

## **Chapter 3**

### **Data analysis, findings and literature review**

#### **3.1 INTRODUCTION**

Chapter 2 described the research design and methodology. This chapter discusses the research findings with reference to the literature reviewed.

#### **3.2 SAMPLE**

Sampling is “the process of selecting a portion of the population to represent the entire population” (Polit et al 2001:233). The population refers to “individuals in the universe who possess specific characteristics, or a set of entities that represent all the measurements of interest to the researcher” (De Vos, Strydom, Fouché & Delport 2004:209).

In this study, the researcher used an accessible population to represent a targeted population. The researcher used purposive sampling to select the respondents. This was done to ensure that the sample adequately represented the target population, to obtain the most relevant information, and to allow informational adequacy and appropriateness of data.

The sample was drawn from a population of newly initiated young men, aged between 15 and 20, who volunteered to participate in the study. Three groups from different locations in East London in the Eastern Cape Province were invited to voluntarily participate in the study. Two groups were drawn from a public high school and the third group consisted of young males who were undergoing training as student nurses in a public general hospital in East London. The first two groups consisted of four participants each and the other group consisted of six participants.

The interviews were conducted until saturation of data was reached. According to Polit et al (2001:470), data saturation is “the process of collecting data in a grounded theory study to the point where a sense of closure is achieved because new data yield redundant information”. In this study data saturation was reached when the participants

repeatedly gave same information and no new information emerged during the interviews. Table 3.1 represents the distribution of respondents in the focus groups.

**Table 3.1 Distribution of newly initiated Xhosa men in focus group interviews**

Group	Number of participants	Code
Group 1	Four participants from a public school	A-D
Group 2	Four participants from a public school	E-H
Group 3	Six participants from a general hospital	I - N

### **3.3 DATA COLLECTION**

The researcher bracketed his thoughts and perceptions about the research topic. Polit et al (2001:458) describe bracketing in phenomenological research as “the process of identifying and holding in abeyance any preconceived beliefs and opinions about the phenomenon under study”. It was essential to allow the participants to describe their experience openly and freely. The researcher remained interested, attentive and non-judgemental and did not lead the participants on.

The researcher had no difficulty gaining entry to the public school and obtaining permission to conduct the study. A letter from Unisa requesting permission to conduct the study was presented to the principal of the high school concerned (see appendix A). The principal appreciated the benefit that the pupils would gain after the researcher explained the purpose of the study. Furthermore, the principal requested that health talks be given to prepare young boys before they undergo circumcision in order to reduce the problems experienced during traditional circumcision.

The participants were initially reluctant because of the sensitive nature of the topic. They feared being victimised by their communities since open discussion of the custom of circumcision is not encouraged. It is also taboo for individuals who have not yet undergone circumcision to have any knowledge of the subject. The participants also feared that their names would appear in media and the consequences they would face should they be found divulging information about circumcision. Finally, after explaining the significance and purpose of the study and assuring them of anonymity and confidentiality, the learners agreed to participate in the study. The researcher then arranged to conduct the interviews at a suitable time.

On the appointed day, the researcher was shocked to find that the participants were not available to participate in the interviews. In this way, the researcher learned the importance of arriving before the scheduled time in order to meet the participants before they changed their minds. Another appointment was arranged through the schoolteacher who served as facilitator.

The participants honoured the second appointment. The researcher explained the purpose of the study and the participants' rights, including confidentiality, anonymity, and to withdraw from the study at any time should they so wish. Informed consent was obtained from each participant (see appendix C). A few participants felt uncomfortable about the use of a tape recorder during the interviews but explaining the need for it and reassuring them of confidentiality and anonymity addressed their concerns. They were allowed to choose names or letters to identify themselves during the recording of the interviews.

The number of participants willing to participate in the study determined the size of the group. The researcher decided to divide the group into two groups so that it was possible to control the group during the interviews. As the study progressed the researcher gained more confidence and skills to control and direct the interviews in order to obtain explicit descriptions of the participants' experience of traditional circumcision rites.

Rich data was collected from the interviews. Transcribing the data was a time-consuming task. After transcription the researcher analysed and coded the data. Then the transcriptions were referred to an expert in qualitative research to confirm the findings.

### **3.4 DATA ANALYSIS**

The process of data analysis followed a combination of two methods, Creswell (1994:155) eight steps of qualitative data analysis and method described by Appleton (1995:994-997) which was earlier proposed by Miles and Huberman (1994:324). The Creswell's method has been elaborated in detail in chapter 2. This method is based on three stage analysis, that is data reduction, data display and conclusion drawing.

The researcher analysed the data using Creswell's (1994:155) eight-step and Appleton's (1995:995) three-stage method (cited in Miles & Huberman's 1994:324). The eight-step method was described in chapter 2. The three-stage method consists of data reduction, data display and conclusion drawing.

### 3.4.1 Data reduction

Appleton (1995:995) refers to data reduction as "the process of selecting, focusing, simplifying, abstracting and transforming the data as the researcher elicits meanings and insights from the words of the respondents". The researcher listened to and transcribed each tape and then read each transcript several times to familiarise himself with the data. Each transcribed interview was coded, re-analysed and broken down into categories and themes. Finally, the themes were reviewed in the context of each interview.

### 3.4.2 Data display

During data collection and analysis four themes and their subcategories emerged from the interviews (see table 3.2).

**Table 3.2 Themes associated with the respondents' experience of circumcision**

Theme	Categories
Experience of performance of the ritual	<ul style="list-style-type: none"> <li>➤ Proper performance of the ritual</li> <li>➤ Improper/poor performance of the ritual</li> </ul>
Social pressure associated the ritual	<ul style="list-style-type: none"> <li>➤ Lack of acceptance <ul style="list-style-type: none"> <li>• in the community</li> <li>• by peers.</li> <li>• by members of the opposite sex</li> </ul> </li> <li>➤ Lack of respect <ul style="list-style-type: none"> <li>• by initiates</li> <li>• by members of the opposite sex</li> <li>•</li> </ul> </li> <li>➤ Social pressure to abuse substances <ul style="list-style-type: none"> <li>• substance abuse of initiates</li> <li>• substance use by traditional attendants (<i>ikhankata</i>)</li> <li>• substance use after circumcision</li> </ul> </li> </ul>
Stigmatisation associated with the ritual	<ul style="list-style-type: none"> <li>➤ Labelling</li> <li>➤ Prejudice</li> </ul>
Discrimination associated with the ritual	<ul style="list-style-type: none"> <li>➤ Acceptance issues</li> </ul>

### **3.5 THEMES**

Four themes emerged from the data analysis. The researcher identified categories and subcategories of themes. The themes deal with the respondents' experience of circumcision.

#### **3.5.1 Theme 1: Performance of circumcision**

This theme deals with the performance of circumcision as experienced by the respondents. The categories identified were proper performance and improper or poor performance of circumcision (see table 4.3).

**Table 3.3 Experience f performance of circumcision**

<b>Theme 1</b>	<b>Categories</b>
Experience of performance of circumcision	➤ Proper performance ➤ Improper or poor performance

##### ***3.5.1.1 Proper performance***

There are two perspectives on the proper performance of circumcision. The first perspective adheres to the health standards in traditional circumcision prescribed by the Circumcision Act, 6 of 2001 (South Africa (Republic) 2001:5). The second follows customary Xhosa traditional circumcision. In this chapter the researcher discusses the respondents' perception of Xhosa traditional circumcision. The proper performance of the ritual is categorised into three subcategories: pre-circumcision, peri-circumcision and post-circumcision phases.

- Pre-circumcision phase: preparation before circumcision***

This phase starts with the boy's readiness to undergo circumcision. Here a Xhosa teenage boy will inform his parents of his wish to undergo traditional circumcision. If permitted, the family begin the formal preparation. Usually the boy's father will call a meeting of his immediate family; that is, his brothers and elders in the family, and inform

them of the boy's request to undergo circumcision. Mavundla and Netswera (2005:13) refer to this as readiness.

At this meeting formal approval is granted to the boy's father after the following considerations:

- Reviewing and checking if the boy's cultural rituals were performed, like the slaughtering of a goat. In Xhosa culture, when a baby is born, a goat is slaughtered for him (*uyalungiswa*) to prevent childhood psychological disorders like bedwetting/enuresis and for normal development so that he does not develop unwanted behaviours.
- The boy's health is carefully examined to ensure his readiness to meet the challenges of circumcision. If there are any problems regarding the boy's health, suggestions are made for corrections and treatment.
- The boy's age is confirmed to ensure that he is mature enough to withstand the circumcision ritual.
- Financial issues for the preparations are taken into consideration. Sometimes formal arrangements are discussed to support the boy's father, especially if he does not work or have the means (finances) for the preparations for the ritual.

Mavundla and Netswera (2005:10) refer to this as engagement of Xhosa families in the circumcision and "economic and financial readiness", which becomes a problem if the parents of the boy are unemployed.

The boy's family will set a date for the initiation and this is communicated to the rest of his community to allow the community to participate. Since this is an important custom celebrated in Xhosa culture, the boy about to undergo circumcision will go out on a celebration spree (*umguyo*), mix with other boys who will be undergoing circumcision. As part of these celebrations they will receive gifts such pigs, goats and chickens to slaughter as well as eggs and alcohol. At this time the boys are allowed to express any behaviour associated with boyhood since those behaviours will have to change once they are circumcised and enter into manhood.

A few weeks or a month before the circumcision the boy's family will approach and make arrangements with a respected traditional surgeon who is known to the

community/village and has a good track record of circumcising boys without complications. Traditional nurses will also be secured before the initiation period. Responsible traditional nurses who are known by the community and are sober and experienced are the first choice for consideration.

As the set date approaches, the boy's father or someone on his behalf will summon the boy and start to give instructions for the preparation before the circumcision. The instructions include checking if the boy had pulled off the foreskin of his penis and cutting the main artery that holds the foreskin (*ukuphondla*). This is done to make the circumcision comfortable and less painful. The second instruction is about education to avoid sexual intercourse at least one week before the circumcision. This is done as a precaution to prevent sexually transmitted diseases from occurring. Lastly, is the instruction to abstain from alcohol, especially on the day before circumcision. This is emphasised to prevent bleeding of the penis after circumcision. The boy's father or his representative measure and finally prepare the hide thong to ensure complete readiness for the ritual.

The boy's family follow the customary ritual to ensure that the boy will not develop problems/complications once he is in the initiation school. This may include formal speeches to the ancestors if the boy is circumcised, using the mother's custom when his father's side is not present during the ritual. This is done before the boy is sent away to the initiation school.

Most of the participants identified proper involvement of their families as critical in the preparation for the ritual. They perceived the family's non-involvement as a factor that could lead to the development of psychological problems for the initiate and his family. Symptoms of depression such as sadness, guilt feelings, thinking too much, pains in the heart, withdrawal and fear were common to participants who did not involve their families properly.

With regard to non-involvement, the respondents stated:

*My heart was very painful, I regretted for not undergoing a proper circumcision. I was thinking of the loss that I caused to my mom because she missed to collect donations from other women with whom they were having a*

*club because they were not informed in time since I went to circumcision without her consent.*

*I was too afraid to use my mother's custom during the performance of the ritual ... I feared that the circumcision might botch and also when I am a man I will not be successful or I might even go mad. There were times I was feeling sad, I did not want to talk with other inmates for fear that they might ridicule me.*

*I wished I could go back again to undergo all the steps I missed, but I could not. I was afraid that I might not get well since I missed other steps because I went to initiation without my family's consent.*

Tjale and De Villiers (2004:148) point out that there is a connection between taboo violation and the occurrence of a misfortune or sickness. Sickness is seen as a punishment for taboo violation. Tjale and De Villiers (2004:148) relate psychological disorders or somatisation to the guilt feeling about violating taboo.

- ***Peri-circumcision phase: Interaction during circumcision***

The first few days after circumcision are critical for the safety and recovery of the initiates. Elderly men issue strict measures, including tight overall control of the initiation school. The traditional nurse is instructed not to allow misbehaviour by young men who are intoxicated with alcohol and want to tamper with their dressings. The traditional nurses also strictly enforce the traditional surgeon's (*ingcibi*) instructions.

The traditional nurse is expected to stay with the initiates, give instructions, apply dressings, monitor their progress and report any complications that develop to the family. Complications may include weakness, loss of appetite, swelling of the limbs, uncontrolled bleeding and dehydration.

Young recently circumcised men are restricted from visiting. It is forbidden for a man who sleeps with a woman to visit the initiates. Such a person is believed to be impure and could cause the wounds of the circumcised penis not to heal.

The person is regarded as carrying ritual impurity (*umlaza*). Elderly women and young girls are also regarded as impure and the initiates are instructed to cover themselves once they come near them. This is done to protect the initiates from regressing in the healing of wounds. The initiates are also given instructions not to greet by hand but instead to use the stick they carry in order to prevent any bad luck or being contaminated by *umlaza*. If they forget, they will be punished (*akralwe*).

Tjale and De Villiers (2004:149) found the violation of taboo associated with *umlaza*, and the belief that the subjects would be exposed to misfortune.

The elderly men will visit the initiates after a period of one week. This period is used to allow the initiates to be introduced to kinds of food that were initially restricted as part of the ritual. This is celebrated by slaughtering of a sheep (*ukojiswa*). The initiates will eat the meat and they will be allowed to go out of the initiation hut (*ibhoma*) and visit other initiates.

Further instructions are given to the initiates about the dangers of tobacco smoking while their wounds have not healed. It is believed that smoking affects the normal healing of a circumcised penis. The initiates are encouraged not to smoke or drink alcohol until their circumcised wounds are properly healed. The use of alcohol “*umqomboti*”, that is a traditional beer, is allowed at the end of the circumcision period or when the initiates have healed properly. Girls are allowed to visit the initiates at this stage as part of the ritual. It is customary for initiates to perform a traditional dance (*ukutshila*) to indicate their newly acquired manhood. This is performed in the presence of singing girls.

The participants regarded being exposed to different forms of socialisation during and finishing the circumcision period as the most vital aspect of proper circumcision. Ndletyana (2000:25) emphasises that fear of being ostracised for failing the manhood test is often regarded too great for the boy or even his family to contemplate.

According to the participants:

*I told myself that I would endure all the hardships that confronted me even if it meant dying while I was in the circumcision school.*

*I was afraid of what would happen to me if I became dehydrated by not drinking water. I did not sleep, fearing what would happen if I did not recover and needed hospitalisation.*

Some of the participants indicated that if one failed to finish the stipulated period and opted for medical/hospital treatment, he would never be regarded as a man by his peers or his community. He would face rejection and negative labelling that would haunt him for the rest of his life because he had not achieved his manhood.

According to Whissom (2000:13), the performance of “circumcision using modern medicine is likened to forgery”.

- ***Post-circumcision phase: Interaction or engagement after circumcision***

Every Xhosa family is proud of this function (*umgidi*), which is performed as a celebration of the initiate's formal entering into manhood. The initiate's family will prepare traditional alcohol, buy alcohol, prepare food, slaughter meat and buy presents for the initiate.

The climax of the occasion is when the young man is summoned to appear before his family and the community to receive words of wisdom and gifts (*ukuya/wa*). During this period the family together with the community are in high spirits, traditional songs of praise and victory are sung for bringing the initiate back alive. Best wishes to prosper as a man are passed out by elderly men. The new young man (*ikrwala*) is lectured about responsible personal behaviour, respect for women and protection of his family.

The expected social norms and values are introduced and passed on to the graduated initiate. The manner of addressing himself as well as the dress code for men is also talked about. This process is followed by presentation and the initiate is given various gifts from big to small. This is referred to as *ukusokwa*. In the rural areas a young graduate (*ikrwala*) may be given cattle or goats by his family as the start of a new life while in the urban towns gifts such as furniture, money or even a car are given.

### **3.6 IMPROPER OR POOR PERFORMANCE OF THE RITUAL**

The literature review identified issues of improper performance of the ritual. The researcher examined the participants' perceptions of improper or poor performance of the ritual.

#### **3.6.1 Failure to follow a pure traditional ritual as determined by custom**

In Xhosa culture the practice of circumcision ritual is used as a rite of passage to manhood. Their communities do not respect boys who do not endure the circumcision or fail the test.

Whisson (2000:13) found that in Xhosa society there are still women who claim they will not be involved with a man who has not been to the bush. The boys who receive hospital treatment associated with circumcision are prone to harassment in their communities and by their peers. The attitude is that there is no provision in the custom to consider men who receive or who perform hospital circumcision and recognise them as a real man. According to Whissom (2000:13), the performance of "circumcision using modern medicine is likened to forgery".

Ndletyana (2000:25) states that boys who opted for hospital treatment were not accorded the same respect and status as other men. Moreover, hard-core traditionalists frown upon the use of Western medicine. In their view, it is a dilution of culture that produces half-baked men unprepared for the world.

In this study the participants cited fear regarding improper performance of the ritual by not following or complying with the ritual as prescribed by custom:

*I told myself I would rather die here than go to the hospital.*

*Why should I become the first person in my family to do that?*

*I have seen how the other young men (ikrwala) are treated in the community and by their peers. I could not let myself to be subjected to the same negative treatment.*

The participants feared the negative consequences of not following a pure traditional circumcision, particularly harassment by peers and rejection by the community.

### **3.6.2 Lack of family involvement in the ritual**

The participants indicated that non-involvement of the parents during the performance of the ritual could lead to complications associated with circumcision.

Mpondwane (2000:12) found that some parents do not take full responsibility for their children's needs consequently complications of circumcision occur easily. Parents are expected to choose respected surgeons and monitor the attendants throughout the duration of the initiation school. The participants indicated that the parents are supposed to play a meaningful role in the performance of the ritual, including

- pre-circumcision preparation by the boy's father
- meeting all the traditional Xhosa aspects related to ritual regarded as important before circumcision is performed

The participants understood failure to involve their family as improper performance of the ritual. In fact they perceived it as a factor that could cause problems in the initiate's health of the initiate while undergoing circumcision:

*I was afraid that my circumcision would complicate since I did not follow the proper procedure, like receiving initiation rights according to custom'.*

*I felt bad that I skipped those important processes. I knew that it could not be reversed again.*

*I felt sad; I also feared for my mother's health.*

*There were times when I found myself thinking and not interacting with the other initiates. I felt pains in my heart. I also feared what would happen if my circumcision failed for skipping the other stages which were supposed to be done by my family.*

### **3.6.3 Ignorance of the initiate undergoing circumcision**

During the interviews the researcher discovered that some participants did not understand the importance of the traditional nurses' instructions to the initiates, especially on the first few days after they had undergone circumcision.

According to Mpondwane (2000:12), some initiates refuse to follow advice from the attendants and are subsequently often left on their own which then leads to complications and unnecessary admission to hospital.

The participants indicated a lack of understanding instructions from the traditional nurses:

*It is difficult for the initiate to survive in the first few days of circumcision. At times you are reminded that you are not a man yet and you do not have that knowledge and you are expected to do as you are told even if you disagree.*

*You do anything that you are asked because you don't know whether it is right or wrong.*

*Sometimes you are expected to obey certain instruction although you feel you are being abused and you have no choice but to comply.*

Some of the participants were concerned about the use of traditional nurses who were not familiar to them but were strangers:

*In the first few hours of the experience of circumcision it was too quiet; I was only left with this strange person.*

*I did not know whether I was going to survive circumcision.*

*I missed my family, I felt pains in my heart and was forced to stay with a person whom I did not even know.*

### **3.7 SOCIAL PRESSURE ASSOCIATED WITH THE RITUAL**

Apart from the experience of the ritual, the participants also experienced social pressure as part of the ritual. The participants recognised the influence of culture, which could lead to both positive and negative attitudes towards boys undergoing circumcision.

According to Haralambos and Holborn (1990:3), culture determines “how members of society think and feel. It directs their actions and defines their outlook on life. Positive attitudes serve as a form of social reward for proper compliance with the ritual while negative attitudes serve to discourage and as a form of punishment to those who offend the custom.”

Most of the participants commonly identified a degree of social pressure associated with the ritual. Since the practice of circumcision is carried in a closed manner that does not allow outsiders to know about the custom, there is a tendency by the custom to reject those who do not finish the initiation period. Particularly, those who for some reason are admitted to hospital:

*I was thinking too much. I had fears about what would happen if I got sick and needed treatment. How could I handle the community rejection?*

*My main worry was that I feared whether I was going to survive without drinking water. What would happen if I was dehydrated and found myself in hospital? I told myself that I would rather die in circumcision than go to a hospital and suffer the consequences later.*

*I had seen several young men being ill-treated and side-lined for not completing circumcision, and I did not want it to happen to me.*

During data collection, the researcher identified three categories of social pressure associated with the ritual (see table 3.4). The participants agreed that the social pressure could lead to

- lack of acceptance
- lack of respect
- social pressure to abuse substances

**Table 3.4 Categories and subcategories of social pressure associated with the ritual**

<b>SOCIAL PRESSURE ASSOCIATED WITH THE RITUAL</b>	
<b>CATEGORIES:</b>	
<b>Lack of acceptance by</b>	<ul style="list-style-type: none"> <li>• the community</li> <li>• peers</li> <li>• members of the opposite sex</li> </ul>
<b>Lack of respect by</b>	<ul style="list-style-type: none"> <li>• other initiates</li> <li>• members of the opposite sex</li> </ul>
<b>Social pressure to abuse substances</b>	<ul style="list-style-type: none"> <li>• Substance abuse of the initiates</li> <li>• Substance use by traditional attendants</li> <li>• Substance use after circumcision</li> </ul>

### **3.7.1 Lack of acceptance**

The researcher noted that lack of acceptance occurred in the performance of the ritual. The participants associated the lack of acceptance with failed circumcision. This occurred when the ritual did not follow the prescribed custom of Xhosa tradition. According to the participants, lack of acceptance led to long-term negative effects on the individual or initiate who for some reason ended not following the proper Xhosa traditional circumcision ritual. Table 3.5 depicts the subcategories associated with lack of acceptance.

**Table 3.5 Subcategories associated with lack of acceptance**

<b>CATEGORY:</b>
<b>Lack of acceptance by</b>
<ul style="list-style-type: none"> <li>• the community</li> <li>• peers</li> <li>• members of the opposite sex</li> </ul>

#### **3.7.1.1 Lack of acceptance by the community**

Among the Xhosa tribes performing circumcision, it was accepted as the role of the tradition that the community did not want to accept individuals who failed the test of performing the ritual. Since traditional circumcision is considered the rite of passage to

manhood, a person is expected to have the strength to endure the ritual. Passing this test leads a young man to earn his respect. The belief is common to traditionalists or traditional purists who are very rigid about the custom. According to them, it is proper for the community to reject or not accept those individuals who fail to pass the test. There is a perception that such a man is not man enough and cannot be taken seriously.

Xhosa male initiation is a rite of passage to manhood. Failure to pass this test can result in the community's refusal to accept the individual. Ndletyana (2000:25) found that boys who fail the test are not treated with respect and do not receive the same status as other men.

According to the participants:

*I saw young men refused participation in traditional ceremonies. They are not respected and not allowed to enter into conversation with other men.*

*A person is not all right mentally; one loses self-confidence as a result of this non-acceptance.*

*You are always reminded that you did not complete your manhood. You cannot live a normal life again because of this pressure by the community.*

*It is easy for the person to choose to stay alone rather than go out as he used to, especially if you are harassed.*

Initiates undergoing circumcision fear lack of acceptance by the community and this also contributes to the stigma. The participants agreed that there was a psychological pressure induced by lack of acceptance by community that could lead to low self-esteem, guilt feelings because of the stigma, and social withdrawal or isolation.

In a study on the effects of neonatal circumcision in adult life, Rhinehart (1999:215) found the psychological consequences of infant circumcision in adult men included low self-esteem, shyness, fear, powerlessness and distrust.

### **3.7.1.2 Lack of acceptance by peers**

The researcher observed that lack of acceptance by peers occurred due to social influence. The initiates learned different forms of training, and socialisation at the circumcision school, including a language. One example of training is socialisation about manhood. The findings of this study reported that they learn new language essential when they are out of circumcision when faced with challenge to prove their manhood to other initiates. One example of value taught, men instructed not to mix with uncircumcised men/boys. Failure to comply may lead the person committing the offence being penalised by his group for not conforming to the rule. There is a strong formation of groups with certain identity due to socialisation. The participants confessed that to show group conformity and earn status, they participated in activities to ascertain whether peers were circumcised according to tradition. The lack of acceptance by peers was towards individuals with improper circumcision. In the Xhosa tradition of circumcision, it was customary to accord inferior labels to those who failed the manhood test. This was common among communities with rigid beliefs about the custom, who did not want to see the custom change. According to the participants:

*It is difficult to survive. Every body in the community will know about you because they will see you not mixing with other young men who come from initiation school.*

*You feel lonely and no one wants you near him. Your peer group will call you certain names like “ilulwane”, which refers to half man, someone who knows little about manhood and has not endured the hard training associated with the ritual.*

*You are powerless. Nobody wants to hear your side of the story. You also end up being frustrated and later behave abnormally because of abuse and rejection.*

The participants added that due to lack of acceptance initiates could develop long-term negative effects. In addition, it was very difficult for a young man who did not complete circumcision training to form relationships with his peers.

William and Kapila (1993:1231-1236) found feelings of inadequacy, helplessness and functioning less efficiently as effects associated with neonatal circumcision in adult life.

### **3.7.1.3 Lack of acceptance by members of the opposite sex**

In Xhosa tradition, a man cannot marry a woman without first undergoing a proper traditional circumcision. Furthermore, a man is not considered a man unless he has endured circumcision. Whisson (2000:14) found that some women would not be involved with a man who had not undergone circumcision.

According to the participants:

*Young girls see when peers label you. No girl will want to form a relationship with the object of mockery.*

*Even if you try hard, they will not take you seriously and they will be verbally abusive towards you.*

*You are forced to leave your own community and start for looking girls where you are not known.*

### **3.7.2 Lack of respect**

The participants reported acts of loss of respect towards other initiates. For example, they had observed initiates humiliated and assaulted by others, and in some instances, their clothing or attire was looted publicly. The participants further revealed that they had participated in checking other initiates to see whether they had followed a proper circumcision rite.

According to the participants:

*It is difficult for an initiate to mix well with other initiates who were circumcised in urban towns. You are harassed because they think you are not a man if you fail to follow their language.*

*Most of the time there is a language gap. They use “tsotsi” language and call things differently and you will not earn respect from them.*

*The initiate who is suspected of not being a proper man is forced to undergo a test procedure called “ukuhlolwa” where older initiates will ask him to show his circumcised penis and then go back to other initiates “osaluka”, that is peers, and report the findings.*

*If it is found that you had problems and did not finish the training, they call you certain names, like “ilulwane”. Sometimes you are not accepted to mix with them.*

*To prevent labels and ridicule, you have to pay bribes.*

The participants identified the psychological effects associated with lack of respect as low self-esteem, poor social function, fears associated with stigmatisation, and de-humanisation.

Hammond (1999:86) found the following psychological effects in adults later: resentment, low self-esteem and avoidance tendencies.

Goldman (1999:93) found behavioural changes and long-term unrecognised psychological problems suffered by men because of neonatal circumcision.

### **3.8 SOCIAL PRESSURE TO ABUSE SUBSTANCES**

The researcher noted that Xhosa circumcision is associated with social influence and performed under social scrutiny.

According to Feldman (1995:382), social influence is “real or imagined pressure from others that results in a change in behaviour or attitude. The potential fear of embarrassment or ridicule is the pressure that forces a change of behaviour on a person”. At times, social influence can help with social control. There are three forms of social influence, namely conformity, compliance and obedience. Conformity is a change in behaviour or attitude brought about by a desire to follow the beliefs or standards of others. Compliance is yielding to a direct explicit appeal meant to produce

certain behaviour or agreement to a particular point of view. Obedience is a change in behaviour due to commands of others (Feldman 1995:381).

In this study, conformity, compliance and obedience resulted from beliefs and values associated with proper performance of circumcision to avoid ridicule or embarrassment.

The researcher found that the initiates undergoing traditional circumcision were prone to substance abuse for various reasons. The researcher identified three subcategories associated with social pressure to abuse substance.

### **3.8.1 Substance use of the initiates undergoing circumcision**

Substance use amongst the initiates came about because of socialisation. The research findings suggest that the initiates were prone to use of alcohol during the processes or stages of undergoing circumcision ritual.

The participants revealed that during the pre-circumcision celebrations (*umguyo*) it was regarded as normal for initiates to indulge in using alcohol although they did not normally drink. Furthermore, initiates were encouraged to act out any behaviours that they wanted to because they would be entering a new life and some of those bad behaviours were not expected in manhood. There was also a degree of social influence amongst them while they were in circumcision school. The participants associated the use of substances with experimentation and for coping with the stress of the circumcision.

Rocha-Silva (1998:46) found the use of substances among youth for mood changing and coping with stress, hardship and personal social situations.

According to the participants:

*You must take a smoke. You find things get better once you have a smoke.*

*At times you don't think too much. Once you smoke, you forget about the problems that you face while you are in this place.*

### **3.8.2 Substance use by traditional nurses (*ikhankatha*)**

Traditional nurses were reported to use or recommend dagga to new initiates. The participants indicated that there was a lot of pressure for initiates to abuse substances like dagga. They claimed that this could happen on the first few days of undergoing circumcision.

They reported that during this period initiates were vulnerable because they were ignorant of what was happening in circumcision and relied on the traditional nurses for advice. The traditional nurses believed the use of dagga helped to speed up healing of the circumcised wounds. In this case, social influence in the form of obedience and compliance predisposed the initiates undergoing circumcision to substance abuse.

According to the participants:

*It is easy to find a person smoking dagga although he came to the initiation school not smoking. Sometimes it is caused by the influence of the traditional nurses or the weakness of the person.*

*Since the traditional nurses are experienced, you do anything they tell you because you depend on them, especially for the first few days.*

### **3.8.3 Substance use after circumcision**

In Xhosa culture, a big celebration (*umgidi*) is associated with plenty of alcohol as well as different kinds of foods and meat. During the celebration, it is normal for initiates to drink alcohol. As a form of social influence, the initiates bring a bottle of alcohol to other initiates to introduce themselves. This is part of socialisation to manhood. After the celebrations, the initiates become used to alcohol and some go out in groups to test and check whether other initiates had followed proper circumcision. They get alcohol when they punish other initiates (*ukuswaza*). The participants revealed that they used *ukuswaza* in order to get alcohol from other initiates. Moreover, some initiates become used to drinking and end up having problems of alcohol dependency.

According to the participants:

*If you are found not following a proper conversation, you are punished (uyaswazwa) which means you are penalised a bottle of brandy by other initiates.*

*You cannot give us something to drink without first showing it is not poisonous. Drink so that we know it does not kill.*

### **3.9 STIGMATISATION ASSOCIATED WITH THE RITUAL**

The participants indicated that stigmatisation of initiates undergoing circumcision was common. They claimed that it is associated with hospital admissions because of the complications associated with circumcision.

In this study, the participants maintained that members of the community, other initiates, and members of the opposite sex perpetuated that stigmatisation. The negative attitudes were associated with improper performance of the circumcision.

The researcher found that stigmatisation could lead to the following effects among initiate undergoing circumcision:

- Fear of embarrassment and ridicule.
- Putting an initiate's life at risk through delay in accepting medical treatment when complications arose.
- Sad feelings because of rejection.

Tjale and De Villiers (2004:16) found that once anyone violated the custom he was normally ostracised by the community.

The literature review indicated that some initiates died from dehydration and septicaemia because of a gangrenous penis. In most instances, the initiates refused admission to hospital fearing the stigma attached to improper circumcision.

### **3.9.1 Labelling**

Negative labelling is a subcategory of stigmatisation.

According to Haralambos and Holborn (1990:611), a label “defines an individual as a particular kind of person”. Moreover, a label is not neutral, but contains an evaluation of the person to whom it is applied. Labelling is a master status that colours all other statuses possessed by the individual. Other individuals see the person and respond to him or her in terms of the label.

One of the worst fears among the participants was that of the rejection and condemning of young men who go to hospital for failed/botched circumcision. Some of the participants reported the harassment among themselves towards initiates who did not complete the initiation period.

According to the participants:

*The most important fear is being called certain names “ilulwane”.*

*You will never be accepted. Incorrect labelling affects the individual, he develops low self-esteem and mentally he is not well.*

*The community does not respect you as a man. You are ostracised and you cannot mix with the peer group again.*

*I was thinking too much and my mind was overwhelmed with fears associated with hospitalisation, like what if I did not survive circumcision and ended up in hospital?*

*I told myself I would rather die there than let myself suffer later as a result of the stigma associated with hospitalisation.*

*It is difficult to earn respect and you cannot have relationships with females in your community because they see you when you are discriminated against.*

### **3.9.2 Prejudice**

Prejudice is judging people, objects, or situations in terms of stereotypes or generalisations. A prejudice can be positive such as a belief that college graduates make the best business executives, or negative, such as the belief that people on welfare are lazy. Prejudice becomes a problem when the preformed judgement remains unchanged even after facts show it to be untrue. The social problem of prejudice is the failure to discard that pre-judgement in the light of additional evidence. Prejudice is always learned. A whole system of prejudice might build into a culture. Certain personality types also seem to be associated with prejudice. In this study the negative effects of prejudice on the initiates were low self-esteem, depression, and changes in personality. The participants reported that because of labels some of the initiates with improper circumcision left school after the end of circumcision fearing negative judgement.

## **3.10 FEELINGS ASSOCIATED WITH ACCEPTANCE ISSUES AND DISCRIMINATION**

The participants described the following psychological symptoms associated with acceptance issues and discrimination:

- low self-esteem
- sadness
- frustration
- guilt feelings

According to Feldman (1995:123), self-esteem is “the affective component of the self, a person’s general specific positive or negative self-evaluations”. Low self-esteem is damaging it becomes part of a cycle of failure that is difficult to break. Individuals with low self-esteem are prone to develop physical illness, psychological disturbances and inability to cope with stress.

According to the participants:

*If you do not follow the proper procedure, your community and peers will not accept you.*

*They treat you as a child; you end up not knowing where you belong. You feel lonely and girls show you no respect as a man.*

*A person does not look all right because of problems with acceptance. Sometimes it is easy to notice that his personality has changed; he is anxious and has no self-confidence.*

*You feel lonely as if other people see you. Others end up frustrated and leave school because of these issues.*

### **3.11 CULTURAL BELIEFS ASSOCIATED WITH THE RITUAL**

This study found that strong cultural beliefs still exist in the performance of traditional circumcision. It is common in communities where traditionalist purists exist who are opposed to any suggestion to improve the culture. They believe that traditional circumcision should not be changed or modified.

According to Ndletyana (2000:30), there is a strong belief among traditionalist purists that the use of Western medicine will produce half-baked men unprepared for the world.

Individuals who break these values are ostracised by their communities. Their communities respect young initiates who finish the initiation training. Initiates who do not finish training are disadvantaged and often called weaklings and ostracised for failing the manhood test.

According to the participants:

*I was afraid to think about seeking hospital treatment.*

*You will never live a normal life, your community will reject you, and you will not get your rightful place where you belong.*

*You are isolated. Your peers will tell you, "You did not finish your manhood and you are not a man."*

*In my family no one was treated in a hospital so how would I explain it? I would choose to die here rather than go to hospital.*

The participants shared the same perception about cultural beliefs and values and influence of social pressure. They agreed that values attached to proper performance of the circumcision put pressure on the initiates while undergoing circumcision. In addition, negative stereotypes and prejudice play a role in ostracising men who fail the manhood test.

### **3.12 CONCLUSION**

This chapter discussed the finding that the young initiates felt a strong psychological pressure related to improper performance of the ritual when they underwent circumcision. Young men undergoing circumcision in the pre-circumcision, peri-circumcision and post-circumcision systematic stages can feel the psychological pressure. Society, peers and women induce the psychological pressure. The psychological pressure can result in behavioural changes in the initiate. The participants reported the following psychological symptoms: low self-esteem, sadness, fear, frustration and guilt feelings. Rhinehart (1999:216) found the same psychological symptoms associated with neonatal circumcision, including low self-esteem, fear, powerlessness and distrust.

Chapter 4 presents the researcher's guidelines for the support of newly initiated Xhosa men undergoing traditional circumcision in East London in the Eastern Cape Province.