

Chapter 1

Orientation to the study

1.1 INTRODUCTION

South Africa is among the countries that practise traditional circumcision. It is mainly performed among young Xhosa men and adult male persons as a rite of passage from childhood to manhood (Ndletyana 2000:16). This ancient practice has been plagued with many problems nationally. In the past few years, complications from traditional circumcision, hospitalisation and death of initiates has caused this practice to be questioned and criticised by concerned people as well as debated and discussed on radio talk shows (for example, *Umhlobo wenene*), television and in local newspapers. Calls from community leaders and Xhosa chiefs through the media motivated the researcher to investigate how newly initiated Xhosa men experienced circumcision rite. The researcher observed that several newly initiated Xhosa men ended up receiving treatment in hospital for complications from poorly performed circumcision. Some even developed mental health problems because of failed circumcision.

Accordingly, in this study the researcher aimed to explore the experience of traditional circumcision by newly initiated Xhosa men in East London in the Eastern Cape Province. The results would be used to develop guidelines for support of newly initiated Xhosa men undergoing this traditional rite.

1.2 BACKGROUND TO AND RATIONALE FOR THE STUDY

Circumcision is performed for various reasons. In East London, in the Eastern Cape Province, the Xhosa people strongly believe in circumcision for traditional purposes as a rite of passage from childhood to manhood and for religious reasons (Crowley & Kesner 1990:318). In Scripture (Genesis 17:1-14), for example, God made a covenant of circumcision with Abram, who thereafter was called Abraham, and his descendants (*The African Bible* 2000:21). In some instances, medical doctors for medical reasons perform circumcision. Mavundla and Netswera (2005:2) point out that circumcision is performed in the Western world for medical and cosmetic purposes. Traditional

circumcision has various effects on newly initiated Xhosa men, including physical, sexual and physiological effects and severe complications leading to death.

1.2.1 Physical effects associated with circumcision

Research shows evidence of physical trauma associated with circumcision in adult later life. Butler (1999:1) states that in Western Australia men have sued the doctors for the following physical effects of circumcision:

- Total loss of the prepuce of the penis, which is resulted in a badly deformed penis.
- A permanent lack of sensation of the penis.
- Extreme pain to the adult circumcised penis when too much foreskin was removed.
- Penis too short, because the removal of penile foreskin during infant circumcision prevented the penis from growing normally.
- A badly deformed penis; shape of the penis not right; length not right; the circumcised penis shorter than it should be, and the glans of the penis actually twisted a bit.

These abnormalities also contribute to sexual problems suffered by men in their adult life.

1.2.2 Sexual effects of circumcision

Apart from the physical effects associated with circumcision, initiated men also experience sexual problems and poor sexual satisfaction in later life. According to Boyle, Svoboda, Price and Turner (2000:301), circumcision causes the loss of highly erogenous sexual tissue. Taylor, Lockwood and Taylor (1996:291) found that circumcision results in total loss of the erogenous tissue required for optimal sexual pleasure.

O'Hara and O'Hara (1999:79) found that male circumcision also affected female sexual enjoyment because intercourse with a circumcised penis caused discomfort from increased friction, abrasion and loss of natural secretions. Women reported that uncircumcised men felt gentler.

Gairdner (1949:1433) refers to other effects that could follow circumcision, namely enuresis, masturbation, habitual spasms, night terrors, convulsions, and death.

1.2.3 Psychological effects of circumcision

Goldman (1999:93) found psychological effects associated with circumcision because it results in behavioural changes in infants and long-term unrecognised psychological effects on men.

Taddio (1997:599) found that neonatal circumcision without the use of anaesthesia could result in post-traumatic stress in the infant's later life. William and Kapila (1993:1231) maintain that circumcision of a child at phallic stage may arouse castration fears. According to Cansever (1965:321), some infants experience circumcision as an aggressive attack on the body, which often later results in infants' feeling inadequate, helpless and functioning less efficiently. Hammond (1999:85) found that men circumcised in infancy and childhood suffered emotional distress following the realisation that they were missing a functioning part of the penis, low self-esteem, resentment, avoidance of intimacy and depression. Rhinehart (1999:215) found psychological consequences in adult men, including symptoms like low self-esteem, relationship difficulties, sexual shame, shyness, anger, fear, powerlessness and distrust. Apart from the psychological effects suffered by infants there is also evidence of severe complications leading to death.

1.2.4 Complications leading to death

Boyle et al (2000:303) found that death is a serious complication and is associated with the loss of the entire penis (gangrene) in most cases. In some cases, sepsis was regarded as the cause and in others, bleeding of the penis to death. The researcher also noted these complications in the East London area and was consequently motivated to conduct this study.

The effects associated with circumcision led various countries to develop strict laws, policies or guidelines to control the circumcision of male infants and men. Youngson (2001:12) developed a standard of care for infants undergoing circumcision, including the following basic tenets of care:

- Appropriate expertise in the performance of the procedure.
- Use of analgesia and sedation during the operation.
- The person performing the procedure must be trained to do so and competent to provide care.
- Must apply sterility during incision methods and use sterilised instruments.
- Circumcision should not be performed without anaesthesia.
- Care should be taken to identify potential risk groups with contra-indication to circumcision, such as a history of bleeding disorders, cardiac, renal and respiratory disorders. In such circumstances, verification of the safety of circumcision must be obtained from a medical specialist surgeon.
- Consent for the operation to be obtained from the consenting parents/guardian.
- Provision should be made for access to hospital should complications arise.

1.2.5 A South African perspective on circumcision

In South Africa, circumcision is mainly performed on young men, especially teenagers. After circumcision they are no longer referred to as boys, but men.

The issue of circumcision is hotly debated nationally and particularly in the East London area in the Eastern Cape Province. Xhosa male initiation has been affected by botched circumcision and other problems. This is primarily associated with traditional doctors who lack the expertise and experience to handle resultant complications. In the researcher's experience, their ineptitude causes a failed circumcision.

Xhosa circumcision rites continue to maim and claim the lives of young males. Hatile (2000) refers to deaths and serious medical complications resulting from Xhosa male initiation rites, including

- Ischemia, which is due to a hide thong tied too tight around the penis for too long and bacterial infection of the circumcised penis.
- Dehydration, which is caused by the restriction of oral fluids during the initial period.

Crowley and Kesner (1990:319) found that 320 initiates reported penile injury, severe loss of skin, amputation and loss of the glands penis as complications of ritual circumcision among Xhosas of the Ciskei.

1.2.6 Lack of social support

In many instances non-involvement of the parents has been noted. Mpondwane (2000:3) points out that some parents do not take full responsibility for their children's needs. Parents are expected to choose respected surgeons and monitor the attendants throughout the duration of the initiation school. In addition, some initiates refuse to follow advice from the attendants and consequently are often left on their own, which then results in complications and unnecessary admission to hospital. These admissions could be prevented were the initiates to follow proper instructions. Mavundla and Nestwera (2005:10), however, found that Xhosa teenage boys at times do not wait for their parents to approve that they should be circumcised. In most instances this has resulted in Xhosa teenage boys disappearing from home with the intention of circumcising themselves without their parents' consent and despite their concern. This has led to many poorly performed circumcision procedures because the parents were not there to choose the appropriate traditional surgeon (*ingcibi*) for their sons.

1.2.7 Traditional nurses' attitude towards chronic illness medication

Some teenage boys are on chronic illness medication at the time of circumcision. The researcher noted that traditional attendants refused initiates' epilepsy or mental illness medication, for example. This put the lives of the initiates at risk and caused suffering and unwanted hospitalisation as a result of ignorance. Some initiates refuse referral to medical facilities when they suffered illnesses not related to circumcision and only go when it is too late. This is mainly caused by the fear of stigma of being called names that are belittling them when they seek medical help. According to Whisson (2000:27) opting for "doing circumcision with the comfort of modern medicine was like forging your Matric certificate".

The complications and problems of traditional circumcision led to legislation to regulate and control the performance of circumcision. In terms of the Health Standards in Traditional Circumcision Act, 6 of 2001 (South Africa (Republic) 2001:3-7)

- initiates are to undergo a routine medical examination and must produce proof of examination by producing a certificate from the appointed medical practitioner of the district
- circumcision is not to be performed on males under 18 years of age
- the traditional surgeon must obtain permission from the medical practitioner in order to do the operation and must prove he is experienced, competent and respected by his own community
- the medical practitioner must visit the bush to check on the initiates' health
- if deemed necessary, the medical practitioner is allowed to provide treatment for any illness that the initiates may suffer from
- The parents of initiates are to be more involved in their children's circumcision.

1.3 PROBLEM STATEMENT

The researcher's experience of attending to newly initiated Xhosa men from initiation schools in a psychiatric clinic at a general hospital in East London in the Eastern Cape Province was used as a background for the problem statement. The researcher observed that several newly initiated Xhosa men who had undergone a circumcision ritual presented for psychiatric examination and were treated for mental illness problems such as acute psychosis, hallucinations, depression, sleeping disturbances and anxiety.

Consequently, the study wished to establish and explain why newly initiated Xhosa men who undergo circumcision rites develop these mental health problems. The purpose was to develop guidelines for health professionals to support newly initiated Xhosa men who undergo circumcision rites in East London in the Eastern Cape Province.

Accordingly, the following research questions were formulated:

- How do newly initiated Xhosa men experience indigenous circumcision rites?
- What can be done to help public health professionals to support newly initiated Xhosa men in East London in the Eastern Cape Province?

1.4 PURPOSE AND OBJECTIVES OF THE STUDY

The main purpose of the study was to develop and describe guidelines to support newly initiated Xhosa men undergoing circumcision rites in East London, based on their experiences on undergoing the ritual.

In order to achieve the above purpose, the objectives of the study were to

- Explore and describe newly initiated Xhosa men's experiences of traditional circumcision rites at East London in Eastern Cape Province (Phase 1).
- Develop and describe guidelines for the support of newly initiated Xhosa men by public health professionals in East London in the Eastern Cape Province (Phase 2).

1.5 CENTRAL THEORETICAL STATEMENT

The exploration of newly initiated Xhosa men's experience of undergoing circumcision rites provided the basis for the researcher to generate guidelines for the support of these men in East London in the Eastern Cape Province.

1.6 THEORETICAL FRAMEWORK

The researcher used Campinha-Bacote's (1999:204) model and instrument for addressing cultural competence in health care to guide the research project. The researcher considered this model an effective framework that is culturally relevant to examine the sensitive topic under study.

Cross, Bazron, Dennis and Isaacs (1989:4) define cultural competence as "a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or profession to work effectively in cross-cultural situation". Clients have a right to their cultural beliefs, values and practices and these factors should be understood and respected when rendering culturally competent care (Campinha-Bacote 1999:204; Cross et al 1989:4).

The model enabled the researcher to

- interpret the experiences of newly initiated Xhosa men within the relevant cultural context
- bridge the gap between traditional beliefs and health practices when formulating the support guidelines

The data obtained from the interviews would assist the researcher to formulate a culturally responsive treatment plan.

The framework identifies five cultural constructs: cultural awareness, knowledge, skill, encounters and desire.

1.6.1 Cultural awareness

According to Campinha-Bacote (1999:204), cultural awareness is a deliberate attempt in which the health care provider becomes sensitive to the values, beliefs, ways of life, practices, and problem-solving strategies of clients' cultures. Cultural awareness requires researchers to examine their own prejudices and biases towards other cultures and explore their own cultural background. Therefore, the researcher conducted an extensive literature review to understand the values and beliefs about traditional circumcision among Xhosa ethnic groups in order to become sensitive when addressing issues affecting newly initiated Xhosa men. With a deeper cultural awareness, the researcher was able to explore his own cultural background in order not to impose his cultural values and beliefs on other people.

1.6.2 Cultural knowledge

Campinha-Bacote (1999:204) describes cultural knowledge as "a process of seeking and obtaining a sound educational foundation concerning the various worldviews of different cultures. The goal of cultural knowledge is to understand the client's worldview." In this study, the researcher conducted focus group interviews to explore the experience of traditional circumcision by newly initiated Xhosa men to gain cultural knowledge. To understand their worldview, the researcher used facilitative communication skills to allow them to describe their feelings. Techniques to elicit

cultural information were used in the focus group interviews, including listening with interest without being judgemental about what he heard, developing a conversational approach to assess the clients' problems, and framing questions in the client's context.

1.6.3 Cultural skill

Campinha-Bacote, Yahle and Langenkamp (1996:61) define cultural skill as “the ability to collect relevant cultural data regarding the clients' health histories and presenting problems as well as perform culturally specific physical assessment”. The public health care worker should gather information about Xhosa men's perception of presenting problems as well as possible treatment modalities. There is a need to develop cultural skill to perform cultural assessment and physical assessment on clients with diverse cultures.

1.6.4 Cultural encounter

According to Campinha-Bacote (1999:205), cultural encounter is the process that encourages health care providers to engage directly in cross-cultural interactions with clients from culturally diverse backgrounds. The goals of cultural encounter are to generate a wide variety of verbal responses and send and receive both verbal and non-verbal responses accurately and appropriately in each culturally different context.

The present researcher was directly engaged with the newly initiated Xhosa men with the object of generating verbal responses in order to understand their perception and experience of circumcision.

Public health workers should engage face to face with clients from diverse cultural groups to modify their existing beliefs about cultural groups. This will help to overcome stereotyping that may have developed when academic knowledge was obtained (Campinha-Bacote et al 1996:62).

1.6.5 Cultural desire

Campinha-Bacote (1999:205) refer to cultural desire as “the motivation of health care providers to want to engage in the process of cultural competence”. Health care

workers must have a genuine desire to work with culturally different clients. Their words and actions must be congruent with their inner feelings. If health care providers have negative feelings, they must seek assistance to resolve these inner feelings. This will help them to render appropriate therapeutic care.

1.7 RESEARCH DESIGN

A qualitative, explorative, descriptive and contextual research design was followed to examine the experience of newly initiated Xhosa men in the East London area. Data collection was done in two phases.

1.7.1 Phase 1: Exploration of the experience of undergoing circumcision rites by newly initiated Xhosa men in East London in the Eastern Cape Province

The first phase was empirical research to explore the experience of undergoing indigenous circumcision rites by newly initiated Xhosa men in the East London area in the Eastern Cape Province.

1.7.1.1 Population

The population consisted of newly initiated Xhosa men who had undergone circumcision rites in East London in the Eastern Cape Province. According to Polit and Hungler (1991:254), a population is “the entire aggregation of cases that meet a designated set of criteria”. In this study, the researcher considered Xhosa men who are met the eligibility criteria for inclusion in the study.

1.7.1.2 Inclusion criteria

According to Polit and Hungler (1991:254), it is important when identifying a population to be specific about criteria for inclusion. To be included in this study, the participants had to

- be newly initiated Xhosa men who had undergone circumcision rites in East London in the Eastern Cape Province
- be between 15 and 20 years old

- had to have undergone traditional circumcision within the past two years.

1.7.1.3 Sampling technique

Sampling technique refers to “the process of selecting a portion of the population to represent the entire population” (Polit & Hungler 1991:254).

In the study the researcher used purposive sampling, which is non-probability sampling and involves non-random sampling of subjects. The number of participants to be interviewed was determined by data saturation as reflected in the repetition of themes (Morse 1995:148).

1.7.1.4 Data-collection method

Focus group interviews selected as the data-collection method. The focus group interviews were conducted with newly initiated Xhosa men who met the eligibility criteria.

The focus group interviews allowed the participants to express their own feelings directly without the constraints of rigid predetermined questions. The researcher’s function was to encourage them to talk freely about the topic and to record responses, using a tape recorder (Polit & Hungler 1991:279). The researcher asked the participants the following research question:

What is the experience of circumcision ritual by newly initiated Xhosa men undergoing circumcision rites in East London in the Eastern Cape Province?

Facilitative communication skills were used to facilitate discussion during the focus group interviews.

1.7.2 Phase 2: Development of guidelines for the support of newly initiated Xhosa men

Once the participants’ experience of undergoing traditional circumcision had been explored and described, the researcher used deductive reasoning to formulate

guidelines for the support of initiated Xhosa men. This support would be given to newly initiated Xhosa men undergoing circumcision rites in East London in the Eastern Cape Province.

1.8 TRUSTWORTHINESS

To ensure validity and reliability, the researcher used Guba's model (Lincoln & Guba 1985:235) to ensure trustworthiness of qualitative research findings (see chapter 2).

1.9 OUTLINE OF THE STUDY

This chapter 1 described the problem, background to, rationale for and purpose of the study, population and sampling, and data-collection method.

Chapter 2 discusses the research design and methodology.

Chapter 3 discusses the literature review conducted for the study.

Chapter 4 discusses the development of guidelines for the support of newly initiated Xhosa men undergoing circumcision in East London in the Eastern Cape Province.

Chapter 5 concludes the study, briefly discusses its limitations, and makes recommendations for practice and further research.

1.10 CONCLUSION

This chapter covered the background to and rationale for the study, the problem under investigation, population and sample, and described culturally congruent care. Chapter 2 covers the research design and methodology.