaxheba kwingxoxo ezizakuqhutywa. Abantu bakwehlulwa babazigroups. Apho igroup iba namalungu asibhoxo ukuya kwishumi elinesibini. Ukuba uluntu luyavuma ukuthabatha inxaxheba akukho magama azakuvela ezincwadini ngaphandle kwifomu yentsayino sivumelwano.

Ingxoxo zizakwenziwa emini kwaye kuzakusetyenziswa i-tape recorder ukwenzela ukuba yonke into ethethiweyo ibekho. Kubammeli boluntu ezingxoxo zizakwenzelwa emizini yabo (ebuhlanti). Abanye abathanti nxaxheba eyabo ingxoxo izakwenzelwa entabeni. Ezingxoxo zizakuthabatha phantse iyure enesiqingatha. Iziphumo zolu phando zizakusetyenziswa ekukhuthazeni ukuba abantu bamkele le nkqubo yolwaluko olunezempilo zasentshona ukuze kunciphe ingxaki zolwaluko. Ayikho ingxaki ezakuba kho.

Noxa kunjalo uluntu alunyanzelekanga ukuthabatha inxaxheba kodwa ke inxaxheba eninokuyithabatha ingasivuyisa kakhulu. Abantu abathabatha inxaxheba bangaroxa nangawuphi na umzuzu ukubanga bayathanda ngaphandle kokunika izizathu.

Xa iziphumo seziphumile nizakwaziswa kwaye zizakufakwa nasezincwadini.

Mna .....ndinika imvume  
egameni loluntu ukuba uphando lolwamkelo lolwaluko olunezempilo  
zasentshona ngamanye AmaXhosa lungaqhubekeka apha elalini.

Ummeli woluntu.....

Inggina.....

Umphandi.....

## Consent form

THE ACCEPTANCE OF THE ULWALUKO WITH WHC BY SOME OF THE  
AMAXHOSA IN A RURAL EASTERN CAPE VILLAGE.

This research project is in partial fulfilment of the Masters Degree: Nursing at Technikon Natal.

Name of supervisor: Dr L. Grainger

Community representative:.....

PLEASE TICK THE APPROPRIATE ANSWER

1. Did the researcher explain the nature of the research he will conduct?  
YES NO
2. Have you had an opportunity to ask questions regarding the study?  
YES NO
3. Have you receive satisfactory answers to your questions?  
YES NO
4. Have you had an opportunity to discuss the study with the researcher?  
YES NO
5. Have you receive enough information about this study?  
YES NO
6. Do you understand the implications of the study?  
YES NO
7. Do you understand that you are free to withdraw from the study at  
anytime and without giving reasons for withdrawing?  
YES NO
8. Do you agree to voluntarily participate in the study?  
YES NO

9. Do you understand that you have the right to anonymity and confidentiality?

YES

NO

If you have answered "NO" to any of the above, please obtain the information before signing.

I.....hereby give consent for the proposed study on me as part of the above mentioned research project.

Participant's Name:.....Signature:.....

Witness Name:.....Signature:.....

Researcher's Name:.....Signature:.....



## ifomu yesivumelwano

## Isihloko sophando

ULWAMKELO      LOLWALUKO      OLUNEZEMPILO      ZASENTSHONA  
NGAMANYE AMAXHOSA KWENYE YELALI ZASE EASTERN CAPE.

**Oluphando lwenziwa ngokwemfuneko kwiMasters Degree kwezokonga eTechnikon Natal.**

**Igama lomntu ochophele uphando: Dr L. Grainger**

Ummeli woluntu.....

## NCEDA KHETHA IMPENDULO IBENYE

1. Ngaba umphandi ulucacisile uhlobo lophando azakuluqhuba na?  
EWE HAYI
2. Ngaba uye walifumana na ithuba lokubuza imibuzo ngoluphando?  
EWE HAYI
3. Ngaba uye wayifumana na inkcazelo ekwanelisayo kwimibuzo yakho?  
EWE HAYI
4. Ngaba ubenalo na ithuba lokuxoxa ngoluphando nomphandi?  
EWE HAYI
5. Ngaba ufumene ulwazi olwaneleyo na ngoluphando?  
EWE HAYI
6. Ngaba uyayazi na imiphumela yoluphando?  
EWE HAYI
7. Ngaba uyazi ukuba unalo ilungelo lokurhoxa kolu phando nangawuphi na umzuzu ngaphandle kukonika izizathu?  
EWE HAYI

8. Ngaba uyavuma ukuthabatha inxaxheba ngokuthanda kwakho?

EWE

HAYI

9. Uyazi ukuba unelungelo lokuba kungaziwa kunye nemfihlelo yegama lakho koluphando?

Ukuba uphendule u'HAYI" kule mibuzo ingentla cela inkcazelo kumphandi phambi kokuba usayine.

Mna .....ndinika imvume yokuba uphando lwenziwe kuluntu/kum

Igama:.....Signature:.....

Inggina:.....Signature:.....

Igama lomphandi:..... Signature:.....

## **ANNEXURE E**

### **Interview guide**

#### **1. OPENING QUESTION**

1.1 Is there any need of the Ulwaluko with westernised health care in the custom?

#### **2. INTRODUCTORY QUESTION**

2.1 Is there any need for the Ulwaluko to be practised nowadays?

#### **3. TRANSITIONAL QUESTION**

3.1 Suppose there is a need for the Ulwaluko to be practised nowadays. Explain whether the custom should accept the Ulwaluko with westernised health care or continue with the old traditional way?

#### **4. KEY QUESTIONS**

4.1 What is your view about the Ulwaluko with westernised health care being offered into the custom?

4.2 Was there any key member of the community who influenced you to accept the Ulwaluko with westernised health care?

4.3 Why did you identify a need for the Ulwaluko with westernised health care in the custom?

4.4 Explain how the process of acceptance of the Ulwaluko with westernised health care took place in your community?

4.5 Do you think the acceptance of the Ulwaluko with westernised health care has changed the custom?

4.6 What are the advantages and disadvantages, if any, of accepting the Ulwaluko with westernised health care compared to the old traditional way?

4.7 What is the relationship between the westernised surgeons, traditional healers, and traditional surgeons during the Ulwaluko ritual?

4.8 What is the core part of the Ulwaluko custom according to your knowledge?

4.9 Is there anybody who teaches the boys about Sexually Transmitted Infections, HIV/AIDS before the Ulwaluko?

#### **5. ENDING QUESTION**

5.1 What are the main things that we discussed?

#### **6. FINAL QUESTIONS**

6.1 Is there anything you would like to say?

6.2 Have we missed anything?

## **ANNEXURE F**

### **Interview guide**

#### **1. UMBUZO OVULA INGXOXO**

1.1 Ngaba ikhona na imfuneko yokusebenzisa uhlobo lwasentshona okanye isilungu kulwaluko?

#### **2. UMBUZO WENTSHAYELELO**

2.1 Ngaba ikhona na imfuneko yokuba makolukwe kulemihla?

#### **3. UMBUZO OKHOKELELA KWEZAKULANDELA**

3.1 Masithi ikhona imfuneko yolwaluko kulemihla. Chaza okokuba Ulwaluko kufuneka lwamkele uhlobo lwasentshona okanye isilungu kwezempilo okanye okanye kusetyenziswe undalashe?

#### **4. IMIBUZO ENGUNDOQO**

4.1 Ngaba luthini uluvo lwakho ngokusetyenziswa kohlobo lwasentshona /isilungu kwezempilo kwisiko lolwaluko?

4.2 Ngaba ukhona na umntu oye wanempembelelo apha ekuhlaleni ezokuba namkele uhlobo Ulwaluko lwasentshona okanye isilungu kwezempilo kulwaluko?

4.3 Chaza ukuba unobangela owenza nibone kuyimfuneko yokuba nisebenzise uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?

4.4 Chaza inkqubo enayilandela ekwamkeleni kwenu olu hlobo lwasentshona okanye isilungu kwezempilo, yenzeka kanjani apha ekuhlaleni?

4.5 Ucinga okokuba ukwamkela kwenu koluhlobo lwasentshona okanye isilungu kwezempilo kulwaluko lutshintshe eli siko?

4.6 Zeziphi izinto ezilungileyo nezingalunganga, ukubanga zikho kule nkqubo yasentshona kwezempilo kulwaluko xa uqhathanisa nondalashe?

4.7 Ngaba injani intsebenziswano phakathi kweengcibi zasentshona/zesilungu, namaxhwele kunye neengcibi zesintu?

4.8 Ngokolwazi kwakho yeyiphi lendawo ingundoqo kulwaluko?

4.9 Ukhona na umntu ofundisa amakhwenkwe ngezifo zokulalana, HIV/AIDS phambi kokuba baye esuthwini?

## **5. UMBUZO OYA EKUGQIBELENI**

5.1 Zeziphi izinto esiye saxoxa ngazo?

## **6. IMIBUZO YOKUGQIBELA**

6.1 Ngaba ikho into ofuna ukuyithetha engenye?

6.2 Ngaba ikho into esiyishiyileyo engenye?

## Annexure G

### SUBJECT INFORMATION LETTER

Dear Participant

I am a professional nurse currently doing a Masters in Technology Degree: Nursing at Technikon Natal. In order to complete it, I need to undertake a research project. The study that I wish to undertake is **"The acceptance of westernised health care into the Ulwaluko custom by AmaXhosa in a rural Eastern Cape village"**. The reason for undertaking this study is that, the researcher would like to understand the process, which was followed by the community in accepting westernised health care in the Ulwaluko custom. The results of the study could be used for recommendations to other communities to accept westernised health care, in order to reduce complications that are associated with the Ulwaluko custom. You are requested to participate in focus interviews/focus group interviews, which will be conducted with the aim of obtaining information about your acceptance of westernised health care into the Ulwaluko custom. A focus group interview is a purposive discussion of a specific topic or related topics taking place between eight to ten individuals with a similar background and common interest. Should you agree to participate in this study no names will appear on any documentation other than the consent forms, which only the researcher will keep.

The interviews will take place during the day and a tape recorder will be used in order to capture everyone's comments. The tape recorder is necessary as the researcher will not have a scribe to assist in recording the discussion. The cassettes will only be used by the researcher and will be kept in a safe place so that confidentiality can be maintained. After three years, they will be destroyed. The key informants interviews will take place at their homes and the focus groups interviews will take place in the bush. The interviews will take approximately 90 minutes. There will be no need to meet again, because the researcher believes that this will be an adequate amount of time to gather the information that is needed. As far as can be determined, there will be no risk

You are under no obligation to participate. Participants have a right to withdraw at any time and refuse to participate without giving reasons for such an act. No costs will be involved such as travelling or a need for food from the participants because the interviews will take place in the village. Participants will not be paid for participating in the interviews.

The researcher will check the findings of the study together with the participants to ensure that what is in the report are valid.

Thank you

J.M. NTSABA (STUDENT) TEL. No. 082 896 9866

Dr L. GRAINGER (SUPERVISOR) TEL. No. (031) 204 2036

---



## ANNEXURE H

Mthathi nkxaxheba

Ndingumongi ofundela imfundo enomsila (Masters Degree): Nursing eTechnikon Natal, ukuze ndigqibe ezi zifundo kufuneka ndenze uphando. Isihloko sophando endingathanda ukulenza sithi **"Ulwamkelo lwenkqubo yase ntshona lwezempilo kwisiko lolwaluko kumaXhosa kwenye yelali zase Eastern Cape."** Unobangela wokuba ndeze olu phando kukuba ndifuna ukwazi inkqubo enayilandela ekwamkeleni kwenu uhlobo lwasentshona kulwaluko. Iziphumo zoluphando angaluncedo kwabanye abantu ekwamkeleni olu hlobo lwasentshona kulwaluko. Uyacelwa ukuba uthabathe inkxaxheba kwingxoxo ezizakuqulunqwa malunga nalo mbandela wolwaluko lwasentshona. Abantu bazakwahlulwa-hlulwa babengamaqela ngamaqela azakushukuxa lo mbandela wokwamkelwa kwenkqubo yasentshona kulwaluko. Ukuba uyavuma ukuthabatha inkxaxheba koluphando igama lakho aliyikushicilelwa ezincwadini, ngaphandle nje kwifomu yentsayino sivumelwano yona ezakugcinwa ngumphandi kuphela ngendlela efihlakeleyo.

Ingxoxo zizakwenziwa emini kwaye kuzakusetyenziswa isishicileli ukwenzela ukuba yonke into ethethiweyo ishicilelwe. Amakhaseti esishicileli azakusetyenziswa ngumphandi kuphela kwaye azakugcinwa kwindawo efihlakeleyo nekhuselekileyo. Kubammeli boluntu ezingxoxo zizakwenzelwa emizini yabo (ebuhlanti). Abanye abathathi nkxaxheba ezabo iingxoxo zizakwenzelwa entabeni. Ezingxoxo zizakuthabatha phantse iyure enesiqingatha. Iziphumo zolu phando zizakusetyenziswa ekukhuthazeni ukuba abantu bamkele le nkqubo yase ntshona ukuze kunciphe iingxaki ezinxulumene nolwaluko. Ayikho ingxaki ezakubakho kubathathi nkxaxheba okanye ukungaphatheki kakuhle kolu phando.

Noxa kunjalo awunyanzelekanga ukuthabatha inkxaxheba kodwa ke inkxaxheba onokuyithabatha ingeza nochulumanco. Othabatha inkxaxheba angarhoxa nangawuphi na umzuzu ukubangaba uyathanda ngaphandle kokunika izizathu.

Akukho mali izakuhlulwa kubathathi nkxaxheba koluphando efana neyokutya okanye ukhenketho ngoba ingxoxo zizakwenzelwa elalini.

Umphandi uzakuhlolisisa iziphumo zoluphando nabathathi nkxaxheba ukwenzela ukuba kuqinisekisewe ukuba ingxelo inyanisekile.

Enkosi

J.M. NTASABA (UMFUNDI) TEL. No. 082 896 9866

Dr L. GRAINGER (SUPERVISOR) TEL. No. (031) 204 2036

---

## *Acts, Bills and Policy Documents*

### PROVINCE OF THE EASTERN CAPE

#### PROVINCIAL TENDER BOARD AMENDMENT BILL TRADITIONAL CIRCUMCISION BILL, 2001 (EASTERN CAPE PROVINCE)

*As introduced*

(BY THE MEMBER OF THE EXECUTIVE COUNCIL RESPONSIBLE FOR HEALTH)

#### BILL

To provide for the observation of hygienic standards in the performance of traditional circumcision; to provide for issuing of permission for the performance of a circumcision operation and the holding of a circumcision school; and to provide for matters incidental thereto.

BE IT ENACTED by the Legislature of the Province of the Eastern Cape, as follows:-

#### *Definitions*

1. In this Act, unless the context indicates otherwise:

"circumcision" means the circumcision of a person as part of a traditional practice;

"circumcision school" means a place where one or more initiates are treated;

"Department" means the Department of Health in the Province;

"gazette" means the Provincial Gazette of the Province;

"initiate" means a person who is in any stage of the circumcision process as contemplated in this Act;

"MEC" means the Member of the Executive Council responsible for Health in the Province;

"medical officer" means an officer designated or a person appointed in terms of section 2;

"medical practitioner" means a person registered as such under the Health Professions Act, 1974 (Act No. 56 of 1974);

"Province" means the Province of the Eastern Cape established by section 103 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996);

"this Act" includes regulations made hereunder; and

"traditional practice" includes a practice according to the custom, religion or any other rules of similar nature.

#### *Designation of medical officer*

2. The MEC must designate in writing one or more officers of the Department or

appoint one or more persons, on such conditions and qualifications as may be prescribed, as medical officers for the purposes of exercising and performing powers and functions conferred

## ANNEXURE - I

or imposed on them by this Act.

### *Powers and functions of medical officer*

3. The medical officer shall, in addition to any other powers and functions entrusted to him or her by this Act, exercise and perform the following powers and functions:

- a. Issuing of permissions to circumcise or treat an initiate;
- b. Keeping of records and statistics pertaining to circumcision and reporting thereon as prescribed, to the Department; and
- c. A right of access to any occasion or instance where circumcision is performed or an initiate is treated.

### *Permission to perform circumcision*

4. (1) No person except a medical practitioner may perform any circumcision in the Province without written permission of the medical officer designated for the area in which the circumcision is to be performed.

(2) (a) A person may apply as prescribed for a permission to perform circumcision and such permission must be given subject to the conditions set out in Annexure A of the Schedule.

- a. A medical officer may, as part of the condition provided in item

7 of Annexure A of the Schedule-

- i. disallow the use of a surgical instrument that the traditional surgeon intends to use; and
- ii. prescribe or supply a proper surgical instrument where the use of a particular instrument has been disallowed in terms of subparagraph (i).

(c) Where a proper surgical instrument has been prescribed or supplied in terms of paragraph (b)(i), the medical officer concerned must demonstrate to, or train, the traditional surgeon as to how the instrument should be used.

1. A medical officer must, in the following manner, present the conditions

set out in Annexure A, to the person applying for permission in terms of subsection (2)(a):

- a. The medical officer, or any other person assisting such medical officer, and in the presence of the medical officer, must read the conditions in the official language understood by the person applying for permission;
- b. both the medical officer and the person applying for permission to perform a circumcision, must write their full names and signatures, and the date, on the document containing the conditions.

1. A person who has applied, must within one month of the date of such

application, submit proof of compliance with the conditions referred to in subsection (2), failing which the application of such person shall lapse.

(5) A person whose application has lapsed as contemplated in subsection (4), is eligible to make a new application for permission to the medical officer concerned, and the provisions of this Act apply to such person as if application for permission is made for the first time.

### *Permission to hold circumcision school or treat initiates*

5. (1) No person may, in the Province, hold any circumcision school or treat

any initiate without a written permission of the medical officer designated for the area in which the circumcision school is to be held or the initiate is to be treated: Provided that this subsection does not apply to the treatment of an initiate in a hospital or by a qualified medical doctor outside the traditional context.

(2) A person may apply as prescribed for a permission to hold a circumcision school or to treat an initiate, and such permission must be given subject to the conditions set out in Annexure B of the Schedule.

(3) A medical officer must, in the following manner, present the conditions set out in Annexure B, to the person applying for permission in terms of subsection (2):

## ANNEXURE - I

- a. The medical officer, or any other person assisting such medical officer and in the presence of the medical officer, must read the conditions in the official language understood by the person applying for permission;

(b) both the medical officer and the person applying for permission to hold a circumcision school or treat initiates must write their full names and signatures, and the date, on the document containing the conditions

(4) A person who has applied, must within one month of the date of such application, submit proof of compliance with the conditions referred to in subsection (2), failing which the application of such person shall lapse.

3. A person whose application has lapsed in terms of subsection (4), is eligible to make a new application for permission to the medical officer concerned and the provisions of this Act apply to such person as if application is made for the first time.

### *Restriction of persons to treat an initiate*

6. (1) No initiate may treat or attempt to treat another initiate at any staged during or after the holding of a circumcision school.

1. No person other than the traditional nurse, medical practitioner, the medical officer or any other person authorized by the medical officer, may within a traditional context, treat an initiate.

### *Consent by parent or guardian*

7. (1) The parent or guardian of a prospective initiate must, in respect of a prospective initiate below the age of 21 years, complete and sign a consent form in the format set out in Annexure C.

1. The parent or guardian of an initiate must, in addition to all other responsibilities which such parent or guardian has in respect of the initiate, render such assistance and co-operation as may be requested by the medical officer in the interest of the good health of the initiate.

2. No person, including the parent or guardian of an initiate, may interfere with or obstruct the medical officer in the performance of his or her duties under this Act.

### *Amendment of Schedule*

8. (1) The MEC may, by notice in the *Gazette*, amend the Schedule.

(2) The MEC must, within a period of thirty days after the publication of

the notice contemplated in subsection (1), submit a copy thereof to the Legislature of the Province.

### *Penalties*

9. (1) Any person who contravenes the provisions of sections 6, 7(2) and 7(3)

is guilty of an offence and liable on conviction to a fine of R1000, 00 or to

imprisonment for a period not exceeding six months.

(2) Any person who contravenes the provisions of sections 4(1) and 5(1) or who fails to comply with any condition imposed by a medical officer in terms of sections 4(2) and 5(2), is guilty of an offence and liable on conviction to a fine not exceeding R10 000, 00 or to imprisonment for a period not exceeding ten years, or to imprisonment for a period of five years without the option of a fine.

### *Regulations*

10. (1) The MEC may make regulations in regard to any of the following matters:

## ANNEXURE - I

- a. the issue of a permission under this Act and the form of such a permission;
- b. the form and manner of application for such a permission;
- c. the requirements to be complied with by the applicant for such a permission;

(d) the prohibition or restriction of the issue of such a permission in appropriate circumstances;

- a. determination of the age of the initiates and the duration of any circumcision school;
- b. generally the conditions subject to which a permission may be issued;
- c. the conditions and qualifications which an officer or a person referred to in section 2 must satisfy or possess; and
- d. any other matter, the regulation of which may in the opinion of the MEC, be necessary or desirable for the purpose of achieving the objects of this Act.

(2) Any regulation made under this Act may prescribe a penalty for the

contravention thereof, or default in complying therewith: Provided that regulations may not prescribe a penalty in excess of the penalty imposed by section 9(2).

### Short title

11. This Act is called the Traditional Circumcision Act, 2000 (Eastern Cape).

### SCHEDULE

#### ANNEXURE A

#### CONDITIONS FOR OBTAINING PERMISSION TO PERFORM CIRCUMCISION

1. There must be proof in the form of a birth certificate or an identity document that the prospective initiate in respect of whom permission is requested is at least 18 years old.
2. Parental consent must be obtained in respect of a prospective initiate who is under 21 years of age or who has not acquired adulthood, and such consent must be given either by a parent or a guardian of the prospective initiate concerned.
3. A prospective initiate must undergo a pre-circumcision medical examination by a medical doctor. The medical certificate must indicate as to whether the prospective initiate, based on the examination by the medical doctor who must have considered amongst others the medical history of the prospective initiate, is fit to undergo circumcision or not.
4. The traditional surgeon must be known to the parents of the prospective initiate, and must use instruments approved by such parents, or in the case of an orphan by his family, guardian or relatives, unless a medical officer has prescribed another surgical instrument.
5. A traditional surgeon, who is to perform a circumcision within an area falling under a traditional authority, must inform such traditional authority thereof.
6. Where a traditional surgeon does not have the necessary experience to perform a circumcision, he must perform it under the supervision of an experienced traditional surgeon.
7. An instrument used to perform a circumcision on one initiate must not be used again to perform a circumcision on another initiate, and the traditional surgeon must use the instruments supplied by the medical officer where the traditional surgeon has to perform more than one circumcision on more than one initiate but does not have sufficient instruments.
8. The traditional surgeon must keep instruments to be used by him to perform circumcision clean at all times before a circumcision, and shall use any substance prescribed by a medical officer for the sterilization of the instruments.
9. The traditional surgeon must cooperate at all times with the medical officer concerned in respect of any directive given or decision made by the medical officer under the powers vested in the medical officer by this Act.

## ANNEXURE - I

Traditional surgeon Medical officer

Name: .....

Signature: .....

Date: .....

### ANNEXURE B

#### CONDITIONS FOR OBTAINING PERMISSION FOR HOLDING A CIRCUMCISION SCHOOL OR FOR TREATING INITIATES

1. The medical officer concerned shall be entitled to impose a deviation from the use of traditional material only in cases where there are early signs of sepsis or other similar health conditions.
2. The medical officer concerned must be allowed by the traditional nurse to visit the circumcision school at any time and as regularly as the medical officer deems necessary in order to inspect the health and the condition of the initiate(s).
3. The initiate(s) must, at least within the first seven days of the circumcision, be allowed by the traditional nurse to have a reasonable amount of water to avoid the initiate suffering any dehydration.
4. The traditional nurse must not expose any initiate(s) to any danger or harmful situation and shall exercise reasonable care in the holding of the circumcision school.
5. The traditional nurse must report any sign of illness of the initiate(s) to the medical officer, as soon as possible.
6. The traditional nurse must not stay away from the circumcision school longer than 12 hours on any day during the first seven days of the initiation process, and after the lapse of the first seven days of such initiation process, he must be available to the initiate(s) at least once every day until the initiation period has come to an end.
7. The medical officer concerned shall be entitled to prescribe any measure at any stage of the circumcision process that he or she on reasonable grounds deems necessary in the interest of the good health of the initiate(s), and such a measure may in appropriate circumstances include a departure from the traditional methods.
8. The traditional nurse must cooperate at all times with the medical officer in respect of any directive given or decision made by a medical officer under the powers vested in the medical officer by this Act.

Traditional nurse Medical officer

Name .....

Signature .....

Date .....

### ANNEXURE C

#### PARENTAL OR GUARDIAN CONSENT

I.....

ID No.....

Residential address .....

1. confirm that I am the parent/guardian of:

NAME OF THE PERSON: .....

who will be undergoing a circumcision on

DATE OF OPERATION : .....

in

PLACE OF OPERATION: .....

at

TIME OF OPERATION: .....H.....

and

## ANNEXURE - I

2. consent to my child undergoing a circumcision operation and attending initiation school. I acknowledge that I understand the conditions set out in Annexures A and B hereto, which conditions bind the traditional surgeon and the traditional nurse.

SIGNATURE OF THE PARENT:

...../or

GUARDIAN .....

---

[Home](#) | [About the Eastern Cape](#) | [Documents](#)  
[Economy](#) | [Structures](#) | [International Relations](#) | [Site Map](#)  
[Premier's Office](#) | [Speeches & Media Releases](#) | [Links](#)  
[Top of Page](#)

---





PROVINCE OF THE EASTERN CAPE  
IPHONDO LEMPUMA KOLONI  
PROVINSIE OOS-KAAP

Provincial Gazette  
Igazethi Yephondo  
Provinsiale Koerant

Selling price: R1,50  
Other countries: R1,95

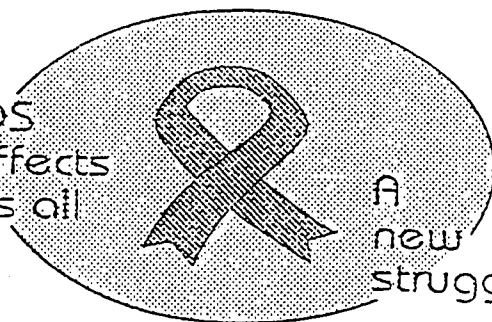
Vol. 8

BISHO/  
KING WILLIAM'S TOWN, 22 NOVEMBER 2001

No. 818  
(Extraordinary)

We all have the power to prevent AIDS

AIDS  
affects  
us all



A  
new  
struggle

Prevention is the cure

AIDS  
HELPUNE

0800 012 322

DEPARTMENT OF HEALTH

# ANNEXURE – J

2 No. 818

PROVINCIAL GAZETTE EXTRAORDINARY, 22 NOVEMBER 2001

## CONTENTS

No.

Page  
No. Gazette  
No.

### PROVINCIAL NOTICE

56 Application of Health Standards in Traditional Circumcision Act (Eastern Cape) (6/2001): For general information ... 2 818

## PROVINCIAL NOTICE

No. 56

22 November 2001

PROVINCE OF THE EASTERN CAPE

OFFICE OF THE PREMIER

### PUBLICATION OF APPLICATION OF HEALTH STANDARDS IN TRADITIONAL CIRCUMCISION ACT (EASTERN CAPE) (ACT No. 6 OF 2001)

It is hereby notified that the Premier has assented to the following Act which is hereby published for general information:

No. 6 of 2001 (EC): Application of Health Standards in Traditional Circumcision Act, 2001 (Eastern Cape)

# ACT

To provide for the observation of health standards in traditional circumcision; to provide for issuing of permission for the performance of a circumcision operation and the holding of circumcision school; and to provide for matters incidental thereto

*(English text signed by the Premier)*  
*(Assented to on 15 November 2001)*

**B**E IT ENACTED by the Legislature of the Province of the Eastern Cape, as follows—

## Definitions

1. In this Act, unless the context indicates otherwise—

“circumcision” means the circumcision of a person as part of a traditional practice;

“circumcision school” means a place where one or more initiates are treated;

“Department” means the Department of Health in the Province;

“gazette” means the *Provincial Gazette* of the Province;

“initiate” means a person who is in any stage of the circumcision process as contemplated in this Act;

“MEC” means the Member of the Executive Council responsible for Health in the Province;

“medical officer” means an officer designated or a person appointed in terms of section 2;

“medical practitioner” means a person registered as such under the Health Professions Act, 1974 (Act No. 56 of 1974);

“permission” means permission in the form of a document prescribed by Annexures A and B, issued by the medical officer in terms of section 3 (a);

“Province” means the Province of the Eastern Cape established by section 103 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996);

“surgical instrument” means an instrument used for the performance of circumcision, and “instrument” has a corresponding meaning;

“this Act” includes regulations made hereunder;

“traditional authority” means a traditional authority established in terms of a law recognised by section 211 of the Constitution; and

“traditional practice” includes a practice according to the custom, religion or any other rules of similar nature.

## Designation of medical officer

2. The MEC must designate in writing one or more officers of the Department or appoint one or more persons, on such conditions and qualifications as may be prescribed, as medical officers for the purposes of exercising and performing powers and functions conferred or imposed on them by this Act.

## Powers and functions of medical officer

3. The medical officer must, in addition to any other power and functions entrusted to him or her by this Act, exercise and perform the following powers and functions:

(a) Issuing of permissions to circumcise or treat an initiate;

(b) Keeping of records and statistics pertaining to circumcision and reporting thereon as prescribed, to the Department; and

- (c) A right of access to any occasion or instance where circumcision is performed or an initiate is treated.

#### Permission to perform circumcision

4. (1) No person, except a medical practitioner, may perform any circumcision in the Province without written permission of the medical officer designated for the area in which the circumcision is to be performed.

(2) (a) A person may apply as prescribed for permission to perform circumcision and such permission may not be given unless all the conditions set out in Annexure A of the Schedule have been complied with.

(b) A medical officer may, as part of the condition provided in item 7 of Annexure A of the Schedule—

- (i) disallow the use of a surgical instrument that the traditional surgeon intends to use; and
- (ii) prescribe or supply a proper surgical instrument where the use of a particular instrument has been disallowed in terms of subparagraph (i).

(c) Where a proper surgical instrument has been prescribed or supplied in terms of paragraph (b)(i), the medical officer concerned must demonstrate to, or train, the traditional surgeon as to how the instrument should be used.

(3) A medical officer must, in the following manner, present the conditions set out in Annexure A, to the person applying for permission in terms of subsection (2)(a):

(a) The medical officer, or any other person assisting such medical officer, and in the presence of the medical officer, must read the conditions in the official language understood by the person applying for permission;

(b) both the medical officer and the person applying for permission to perform a circumcision, must write their full names and signatures, and the date, on the document containing the conditions.

(4) A person who has applied must within one month of the date of such application, submit proof of compliance with the conditions referred to in subsection (2), failing which the application of such person shall lapse.

(5) A person whose application has lapsed as contemplated in subsection (4), is eligible to make a new application for permission to the medical officer concerned, and the provisions of this Act Apply to such person as if application for permission is made for the first time.

#### Permission to hold circumcision school or treat initiates

5. (1) In the Province, no person may hold any circumcision school or treat any initiate without written permission of the medical officer designated for the area in which the circumcision school is to be held or the initiate is to be treated: Provided that this subsection does not apply to the treatment of an initiate in a hospital or by a qualified medical doctor outside the traditional context.

(2) A person may apply, as prescribed, for permission to hold a circumcision school or to treat an initiate, and such permission must be given subject to the conditions set out in Annexure B of the Schedule.

(3) A medical officer must, in the following manner, present the conditions set out in Annexure B, to the person applying for permission in terms of subsection (2):

(a) The medical officer, or any other person assisting such medical officer and in the presence of the medical officer, must read the conditions in the official language understood by the person applying for permission;

(b) both the medical officer and the person applying for permission to hold a circumcision school or treat initiates must write their full names and signatures, and the date, on the document containing the conditions.

(4) A person who has applied, must within one month of the date of such application, submit proof of compliance with the conditions referred to in subsection (2), failing which the application of such person shall lapse.

(5) A person whose application has lapsed in terms of subsection (4), is eligible to make a new application for permission to the medical officer concerned and the provisions of this Act apply to such person as if application is made for the first time.

## ANNEXURE – J

PROVINCIAL GAZETTE EXTRAORDINARY, 22 NOVEMBER 2001

No. 818 5

HEALTH STANDARDS IN TRADITIONAL CIRCUMCISION ACT (EASTERN CAPE)

Act No. 6, 2001

### Restriction of persons to treat an initiate

6. (1) No initiate may treat or attempt to treat another initiate at any stage during or after the holding of a circumcision school.

(2) No person other than the traditional nurse, medical practitioner, the medical officer or any other person authorized by the medical officer, may within a traditional context, treat an initiate.

### Consent by parent or guardian

7. (1) The parent or guardian of a prospective initiate must, in respect of a prospective initiate below the age of 21 years, complete and sign a consent form in the format set out in Annexure C.

(2) The parent or guardian of an initiate must, in addition to all other responsibilities which such parent or guardian has in respect of the initiate, render such assistance and co-operation as may be requested by the medical officer in the interest of the good health of the initiate.

(3) No person, including the parent or guardian of an initiate, may interfere with or obstruct the medical officer in the performance of his or her duties under this Act.

### Amendment of Schedule

8. (1) The MEC may, by notice in the *Gazette*, amend the Schedule.

(2) The MEC must, within a period of thirty days after the publication of the notice contemplated in subsection (1), submit a copy thereof to the Legislature of the Province.

### Penalties

9. (1) Any person who contravenes the provisions of sections 6, 7(2) and 7(3) is guilty of an offence and liable on conviction to a fine of R1 000,00 or to imprisonment for a period not exceeding six months.

(2) Any person who contravenes the provisions of sections 4 (1) and 5 (1) or who fails to comply with any condition imposed by a medical officer in terms of sections 4(2) and 5(2), is guilty of an offence and liable on conviction to a fine not exceeding R10 000,00 or to imprisonment for a period not exceeding ten years, or to imprisonment for a period of five years without the option of a fine.

### Regulations

10. (1) The MEC may make regulations in regard to any of the following matters:

- (a) The issue of permission under this Act and the form of such permission;
- (b) the form and manner of application for such permission;
- (c) the requirements to be complied with by the applicant for such permission;
- (d) the prohibition or restriction of the issue of such a permission in appropriate circumstances;
- (e) the duration of any circumcision school;
- (f) generally the conditions subject to which permission may be issued;
- (g) the conditions and qualifications which an officer or a person referred to in section 2 must satisfy or possess; and
- (h) any other matter, the regulation of which may in the opinion of the MEC, be necessary or desirable for the purpose of achieving the objects of this Act.

(2) Any regulation made under this Act may prescribe a penalty for the contravention thereof, or default in complying therewith: Provided that regulations may not prescribe a penalty in excess of the penalty imposed by section 9(2).

### Short title

11. (1) This Act is called the Application of Health Standards in Traditional Circumcision Act, 2001 (Eastern Cape).

# ANNEXURE – J

6 No. 818

PROVINCIAL GAZETTE EXTRAORDINARY, 22 NOVEMBER 2001

Act No. 6, 2001

HEALTH STANDARDS IN TRADITIONAL CIRCUMCISION ACT (EASTERN CAPE)

## SCHEDULE

### ANNEXURE A

#### CONDITIONS FOR OBTAINING PERMISSION TO PERFORM CIRCUMCISION

1. There must be proof in the form of a birth certificate or an identity document that the prospective initiate in respect of whom permission is requested is at least 18 years old, or if the parents of the initiate so specifically request, at least 16 years old.
2. Parental consent must be obtained in respect of a prospective initiate who is under 21 years of age or who has not acquired adulthood, and such consent must be given either by a parent or a guardian of the prospective initiate concerned.
3. A prospective initiate must undergo a pre-circumcision medical examination by a medical doctor. The medical certificate must indicate as to whether the prospective initiate, based on the examination by the medical doctor who must have considered amongst others the medical history of the prospective initiate, is fit to undergo circumcision or not.
4. The traditional surgeon must be known to the parents of the prospective initiate, and must use instruments approved by such parents, or in the case of an orphan by his family, guardian or relatives, unless a medical officer has prescribed another surgical instrument.
5. A traditional surgeon, who is to perform a circumcision within an area falling under a traditional authority, must inform such traditional authority thereof.
6. Where a traditional surgeon does not have the necessary experience to perform a circumcision, he must perform it under the supervision of an experienced traditional surgeon.
7. An instrument used to perform a circumcision on one initiate must not be used again to perform a circumcision on another initiate, and the traditional surgeon must use the instruments supplied by the medical officer where the traditional surgeon has to perform more than one circumcision on more than one initiate but does not have sufficient instruments.
8. The traditional surgeon must keep instruments to be used by him to perform circumcision clean at all times before a circumcision, and shall use any substance prescribed by a medical officer for the sterilization of the instruments.
9. The traditional surgeon must cooperate at all times with the medical officer concerned in respect of any directive given or decision made by the medical officer under the powers vested in the medical officer by this Act.

*Traditional surgeon*

*Medical officer*

Name .....

Signature .....

Date .....

If initiate is under the age of 21 years:

Parent or guardian .....

Date .....

### ANNEXURE B

#### CONDITIONS FOR OBTAINING PERMISSION FOR HOLDING A CIRCUMCISION SCHOOL OR FOR TREATING INITIATES

1. The medical officer concerned shall be entitled to impose a deviation from the use of traditional material only in cases where there are early signs of sepsis or other similar health conditions.
2. The medical officer concerned must be allowed by the traditional nurse to visit the circumcision school at any time and as regularly as the medical officer deems necessary in order to inspect the health and the condition of the initiate(s).
3. The initiate(s) must, at least within the first eight days of the circumcision, be allowed by the traditional nurse to have a reasonable amount of water to avoid the initiate suffering any dehydration.

## ANNEXURE – J

PROVINCIAL GAZETTE EXTRAORDINARY, 22 NOVEMBER 2001

No. 818 7

HEALTH STANDARDS IN TRADITIONAL CIRCUMCISION ACT (EASTERN CAPE)

Act No. 6, 2001

4. The traditional nurse must not expose any initiate(s) to any danger or harmful situation and shall exercise reasonable care in the holding of the circumcision school.
5. The traditional nurse must report any sign of illness of the initiate(s) to the medical officer, as soon as possible.
6. The traditional nurse must stay with the initiate at the circumcision school 24 hours a day during the first eight days of the initiation process, and after the lapse of the first eight days of such initiation process, he must be available to the initiate(s) at least once every day until the initiation period has come to an end.
7. The medical officer concerned shall be entitled to prescribe any measure at any stage of the circumcision process that he or she on reasonable grounds deems necessary in the interest of the good health of the initiate(s), and such a measure may in appropriate circumstances include a departure from the traditional methods.
8. The traditional nurse must cooperate at all times with the medical officer in respect of any directive given or decision made by a medical officer under the powers vested in the medical officer by this Act.

*Traditional nurse*

*Medical officer*

Name .....

.....

Signature .....

.....

Date .....

.....

### ANNEXURE C

#### PARENTAL OR GUARDIAN CONSENT

I, .....

ID No. ....

Residential address .....

.....

1. confirm that I am the parent/guardian of:

**NAME OF THE PERSON**

.....

who will be undergoing a circumcision on

**DATE OF OPERATION** .....

in

**PLACE OF OPERATION** .....

at

**TIME OF OPERATION** ..... H .....

and

2. consent to my child undergoing a circumcision operation and attending initiation school. I acknowledge that I understand the conditions set out in Annexures A and B hereto, which conditions bind the traditional surgeon and the traditional nurse.

**SIGNATURE OF THE PARENT** ..... /or

**GUARDIAN** .....

# ANNEXURE - J

B No. 818

PROVINCIAL GAZETTE EXTRAORDINARY, 22 NOVEMBER 2001

012 334 4507, 334 4511, 334 4509, 334 4515

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001.

Tel: (012) 334-4507, 334-4511, 334-4509, 334-4515

Also available at the Legal Advisory Services, Province of the Eastern Cape, Private Bag X0047, Bisho, 5605. Tel. (040) 635-0052



**ANNEXURE K**

**INTERVIEW WITH THE FIRST KEY INFORMANT**

**DATE:** 03 OCTOBER 2001

**TIME:** 14h00 to 14h45 (45 MINUTES)

**VENUE:** SITTING ROOM IN HIS HOUSE

**AGE:** 51 YEARS

**EDUCATION:** STANDARD ONE

**TRANSLATION**

**Question 1.1**

***Is there any need for the Ulwaluko with the westernised health care in the custom?***

- Yes there is a need for westernised health care in the Ulwaluko.

- The traditional methods we used in the past had a problem, however the initiates heal rapidly in westernised health care methods.
- The westernised health care methods protect the initiates against diseases that the initiates might have.
- In westernised health care we are capable of taking the equipment from the hospital to the bush whenever there is a problem instead of taking the initiates to the hospital.

### **Question 2.1**

***Is there any need for the Ulwaluko custom to be practised nowadays?***

- Yes there is a need for the Ulwaluko custom to be practised nowadays.
- A boy must go to the mountain for the Ulwaluko because we believe in rituals and traditions, thus Ulwaluko is part of our culture.
- According to our tradition if a child has not undergone the custom of the Ulwaluko, he cannot relate well with his parents and brothers who have undergone the custom.
- There are tasks he cannot perform if he has not undergone the custom of the Ulwaluko, there are tasks that are normally performed by men who have undergone the Ulwaluko custom, for an example there are old men in the community who have undergone the ritual already, and they perform some traditions and rituals other than Ulwaluko. It is thus necessary that our children undergo the ritual so that they can perform these tasks as well when they are old.

- It is common for boys to develop Sexually Transmitted Infections especially if they have not been circumcised but if they are men (amadoda) they do not suffer from diseases such as “drop” or any other disease on the penis.

### Question 3.1

*Suppose there is a need for the Ulwaluko custom to take place nowadays, do you think that westernised health care should be incorporated into the custom or should it continue to be practised in the old traditional way?*

- The Ulwaluko custom should incorporate westernised health care because we have seen that our forefathers' old traditional methods are no longer effective.
- The reasons being that the methods we used in the past are no longer effective as a result of the spread of diseases and the period that is taken for the Ulwaluko is too short compared to the past.

#### Question 4.1

*What is your view about Ulwaluko with westernised health care being offered into the custom?*

- In my view I think the westernised health care should be used during the Ulwaluko because there is nothing that has been removed or changed in the actual traditional ritual.
- In the old traditional circumcision only few things have been removed but we still continue with our custom. I will explain in detail, the first thing that we do is that:
- The boy starts at home to be given a necklet charm made of hair from the tail of the cow (this is put around his neck) and this is customary.
- Then thereafter a goat is slaughtered (umngcamo) and it is said to the boy "lo ngumngcamo wakho namhlanje uya ebudodeni". At that time the boy is sitting at the kraal.
- Thereafter the boy is told that "now we are going to the mountain".
- On arrival in the mountain the boy is taken to the river for a bath and he is instructed to talk about all his sins and past misdeeds (iimibulo), that is to confess.
- If he doesn't confess all the wrong things he did in life then, it is believed that there will be delayed wound healing.
- Then the traditional surgeon follows, the prepuce is cut and the boy is instructed to say "I am a man" "ndiyindoda".

- Blood will dribble on top of helichrysum appendiculatum "izichwe" then is dressed with the same "izichwe"
- Thereafter he is taken to the hut "ibhoma" where dressings will take place until healing takes place.

In the past we have seen that initiates do not heal, they come back from the mountain whilst the healing process is not complete. Due to this fact then we decided to gather and discuss this issue with the:

- People from the health department who advised us on what we can do about wounds that do not heal (plan).
- When initiates were not healing in the past we took them to the hospital and healing process would normally occur there.
- So we wanted the remedy that is being used in the hospital
- We have been given that (remedy) because the westernised health care professionals did come, they demonstrated for us and we found that their methods were effective.

#### Things that have been removed

- One knife – we have removed the spear/assegai.
- Each initiate has his own blade if they are three then there will be three blades.
- Izichwe (helichrysum appendiculatum herbs) have been removed instead bandages are used as well as suturing of the wounds to prevent diseases.

- Then we realised that what we are doing is right for us.
- There is nothing that we removed in the core part of the Ulwaluko custom except for:
  - The spear
  - Izichwe and we are using
  - Suturing and bandages instead
  - We offer them water because when an initiate has been taken to the hospital due to complications associated with the Ulwaluko he is offered water there. We decided that we must give them water as well and we don't encounter any problems by doing so.
  - We give them food, which is nutritious no more pit mielies (iinkobe).

#### **Question 4.2**

***Was there any key member of the community who influenced you to accept Ulwaluko with westernised health care into the custom?***

Yes, there is someone who was influential to us. We identified our problems as stated above. The person is a nurse and had undergone the Ulwaluko custom.

### **Question 4.3**

***Why did you identify the need for Ulwaluko with westernised health care in the custom?***

- Westernised health care is preventive in all diseases more especially that we have realised that diseases are on the increase.
- Our children come back from the initiation schools with incomplete healing of wounds and we decided to incorporate the western health care into Ulwaluko.

### **Question 4.4**

***Explain how the process of acceptance of the Ulwaluko with westernised health care took place in your community?***

- A medical doctor called us to a gathering, it was a long time ago.
- The reason he called us was, he (doctor) identified diseases on the initiates whenever they were admitted to hospital.
- He enquired about the procedure that we follow when we circumcise boys and we explained this to him.
- The medical professionals advised us to use westernised health care.
- We brought the idea to the people in the village. I told the community about the incorporation of western health care into the Ulwaluko, the reason being that our children should be protected from diseases.

- The community agreed in using western health care and selected some people for training in circumcising, by the person who offered training for them so that they could learn how to circumcise the westernised way.
- The first thing we did, we elected a chairman and deputy, secretary and the deputy treasurer so that there could be a committee.
- The reason for selecting this committee was for the preparation of being up-to-date about westernised health care.
- People accepted the proposal of the acceptance of westernised health care, and the training part of it. Those who were selected for training never attended the course.
- Another person was trained, not in our village because I requested him to attend the training because apparently no one was interested from my village.
- During the traditional circumcision season we were called to come and see westernised health care how it is performed.
- People witnessed and praised it.

**Question 4.5**

***Do you think the acceptance of the Ulwaluko with westernised health care has changed the custom?***

No



#### Question 4.6

*What are the advantages and disadvantages, if any, of accepting Ulwaluko with westernised health care compared to the old traditional way?*

#### Advantages

- Firstly, health professionals examine boys physically and whenever there are diseases they are given medications and tablets to ensure that there is a good resistance.
- Secondly, during the circumcision procedure one blade is used per initiate and therefore there is no mixing of blood.
- Thirdly suturing of wounds is done to protect them against diseases.
- Fourthly, the diet that we give the initiates is very nutritious according to this westernised health care, for an example we do give them eggs, milk and samp. Those are some of the things we give the initiates unlike in the past where they did not get such nutritious food.
- The main thing that we also offer is water, and that is the main thing that cause dehydration if it is restricted we do not encounter any problems instead the healing process is rapid when you compare it with the old traditional way whereby we did not give them water.

## Disadvantages

There is nothing that I can say is not right in the westernised health care.

## Question 4.7

***What is the relationship between westernised surgeons, traditional healers and traditional surgeons?***

- There is no peace among the people who practice westernised health care and the traditional surgeons and healers. The traditional healers and traditional surgeons do not like people who perform westernised circumcisions.
- I don't think there is any need for a traditional healer more especially when westernised health care is being incorporated in the Ulwaluko custom. For instance, I had two initiation schools without any traditional healer.
- The main reason for a need of a traditional healer is the way the initiates are being treated. They are badly treated, physically punished and lack of sleep, which leads to a situation where you would find an initiate suffering from both visual and auditory hallucinations.
- At this point in time you would find that people would say there is a need for the traditional healer because initiates see things (hallucinations). The reason usually is lack of sleep but in western type we let them to sleep and we don't encounter any problems.

#### **Question 4.8**

***What is the core part of the custom according to your knowledge?***

- There is something that is being done nowadays in as far as Ulwaluko is concerned. There are boys that are circumcised whilst there are dead and you will find that it is said "yithi ndiyindoda" "say I am man" to someone who is a substitute for the dead person.
- The dead person does not eat the slaughtered goat's meat "umngcamo" himself instead the substitute does that. I become confused sometimes and I ask myself what is to be a man if there are people who are circumcised whilst they are dead.
- But I will answer this question this way the core part of the Ulwaluko is the cutting of the foreskin and slaughtering of the goat "umngcamo". Ukungcanyiswa is the slaughtering of the goat. The cutting of the foreskin when it is said the initiate, "say I am man".

#### **Question 4.9**

***Is there anybody who teaches the boys about Sexually Transmitted Infections, HIV/AIDS before undergoing Ulwaluko custom?***

No, there is no one who is teaching boys about STI's and HIV/AIDS.

### Question 5.1

*What were the main things we discussed?*

- How we view westernised health care
- I explained that to me its alright
- Disadvantages and advantages
- Relationship of western health professionals and traditional healers and surgeons

### Question 6.1

*Is there anything you would like to say?*

- Yes, there is something I would like to say I want to encourage people to use westernised health care in the Ulwaluko to protect the lives of their children.
- We noticed that our children died because of the traditional methods that are not conducive to health.
- In all the traditional initiation schools I have seen initiates are taken to hospital or some died. Therefore, I encourage westernised health care, because there is nothing that has been removed from the custom itself.
- All the things that we are suppose to do in the Ulwaluko we do except for the few that I mentioned that we don't do them any more.

Question 6.2

*Have we missed anything?*

There is none.

**ANNEXURE L**

**INTERVIEW WITH THE FIRST KEY INFORMANT**

**DATE:** 03 OCTOBER 2001

**TIME:** 14H00 TO 14H45 (45 MINUTES)

**VENUE:** SITTING ROOM IN HIS HOUSE

**AGE:** 51 YEARS

**EDUCATION:** STANDARD ONE

**Umbuzo 1.1**

***Ngaba ikhona na imfuneko yokusebenzisa uhlobo lwasentshona okanye isilungu kulwaluko?***

Ewe ikhona imfuneko. Kwizinto besizisebenzisa kuqala ikhona ingxaki, baphola kamsinya kwezinto zasentshona.

Ziyakhusela nakwizifo ezinoba zikho kwaba bantwana. Siyakwazi ukuthatha ezi zinto zasentshona esibhedlele xa kukho ingxaki sizise phaya entabeni singadanga sabe sibasa esibhedlele abantwana.

### **Umbuzo 2.1**

#### ***Ngaba ikhona na imfuneko yokuba makolukwe kulemihla?***

Ikhona imfuneko yokuba makolukwe inkwenkwe iye entabeni. Kuba singabantu bamasiko nezithethe ngoko ke nolwaluko lukwakho phakathi kwamasiko ethu. Xa kuthe umntwana engalukanga ngokwasesintwini nasesithetheni akakwazi ukuhlalisana nabazali bakhe nabantakwabo abeselukile ngaphambili. Kunezinto angafikeleli kuzo ukubangaba akolukanga ngokwasesidodeni, umzekelo selekukho abantu abadala abolukileyo kuthi ke apha kwezinto zezithethe namasiko angaphandle kokwaluka asetyenzwa ezilalini asetyenzwa ngabantu abangamadoda apha esintwini (esiXhoseni) kuyafuneka ukuba abantwana bethu boluke ukwenzela ukuba akwazi ukufikelela kuzo zonke ezindawo. Amaxesha amaninzi kukholisile ukuba abantwana babe nezifo apha ebudodeni ngokukodwa kubantwana abangamakhwenkwe abangolukanga, kodwa xa ke eyindoda akufane abenazo ezizifo ezinje ngokuba kuthiwe mhlawumbi une"drop" okanye unesifo esithile esilapha ebudodeni xa eyalukile ikakhulu ikholise kubamntwana abangamakhwenkwe.

### **Umbuzo 3.1**

***Masithi ikhona imfuneko yolwaluko kulemihla. Chaza okokuba Ulwaluko kufuneka lwamkele uhlobo lwasentshona okanye olwesilungu kwezempilo okanye kusetyenziswe undalashe?***

Ulwaluko kufuneka lwamkele uhlobo lwasentshona/lwesilungu. Kuba undalashe, ukwaluka ngokwakudala ngokobawomkhulu kuhlobolo lwakuqala silubonile ukuba akulungi. Izizathu ke izinto esizisebenzisayo phaya phambili kundalashe zizinto ngoku kulemihla sinayo ezingasasebenzi ngokokwanda kwezifo nexesha esalukisa ngalo abantwana lifutshane kakhulu compared nexesha lakuqala.

### **Umbuzo 4.1**

***Ngaba luthini uluvo lwakho ngokusetyenziswa kohlobo lwasentshona/isilungu kwezempilo kwisiko lolwaluko?***

Uluvo lwam malunga nokusetyenziswa koluhlobo lwasentshona kwisiko lolwaluko ndilubona mna lufanelekile ukuba makweluswe ngokwasentshona xa kweluswa amakhwenkwe ngoba akukho nto igatyiweyo nesusiweyo kwisiko lolwaluko lesintu.



Kuhlobo ebekugade koluswa ngalo, qha into ezisusiweyo zizinto ezimbalwa kakhulu kunje ngokuthi phaya besikade sisebenzisa, ndizakuchaza ngokuthe gabala, besikade sisebenzisa xa sisolusa amakhwenkwe sithi kwasekuqaleni inkwenkwe iqala ekhaya inikwe ubulunga basekhaya phambi kokuba ibe izakunikwa ibhokhwe yomngcamo, kuxhwithwa ubulunga enkomeni lisiko lesintu ke elo. Inikwa ubulunga kuqala kufakwe emqaleni emveni koko kuxhelwe ibhokwe kuthiwe le bokhwe ngumngcamo wakho namhlanje uya ebudodeni ibekwe ebuhlanti ngeloxesha kuthethwa nayo isebuhlanti. Ithathwe emveni kokuba kuqgitywe lo nto kuthiwe ngoku kuyahanjwa kuyiwa entabeni isiwe entabeni. Xa kufikwa entabeni iqala ngokufakwa emanzini emlanjeni ihlambe kuthiwe mayichaze zonke izinto eyakhe yazenza ezingalunganga (eziyimibulo). Injongo yayikukuthi kusaziwa into yokuba ukubangaba xa kuthe kwakho izinto angazichazanga akakhawulezi aphole xa ethe wasikwa phaya ethontweni, eminye imibulo engakhange ayixele phambi koba asetyenzwe ukuba ndenze into ethile. Emveni koko, kuze ingcibi ke ngoku. Axelelwe ke ngoku ukuba namhlanje uzokwaluka asikwe yingcibi ngomdlanga kuthiwe yithi "ndiyindoda". Ngexesha asikwayo kubekwe izicwe phantsi kwakhe ukwenzela ukuba igazi livuzele apha esicweni andule abotshwe ngaso. Emva koko ifakwe endlini ayikho enye into eyaphinde yenziwe ngaphandle kokuba uyasoloko esetyenziswa ngokubotshwa qha ukuze inxeba lide liphole ebotshwa. Kodwa ke kwixesha elininzi esilibonileyo kwiminyaka edlulileyo siphawule ukuba akapholi ngoku amakhwenkwe ubuninzi babantwana abapholi babuya entabeni beseluhlaza.

Kwelixesha esikulo, kulapho ke ngoku siye sabona ukuba masidibane, safikelwa ke ngoku ngabantu besebe lezempilo bezekusicebisa ukuba likhona icebo esinokulenza nakhona ukungena kwelicebo silibona ngokuthi xa bengapholi sibase esibhedlele babuye esibhedlele beright bepholile safuna eli cebo lenziwayo esibhedlela ukuba asinakulenzelwa na apha, singadanga sabe siye esibhedlele. Selinikiwe ke elo cebo basizela, basenzela salibona lilungile kwayelihle.

### **IZINTO EZISUSIWEYO ESIKWENI NGOKU**

- Izinto ezisusiweyo kwisiko lakudala, sisuse ukuba makusikwe ngemela enye. Enye yindlela yokusikwa komntwana, usikwa ngemela yakhe nomnye nomnye, imela zabo zilingana bona. Basikwe ngemela ezintathu ukubangaba bathathu, imela ingabinye omnye abenemesi yakhe, sisuse la mdlanga.
- Eyesibini esiyisusileyo kukubotshwa ngezicwe. Sathi ke thina inxeba malivalwe lithungwe ukuze likhuseleke kwizifo.
- Okwesithathu sathi mababotshwe ngebandage sabe sifikele ekugqibeleni sabe siyabona ukuthi yonke lento siyenzileyo ukusuka ekuqaleni ilungile. Akukho nto siyisusileyo kwisiko le sintu zonke izinto siziqhuba ngokwesiko lakhona sisuse ezinto zintathu qha umdlanga, ukuvalwa kwamanxeba ngokuthungwa bangayekwa nje abantwana nokubandajwa sisebenzisa izinto zasentshona.

At this stage the researcher intervened by asking whether they offer water to initiates or not.

Amanzi siyabanika ngoku sasikade singabaniki kuba siphawule ukuba kuzinto zasentshona xa sibase phaya kuqgira esibhedlele bayawanikwa amanzi babuye bebebahle sabona ukuba masibanike nathi sesisebenzisa lo ndlela, asiboni ngxaki. Nokutya esibanika kona kukutya okunempilo nokondlayo emzimbeni asibaniki okwakutya sasibanika kuqala sasibaphekela iinkobe qha kodwa ngoku sibanika ukutya okondlayo.

#### **Umbuzo 4.2**

***Ngaba ukhona na umntu oye wanempembelelo apha ekuhlaleni ezokuba namkele uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Ukhona. Ukhona umntu ofikeleyo kuthi ekubeni esibona sinengxaki wasibuza ukuba ingxaki sidibana nayo ndawo nina. Samxelela ukuba ingxaki sidibana nayo kwezindawo selendizibalile ngentla apha. wasibonisa wasicebisa ukuba singasebenzisa ezi zinto, ongumntu ongu nesi phaya esibhedlela ongumntu owalukayo naye owoluke isintu.

### **Umbuzo 4.3**

***Chaza ukuba unobangela owenza nibone kuyimfuneko yokuba nisebenzise uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Sabona uhlobo lwasentshona lukhuselekile kwizifo zonke ezikhoyo nasekwandeni kwezifo esizibona zikhona nasekubeni sibonile into yokuba abantwana bethu babuya bengapholanga sithi sakubasa phaya esibhedlele babuye beright sabona ukuba eli cebo masilithathe singene kwelicala lase ntshona nalomntu wayesicebisa yayingumntu wasesibhedlela sayibona intle.

### **Umbuzo 4.5**

***Ucinga okokuba ukwamkela kwenu koluhlobo lwasentshona okanye isilungu kwezempilo kulwaluko lutshintshe eli siko?***

Indlela yethu yokwamkela le nkqubo yasentshona sibizelwe edolophini kuqala, ngumntu othile owanguqgira wasesibhedlele phofu manditsho wachaza ngezifo azibonayo ezifika namakhwenkwe engapholanga. Wasibuza ukuba siqhuba njani, samxelela indlela esiqhuba ngayo. Yabe indlela esiqhuba ngayo isoyisa kuba siyesiphinde siyokutsho kwakuye qgira lowo.

Uzokuthi ke xa ugqira xa esicebisa kwizinto ebesicebisa ngazo plus nababantu nabangaba ngamanesi besicebisa ngalomcimbi ukuba inkqubo entle mayela nalomcimbi ukuba singaqhuba ngohlobo olukhuselekileyo sisebenzise ezizi nto zase ntshona. Seza nayo elalini, mna mntu wayeyile entlanganisweni ndize nayo elalini ndafike ndaxelela uluntu elalini ukuba kunenkqubo enje, emalunga nento edibene nento yokwaluka ekukhuseleni abantwana bethu kwizifo esesizibonile. Kukho inkqubo ekhoyo oogqira aba adviza (abacebisa) ukuba kusetyenziswe yona le sindiyichazile ngentla. Baze ke abantu bathi le nkqubo siyayibona siyayamkela makonyulwe abantu abazakuhamba bayekufundiswa ngulo mntu othe unakho ukubafundisa ababonise abantu indlela yokwalusa. Into yokuqala kwathiwa makwenyulwe uchairman ozakongamela amadoda alapha elalini, abahambele nakwizinto. Konyulwa nesebola, unobhala nesebola lakhe nonondyebo. Kusenziwa ikomiti ezakusebenza lo msebenzi woba abantu bazi ukuba indlela ihamba phi na malunga nalo mcimbi wokwaluka nje ngokuba sendize nawo ndabaxelela abantu bakuthi. Bayamkela abantu into kunayo abobantu babenyulwe ukuba baye kutrainwa zange baye, kwasukwa kwa trainwa mntu wumbi endamcelayo okuthiwa nguMweza ndathi makutrainwe yena kuba waye kufutshane yena ndingababoni aba babefanelwe ukuba batrainwe. Yabe itraining iqhubekile kwicala lika Mweza kulo mntu waye batraina ebabonisa ukuba kwenziwa njani. Ithe xa sekuzosetyenzwa kwaziwa nayo le ndlela sasiyichazelwe ukwenzela ukuba sizokuyibona ukuba isebenza njani. Beza nayo abobantu sasibacelile ukuba bazokusibonisa, bafika bayisebenzisa le nkqubo yasentshona.

Yasebenza ngelo xesha, abantu bayibona kuyinkqubo eright. Yindlela esayithathayo zange sisuke siyenze saqala ezikomitini kuqala seza nayo size nayo kuqgira nabobantu babesicebisa.

#### Umbuzo 4.6

*Zeziphi izinto ezilungileyo nezingalunganga, ukubanga zikho kule nkqubo yasentshona kwezempilo kulwaluko xa uqhathanisa nondalashe?*

#### Ezilungileyo

Kwinkqubo yasentshona izinto endizibona zilungile okukuqala kukuthi abantwana xa bezakusetyenzwa bezakusikwa baxilongwe kuqala nguqgira ababone ukuba baphilile abanazifo na. Bathi ukubanga bane zifo banikwe amayeza nepilisi ezenza ukuba babeneresistance. Eyesibini xa sele sibagqibile ukubasika kuba sibasika ngemela ezahlukileyo bangadibani ngagazi zizinto ezilungileyo ke ezo. Okwesithathu kukubathunga amanxeba avaleke bakhuseleke kwizifo ezisulelayo. Babhandejwe ke ngoku kungabikho mntu ubaphathayo ngezandla zakhe. Okwesine nokutya esibanika kona ngokwale nkqubo yase ntshona akukho nto singabaniko yona eyinto ebheka empilweni ndizibona izizinto ezilungileyo ezenza paphume bephilile. Umzekelo siyabanika amaqanda, siyabanika ubisi, imingqusho izinto ke ezo bebekade bengazifumani ngexesha benentsuku ezisibhozo besabotshwa.

Sibanika yonke into ebheka empilweni yonke into siyabanika namanzi ngoba yenye into engundoqo ebeyibangela ukuba abantwana banxanwe bangabi namanzi emzimbeni. Asiboni kukho nto, endaweni yokuba kubekho into bakhawuleza ngolona hlobo eliqhitha oluya lokuqala olu besingabanikezi manzi.

#### **Ezingalunganga**

Akukho nto ndiyibonileyo mna engalunganga kule ebesiyisebenzisa kule nkqubo yase ntshona.

#### **Umbuzo 4.7**

***Ngaba injani intsebenziswano phakathi kwengcibi sasentshona/zesilungu namaxhwele kunye neengcibi zesintu?***

Abevani ababantu basentshona nababantu baziingcibi. Abonabantu bangafuniyo ukuba abanye mabangasondeli kubo ngamaxhwele, abavani nababantu basentshona abasetyenziswa ziilali. Ndaweni nye neengcibi ebezikade zisebenza isidala azivani nababantu basentshona. Uyabona kwelicala lamaxhwele ndiphantse ndithi andiyiboni kakhulu ikhona infuneko yexhwele entabeni xa abantwana bephilile kuba besiza ngohlobo lwasentshona akuye kubekho mfuneko yaxhwele. Umzekelo mna ndoluse abantwana kabini khange kubekho xhwele. Qha yeyona nto bendingafuni ukuyitsho leyo andisebenzisi xhwele.

Amathondo wam mabini akange ndisebenzise xhwele kwaye khange ndibone mfuneko yaxhwele ke. Ngoba eyona nto ebangela ukuba kufuneke ixhwele yimpatho yokuphatheka kwabantwana kakubi nokubethwa, nokungalali bangatyiswa kutya koneleyo entabeni kude kufuneke ixhwele. Futhi banganikwa kutya kondlayo babethwe bangalali. Into eyenzekayo bathi ukubangaba abantwana abakhange balale babenobuthongo baphaphazele kuthiwe ke ngoku bayabhuda kwezinto zenziwayo apha entabeni. Kuthiwe ke ngoku bayagula kufuneka ixhwele bayagula kufuneka lizonyanga aba bantwana banezinto abazibonayo bathetha izinto ezingezizo ngeloxesha baphethwe bubuthongo kuba abalali. Kule nkqubo intsha siyabalalisa kungabikho nto.

#### **Umbuzo 4.8**

##### ***Ngokokwazi kwakho yeyiphi lendawo ingundoqo kulwaluko?***

Kukho into endiyibonayo kulemihla eyenziwa malunga nolwaluko, nento ezakubangela ukuba mandithi ukwaluka ngamanye amazwi ndingafuna ndithi ikhona into engathi ayikho ekwalukeni ngoluhlobo kunamakhwenkwe apha oluswayo angasekhoyo angasikwayo. Apho ke kuvele kuthiwe yithi “ndiyindoda” kulo mntu ummeleyo. Nomngcamo walonkwenkwe awutyiwa nguye utyiwa ngulomntu ummeleyo, engeyiyo qobo lonkwenkwe. Ifune ukundibhida ngoku ngoba eyona nto ebubudoda ekwalukeni yeyiphi?



Ndizakuphendula ngoluhlobo into engundoqo kukusikwa kwenkwenkwe nomngcanyiso wayo. Kungcanyiswa kuqala ze ukusikwa kulandele, yeyona nto ilisiko leyo apha ekwalukeni.

Ukungcanyiswa kukuxhelwa kwebhokhwe, ngumngcamo wayo lowo kuthiwe ke ngoku xa isikwa yithi "ndiyindoda" ngokwazi kwam. Ukuba inkwenkwe ingcanyisiwe, yasikwa kwathiwa yithi ndiyindoda isentabeni yindoda keleyo. Ayikho ke enye endiyaziyo.

#### **Umbuzo 4.9**

***Ukhona na umntu ofundisa amakhwenkwe ngezifo zokulalana, HIV/AIDS phambi kokuba baye esuthwini?***

Hayi akakho apha kuthi.

#### **Umbuzo 5.1**

***Zeziphi izinto esiye saxoxa ngazo?***

M m m m m m..... trying to think. Izinto esixoxe ngazo yinto yokuba inkqubo yasentshona siyibone injani concerning abakhwetha. Ndachaza ukuba ndiyibone ilungile, andibonanga nto iwrong. Okwesibini m m m.... thinking again. Nokuthi ziziphi izinto esizibone ziwrong neziright. Andibonj zinto ziwrong kwezasentshona kwezi sizenzile.

Nokuthi ingcibi namaxhwele bukhona na ubudlelwana phakathi kwabo nabasentshona. Abukho ubudlelwane phakathi kweengcibi nabantu basentshona kwinkqubo yasentshona.

#### **Umbuzo 6.1**

##### ***Ngaba ikho into ofuna ukuyithetha engenye?***

Ikhona ngoba mna ndiyafuna ukuyikhuthaza into yokuba abantu mabakhuthazwe ngokuthatha inkqubo yasentshona malunga nolwaluko, ukukhusela ubomi babantwana babo. Ngoba siqaphele phambili abantwana bethu basishiyile besentabeni ngokulandela undalashe. Undalashe lowo ongasasebenziyo. Kuwo wonke amathonto apha endiwabonileyo akandalashe alikho neline elingenamntu ukhe waya esibheldlele okanye umntu obhubhileyo kwamanye amathonto. Ngoku ndiyayikhuthaza into yokuba abantu mabajike intloko zabo, bazijongise kulomcimbi wasentshona ngoba wona ubonakele nje ngobumhlophe ukuba awunasizathu and akukho nto isukile kwizinto zokwaluka. Ukwaluka sikuqhuba ngendlela efanelekileyo nayo nayiphi na into edibene nokwaluka siyayiqhuba. Izinto eselendizibalile endizikhumbulayo.

**Umbuzo 6.2**

***Ngaba ikho into esiyishiyileyo?***

Ayikho.

**ANNEXURE M**

**INTERVIEW WITH THE SECOND KEY INFORMANT**

**DATE:** 04 OCTOBER 2001

**TIME:** 11H30 TO 12H20 (40 MINUTES)

**VENUE:** SITTING ROOM OF THE 1<sup>ST</sup> KEY INFORMANT

**AGE:** 61 YEARS

**EDUCATION:** STANDARD ONE

**Question 1.1**

***Is there any need for the Ulwaluko with the westernised health care in the custom?***

- Yes, there is a need for westernised health care into the Ulwaluko custom.
- In our old traditional circumcision you would find that the penis of the initiate would be septic and we thought that was due to failure of the boy to confess about the sins and misdeeds he committed (iimibulo).

### Question 2.1

***Is there any need for the Ulwaluko custom to be practised nowadays?***

- According to the culture of AmaXhosa there is a need for Ulwaluko to be practised. For instance if a person dies before undergoing the custom, that person will normally appear in the form of dreams asking to undergo the ritual as well. My two late brothers want to undergo the Ulwaluko custom because they died before undergoing it.
- If you don't do that there will be a physical illness to the person who is dreaming about that. That is the reason why I say the Ulwaluko must be practised.

### Question 3.1

***Suppose there is a need for the Ulwaluko custom to take place nowadays, do you think that westernised health care should be incorporated into the custom or should it continue to be practised in the old traditional way?***

- According to my view, I think we do not encounter problems in westernised health care because we don't go to the women in the hospital.
- Let us use westernised health care in the bush because we don't need to take the initiates to the hospital.

- Ulwaluko is our secrecy as men.
- The old traditional circumcision ends up in the hospital whilst westernised health care methods end up in the bush where the custom starts, and with this type of incorporating westernised health care into the custom everything is done in the bush.

#### **Question 4.1**

***What is your view about Ulwaluko with westernised health care being offered into the custom?***

- I fully support the Ulwaluko as a cultural practice but culture is changed by means of negotiations among the people.
- The old traditional circumcision has problems such as deaths.
- The reason for accepting westernised health care is that we prevent our children from dying.
- In conclusion we do not refer initiates to hospital.

#### **Question 4.2**

***Was there any key member of the community who influenced you to accept Ulwaluko with westernised health care into the custom***

Due to certain reasons we obtained the help from someone else and we do not know whether he uses westernised health care.

#### **Question 4.3**

***Why did you identify the need for Ulwaluko with westernised health care in the custom?***

- We noticed that we were losing our children in the old traditional circumcision. For instance one or two initiates would die in the bush.
- All in all there were penile mutilations, sepsis due to lack of confessions (iimibulo) about having sexual intercourse with their mothers or relatives. They (initiates) failed to mention these misdeeds so that they could be helped, and we encountered problems and we took them to the hospital. Some would not even arrive in the hospital they died on their way.
- Then westernised health care came to our rescue and since we started using it not even a single problem has been encountered.

- We realised that westernised health care has saved us from the complications that are related to the Ulwaluko.

#### **Question 4.4**

***Explain how the process of acceptance of the Ulwaluko with westernised health care took place in your community?***

- We had community meetings and in those meetings we discussed the suturing of the wound after circumcising. We debated until such time that we felt that there was no problem with the suturing.
- The aim of suturing is to prevent diseases.
- Others preferred to go their own way (continuing to practice the old traditional way) rather than accepting westernised health care.
- The complications of the traditional circumcision remain the same because those who refused to join westernised health care still refer their initiates to hospital with complications. It looks as if people who refused to accept westernised health care are not afraid to bury the dead, they are not afraid of death.
- We protect our children from death whilst they are in the mountain/bush by accepting westernised health care.



#### **Question 4.5**

***Do you think the acceptance of the Ulwaluko with westernised health care has changed the custom?***

- The Ulwaluko custom has not changed, because the slaughtering of the goat (umngcamo) and the cutting of the foreskin still take place.
- The westernised type of circumcising is the preferred one because the foreskin is removed very well compared to what we were doing in the past.
- Our cutting of the foreskin in old traditional circumcision was not good because it led to the mutilations and other problems. There is nothing wrong with our tradition. It is still the same.

#### **Question 4.6**

***What are the advantages and disadvantages, if any, of accepting the Ulwaluko with westernised health compared to the old traditional way?***

##### **Advantages**

- Westernised health care is good because it maintains the secrecy of the custom.
- Initiates are no more taken to hospital.

#### **Question 4.7**

***What is the relationship between westernised surgeons, traditional healers and traditional surgeons?***

- Traditional surgeons and traditional healers that are surgeons as well, are complaining because their bread has been taken away by westernised surgeons, that means they do not earn any money from circumcising anymore.
- According to my point of view I think they don't have any objective in what they are doing because they are not clever enough when it comes to penile injuries that is why we resorted to westernised health care.
- When it comes to confessions (imibulo) we used to fight with the initiates when they refused to mention the wrong things they did. We usually punished them leading to injuries.
- The traditional healer would normally say he doesn't have any cure for treating complications related to the custom if the initiate does not speak the truth about his sins. The only solution they (traditional healers) recommended was physical punishment so that the truth could come out.
- In westernised health care everything runs very smooth, because when we see something wrong we just call them (male health professionals) and they treat initiates without punishing them physically.

- They treat (westernised health professionals) the illnesses in the bush without referring the initiates to hospital.

**Question 4.8**

***What is the core part of the custom according to your knowledge?***

- Slaughtering of the goat.
- Cutting of the foreskin.
- The above are the main things.

**Question 4.9**

***Is there anybody who teaches the boys about Sexually Transmitted Infections, HIV/AIDS before undergoing the Ulwaluko custom?***

- There is no one who is teaching our children about Sexually Transmitted Infections before undergoing the Ulwaluko custom.
- But what we do is that we refer the boys to hospital for a check-up (a day or a week before going to the bush) and the nurses in the hospital as well as westernised surgeons advise them on STI's.

### Question 5.1

*What are the main things we discussed?*

- We discussed the westernised health care and the old traditional circumcision.
- The importance of the westernised health care.
- How we accepted the westernised health care into the Ulwaluko and the aims of doing so.

### Question 6.1

*Is there anything you would like to say?*

- What I would like to see happening, is that there should be time specification for physical examination of boys.
- At least they must be examined a month before so that a thorough examination can be done. To me it seems as if they are not examined thoroughly if that is done a day or a week before going to the bush.
- My request is that male nurses must examine the boys.

Question 6.2

*Have we missed anything?*

No.

**ANNEXURE N**

**INTERVIEW WITH SECOND KEY INFORMANT**

**DATE:** 04 OCTOBER 2001

**TIME:** 11H30 TO 12H20 (40 MINUTES)

**VENUE:** SITTING ROOM OF THE 1<sup>ST</sup> KEY INFORMANT

**AGE:** 61 YEARS

**EDUCATION:** STANDARD ONE

**Umbuzo 1.1**

***Ngaba ikhona na imfuneko yokusebenzisa uhlobo lwasentshona okanye isilungu kulwaluko?***

Ngokwenjongo nembono ibekhona imfuneko ngokwezizathu sakuba silibonile ulwaluko lwasentshona. Sasisoloko kuqala, pha kulandalashe wethu bekukho izinto ufumane ukuba into (penis) yenkwenkwe yayiphela sisithi ke yimibulo ngokwesixhosa.

### **Umbuzo 2.1**

***Ngaba ikhona na imfuneko yokuba makolukwe kulemihla?***

Kuyafuneka ukuba makwelukwe ngokwasesixhoseni. Ulwaluko lisiko lide livele nakwabafileyo abangazange boluka, bavela ngokwasemaphupheni. Umzekelo ndinomkhuluwa nomninawe wam oko bandimisa bume mlana ndolusa umfana wam wokuqala bavela befuna ukoluka nabo. Ngenxa yokuba batya kuwe empilweni wena mntu bavela kuwe kunyanzeleke ukuba moluse lomntu noba selengasekho. Naso isizathu esibangela ndithi ulwaluko lufanele ukuba malibekho.

### **Umbuzo 3.1**

***Masithi ikhona imfuneko yolwaluko kulemihla. Chaza okokuba Ulwaluko kufuneka lwamkele uhlobo lwasentshona okanye olwesilungu kwezempilo okanye kusetyenziswe undalashe?***

Ngokwam ukubona intshona le ayisisokolisi ngoba ayisisi bafazini. Makusetyenziswe ola sentshona ngokwasentabeni kuba xa lisiya esibhedlele liya ebafazini. Kaloku yinfihlelo yethu madoda le. Unobangela manditsho kuba siyalenza eli lethu ngokomfihlelo liphethe liyokuphelela ebafazini olu ludala. Eli lasentshona liphelela phaya entabeni kula ndawo beniliqale kuyo zonke izinto zilungiselelwa phaya. Nditsho ndilifumane ukuba lifanelekile kuba aliveli kubantu elingabafanelanga ukuba livele kubo.

Liphela kuthi thina banikazi balo. Undalashe uyasibetha ngoba uphelela kubantu abangafanelanga kuyantabeni abangabafazi ndifuna ukuyicacisa ngolohlobo. Besithe yimfihlelo yasentabeni ayifuni bafazi. Naso ke iszathu esibangela ukuba mandincome olu lwasentshona uhlobo.

#### **Umbuzo 4.1**

***Ngaba luthini uluvo lwakho ngokusetyenziswa kohlobo lwasentshona/isilungu kwezempilo kwisiko lolwaluko?***

Uluvo lwam luyahambisana nolwaluko kuba lento ilisiko ilungiswa ngokuthetha ngabantu naphantsi kokuba maxawambi sithi sisinde kulemiba iye isiphathe kakubi kulandalashe. Bambi ufumanise ukuba kuya ngcwatywa ubulusile nokusindisa imiphefumlo yabantwana bethu iszathu esibangele ukuba ndilamkele eli lakuko litsha. Ngokucacileyo asisi mntwana sibhedlele izinto ziza kuthi zizokusinceda.

#### **Umbuzo 4.2**

***Ngaba ukhona na umntu oye wanempembelelo apha ekuhlaleni ezokuba namkele uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Ezizathwini siye salifumana icebo. Lento sayifumana komnye wenkokheli kodwa asimazi nokuba yena uyalisebenzisa na.



#### **Umbuzo 4.3**

***Chaza ukuba unobangela owenza nibone kuyimfuneko yokuba nisebenzise uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Kwabonakala ukuba siya luza (to lose) kundalashe ufumanise ukuba ufake abantwana abayi twenty uphume nabayi nineteen okanye ieighteen. Lilonke kukho ukufa entabeni kungenjalo kubekho ukuba izinto zabantwana zinqunqeke babuye abantwana bengapholanga ngokwezizathu zokuba bengafuni kuthetha ukuba yintoni na bambi balala nabazali abanye abalala nabantu abazalana nabo. Bangaxeli ke ngoku xa bebuzwa khonukuze bazoncedeka. Sibeninxaki ke ngoku kwezo zizathu kufuneke sibase esibhedlele, omnye mhlawumbi angafiki kwalapho. Intshona yafika yasanceda, kwelithuba silisebenzisileyo asikhange sibenayo nencinci ingxaki. Sayibona ke ukuba isihlangule ebubini.

#### **Umbuzo 4.4**

***Chaza inkqubo enayilandela ukwamkela kwenu olu hlobo lwasentshona okanye isilungu kwezempilo, yenzeka kanjani apha ekuhlaleni?***

Ukuze sibe siyavuma kuqala sasingabantu abafuna uncedo olunje ngamayeza noogqira abangasanceda entabeni. Kwathi singekafumani ncedo lubhekele phaya safumana ukuba kusikwe kuthungwe.

Lasihlangula. (The researcher here directed the key informant to the question) Sibenazo intlanganiso sibonana siphikisana abanye abantu bengafuni umthungo lo. Kuhambeke kwahambeka simana sizihlalela ezintlanganiso kwabonakala ukuba into yokuba le nto yalomthungu asiyisoli nganto masihambisana. Ngokwenjongo exube nezifo ezi sezikhona. Sabe ke thina siyamkela, bambi baxolela ukuba makwehlukanwe elalukweni. Ingxaki ihleli ihleli ngobaq baphelela esibhedlele. Ngokubonakala aboyiki kungcwaba. Thina ke kukuhlangula abantwana bethu kumngcipheko wokufa xa besentabeni.

#### **Umbuzo 4.5**

***Ucinga okokuba ukwamkela kwenu koluhlobo lwasentshona okanye isilungu kwezempilo kulwaluko lutshintshe eli siko?***

Isiko lolwaluko alutshintshanga ngoba yibhokhwe yomgcamo yomtwanakho nokusikwa kwalent kuthiwa lijwabi. Ibe ke elihlobo litsha lelona elisusa kakuhle kunalanto besiyiyenza ngoba thina besinalento besiyenza sisithi senzela ikhawuleziza kanti senza le ibangela ukuba le mithonto yabantwana iqhawuke. Andiboni nto iphazamisekileyo esikweni lethu zonke izinto siyazenza.

#### Umbuzo 4.6

*Zeziphi izinto ezilungileyo nezingalunganga, ukubanga zikho kule nkqubo yasentshona kwezempilo kulwaluko xa uqhathanisa nondalashe?*

#### Ezilungileyo

Kwizinto endizibona zilungile ulwaluko lwasentshona andilugaty ngoba lusuke lasilungisela ulwaluko lwethu ngokwemfihlelo kuba abayi esibhedlele. E.. ulwaluko lukandalashe belilungile ngenxa yokuba liyabhengeza lifike lasenzela sibengabahlazekileyo alalakunga ase izinto ebafazini. Maxa wambi siyabakhupha sithi siyaphephisa xa sibathumela esibhedlele xa befika phaya bakfike benziwe ngoluhlobo lwasentshona. Ufumanise ukuba le nto thina besiyenza phaya entabeni asiyazi. Nazo ke ezam izizathu endizibonayo.

#### Ezingalunganga

Olu hlobo lutsha lona luye lasihlangula sohlukana nokubalekele ebafazini.

#### Umbuzo 4.7

***Ngaba injani intsebenziswano phakathi kwengcibi sasentshona/zesilungu namaxhwele kunye neengcibi zesintu?***

Ingcibi ziyakhalaza, namaxhwele azingcibi ngokwezizathu zokuba isonka sabo siyemka ngoba bona babhaqa kabini, ngobuxhwele nangongciba. Kodwa ngokwam abananjongo ngoba phaya ekwanzakaleni kulapho bangalumkanga khona kule ndawo silimala kuyo sincama nje sibalekela kwelicala. Baya kwazi ukuhlangula into eza ngokwezikhonkwane bangakwazi ukuyihlangula into esegazi kulo mntwana emenzekalisayo ngokwalapha entabeni. Kwezinye izinto xa kufikwa kwezinto zemibulo omnye angavumi ukuchaza ufumanise ukuba kufuneka kuliwe naye kanti kungelixesha sifaka esinye isisfo ngokulwa naye, ngoba kufuneka ukuba abethwe siyamenzakalisa kwakhona ekubeni selelimele kuba engavumi ukuxela. Libe lithi ixhwele akathethi alinayo enye into elinganceda ngayo lithi nje akathethi makabethwe, uyabulawa ke ngoku. Apha kwantshona nakwezinye izinto esiye sizibone ezingalunganga kodwa siyesibone zihamba lula. Sithi xa sibabiza sithi sibona indawo engalunganga basihlangule bona bangakhange babe bayabetha bona. Beyihlangulela entabeni bengekho sesibhedlela. Nanso eyam imibona

#### **Umbuzo 4.8**

##### ***Ngokwakho yeyiphi lendawo ingundoqo kulwaluko?***

Umntu xa kuthiwa walukile kuthethwa ukuba engcamile, kusikwe ijwabi liphume lonke kude kuthiwe yithi "ndiyindoda". Ezinye zilungiswa kwelinye ithonto kodwa uqobo lwalapha zezi endizixelileyo.

#### **Umbuzo 4.9**

##### ***Ukhona na umntu ofundisa amakhwenkwe ngezifo zokulalana, HIV/AIDS phambi kokuba baye osuthwini?***

Besingenayo indlela kuqala kodwa ngoku siqala ngobalholisa abantwana bethu. Akekho umntu onjalo apha elalini kodwa-ke abantu simane sibacela baze kusalusela bayasicebisa. Amakhwenkwe wona akafumani zingcebiso ndawo. Ingcebiso sizifumana kubantu basentshona xa siyobahlolisa esibhedlele iveki okanye phambi kokuba bangene.

#### **Umbuzo 5.1**

##### ***Zeziphi izinto esiye saxoxa ngazo?***

Sithethe ngolwaluko lwasentshona nondalashe, sathetha ngokuba yintoni eyona ibalulekileyo. Sathetha ngokuba ulwaluko lwesingesi silifumene njani,

salamkela ngaziphi injongo? Besikade sinetlanganiso ebesizihlala khona sizihlala ngaziphi iinjongo?

#### **Umbuzo 6.1**

***Ngaba ikho into ofuna ukuyithetha engenye?***

Engenye into ebendifuna ukuyifaka apha, phofu uzakundijika ukuba ngaba andinyanisanga, mna bendinomnqweno xa amakhwenkwe siwasa esibhedlelemakabalelwe ixesha. Mhlawumbi ukuba bazakungena kulenyanga izayo baye kulenyanga ukwenzela ukuba axilongwe kakuhle. Okwesibini ndicela amakhwenkwe axilongwe ngabantu abangotata. Ngokwenjongo zam, ingathi ngokwan abaxilongwa kakuhle ngoluhlobo sendilutshilo.

#### **Umbuzo 6.2**

***Ngaba ikho into esiyishiyileyo?***

Hayi.

## **ANNEXURE O**

### **FOCUS GROUP INTERVIEW WITH OLD MEN**

**DATE:** 03 OCTOBER 2001

**TIME:** 15H55 TO 17H05 (DURATION – 01

**No. OF PARTICIPANTS:** 06

**AGE RANGE:** 40 TO 69 YEARS, FOUR MEMBERS  
ABOVE SIXTY YEARS

**EDUCATION:** FIVE MEMBERS NEVER ATTENDED  
SCHOOL, ONLY ONE MEMBER DID  
STANDARD FOUR (THE YOUNGEST)

#### **Question 1.1**

***Is there any need for the Ulwaluko with the westernised health care in the custom?***

- Yes, there is need for the Ulwaluko custom nowadays.
- The old traditional way is not satisfying us. Hence, we are using westernised health care.

- The old traditional practices bring enemies (deaths), what I mean is that the months we used to take in the bush are no more successful these days.
- In olden days there were four, six or seven months, which were spent in the bush by initiates.
- It is not possible these days to spend so many months.
- There are deaths nowadays something we did not have in the past.
- Then we decided to use westernised health care because of the problems such as deaths and admission of initiates in the hospital.
- The westernised health care is good.
- I personally like this new method, because our children's wounds did not heal in the old traditional way.
- The delay of wound healing may be due to diseases (traditional circumcision), I mean diseases such as confessions, whereby you would punish a child if he is not telling you that he slept (sexual intercourse) with her mother and thereafter they would come out from the initiation without complete healing in the old traditional way due to lack of confession.
- Now initiates come back being completely healed in this new method thus why I say I want westernised health care in the Ulwaluko.
- When the participants were asked whether confessions had a positive role on healing – one said “yes in olden days it used to be like that even if an initiate had sexual intercourse with her mother as long as he confessed that he did.



- I agree with this westernised health care because initiates are not taken from the bush to hospital.
- Young men (abafana) like to handle the penis whilst they are no traditional nurses.
- In this new method (westernised health care) there is no need of handling the penis except by traditional nurses, even then they only handle the penis when they check or change bandages including the assessment of the healing process.
- They (initiates) eat nutritious food from home, and that's what I like about this western health care methods.
- During the eight days (in the olden traditional Ulwaluko) initiates used to eat pit mealies (iinkobe) only, but now they eat everything.
- I think that was the time of oppression when initiates did not eat nutritious food.
- What I like most is that the initiates heal only after two weeks without any problem.
- Westernised health care in the Ulwaluko does not give us problems. In the past we used to count months, yet now it's a matter of a month and they are fine (completely healed).
- There is not even a minor complaint that the wounds are raw.
- In our old methods we could not control the months that we were supposed to take in the bush, because we depended on the healing process but now you just mention the date you would like your boys to come back from the bush.

- The problem is that these boys are scholars and some are working and therefore the short duration in the mountain suits them as well as the western method.

### **Question 2.1**

***Is there any need for the Ulwaluko custom to be practised nowadays?***

- There is a need that boys must undergo the Ulwaluko, we have never heard of a boy who is just staying without undergoing the ritual with no apparent reason.
- Since birth the Ulwaluko custom has been practised.
- That's why I say they must undergo this custom even if one is an old man who can not walk we drag him to the bush to undergo the ritual.
- Another said we do not live in harmony when some of us are boys, yet we must live together.
- Whenever there is something wrong in the person who has not undergone the custom (enkwenkweni) we say it is because he is a boy.
- A boy will always be in need of the Ulwaluko even after his death (meaning someone who died before he could be circumcised)

### **Question 3.1**

***Suppose there is a need for the Ulwaluko custom to take place nowadays, do you think that westernised health care should be incorporated into the custom or should it continue to be practised in the old traditional way?***

- We must accept westernised health care and do away with the old traditional way. We will never go back to that old system of circumcising.
- We've got the vision in this westernised health care in the Ulwaluko, which makes us proud.
- At this stage whilst our eyes are still open, westernised health care is still good for us except there can be some changes that we don't know. We changed because you have changed us but I must stress that what you did for us is good (meaning the researcher).

### **Question 4.1**

***What is your view about the Ulwaluko with westernised health care being offered into the custom?***

- My view is that of the healing of my children, as long as they will come back from the bush being well. I've got an interest on that, after all I don't want my children to die in the bush.
- The initiates eat nutritious food, when they come back from the bush they are fat and beautiful with this westernised health care.
- In the old traditional way there is jail and hospital that is why we do not want it.
- Westernised health care does not have problems this means the government is on our side.
- We've got the hospital in the mountain and we don't want our children to end up in hospital whilst they are undergoing the Ulwaluko. Everything ends up in the mountain and that satisfies us as parents.

#### **Question 4.2**

***Was there any key member of the community who influenced you to accept the Ulwaluko with westernised health care into the custom?***

- I won't say there is someone. We influenced ourselves through our togetherness. There is no one who is the head I don't want to speak lies. But there is someone who advised us to look into westernised health care and see whether it wouldn't help us. There is no one Mr Ntsaba, but we can count you as well because you were the first one we saw performing the western circumcisions.

#### Question 4.3

***Why did you identify the need for Ulwaluko with westernised health care in the custom?***

- We realised that the traditional procedure is no more the same as before.
- Nowadays our children do not even listen to what we tell them, for instance, when we say do not eat this they just eat everything.
- In the past, boys did not eat everything but the present ones do not know what they are supposed to eat. We said there are those who don't tell us (confession) that they have slept with their mothers.
- To me westernised health care is the method of choice. The old traditional circumcision embarrassed us to women in the hospital. But in western method initiates do not go to the hospital.
- These boys are circumcised (operation wound) well it is not the same as the old traditional way whereby only a small cut was done. In spite of the large cut (western) there are no problems because after two weeks the healing process has taken place.

#### Question 4.4

*Explain how the process of acceptance of the Ulwaluko with westernised health care took place in your community?*

- When this westernised health care started someone called us. Thereafter there was a general meeting where we discussed this modern method and we agreed about the incorporation of westernised health care into Ulwaluko.
- We conduct meetings yearly when the Ulwaluko season approaches.
- According to my knowledge what made people to be engaged in westernised health care is because an initiate died here in this village and it was clear that initiates which were circumcised the old traditional way were admitted in large numbers in the hospital.
- This led to a situation where people from hospital said the only best way was to circumcise according to westernised health care.
- After the introduction of westernised health care into the Ulwaluko custom the admission of initiates came to an end that's why we felt that this method is helpful.
- Another old men said, "I nearly died in the bush because the bandage was too tight I could not pass urine. When I saw this type of Ulwaluko I knew that it is helpful. My father commented that I nearly died. It is easy now because the initiates sleep without any worry".

#### **Question 4.5**

***Do you think the acceptance of the Ulwaluko with westernised health care has changed the custom?***

- Ulwaluko has not changed. It is only the talking, otherwise there is only one custom. Ulwaluko is the cutting of the prepūce let alone the rubbish we used to do in the old traditional way. That is what has changed. The only thing is that we kill each other without any illness.
- We did not eat for eight days we depended on pit maize (iinkobe) only. The custom is still the same there in the hut (ibhoma) because it is still the old traditional one.

#### **Question 4.6**

***What are the advantages and disadvantages, if any, of accepting the Ulwaluko with westernised health compared to the old traditional way?***

#### **Advantages**

- I praised everything I saw in westernised health care up until thus far. Last year there were boys who were circumcised the old traditional way and my boys (circumcised the modern way) were told not to come near them. This nearly caused fighting.

- We parents do not care about people who claim that our children are not men because they were put under the new method by us. People must come and say you have not undergone the Ulwaluko just because one has been circumcised the modern so that we can have a special arrangement for the second time if that's the case.
- People who are after the segregation are parents (men) we have not heard anything from the young men.
- The main person who does the problem of segregation this mainly is the traditional healer and therefore there is mistrust on him because the community feels that if the traditional healer is against westernised health care he can bewitch the initiates.
- Some of the traditional healers want boys to be circumcised the old traditional way.

#### **Question 4.7**

***What is the relationship between westernised surgeons, traditional healers and traditional surgeons?***

- Traditional healers and traditional surgeons are not satisfied about westernised health care.
- The reason is that they used to get money through the old traditional way of circumcising.
- In westernised health care traditional healers are not called to perform duties.



#### **Question 4.8**

***What is the core part of the custom according to your knowledge?***

- The main thing is to be circumcised, no matter who does the cutting of the foreskin except the circumcision that takes place in the hospital, I mean when there are women involved.
- Because women have their customs which involve them only.
- If it can happen that this westernised health care cease to exist in the mountain I can take my child to the hospital for circumcision then thereafter to the bush.

#### **Question 4.9**

***Is there anybody who teaches the boys about Sexually Transmitted Infections, HIV/AIDS before undergoing the Ulwaluko custom?***

There is no one who is teaching boys about STI's and or HIV/AIDS.

#### **Question 5.1**

***What were the main things we discussed?***

- We said we like this new method of circumcising and its treatment.

- The way the operation is done.
- Nutritious food.

### **Question 6.1**

***Is there anything you would like to say?***

- I don't like to see our custom being exposed on the television and the radio.
- Because women are around when these things are mentioned about the men's custom.
- The exposure of our custom to the women is common amongst the AmaXhosa.
- We have a problem about people who do not want to accept westernised health care, and we do not know whether the government cannot help us.

### **Question 6.2**

***Have we missed anything?***

There is none.

**ANNEXURE P**

**FIRST FOCUS GROUP INTERVIEW – (OLD MEN)**

**NUMBER OF PARTICIPANTS: 06**

**AGE RANGE: 40 TO 69 YEARS, FOUR MEMBERS  
ABOVE SIXTY YEARS**

**EDUCATION: FIVE MEMBERS NEVER ATTENDED  
SCHOOL, ONLY ONE MEMBER DID  
STANDARD FOUR (THE YOUNGEST)**

**DATE: 03 OCTOBER 2001**

**TIME: 15H55 TO 17H05 (DURATION –70  
MINUTES)**

**Umbuzo 1.1**

***Ngaba ikhona na imfuneko yokusebenzisa uhlobo lwasentshona okanye  
isilungu kulwaluko?***

**Ikhona. Ikhona imfuneko yokusebenzisa isilungu kula maxesha angoku.**

Ngoluhlobo loba elathuba likandalashe liyasibetha yiyo ke lento singena koluhlobo lutsha olwesilungu. Luza neentshaba, eli hlobo lesixhosa oludala, ngoluhlobo lokuba njengokuba ndisithi luza nentshaba nje. Eza nyanga zindala zokwaluka aziphumeleli kwelixesha likhoyo. Inyanga zakudala zazine, zisithandathu okanye zisixhenxe. Kweli xesha likhoyo ngoku aziphumeli, kuye kuthi kufumaneka intshaba zokufa kubantu abaninzi xa sisebenzisa ezi nyanga zintsha. Kwelam icala ndisamile.

Kangangokuba phantsi kweentshaba sivelelwe, sadunyelwa kukufa kula nkqubo yethu indala, phantsi kokuba yayingekho ngaphambili, izovela kulo nontsha sibatsha ngawo. Uhlaziyo lweminyaka kuthe ngoku kwakuthiwa kuhlaziywa iminyaka kwavela onontsha kwathiwa kutsha ngoku. Asafa ngoku saxela into ibilapha, ukuze sibone ukuba ngoku ezasentshona mazingene. Yena unontsha lo usahamba kakuhle.

Mna ndiyalikhonza eli lwaluko lutsha, ngesizathu sabantwana bethu, baphuma bengapholanga entabeni kula nkqubo yakudala. Isizathu sithi kanti umntwana kula nkqubo indala yakudala nanjengokuba elukile kanti unezifo. Izifo ke ezifana nemibulo, simbethe simncame engafuni ukuxela lento yokuba ebelele nonina, kuthi emva koko babephuma bengapholanga kula nkqubo indala (undalashe). Ngoku baphuma bepholile ke ngoku, kule nkqubo intsha yiyo ke lento idale ukuba mandithi ndifuna eli lesilungu Ulwaluko. Ngela xesha lakudala babephuma bengapholanga ngenxa yolwabulo kuthi kanti umntwana lo akasixeleli ukuba mntwana lo ulala nomama.

Simbethe ke ngoku kuba akafuni kuyithetha lento. Kungelixesha ezakuphuma edlakadlaka phaya emthontweni wakhe. Yiyo ke lento idala ukuba ndithi ndamkela olu lutsha ulwaluko.

The researcher enquired about "ukubula" He asked "do you mean when the initiates have said everything according to ukubula (confession), that means an initiate would heal? Yes in olden days, wayephola noba ulele nonina kuba eyithethile lonto. Olu hlobo lwasentshona ndiyahambisana tata nalo kakhulu ngoba abantwana abaqhawuli entabeni babheke esibhedlele, ukuva kunzima ukubethwa ngabafana namakhankatha. Kungakumbi abafana bangxamele emcimbini (Penis) kodwa ayingawo amakhankatha. Kolu hlobo lutsha ayikho into ezakubangela ukuba makuyiwe emcimbini ngaphandle nje kwamakhankatha, kodwa akayi ngokolwa hlobo ludala. Into ayenzayo ajonga amabhandeji ukuba mhlawumbi xa eza kuwatshintsha kwaye nokuhamba komkhondo ukuba uhamba njani na. Nokutya bayatya abantwana kolu lwaluko lutsha yonke into abafuna ukuyitya evela ekhaya, yeyona nto ndikholwa yiyo ke leyo. Kula eight days sasingatyi, sisitya inkobe kuphela. Yayilixesha lengcindezelo, eyona nto ndiyithanda kakhulu bawu Ntsaba kukuba emva kweveki ezimbini amakhwenkwe selepholile ayaqakatha selehamba kungekho ngxaki. Ndiyema.

Hayi libalulekile elixesha likhoyo kwabantwana bethu . Lo maluko weli xesha ubaluleke kakhulu, asisokoli. Naphantsi kokuba enye into eli baluleko silibalileyo into ebekufuneka ibhandishwe kukuba kuyakuphela inyanga ezingaphi na, qha ubuxela nje ukuba la makhwenkwe kufuneka ephumile

kwinyanga yesinga. Ngokungoku leli endilixelayo xa uthe yinyanga kufuneka ebuyile la makhwenkwe, agqibile.

Akukho nesikrokro esithi hayibo aphuma eluhlaza. Lelithiwa ke ngoku into ebesingakwazi ukuyicontrola zinyanga kuba besingazi ukuba ufuna ukuma kweyiphi inyanga lo makhwenkwe akho. Ngoku nje ngabasebenzi nabesikolo kusukelwa uDecember. Uyaxela ke wena somakhwenkwe ukuba ume njani. Akufunekanga sithethe into enye ngokungathi sisecaweni apha.

### **Umbuzo 2.1**

#### ***Ngaba ikhona na imfuneko yokuba makolukwe kulemihla?***

Ikho. Ikhona ngoluhlobo zange sive kuthiwa uhleli nje eyinkwenkwe. Oko savela kusaluswa. Yilonto ndithi kufuneka boluke nakanjani, noba lixhego siya lolusa, siyalirhuqa naphaya endlwini ukuba alikwazi ukuphakama silise entabeni, liye kwaluka. Asikayiva ke into ethi "hayi akufuneki" sizakuyeka ukuba ikho into ethi hayi musani ukwalusa ndiyaphela apho. Omnye athi ukuncedisa 'kuhlobo lokwalusa sakhula lukhona asihlali ngokwaneleyo xa sihleli singamadoda namakhwenkwe. Kufuneka sihlale kakuhle sihlale ndawonye. Ngamanye amazwi lo mntu ongalukanga uhlala enesazela kuba uhleli phakathi kobugcwayiba kuba eyinkwenkwe. Ithi nokuba kwenzeka ntoni xa eyinkwenkwe phakathi kwamadoda sithi ufanele wenziwa bubukhwenkwe. Kuyimfuneko ukuba umntu makoluke, kuba ulwaluko lisiko esavela likhona.

Singabheki egameni lokuba esenza ubundlobongela sithi wenziwa bubukhwenkwe. Ndimile kulo ndawo.

Ithi noba inkwenkwe ithe yabhubha noba kusemva kweminyaka ethile ithi ifuna ukwaluka. I vele emaphupheni isithi ifuna ukweluka. Ngamanye amaxesha iya gulisa kwikhaya eli layo.

### **Umbuzo 3.1**

***Masithi ikhona imfuneko yolwaluko kulemihla. Chaza okokuba Ulwaluko kufuneka lwamkele uhlobo lwasentshona okanye olwesilungu kwezempilo okanye kusetyenziswe undalashe?***

Malwamkelo kwelicala lezempilo kuyekwe undalashe asingeke sibuye umva thina ngoku. Sinombono kulwaluko lwesilungu osiphilisayo. Sitsho sithi phantsi kwalo mibono, ngaphandle nje kokuba ikhona enye inguqulelo enokusitshintshela kodwa okwangoku amehlo ethu esabona lisahamba kakuhle. Itsho ke nenjongo ke ngoku ithi singabantu abaguqukelweyo sabe siguqulwe nguwe lowo. Manditsho ngoba wenza into entle, intle kuthi.

#### **Umbuzo 4.1**

***Ngaba luthini uluvo lwakho ngokusetyenziswa kohlobo lwasentshona/isilungu kwezempilo kwisiko lolwaluko?***

Uluvo lwam kukupholelwa ngabantwana babuye bephilile entabeni. Ndinomdla ngalo nto ngoba bendingafuni ukuba bafe nakakade. Abantwana batya kamnandi entabeni ngoku babuye bebahle bengabhityanga loluhlobo lutsha. Apha kundalashe kunejele phakathi nesibhedlele, yiyo lento singamngeniyo undalashe. Isilungu asinangxaki urhulumente ungakuthi. Isibhedlele esi sinaso phaya entabeni thina, asinqweneli abantwana baye kuphelela esibheslela belukile. Wonke umsebenzi wasentabeni uphelela entabeni. Iyasixolisa thina lonto bonozala.

#### **Umbuzo 4.2**

***Ngaba ukhona na umntu oye wanempembelelo apha ekuhlaleni ezokuba namkele uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Andinakutsho ndithi ukhona. Sizimpembelelo thina ngoku nongokwethu, ngokubambana kwethu. Akakho umntu oyintloko, andikwazi ukuxokela abantu. Omnye wabakho ukuze sibone ukuba yinyani le (Bamkhankanya). Wasicebisa esithi masijonge kulendawo ukuba ayinakusinceda na. Akukho omnye bawo Ntsaba kodwa ke nawe singakubalula kuba nguwe esaqala ukukubona. Sabona sayikhangela le nkqubo ngokuya sasibize wena, sayithanda. Thina salibona liphethwe ngumntu lowo ihlahla, singazange



sibenakho ukudibana ngoluhlobo sisithi masenzi inguqulelo ngoluhlobo noluhlobo. Ide sibe sibone wena ke, satsho ke sathi lo mntu obekuthwele inguqulelo iphethukile asiphindi siye emva. Sibone kwangawe lowo.

#### Umbuzo 4.3

***Chaza ukuba unobangela owenza nibone kuyimfuneko yokuba nisebenzise uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Ukubangaba kunjalo sabona torwana noko inkqubo ayisekho nje ngolwahlobo sasiqale ngayo. Ngoku abantwana bethu esibaqhubayo abasayenzi nala nto ekwakumana kuthiwa hayi into ethile ungayityi badwaba nje konke okushukumayo nje kuba besikhe satsho ukuba kukhona aba umntu uyangazayixeli into kanti ebedibene nonina. Kwinto yokuba kutyiwa yonke into, ikhona indima yamakhwenkwe ayengatyi yonke into. La esinawo ngoku akanayo akayaziyo kuthiwa le akufanelanga kuyitya le ufanele ukuyitya. Intle kule ndawo kulomntu usiphathele yena. Ingathi kum ndizakuphindela kula ndawo yokuqala ukuze mna ndivotele le ndawo yasentshona kuba ela lwaluko lalisibetha lisihlazisa ngabantu abangomama phaya esibhedlele. Ngoba xa waluke ngola hlobo oludala esilifihlayo thina, uthi wakugula umntwana aye komama phaya esibhedlele. Kodwa kweli ihlobo likhoyo ngoku abayi esibhedlele abantwana bethu. Aba bantwana bangoku bayasikwa abadlaliswa.

Basikwa kakuhle into ebonakalayo akufani nala kandalashe apho kuncwetywa khona. Kodwa ngoku kunjalo akukho ngxaki iveki zimbini sekupholile.

#### Umbuzo 4.4

*Chaza inkqubo enayilandela ukwamukela kwenu olu hlobo lwasentshona okanye isilungu kwezempilo, yenzeka kanjani apha ekuhlaleni?*

Inobunzima mfanakuthi ngoba sawuphinda sithethe la nto besiyithetha. E-e-e-e bawu Ntsaba andazi nokuba ndingathetha na. Ukuqala kwethu lento wasibiza (bamkhankanya) hayi ke samamela amadoda ayekhona, yaphinda yakhona igeneral meeting yomzi wonke apha kule lali. Savana ngale nkqubo.

Unyaka nonyaka sibanazo indibano xa sizakolusa amakhwenkwe. Mandithi olwam ulwazi into eyadala ukuba abantu bade bangene kule ndawo nokuba yayingakavali kule ndawo kwafa umkhwetha phaya, kwacaca ukuba ubuninzi bamakhwenkwe enziwe ngondalashe abamaninzi apha esibhedlele bade bathi ke ngoku abantu abasebenza esibhedlele ukuba icebo elibhetele ngoku elwenziwa. (Ummeli – B.F) Naye wayesixelele ukuba amakhwenkwe agcwele phaya esibhedlele asikwa ngokungekho mthethweni, inkwenkwe incame iqhweshe ke ngoku. Kwathi ke ngoku xa kufika olu hlobo lutsha yaphela le nto yokuba kubekho oku kuqhwesha kwabakhwetha besiya esibhedlele, yiyo ke le nto sayifumanisa ukuba iluncedo lento.

Mna ngokwam ndaphantse ndisifa kula ndalashe, ngokuthi ndaqiniswa ngabafana kanti baqhithisile umchamo wawungaphumi. Yathi ke ngokuva, ndibona lo maluko ndawuqonda ukuba unencedo. Wade wathi utata uphantse esifa lo mntwana (kusitsho elinye ixhego). Sekulula ke ngoku. Abantwana bavele balale ukungabinaxhala.

#### **Umbuzo 4.5**

***Ucinga okokkuba ukwamkela kwenu koluhlobo lwasentshona okanye isilungu kwezempilo kulwaluko lutshintshe eli siko?***

Alitshintshanga, litshintshe nje ngentetha ulwaluko lona lunye lihleli ngqo. Ngoko ke ulwaluko kukusikwa uyeke la mahlamvu besiwasebenzinsa kundalashe. Yeyona nto intshintshileyo. Omnye wavela esithi akukho nto itshintshileyo ngaphandle nje kokuba ulwaluko olu kukumoshana into etshintshileyo. Thina sasinentsuku ezisibhozo singatyi, sisitya into enye, inkobe. Ayikho phantsi kwalentshintsho. Ulwaluko olu phaya endlwini luyinto enye ngoba iseleliya, lusame ngohlobo lwalo. Into ekhoyo nje kukubulalana ngokwethu kungekho mntu ugulileyo.

#### Umbuzo 4.6

*Zeziphi izinto ezilungileyo nezingalunganga, ukubanga zikho kule nkqubo yasentshona kwezempilo kulwaluko xa uqhathanisa nondalashe?*

#### Ezilungileyo

Ndikhe ndatsho ndincoma konke oku ndikubonayo kule nkqubo intsha xa kungoku. Bathi abanye abantu phantsi kwalonto xa kungoku nje ndiphinda intonga yayizolo ebendikubethe ngayo. Ndikuxelele ukuba kule ngxingwa bekukho amakhwenkwe kulo nyaka ophelileyo, lo makhwenkwe kuthiwe lawam ebendiwoluse ngoluhlobo lweni (olwesilungu) makangaveli abuyele emva. Bekuvela umlo ngoluhlobo. Thina boyise asihoyanga lo nto ngoba bebesoluswa sithi, kufuneka umntu avele athi wena awolukanga ngohlobo oluthile, zesikwazi ukolusa ispecial. Yilento ke ndisithi ndiyalicontrola eli ndiliphethayo ngoku, ngale kweliya. Abantu abaphembelela ukungavani ebantwaneni ikwa ngonozala abantwana abananto. Asikhe sive nto apha ebantwaneni ukuba omnye ukhombe omnye. Naphantsi kwalo nto yelo chaphazelo ulixelayo nakule ndima bendikuchaphazele kwangayo izolo ndisithi O! bekungenani na simfumane lo mfefi. Sakuba ndibashiya abantwana bam apha kuzakuvela untambo zohlukene eyiganxile itasi yakhe ebuza ukuba ukhona omnye umhlobo osecaleni, makabuyele emva, ufunani, ndaqonda ukuba hayi. Ndajonga nje ngamehlo abantwana bam ndabuya umva .

Ngokokwam andifuni nto yokuphendula ela xhwele lindithakathileyo apha. Leli elithi kum ndicela okokuba noko elo ndilibonileyo noba injani ndizakuhamba nalo. (tape ended here!) Amanye amaxhwele afuna kusetyenzwe ngondalashe.

#### **Umbuzo 4.7**

***Ngaba injani intsebenziswano phakathi kwengcibi sasentshona/zesilungu namaxhwele kunye neengcibi zesintu?***

Amaxhwele akaxolanga yile nkqubo intsha neengcibi ngokunjalo. Unobangela walo nto kukuba batya ngolwa hlobo ludala. Kule nkqubo intsha amaxhwele akabizwa.

#### **Umbuzo 4.8**

***Ngokwakho yeyiphi lendawo ingundoqo kulwaluko?***

Kukusikwa noba usikwe ngubani, ngaphandle kokusikelwa esibhedlele, nditsho ukuthi xa ubanjwe ngabafazi. Ngoba nomama banawo amasiko adibene nabo kuphela. Xa inkqubo entsha ingekho apha entabeni kungenzeka ndimse esibhedlele andule aye ethontweni.

**Umbuzo 4.9**

***Ukhona na umntu ofundisa amakhwenkwe ngezifo zokulalana, HIV/AIDS phambi kokuba baye osuthwini?***

Akakho, asiwafundisi amakhwenkwe.

**Umbuzo 5.1**

***Zeziphi izinto esiye saxoxa ngazo?***

Sithe siyayithanda le nkqubo intsha kwaye sithanda impatho le intsha.

Sithanda ukusikwa kwayo. Ukutya batya konke abakhethi.

**Umbuzo 6.1**

***Ngaba ikho into ofuna ukuyithetha engenye?***

Apha kusiko lwethu andithandi ukubona isiko lwethu komabonakude nonomathotholo kuba omama sube bekho besiva yonke into ngesiko lamadoda.

Omnye umfazi uye wathi enye inkwekwe isikwe ezitapileni apha. Lo mama wabuza le nkwenkwe ukuba ubujongephi?

Yathi le nkwenkwe andazi nto mna. Lo nto ke ivame kuthi maXhosa.  
Sinengxaki ngabantu abangafuni kuvuma ngoluhlobo lutsha ngoku asazi  
nokuba urhulumente angesincedi na?

### Umbuzo 6.2

*Ngaba ikho into esiyishiyileyo?*

Ayikho.

### Observations

One member of the group was not active, one group member arrived after the entire team was there and he said whatever has been discussed and agreed upon I also agree in that decision-making.

This group maintained that even if the study is published "we are not afraid because we feel we are doing what is right for the custom"

Non-verbal – they were free to communicate with me. The gatherings were not tense.

ANNEXURE Q

FOCUS GROUP INTERVIEW – YOUNG MEN (ABAFANA) CIRCUMCISED  
THE TRADITIONAL WAY

DATE: 04 OCTOBER 2001

TIME: 08H45 TO 09H50 (DURATION ONE HOUR FIVE  
MINUTES

VENUE: PLOUGHING FIELDS UNDER THE TREES

AGE RANGE: 20 TO 49 YEARS

TRANSLATION

Question 1.1

*Is there any need for the Ulwaluko with the westernised health care in  
the custom?*

- Yes, there is a need for the westernised health care in Ulwaluko.
- We realised that when we come back from the bush we are no more  
the same numbers (referring to the initiates) and at the same time we  
seek help from the women in the hospital.



- And therefore we realised that there was a need to seek help from male medical professionals.
- After being given help by the medical professionals we knew that this was the right thing for us.
- We noticed that the old traditional method of circumcising had deadly results, and we decided to join the westernised health care. We don't see any problem on it.
- Another one said, "There is a need to use westernised health care though there are differences among us".
- The westernised health care is good to someone who wants to practice it and if there is someone who does not accept it, usually there is conflict among the people.

#### **Question 2.1**

***Is there any need for the Ulwaluko custom to be practised nowadays?***

- Yes, there is a need for the Ulwaluko custom to be practised because it was practised already when we were born.
- Sometimes if you want your home to be dignified there must be a man who has undergone the Ulwaluko custom (indoda).
- A house of an uncircumcised man does not have dignity.
- Another fact is that there is a need for the Ulwaluko to be practised due to diseases such as AIDS. Whenever you are uncircumcised you hold

the AIDS with your foreskin and in return you infect women during sexual intercourse, and women spread it.

- When you are a man (circumcised) it is not easy to be infected with such diseases.
- The westernised surgeons are protective when you compare them with old traditional ones.

### **Question 3.1**

***Suppose there is a need for the Ulwaluko custom to take place nowadays, do you think that westernised health care should be incorporated into the custom or should it continue to be practised in the old traditional way?***

- We must use westernised health care because it is helpful compared to the old traditional methods.
- The present system satisfies us because the boys are examined in the hospital first to determine whether they don't suffer from any diseases and illnesses before they can go to the mountain/bush.
- The old traditional surgeons were not able to treat initiates whenever there was a problem yet westernised health care surgeons are capable of treating them.

#### **Question 4.1**

***What is your view about the Ulwaluko with westernised health care being offered into the custom?***

- My view is that let us discard the old traditional way (contradicted himself) yet whoever wants to continue with the old traditional way can do so because we are not the same as people.

#### **Question 4.2**

***Was there any key member of the community who influenced you to accept the Ulwaluko with westernised health care into the custom?***

- Yes, there is someone who was influential (first key informant working in the hospital as an ambulance driver). He reported that there was something he saw in hospital concerning admission of initiates. He brought the idea of westernised health care to the people. Some agreed that the new method should be introduced and others did not agree, even then there were reasons, which made them to agree or disagree
- The key informant's argument was that there were initiates that were taken from the bush to hospital and this was the reason for the proposal of acceptance of westernised health care.

- The second key informant was the witness because he is also working in hospital and therefore he saw initiates there. He said that there were initiates that ended up in hospital and were treated by women (during the seclusion period and immediately after the ritual they were taken to the hospital).
- That is why we preferred the male medical professionals who have undergone the Ulwaluko custom (nurses) to come to the bush instead of taking initiates to the hospital.
- We supported the idea of the key informant that of initiates not being handled by women in the hospital.
- Women have their own secrets and our secrets are exposed this way.
- We don't know what women do in their Ulwaluko (ejageni)
- Those who opposed the idea argued that they would not do what was not done to their forefathers (that is, the people who did not want the introduction of western health care).

#### **Question 4.3**

***Why did you identify the need for the Ulwaluko with westernised health care in the custom?***

- We realised that traditional surgeons were not working, they used to cut the foreskin and stood away whenever there was bleeding and did not have skills to arrest bleeding.

- In such an instance initiates were taken to the women in hospital during the night.
- The spear/assegai was not changed, all boys were cut with one instrument, and by the way we don't want to go to the women in the hospital.
- In the old traditional way after the wound has been cut no suturing is done instead a leaf is applied and each time it is removed bleeding occurs. An initiate is instructed to rub this leaf under the foot and take it back to the wound yet the very same foot is dirty.

#### **Question 4.4**

***Explain how the process of acceptance of the Ulwaluko with westernised health care took place in your community?***

- I wont be able to say which process the acceptance of westernised health care followed because when I went to the Ulwaluko westernised health care was in place, the old men are the people who know which path was followed.
- One men said, "According to my knowledge when westernised health care was introduced (it was in the meeting) there was a proposal of people being sent to the circumcision course".

- N.B. The majority in this group went into the custom whilst westernised health care was already being practised, meaning that when the negotiations of the incorporation were done the group members were still boys and therefore they do not know what happened in the process of the acceptance of westernised health care into the Ulwaluko custom.

#### **Question 4.5**

***Do you think the acceptance of the Ulwaluko with westernised health care has changed the custom?***

- Westernised health care has not changed the custom of the Ulwaluko. There is a minor change that occurred, such as doing away with the dressing leaves (izichwe).
- We have seen another helpful method (westernised health care), which is quick because the duration is not the same as our forefathers this one is short.
- The present western surgeons (iingcibi) are more competent in performing operations than the traditional ones.
- Bandages and suturing were not applied and therefore I regard that as being change.
- N.B. This group did not agree on the fact that the Ulwaluko custom has changed, some said yes whilst others said no.

- One said that what he knows is that the Ulwaluko custom is the "slaughtering of the goat" (umngcamo) and the "cutting of the foreskin" when it is said "say I am a man" "yithi ndiyindoda".
- The healing process depends on how the initiate has been circumcised.

#### **Question 4.6**

***What are the advantages and disadvantages, if any, of accepting the Ulwaluko with westernised health compared to the old traditional way?***

#### **Advantages**

- I do not credit the old traditional methods when it comes to the penis (circumcision). Because it happens that when you come from the bush the wound is not properly healed (septic) and thereafter you are taken to hospital and the mother of the initiate would normally ask "my child has just arrived from the mountain now where is he going?" By that time the traditional surgeons don't even go there (hospital to accompany the person whom they have caused a damage).
- In westernised health care not even one initiate that has been taken to the hospital, instead they either go to school or go back to their employment after the ritual.
- In conclusion the old traditional method is useless, instead we get corpses from that type of practice.

- Westernised health care surgeons do not use one instrument and therefore no cross infection can take place amongst the initiates.

#### **Question 4.7**

***What is the relationship between westernised surgeons, traditional healers and traditional surgeons?***

- The relationship between the western and the traditional surgeons and healers is poor.
- The western surgeons have taken job opportunities for the traditional surgeons, because they don't get money any more from performing circumcision.
- They (traditional surgeons) were and are still not in favour of the incorporation of westernised health care into the Ulwaluko custom.

#### **Question 4.8**

***What is the core part of the custom according to your knowledge?***

- Cutting of the foreskin.
- Slaughtering of the goat (umngcamo)



**Question 4.9**

***Is there anybody who teaches the boys about Sexually Transmitted Infections, HIV/AIDS before undergoing the Ulwaluko custom?***

There is no one who is teaching boys about STI's and HIV/AIDS.

**Question 5.1**

***What are the main things we discussed?***

Most of them forgot what was discussed.

**Question 6.1**

***Is there anything you would like to say?***

- My view is that traditional healers must be substituted, we must get those who are in favour of westernised health care. The reason is, whenever you call the traditional healer he charges huge amount of money. Because some of them are both traditional healers and surgeons at the same time.

- If a traditional healer is called to perform traditional healer's tasks only, apparently he charges an extra amount because he feels he should have obtained the money for being a surgeon as well, which task has been performed by westernised health care professionals.
- There is a belief that if the traditional healer does not like westernised health care he will poison the initiates.

### **Question 6.2**

***Have we missed anything?***

No.

**ANNEXURE R**

**FOCUS GROUP INTERVIEW II – YOUNG MEN (ABAFANA)**

**CIRCUMCISED THE TRADITIONAL WAY.**

**DATE:** 04 OCTOBER 2001

**TIME:** 08H45 TO 09H50

**VENUE:** PLOUGHING FIELDS UNDER THE TREES

**AGE RANGE:** 20 TO 49 YEARS

**Umbuzo 1.1**

***Ngaba ikhona na imfuneko yokusebenzisa uhlobo lwasentshona okanye isilungu kulwaluko?***

Ikhona, ikhona. Ikhona nje sabona ukuba impilo sibuya singaphilanga entabeni, kwabonakala ukuba sibalekela abafazini. Sabona ukuba makube noncedo oluphuma kooqgira abangamadoda. Ithe yakwenzeka sabona ukuba yeyona nto yokwenyani ephilisayo.

Sabona undalashe lowa unentshabalaliso, masijoyine le nkqubo sicetyiswa ngabasemthethweni. Oko sayijoyina asiboni mpazamo thina singabanye. Hayi seyalibona ihlobo eli nangona kwelinye icala linozidubedube. Ewe ikhona imfuneko yokusebenzisa eli hlobo lasentshona kodwa nangona inokwahlulahlula phakathi. Kwicala lokulunga lilungile kumntu ofuna libekhona ukuba kukho umntu ongalivumiyo liyachitha-chitha ebantwini.

### **Umbuzo 2.1**

#### ***Ngaba ikhona na imfuneko yokuba makolukwe kulemihla?***

*Ngaba ikhona na imfuneko yokuba makolukwe kulemihla?* Ewe ikhona imfuneko ngoba nathi sevela kusolukwa. Kuthi ngelinye ixesha ukuze umzi ucace, ubenesidima kufuneka kubekho umntu oyindoda (olukileyo). Xa uyimkwenkwe umzi wenkwenkwe awunaso isidima kuba nathi sivele kusolukwa. Sikhona isidingo esibangela ukuba makwelukwe, ngenxa yezifo ezi ezizikhoyo e.g., AIDS xa uyinkwenkwe uyayiqulatha ngejwabi eli lakho uyinike owesimama emva koko owesimama ayisasaze itsho itshabalalise ilizwe. Xa uyindoda azingeni lula ezi zifo. Ingcibi ezikhoyo zinokhuselo olukhula kuneziya zakuqala.

### **Umbuzo 3.1**

***Masithi ikhona imfuneko yolwaluko kulemihla. Chaza okokuba Ulwaluko kufuneka lwamkele uhlobo lwasentshona okanye olwesilungu kwezempilo okanye kusetyenziswe undalashe?***

Kufuneka kusetyenziswe olu lwesilungu ngobo lunencedo kakhulu luyalwegqitha eliya luka ndalashe. Thina Bantu sikhe silibone sivaya kakhulu ene lilogqithi nje kungoba liphethwe ngabantu anogqitha abaya. Mna ndiyagqibalisa liyandonelisa. Olwaluko lukhoyo luyandonelisa ngohlobo olu nje amakhwenkwe before esiya entabeni aqala kwitreatment ajongwe ukuba ngaba aphilile na, kundalashe ayengasiwa.

Kwaye phaya kundalashe ibisithi inkwenkwe yakuvelelwa yingxaki lomntu ebeyisika angakwazi ukuyilungisa lonto. Kolu lutsha uhlobo oogqira bayakwazi ukuyinyanga ukuba mayiphile.

### **Umbuzo 4.1**

***Ngaba luthini uluvo lwakho ngokusetyenziswa kohlobo lwasentshona/isilungu kwezempilo kwisiko lolwaluko?***

Lithi uluvo lwam undalashe makabulawe Maliqhubeke kumntu olenzayo, ngoba singabantu asifani. Othanda undalashe makaqhubeke. Oshiyekayo ashiyeke kula ndawo.

#### **Umbuzo 4.2**

***Ngaba ukhona na umntu oye wanempembelelo apha ekuhlaleni ezokuba namkele uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Ewe ukhona, ubawo Uphekula kuba wayesithi kunento ayibonile njengokuba eqhuba esibhedlele. Kwabakho abantu abavisisayo. Waye ezise ebantwini kwabakho abantu abayivisisayo

#### **Umbuzo 4.3**

***Chaza ukuba unobangela owenza nibone kuyimfuneko yokuba nisebenzise uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Sabona ukuba ingcibi azisebenzi, isika nje ime pha xa uvelelwe yingxaki usopha ayinancedo. Kunyanzeleka uqhwebhiswe ngobusuku uye le ebafazini esibhedlele. Umdlanga ubungatshintshwa lo nto thina asifuni kufikelela phaya komama. Kundalashe xa ingcibi igqiba ukusika eli nxeba liyekwa linjalo alithungwa, libotshwa ngegqabi xa limana ukususwa eli gqabi kuphume igazi kwelinxeba. Kumanwe kuthiwe eli gqabi lilikihle apha phantsi kwenyawo uliphindise phaya enxebeni kodwa lingcolile nelinyawo.

#### **Umbuzo 4.4**

***Chaza inkqubo enayilandela ukwamukela kwenu olu hlobo lwasentshona okanye isilungu kwezempilo, yenzeka kanjani apha ekuhlaleni?***

Mna andizukwazi ukutsho ukuba yahamba kanjani ngoba mna ndoluke seyisetyenziswa le ndlela intsha abantu abanokuyazi ngabantu abadala. Mna ngokulufumana kwam olu lwaluko le nkqubo intsha ndiyazi ngokohlobo olunye kwathiwa kunabantu abazakusiwa esikolweni sokwalukisa kule nkqubo intsha sasisentlanganisweni. Ithe ngempangelo zam ndizova uQwema ukuba uyolusa. (The majority from this group went to the custom whilst the westernised health care was already in process, meaning that when negotiations of introducing the new method were done, they were still boys and therefore cannot know the process of the acceptance of the westernised health care into the Ulwaluko custom).

#### **Umbuzo 4.5**

***Ucinga okokuba ukwamkela kwenu koluhlobo lwasentshona okanye isilungu kwezempilo kulwaluko lutshintshe eli siko?***

Hayi uhlobo olu lwesilungu alusthintshanga lwaluko, lutshintshe nje kancinci ngokuthi siyeke la mahlamvu.

Sibone olunye uncedo olusiphumelelisa msinya, ngenxa yokuba akusahlalwa ezantsuku zazihlalwa ngotata. Ingcibi ezikhoyo zidlula ezi zokuqala. Enye into ibandage, nokuthunga zazingasetyenziswa kuqala ngoku-ke lonto yenza ukuba lube lutshintshile ngolo hlobo. Omnye athi mna andiluboni utshintsho. (The group here did not agree, some said yes and some said no). Into endiyiqondayo apha esikweni kukuncanyiswa kwenkwenkwe nokusikwa ixele ukuba "indoda". Into yokuphola kwegwayi le yakhe ixhomekeke ikuba isikwe kanjani.

#### Umbuzo 4.6

***Zeziphi izinto ezilungileyo nezingalunganga, ukubanga zikho kule nkqubo yasentshona kwezempilo kulwaluko xa uqhathanisa nondalashe?***

Phaya epipini ndiyamhlaba undalashe uyabuya phaya entabeni uvuza unjalo ugqithiswe kwakhona usiwe esibhedlele abuze umama womntwana ukuba wathi efika umntwana wami uyaphi? Babe abo bantu bengayi kwalaphi esibhedlele (ingcibi), apha kule nkqubo intsha akakho nomnye ukusuka kwabo apho sisikolo okanye yimpangelo. Lilonke akanancedo tu undalashe ukusuka apho udala izidumbu undalashe. Lolu hlobo lutsha aba Bantu abasebenzisi nto inye xa kusikwa kanti kundalashe basebenzisa into enye lonto itsho ukuba umntu athathe into komnye umntu ebengenayo.



#### **Umbuzo 4.7**

***Ngaba injani intsebenziswano phakathi kwengcibi sasentshona/zesilungu namaxhwele kunye neengcibi zesintu?***

Ayikho kuba ababantu abevani kukho ukmonelana phakathi kwabo. Aba abafika mva bathathele aba bebekade besebenza umsebenzi. Yabona kula ndawo yengcibi ezi ezikhoyo ngoku nezakuqala namaxhwele umona wabo mnye kuba abasafumani kutya aba badala yiyo lonto bengafuni aba ngoba bebesitya. Ngoba babesithi kuvunywa njani ukuba kwenziwe into enje ebantwaneni babo.

#### **Umbuzo 4.8**

***Ngokwakho yeyiphi lendawo ingundoqo kulwaluko?***

- ukusikwa
- umngcamo

#### **Umbuzo 4.9**

*Ukhona na umntu ofundisa amakhwenkwe ngezifo zokulalana, HIV/AIDS  
phambi kokuba baye osuthwini*

Akakho.

**Umbuzo 5.1**

*Zeziphi izinto esiye saxoxa ngazo?*

Kutheni le nto sisebenzisa uhlobo lwasentshona. (Most of them forgot what was discussed.

**Umbuzo 6.1**

*Ngaba ikho into ofuna ukuyithetha engenye?*

Ikhona, bendibona mna ukuba makatshintshwe amaxhwele ethu ale nkqubo intsha hay la kandalashe. Ngoba xa ufaka amakhwenkwe ubiza nala mali angayifumananga yobuncibi kubonakalise ukuba la makhwenkwe awulusile apha eli xhweleliza netyhefu apha ngoba uzonda le nkqubo.

**Umbuzo 6.2**

*Ngaba ikho into esiyishiyileyo?*

Hayi

**ANNEXURE S**

**FOCUS GROUP INTERVIEW III – (YOUNG MEN) ABAFANA –  
CIRCUMCISED THE WESTERN WAY**

**DATE: 04 ONCTOBER 2001**

**TIME: 10H10 TO 11H00 (50 MINUTES)**

**VENUE: PLOUGHING FIELDS UNDER THE TREES**

**AGES: RANGING BETWEEN 19 TO 25 YEARS**

**EDUCATION: STANDARD 4 TO 10**

**Umbuzo 1.1**

***Ngaba ikhona na imfuneko yokusebenzisa uhlobo lwasentshona okanye  
isilungu kulwaluko?***

Ewe ikhona, kuba ixesha esilolukayo lincinci singabantwana besikolo,  
kwakwelixesha silolukayo lwesisilungu bakhona ababuya bengapholanga.  
Nditsho ukuthi liright eli lesilungu ngoba siphola kamsinya.

### **Umbuzo 2.1**

***Ngaba ikhona na imfuneko yokuba makolukwe kulemihla?***

Ikhona, ulwaluko olu lisiko ke kuyanyanzeleka ukuba nakanjani koluswe. Umntu ongalukanga xa sele bhubhile uvela emaphupheni esithi ufuna ukweluka. Kwakho kubalulekile ukuba umntu oluke ukwenzela xa edibene namanye amadoda akwazi ukuthetha nawo. Ukwenzela ukuba ayazi into eyenziwa entabeni abe nolwazi oluphangaleleyo.

### **Umbuzo 3.1**

***Masithi ikhona imfuneko yolwaluko kulemihla. Chaza okokuba Ulwaluko kufuneka lwamkele uhlobo lwasentshona okanye olwesilungu kwezempilo okanye kusetyenziswe undalashe?***

Kuthathwe olu lwesilungu kuba sibona ukuba luze kakuhle luyafanelana nelixesha silolukayo ngoba ixesha lincinci.

#### **Umbuzo 4.1**

***Ngaba luthini uluvo lwakho ngokusetyenziswa kohlobo lwasentshona/isilungu kwezempilo kwisiko lolwaluko?***

Olwam uluvo luhle, kwabandalashe izinto endizibonileyo ziyingozi, izinto (penis) zabo ziyadumba, kuphela bahlala bethunukwa qho babuye bengapholanga. Indlela abaphatheka ngayo ayondlela okungaphathwa ngayo abantu. Besifa nokufa, ngoku olu lwesilungu alinangxaki besingakayiboni. Ingathi phaya kundalashe ukhona umkhwetha owabhubha ebotshiwe apha emthontweni.

#### **Umbuzo 4.2**

***Ngaba ukhona na umntu oye wanempembelelo apha ekuhlaleni ezokuba namkele uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Ewe utatu Pekula (1st key informant) kwaye bathi xa beyiveza ebazalini bethu abanye bayamkela kuba beyibona ukuba yindlela eright okungasetyenzwa ngayo abantwana.

#### **Umbuzo 4.3**

***Chaza ukuba unobangela owenza nibone kuyimfuneko yokuba nisebenzise uhlobo lwasentshona okanye isilungu kwezempilo kulwaluko?***

Babengapholi, mandithi enye into abayibalekayo otata ukuze bayivume le nkqubo entsha babaleka into yokuba abakhwetha bahambe baye esibhedlele sebebonwa nangomama. Abanye abantwana ababuya phaya entabeni (bayafa), abanye ootata babaleka nalento yokuba abakhwetha babalekiselwe esibhedlele ngobusuku beyolaliswa lee. Ufumanise ukuba entabeni akusekho mkhwetha oshiyekileyo kushike nje abafana basesibhedlele bonke abakhwetha. Ngenxa yokuba ipipi zabo zidumbile kucaca ukuba ziyaqhawuka, enye into engalunganga kukuthatha abantwana bethu sibase entabeni bagqibe bafele pha.

#### **Umbuzo 4.4**

***Chaza inkqubo enayilandela ukwamukela kwenu olu hlobo lwasentshona okanye isilungu kwezempilo, yenzeka kanjani apha ekuhlaleni?***

Abayazi.

#### Umbuzo 4.5

*Ucinga okokkuba ukwamkela kwenu koluhlobo lwasentshona okanye isilungu kwezempilo kulwaluko lutshintshe eli siko?*

Hayi alitshintshanga, ngoba naphaya kuyasikwa nje ngokuba bekusikwa nasekuqaleni. Into eyenzekayo izinto ezazikade zityiwa ngela xesha lakuqala zisatyiwa nangoku. Kuyatsalwa nokutsalwa. Basasithunuka nangoku koluhlobo lutsha but they disagreed here, some said no and others said it is true.

#### Umbuzo 4.6

*Zeziphi izinto ezilungileyo nezingalunganga, ukubanga zikho kule nkqubo yasentshona kwezempilo kulwaluko xa uqhathanisa nondalashe?*

#### Ezilungileyo

Ingathi isilungu sihle apha epipini, amayeza la ayenceda. Umthungu lowa nawo mhle kuba intsholongwane nezifo azingeni. Ipilisi esizinikwayo nazo zithomalalisa intlungu. Ne injections ezi siqala sitofwe ngazo.



### Ezingalunganga

O!!! xa ubusetyenzwe isilungu awufunwa nokubona xa uye kwaba kandalashe kuthiwa uyinkwenkwe, kuthiwe mela le ekudeni awuzubona into engazange yenziwe kuwe, wena unezititch bona abanazo. Ndlela leyo ke nathi asiphatheki kakuhle ke kuba nathi saya entabeni singazi ukuba sizakwenziwa ntoni.

### Umbuzo 4.7

***Ngaba injani intsebenziswano phakathi kwengcibi sasentshona/zesilungu namaxhwele kunye neengcibi zesintu?***

Intsebenziswano tata ayilunganga kuba bathi abazukusebenzela bantu basesibhedlele isiko le miggakhwe. Ingcibi zakudala zinento yokuthi xa zisika zinento yokuthi azibafuni aba basesibhedlele kodwa thina asibagxothi. Kwaye ingathi lento izakudala umsantsa ebazalini bethu bathi abantwana babo bengamadoda bamiselwe kude xa kusetyenzwa amakhwenkwe, kwaye asisahambi ukuya kwezinye indawo. Ukuba uyile bathi veza ipipi le ukuba inezi-stitch uyabethwa, kubengcono ukuba ke ungayi entabeni ngoluhlobo. Kwaye ke ngoku isihlekisa ngentshaba ngoba baveza isiko lethu ukuba lihamba kanjani.

**Umbuzo 4.8**

***Ngokwakho yeyiphi lendawo ingundoqo kulwaluko?***

Kukusikwa, emva komngcamo, nokubula.

**Umbuzo 4.9**

***Ukhona na umntu ofundisa amakhwenkwe ngezifo zokulalana, HIV/AIDS phambi kokuba baye osuthwini?***

Hayi. Kodwa lo nto udibana nayo xa uye kucheck-up esibhedlele, kuthiwe ungalali namantombazana ukubalekisa izifo ezithile phambi kokuba woluka. Unikwe ipilisi unikwe ne injection.

**Umbuzo 5.1**

***Zeziphi izinto esiye saxoxa ngazo?***

Ukuba olu lwaluko lwesilungu lunjani. Ingaba injani intsebeziswano phakathi kwabasentshona nondalashe. Ngowuphi oyena ndoqo apha elwalukeni. Ingaba ikho na into etshintshileyo entabeni kolu lwaluko lutsha. Ingaba kungelukwa? Ingaba infundiso ziyafana na entabeni? Intsebenziswano phakathi kwamagqira nengcibi injani?

**Umbuzo 6.1**

***Ngaba ikho into ofuna ukuyithetha engenye?***

Hayi.

**Umbuzo 6.2**

***Ngaba ikho into esiyishiyileyo?***

Into esiyishilelayo endakha nadayiva bathi indlela le ekolwukwa ngayo ngoku ayifani. Abakhwetha bangoku bayilinkwa ithuba lukulala entabeni kanti ayikho phaya kundalashe. Babe bethwa nokubethwa, aba batsha ababethwa ngoku abafana bathi bazakusiphathela amayeza (abasentshona) bazekusibetha apha entabeni ukwenzela ukuba singapholi.